

Co-Producing transferable delivery models and solutions to health and care inequalities experienced by Refugee, Asylum Seeking and Migrant Populations (2024-2027)

#MigRefHealth

IRN Network Presentation

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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** so as to support **cost-efficient, accessible, scalable services**, delivered locally and regionally by ICSs and their key partners



INCLUDING:

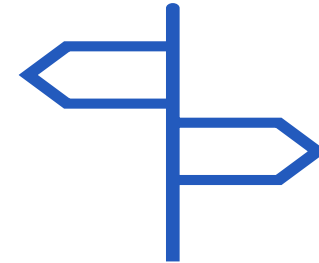
Identifying and building opportunities for wider community impact through KE/
transferability of learning on how holistic approaches to health and wellbeing can
best target health inequalities



ACCOMMODATION



FOOD/NUTRITION

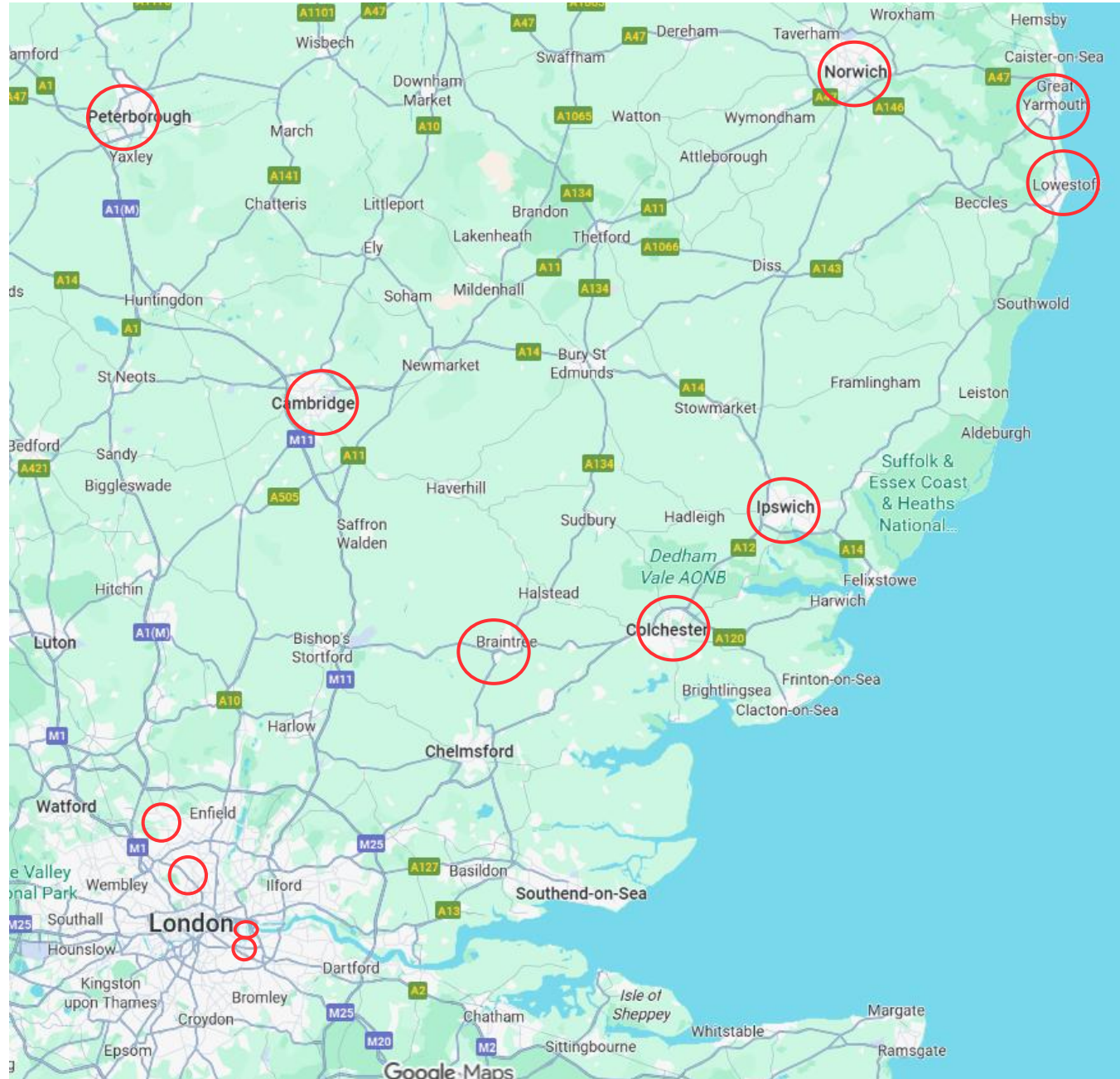


**ACCESS TO (DIVERSE)
SUPPORT SERVICES**

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

(nb: Weathersfield treated as a discrete /outlier site)

- 1 x EU
- 1 x non-EU

- *In practice* attendees have self-identified as of the following nationalities/communities....

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	Uzbek
Albanian	Congolese	Indian	Libyan	Portuguese	Sudanese	Vietnamese
				Portuguese /Brazilian		
Algerian	Egyptian	Iranian	Lithuanian	Syrian		Yemeni
Bangladeshi	Eritrean	Italian	Nigerian	Romanian	Turkish	
Bengali	Ethiopian	Kurdish	Pakistani	Russian	Ukrainian	



Project statistics (April-May 2026)

- 21 community co-researchers (CCRs) - speaking 10 community languages (mother tongue)
- 85 walking interviews
- 21 one-on-one interviews (Wethersfield residents/former residents)
- 72 Community Fora (CFs) across our 12 field-sites.
- In CFs 2, 3, 4 , 6, 7, 8, 9 and 10 = 988 participants (620 unique participants)
 - Over 900 professional photographs capturing events/community assets (from 9 sites),
 - 10 discrete creative methods .
- CFs 1 & 5 & 12 [the latter commencing in May 2026]have had 240+ stakeholder participants
- Awaiting final attendance count /update on latest unique attendance figures from validation workshops (CFs 10/11) in some EoE and London sites)

Methods

Literature Review

Policy Review + Public Health Infrastructure Mapping

Walking Interviews - undertaken with trained CCRs

Community Forums organised in each field site – 72 currently completed + 25 stakeholder events

Deep-Dive sessions with ‘harder to reach’ populations (targeted at specific communities – eg Afghans, Hong-Kongers, Syrians/Romanians)

Themed CFs e.g. food/accommodation/health services

Interviews with stakeholders (health predominantly)

Feedback and validation with stakeholders + community members (ongoing)

One-to-One interviews (Wethersfield residents/ex-residents - ongoing)

Data validation sessions (stakeholders/communities) ongoing

Co-Design sessions for exhibition selection – ongoing

Creative workshops – methods:

Storytelling

Theatre/music

Photo/object elicitation

Storyboarding/’River of life’

Zine-Making

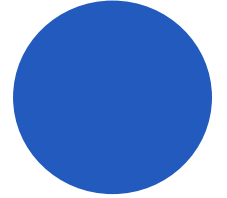
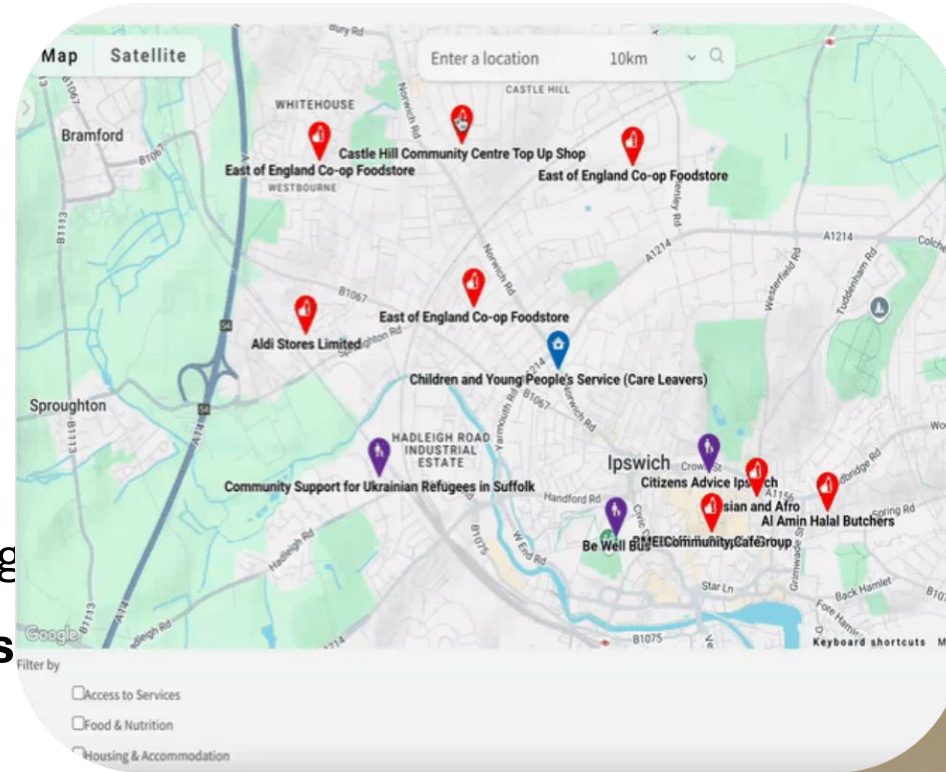
Cooking

Gardening, Art and Green Space days for men from Weathersfield Camp

Interactive Asset Map (v1 +V2 in progress)

Asset-Mapping

- **Asset mapping** – (Community + Stakeholder input) V1
- **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



What comes next?

Validation of findings (each field-site

- 4 undertaken to date in EoE)

Collaborative identification of 'best practice' examples of services used by R/AS/M to support well-being (eg community pantries; one-stop shops etc).

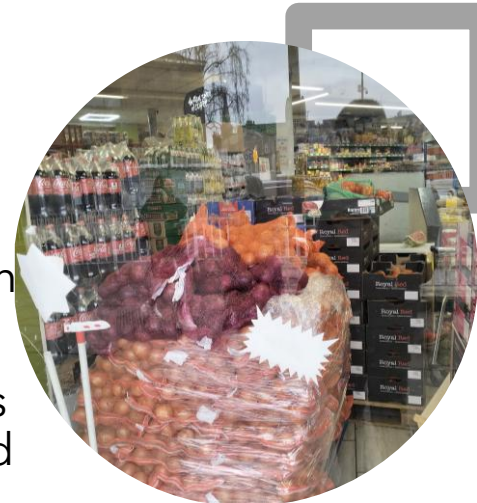
SROI/Economic evaluation of selected best practice examples

KE across field-sites taking account of site-specific elements in urban/rural/coastal areas (eg geography/population/public transport)

Exhibitions across field-sites (Autumn/Winter 2026)

Moving to further Dissemination and Engagement phase with political and policy stakeholders in late summer/autumn 2026

Nb: Political context (and recent changes post May elections with Reform/Restore administrations in 2 field-site areas) and devolution/NHS/ICB reorganisation as a 'wild card'





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

