



Negotiating consensus: Competing demands in co- produced research with refugees, people seeking asylum and migrants

Dr Chantal Radley and Dr Eglė Dagilytė
Anglia Ruskin University

Funded by:



**Arts and
Humanities
Research Council**

**Online seminar by the *On the Margins Network*
‘Everyday ethics in participatory research with migrants’
27 June 2025**

Aims

1. The **#MigRefHealth Project** overview
2. **Ethical issues encountered** by our community partners and our research groups





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

#MigRefHealth

Aim of the project:

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.

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.

The Project (2024-27)

#MigRefHealth

www.migrefhealth.co.uk



MIGREFHEALTH

Home About Community Assets Resources

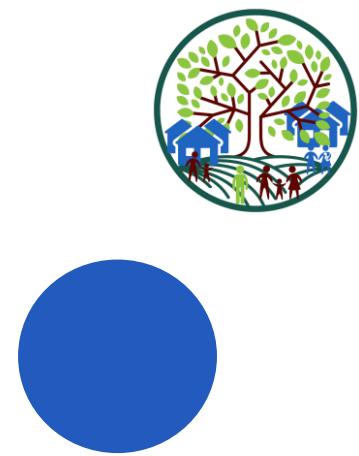
Co-creating asset and place-based approaches to tackling refugee and migrant health exclusion.

READ MORE



Project Goal

To make sure that **community 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 “community asset” is a service, activity, space or a person that is an integral part of community life. It can include advice and information services, community hubs, community groups, religious organisations, open spaces, food banks, leisure centres etc.

12 Fieldsites in 3 Regions

Academics

Community
partners

Community
researchers

Migrants

Stakeholders





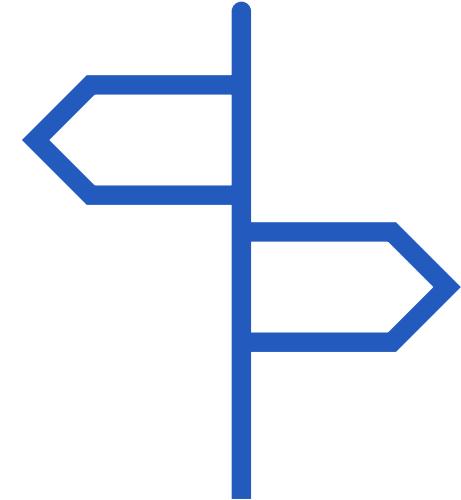
Core Areas of Research



Accommodation



Food/Nutrition



Support Services

Key migrant groups in each research Fieldsite



- Syrian
- Afghan
- Ukrainian
- Hong Konger



... plus 2 other nationalities:

- 1 x EU
- 1 x non-EU

Progress so far

Up to June 2025:

- 490 project participants (415 unique individuals) in **focus groups** and **walking interviews**
Asset map (draft) in all 12 sites
- **Stakeholder** engagement and co-creation

July-December 2025:

Creative workshops - methods:

- Theatre/music
- Photo/object elicitation
- Storyboarding/'River of life'
- Cooking

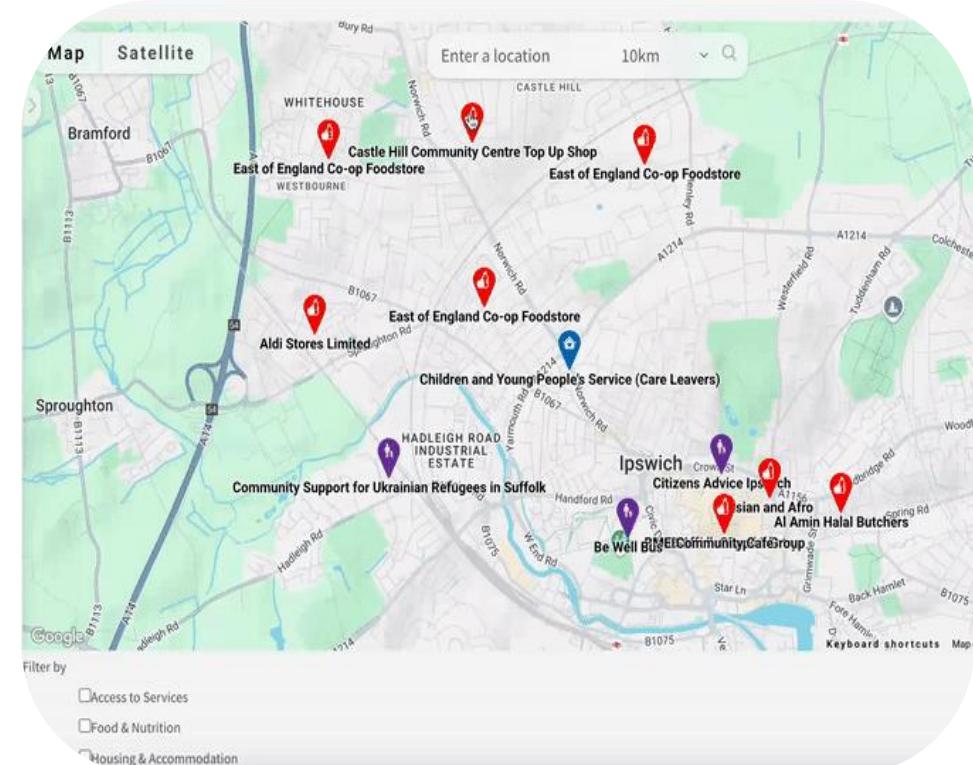
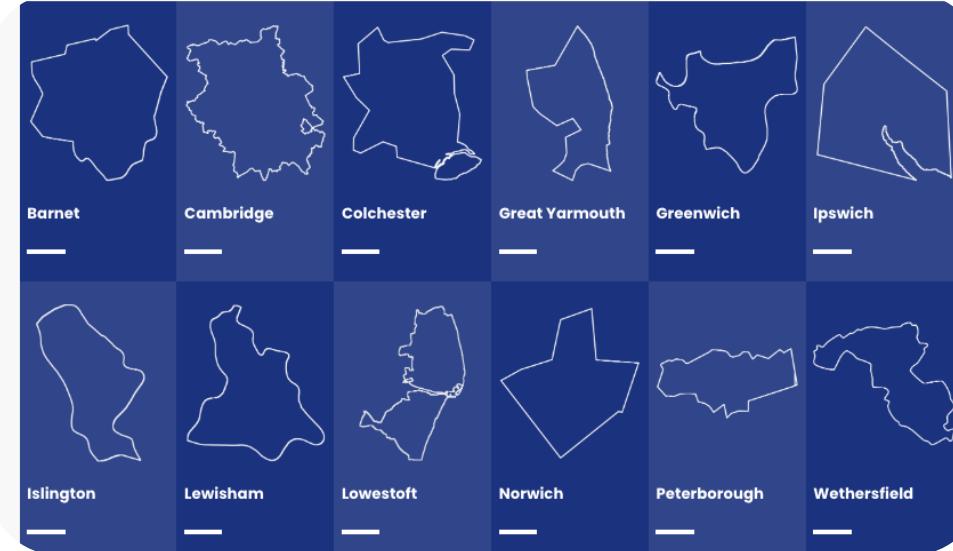


The asset map(s) – so far

Centralised platform: 12 individual maps tailored to each unique Fieldsite.

Co-created: data acquired through reviews of existing literature and information from the local area, as well as **collaborative feedback from stakeholders and members of the local community.**

To be publicly accessible on the <https://migrefhealth.co.uk/> website.



Some ethical issues encountered with our community partners and research groups

1. “Tell me what to do” vs inclusion and opportunity
2. Tackling strategic issues around bringing everyone into the co-production process
3. Language
4. Payments



Issue 1: “Tell me what to do” vs inclusion and opportunity for everyone

- **Community partners under-resourced**: capacity issues.
- **Who** should recruit for CFs?
- Working with community partners to **co-design which creative methods** to use in our CFs 6-8



Issue 2: Strategic issues around bringing everyone into the co-production process

- **Project governance transparency:** who does what, when, how much time to allocate for each task?
- **Expectation management and trust:**
 - migrant group participants' cultural understanding of time and commitment to focus groups. Eg people would come and leave early - effort to understand why that is (eg childcare, not clear expectations how long the CF would last etc). **Who** should outline what is to be expected and communicate about restrictions?
- **Suitable research participants - for the right reasons:** vouchers, free lunch as 'pull' factors



Issue 3: Language

- Multilingual challenges:
- **Translation:** who? What kind of experience?
 - Co-translation of participant recruitment leaflets
 - Extra remuneration for CCR's translation of walking interviews
- **Interpreters:** how to avoid personal bias?
 - Participant openness: gender (and other) dynamics
- **Consent process** in empirical data collection:
 - how much time to allocate?
 - who helps/translates?



Issue 4: Payments

- **Who?** Universities, funded partners vs advisors and facilitators
- **When?** UK HE admin...
- **How? In what form?** Eg where there are legal restrictions to work (immigration rules)
 - vouchers instead of 'pay'?
 - If vouchers acceptable - what kind? Who decides?
 - digital and ethical barriers (eg Amazon vouchers might not be best)





Thank you

Chantal.Radley@aru.ac.uk
Egle.Dagilyte@aru.ac.uk

www.migrefhealth.co.uk

#MigRefHealth



Funded by:



**Arts and
Humanities
Research Council**

