

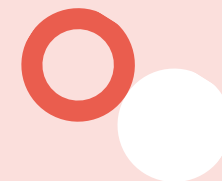


MigRefHealth

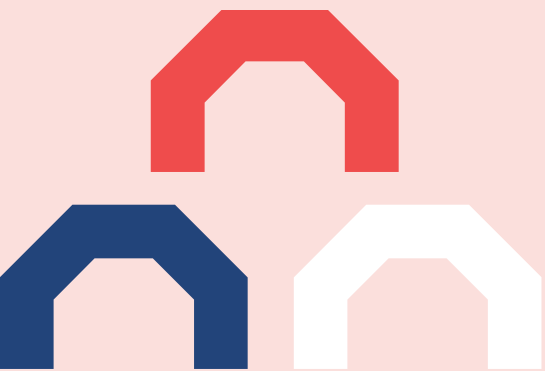
Co-creating asset and place-based approaches to tackling refugee and migrant health exclusion

Prof Elena Vacchelli – University of Greenwich
Catherine Kennelly – Anglia Ruskin University





Introduction



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.

This research is a **collaboration** between 19 academic and community partners working together to **explore how community assets can tackle health inequalities** for diverse refugee, asylum seeking and migrant communities across three regions: North London, South London and East of England.



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.

Research Strategy

Our project focuses on **3 key areas**:



Food and Nutrition



Housing and Accommodation



Access to Services

With **4 migrant populations**:

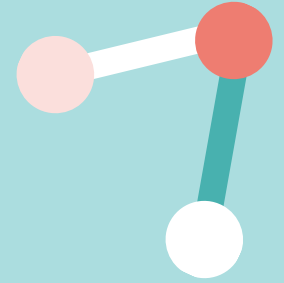
- Hong Kongers
- Afghans
- Syrians
- Ukrainians

PLUS one EU and one non-EU population dependent on the field site

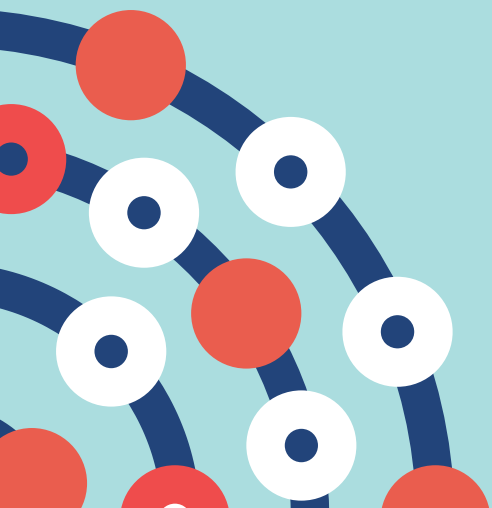
Methods

A combination of primary and secondary research were used to gather data on existing community assets, their use, good practice and the barriers participants face:

- **Secondary research** to scope existing **literature** and create field site **demographic profiles**
- **Desk research** and **co-production** to create an initial digital asset map
- **80 walking interviews** carried out by Community Co-Researchers (CCRs)
- On-going Community Forums at each field site:
 - 21 workshops
 - 12 creative storytelling sessions
 - A further 36 creative sessions are planned between July – December 2025



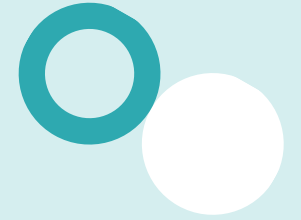
Community Involvement



Community Involvement

A collaborative and participatory approach is built into our project:

- **Community partners** work in conjunction with the **academic team** throughout the project
- They include Local Government East, GYROS, Cambridge Refugee Resettlement Campaign (CRRC), Greenwich Citizens, Creating Ground, Migration Works CIC, Lewisham Refugee and Migrant Network (LRMN) and Barnet Citizens
- CCRs were **recruited and trained** in each field site to carry out the walking interviews
- Qualitative and **co-creative participatory data collection** methods
- **Feedback** opportunities for community partners and wider stakeholders



Key Findings so far ...



Participant Information

Over 400 participants have taken part in the research so far

Where recorded:

- Over half (56%) are Female, and 44% Male
- Over half (52%) are Visa Holders
- One fifth (21%) are Refugees
- One fifth (20%) are Asylum Seekers

Country of Origin	n
Afghanistan	69
Ukraine	40
Syria	39
Hong Kong	33
Bangladesh	28
Nigeria	28
Somalia	21
Portugal	13
Vietnamese	13
Iran	9
Italian	9
India	7
Lithuania	7
Eritrea	6
Sudan	6
Yemen	5
Cape Verde	4
Latvia	4
Guinea Bissau	4
Ethiopia	3
African	2
Cameroon	2
Gambia	2
Kuwait	2
Other	2
Poland	2
Romanian	2
Bulgaria	1
East Timor	1
Guinea	1
Libya	1
Pakistan	1
Angola	1
Turkey	1
Jamaican	1
Egyptian	1

Key findings - Food

Home country food provides emotional comfort

Cooking an important part of people's culture

Issues with distance, cost and quality

Shop at general and specialist supermarkets

Inedible food served in hotel accommodation

Foodbank items inappropriate

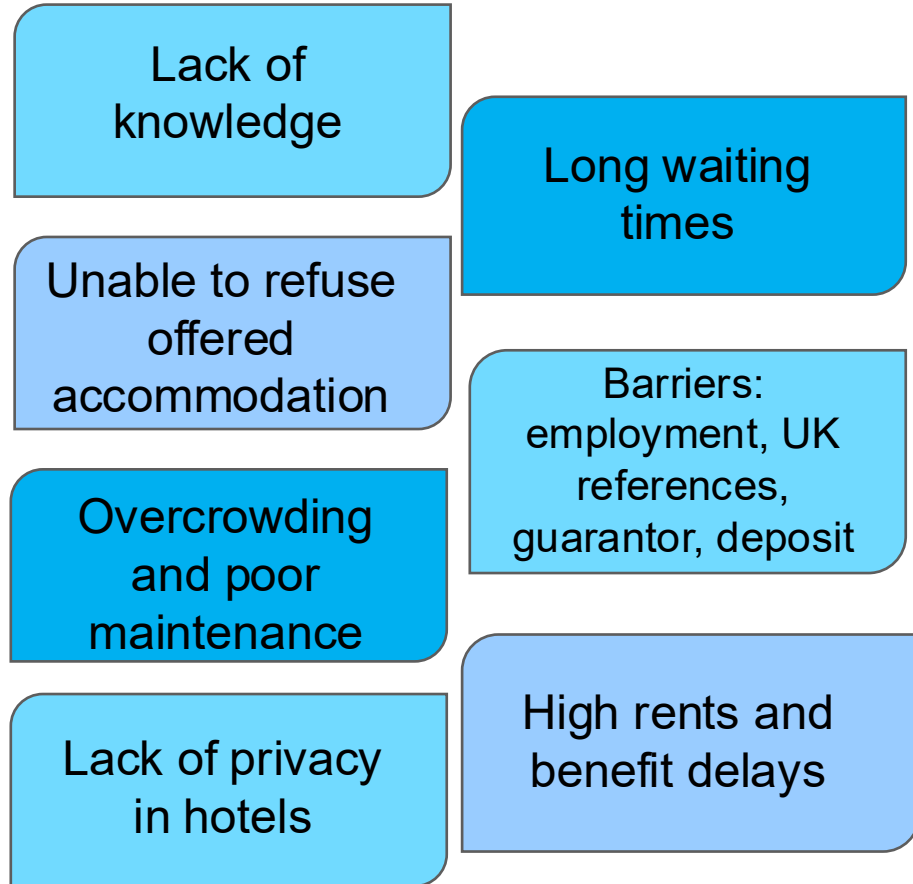
"So, yes, this is the only time we used the food bank ... I read the cans because we can't eat some of the ingredients ... It depends on our religion. Some of them contain alcohol or contain pork and we don't eat these two things."

Syrian participant, Islington

"No access to kitchen because [living] in hotel ... eat the same food every day, rice and chicken. ... It's unhealthy, causes ... rash and constipation ... Sometimes ... rice isn't cooked."

Sudanese participant, Norwich

Key findings – Housing Concerns



“They do reference checks very seriously—and harshly. ... The reference check proves that you can afford the rent. If you can’t prove that, some landlords ask you to pay the rent in advance. ... If you can’t ... you have to find a guarantor ... has to be a local. As a new migrant here, if you can’t find a guarantor, how can you rent a house? The only way is to get a job. ... it’s incredibly hard.

Hong Konger participant, Colchester

“The council have told him [landlord] what he needs to do, but it’s not helped. ... This house has old carpet, mould, and there are disabled kids living in this house, and he needs... Disabled ramp ... He doesn’t say anything. He sent a letter through the agency, saying I need to move out.”

Participant, Peterborough

Key findings - Access to Services Barriers

Language the major barrier	Service eligibility criteria
Lack of knowledge	Affordability
Qualification recognition	Complex & lengthy application process
Digital ability	Job Centre approach
Transport	Faith and voluntary groups

*"I need advice for employability, to help me find a job. DWP only tell me, "Go and find a job." ... I'm a doctor and they don't care about that. ... Yeah, they don't care what your background is. If you're a teacher, doctor, engineer, they just say, "Go clean and do cleaning or car wash. Whatever job you can find, you go and do it." They don't care, "Just work." **Afghan participant, Cambridge***

"Language is always a factor that somehow hinders you from accessing something ... in terms of health, if a GP, or a specialist interviews me about some sort of problem, I'm not feeling very comfortable to say everything, because I don't know the terms on health to explain these things.

Afghan participant, Norwich

Implications



How the project reduces migrants' health inequalities

- The aim is to create a transferable place-based **model of good practice and support** for migrant communities to facilitate system change and settlement
- As part of the project, participants have come together with members of their own and other local migrant communities **to share food, experiences and knowledge**, as well as receive from or be signposted to existing information, support and advice by the project team
- Whilst some community partners and local stakeholders have **extended their reach** amongst migrant groups and are using emerging findings to **improve service delivery**