

Improving Outcomes for Asylum Seekers, Refugees, and Migrants

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Breaking down barriers to research participation for refugees and asylum seekers (2023)

**Improving inclusion,
reducing inequalities**

East of England research engagement

Various projects across the region

- Learning disabilities
- BAME
- LGBTQIA+
- Autism
- Addiction recovery
- Diabetes
- Neurodiversity
- Mental health
- Speakers of other languages
- Young people
- Mothers

Breaking down barriers to research participation by refugees & asylum seekers

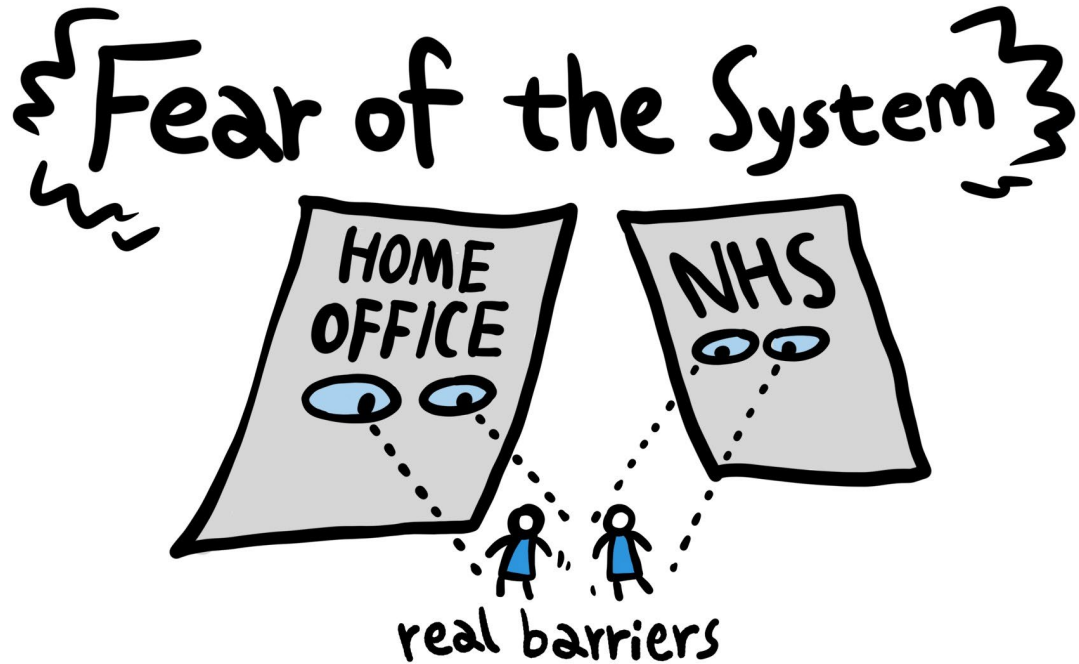
Co-produced project aims and objectives:

- To **explore system barriers to research** engagement of refugees and asylum seekers at different stages of their post-migration journey
- To **triangulate the experiences of people** with lived experience, civil society and statutory service providers as well as health and social care researchers
- To **explore health professionals' knowledge and understanding** of refugees and asylum seekers, their views of system-based barriers to refugee and asylum seeker engagement in research and their own experiences of trying to engage these populations
- To **explore refugee and asylum seeker perspectives of health/social care systems and knowledge of research participation**
- To **identify potential solutions to barriers**
- To **produce a plan of action** including recommendations and training for practitioners to support increased meaningful, empowered participation of refugees and asylum seekers in research.

Project Activities (November 23-February 24)

- **Steering group meetings (x5)** to oversee and guide the project included health professionals, migration research experts and ARU staff and students with **lived experience of the refugee and asylum system**
- 3 **workshops with community organisations** who represent/support refugees and asylum seekers and people with lived experience – Peterborough, Cambridge and online
- 2 **workshops with health and social care professionals and clinical researchers** – Cambridge and online + small group interview (Peterborough) + individual interviews
- **Full day final event** to discuss **findings, recommendations and feed into action plan** - Peterborough

Findings from Communities



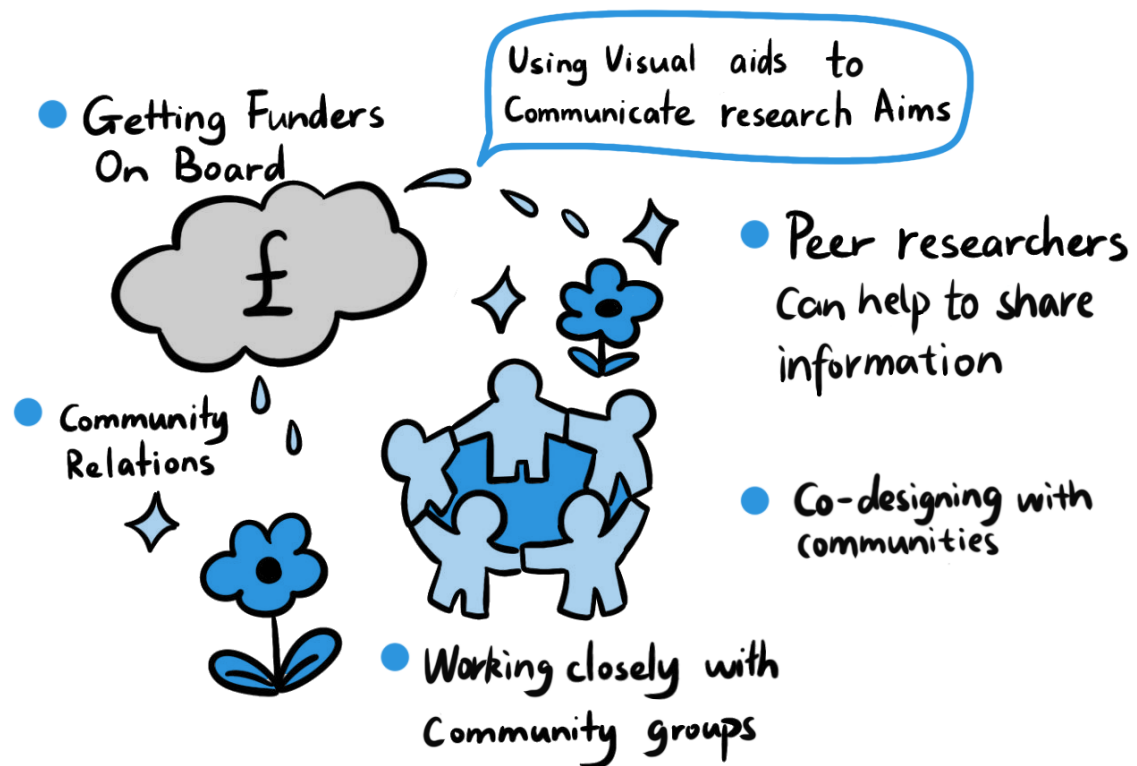
- **Shame and fear** about certain health conditions – *will I be deported?*
- **Off-putting entry points into NHS system** – inadequately trained admin staff/receptionists are barriers to understanding/positive experience
- **Previous traumatic experience** of medical system in other countries
- **Lack of transport and/or funds** to attend
- **Lack of knowledge** of NHS system and limited understanding of research / research opportunities
- **Overwhelmed / lack of capacity / more immediate pressing concerns**
- **Inappropriate interpreters** e.g. non-attendance, incorrect translations, cultural clashes
- **Essential need for advocates to provide guidance about NHS / health research**

Findings from Health Professionals

- **Communities' lack of trust in processes/strangers** *"distrust of research can remain, and rightly so"*
- **Concerns over undertaking "risky" research** – power dynamics/cost-time input and concerns over whether informed consent given etc
- **Researchers' lack of cultural awareness/experience working with vulnerable groups**
- **Lack of capacity** to build longitudinal relationships with community groups/worries over being (or being seen to be) extractive
- **Ethics panels as a barrier to research** - misunderstandings of regulations/or fear creating barriers to commencing/undertaking research in a timely manner *"our ethics panel can sometimes be a bit funny around giving vouchers for reimbursement for time"*
- **Practicalities** – *"trying to engage in anything long-term is not necessarily realistic because next week they might be sent elsewhere in the country" [from initial accommodation]*
- **Communication barriers** e.g. incorrect translations, cultural clashes, literacy (written/digital)



Solutions agreed by Health Professionals and Community Members



- **Co-designed resources** to educate health professionals made with communities to address lack of cultural awareness and knowledge intersectionality
- More trained and empowered **peer-researchers**
- Introduction **of grant applications which are conditional on demonstrating addressing barriers/cultural awareness.**
- **Educating university ethics committees** about realities of researching with refugees and asylum seekers
- **Educating gatekeepers** i.e. receptionists about diverse communities
- **More accessible materials** for diverse communities about both health research and the NHS, including visual aids.

Striking similarities with other excluded groups



Time and practical barriers: work and caring, travel and building accessibility, childcare costs, access to or using technology.



Information and understanding: learning about opportunities, understanding what is being asked, fears about the research and its purpose, keeping people's data safe, the possibility of being re-traumatised, lack of cultural competence.



Personal and health circumstances: age, disability, fluctuating health, housebound.



Trust, communication and values: personal and cultural beliefs, fear of being judged, mistrust of research (unethical historical interventions), lack of trust in the health service/mainstream services.



Suffolk and North East Essex Integrated Care Partnership



Essex County Council

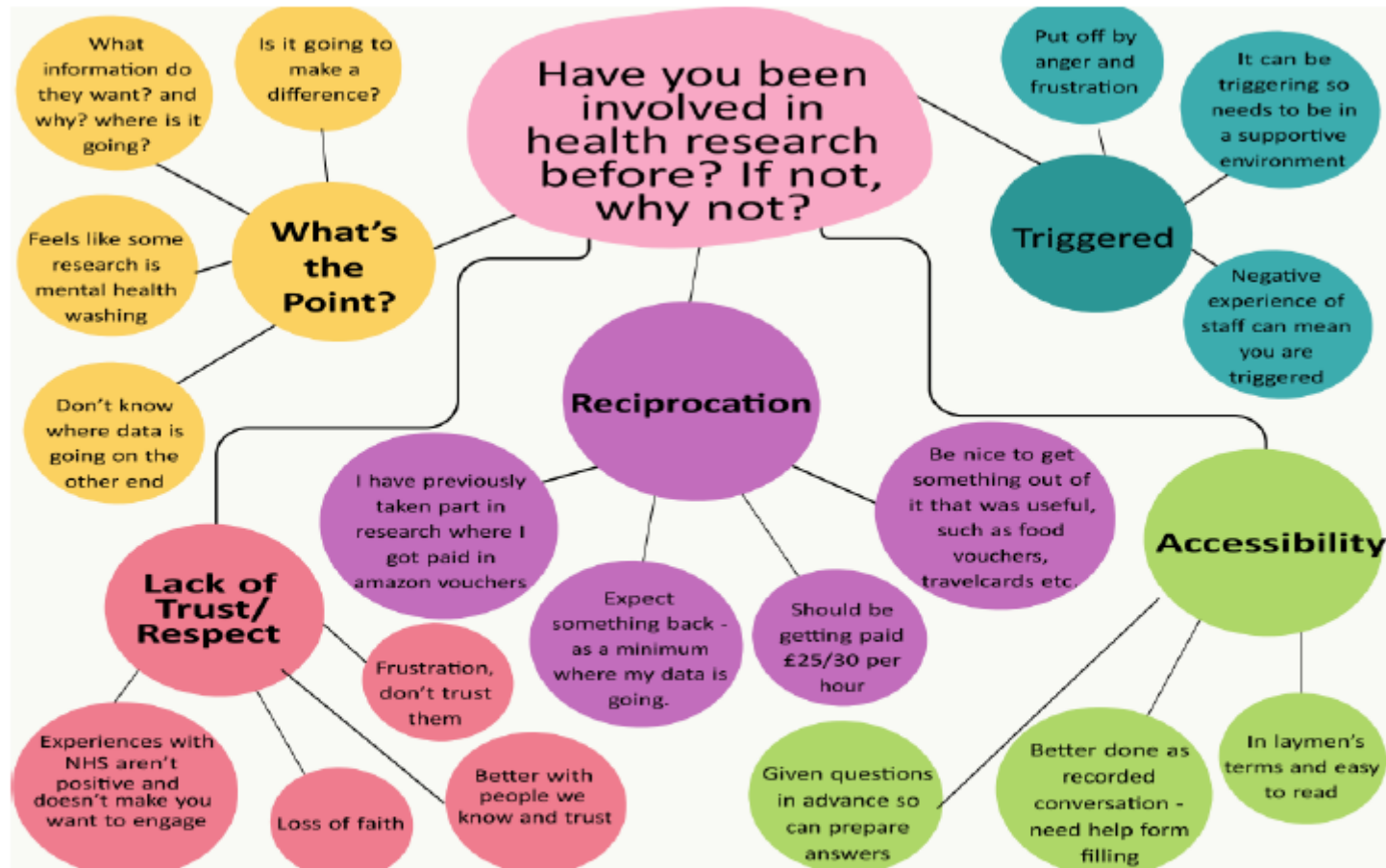


Suffolk
County Council



Suffolk and North East Essex

Striking similarities with other excluded groups

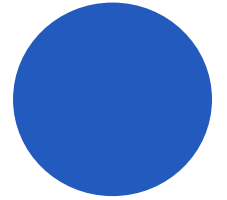




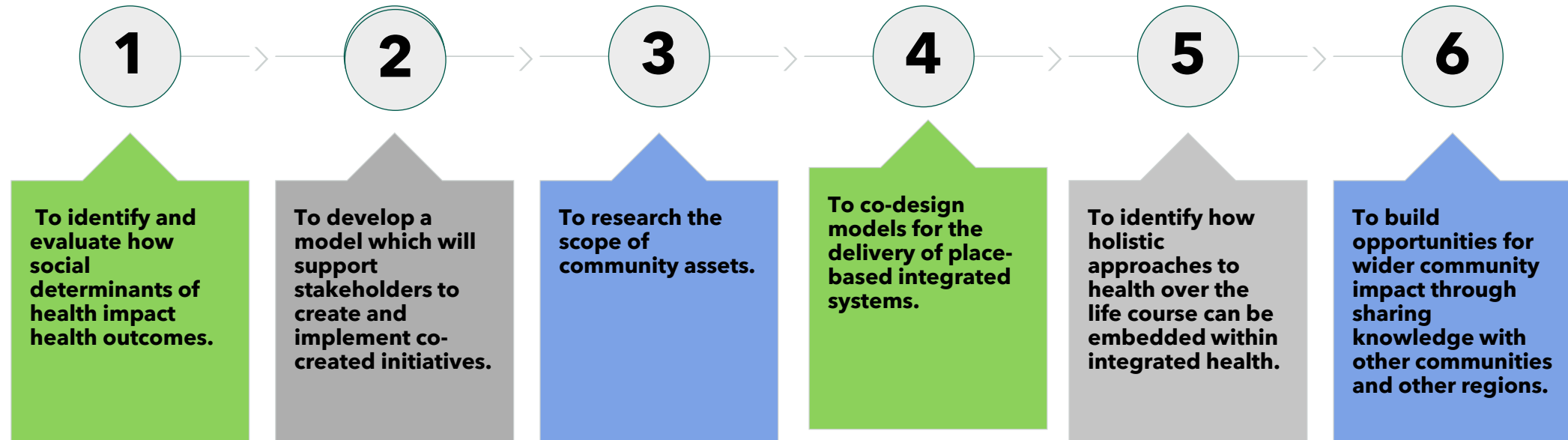
Co-creating asset
and place-based
approaches to
tackling **refugee** and
migrant health
exclusion

Project Goal

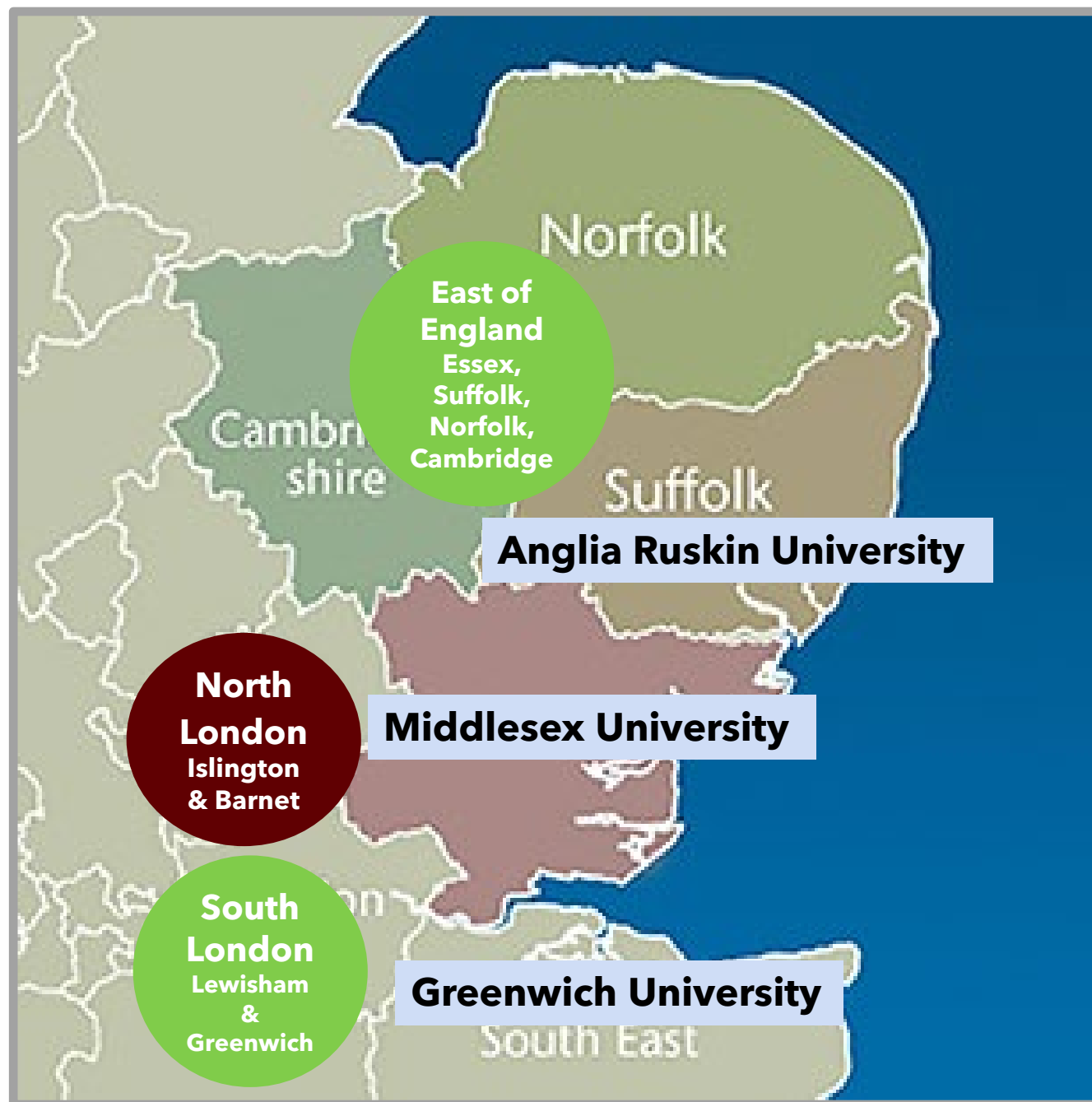
- **19 academic and community partners**
- **Explore how community assets can tackle health inequalities for diverse refugee, asylum seeking and migrant groups.**
- **Ensure that services used by local communities are collaboratively identified and better supported to help improve the health outcomes for refugee, asylum-seeking and migrant communities.**
- **Feb 2024 to Feb 2027**



Objectives



Three Regions



Eight Field Sites East of England



Norwich
Great Yarmouth

Ipswich
Lowestoft

Cambridge
Peterborough

Colchester
Wethersfield

GYROS



 **East of England**
Local Government Association | Strategic
Migration
Partnership

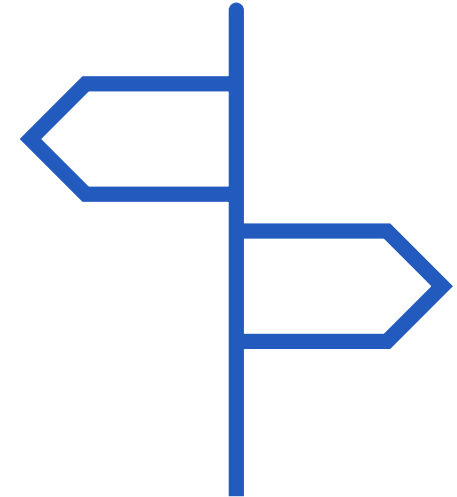
Core Areas of Research



Accommodation



Food/Nutrition



Support Services

Work Packages



1

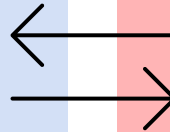
Work Package One Governance and Framework Development

Provides the governance and the framework for the project.

2

Work Package Two Social Ecology of Community Assets (Mapping)

Community researchers will map existing data sets and community assets of interest including those 'under the radar', focusing explicitly on our three core aspects.



3

Work Package Three Training Peer Researchers

We will meaningfully train individuals with lived experience of the asylum and migratory systems as community co-researchers; developing their skills and capabilities to support and to leverage change-making within their areas.

4

Work Package Four Place-based models: Embedding system change and building capacity within institutions

Critical assessment of the data from across the project to develop the scalability and transferability of good practice, innovation and interventions.

Publicity



citizens M MigrationWork CIC Qni The Queens Nursing Institute GYROS LRMN East of England



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.

a.r.u. Anglia Ruskin University UNIVERSITY OF GREENWICH Middlesex University London UK Arts and Humanities Research Council

<https://x.com/migrefhealth>

www.migrefhealth.com



MIGREFHEALTH

Home About Community Assets Resources

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

READ MORE



Thank you

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