

MigRefHealth : changing the narrative and developing innovative approaches to "community assets" delivery to improve the health and wellbeing of refugees, asylum seekers and migrants

#MigRefHealth

QICN Annual Conference

8/10/25

Margaret.Greenfields@aru.ac.uk



Project Goal

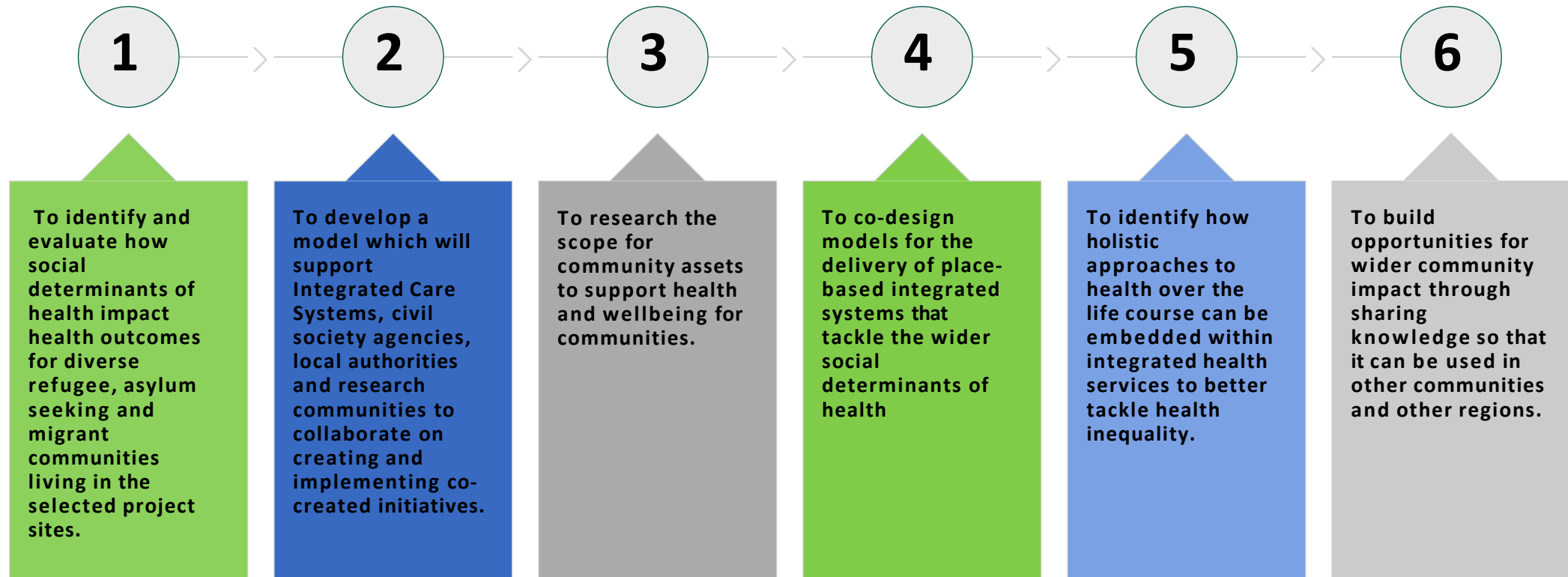
To make sure that **community assets** used by **local communities** are collaboratively identified and better supported to help **improve the health outcomes** for refugee, asylum-seeking and migrant communities.





A “community asset” is a service, activity or space that is an integral part of community life. It can include advice and information services, community hubs, community groups, religious organisations, open spaces, food banks, leisure centres etc.

Project Objectives



Three Regions

Twelve Fieldsites



Community Co-Investigators/Project Partners

Lead Researcher	Role	Organisation
Tamara Joseph	Co-investigator	Barnet Citizens - Citizens UK
Catherine Walston	Co-investigators	Cambridge Refugee Resettlement Campaign
Louise Gooch, Gill Searl and Farsh Raoufi	Co-investigators	Local Government East
Louise Humphries, Ligia Macedo and Lauren Bouttell	Co-investigators	GYROS
Alan Robertson	Co-investigators	Lewisham Refugee & Migrant Network
Erica Scott		Citizens UK Greenwich
Sue Lukes	Co-investigator	Migration Work CIC
Kirit Sehmbi	Co-investigator	The Queen's Institute of Community Nursing (QICN)

Additional **advisory partners** are Essex County Council and New Citizens Gateway **Advisory Board** of specialist researchers, medical and policy practitioners

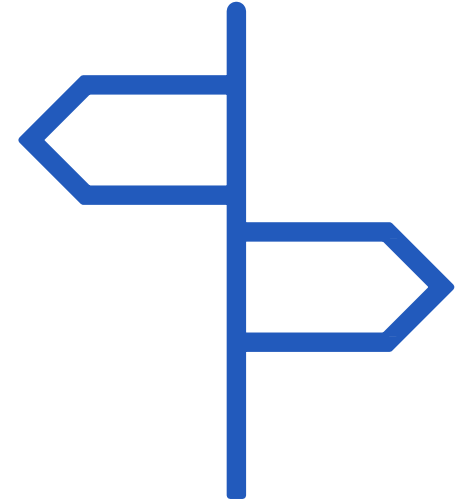
Core Areas of Research



Accommodation



Food/Nutrition



Support Services

Key migrant groups in each research Fieldsite

- Syrian
- Afghan
- Ukrainian
- Hong Kongers



... plus 2 other nationalities:

- **1 x EU** (e.g. Romanian; Spanish (inc 3rd country nationals); Lithuanian; Latvian; Italian)
- **1 x non-EU** (e.g. Indian recent arrivals; Somalians; Iranians; Sudanese; Nigerians)
- Range of ages/genders

Progress so far

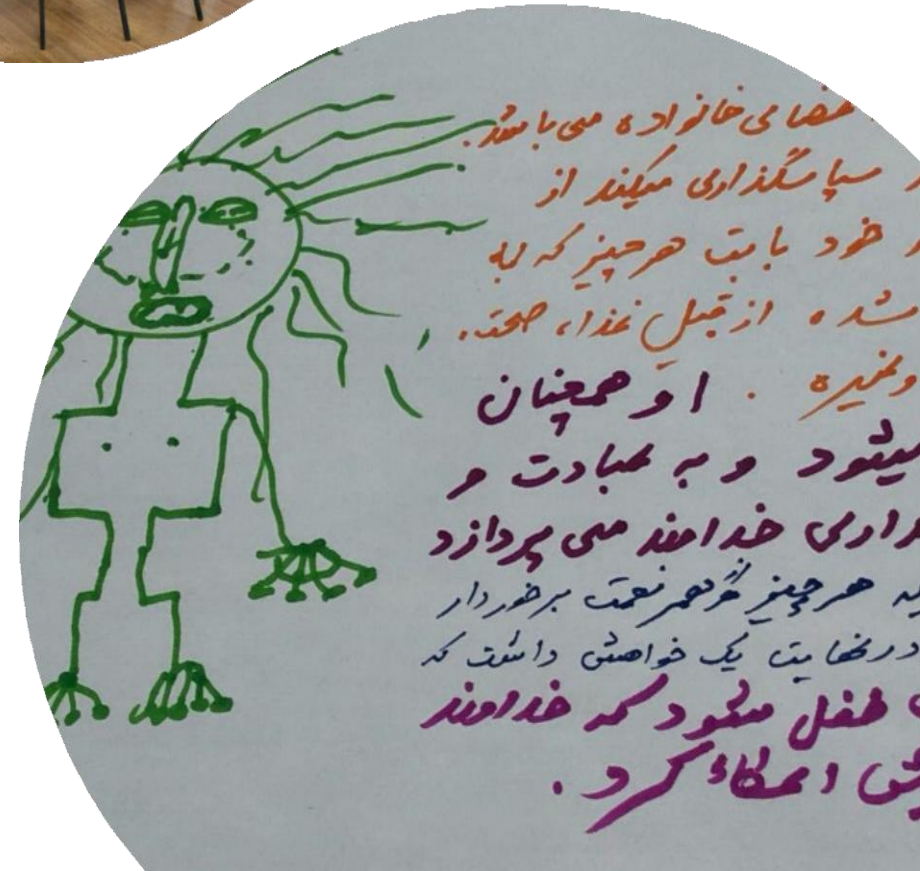
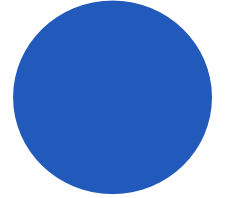
As of October 2025:

- Training of **24 community researchers (qualitative methods)** and follow-up analysis training to follow with selected sub-group
- In all sites 6-7/12 community forums undertaken
- **509 project participants (438 unique individuals)** from **37 identified countries, speaking 30 languages** have taken part in community forums and focus groups
- **83 walking interviews** undertaken by CCRs
- **Asset map** (draft) in all 12 sites
- Narrative **Storytelling sessions** undertaken (all sites)
- **59 Community Fora** undertaken across **12 sites** (including Stakeholder engagement (**230 unique stakeholder participants**))
- **Co-creation/Arts** sessions to capture data
- Photographer working to capture **images** of community assets with CCRs

October-December 2025:

Additional Creative workshops – methods:

- Theatre/music
- Photo/object elicitation
- Storyboarding/'River of life'
- Cooking
- Lego building



The asset maps: so far

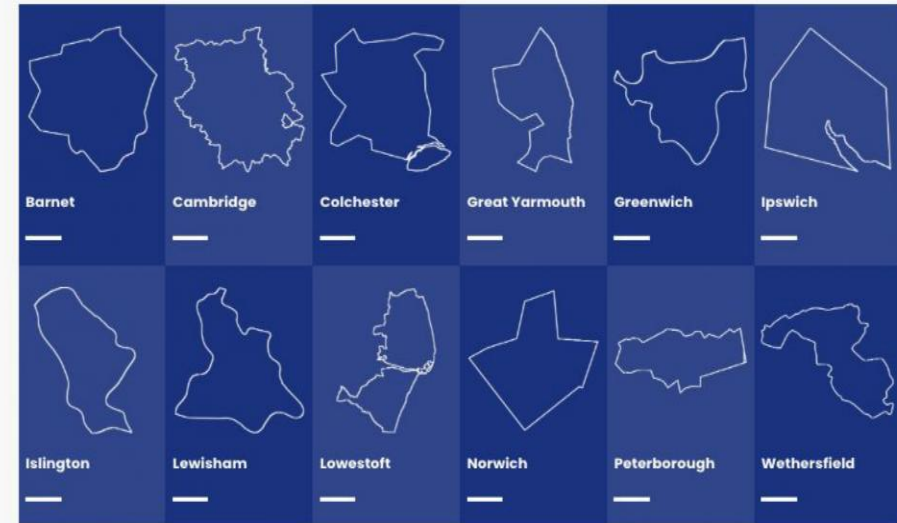
The asset map for each location provides a central platform to help identify some of the health and support resources for refugees, asylum seekers, and migrants in the local area.

Geo-mapped data has been acquired through:

- Community partners
- Local stakeholders
- Desk research
- Participants' input for 'under the radar assets' via community forums

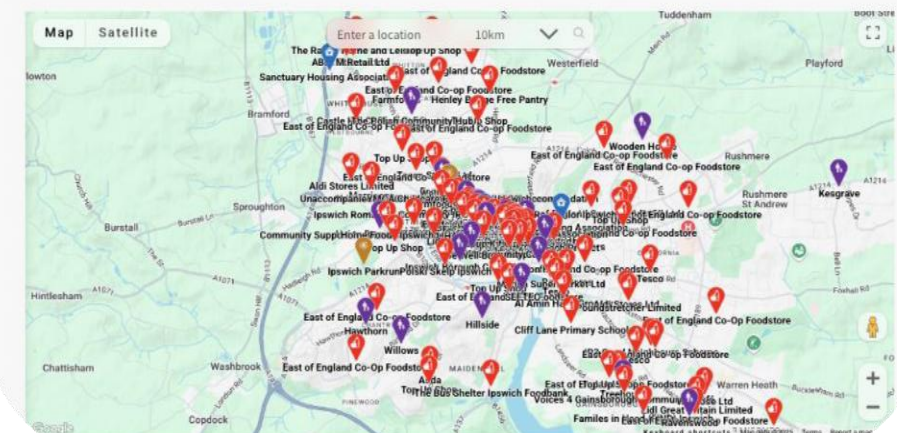


Field Sites



Community Map

Ipswich



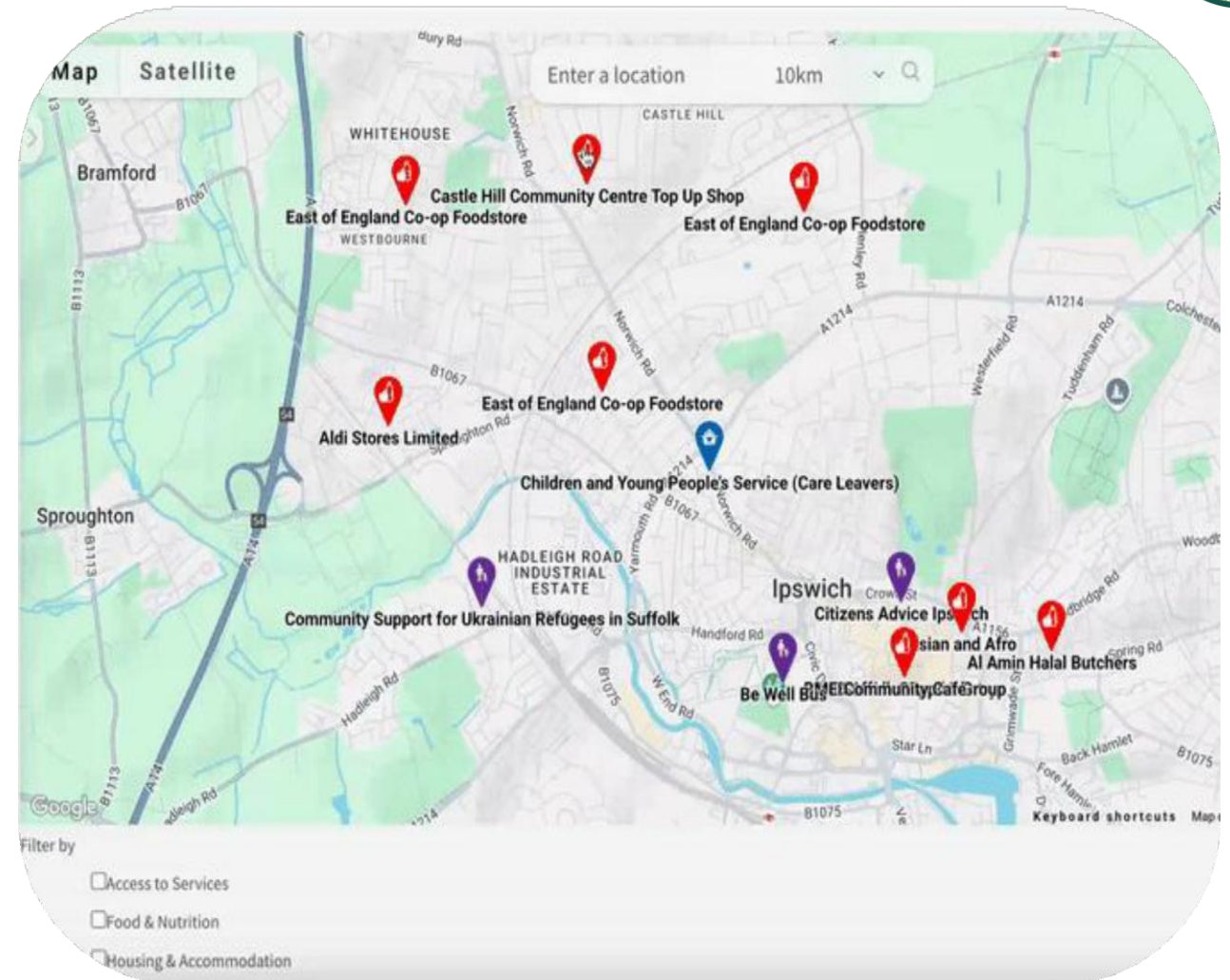


There will be 12 individual maps - each specific to a field site.

Over 1600 assets have been identified and mapped so far via this ongoing activity.

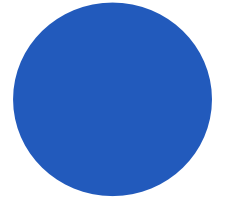
Assets include: specialist food stores, health services, language support, community groups and activities, housing providers and parks and open spaces which people feel comfortable using.

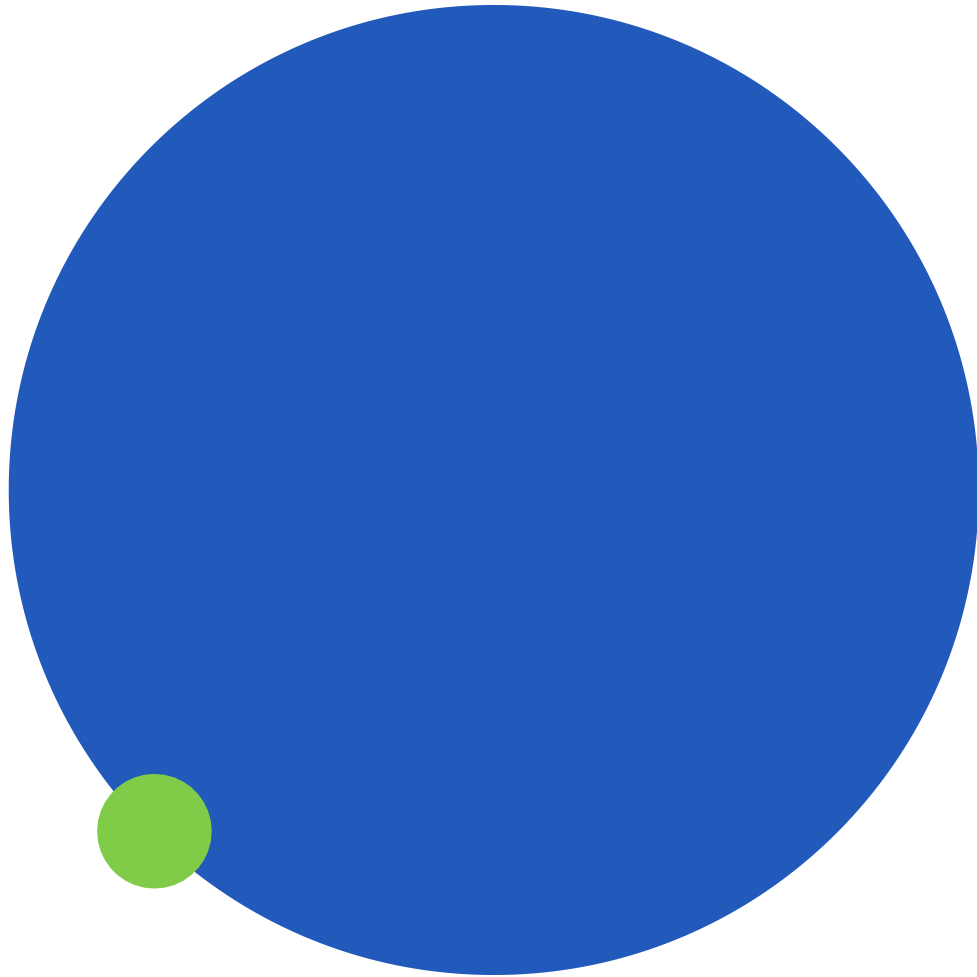
The maps will include photographic images and audio clips as they develop further and will be publicly accessible on the <https://migrefhealth.co.uk/> website with filters or blocks to support safety and privacy as required (process to be finalised).



Asset-Mapping: the approach

- Asset mapping – for what **purpose**? For **whose benefit**?
- **Counter-cartography** (countermapping) - a practice of creating maps that **challenge dominant power structures and narratives**, often in support of marginalized or dispossessed groups)
- The mapping exercise will then feed into **co-/re-design of services** to enhance accessibility for R/AS/M and potentially wider excluded or vulnerable groups





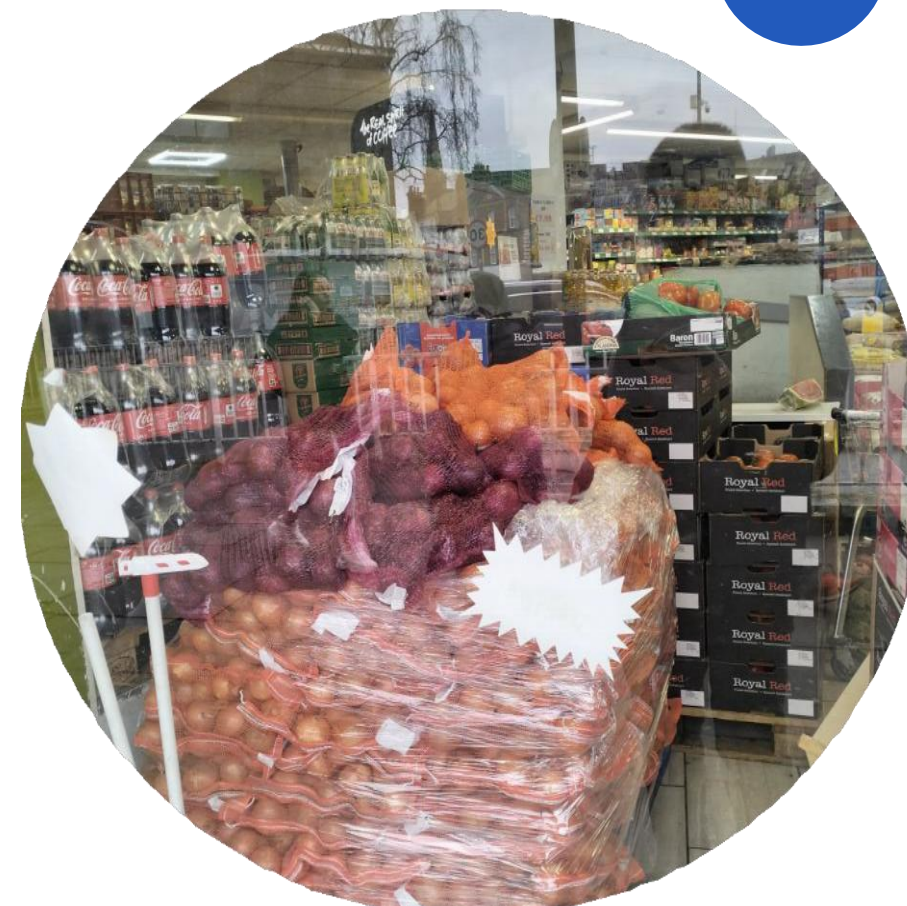
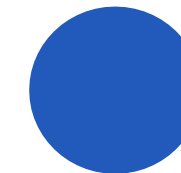
An overview of project findings so far (12 months of fieldwork)

[nb each field-site location has also had a summary presentation to **stakeholders** on location specific findings]



Project findings: Food

- Supermarkets and specialist suppliers may offer options but availability varies by location even within London e.g. Syrian bread
- Travel – sometimes long distances to obtain familiar/appropriate food
- Concerns about cost, quality & children’s nutrition
- Foodbanks – very limited use in some localities, and wide-spread sense of lack of desired foodstuffs (eg Halal, fresh fruit/veg or familiar ingredients)
- Many are adept at finding appropriate food (despite digital exclusion) and sharing information
- Provides emotional comfort
- Nostalgia and remembering childhood
- Often shared within community spaces (depending on community) encouraging community bonding
- “Feels like home”
- Access to food and sharing opportunities encourages cultural adaptation/dialogue



Project findings: Housing a)

- **Ease of finding** varies by entry route and therefore support provided
- **Social housing:** lack of understanding about processes & waiting times; limited larger properties
- **Private housing:** difficult to find, reference checks, guarantors, deposit requirements
- **Hotels/Group Accommodation** – multiple concerns over quality and security
- **Concerns:** properties often too small, overcrowding, mould, inadequate for large and/or multiple generation families; poor maintenance, lack of privacy; lack of appropriate cooking facilities or storage for food-stuffs in communal accommodation; concerns over safety of some locations



Housing b)

- Frustration and disappointment
- Anxiety & vulnerability
- Resignation & powerlessness
- Uncertainty

But also

- Gratitude for helpful people
- Hosting (for Ukrainians) can be beneficial & the support enables guests to build social capital
- Hope for the future
- Resilience
- Sense of belonging to area grows over time

I tried to have a council house. It's not easy. Yes. Before, I put my name in the system about five years. Just I am waiting.

Syrian participant

No, don't know anything about next steps. Waiting for interview, waiting for house. Can't select city. ... Accept that it's not my country

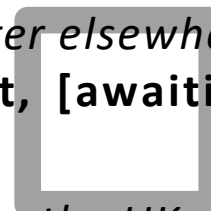
Eritrean participant [awaiting outcome of asylum claim]

After 4 months get very bored there. A lot of anxiety as don't know when interview is. Told would happen faster here, but not true. Faster elsewhere. ...

Ethiopian participant, [awaiting outcome of asylum claim]

So, before we moved to the UK, I found a potential host. It was a really nice and kind family in X, and they have two children. So, it was a great idea, and a big support for us, especially with my daughter, [and] adaptation in the UK.

Ukrainian participant,





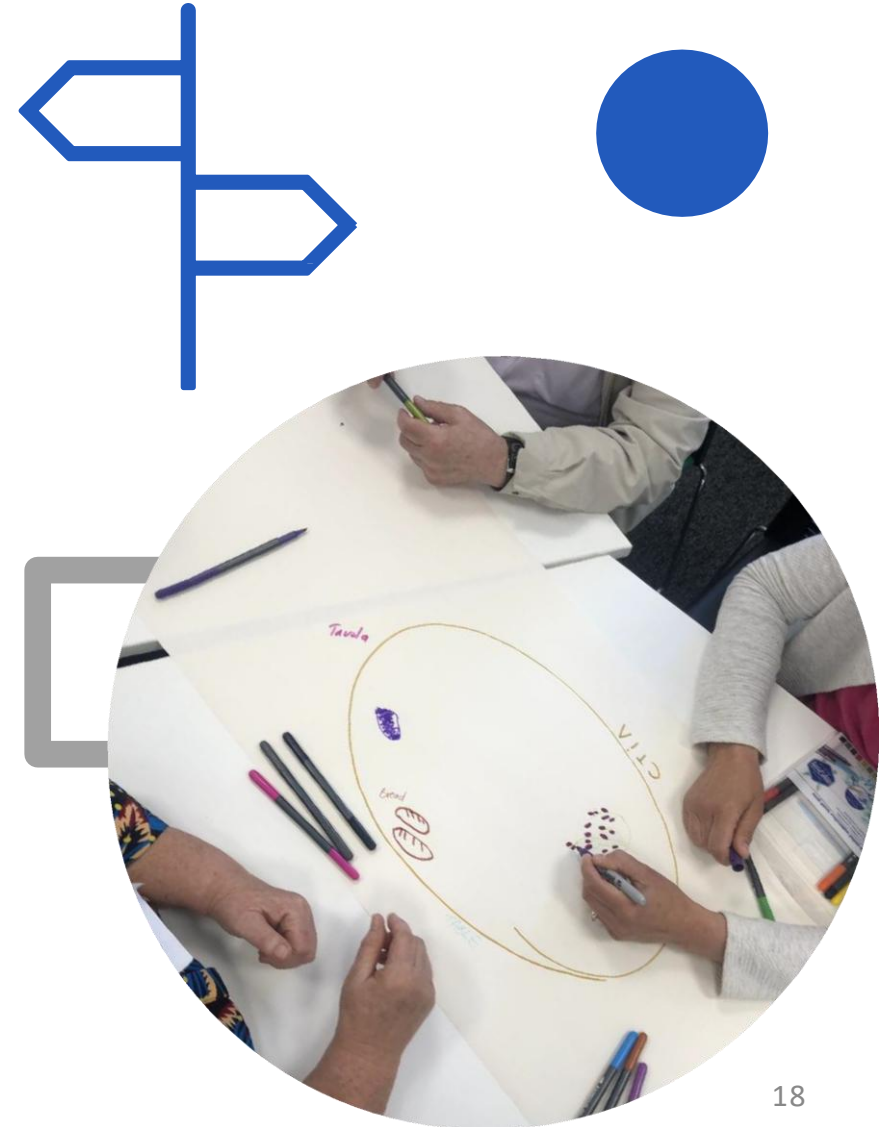
Project findings: Services - General

Systemic/structural barriers

e.g., inefficiency & delays, dismissive and fragmented services, lack of clear guidance, benefits delay and unaffordability, including for transport which can be especially problematic in rural/coastal areas

R/AS/Migrant-specific issues:

- Digital exclusion
- Insufficient/inadequate interpreting (esp. for the elderly)
- Lack of knowledge, cultural differences
- Negative staff attitudes & racism
- Concerns dismissed by service provider – e.g. depending on route of access/legal status or residence such as hotels; or living in a very rural area as an obviously ‘different’ person
- Greater vulnerability to negative health impacts including depression and anxiety in some cases



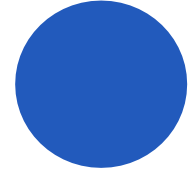
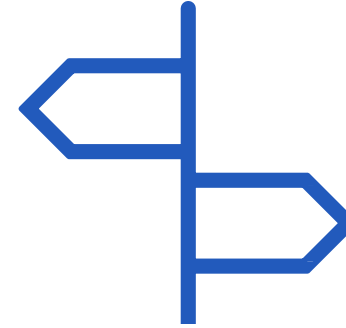


Services: Education

Children: schools generally supportive but competitive process for places, lengthy application process and sometimes long travelling times. Lack of childcare outside of school in many locations.

Adults: ESOL mainly at college but also via VCSEs, but this was often very limited in scope. Attending ESOL classes assisted participants in making friends as well as learning English and understanding their new place of residence

Barriers: Legal status & therefore eligibility, waiting lists, costs (for some)

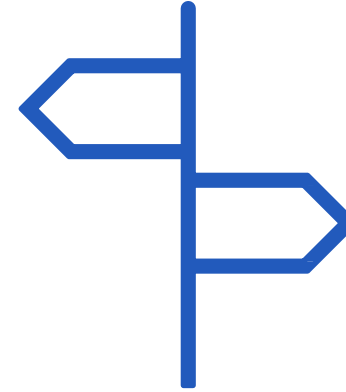




Services: Employment & 'Other' Issues

Employment:

A huge number of barriers to employment incl. language ability, qualifications recognition, pressure from job centres to take any work, fewer jobs in rural locations, lack of childcare or part-time employment, lack of professional networks. Many people working below their skills level



Other:

- Community and faith groups highly valued, faith spaces were important, attended for spiritual, mental, and social wellbeing and as a place for networking.
- High cost of amenities if no (variable) LA support (e.g gyms); advance booking needed (requiring digital access) or unsuitable opening hours; very limited single gender provision often
- Uncertainty for various R/AS/M communities due to changes in legal status / war / UK government policy announcements





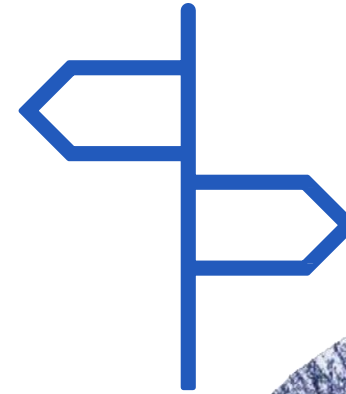
Services: Health and Legal

Health:

- Some very positive experiences with staff including empathy and 'going the extra mile'
- Diversity: doctors/nurses speaking same or shared language commended, as was health professionals' personal awareness/experience of migration
- Participants often obtain advice from informal networks as well as specialist support agencies
- Use of health services, especially dentistry, in other countries (eg Ukraine or return to country of origin for some EU migrant groups)

Legal services:

- Lack of knowledge of where to find services: use informal advice, VCSEs, and personal connections
- Mixed experience with CABs and other organisations
- Legal aid (where available) is slow, and some initial applications for legal aid initially believed to be funded were subsequently rejected



DISCUSSION / Q&A

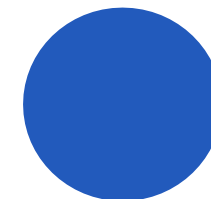
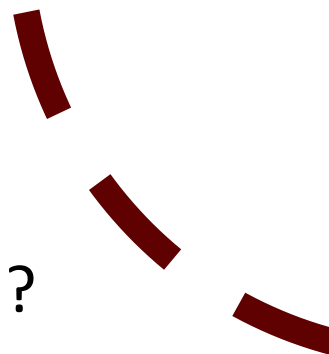


- Reflections on the project so far – anything surprising?
- What are we missing in the areas of food / accommodation /services?
- Which key strategic and operational elements we need to take into account when considering how service redesign can most positively impact R/AS/Migrant populations?
- How might we be able to leverage the NHS 10 Year Plan to support the ambitions of this project?



Please Add into the Chat Function:

- What specifically could the project find out that would be useful in your professional role?
- Why would that be useful?
- Can you think of agencies/individuals we could helpfully collaborate with in the study areas or with broader national roles?
- Any other comments!



Stakeholder Involvement

- ✓ Invitation to be **involved** throughout the project life if working in a study area
- ✓ Sign up for **newsletters** and follow up on social media
- ✓ Opportunity to **feed in** at critical stages
- ✓ Deep dive into how community assets in your locality are being **used**, **barriers** to usage and **'invisible' assets**
- ✓ Help shape the **design of models to tackle health inequalities** – repurposing/developing existing assets
- ✓ **Consider if scope to expand the discussions and share models within your local area (conversations with policy makers, practitioners and ICSs)**





Co-creating asset and place-based approaches to tackling refugee and migrant health exclusion

#MigRefHealth

What are we doing?

This project explores the use of community assets by refugee, asylum seekers and migrants in their daily lives. Community assets are fundamental to people's ability to navigate complex and unstable living situations and include community organisations, food banks, green spaces blue spaces and support services among others.

Aim of the project:

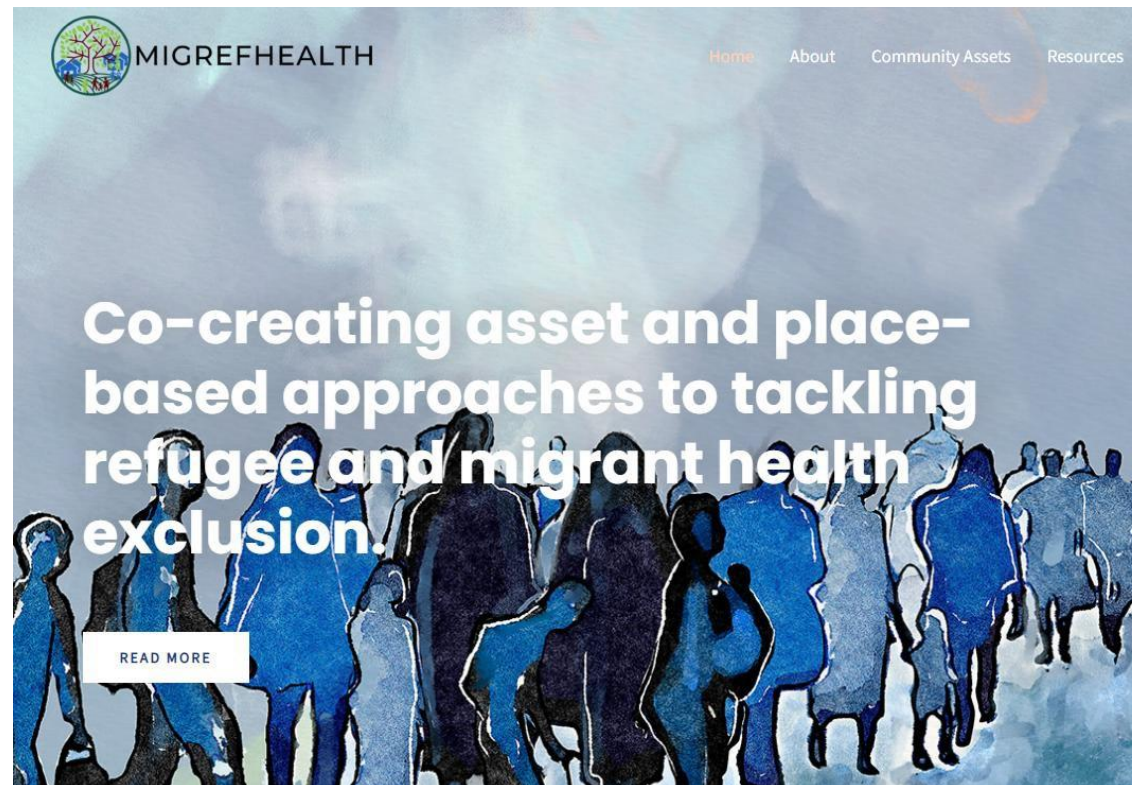
The project seeks to understand the ways that these groups make use of the different assets within and beyond their local communities to support their health and well-being – focusing in particular on access to accommodation and housing, food and nutrition and services.

The goal is to make sure that assets used by local communities are collaboratively identified and better supported to help improve the health outcomes for refugee, asylum-seeking and migrant communities.

Project publicity

#MigRefHealth

www.migrefhealth.co.uk





**Thank you
from all the
Project Team**

www.migrefhealth.co.uk

#MigRefHealth



Colchester and Wethersfield CF5