

# Migrant Health in Sunderland (MHS) Project

**Lead Organisation: ICOS (International Community Organisation of Sunderland)**

Evaluation Partner: VCAS (Voluntary and Community Action Sunderland)

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Project Duration: October 2025 to March 2026

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## Executive Summary

This report presents the findings of the independent evaluation of the Migrant Health in Sunderland (MHS) project, delivered by ICOS (International Community Organisation of Sunderland) and evaluated by VCAS (Voluntary and Community Action Sunderland). The project ran from October 2025 to March 2026, with an original target of supporting at least 100 migrant clients to access health and wellbeing services, overcome barriers, and improve their overall wellbeing.

The project supported 74 clients during the delivery period. While the original target of 100 clients was not met, the depth of engagement, the complexity of need presented, and the outcomes achieved across this cohort are significant. The shortfall in numbers partly reflects the intensity of support required by each individual: many cases demanded multiple appointments, sustained advocacy, and coordination with external agencies. This is not a light-touch service; it is a high-intensity, relational model that demands and delivers substantive change.

The evidence base draws on the ICOS, Lamplight case management records, outcome and satisfaction data, staff interviews, client case studies, and feedback from a Steering Group meeting that included project staff, volunteers and participants with direct experience of the project. Together, these sources provide a robust and consistent picture of delivery, impact and learning.

### Key Headline Findings

<b>74</b>	<b>93%</b>	<b>9.56</b>	<b>97%</b>
clients supported (original target: 100)	of cases fully or partially resolved	average satisfaction score (out of 10)	of clients had Limited English Language Skills

The project served a high-complexity, high-need cohort. Clients came from 24 different countries, speaking 16 different primary languages. Ninety-seven per cent had a primary language other than

English, and 70 per cent required interpreter support. Immigration statuses spanned refugees, asylum seekers, EU nationals with settled status, individuals with Indefinite Leave to Remain, and those on family reunion visas. Many presented with multiple, overlapping challenges including healthcare access, housing instability, financial hardship, immigration processes and social isolation.

A key strength of the project is its holistic delivery model. Rather than treating practical and emotional needs as separate concerns, the project combined one-to-one advice and advocacy with a programme of wellbeing activities. This integrated approach has been central to its effectiveness. Fifty-nine clients provided satisfaction ratings, with an average score of 9.56 out of 10, and 80 per cent awarding the maximum score of 10.

Of the 74 cases recorded, 54 were fully resolved (73 per cent), 15 were partially resolved or ongoing (20 per cent), and only 3 showed no resolution (4 per cent). This gives a positive outcome rate of 93 per cent. Wellbeing data from the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), completed by 56 participants, shows an average improvement of 1.48 points from baseline, with 59 per cent of participants recording improved scores.

The evaluation also identifies real constraints: a short delivery timescale; language barriers requiring sustained interpretation support; transport costs; high staff workload; and variable responsiveness from partner organisations. These do not undermine the model; they contextualise the achievement and point clearly to what future funding could address.

# 1. Introduction

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The Migrant Health in Sunderland (MHS) project was developed to address the barriers experienced by migrant communities in accessing health services, advice and wider support. It recognises that health and wellbeing are shaped not only by access to healthcare, but by a complex interplay of social, economic and environmental factors; for people navigating unfamiliar systems, often with Limited English Language Skills, those barriers can be profound.

The project was designed as a co-produced model, shaped from the outset by the experiences and priorities of people with lived experience of migration. Delivery is built around a holistic approach combining one-to-one information, advice and guidance with a programme of wellbeing and social activities. Support spans housing, benefits, immigration, healthcare access and social prescribing, delivered by ICOS staff and volunteers who themselves reflect the linguistic and cultural diversity of the communities served.

The project's original brief set a target of engaging 100 clients across the six-month delivery period from October 2025 to March 2026. The project actually supported 74 individuals. While the numerical target was not achieved, the evaluation demonstrates that the depth, complexity and quality of support delivered across this cohort is substantial, and that the outcomes achieved are strong and consistent.

## 1.1 Evaluation Purpose

The evaluation addresses four core purposes as set out in the original evaluation brief:

- **Accountability:** To demonstrate accountability to funders and stakeholders by evidencing outcomes and outputs against agreed targets.
- **Learning:** To capture learning about what works, what does not, and why, to inform future migrant health and social prescribing initiatives.
- **Influence:** To provide evidence that can influence local and regional policy on health inequalities and migrant inclusion.
- **Legacy:** To identify sustainable practices and models that can be embedded beyond the project's lifetime.

# 2. Methodology

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This evaluation uses a mixed-methods approach, combining quantitative and qualitative data to provide a comprehensive picture of the project's reach, delivery and impact.

## 2.1 Data Sources

The evaluation draws on four main sources of evidence:

- Project monitoring data from the Lamplight case management system, including 74 case-level records capturing presenting issues, outcome status, additional milestones and satisfaction ratings.
- Summary datasets providing aggregated information on activity, reach, client demographics, attendance and wellbeing outcomes, including SWEMWBS baseline and endline scores for 56 participants.
- Semi-structured interviews with project staff and the project manager, capturing strategic, operational and frontline perspectives on delivery, challenge and impact.

- Client case studies, provided by ICOS, illustrating individual journeys and the difference the project makes in practice.

## **2.2 Steering Group Validation**

A central element of the evaluation methodology was a dedicated Steering Group meeting held in March 2026. The Steering Group brought together project staff, volunteers and people with direct lived experience of the project as service users. This meeting served multiple functions within the evaluation.

Draft findings were presented to the group, providing an opportunity to test whether the emerging picture from quantitative data and staff interviews reflected the reality of delivery as experienced by those closest to it. Participants were invited to challenge, add to, or affirm the findings, and to identify any gaps or misinterpretations.

The Steering Group's contributions added important qualitative detail that the case data alone cannot capture: the texture of appointments; the significance of language and trust in enabling engagement; the practical impact of the wellbeing activities on isolation and confidence; and the ways in which the project supports people not only to resolve problems but to build capability and connection. This feedback has been incorporated throughout the report and is referenced explicitly where it strengthens or adds to the quantitative evidence.

The inclusion of staff, volunteers and service users within a single Steering Group reflects the project's co-production values and strengthens the credibility and legitimacy of the evaluation findings.

## **2.3 Analytical Approach**

Data was analysed using a thematic framework structured around: the nature and complexity of user need; the types of support provided; outcomes and impact; and delivery challenges and learning. Quantitative data identifies patterns and trends; qualitative data explores how and why change occurred. This ensures the evaluation captures both measurable outcomes and the lived experience of participants and staff.

## **2.4 Ethical Considerations**

All data has been handled in accordance with GDPR and the ethical standards set out in the evaluation brief. Client identifiers have been anonymised in all reporting. Informed consent was obtained for case studies and interview contributions. The evaluation has been overseen by VCAS in collaboration with ICOS and the project Steering Group.

### 3. Findings

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This section presents the key findings from the evaluation, organised thematically to reflect the client profile, delivery model, outcomes achieved and wider impact.

#### 3.1 Reach and Client Profile

The project supported 74 clients between October 2025 and March 2026. The original target of 100 clients was not met; however, the level of need, complexity and intensity of support per client is an important context for understanding this figure. Many cases involved sustained, multi-appointment engagement rather than a single intervention, and the time required to support individuals with Limited English Language Skills and complex circumstances is significant. The project manager and volunteers (most who were also service users) noted that clients typically require five or six appointments on average, with individual sessions lasting up to two hours, particularly for immigration-related matters.

<b>74</b> clients supported <i>Target: 100</i>	<b>24+</b> countries of origin	<b>16</b> languages spoken	<b>70%</b> required interpreter support
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Clients came from 24 countries of origin and spoke 16 different primary languages. The largest national groups were from Poland (25 clients), Sudan (6), Iran (5), Afghanistan (5) and Iraq (4), with the cohort also including individuals from Eritrea, Bulgaria, Pakistan, Syria, Romania, Nigeria, Ghana, Somalia and other countries.

#### Language and Communication

Ninety-seven per cent of clients had a primary language other than English, with Polish (30 clients), Arabic (12), Tigrinya (4), Farsi (4) and Kurdish (4) among the most common. Only two clients recorded English as their primary language. Seventy per cent of clients required interpreter support. This underscores the centrality of Limited English Language Skills as a barrier to service access and the importance of ICOS's capacity to provide culturally responsive, multilingual support.

Steering Group feedback reinforced this point strongly. Participants described the challenge of navigating services and official correspondence without adequate language support, and noted that the availability of trusted, linguistically competent staff and volunteers was a key reason clients chose to engage with ICOS rather than mainstream services.

#### Immigration Status and Demographics

The cohort included clients across a wide range of immigration statuses. EU nationals with settled or pre-settlement status represented the largest group (37 clients), followed by refugees (19), individuals with Indefinite Leave to Remain (4), asylum seekers (6), those on visas (3), and clients under family reunion provisions. Gender was broadly balanced, with 40 male and 35 female clients recorded.

### 3.2 Nature of Need

The project has supported individuals presenting with a wide range of challenges, most involving multiple and overlapping issues. Case records reveal a consistent pattern of need across: access to healthcare services; housing and accommodation; financial hardship and benefits; immigration status and related processes; and social isolation and lack of community connection.

A particularly complex group are individuals navigating significant life transitions, especially those newly granted refugee status, who must simultaneously secure accommodation, access benefits, understand their rights and navigate entirely unfamiliar systems. Staff interviews confirm that while these transitions may appear straightforward in policy terms, they are in practice highly demanding and often distressing.

Structural barriers compound individual challenges. Clients with Limited English Language Skills face additional layers of difficulty in accessing services, completing forms, attending appointments and understanding written correspondence. Digital exclusion affects many clients further, limiting their ability to engage online with statutory services. Together, these barriers significantly increase the time, skill and sustained commitment required to achieve resolution.

*“Any time I needed help, ICOS was there to help me.”*

**MHS project client**

### 3.3 Delivery Model

A defining strength of the project is its holistic delivery model, which combines advice and advocacy with a wellbeing and social activity strand. These are not parallel or separate offers; they are experienced by clients as a unified, connected form of support that addresses both immediate practical needs and broader wellbeing.

#### **Advice and Advocacy**

One-to-one advice and advocacy was the primary form of support accessed by 72 of 74 clients. Support is practical, detailed and often intensive. Issues addressed include housing applications and disputes, Universal Credit claims and overpayments, immigration status, citizenship applications, banking access, employment rights, energy billing, and liaison with agencies including the police, legal services and social care.

Many cases involved multiple appointments, follow-up work and sustained communication with external agencies. The project manager reported that clients typically require five to six appointments per issue, with individual sessions frequently lasting up to two hours. This is not a quick-referral or light-touch model; it is relational, sustained and time-intensive advocacy, and that intensity is central to its effectiveness.

For individuals who find statutory systems opaque, intimidating or inaccessible due to Limited English Language Skills or digital exclusion, having an advocate who understands both the system and the person's cultural context is not a supplementary benefit: it is the enabling condition for any support at all.

#### **Wellbeing and Activity**

Alongside casework, the project delivered a programme of wellbeing activities including walking groups, tennis, rowing, sports sessions, day trips and opportunities to explore local places and

facilities including parks, riverside spaces and the Northumberland coast. The project manager confirmed that activities are organised directly by the project rather than simply signposting clients to existing provision, with one session attracting approximately 19 participants.

The Steering Group confirmed that wellbeing activities are a genuinely valued element of the offer, particularly for individuals who are newly arrived or isolated. Activities are described as reducing loneliness, building confidence, and providing a supported first step into wider participation in Sunderland community life. In a number of cases, participation has led to continued independent engagement in community activities or progression into volunteering roles.

### Integration of Advice and Wellbeing

The integration of these two elements is not incidental: it is the model. Clients do not experience advice separately from wellbeing; both reflect ICOS's commitment to seeing people as whole persons with practical, emotional and social needs that are closely connected. This approach reflects the social determinants of health and positions the project as a social prescribing model, not simply an advice service.

## 3.4 Outcomes and Impact

### Case Resolution

The case-level data provides a clear picture of outcome achievement across the 74 cases recorded.

<p><b>73%</b></p> <p>fully resolved</p> <p><i>54 cases</i></p>	<p><b>20%</b></p> <p>partially resolved or ongoing</p> <p><i>15 cases</i></p>	<p><b>4%</b></p> <p>not resolved</p> <p><i>3 cases</i></p>	<p><b>93%</b></p> <p>positive outcomes (fully or partially resolved)</p> <p><i>69 of 74 cases</i></p>
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Fifty-four cases (73 per cent) were fully resolved. A further 15 (20 per cent) were partially resolved or remained ongoing at the point of data capture; in many instances this reflects the complexity and timescale of the issues rather than a failure of support. Only three cases (4 per cent) showed no resolution. Overall, 69 of 74 cases, representing 93 per cent of the total, had a positive outcome.

### Additional Milestones and Outcomes

Where clients recorded additional milestones achieved, these included: feeling more financially resilient (6 clients); greater awareness of services and how to access them (5 clients); developed skills (3 clients); increased sense of independence (2 clients); and feeling more connected to, and inspired to contribute to, their community (2 clients).

Specific additional outcomes included: positive grant outcomes (8 clients); benefit awards (7 clients); bank accounts opened (5 clients); immigration issues resolved (5 clients); improved access to healthcare (3 clients); complaints resolved (3 clients); new housing accessed (2 clients); and clients confirmed safe from anti-social behaviour or hate crime (2 clients).

## User Satisfaction

<b>59</b> clients provided satisfaction data	<b>9.56</b> average satisfaction score out of 10	<b>80%</b> of respondents rated the service 10 out of 10
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Fifty-nine clients provided satisfaction ratings. The average score was 9.56 out of 10, which is exceptionally high for a service working with individuals in complex and often distressing circumstances. Forty-seven of 59 respondents (80 per cent) gave the maximum score of 10. A further six gave a score of 9, three gave 8, one gave 6, and two gave 5. Only two clients gave a score below 8.

*"I am very satisfied with your organisation. I am very thankful."*

**MHS project client**

*"They were very good. They helped me any time."*

**MHS project client**

## Wellbeing Outcomes (SWEMWBS)

Fifty-six participants completed both baseline and endline Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) assessments. The average total score increased from 24.63 at baseline to 26.11 at endline, representing an improvement of 1.48 points. Fifty-nine per cent of participants showed improved scores. Particularly notable improvements were recorded in: the ability to think clearly (average improvement +0.45); dealing with problems well (+0.45); and feeling optimistic about the future (+0.41). Housing situation scores also improved on average (+0.61 points).

These are meaningful improvements, particularly given the relatively short intervention period and the scale of challenges many participants were navigating simultaneously. They align closely with the qualitative evidence; clients and Steering Group members consistently described feeling more settled, more confident and more able to cope as a direct result of the project.

## 3.5 Added Value and Wider Impact

### Connection to Place

Through wellbeing activities and supported engagement, participants are introduced to Sunderland's parks, coastal areas, community venues and local activities. For people who are newly arrived, isolated or unfamiliar with the city, this is often a first experience of the place they are building a life in. The project manager described this explicitly as a place orientation: not only solving immediate problems but helping people inhabit and use the city. Steering Group participants described the activities as helping them feel part of Sunderland and more confident navigating their local environment.

## Progression and Participation

The project actively supports progression. Some individuals have moved from initial engagement in wellbeing activities into volunteering roles or continued activities independently. Volunteering roles supported include reception duties, office support, event support and ambassador roles encouraging wider participation. The project manager noted that more formal volunteering roles involve DBS checks, safeguarding training and GDPR training, indicating a structured pathway from client to contributor.

## Confidence and Capability

Across both quantitative and qualitative evidence, there is strong and consistent evidence of increased confidence and improved capability. Participants have developed a better understanding of how services work and are more able to engage with them independently. This includes increased confidence in communicating with services, completing forms and applications, attending appointments, and seeking support when needed. This represents a genuine intermediate outcome supporting longer-term independence and reducing future reliance on intensive support.

## 3.6 Challenges and Constraints

The evaluation does not present an uncritical picture. Several significant challenges affected delivery and constrain what the project could achieve within its timeframe and resources.

- **Short delivery timescale:** The six-month delivery period is a significant structural constraint. Many of the issues addressed are complex and require sustained support over time. The project manager noted that the formal window was too compressed, with the Christmas period reducing practical delivery time further. Outcomes in immigration cases, housing processes and benefit reviews often extend well beyond a single six months funding period.
- **Limited English Language Skills:** With 97 per cent of clients having Limited English Language Skills and 70 per cent requiring interpreter support, language permeates every aspect of delivery. Access to qualified interpretation is inconsistent and costly; without it, support becomes less effective and more time-consuming. This is not a secondary challenge: it is central to the equity of the service.
- **Access and participation costs:** Transport and participation costs affect some clients' ability to attend appointments or engage in wellbeing activities, particularly those experiencing financial hardship. The project has in some instances used its own organisational resources to cover costs that the project budget did not accommodate.
- **Staff capacity and wellbeing:** The work is both time-intensive and emotionally demanding. Staff manage complex, high-need cases alongside significant administrative requirements. The organisation provides free counselling, regular supervision and wellbeing as a standing agenda item in staff meetings; however, most of this is absorbed by the organisation rather than funded directly by the project.
- **Partnership responsiveness and regulatory scope:** Partnership working is essential but variable in practice. Delays or limited responsiveness from some statutory partners, including GP and legal, services can slow the pace of support and affect client outcomes. The project is regulated at Level 1 for immigration advice, which limits the scope of cases that can be handled internally and creates reliance on referral partners.
- **Reduced budget:** The project received less funding than was originally requested. Evaluation, overhead and management-related elements had to be reduced, and planned activity such

as a final conference or showcase was scaled back. This context is important for interpreting both what was achieved and what remains unrealised.

## 4. Case Studies and Lived Experience

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This section draws on detailed client case studies and Steering Group engagement to illustrate how the project operates in practice and the difference it makes to people's lives. While quantitative data provides an aggregate picture, these accounts offer deeper insight into the lived experience of participants and the mechanisms through which change occurs. Full anonymised case studies are included at Appendix B and Appendix C.

### 4.1 Case Study Summary: Complex Advocacy, Rights and Safety

Carlos (name changed) is a 58-year-old client from Bulgaria with a history of workplace exploitation, violent assault and theft. He has very Limited English Language Skills and requires an interpreter to access services. He approached ICOS after experiencing multiple barriers across healthcare, criminal justice and compensation processes.

ICOS supported Carlos over a sustained period across several interconnected areas. When the hospital cancelled his vascular appointment on the grounds that an interpreter could not be booked, ICOS helped him submit a formal NHS complaint. The complaint was resolved positively: Carlos was fast-tracked for an MRI scan with a Bulgarian interpreter confirmed, and the hospital clarified that the cancellation had not been policy-compliant.

When the police closed their investigation into the assault with insufficient evidence, ICOS contacted the investigating officer for clarification, supported Carlos in applying to the Victims' Right to Review scheme, and prepared a formal complaint about the conduct of the investigation. ICOS also liaised with his solicitors regarding a Criminal Injuries Compensation Authority claim and assisted in preparing supporting documentation for a related compensation matter.

Through sustained, multi-agency advocacy, Carlos secured timely access to healthcare with appropriate language support, received formal responses to police and NHS complaints, progressed his victims' rights review and compensation claims, and gained clarity and reassurance during a highly stressful period. This case illustrates that, for vulnerable individuals with Limited English Language Skills navigating complex systems, access to services requires active, persistent and culturally competent advocacy: information alone is insufficient.

### 4.2 Case Study Summary: Holistic Family Support

Filip (name changed) is a Polish father of disabled twins, both autistic and requiring a high level of daily support. He was experiencing depression and anxiety linked to his caring responsibilities alongside a prolonged dispute with Octopus Energy about a malfunctioning smart meter, and uncertainty about Home-to-School transport for his children.

ICOS intervened directly with Octopus Energy, escalating the complaint and emphasising the excessive delay and repeated information requests the client had endured. The smart meter was replaced, accurate billing was restored, and compensation was offered for the supplier's failure to meet promised timescales. This resolution significantly reduced the client's anxiety about household bills.

In parallel, ICOS contacted the council officer responsible for Home-to-School transport to clarify the medical evidence required, and the paediatrician's office to request the necessary documentation to support the application. With appropriate support and guidance from ICOS, Filip also successfully secured a Personal Independence Payment award for depression and anxiety

arising from his caring responsibilities; this backdated award improved the family's financial stability and formally recognised the impact of his mental health condition.

This case demonstrates the value of addressing multiple issues together as an interconnected whole. Practical problems around energy costs, transport and benefits were directly linked to the client's stress, mental wellbeing and capacity to manage daily life. By addressing these simultaneously, ICOS achieved outcomes that extended well beyond any single presenting issue.

### 4.3 Common Themes from Case Studies

Across both case studies, and consistent with the wider dataset, several themes recur:

- **Complexity and overlap of need:** Individuals are dealing with multiple interconnected issues that cannot be effectively addressed in isolation. Holistic, coordinated support is essential.
- **Advocacy as core function:** Active advocacy, including communication with external agencies and support through formal processes, is not a supplementary feature but an essential mechanism through which impact is achieved.
- **Relational support:** Sustained contact and relationship-building are essential. Support is not delivered as a one-off intervention but through ongoing, trusted engagement over time.
- **Practical and emotional impact:** In both cases, the project achieved practical outcomes alongside clear improvements in confidence, stability and wellbeing. These are inseparable.

### 4.4 Steering Group and Participant Voice

The Steering Group meeting in March 2026 brought together project staff, volunteers and service users to review draft findings and contribute their perspective. Their feedback validated the key themes emerging from the data and added important qualitative texture.

Steering Group participants highlighted:

- The importance of accessible, personalised support from staff and volunteers who understand both the system and the person's cultural and linguistic context.
- The value of having someone who will advocate on their behalf, particularly when facing statutory services or formal processes.
- The role of wellbeing activities in reducing isolation, building confidence and introducing people to local places and opportunities.
- The significance of the project as a source of reassurance, connection and belonging, not only practical assistance.
- The fact that activities benefit both adults and children, with family participation noted as an important dimension of the wellbeing offer.

*"I am very happy with your service."*

**MHS project client**

Participants consistently described the combination of practical support and social opportunity as particularly valuable. The project was understood not simply as a service but as a place of connection, trust and belonging.

## 5. Conclusions and Recommendations

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### 5.1 Overall Conclusions

The evaluation finds that the Migrant Health in Sunderland project is effective in supporting individuals who face multiple and overlapping barriers to accessing services, improving wellbeing and participating in community life. The evidence is consistent across all data sources.

#### **A High-Need, High-Complexity Cohort**

The project served a cohort with complex and interconnected needs. Clients came from 24 countries, speaking 16 languages, with 97 per cent having Limited English Language Skills and 70 per cent requiring interpreter support. Most clients presented with more than one issue, compounded by structural barriers including digital exclusion and limited familiarity with UK systems. This is demonstrably not a light-touch service; it is a high-intensity, relational support model.

#### **Target Not Met, but Impact Strong**

The project supported 74 clients against a target of 100. The shortfall is real and must be acknowledged. However, it must be understood in context: the complexity and intensity of support required per client, with an average of five to six appointments each lasting up to two hours, meant that the available resource was directed at those with the greatest need. Outcomes across that cohort are consistently strong: 93 per cent of cases were fully or partially resolved, and user satisfaction averaged 9.56 out of 10 with 80 per cent giving the maximum score.

#### **A Holistic and Integrated Model**

The integration of advice and advocacy with wellbeing activity is central to the project's effectiveness. These elements address interconnected needs and together produce stronger outcomes than any single approach. Practical support helps resolve immediate issues, while wellbeing activity supports confidence, engagement and longer-term participation.

#### **Advocacy as a Core Function**

Advocacy is not an additional feature: it is a core mechanism through which impact is achieved. Many individuals would not be able to access services, navigate processes or progress their cases without active, sustained support. This includes communication with external agencies, support through complex formal processes and consistent follow-up.

#### **Wider Social Value**

Beyond resolving individual cases, the project contributes to reduced isolation, increased participation in community activities, stronger connections to place and progression into volunteering and ongoing engagement. Wellbeing improvements, as measured by SWEMWBS, are consistent with this broader picture of positive change.

### 5.2 Recommendations

The following recommendations are proposed to strengthen and develop the model for future delivery.

Recommendation	Rationale
<b>1. Sustain and strengthen the holistic model</b>	The integration of advice, advocacy and wellbeing activity is the project's core strength. Future delivery should retain and resource this integrated approach rather than separating its elements.
<b>2. Set realistic targets that reflect delivery intensity</b>	Future project targets should account for the depth of support required per client. A target of 100 clients for a six-month period does not adequately reflect the resource demands of the model as demonstrated in this evaluation.
<b>3. Increase capacity for intensive and ongoing support</b>	Future funding models must recognise the time-intensive nature of the work, allow for multiple contacts per case, and support ongoing engagement where required.
<b>4. Strengthen advocacy and system navigation capacity</b>	Advocacy should be explicitly resourced as a core function, with dedicated time for casework, follow-up and communication with external agencies.
<b>5. Enhance access to interpretation and language support</b>	With 97 per cent of clients having Limited English Language Skills, sustained access to quality interpretation and translated materials is essential and should be resourced as a core cost, not a peripheral one.
<b>6. Reduce access barriers to participation</b>	Transport and participation costs should be addressed through dedicated budgets, ensuring that financial barriers do not prevent engagement from those most in need.
<b>7. Support staff capacity and wellbeing</b>	The intensity and complexity of the work demands appropriate staff support structures, including manageable caseloads, supervision, administrative support and development opportunities.
<b>8. Formalise and strengthen partnership working</b>	Clearer referral pathways and more formal engagement with statutory partners, including GP services, would improve responsiveness and reduce delays in multi-agency cases.

### 5.3 Final Reflection

The Migrant Health in Sunderland project has demonstrated that a holistic, relational model, one that combines practical advice and advocacy with wellbeing and social opportunity, can deliver meaningful and consistent outcomes for people facing complex barriers to health, services and participation.

While the numerical target was not achieved, the project succeeded in supporting 74 individuals with complex, intersecting needs to navigate systems, resolve problems and build confidence. Satisfaction is exceptionally high. Wellbeing has measurably improved. People are more connected, more capable and more integrated into their communities.

The challenges identified, including timescale, language barriers, transport costs and staff capacity, are not failures of the model. They are the conditions within which the model operates, and they point clearly to what future commissioning and funding must address if this kind of work is to continue and grow. The model works. The case for sustaining, resourcing and developing it is strong.

## Appendix A: Statistical Data Summary

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This appendix presents the base data underlying the key claims made in this report, enabling verification and independent review of the findings.

### A.1 Case Outcomes (Lamplight CRM, n=74)

Outcome Status	Number of Cases	Percentage of Total
Fully resolved	54	73%
Partially resolved or ongoing	15	20%
Not resolved	3	4%
No status recorded	2	3%
Total	74	100%

### A.2 User Satisfaction Scores (n=59)

Score	Number of Respondents	Percentage of Respondents
10	47	80%
9	6	10%
8	3	5%
6	1	2%
5	2	3%
Average score	9.56 out of 10	

### A.3 SWEMWBS Wellbeing Outcomes (n=56)

Measure	Score or Percentage
Average SWEMWBS total score at baseline	24.63
Average SWEMWBS total score at endline	26.11
Average improvement in total score	+1.48 points
Percentage of participants with improved scores	59%
Percentage of participants with decreased scores	34%
Percentage with no change	7%
Strongest item improvement: thinking clearly	+0.45
Strongest item improvement: dealing with problems	+0.45
Improvement: feeling optimistic about the future	+0.41
Average improvement in housing situation score	+0.61

#### A.4 Activity Data (Work Report)

Measure	Figure
Total attendances recorded	789
Total sessions delivered	387
Number of different people recorded	84
Total staff and volunteer hours	886 hours 26 minutes

Note: the activity report records 84 different individuals across all work and wellbeing sessions. The Lamplight case management system records 74 case records. The difference reflects the different tracking methods used for formal casework and wider activity attendance.

#### A.5 Client Demographics (Personal Records, n=76)

Characteristic	Detail
Total clients in personal records	76
Gender: male	40 (53%)
Gender: female	35 (46%)
Gender: not recorded	1 (1%)
Primary language other than English	74 of 76 (97%)
Interpreter required	53 of 76 (70%)
Number of different countries of origin	24
Number of different primary languages	16

#### Countries of Origin (Principal Groups)

Country	Number of Clients
Poland	25
Sudan	6
Iran	5
Afghanistan	5
Iraq	4
Eritrea	4
Bulgaria	2
Pakistan	2
Slovakia	2
Syrian Arab Republic	2
Romania	2
Other (12 countries, 1 client each)	12

### Primary Languages (Principal Groups)

Language	Number of Clients
Polish	30
Arabic	12
Tigrinya	4
Farsi	4
Kurdish	4
Dari	2
Bulgarian	2
Urdu	2
Pashto	2
Romanian	2
Other (6 languages, 1 client each)	6
English	2

### A.6 Immigration Status Breakdown (n=76)

Immigration Status	Number of Clients
EU national, EEA or Swiss citizen with settlement status	29
Refugee	19
EEA Member	4
Indefinite Leave to Remain	4
EU national with pre-settlement status	4
Asylum seeker	6
Visa	3
Family Reunion	1
Humanitarian Protection	1
British citizen	1
Other or not recorded	4

## Appendix B: Case Study 1 (Anonymised)

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*Client: Carlos (name changed). Age: 58. Country of origin: Bulgaria. Immigration status: EU national with settlement status. Primary language: Bulgarian. Interpreter required: Yes.*

Carlos is a 58-year-old vulnerable client from Bulgaria who suffered from workplace exploitation in the past that has left a long-lasting impact on his wellbeing. He has been a victim of a violent assault and theft that left him distressed and distrustful. Having very Limited English Language Skills, he requires an interpreter to access services. He approached ICOS for support after experiencing multiple barriers across healthcare, criminal justice processes and compensation claims.

### **Healthcare Access**

Carlos attempted to attend a vascular appointment at Sunderland Royal Hospital. The hospital informed him that they could not proceed as they were unable to book an interpreter, and his referral was sent back to his GP. This caused distress and delayed essential medical care. The ICOS support worker advised Carlos to contact his GP for further action and subsequently assisted him in making a formal complaint to the NHS regarding the denial of his appointment.

Following the complaint, the NHS responded positively. Carlos was offered a fast-tracked MRI scan appointment on 7 December. The hospital also assured him that his needs would be accommodated, including the provision of a Bulgarian interpreter, and clarified that the previous cancellation was not due to a lack of interpreter availability. This outcome significantly improved Carlos's access to healthcare and restored some trust in the system.

### **Police Investigation and Victims' Rights**

Carlos received notification from the police that their investigation into his case had been closed due to insufficient evidence and alleged discrepancies. This decision left Carlos feeling deeply frustrated and disillusioned. The support worker contacted the investigating officer via email to seek clarification. The officer provided a detailed response addressing Carlos's concerns, which was forwarded to him.

In addition, ICOS supported Carlos in applying to the Victims' Right to Review Scheme to challenge the decision to close the investigation. The client was informed about the process, expected timelines and next steps. When further information about the crime was requested by email, ICOS assisted in drafting and submitting a comprehensive response on Carlos's behalf.

A formal complaint was also prepared and submitted to North Wales Police regarding the conduct of the investigation. Confirmation was later received from the police acknowledging the complaint and confirming it was being handled. Carlos and his carer subsequently brought in a further letter from the police detailing the complaint resolution and asked for support in drafting a response raising ongoing concerns, which ICOS provided.

### **Compensation Claims**

Carlos is pursuing a Criminal Injuries Compensation Authority (CICA) claim. ICOS liaised with his solicitors, responding to their request by submitting a signed authority form and granting permission to disclose Carlos's medical information to the CICA. Carlos also sought advice regarding compensation for a scrapped vehicle linked to his case. He was provided with clear

guidance on how to pursue this claim, and ICOS assisted in preparing a supporting letter for the application.

### **Outcomes**

Through sustained advocacy and multi-agency coordination, Carlos achieved tangible progress across several areas: timely access to healthcare with appropriate language support; formal responses to both NHS and police complaints; progress through the Victims' Right to Review process; and the advancement of compensation claims. Beyond these practical outcomes, Carlos gained clarity and reassurance during a highly stressful period.

This case highlights the importance of advocacy for vulnerable individuals navigating complex systems and demonstrates the project's role in ensuring clients' rights are upheld and their voices heard. It is also a clear illustration of the impact of Limited English Language Skills: without an intermediary who could communicate effectively on his behalf, Carlos's access to justice and healthcare would have been severely curtailed.

## Appendix C: Case Study 2 (Anonymised)

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*Client: Filip (name changed). Country of origin: Poland. Immigration status: EU national with settlement status. Primary language: Polish. Carer for disabled twins.*

ICOS supported Filip, originally from Poland, a father of disabled twins who was experiencing significant practical and emotional challenges linked to energy supply issues, school transport concerns and deteriorating mental health. His depression and anxiety are closely connected to the ongoing pressures of caring for his children, who are autistic and require a high level of daily support.

### **Energy Supply Dispute**

Since June 2025, the client had been in dispute with Octopus Energy regarding a smart meter that was not communicating correctly. Despite repeated emails, he was asked the same questions multiple times and no progress was made. An ICOS project worker contacted Octopus customer services directly to escalate the complaint, emphasising the excessive delay, repeated information requests and missed deadlines. Following this intervention, the case was prioritised. The client's smart meter was replaced, restoring accurate communication and billing. The supplier confirmed that compensation would be offered due to the failure to meet promised timescales. This resolution significantly reduced the client's anxiety around household bills.

### **Home-to-School Transport**

At the same time, the client faced uncertainty regarding Home-to-School transport for his disabled twins. Due to their autism, the children are unable to travel safely on public transport or when accompanied by an adult without specialist arrangements. ICOS contacted the council officer responsible for Home-to-School transport to clarify the required medical evidence. To support this process, ICOS also contacted the paediatrician's secretary to request the necessary documentation, following up directly to avoid delays.

### **Personal Independence Payment**

The sustained demands of caring for two autistic children have had a direct impact on the client's mental wellbeing. With appropriate guidance and support from ICOS, Filip successfully secured a Personal Independence Payment (PIP) award for depression and anxiety arising from his caring responsibilities. This backdated award improved the family's financial stability and formally recognised the impact of his mental health condition.

### **Outcomes**

Through coordinated advocacy, clear communication with external agencies and practical intervention, ICOS helped reduce financial strain and emotional pressure on the family, enabling the client to better manage both his caring responsibilities and household matters. Specific outcomes include: resolution of the energy billing dispute with compensation confirmed; progress on Home-to-School transport provision; and a successful PIP award improving financial stability and recognising mental health need.

This case demonstrates the value of addressing multiple issues as an interconnected whole. Practical problems were directly linked to the client's mental health and his capacity to care effectively for his children. By addressing them simultaneously, ICOS achieved outcomes that

extended beyond any individual presenting issue and contributed meaningfully to the wellbeing of the entire family.

## Appendix D: Steering Group and Staff Interview Notes Summary

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This appendix provides a summary of the key themes and contributions emerging from the Steering Group meeting held in March 2026 and the semi-structured staff interviews conducted as part of the evaluation. These are presented thematically to reflect the main areas of reflection and learning.

### D.1 The Steering Group Meeting

The Steering Group meeting brought together project staff, volunteers and service users with direct experience of the project. Participants reviewed draft evaluation findings and provided feedback on whether these findings reflected their experience of the project.

Participants confirmed that the findings accurately reflected their experience of delivery. They emphasised in particular: the centrality of language support and the trust placed in ICOS staff and volunteers who share clients' cultural and linguistic backgrounds; the value of the combination of practical advice and social activities, which participants experienced as a unified offer rather than separate services; the intensity of individual appointments, frequently lasting up to two hours and involving three to four sessions per issue; and the significance of wellbeing activities in reducing isolation, with families and children benefiting alongside individual adults.

Participants noted progression into volunteering, training and greater independence as outcomes not always captured in formal data. Several described the project as providing a sense of belonging and reassurance that was important in its own right, beyond any specific issue resolved.

### D.2 Staff Interview: Delivery Model and Impact

The project manager described the MHS model as having two interconnected strands: intensive one-to-one advice, advocacy and casework; and wellbeing sessions and group activities. The project manager was clear that the project should not be seen narrowly as an advice service: the health and wellbeing focus is central, addressing the wider determinants of health and supporting clients to access health and social care, resolve housing and benefit issues, reduce isolation and connect with place and community.

The project manager reported that clients typically require five to six appointments on average, with most appointments lasting around one hour and some, particularly immigration-related cases, lasting considerably longer. Hundreds of appointments had been delivered over the course of the project. This level of intensity reflects the complexity of the client group and is essential context for interpreting the client numbers achieved against the original target.

### D.3 Staff Interview: Wellbeing Activities

The project delivers one to two wellbeing activities per week, including tennis, rowing, beach walks, walks in local parks, and outings to locations including Northumberland. Activities are organised directly by the project, with one session attracting approximately 19 participants. The project manager emphasised that activities are intentionally inclusive, designed for migrant communities but open to all, supporting integration with wider Sunderland communities rather than creating parallel provision.

Walking was identified as particularly accessible, combining physical activity with social connection and orientation to place. The project manager described a distinctive place orientation within the project: helping clients not only to solve immediate problems but to inhabit and use the city,

including parks, coastal areas and community venues that newer residents may not initially know exist.

#### D.4 Key Lessons Identified by Staff

The staff interviews identified several important lessons for future development:

- **Lesson 1:** Timescales are too short. The project started later in the year than intended, the formal delivery window was compressed, and the Christmas period reduced practical delivery time. Short timescales are particularly problematic for trust-building, complex casework and the development of group activities.
- **Lesson 2:** Demand is dynamic and shaped by policy. Changes in immigration policy create spikes in demand, urgency from clients and additional workload caused by misinformation and community anxiety. This makes workforce planning and service design more complex.
- **Lesson 3:** Integrated models add value. Bringing together advice, advocacy and wellbeing benefits clients who need both practical resolution and emotional and social support. These elements should not be separated in future commissioning.
- **Lesson 4:** Access costs matter. Small practical costs, including transport, can determine whether people are able to participate. Future budgets should include explicit provision for these costs.
- **Lesson 5:** Staff wellbeing must be built in. This kind of work carries emotional cost and cannot be sustained safely without proper support structures. These costs should be funded as part of the project, not absorbed by the organisation.
- **Lesson 6:** Co-production is important but takes time. The project has made genuine progress in involving clients in governance and design, but authentic co-production requires sustained relationship-building and capacity that short project timescales constrain.
- **Lesson 7:** Evaluation needs adequate resourcing. Evaluation is valuable, and needs to be funded to reflect the scope of the work.

#### D.5 Overall Judgement from Staff

Despite the constraints described, the overall assessment from staff was positive. The project manager confirmed they would undertake the project again. The work has been clearly worthwhile for clients, has generated useful evidence, and has strengthened the organisation's learning and visibility. The project has reinforced the value of ICOS's trusted, community-embedded model and its ability to reach and support people who would struggle to access mainstream services.