CORE AIM

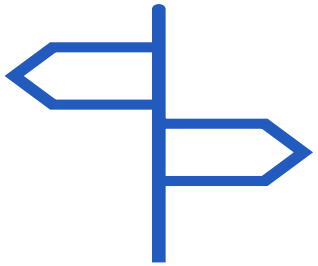
To generate an **evidence-based, co-designed** conceptual framework for **transdisciplinary interventions** in health care to support **refugees, asylum seekers and migrants**, that allow **community assets** to be efficiently **integrated** to support **cost-efficient, accessible, scalable services,** delivered locally and regionally by ICSs and their key partners

<u>INCLUDING</u>:

Identifying and building opportunities for wider community impact through KE/ transferability of learning on how holistic approaches to health and wellbeing can best target health inequalities

ACCOMMODATION

FOOD/NUTRITION



ACCESS TO (DIVERSE) SUPPORT SERVICES

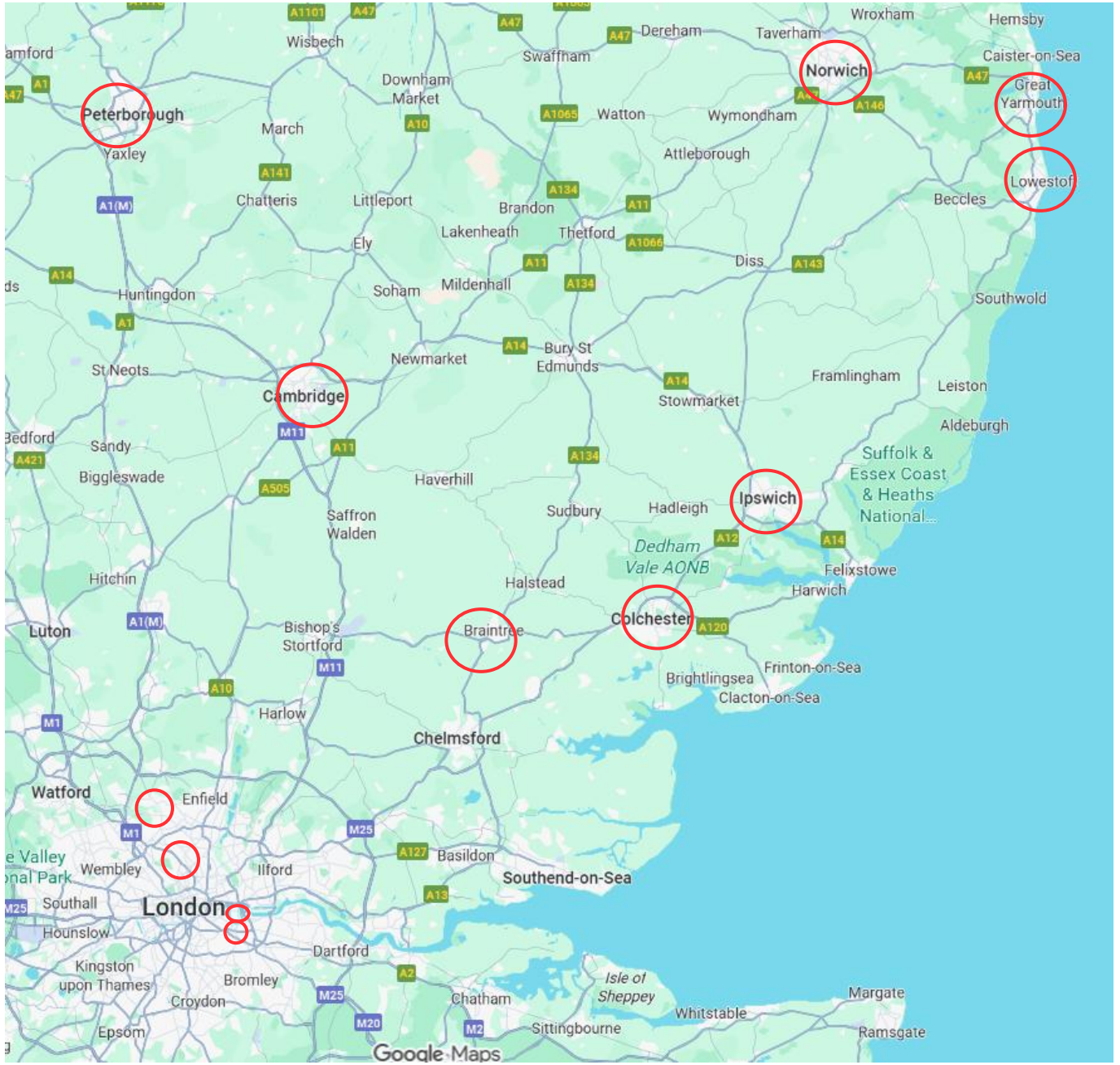
Three Regions

Twelve field sites:

- Colchester
- Wethersfield
- Lowestoft
- Ipswich
- Norwich
- Gt Yarmouth
- Peterborough
- Cambridge

- Islington
- Barnet

- Lewisham
- Greenwich



Community 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 Georgia Almkvist O'Brien	Co-investigators	GYROS
Alan Robertson Abigail Oyedele	Co-investigators	Lewisham Refugee & Migrant Network Citizens UK Greenwich
Sue Lukes	Co-investigator	Migration Work CIC
Kirit Sehmbi	Co-investigator	The Queen's Community Nursing Institute

Additional advisory partners are Essex County Council and New Citizens Gateway

4 Key Groups...

- **Syrian**
- **Afghan**
- **Ukranian**
- **Hong Kongers**

Plus two other nationalities in each field site

- 1 x EU
- 1 x non-EU

Bangaldeshi	Portugal
Ethiopia & Sudan	Portuguese with 3rd country origin
Indian	Romania - Roma
Iranian	Romanian
Italians	Somalis
Latvian/Lithuanian	Spanish
Nigeria	Sudanese
Pakistan	Vietnamese
Polish	

Afghan	Bulgarian	Gambian	Kuwaiti	Persian	Somalian	
African	Chinese	Hong Kong	Latvian	Polish	Spanish	Uzbeck
Albanian	Congolese	Indian	Libyian	Portuguese	Sudanese	Vietnamese
Algerian	Egyptian	Iranian	Lithuanian	Portuguese /Brazilian	Syrian	Yemeni
Bangladeshi	Eritrean	Italian	Nigerian	Romanian	Turkish	
Bengali	Ethiopian	Kurdish	Pakistani	Russian	Ukrainian	

Project statistics (to June 2026)

- 21 community co-researchers (CCRs) - speaking 10 community languages (mother tongue)
- 85 walking interviews
- 21 one-on-one interviews (Wethersfield residents/former residents)
- 77 Community Fora (CFs) across our 12 field-sites.
- In CFs 2, 3, 4 , 6, 7, 8, 9 and 10 = 988 participants (632 unique participants from 47 countries), more attendance figures from validation workshops to come
  - Over 1300 professional photographs capturing events/community assets (from 10 sites),
  - 10 discrete creative methods .
- CFs 1 & 5 & 11 [the latter commencing in May 2026] have had 240+ stakeholder participants
- Interactive map v1 containing over 5500 assets plotted.
- Literature scoping review has reduced over 7900 references (incl grey literature) reduced to <85 for full screening, subset by theme.

Methodology

Primary and secondary research used to gather data on existing community assets, their use, good practice and the barriers participants face.

- Scoping of existing literature and policy review to create field site demographic profiles
- Desk research and co-production to create an initial digital asset map (V1)
- Public Health infrastructure Mapping
- Asset mapping with participants and stakeholders

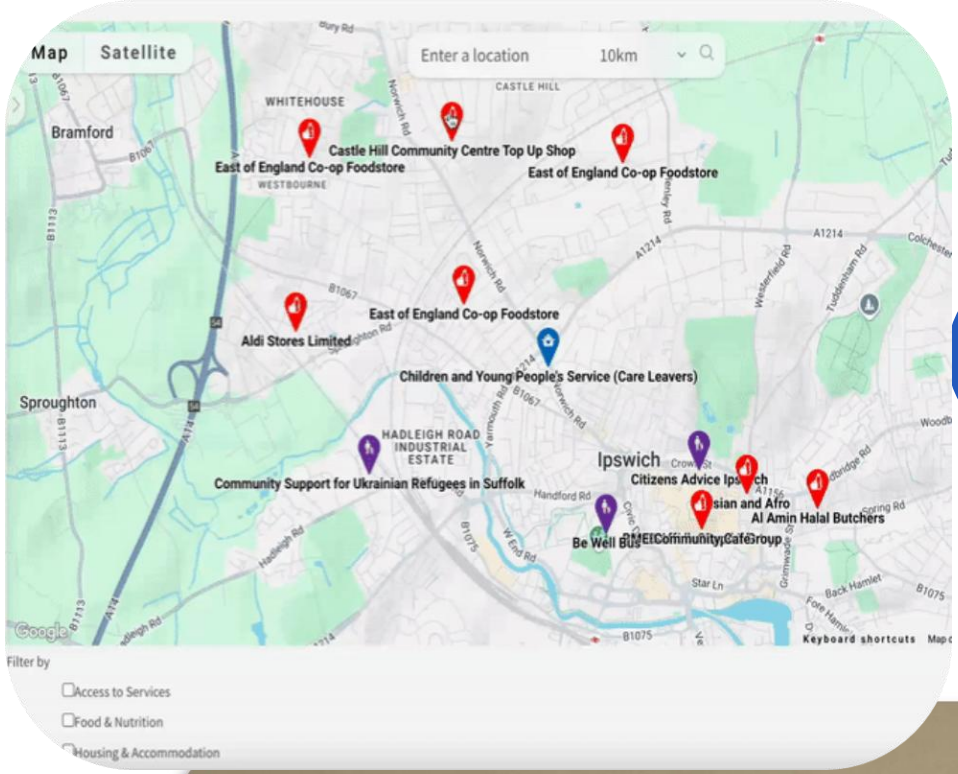
- V2 interactive, live version of the digital asset map

UKRI Arts and Humanities Research Council

Asset-Mapping

Counter-cartography (countermapping) - a practice of creating maps that **challenge dominant power structures and narratives**, often in support of marginalized or dispossessed groups)

- V2 of the map highlights assets flagged by community members which may be **'under-the-radar'** of service providers
- The mapping exercise and KE of good practice examples in turn feeds into **co-/re-design of services** to enhance accessibility for R/AS/M and potentially wider excluded or vulnerable groups



Arts and Humanities Research Council

Methodology

12 **Community Forums** in each field site – participant and stakeholder events.

These include:

- Themed CFs e.g. food/accommodation/health services
- Deep-Dive sessions with ‘harder to reach’ populations (targeted at specific communities – Afghans, Hong-Kongers, Syrians/Romanians)
- Data validation sessions (stakeholders/communities)
- Co-design sessions for exhibition selection

Interviews with stakeholders and Weathersfield residents/ex-residents

Creative Methods

Walking Interviews - undertaken with trained CCRs

Community Forums:

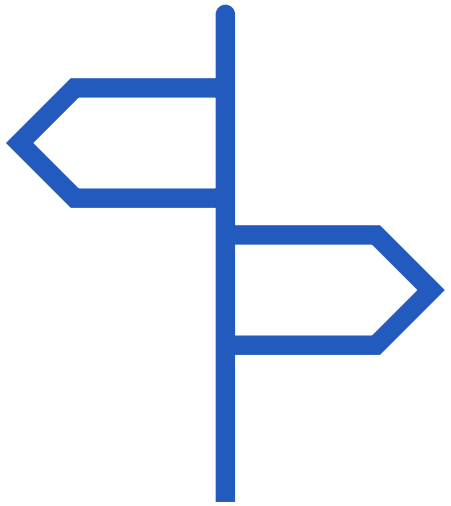
- Storytelling
- Music
- Photo/object elicitation
- Storyboarding/'River of life'
- Zine-making
- Collage
- Cooking
- Lego / The Community Table
- Gardening, art and green space days for men from Weathersfield Camp

UKRI Arts and Humanities Research Council

Findings so far

Housing

Food



Support Services

Key cross-cutting themes

- **Fragmentation** is the dominant challenge across all 12 areas – services exist but are difficult to navigate.
- **VCSE organisations** are consistently identified as both the primary good practice asset AND the most vulnerable to funding insecurity and burnout.
- **Data invisibility** – refugee/asylum status is rarely captured in statutory systems, making needs assessment and monitoring difficult.
- **City of Sanctuary designation** appears to enable cross-departmental working and VCSE partnership, but implementation varies significantly.
- **Digital exclusion** compounds all other barriers, particularly for those in temporary accommodation.
- **Neighbourhood Health Teams** (where being piloted) offer potential for embedding migrant-inclusive practice but require intentional design to avoid excluding R/AS/M populations.

Housing

1) Housing that is easy to find and get (with clear help when people need it)

2) Housing that people can afford in convenient places

3) Housing where people can stay longer (no sudden moves, better for health and family life)

4) Housing that is healthy inside (good air, no damp/mould)

Yeah, it's not easy. You need a lot of salary, for a start, and yeah, that's one thing, but for a start. And after, pets is a problem, for rent. Yeah, but a big problem for rent, I am not working, I am a carer for my son, and I am single, and nobody will give a single person a house.

Ukrainian participant

Housing

5) Housing with enough space and privacy for families

6) Housing meets health needs (suitable for mobility, a disability or older people)

7) Housing where people feel safe and comfortable

8) Housing support that feels fair and respectful where people understand their rights and are not pressured

At this property, one door, window glass is broken, it is cold, my health is not good. I don't have family to help me with this and mould and damp kill me. But city council team said everything is all right.
Ukrainian participant

Food

1) Food that does not cost too much

2) Access and availability of food

3) Food that feels 'right' – for culture, religion, usual diet

4) Food that is good quality and healthy

And my family also goes to the food bank, especially- I worked at school here when we moved from Fenland, from this rural area…And because I worked through the agency, so that time when I worked, they paid me but they had six weeks…they didn't pay me.

Ukrainian participant

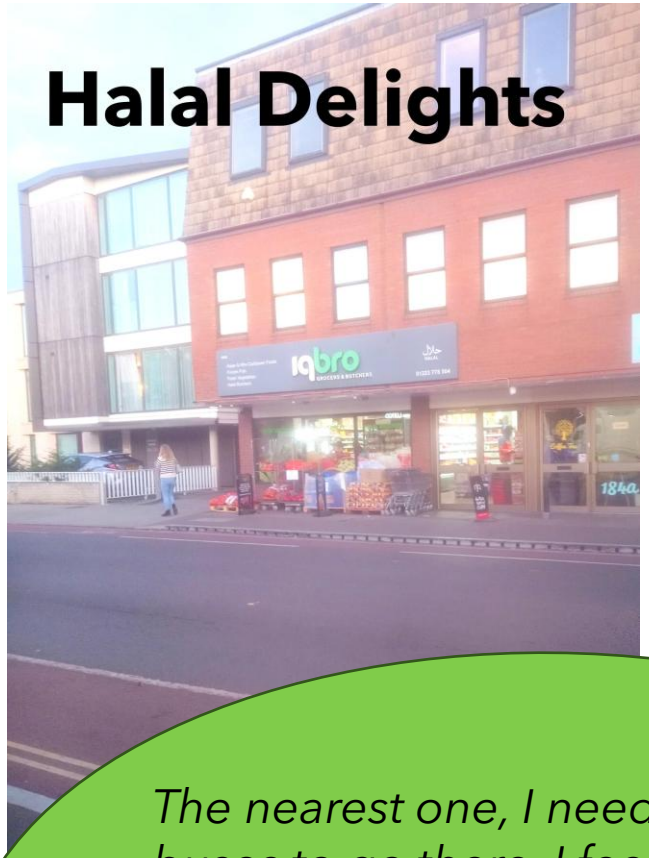
Food

5) Easy access to food without long travel

6) Place to store and cook food (a fridge/freezer and access to a kitchen)

7) Food information that is easy to find

8) Food that brings people together – community and connection



The nearest one, I need to take two buses to go there. I feel all those things are pressure on me, I feel I'm annoyed. To buy this stuff, I need to think about many things…so I need to calculate four, five hours, wasting time from my day.

Syrian participant

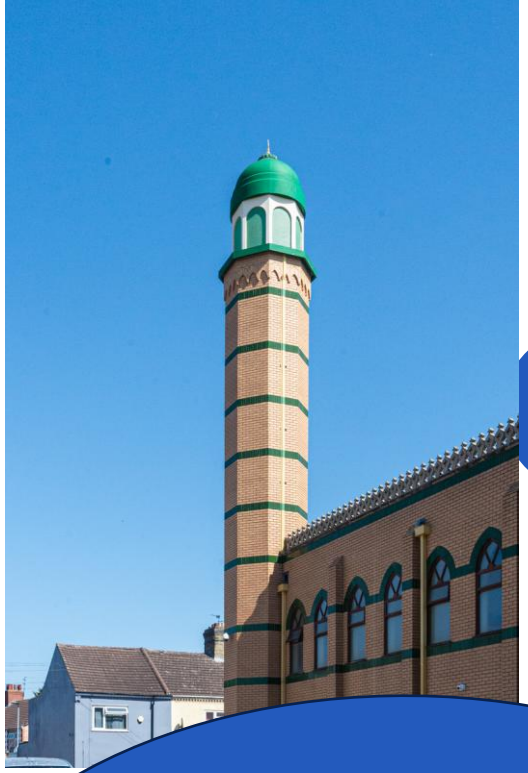
Services

1) English classes where people can learn and improve at appropriate levels

2) Help to find a job (advice and support to get work)

3) Services that work together – without repeating information many times

4) Healthcare that is easy to access without long waits



You know, every morning you want to ring to the doctor's surgery, for the appointment, it's like winning the lottery to make an appointment. For that day. I rang 115 times.

Afghan participant

Services

5) Good communication and interpreting from the start

6) Digital systems that are easy to use

7) Legal and advice services people can trust

8) Open, green space and socialising is important for wellbeing

When you see that you are not the only one like this. When I met Afghan people and they told their story, and Syria people and they told their story, I understand, and said, "Oh, my goodness. It's not happened only to me or to Ukraine, let's say, in general." It's happened to different countries in the world.

Ukrainian participant

What comes next?

- Validation of findings in each field-site
- Collaborative identification of 'best practice' examples of services to support well-being

  → SROI/Economic evaluation of best practice examples

- KE across field-sites taking account of site-specific elements in urban/rural/coastal areas (e.g. geography/population/public transport)
- Constant adaptation of project activity due to evolving political context post May elections, devolution/NHS/ICB reorganisation and increase of hostile rhetoric

Arts and Humanities Research Council

Project Outputs

- Radley, C., Greenfields, M., Kofman, E., & Searl, G. (2026). From Babel to Bridge: The Challenges of Research Co-Production in Multilingual Spaces. *Social Inclusion, 14*, Article 10870. https://doi.org/10.17645/si.10870
- Greenfields, M., Faraone, M., Lukes, S., & Radley, C. (2026) Deserving, Desirable and Undesirable Migrants: How Routes of Entry Affect Access to Housing Support and Impact Wellbeing. *Social Sciences, 15*, 350. https://doi.org/10.3390/socsci15060350
- Greenfields, M. and Dagilytė, E. (2025) *Authorship Protocol for Publications: Governing Academic and Academic–Community Collaborative Writing*. MigRefHealth.
- Lazzarino, R. *et al*. (2025) *Social and intersectional determinants of health inequalities and community assets among refugees, asylums seekers, and migrants in the UK: A scoping review protocol*.

Project publicity

#MigRefHealth

www.migrefhealth.co.uk