Workstreams, Tools and Case Studies

The Asylum Mental Health and Wellbeing Team

2025 Edition

In collaboration with

Home Office

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About this document

This document provides an overview of the workstreams, resources and case studies developed or endorsed by the Home Office Asylum Mental Health and Wellbeing (MHW) team. The aim is to raise awareness about what is available and highlight examples of good practice measures, to support people seeking asylum's mental health and wellbeing. All workstreams outlined in this booklet have either been clearly delineated as localised pilots with aspirations for rollout or available UK wide. In both instances, the MHW team believe that they will be of interest to stakeholders right across the UK.

Similarly, whilst case studies may highlight local initiatives, they are shared to inspire fresh action and partnership across all nations.

In the next iteration of this booklet, we hope to be able to showcase new case studies. If you would like to highlight good practice via this platform, we would welcome any fresh examples for inclusion at tip@homeoffice.gov.uk.

Introduction

The Asylum Mental Health & Wellbeing (MHW) team has a priority focus on leading the conversation around healthcare, mental health and general wellbeing of people seeking asylum. The team lead on a wide range of engagement strands and delivery of programmes across the asylum environment, always focussing on partnership working to maximise opportunities for growth.

Taking preventative measures to reduce potential negative impacts on the mental health and wellbeing of people seeking asylum, the team progress activity in four distinct parts:

- provision of training and practical tools to upskill colleagues and partners.
- sharing good practice.
- commissioning services and research to plug gaps in services and evidence where possible; and
- development of effective partnerships with health, voluntary sector, and local authority stakeholders to deliver appropriate care pathways for people seeking asylum.

Workstreams

The Asylum Mental Health and Wellbeing Team

Home Office

Trauma-Informed Practice (TIP)

Overview

Recognising the prevalence of trauma amongst people seeking asylum in their home country, on route and upon arrival in the UK, the MHW team has developed a workstream from concept to implementation to embed TIP by:

- supporting change towards a culture that seeks to recognise, respond to signs of trauma, and reduce the risk of further distress and re-traumatisation of people seeking asylum.
- supporting the reduction of the risk of vicarious trauma of Home Office colleagues and contracted partners.
- establishing a strong connection between TIP training and day-to-day process, culture and thinking.
- helping strengthen the referral process for safeguarding and/or trauma-related issues.

The aim is that through a greater knowledge about and confidence in identifying signs of trauma, colleagues will use more trauma sensitive language, enact more trauma sensitive behaviours, and create more trauma-informed referral processes and physical environments.

The MHW team conducted an end-to-end asylum journey review in conjunction with clinical partner, Hedroc, in March 2023. The team drew upon clinical and lived experience expertise to inform provision of training and resources to engender culture change across the Home Office and its partners.

Alongside Hedroc, the MHW team onboarded CDS Support as their L&D partner to design and deliver a learning programme for colleagues, comprising of the following modules:

- TIP Awareness.
- TIP Leadership.
- TIP Skilled.
- TIP Policy and Communications.
- TIP Physical Environment.
- TIP Working in Partnership with Lived Experience; and
- TIP Signposting.

These modules take the form of digital self-led training with supplementary discussion guides, practical tools, and wider sustainability mechanisms now all sitting together on an internal TIP Information Hub. Learning journeys for colleagues are determined by their degree of impact upon and contact with people seeking asylum.

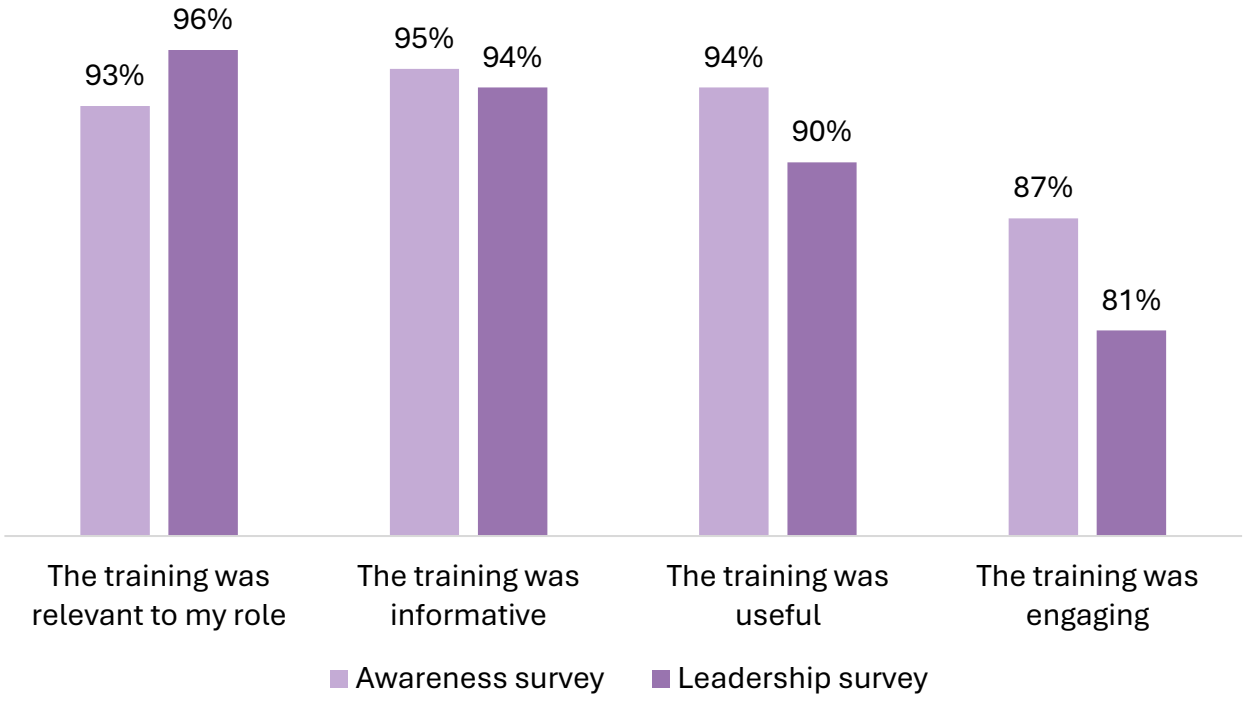
The MHW team has consistently worked in partnership with lived experience groups including Home Office and Migrant Help Asylum Lived Experience Advisory Panels (ALEAPs) as well as Survivors Speak Out to ensure the voices of those with lived experience of seeking asylum in the UK are heard.

The MHW team contracted Revealing Reality to evaluate the pilots which informed the development of final training products.

Findings

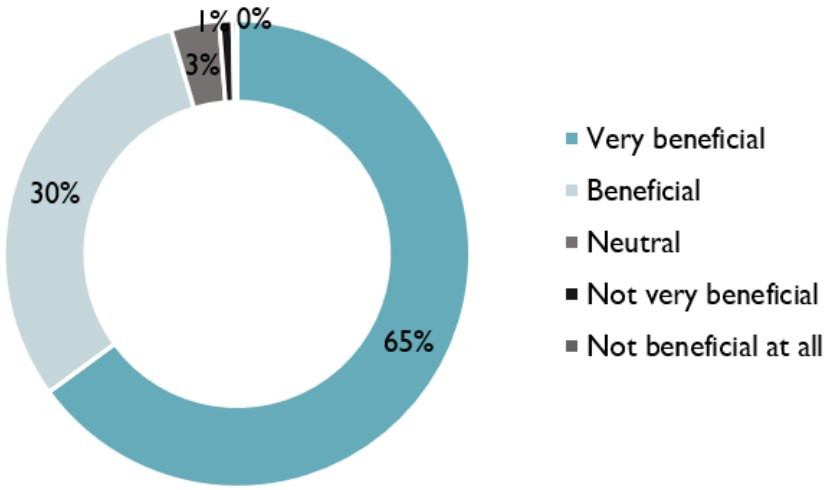
Initial findings that correspond to the training pilot were as follows:

Proportion of staff that agreed with different statements about the **awareness** and **leadership** training modules, reported by staff at the pilot sites immediately after completing the training:



Leadership/Awareness Immediate-Post Surveys: 'How much did you agree with the following statements about the trauma-informed training?' Base of awareness n=324, leadership, n=48

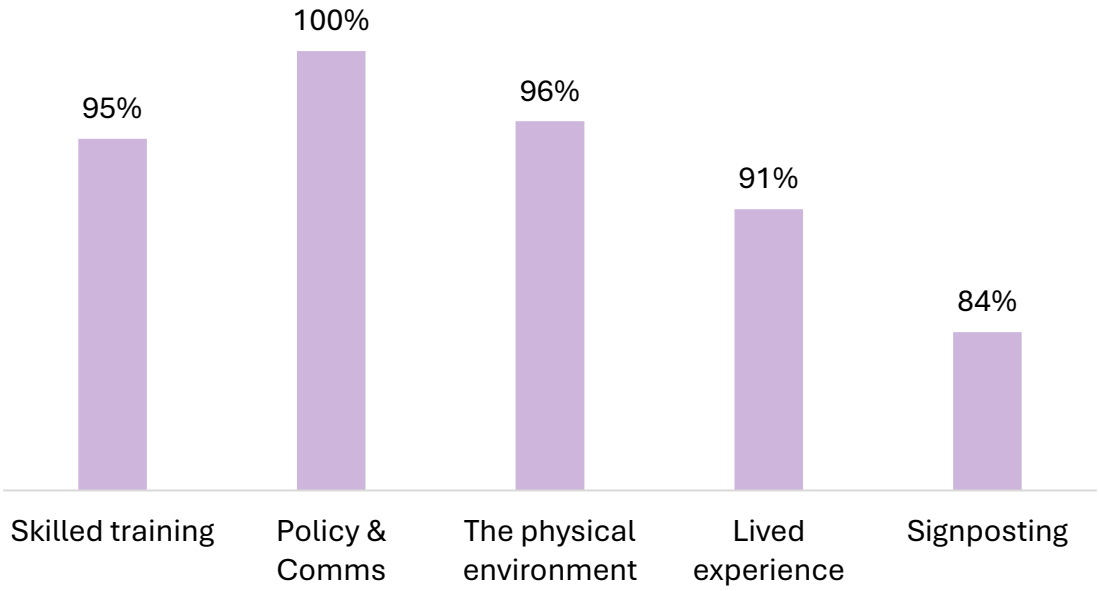
Perceived benefit of the training to others working within the asylum system, reported by staff at the pilot site immediately after completing the **awareness** training:



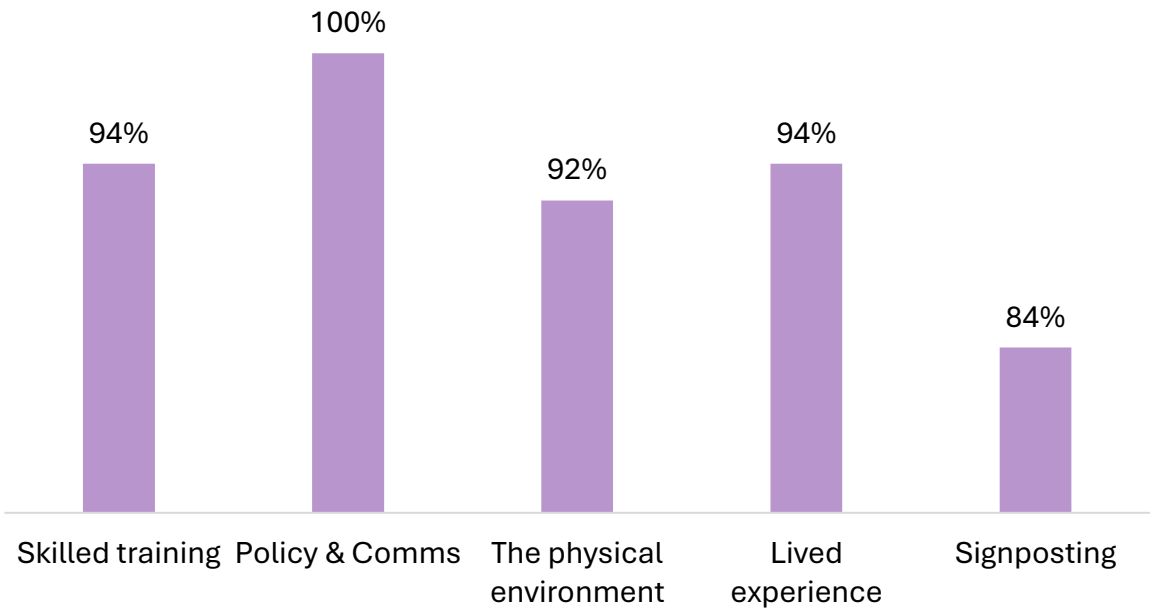
Awareness survey: 'To what extent do you think it would be beneficial for all HO staff working within the asylum system to have this training? Base n=328

6 months after training rollout there was a marked increase in understanding and awareness when compared to pre-baseline surveys.

Proportion of staff that agreed the following training modules were **informative:**



Proportion of staff that agreed the training was **useful:**



The MHW team began rollout of this workstream internally within the Home Office in February 2025 with **9667** module completions to date. The aim is to reach in excess of 10,000 colleagues by the end of the year 2025/26.

The MHW team's hope is to publish a report detailing the innovative collaboration between the multiple partners (referenced above) on our TIP workstream before the end of the year.

Global Mental Health Assessment Tool (GMHAT)

Whilst physical health checks often take place at the early stages of the end-to-end asylum journey, only light-touch welfare checks explore mental health.

GMHAT is a computer assisted tool which can be used to assess mental health needs in those aged 18 and above in primary health care settings. It consists of a series of questions that leads to a comprehensive yet quick mental state assessment. It is consistent with the World Health Organization's diagnostic classification standard, the International Classification of Diseases (ICD)-10/11.

One of its aims is to help overcome the shortage of trained mental health practitioners, as it can be employed by other types of healthcare workers such as nurses and physician associates following a short training workshop and some supervision.

GMHAT was first piloted and evaluated in 2016/2017 by the Home Office, to support 200 refugees accepted into the UK via the Vulnerable Persons Resettlement Scheme. This is now being rolled out with all resettled refugees.

Based on this success, in March 2024, working alongside Home Office colleagues, Global Mental Health Assessment Tool (GMHAT) designers and NHS Mid and South Essex Integrated Care Board (ICB)[1], the MHW team piloted the GMHAT with people seeking asylum.

On-site medical staff at the large accommodation site at Wethersfield embedded GMHAT as part of their healthcare assessment and the tool continues to be used to assess mental health problems in those aged 18+ at Wethersfield. This has enabled those most in need of mental health support to be identified and put on a pathway to receiving relevant support at the earliest stage possible. It has also ensured that primary care services are equipped with the right tool to support their patients proactively and when they may present in crisis.

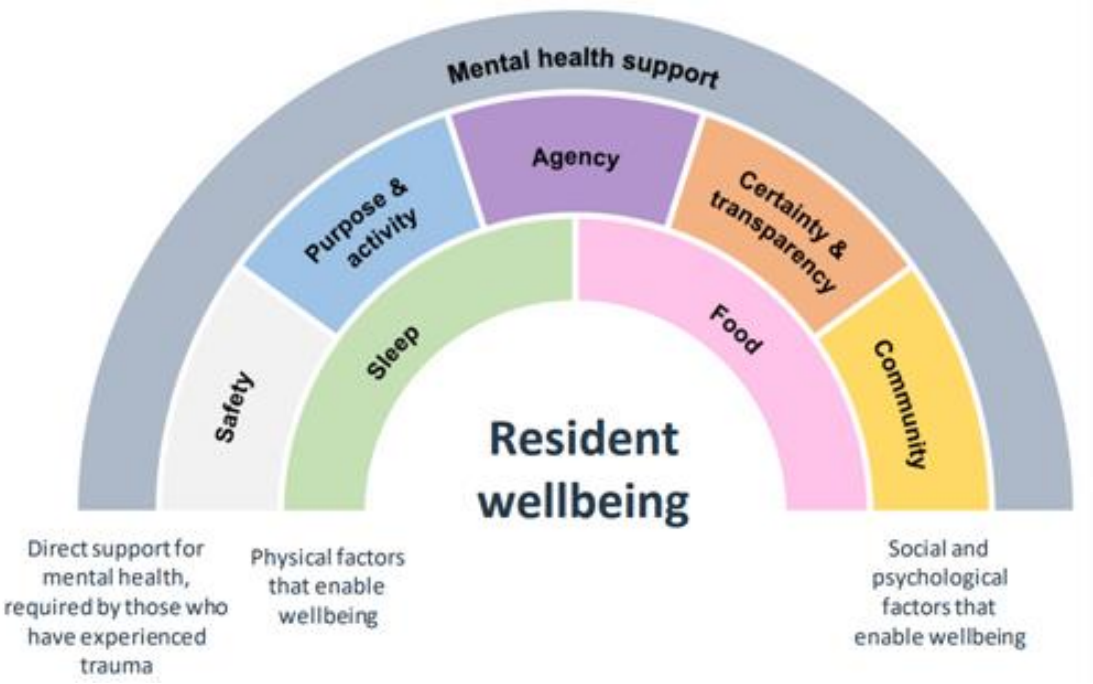
The pilot and accompanying feasibility study on the use of the GMHAT at Wethersfield, represents a chance to learn about the effectiveness of mental health assessment by using the tool with the asylum-seeking population.

The team are now planning to pilot use of the GMHAT with two primary care teams operating in community settings in Crawley and Liverpool with a view to understanding and enhancing benefits corresponding to colleagues, beneficiaries, and the wider process.

[1] The equivalent of an Integrated Care Partnership in Northern Ireland.

Initial Accommodation Mental Health Research

The MHW team commissioned CoLab (Home Office Policy and Innovation Lab) to conduct user-centred research into how to improve mental health and wellbeing in initial asylum accommodation. This included desk research, observation across four initial accommodation sites, and interviews with 83 residents, staff from accommodation providers support organisations, and Home Office colleagues. The report was completed and presented with recommendations addressing the following key areas:



The MHW team continue to work closely across the Home Office to take these recommendations forward where possible and share learning with other colleagues responsible for working in the context of contingency hotels, dispersal, and the detention estate for wider application.

Mind-Spring

One of the recommendations from the research, highlighted the benefits of providing psychoeducation support to residents in asylum accommodation. As a result, we conducted a feasibility study into the delivery of Mind-Spring, which was provided by the Cardiff based charity Oasis. The activity was piloted in Welsh contingency hotels with three groups of Arabic and Kurdish Sorani residents between October 2023 and February 2024.

Mind-Spring is a trauma-informed psycho-educational group programme for people seeking protection, delivered in the first language of the participants. Each group benefits from seven sessions, twice weekly over four weeks with up to 15 participants in each group. A trainer, co-trainer and interpreter facilitate every session.

We also found that Mind-Spring:

- Improved participant **mental health and wellbeing markers.**
- Created **peer-support networks** and a sense of community.
- Improved people seeking asylum's sense of **control and empowerment.**
- Improved people seeking asylum's **ability to cope** and instilled confidence.
- Provided the motivation needed to **create a routine**; and
- Provided a greater **drive to build social connections** through activities and volunteering.

We are now planning, from autumn 2025, to conduct a six-month pilot in Liverpool working with Oasis as a training and quality assurance partner and a separate local delivery partner to deepen our understanding of impact in different contexts and scalability.

Please visit the Oasis website for more information.

Asylum Therapeutic Support Grant

The Grant previously funded the **Boloh Helpline** from September 2022-March 2025 which supported 9,229 people seeking asylum through helpline advisor support including 733 beneficiaries of clinical therapeutic interventions.

The service offered both practical support from helpline advisors and one-to-one therapy sessions delivered by 103 psychotherapists, in 40 different languages. Boloh accepted self-referrals and referrals from professionals via a freephone number, email, WhatsApp, and webchat facility. Support for people seeking asylum was provided via the following three-tiered system:

- tier one operated similarly to a traditional helpline where one-off advice, signposting and emotional support was offered.
- tier two focused on providing practical support to meet the immediate needs of people seeking asylum over a longer period (including food bank vouchers, toys for children, clothes, and digital devices).
- tier three offered psychotherapy and support to meet the immediate needs of people seeking asylum.

Independent evaluation of the service found that it:

- Improved asylum seeker mental health and wellbeing.
- Resulted in positive client and referral partner feedback.
- Supported access to wider information and services.
- Reduced loneliness and social isolation; and
- Ensured continuity of care in spite of changes to accommodation.

The Boloh Helpline ceased to exist from 31 March 2025.

A grant competition was launched for 2025/26 and generated significant interest from small organisations.

This has led us to explore, from October-March 2026 how we can deliver social, stabilisation and therapeutic support across the UK through strategic migration partnerships (SMPs) utilising the knowledge, skills and enthusiasm of local level partner organisations.

Solace

In October 2021, the MHW team commissioned Solace (a Non-Governmental- Organisation, NGO, based in Yorkshire and Humber region) to produce an online course: **Understanding Refugee and Asylum Seeker Mental Health.**

This is designed for any learners working for organisations across the asylum system who wish to establish a foundational understanding of the mental health issues that people face in the context of seeking protection in the UK.

By completing the six modules, colleagues, in any role, will build their awareness, knowledge and confidence to consider ways that they as an individual, can appropriately support those seeking protection in the UK - and in turn how they can influence those in their organisation to do the same.

The modules are:

1. The Global and UK Context of Refugees
2. The Refugee Experience
3. Refugee and Asylum Seekers Mental Health & Wellbeing
4. Supporting the Health & Wellbeing of Asylum Seekers & Refugees
5. When Professional Therapeutic Support May be Needed
6. Special Issues for Consideration
7. Evaluation

The course has a modular structure that colleagues can dip in and out of and work through at their own pace. The course is expected to take around six hours to complete. This now sits on the Home Office and NHS learning and development platforms as well as on the Solace website.

We are now working with health partners, Solace, and the wider voluntary sector to amend the Solace '**Effective Therapeutic Support for Asylum Seekers'** E-Learning Module to establish a common baseline understanding across key services in health and voluntary sectors of how to provide mental health support to people seeking asylum.

Psychoeducation video resources to support refugees and people seeking asylum can be found in multiple languages here.

Please visit the Solace website for more information.

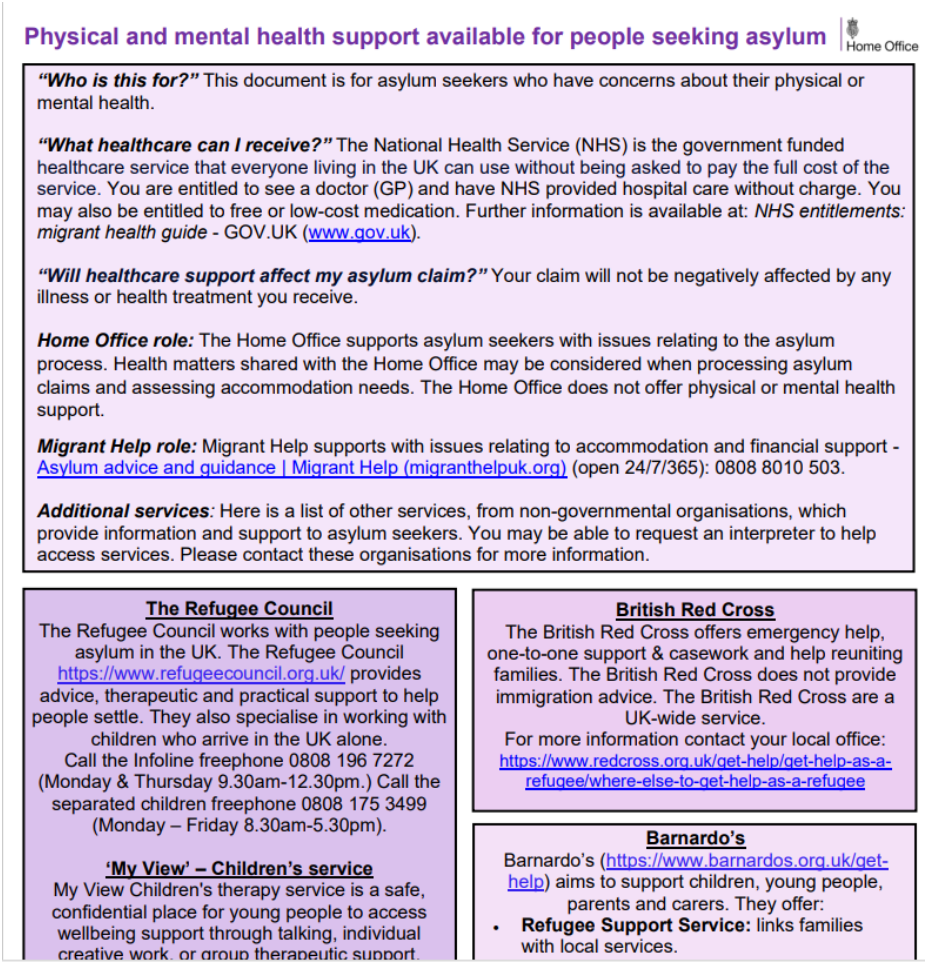
Signposting Document

We know that the services relating both directly or indirectly to addressing mental ill health may not always be easily accessible and may not always meet the specific needs of every individual. The MHW team have created a document to signpost people seeking asylum to NGO services that supplement mainstream provision, to fill that gap.

The intended audience is for people seeking asylum who are currently going through the asylum system and who have concerns about their physical or mental health. The document has been made more user-friendly following feedback from the lived experience group 'Survivors Speak Out.'

The resource is available in 17 languages: **English, Albanian, Amharic, Arabic, Bengali, Tigrinya, Chinese, Farsi, Kurdish, Pashto, Punjabi, Spanish, Sylheti, Somali, Turkish, Urdu, and Vietnamese.**

The signposting document is available on Migrant Help website, Barnardo's website, GOV.UK, and in the Point of Claim Booklet.



Physical and mental health support available for people seeking asylum Home Office

"Who is this for?" This document is for asylum seekers who have concerns about their physical or mental health.

"What healthcare can I receive?" The National Health Service (NHS) is the government funded healthcare service that everyone living in the UK can use without being asked to pay the full cost of the service. You are entitled to see a doctor (GP) and have NHS provided hospital care without charge. You may also be entitled to free or low-cost medication. Further information is available at: *NHS entitlements: migrant health guide* - GOV.UK (www.gov.uk).

"Will healthcare support affect my asylum claim?" Your claim will not be negatively affected by any illness or health treatment you receive.

Home Office role: The Home Office supports asylum seekers with issues relating to the asylum process. Health matters shared with the Home Office may be considered when processing asylum claims and assessing accommodation needs. The Home Office does not offer physical or mental health support.

Migrant Help role: Migrant Help supports with issues relating to accommodation and financial support - Asylum advice and guidance | Migrant Help (migranthelpuk.org) (open 24/7/365): 0808 8010 503.

Additional services: Here is a list of other services, from non-governmental organisations, which provide information and support to asylum seekers. You may be able to request an interpreter to help access services. Please contact these organisations for more information.

The Refugee Council
The Refugee Council works with people seeking asylum in the UK. The Refugee Council https://www.refugeecouncil.org.uk/ provides advice, therapeutic and practical support to help people settle. They also specialise in working with children who arrive in the UK alone.
Call the Infoline freephone 0808 196 7272 (Monday & Thursday 9.30am-12.30pm.) Call the separated children freephone 0808 175 3499 (Monday – Friday 8.30am-5.30pm).

'My View' – Children's service
My View Children's therapy service is a safe, confidential place for young people to access wellbeing support through talking, individual creative work, or group therapeutic support.

British Red Cross
The British Red Cross offers emergency help, one-to-one support & casework and help reuniting families. The British Red Cross does not provide immigration advice. The British Red Cross are a UK-wide service.
For more information contact your local office: https://www.redcross.org.uk/get-help/get-help-as-a-refugee/where-else-to-get-help-as-a-refugee

Barnardo's
Barnardo's (https://www.barnardos.org.uk/get-help) aims to support children, young people, parents and carers. They offer:
- **Refugee Support Service:** links families with local services.

Case Studies

The Asylum Mental Health and Wellbeing Team

Home Office

Examples of Good Practice

The following case studies have been provided by external organisations and compiled from presentations given at our Mental Health and Wellbeing Stakeholder Engagement Forum.

Whilst these case studies reflect examples of good practice, we know that this list is far from comprehensive and that there are many other fantastic examples in communities across the country.

In the next iteration of this booklet, we hope to be able to showcase new case studies. If you would like to highlight good practice via this platform, we would welcome any fresh examples for inclusion at tip@homeoffice.gov.uk.

One World Orchestra

What is One World Orchestra?

One World Orchestra is a new, ground-breaking music ensemble, drawing on the expertise and musical traditions of diverse musicians from across the planet, living and working in the UK. Ensemble members are not only high-quality artists, but the majority are also trauma informed, inclusive workshop leaders, with experience of music leadership in many different contexts and settings, such as schools, refugee camps, hospitals, community groups, special education, and communities post conflict.

Objectives

- To provide regular musical activities for displaced people and local community groups, both separately and together.
- To identify, train and support talented musicians (who are seeking asylum) from diverse backgrounds to provide those activities to other displaced people and local community groups.
- To build a professional ensemble of diverse musicians to bring a higher profile to the wealth of musical talent in the country and to create a new, multi-cultural sound for 21st century Britain.

Delivery

- Music workshops held in temporary accommodation settings in the UK. These are mostly hotels in the Surrey and Sussex area.
- Workshops involve singing, percussion, musical instruments, and recorded music chosen and shared by participants.
- Workshops are provided for families, children, women only, men only or mixed gender. This is dependent on need, context and appropriateness for the setting and the cultural norms of the participants. Cultures who do not normally mix in the everyday activities of their accommodation, do mix in the music workshops, sometimes for the first time.
- Instrument lessons are provided online and in person.

- Community events and performances, bringing people seeking asylum, refugees, and local people together. They are often mixing and encountering each other for the first time.

Evidence of impact of One World Orchestra

- Currently, there is no empirical research to show the impact of the work, due to the complexities and ethics of questioning workshop participants. However, there is a wealth of anecdotal evidence from participants themselves and from asylum accommodation staff. To learn about how they work and to hear real time feedback from participants, please click here.
- Transformation of mood and social skills can happen very quickly in a workshop and is more pronounced when they are able to return for multiple visits to the same place.
- This approach has been used for community building, peace building and conflict resolution for several decades pioneered by musicians such as Professor Nigel Osborne and the Dutch NGO Musicians Without Borders (MWB): Two of the founders of One World Orchestra are MWB trainers and workshops leaders.
- One of the orchestra founders is a practising trauma therapist and an expert in the uses of music for trauma regulation and collective healing. Music interacts with and regulates the same bodily systems disrupted by trauma - physiology (heartbeat, breathing, blood pressure, endocrine system, and brain waves), psychology (emotion and mood) and social skills (relationship building and bonding) - without having to discuss or describe the process. It is therefore a very effective way to support people to emerge from the multiple challenges of displacement, including loss of identity, boredom, isolation, depression, and loss of purpose.
- They are currently working with Sussex University to design an effective evaluation approach to their work.

Challenges

- The availability of appropriate space to run workshops.
- The movement of participants and trained musicians to different accommodation around the country.
- Resources available to support trained musicians' long term, with access to instruments, reflective practice, and supervision.

Replicability and scalability

The One World Orchestra model is both replicable and scalable through the implementation of a training and support programme.

- Empowering displaced musicians already resident in asylum accommodation would allow for music to continue in between workshops delivered by the team.
- Training displaced and local musicians to run their own workshops would allow work to scale around the country.
- Training displaced and local musicians together would provide a network of support in host communities and pathways into musical employment for people seeking asylum once they achieve refugee status.

The aim is to build centralised training and performance opportunities through the One World Orchestra, feeding local hubs of trained musicians delivering workshops in the heart of communities and asylum accommodation. The Orchestra will tour to local hubs to perform and provide performance experiences for community groups and performance platforms for displaced artists to appear with them on stage.

Community Kitchen Project

What is Community Kitchen Project?

The Community Kitchen Project provides a structured way for people seeking asylum to cook food from their own culture, experience food from other cultures and socialise with fellow asylum seekers. The Project focuses on wellbeing and encourages choice, agency and social and community activities which provide a wealth of mental health benefits by promoting social integration and feelings of belonging in a range of settings. It is also a therapeutic intervention to reduce the impact of trauma by reducing social isolation and supporting positive mental health by connecting with past happy memories around food, family, and identity.

The Project aims to improve nutrition, promote healthy eating, encourage school readiness around social eating and provide a pleasurable dining experience. In addition to the benefits gained from the social interaction, the Project provides residents with the opportunity to cook for themselves, complete Level 2 Food Hygiene Certificates, obtain certification and an achievement pack to support future employability if a positive decision is granted. All aspects of the Project aim to challenge the negative public narrative about people seeking asylum.

Building on the established model of family and adult-led Community Kitchens, the Project has now expanded with a monthly “Children’s Tea-Time Kitchen,” at a local Youth Centre. This initiative aims to create a space where families can come together to prepare healthy snacks for children after school, with a focus on introducing culturally appropriate, nutritious foods into their diets and avoiding unhealthy, ultra-processed snack foods. The project will give school-aged children the opportunity to safely prepare their own food with child-friendly equipment, under the supervision of their parents and the Inclusion Health Team. Some parents will have the opportunity to arrive before the session to cook hot meals to enjoy with the children who attend after school.

Objectives

- To provide an opportunity for people seeking asylum in Home Office-funded accommodation to cook meals for themselves and their fellow residents.
- To promote mental wellbeing.
- To enable personal autonomy and choice around food.
- To reduce social isolation.
- To promote community cohesion between different ethnic communities.
- To support healthy eating choices and education.
- To support and evidence skills for future employability.

Delivery

- Funding opportunity for a small-scale project from Surrey County Council.
- Hotel residents surveyed to ascertain what would most improve their wellbeing and meals and the ability to cook was the predominant theme identified.
- A comprehensive project plan was developed then reviewed and adapted for individual sites with a monthly rota and training plan set up.
- Monthly community kitchens set up in three of the identified four hotels with an additional monthly after-school Children's Community Kitchen proposed.
- Over 50 Community Kitchen sessions have now been completed with future sessions planned. Since July 2023, just under 600 residents have now attended the Community Kitchens
- Approximately 50 residents have been supported to obtain Level 2 Food Hygiene certificates, accredited by the Food Standards Agency. Training is translated into the first language of the residents to ensure that all information is accessible and understood, as well as to promote inclusivity. Staff and volunteers also completed the training to support the residents and to ensure safety and hygiene is practiced.
- Ingredients are sourced once recipes are produced by the residents and delivered to the venue.

Evidence of the impact of the Community Kitchen Project

- The model has been shared with Primary Care colleagues and has been successfully replicated in male-only hotels in West Sussex.
- The project has been highlighted in meetings with the Home Office, Migrant Help and Southeast Vulnerable Migrants network, as well as podcasts and an article written by the Nursing Times.
- The Surrey Inclusion Health Team surveyed families living in the hotels and found:
    - families were unanimously interested in cooking meals for their peers.
    - the project was delivered by people seeking asylum with the support of the Inclusion Health Team.
    - the project provided people with autonomy, a sense of purpose, creativity pride and choice.
    - The Project is so popular with residents that there is always a waiting list for different cuisines to take part. This also builds in a back-up plan if identified chefs become unavailable.
- The Surrey Inclusion Health Team produced impact reports for funders (Surrey County Council) and local Family Centres who host Community Kitchens to promote sustainability of the Project with future funding.
- The Project supports school-readiness for children to become used to eating socially at nursery and school as meals are consumed in hotel bedrooms, in takeaway containers at most hotels and there are limited opportunities to develop these social skills, including learning to use cutlery and crockery.

Challenges

- Sourcing suitable venues: logistics for the residents to reach the venue via short walk from hotel.

- Limited VCSE and venue capacity, especially in areas of high deprivation.
- Sustainability in the long term: ownership of model and buy-in from statutory authorities, as well as faith groups and VSCEs requires ongoing visibility and community engagement.
- Competing pressures for engagement work and clinical pressures in the Inclusion Health Team, as well as limited staffing resources
- Potential for social backlash in the local communities, in the context of recent social unrest and anti-asylum-seeker rhetoric in social media, as well as community tensions around local resources
- The Inclusion Health Team had hoped to publish a Cookbook with the recipes and asylum stories of the contributors, but this has not been possible, to date.

Replicability and scalability

- The model is inexpensive, easily replicable, and scalable.
- Project plan, budget, and learning has been shared with primary care partners who replicated the model in the male-only hotels around Horley and the Gatwick area.
- The model has worked well in partnership with accommodation providers.
- The model provides a positive experience for residents in a safe and communal environment thereby promoting better resident satisfaction with the asylum accommodation.
- The project is a collaborative effort, promoting integration with local community VCSEs and faith groups and engaging with existing community volunteers to maximise the limited resources within our service.
- A small budget and limited resources are required through good will (volunteer support and accessing free venues).

EFL in the Community

What is EFL in the community?

Established in 2008, EFL in the Community is the charitable arm of the English Football League (EFL) and uses the power of sport to improve people's lives with the vision to create stronger, healthier, more active communities across the country.

It resources the network of EFL Club Community Organisations - the charities linked to each EFL Club.

Focusing on improving health and wellbeing, raising aspirations, and realising potential and building stronger, more cohesive communities, the network engages with over 840,000 participants each year and generates a total of £865million of social value across the full range of community initiatives and programmes.

Objectives

- Since 2023, EFL in the Community has prioritised developing programmes to support refugee and people seeking asylum communities within the footprint of their 72 Community Club Organisations (CCOs). Their goal is to create a suite of national programmes that harness football's global appeal to engage refugees and people seeking asylum in positive activities.

- They recognise that sport participation improves physical and mental health while helping those in disadvantaged communities feel more connected to their local area, enhancing community cohesion and understanding.
- Their future objectives include:
  1. Increasing refugee and people seeking asylum participation in EFL in the Community programmes.
  2. Developing sustainable funded projects in high-need areas, enabling more EFL CCOs to deliver targeted programmes.
  3. Creating a centrally funded offer for multiple CCOs to enhance engagement and support for refugees and people seeking asylum.
  4. Fostering connectedness between refugees, people seeking asylum, and local communities through programmes that bring diverse groups together.
  5. Improving mental health and physical activity levels among refugee and people seeking asylum communities.
  6. Leveraging football's media coverage to showcase sport's positive impact on refugee and people seeking asylum communities, developing case studies to promote understanding and challenge negative stereotypes.
  7. Using football engagement to create training, education, and employment opportunities, empowering refugees, and people seeking asylum to build brighter futures.

Delivery

- Centrally, EFL in the Community is piloting and developing programmes that support refugees and people seeking asylum. In June 2024, in partnership with UNHCR it developed the Stronger Communities Cup, a football competition designed to bring refugees and non-refugees together, using the power of football as a tool to break down barriers and develop friendships. This programme was showcased by UEFA as part of the Champions League Final celebrations in London.
- The Stronger Communities Cup programme was developed further in October 2024 as a week-long residential programme, that not only combines a football competition for refugees and people seeking asylum but includes a residential programme designed to not only bring people together from across the country, but also develop key leadership skills such as resilience, team building and confidence.
- EFL in the Community has also developed a small pilot programme in partnership with the Football Association and UEFA, working with young refugees and people seeking asylum, supporting them to become future community sports leaders. This 6-month programme has 20 refugees and people seeking asylum attending workshops focusing on confidence, mental health, teamwork, listening skills and resilience. The ambition is for this to expand in 2025.
- Sheffield Wednesday FC Community Programme are one of just a handful of CCOs currently working directly with an accommodation provider (Mears Housing), delivering weekly football sessions and football tournaments across Yorkshire. SWFCCP engage with roughly 15 – 20 people per week and the focus is to provide physical activity sessions as a way of settling and feeling welcomed within Sheffield.

Evidence of impact of EFL in the community

- Sheffield Wednesday have reported great physical benefits for the people that engage with EFL in the Community, many have taken up running as a hobby, as well as attending wider football sessions across Sheffield. The programme is very transient, with people leaving the city frequently, however this short-term provision has allowed them to settle and reduce anxiety by supporting them to feel welcome and part of something in their local community.

Challenges

- One of the biggest challenges faced by the network currently is inconsistency of funding. All funding currently is delivered at a local level, but often does not allow CCOs to deliver a consistent year long programme, with some CCOs only able to deliver programmes for a few months per year.

Replicability and scalability

- EFL in the Community has a network of 72 CCOs that provides support to communities in almost every area of England and Wales. EFL in the Community has an infrastructure in place that supports the growth of new and existing provision throughout the network, and has robust mechanism relating governance, safeguarding, and data management, which has been built through the delivery of national government programmes such as the National Citizen Service as well as corporate partnership programmes such as Kellogg's Football Camps.
- There is demand throughout the network to have a consistent national programme that supports refugees and people seeking asylum, and through creating a joined up national network, this will also enable EFL in the Community to create a referral system between CCOs to support with the transient nature of the client group. This will enable CCOs to refer participants from this group into other local CCOs when they are moving into a new area, which will help to support the re-settlement of an individual into a new town or city.
- Through using activities such as football to engage with the refugee and people seeking asylum community, EFL in the Community can engage individuals in wider opportunities delivered by the CCO. For example, Club Doncaster Foundation have previously run programmes which support refugees to train as community football coaches and referees.

New Arrivals Pathway (NAP)

MEARS

North East Migration Partnership

What is NAP?

NAP helps new arrivals to orientate their new area and engage with the voluntary sector as early as possible. Mears Housing Support Officers (HSOs) connect people seeking asylum with a lead support organisation. Upon receiving the referral, the lead support organisation contacts the new arrival with information on the support they can offer.

Objectives

- To offer support, such as help with food vouchers, school uniforms and other essentials.
- To help new arrivals navigate the local area, access essential items and services as early as possible.

- To identify areas in the asylum seeker dispersal process where there is need for additional information and/or resources.

Delivery

- The North East Strategic Migration Partnership (NEMP) worked with Mears, local authorities, and local VCSE (voluntary, community and social enterprises) organisations to develop local information packs for Mears to give to new arrivals in the North East region.
- NEMP worked with three local authorities (Stockton, Sunderland, and South Tyneside) and three support organisations (Red Cross, FODI and STARCH) to conduct a pilot, resulting in the roll out of the New Arrivals Pathway across the North East.
- NEMP commissioned the Regional Refugee Forum to assist in developing resources available to people seeking asylum and refugees across the UK, covering topics including Life and Laws in the UK, Looking After your Health and Parenting in the UK. The resources are delivered to newly arrived people seeking asylum by the community in their own languages.
- 11 out of the 12 local authorities in the North East region are participating in the New Arrivals Pathway.
- NEMP work with Mears to operate the pathway at hotels and through the voluntary sector, particularly in Gateshead.

Challenges raised in the pilot

- Many service users found it difficult to differentiate when contact was made for the pathway or recall signing a consent form.
- Identifying support organisations for roll out across the region.
- A lack of phones and/or changing phone numbers for support organisations to contact service users.
- Cover for AASC provider staff absence and ensuring all staff are trained in the process.

Evidence of impact of NAP

- NAP allows new arrivals to get to know their local area, provides a sense of community and a warm welcome to those who are feeling lonely or isolated.
- NAP allows service users to form connections with other refugees and people seeking asylum to create friendships and build local links with their home communities that share the same culture.
- Mears HSOs noted the pressure it had taken off their role and allowed opportunity to spot areas for improvement.
- NAP allows for early identification of any concerns and allows for quicker signposting to mental health services, specifically for vulnerable people.
- NAP allows for integration into the local community with the practice of spoken English as soon as possible.

Replicability and scalability

This requires:

- Strong participation and commitment from all parties, in particular accommodation providers.
- Data sharing agreement agreed by the Home Office.
- Administrative and facilitative support from the strategic migration partnership.
- NEMP has conducted a full evaluation to assess the New Arrivals Pathway and use of welcome resources. NEMP has been working with Mears and SPOCs on the recommendations.

Guidance to support integrated mental health and wellbeing provision at local level across the North East and Yorkshire and Humber

What is the guidance?

The document is aimed at any organisation working at local level to support the mental health and wellbeing of migrants in vulnerable circumstances. It has been developed by a task and finish group under the North East and Yorkshire and Humber Migrant Health Network. The task and finish group had representation from integrated care boards (ICBs), the Office for Health Improvement and Disparities (OHID), NHS England (NHSE), the local authority (LA), and Voluntary, Community, and Social Enterprises (VCSE). It was established to facilitate improvements in meeting the mental health and wellbeing needs of vulnerable migrants. This relates to promoting good mental health and wellbeing and preventing mental health issues occurring as well as interventions for those requiring more specialist support for their mental health.

Objectives

- To provide a simple framework for professionals at a local level to map existing provision around specialist mental health treatment and wellbeing support to promote good wellbeing and connections, including access to arts and culture, and exercise.

Delivery

- This is likely to be led at a local level by the local authority or integrated care board.

Evidence of impact of the guidance

- The guidance was published in 2024, and it has been used by stakeholders to map provision based on the framework included in the guidance.

Challenges

- Places being able to frame the benefits of mapping provision based on the guidance in the context of other priorities.

Replicability and scalability

- Although the guidance was initially developed for the North East and Yorkshire and Humber region, it can be used in any region. The original idea for the guidance derived from Sandwell local authority.
- Areas are welcome to use, edit, and adapt the guidance.

Personalised Care for Asylum Seekers

What is Personalised Care for Asylum Seekers?

The pilot feeds into both the Population Health Board and Personalised Care and Sussex Primary Care Board. The pilot aligns with the Long-Term Plan NHS Priorities 2023/24 and delivers on the Core20PLUS5 approach. A small team of Social Prescribers and Care Coordinators act as single point of contact to help navigate the health care system and connect people seeking asylum to community groups and statutory services for ongoing support. The aim of the service is to provide people choice and control over the way their care is planned and delivered. It is based on 'what matters' to them.

Objectives

- To provide specialist social prescribing and care coordination across hotels accommodating asylum seekers in Crawley and Horsham.
- To deliver measurable improvement in health and wellbeing for people seeking asylum
- To improve access to local services including co-producing community groups.
- To improve access to health care, experience, and outcomes i.e., GP registrations, cancer screening.
- To support practices and system partners, by reducing inappropriate A & E attendances, and missed appointments.
- To provide small one-off personal health budgets tailored to the individual to improve wellbeing.

Delivery

- The Personalised Care team are embedded within a Refugee Asylum Seeker Service provided by a GP federation, implementing a person-centred trauma informed approach.
- The team accepts referrals from GP Practices, clinicians, external organisations, and self-referrals.
- The inclusion criteria is low mood, anxiety, social isolation, health care navigation and over 18 years old.
- The exclusion criteria is under 18, acute mental health (suicidal ideation and self-harm), finance, housing, and immigration advice.

- The main reasons for referral relate to physical wellbeing such as health navigation, improving mental health, social inclusion and building confidence.
- The team benefits from specialist training (Helen Bamber, Right to Remain, trauma informed approaches), regular external supervision, clinical supervision, and reflective practice.
- Along with managing patient caseloads, the team proactively build relationships with GP Practice staff to ensure streamlined and effective care for hotel residents, supports patient education i.e., how to use the NHS App, request repeat prescriptions and co-produces community groups such as a garden club and community kitchen.

Evidence of impact of Personalised Care

- The team uses MyCaw which is a validated tool to measure the impact on patient wellbeing after being supported by the service.
- Data shows patients concerns reduced by 95% and there was a 96% improvement in wellbeing.
- The average number of meaningful contacts a patient has with the service is 4.
- Research from external evaluations has shown that patients supported by social prescribing on average leads to a 5 appointment drop in GP demand.
- Patient case studies provide valuable qualitative evidence of the impact of the service.
- The service has reduced GP and practice admin workload, streamlined referrals, enabled patients to navigate the system efficiently.
- The team were highly commended at the HSJ awards in the Most Impactful Project Addressing Health Inequalities this year.

Challenges

- Challenges include transitory patient cohort, language barriers, age restrictions, and length of stay in hotels.

Replicability and scalability

- This is a low cost and high impact service.
- The role is trainable and lends itself to those with lived experience, leading to employment opportunities for refugee and people seeking asylum.
- This can be scaled across Primary Care and voluntary sector organisations.

Refugee Radio

What is Refugee Radio?

Refugee Radio is a charity working directly with refugees and people seeking asylum in Brighton and Sussex, in particular those who are suffering from PTSD because of torture, war and/or sexual violence.

Objectives

- To provide a holistic service that addresses mental health issues alongside structural problems of unemployment and homelessness.

- To enable refugee voices to be heard to combat dehumanisation.

Delivery

- Weekly mental health support group for refugees and people seeking asylum with PTSD.
- Specialist advice and casework service on housing, benefits, health, and education.
- Social activities and outings for isolated refugees and people seeking asylum.
- Volunteer befrienders and mentors.
- Radio programme and podcast featuring refugee voices.
- Books and documentaries of refugee stories.

Evidence of impact of Refugee Radio

- 90% of participants reported positive wellbeing indicators after participating in the mental-health support group.

Challenges

- The mental health support group works best when it can be offered as a complementary to 1-2-1 trauma therapy, rather than an alternative. However, there is a gap between primary and secondary care, so the needs of asylum seekers and refugees with PTSD are often deemed too severe for primary care but if they are not actively suicidal, they are unable to access secondary care services. NHS funding and care pathways are required to plug this gap in provision.
- Where funding has been secured to pay for long-term 1-2-1 trauma therapy such as EMDR, this has delivered the best results alongside the project.

Replicability and scalability

- Mental-health support groups were piloted in Eastbourne and Hastings in response to the opening of S98 initial accommodation in those areas. Section 98 support provides accommodation for people seeking asylum who would otherwise be destitute and who are either awaiting a decision on an application for Section 95 support or are supported under Section 95 and are awaiting transfer to their accommodation.
- The model established in Brighton would need to be replicated in areas to which people seeking asylum are dispersed. Dispersal accommodation is longer-term temporary accommodation managed by accommodation providers on behalf of the Home Office.
- The specialist advice and casework service would need to be provided alongside the groups to ensure the project is holistic. Otherwise, participants would become overwhelmed by structural issues and may disengage with the therapeutic offer.

Improving Volunteering and Recruitment Pathways for Asylum Seekers and Refugees, Bath, Swindon and Wiltshire (BSW)

NHS England South West

What is Volunteering and Recruitment Pathways for Refugees, BSW?

Great Western Hospital Foundation Trust is an anchor institute and collaborates with different projects in the community. The Trust has been working with the Harbour Project for the past eight years.

Objectives

The Harbour Project is a voluntary sector organisation set up to help asylum seekers and refugees rebuild their lives and connect with organisations within the local community to access voluntary roles.

Delivery

- In 2023 the Trust employed 20-25 volunteers from the Harbour Project. Most of these volunteers were asylum seekers living in contingency hotels.
- The Trust conducts DBS checks using a Declaration Enhanced Disclosure Questionnaire, which is reviewed every three years. Occupational Health checks are also carried out with English language tests and a Trust induction is undertaken by new volunteers.
- Volunteers provide a minimum of three hours per week working within the Trust. The main voluntary roles on offer include:
    - Patient befrienders, who give help and support to patients including tea & coffee rounds and completing pharmacy runs.
    - Outpatient welcome liaison service volunteers, who meet and greet patients, helping them to their appointments if have mobility issues.

Evidence of impact

- Many asylum seekers volunteering through the programme have previous clinical skills and knowledge which are beneficial to the Trust. The Trust tries to link an individual's skill sets/areas of interest to the work they do. For example, a volunteer who is a trained physiotherapist is helping the Physiotherapy Team.
- Recruiting asylum seekers from contingency hotels into voluntary positions within the local community has helped to improve the wellbeing of vulnerable individuals who are not able to obtain paid employment in the UK, as they have not yet been granted Leave to Remain status.
- Many volunteers from the programme have gone on to apply for full time, paid employment with the Trust following their Leave to Remain being granted.
- The project has led to full time paid employment for some volunteers once they have had their Leave to Remain granted.
- New project funding was granted to purchase equipment for meaningful activities with patients such as arts and crafts. Volunteers can now hold sessions with patients during their recovery.
- The development of the Declaration Enhanced Disclosure Questionnaire has reduced the burden of obtaining references from employers for migrants, refugees and asylum seekers who are unable to complete a DBS. It is recognised that it can be inappropriate to request evidence of past employment from countries experiencing conflict.

Challenges

- Travelling to work in the hospital has been an issue for volunteers and the cost of this had presented as a barrier to employment. The trust has hired a Transport Coordinator to support the hub project. Volunteers can now claim expenses for transport by completing an expense form and providing bus tickets to the cashier's office to refund the cost.
- DBS checks are tailored to UK residents and request references from someone living in the UK who has known the person for more than two years. This can be difficult for asylum seekers recently arriving to the country. This led to the development of the ten question Declaration Enhanced Disclosure Questionnaire for those who can only provide an residence card which they must complete and sign before starting a volunteer position.

Replicability and scalability

- There is a high demand amongst people seeking asylum to find both purpose and community through these types of volunteering opportunities. These can be broken down into three different groups:
    - **Qualified Health Care Professionals** - Paediatricians, Doctors, Nurses who are looking for their qualifications to be recognised so that they can get back into working. Volunteering for them would allow them exposure to a huge change in working context namely the NHS. It would also enable English practice in a medical working environment. Once able to work, people in this background may sometimes find opportunities in GP practices, medical secretariat work or coding.
    - **Some with very little educational background** – given this background, a lot of women find themselves going towards carer/social care roles. Volunteering opportunities in this setting [e.g. patient facing meet and greet] can offer a route in.
    - **Those desperate for something to do** -volunteering can help mitigate feelings of social isolation, loneliness by offering purpose, structure and access to social connection and community
- The liaison between residents and volunteering organisations facilitated by organisations like the Harbour Project, is key. The signposting and join-up that brings these two parties together is often the difference between asylum seeker interest in volunteering and an ongoing relationship with a voluntary organisation.
- To enable volunteering with adults and children more broadly, risk assessments by volunteering organisations can be conducted against a policy of recruiting asylum seekers/refugees. Whilst volunteers are not allowed in clinical areas, this can lead to volunteering opportunities when supervising managers or volunteer services managers are on site. This aligns with the NHS' Volunteer Management Guide which encourages colleagues to "achieve a balance in their approach; ensuring effective processes for recruitment and management of volunteers are in place without creating unnecessary barriers or being too risk-averse".

- Volunteering in non-clinical but patient facing areas can occur whilst volunteers obtain DBS disclosure and get extra references to then volunteer in clinical areas. These volunteers are often the most dedicated and reliable volunteers.
- Once DBS clearances are secured, volunteering roles on the ward that are unsupervised can open up. These can include 'Check and chat' rounds where volunteers ask questions e.g. 'have you had shower? Does your bed need changing? Would you like something to eat? etc- this in turn generates work.
- In addition to the meet and greet roles at hospitals, roles at NGOs as Cultural Mediators require DBS checks and can draw on language as well interpersonal skills.

Nafsiyat

What is Nafsiyat?

Nafsiyat is a North London-based mental health organisation specialising in intercultural therapy for individuals from racially and culturally diverse communities. Established in 1983, Nafsiyat was one of the first organisations in the UK to offer therapy explicitly designed to bridge cultural gaps in mental health support. Recognising the profound impact of culture on mental health, Nafsiyat provides one-on-one therapy, group therapy, and family therapy in over 20 languages, making its services accessible to those often excluded by traditional mental health models. Alongside its therapeutic services, Nafsiyat delivers training and workshops to equip organisations with tools to embed intercultural awareness in their practices, enabling them to support clients from diverse cultural backgrounds more effectively.

Objectives

The collaboration with Health Innovation Kent, Surrey, and Sussex (KSS) aimed to address a pressing gap in intercultural competency among professionals working with unaccompanied asylum-seeking children (UASC). These young people often face unique mental health challenges stemming from trauma, cultural dislocation, and systemic barriers to support. The objectives of the project were:

- To increase professionals' understanding of cultural diversity and its influence on mental health, fostering a deeper sense of empathy and competence in their work with UASC.
- To introduce a practical framework (the ADDRESSING framework) for embedding inclusive practices into daily workflows.
- To co-produce the training with input from young migrants and stakeholders to ensure its relevance and authenticity.
- To provide a toolkit that professionals could use beyond the training, promoting sustained intercultural awareness.

Delivery

The programme consisted of six workshops delivered between December 2023 and March 2024, with one session conducted online and five held in person. These workshops were co-designed by Nafsiyat, Health Innovation KSS, and young people

with lived migration experience to ensure that the content reflected real-world needs and challenges.
The training sessions were interactive, focusing on practical application rather than theory alone. Core components included:

- **Cultural Competence Training:** Participants explored how culture influences mental health and the importance of cultural awareness in building trust and rapport.
- **ADDRESSING Framework:** This structured approach helped participants identify and address key cultural and identity-based factors (e.g., age, ethnicity, religion, socioeconomic status) in their work.
- **Reflective Practice:** Safe and confidential spaces were provided for participants to reflect on their biases and discuss difficult situations encountered in the workplace.

Participants were from a broad range of sectors, including local authorities, health services, housing, education, and voluntary organisations.

Evidence of impact of Nafsiyat

- Attendance: A total of 109 professionals attended the training (with an additional waiting list) highlighting the high demand.
- Sectoral Reach: The majority of attendees (71%) were from local authorities, ensuring that the training reached professionals directly involved in supporting UASC.
- Positive Feedback: Participants reported a marked increase in their confidence in engaging with UASC and implementing culturally sensitive practices in their organisations.
- Increased Awareness: Many participants highlighted a newfound understanding of how systemic barriers and micro-incivilities can marginalise young people and expressed commitment to addressing these challenges in their daily work.

Replicability and scalability

The success of this project demonstrates its potential for replication and scale:

- **Embedding in Organisations:** The training can be integrated into organisational induction processes, ensuring that intercultural awareness becomes part of the core competencies for all new staff.
- **Adaptability:** The ADDRESSING framework and reflective practices can be tailored for different professional contexts, making the model versatile across sectors.
- **Expansion:** With sufficient resources, the programme could be scaled nationally, targeting additional sectors such as primary care networks (PCNs), emergency services, and housing associations.

Nafsiyat's established expertise in intercultural therapy, coupled with its partnerships with diverse stakeholders, positions it well to lead similar initiatives across the UK.

Challenges

While the project achieved notable successes, it also highlighted key challenges:

- **Challenges in Changing Organisational Culture:** Embedding intercultural awareness requires more than training; it involves organisational commitment to systemic change, which can be time-consuming and resource intensive.
- **Demand:** The waiting list underscored the need for more resources to meet demand, as well as the challenge of managing expectations while delivering high-quality training.

Despite these challenges, the project demonstrated that with the right resources and commitment, professionals across sectors can build the intercultural competency necessary to support UASC and other vulnerable groups effectively.

St Vincent de Paul Society

What is St Vincent de Paul Society?

The St Vincent de Paul Society (SVP) is an anti-poverty charity dedicated to tackling poverty in all its forms. It has been working in England & Wales since 1844 developing trusting relationships with 'hard to reach' groups who are difficult for the government to access or who have actively lost faith or trust in public institutions. We are part of a larger international Catholic network that strives to find and help those in need, regardless of belief or background. The charity has 8,900 volunteer members, many of which operating in rural and remote areas, 300 members of staff and 11 regional centres in Cardiff, West Yorkshire (Bradford and Leeds), Sheffield, Newcastle, Wirral, Brighton, London (Brixton) and Southend-On-Sea).

Objective

- Conduct outreach work with isolated asylum seekers in temporary accommodation (hotels and house in multiple occupation (HMOs)).
- Provide a warm welcome and integration support to newly arrived asylum seekers.
- Our Members work with migrants and asylum seekers to help settle in communities, find work, housing and help them integrate into their communities
- Provide practice and material support (including English classes, employability support, assistance with clothes, toiletries and culturally considerate food where needed).

Delivery

- The above activities are delivered by the SVP's regional centres as well as by local SVP volunteers in their communities.
- The SVP supports a high level of asylum seekers and refugees in Cardiff.
- The SVP helps people in temporary accommodation (Wethersfield and other locations) by providing practical support such as signposting to local services, hot meals and clothes, and immigration advice.
- Immigration Advisors are based in SVP centres in Leeds and Bradford.
- Afghan Resettlement Scheme: organised Afghan food events, English classes, and work with local Home Office team to improve integration support including social activities with local communities.

- The youth branch of SVPS work in primary and secondary schools to raise awareness about asylum seekers and refugees and organise community events to support local integration.

Evidence of impact of St Vincent de Paul Society

- Strong community networks across parishes have enabled greater capacity to provide practical resources beneficial to families such as such as mobile phones so that they could keep in touch with family still in their home countries, clothing, toiletries, pushchairs, suitcases, beard trimmers and shopping vouchers.
- Local church bulletins and networks are a strong source of volunteers.
- A warm welcome upon arrival into new communities as provided by SVP volunteers helps build feelings of safety and trust amongst new arrivals
- Integration was supported and trust was built by a holistic approach to support underpinned by community and purpose which entailed English-language lessons, social events and trips, craft meetings, and the use of cricket, football and sport facilities, and providing them with sewing machines and bicycles.
- This was also supported by a recognition of asylum seeker heritage e.g. provision of Afghan food.
- Local community level support can enable a deeper understanding of asylum seeker as well as local community needs in a way that can complement wider initiatives

Replicability and scalability

- In 2023-24 the SVP supported 6,002 refugees/asylum seekers, an increase of more than 20% from the previous year. (2023/24 Annual Report)

Challenges

- Challenges include maintaining and increasing volunteer numbers, given increasing requests for help (2023-24 saw the number of requests for help received increased by 143%)
- (We have approximately 8,500 volunteers aged from as young as 7 up to 35, actively participating in our Young Vincentians programmes. They come from schools, youth hubs, universities and communities across England and Wales. They bring special energy to our volunteering activities, making an impact with dedication and enthusiasm. [Mini Vinnies (7-11), Youth SVP (11-18) Young Adults -SVP 1833 (18-35)].