

**SPRC**

At Middlesex University

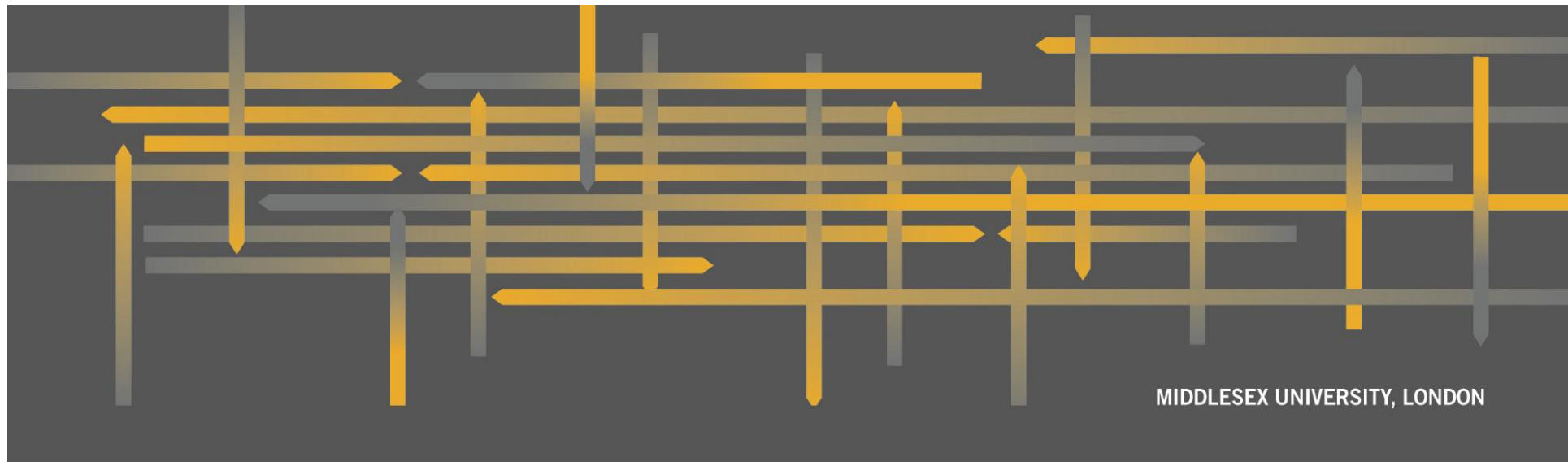


# ***Social Policy Research Centre (SPRC) 35<sup>th</sup> Anniversary Celebrations***

***Date: Thursday 20 November 2025***

***Time: 1.30pm onwards***

***Venue: C207 (Hendon Campus, College Building, 2<sup>nd</sup> floor)***





#MigRefHealth



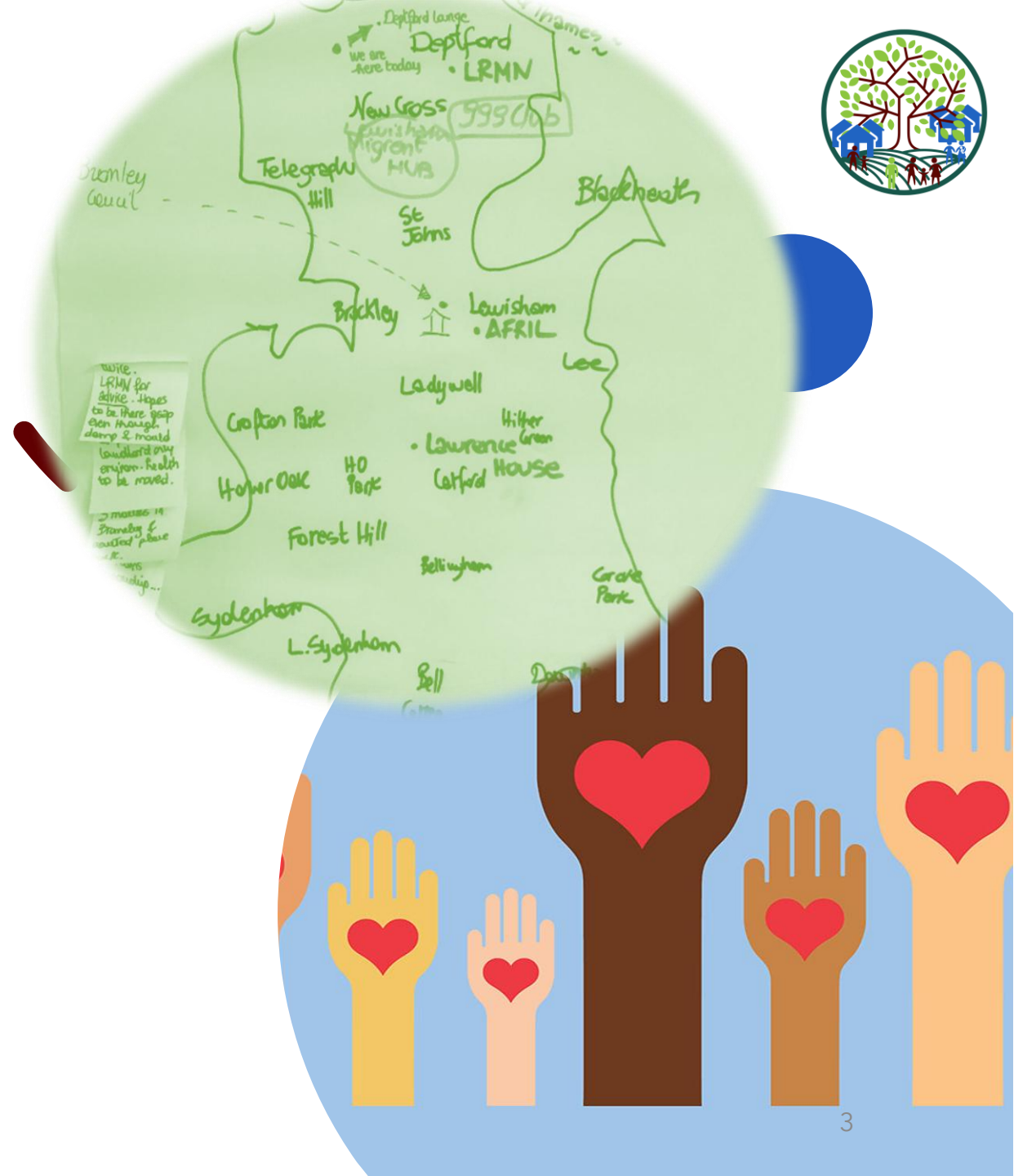
# Co-creating asset and place-based approaches to tackling **migrant** and **refugee** **health** exclusion: focus on **BARNET**

*Runa Lazzarino, Eleonore Kofman,  
Alaa Alibrahim and Tamara Joseph  
20 November 2025*

# Goals

1. Explore how **community assets** can **help tackle social determinants of health inequalities** for diverse refugee, asylum seeking and migrant communities: North London, South London, and East of England.

2. Collaboratively identify and map **community assets used** by **these communities locally** so that they are better known and **supported via a system change**.





**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.**

# Objectives



1

To identify and evaluate **how social determinants of health impact health outcomes** for refugee, asylum seeking and migrant communities.

2

To develop a place-based **model** which will support **Integrated Care Systems, civil society agencies, local authorities and research communities** to collaborate.

3

To research the scope for **community assets to support health and wellbeing for communities.**

4

To identify how **holistic approaches to health** can be embedded within **integrated health services.**

5

To build **opportunities for wider community impact** through sharing knowledge.





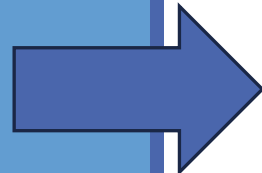
# Three Regions

# Twelve Fieldsites



Where are we working?

Four Project  
Fieldsites in  
London



**Islington**



**Lewisham**



**Barnet**



**Greenwich**



# Who are we working with ?

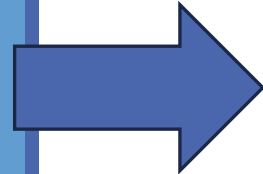
Community Partners

Community Researchers and Participants with lived experience

Multi-agency Stakeholders (ICBs, Councils, Third sector)

- Leadership Team
- Advisory Board
- Locality Based Research Teams
- Community Forums

10 project team members: 5 Academics and 5 community partners North London, South London and East of England  
People with lived experience of migration and the asylum system in each of the 12 field sites.



# Barnet - North London Project Team



	<b>Role</b>	<b>Organisation</b>
<b>Prof Eleonore Kofman</b>	<b>Academic Lead</b>	<b>Middlesex University</b>
<b>Tamara Joseph</b>	<b>Co-investigator</b>	<b>Barnet Citizens</b>
<b>Prof Erminia Colucci</b>	<b>Academic Lead</b>	<b>Middlesex University</b>
<b>Dr Runa Lazzarino</b>	<b>Research Fellow</b>	<b>Middlesex University</b>
<b>Alaa Alibrahim</b>	<b>Community Researcher</b>	<b>Barnet site</b>
<b>Fariba Nassiri</b>	<b>Community Researcher</b>	<b>Barnet site</b>

Working in collaboration with:

<b>Prof Margaret Greenfields</b>	<b>Principal Investigator</b>	<b>Anglia Ruskin University</b>
<b>Natalie Bignell</b>	<b>Project Manager</b>	<b>Anglia Ruskin University</b>
<b>Catherine Kennelly</b>	<b>Research Assistant</b>	<b>Anglia Ruskin University</b>

# What are we looking at?



## Three social determinants of health



**Accommodation**



**Food/Nutrition**



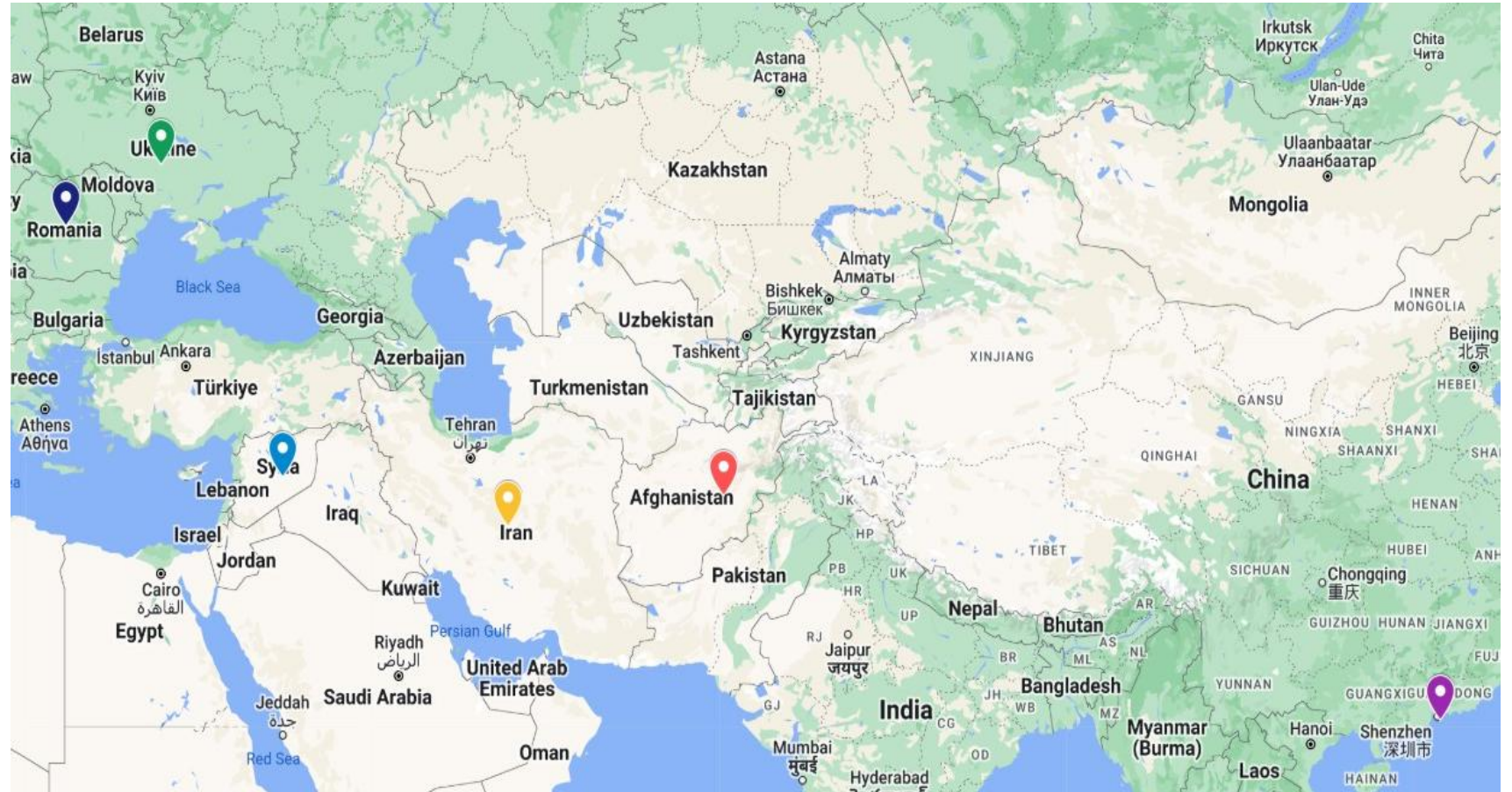
**Support Services**

# 6 Key Groups in Barnet



**Afghans**  
**Hong Kongers**  
**Syrians**  
**Ukrainians**

**1 x EU: Romanians**  
**1 X non-EU: Iranians**



# How are we doing it? IN THEORY



Interpretivism and social constructionism

Critical Theory [critical medical anthropology and global health (Farmer et al. 2013; Abimbola, 2018)]

Intersectional, Social, and Structural Determinants of Health (ISSDoH)

Decolonial Methodologies (Bhakuni & Abimbola, 2021)

Participatory Zeitgeist (Palmer 2019)

Community-based Participatory Action Research (Israel et al. 1998; Wallerstein et al. 2020)

Creative Health (Fancourt et al. 2020; Waterson et al. 2025)

Creative PPI (Phillips et al. 2024)

# Key Project Activities [September 2024 – December 2026]

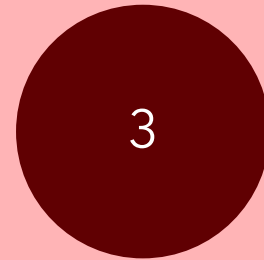
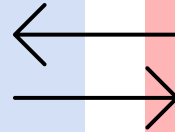


## Set up **Community Forums**

Community Forums (CF) will discuss local issues, identify use of community assets and interrogate data.



Recruit and train **Community Co-Researchers (CCRs)** to conduct walking interviews with **photovoice**



**'Data collection' activities using creative methodologies**

to create community asset maps and explore people's use of assets.



Identify and develop **Place-based models**: Embedding **system change** and building capacity within institutions  
Exhibitions and **knowledge exchange**

# Progress so far in Barnet

## Up to November 2025:

Borough Profile

Draft asset map

Walking Interviews

Six Community Forums

Borough Profile [near ready]

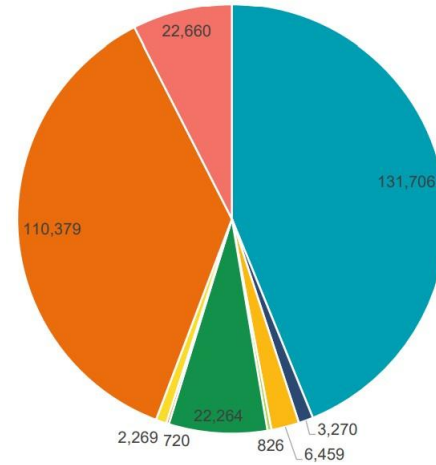


# Boroughs' profiles

We are preparing in-depth profiles for each borough, based on **desk research** and other publicly available documents provided by the **councils** and **partner organisations**.

Each borough profile includes detailed overviews on:

- Geographic and socio-economic data, including inequalities and deprivation
- Migration demographics
- Health of residents
- Accommodation and housing challenges
- Food and nutrition challenges
- Access to services challenges
- Relative initiatives and assets



## Housing and homelessness

### Evictions

Repossessions per 1,000 households

**3.41**

Average compared to all London Boroughs (2.5)

### Homeless acceptances

Main homelessness duty owed per 1,000 households

**1.65**

Average compared to all London Boroughs (1.24)

### Housing affordability

Median rent as a percentage of median pay

**48.9%**

Average compared to all London Boroughs (46.4%)

### Housing delivery

Average net affordable, social and discounted housing completions

**382**

Average compared to all London Boroughs (353)

### Rough sleeping

People seen sleeping rough by outreach

**196**

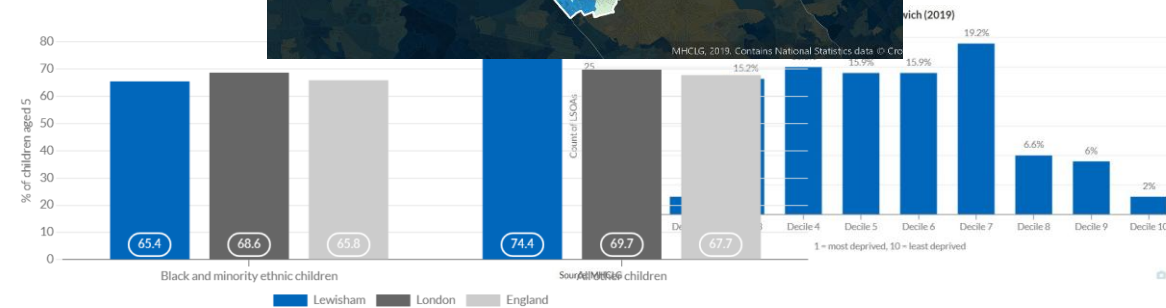
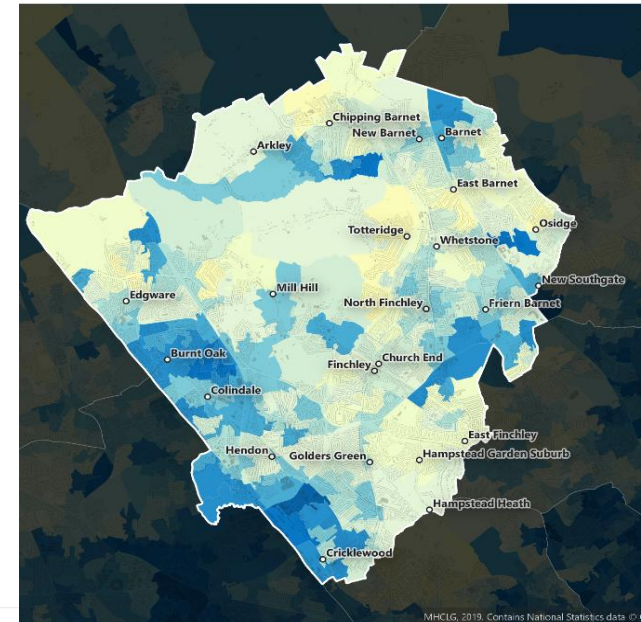
Average compared to all London Boroughs (219)

### Temporary accommodation

Households in temporary accommodation per 1,000

**15.1**

Average compared to all London Boroughs (17.6)





# The asset map so far

The asset map helps identify some of the health and support resources for refugees, asylum seekers, and migrants in the local area.

They will be publicly accessible on the <https://migrefhealth.co.uk/> website.

Assets can be filtered into categories based on core research areas:

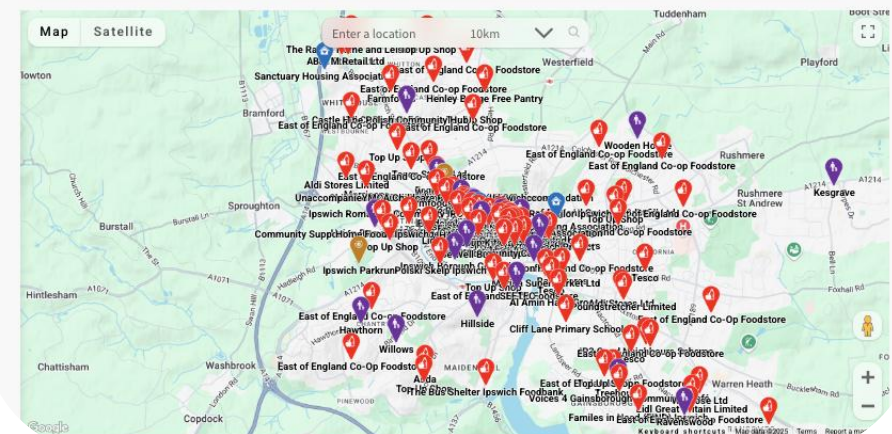
*Food & Nutrition; Accommodation; Access to Services; and more.*

## Field Sites



## Community Map

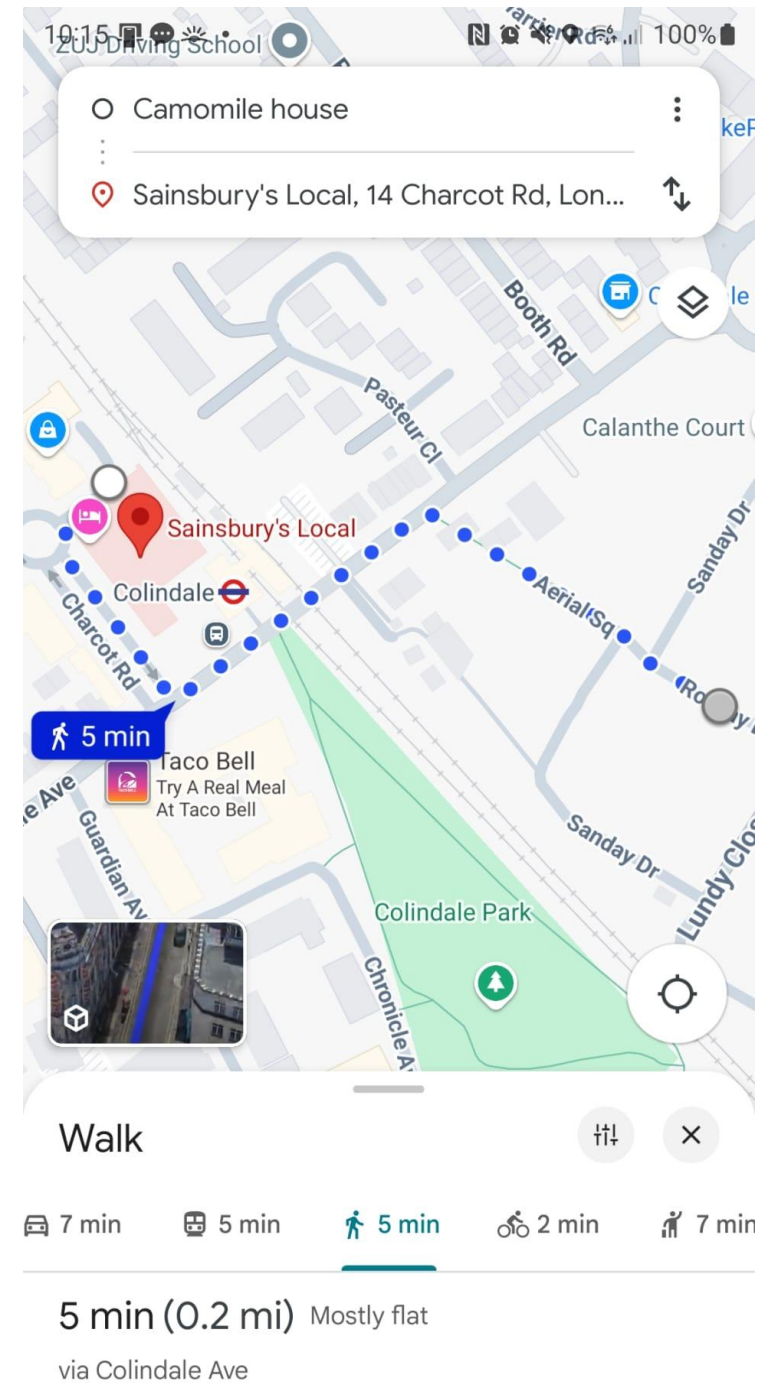
### Ipswich





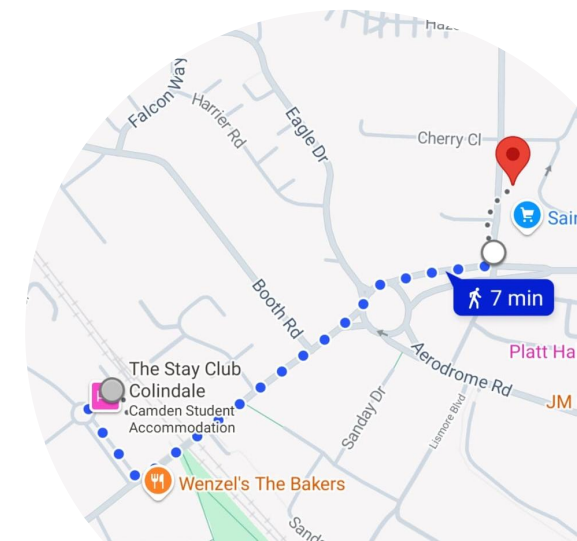
# Walking Interviews

- 8/80 Walking Interviews conducted by CCRs
- 3 Syrians, 3 Iranians, 1 Ukrainians, 1 Afghan
- Thematically analysed



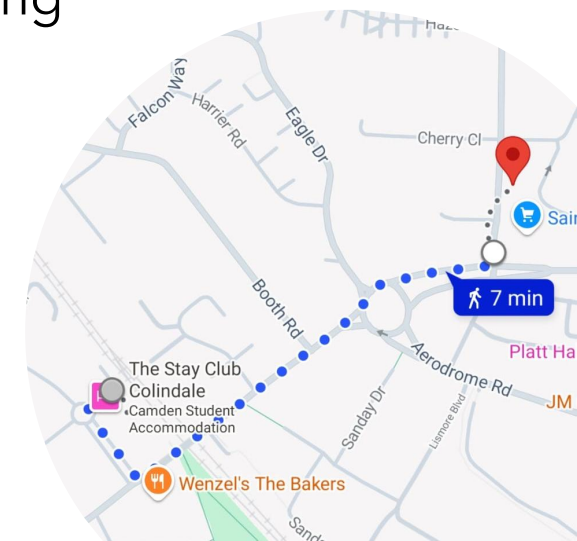
# Walking Interviews

Walking interviews are a qualitative research method in which interviews are conducted while the researcher and participant walk together, typically through environments relevant to the research topic (Carpiano 2009).



# Walking Interviews

Peer researchers across the different project sites led walking interviews where research participants had to identify key community assets in the field of food/nutrition, housing and access to services, and take pictures as part of the photo-voice approach utilized during the walking interviews.





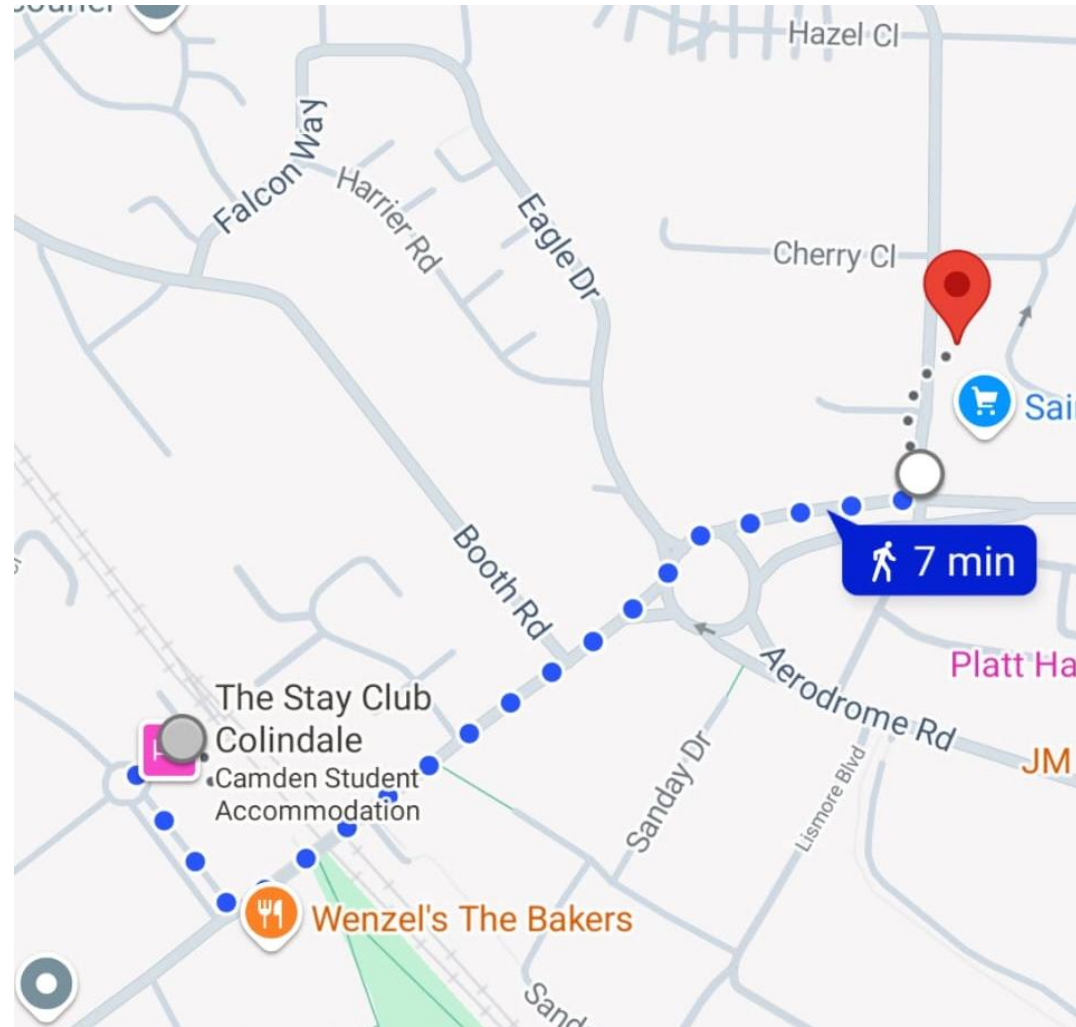
# Overall WIs results

Migrants in council-supported **housing** had more stability than those in private rentals, though visa and rent concerns persisted.

**Safety** perceptions varied, but avoiding unsafe areas or nighttime outings was common.

**Food** culture played a major role in adaptation, with migrants balancing affordability with cultural continuity.

**Healthcare** and **legal struggles** were recurring themes, emphasising the need for better accessibility and support systems.



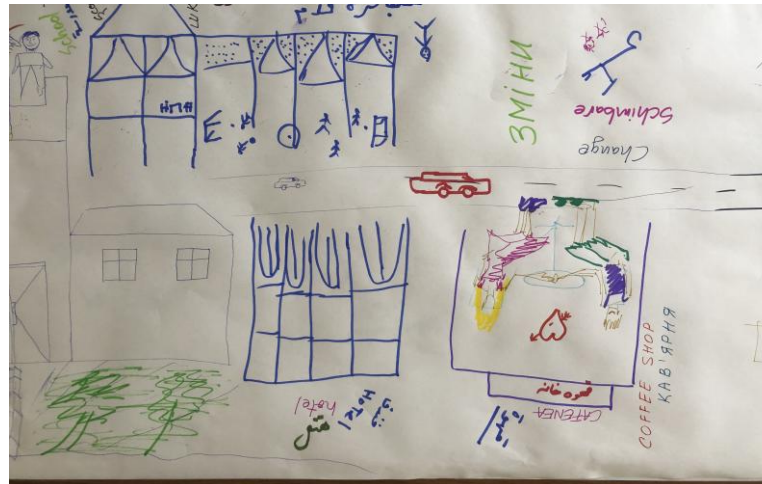


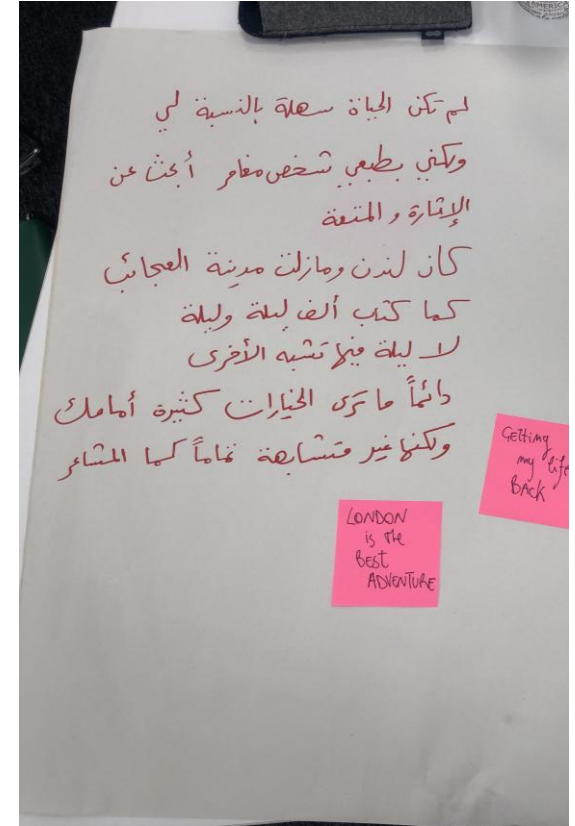
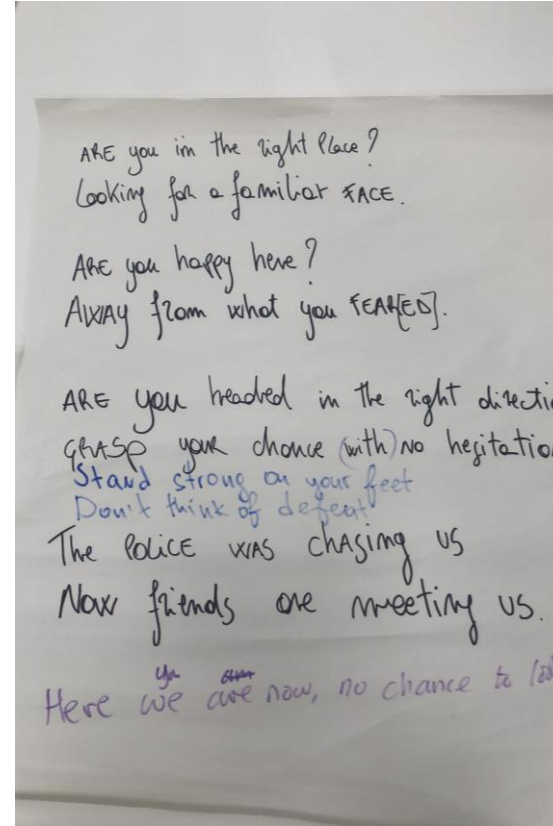
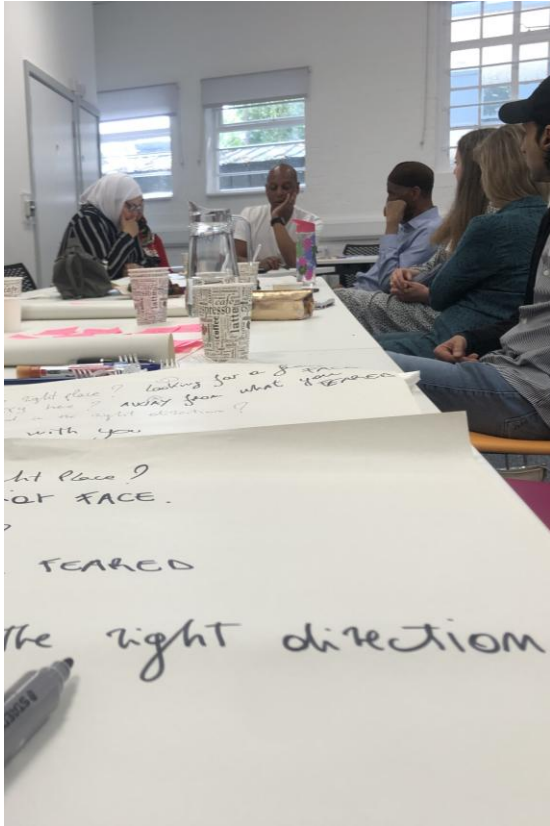
# Community Forums

- **CF1** November '24: launch event with focus groups with 15ca migrants from key migrant groups (no Romanians or HKs) + stakeholders
- **CF2:** world café (15participants - : Iranians=6, Syrians=4, Afghans=2, Ukrainians=2, HK=1)
- **CF3:** world café with 18 Hong Kongers
- **CF4:** traditional storytelling on home/belonging/community (14 participants: Iranians=3, Syrians=2, Afghans=2, Ukrainians=2, HK=2, Romanians=3)
- **CF5:** stakeholder workshop
- **CF6:** lyric writing workshop



*Example 1.*  
Traditional storytelling  
on home/  
belonging/sense of  
community

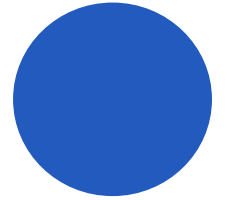
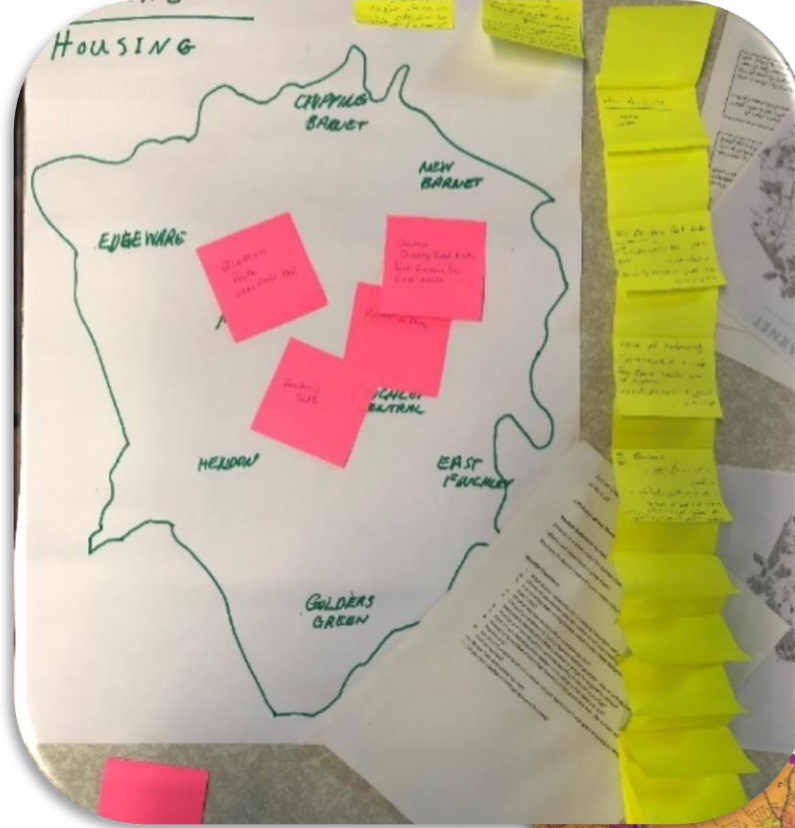




Example 2. Song writing on perceived wellbeing, health and access to services

# Results so far in Barnet\*

- a. Food
- b. Services
- c. Housing



\*Barnet current dataset:

**80ca** contacts with **M/R/AS** population [some participants are the same]

**90ca** files of **visual data**, including pictures and videos of CFs, local assets, flipcharts, drawings, and WIs photovoices)



## a. Food



### **Affordability & Accessibility**

Skilled at navigating prices, choosing cheaper supermarkets

Ethnic supermarkets often expensive

Reliance on apps, community networks, local ethnic shops

- Syrians: halal meat (Park Royal, Shepherd's Bush)
- Afghans: North Finchley
- Iranians: local Iranian stores

**Hotels & Foodbanks:** culturally/religiously inappropriate, low-quality, sometimes expired (Ukrainians, Afghans, Syrians)

Foodbanks: often unknown, too far, travel unaffordable

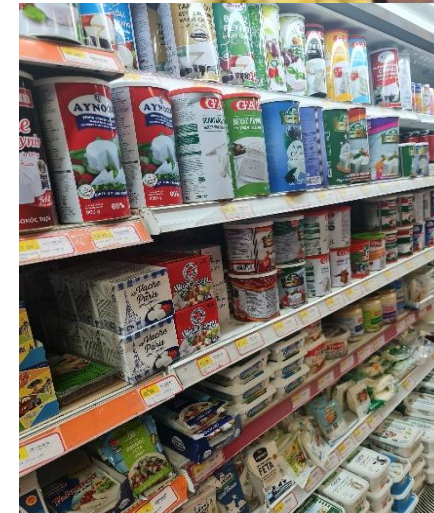
Government allowance (£8.86 pp/week) insufficient (AS)

### **Cultural & Social Value**

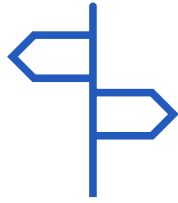
Familiar flavours = emotional comfort, connection to home

Cafés/restaurants with familiar food = temporary escape (for those who can afford)

Shared community food events → bonding & adaptation



## b. Services



### Systemic/Structural

Inefficiency, delays, dismissive & fragmented services

Lack of clear guidance

Benefits delay & unaffordability (incl. transport)

### Migrant-Specific

Awareness & accessibility issues

Negative staff attitudes & racism

Greater vulnerability to health impacts

Lack of cultural competence / Language barriers & inadequate interpreting

### Health

Struggles with phone/digital systems

Differences in health system [Syrians, Hong Kongers]

Some positive experiences in primary/secondary care

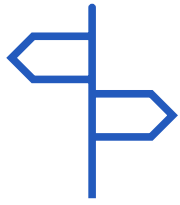
Informal advice networks [Iranians]

VCSE mental health services not always accessible

Use of health services abroad (esp. dentistry)



## b. Services



### Education

Children: supportive schools, but lengthy applications, travel, lack of childcare

Young people: diverse, inclusive secondary schools

Adults: ESOL at colleges & VCSEs (learning + socialising)

Barriers: legal status, eligibility, waiting lists, costs

### Legal Services

Lack of knowledge where to find help

Free legal support limited; private unaffordable

Legal aid slow, some rejections

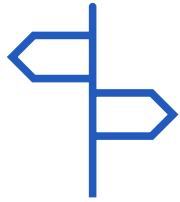
Mixed CABs/organisations experiences

Council support [Ukrainians]

Informal advice & VCSEs



## b. Services



### Employment

Barriers: language, interviews, qualification recognition, deskilling

Need more training opportunities

More low-skill jobs available

Pressures: job centre demands, fewer rural jobs, lack of childcare/part-time roles, weak networks

Some sponsors failed to provide jobs

### Other Services

Faith/community places: spiritual, mental, social wellbeing

Libraries: social interaction [Iranians, Syrians]

Networking: Meetup/Eventbrite [Hong Kongers]

Gyms: unaffordable/culturally inappropriate

Green spaces: socialising, walking, exercise

Shortage of safe, child-friendly parks



## c. Housing

### **Access varies by entry route & support provided**

**Social housing:** overcrowding, not disability-friendly [Syrians]; unclear eligibility/waiting times; some found services helpful [Ukrainians]

**Hotels:** no choice of roommate, lack of privacy, wrong nationality matching, families split, poor hygiene, daunting post-asylum process [Afghans, Syrians]

**Private housing:** expensive, hard to secure (references, credit checks, guarantor, deposit); discrimination; excessive landlord power; issues for single men [Ukrainians, Afghans, Syrians, HK]

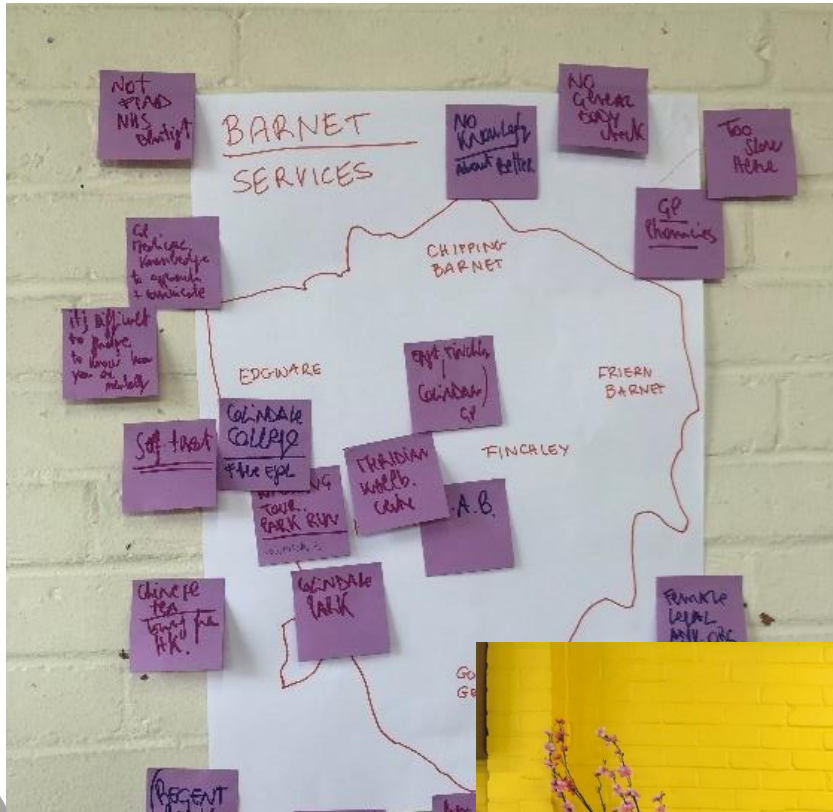
**Financial strain:** insufficient/delayed benefits → housing insecurity

**Safety concerns:** some felt unsafe in homes/areas, esp. at night

**Need for guidance:** housing management, maintenance & rights [Hong Kongers]



# Hong Konger community in Barnet



Elderly Hong Kongers share some of the 'disorientation' and **uncertainty** experienced by the Italians in Islington, despite the wide range of experiences. With BN(O) visa you need to prove you have enough resources to survive in UK and there is NRPF. While some have the resources, the reality is more complicated and varied.

There is **anxiety** about the **aging**, and HKs felt they needed more rules, more regulations, more information, more guidance, clarity. They felt **at sea** with housing and services.

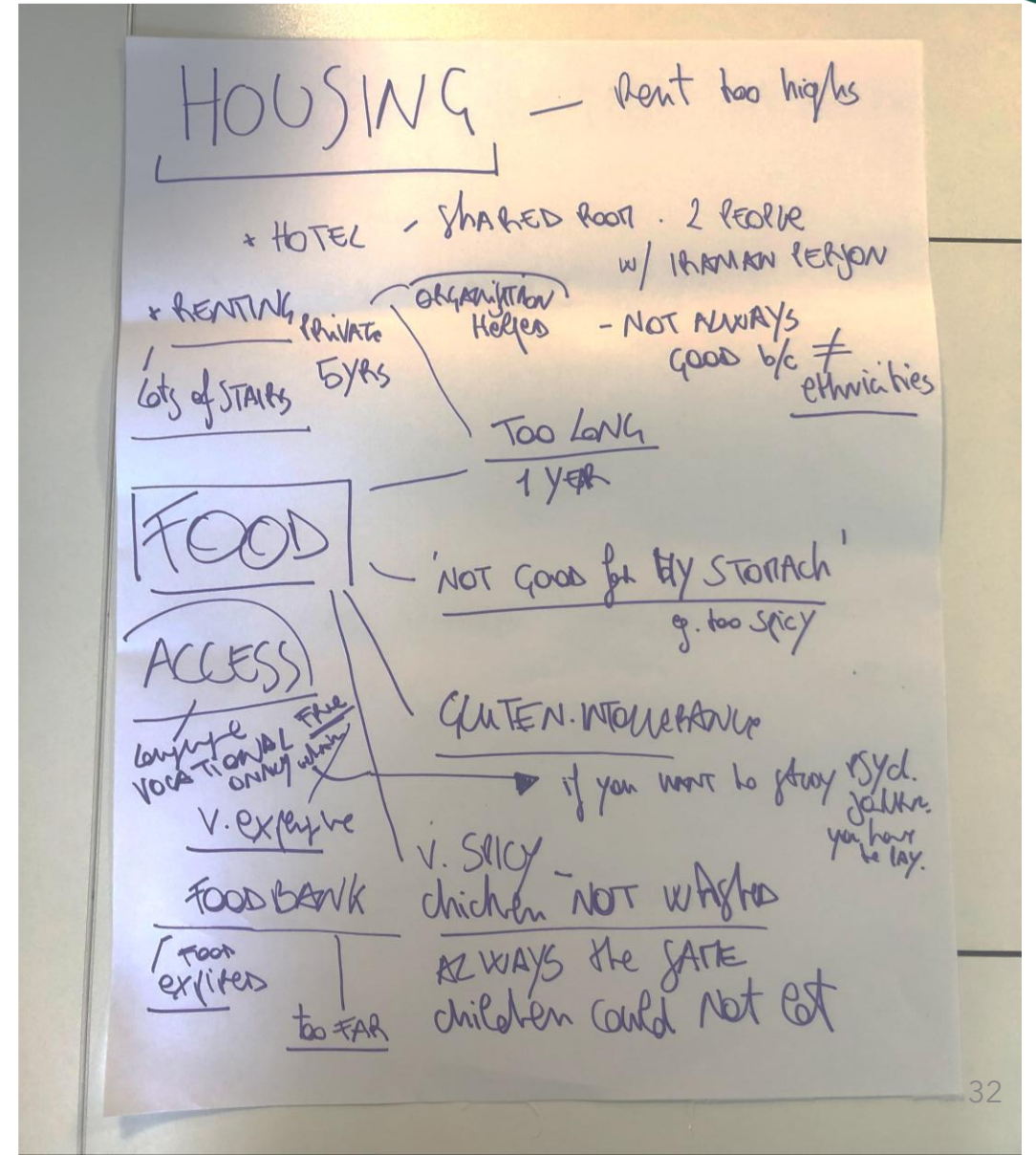




# Afghan community in Barnet

Interesting insights in relation to the **two waves** of Afghans' arrivals to the UK - where second one, post fall of Kabul 8/21, is mainly constituted by **well-educated** migrants who moved to find a job reflecting their education - whereas the first wave was lacking very **basic needs** support.

This speaks to the need to pay attention to the **different journeys**, experiences, and needs within the **same national group**.



# Stakeholder Involvement

- ✓ Invitation to be **involved** throughout the project life
- ✓ 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





## Iterative approach

We critically **reflect** on the processes behind each community forum, attentive to **power dynamics, pragmatic** factors, **rigour, flexibility**, decision on what counted as data and for whom in the different creative methods, and how these are to be interpreted according to which goal of the study.

**Locality-based lessons** learnt in each study activity are set against broader study goals and inform the **following step**.





# What's promising and what needs rethinking?



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Multi-level, 'immediate' impact systems

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Power reshuffling and academic de-centring

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Methodological innovation

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Inclusivity and safe spaces

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Social health

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Time and Resource Intensive

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Complex data analysis

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Replicability and generalisability

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Sustainability and Implementation

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Embeddedness in hyper-local networks

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Led by existing expertise

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Other health and access to services



**Thank you!**

**MigRefHealth North  
London Team**

**[www.migrefhealth.co.uk](http://www.migrefhealth.co.uk)**

**#MigRefHealth**