MOBILISING COMMUNITY ASSETS

National Centre for Creative Health

UKRI Arts and Humanities Research Council

UCL

EAST | Local Government East

STRATEGIC MIGRATION PARTNERSHIP

HONG KONG HUB

Asylum leads meeting

Findings for asylum seekers

17th June 2026

Project Goal

To make sure that we understand about **community assets** used by **local communities** to **improve the health outcomes** for refugee, asylum-seeking and migrant communities.

Our Objectives

Our project aims to achieve the following:

To identify and evaluate how social determinants of health impact health outcomes for diverse refugee, asylum seeking and migrant communities living in the selected project sites.

To develop a model which will support ICSs, civil society agencies, and research communities to collaborate on creating and implementing co-created initiatives.

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

To co-design models for the delivery of place-based integrated systems that tackle the wider social determinants of health.

To identify how holistic approaches to health over the life course can be embedded within integrated health services to better tackle health inequality.

To build opportunities for wider community impact through sharing knowledge so that it can be used in other communities and other regions.

A “community asset” = advice and information services, community hubs, community groups, religious organisations, open spaces, food banks, leisure centres.

8 field sites in the East of England & 4 in London

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

- Lewisham
- Greenwich
- Islington
- Barnet

Progress so far

- 85 Walking Interviews
- 10 Community Forums
(2 with decision-makers, 3 with creative methods)
- The Asset Map V1
- Report on local situation
- Some chats with stakeholders

Participant groups

- Ukrainians
- Afghans
- Syrians
- Hong Kongers

Plus in each field site:

- One EU group
- One non-EU group

Who we have talked to

632 people have taken part in the project 976 times from 47 countries

Top 10 places of origin	Women	Men	Total
Afghanistan	55	76	**131**
Ukraine	78	12	**90**
Syria	33	22	**55**
Hong Kong	30	25	**50**
Portugal & territories	36	7	**43**
Nigeria	31	5	**36**
Bangladesh	16	11	**28**
Iran	15	5	**20**
India	15	2	**18**
Vietnam	16	/	**17**

Who we have talked to – asylum seekers

76 people described themselves as asylum seekers.
They took part in the project 109 times

Top 10 places of origin	Total
Afghanistan	**24**
Nigeria	**7**
Yemen	**7**
Syria	**6**
Iran	**6**
Eritrea	**4**
Albania	**3**
Portugal & territories	**3**
Ethiopia	**2**
Sudan	**2**

Please note that 13% of participants did not provide their legal status

Who we have talked to – asylum seekers

Cross-cutting themes from initial analysis

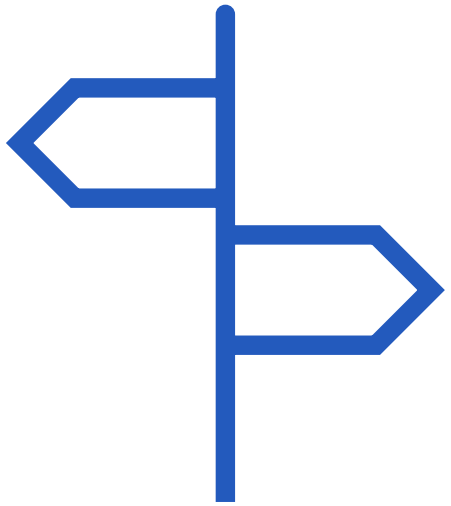
#MigRefHealth

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

Food



Support Services

Food - Wethersfield

- Over half of participants said that the food provided at Wethersfield was good
- They liked that it was halal and plentiful
- There was also a vegetarian option
- Food issues – repetitive and unhealthy, lack of agency
- Camp feedback and responsiveness

"Food is good, fed 3 times a day. Eat socially in dining room, eat as much food as you want." **Ethiopian**

"Food – for me it's great. Hard to describe food in Afghanistan – meat, vegetables, tasty, nice. In Iran we could cook for ourselves, also in Turkey. It is what it is." **Afghan**

"Have some problems with the food. Don't like it. Same thing daily. Gets boring. Camp sometimes asks for feedback." **Eritrean**

"Too much food, started making me sick ... Most people complain about the food. There are choices but all chicken, except salad. Same menu. Say all halal." ***Yemeni***

Housing - Wethersfield

- Choice
- Information
- Feelings
- Lack of privacy
- Quality of facilities
- Staff attitudes

"Toilet and bathroom no good. Everyday problem, too dirty, smelly shower no good. You clean toilet but others don't clean it. Problem is people, too many people. No privacy or sleeping. Not good for mental health." **Afghan**

"Live in caravan (portacabins). Clean. Problem is 5 in the room, sleep, music. Bathroom is outside. Sometimes rainy or windy. Told have to respect each other but no one stuck to the rules. Have to deal with friends yourself. People in room from different places but try to make the same nationalities. But problem is neighbours from countries at war." **Yemeni**

"It is always great, (I) like the camp. New arrivals live in the village (portacabins) for 1-2 months then move into a block. Blocks are easy. In the village the toilets are outside. Fights every day. Everyone angry, feel in jail maybe. Some people need mental healthcare." **Eritrean**

Services - Wethersfield

- Health
- Language support
- Legal support
- Faith support
- Physical activities
- Other activities
- Transport
- Other Issues

"Have a medical centre. I've used it. It is good. Have medicines, antibiotics etc. It's good. Taken good care of." **Eritrean**

"Wants skills training and more English classes. How many in English lessons! 20-25 people in 1 hour lesson." **Afghan**

"Bus service is good. Goes to Braintree 4 times a day, Chelmsford and Colchester 3 times a day." **Eritrean**

"Migrant Help has an office in the camp. Sometimes I have a problem, ... and he help me ... I don't ask about asylum." **Afghan**

"Know nothing about what's next, still waiting for interview. ... Don't care about not knowing what's happening next as safe. I will accept what the government says" **Eritrean**

Impact of the Hostile Public Environment

- Since summer 2025 there has been noticeably greater public hostility towards migrants living at Wethersfield

- Increased interest on social media, public demonstrations and campaigns with protesters at the main gate and bus drop off locations

- On and off-site providers and migrants report feeling intimidated and powerless, resulting in workforce impacts and men being reluctant to travel off site

Life After Wethersfield – Move on experiences

- Many asylum seekers viewed getting their status decision as a psychological turning point, with Wethersfield frequently described as a prison

- Move on was not experienced as a transition to stability but continued insecurity distributed across housing and welfare systems

- Participants described short notice moves with little information on their placement or support in their new location

"It wasn't our decision… we just got told, and then suddenly you have to move"
Iraqi Kurd

Life After Wethersfield – Move on experiences

- Material deprivation and food insecurity was acute during move-on, with participants describing hunger, debt, and extreme budgeting during welfare delays

- Mental health impacts were evident, although expressed in varied ways ranging from explicitly articulated distress to tiredness, demotivation and resignation

- Wellbeing was linked housing, poverty, waiting, and family separation with limited access to formal mental health support

"Sometimes I only eat once a day, just to survive" **Yemeni**

"Psychologically it was very difficult… not physically, but in your head every day" **Iraqi Kurd**

Life After Wethersfield – Move on experiences

- Voluntary and community sector organisations (VCSEs) played a crucial role in mitigating harm, with participants reliant on charities for information, healthcare access, welfare navigation, and emotional support

"Mostly the charities helped us… they were our hope"
Iraqi Kurd

- Greater access to ESOL was wanted, delivered more rapidly due to long waits and limited classes

- Conversational groups were particularly welcomed usually hosted by third sector groups

Life After Wethersfield – Move on experiences

- Housing, welfare delays, and information gaps have emerged from our findings as key social determinants of health/wellbeing

- Accommodation functioned as a site of containment rather than offering stability and protection

- Mental distress was structurally produced, shaped by uncertainty, poverty, and unsafe environments rather than existing ill-health

- The critical role that VCSE organisations play in mitigating harm reflects systemic gaps in statutory provision

Results from asylum seekers across the project