Journeys of Community Champions:

Bridge Builders for Migrant Women and Support Services

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FORWARD

REFUGEE WOMEN of Bristol

“We don’t talk about these things, we don’t talk about taboos”

Contents

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Executive summary

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***"We don't talk about these things, we don't talk about taboos"*: Journeys of Community Champions, Bridge Builders for Migrant Women and Support Services (London and Bristol) examines how Community Champions trained by FORWARD and Refugee Women of Bristol (RWoB) tackle violence against women and girls (VAWG), and related barriers to health, welfare and justice. The study follows the journeys of Community Champions trained between 2018 and 2022. Evidence comes from qualitative interviews with trained Champions and programme staff, as well as focus groups with Champions and service users. The training programmes reviewed include FORWARD's Women's Health and Leadership Skills Training and the RWoB pathway equipping volunteers for outreach, case navigation and signposting in Bristol.**

Finding one: Beginning the Community Champions journey

Many Champions joined the FORWARD Women's Health and Leadership Skills Training programme to formalise their existing role in the community and build credible skills for advocacy and employment. The training was designed for practical application, covering VAWG, trauma awareness, UK rights and safeguarding, facilitation and public speaking, followed by simple action plans. Champions described improved knowledge of referral routes, more confidence in identifying abuse, and safer ways to speak about consent, FGM and domestic abuse in their own communities. Peer learning across participants and consistent support from staff built confidence among Champions. The main barriers were language and literacy gaps, childcare, family expectations, and the shift to digital training during the pandemic.

Finding two: Building bridges through community engagement

In practice, Champions acted as trusted first contacts who facilitated navigation of other services and systems. They ran sessions on FGM, domestic abuse, mental health and parenting, and offered one to one support by first listening, then signposting, interpreting, and advocating with GPs, housing officers, lawyers and specialist clinics. Access improved when a named Champion was visible and clearly linked to FORWARD or RWoB. Recognition of abuse in the community often began with noticing changes in behaviour, then building enough trust to refer safely through organisational pathways. Champions faced resistance around taboo topics and pressure to prioritise family unity over safety. Agreed practices, clear identity, ground rules, pairs working and defined limits among Champions helped manage risk. Reported outcomes included earlier use of appropriate services, better navigation of local systems, and steady shifts in knowledge and attitudes within families and peer groups.

Finding three: Wellbeing, supervision and moving forward

Wellbeing was a clear priority in the training and supervision, although it was sometimes impeded by resourcing issues. Champions and staff carried heavy emotional loads and faced blurred boundaries, especially where statutory services were hard to reach. To stay safe and effective, they used tactics such as set hours, manageable caseloads, peer check-ins and documentation to ensure invisible labour was visible and could be supported. Supervision existed, but coverage depended on funding. There were gaps in regular one-to-one debriefs, language-matched clinical support and consistent feedback loops. Service users valued Champions' availability, but shared concerns that too few people were carrying too much work.

- **Co-produce with communities and service users**

  Establish simple feedback loops that shape priorities, training content, and outreach, keeping the programme responsive to changing community needs.

- **Strengthen training and digital capacity building**

  Broaden the training curriculum to cover the wider spectrum of VAWG, intercultural parenting, legal rights, and service navigation. Provide recaps and follow-up materials, adapt for literacy and language, and integrate digital capacity building.

- **Consolidate the Champions framework and role identity**

  Publish clear role descriptions, safeguarding and escalation routes, and visible identifiers for Champions. Maintain a dual approach of awareness-raising and light-touch intervention, supported by defined referral pathways.

- **Incentivise participation and progression**

  Remove barriers and reward contributions by covering expenses, offering certificates and awards, and creating progression routes into paid sessional roles and accredited learning. Sustain engagement through mentoring, reunions, and opportunities for knowledge exchange.

- **Embed gender-responsive, intersectional VAWG competency**

  Mainstream gender-sensitive, culturally informed practice across training and supervision. Link VAWG to relatable topics such as parenting and health, and co-deliver with professionals to strengthen credibility and referrals.

- **Resource wellbeing and supervision**

  Budget for regular group supervision and one-to-one support for complex cases, including language-specific options. Provide debriefing protocols, access to mental health resources and periodic health check-ups, with routine workload reviews to prevent burnout.

- **Strengthen organisational development and sustainability, with support from local authorities**

  Embed the Champions programme as a core organisational function rather than a short-term project, with resourcing support from local authorities. Allocate resources for dedicated coordinators, strategic planning, and ongoing staff development to ensure consistent support for Champions and strengthen integration with wider institutional frameworks.

Introduction

Introduction

Black, migrant and minoritised women in the UK continue to face deep inequalities in health, wellbeing and safety. Structural racism, sexism, insecure migration status and austerity have left many women unable to access protection or services (Jeffery et al., 2024; Yong, 2022; Heimer, 2022). Barriers for survivors of violence against women and girls (VAWG) are often reinforced by stigma, cultural silences, and fear of deportation or institutional harm (Mathis et al., 2024; Vasil, 2023; Welsh Parliament, 2022). These challenges are not new, but have been intensified in recent years by the "hostile environment" in migration policy (Chapman, 2022; McBride, 2009) and the disproportionate impact of the COVID-19 pandemic on racially minoritised communities (Public Health England, 2020; Williams, McKail and Arshad, 2023; BMA, 2022).

Research has repeatedly shown that community-led and culturally specific approaches are critical in overcoming these barriers. FORWARD's study on domestic abuse among African women in the UK highlighted the need for investment in training migrant women as Community Champions, recognising their unique ability to provide culturally sensitive support, to signpost services, and to build trust (Abdelshahid and Habane, 2021). Other studies during the covid pandemic further highlighted the role of volunteers and community health workers in countering misinformation, addressing health inequalities, and reaching women who are isolated from formal systems of support (Mudyarabikwa et al., 2021; Arora et al., 2023; Jenson, 2023).

Community Champions, whether focused on health or on tackling VAWG, draw on their lived experiences and cultural knowledge to act as bridge-builders between survivors and services. Their work is rooted in the principle of "nothing about us without us" and reflects wider global recognition of the power of "by and for" organisations (Anitha and Gill, 2022; Women's Aid, 2024). Grassroots women-led organisations such as FORWARD and Refugee Women of Bristol (RWoB) have pioneered this model, creating spaces where migrant women are trained not only to challenge harmful practices, but to lead on prevention and advocacy (McIlwaine and Evans, 2020; Block et al., 2021).

This report documents the journeys of migrant women trained as Community Champions by FORWARD and RWoB between 2018 and 2022, as well as the perspectives of staff and service users. It places their experiences in the context of wider UK responses to VAWG and highlights both the opportunities and systemic barriers facing the model. In doing so, it contributes to the growing evidence base on the importance of culturally specific, community-driven strategies for prevention and support (Ullman et al., 2025; Ellsberg et al., 2014).

The report divides insights into three sections: Beginning the Community Champions journey; Building bridges through community engagement and wellbeing; and Supervision and moving forward. It concludes with key recommendations for taking the model forward.

Background and definitions

Background and definitions

Violence against women and girls (VAWG)

VAWG is used here as an umbrella term for forms of gender-based violence that cause or are likely to cause physical, sexual or psychological harm. It includes domestic abuse, sexual violence, stalking and financial abuse, as well as harmful practices such as Female Genital Mutilation (FGM), child marriage, breast ironing and so-called honour-based abuse. VAWG can occur in public or private life and often begins in childhood. It is rooted in historically unequal power relations and social norms that subordinate women and girls.

VAWG is recognised as a human rights violation under the Convention on the Elimination of All Forms of Discrimination Against Women. Globally, around one in three women will experience physical or sexual violence in their lifetime, and in the UK VAWG-related crimes rose by about 37 percent between 2018 and 2023, with approximately one in twelve women affected annually. These figures show the need for prevention, earlier identification and survivor-centred support.

Refugee and migrant women: context and risks

For the purposes of this report, refugee and migrant women refers to women and girls from global majority populations who have moved across borders, regardless of immigration or settlement status. Public narratives in the UK often other refugees, asylum seekers and migrants, associating them with crime, overpopulation and pressure on services, which creates stigma and barriers to support.

Refugee and migrant women face increased vulnerability to violence due to intersecting discrimination, insecure work and housing, language barriers and limited knowledge of their rights (Mudyarabikwa et al., 2021; Welsh Parliament, 2022). Practical obstacles, including fear of criminalisation or detention, dependency on a spouse or sponsor for immigration status, and lack of interpreters can prevent reporting and entrench cycles of abuse (Mathis et al., 2024; Vasil, 2023).

Policy instruments such as CEDAW are intended to safeguard access to health care, justice and social support, yet gaps in implementation persist and access remains uneven (Tan and Kuschminder, 2022; UN Women, 2022). Data gaps, especially the lack of detailed breakdown of statistics, further hide inequalities and impede targeted responses.

Risks are amplified throughout the migration journey: in countries of origin, transit and destination contexts (Tan and Kuschminder, 2022). During crises and disasters, refugee and migrant women experience worsened health and social outcomes due to legal precarity, poverty, limited agency, pre-existing health conditions and language or cultural barriers (Trentin et al., 2023; The World Health Organisation, 2019). The COVID-19 pandemic illustrated these dynamics, with compounding effects on access to health care and mental wellbeing.

In addition to structural barriers, socio-cultural dynamics such as shame, fear of stigma linked to divorce, and loyalty to cultural norms can delay help-seeking and disclosure (West, 2015).

Despite these challenges, refugee and migrant women demonstrate significant resilience. Protective factors include strong social networks, faith, language learning, access to education and employment, and community integration, which can support recovery and agency after violence (Babatunde-Sowole et al., 2016; Pertek, 2022).

'By and for' organisations: *Nothing about us without us*

'By and for' organisations are founded and led by people with lived experience of the issues they address. In the VAWG sector, specialist by and for services for refugee and migrant communities offer culturally-competent, language-appropriate and survivor-centred support. Their proximity to communities helps build trust, challenge harmful norms, fill service gaps and advocate for system-wide change, often in partnership with other specialist groups, for example the collaboration between FORWARD and RWoB.

Despite their critical role, these organisations are frequently under-resourced and face restricted access to statutory funding (DAC, 2021).Their practice is based on survivor autonomy and agency, cultural and linguistic responsiveness, community voice in service design and delivery and systems, change through advocacy and evidence from lived experience. 'By and for' organisations play a crucial role in shaping more inclusive and effective responses to VAWG, and ensures that survivors access holistic support that considers their complex needs.

Community Champions: community-led prevention and support

Community Champions, also described as community health workers, volunteers or advocates, are lay people from the communities they serve who receive targeted training to engage with specific issues such as VAWG, FGM, maternal health or mental wellbeing (Woldie et al., 2018). While many of the Champions held qualifications internationally, their lived experience, language skills and social networks position them as trusted messengers and practical problem-solvers.

In practice, Champions:

- raise awareness and shift norms by sharing accurate information and challenge myths and stigma;
- enhance access to services through culturally and linguistically appropriate signposting, accompaniment and navigation of health, legal and social care systems;
- offer trauma-informed relational support and safety planning with clear referral pathways;
- mobilise mutual aid and co-produce local solutions;
- and inform policy and systems through advocacy that draws on lived experience, including efforts by FGM campaigners (Arora et al., 2023; Mudyarabikwa et al., 2021; United Nations, 2025; Moghaddam et al., 2019).

Before COVID-19, Champion models were widely used in low and middle-income settings with positive outcomes in public health and VAWG prevention, including HIV, malaria and domestic abuse initiatives (Torres-Rueda et al., 2020; Woldie et al., 2018). During the pandemic in the UK, community-based volunteer roles expanded rapidly, including COVID-19 Champions and Vaccine Champions, to tackle misinformation, isolation and unmet needs (Jenson, 2023).

Black and minoritised, migrant and refugee communities, who experienced disproportionate health harms, benefited from trusted local support that improved access to information and services (Public Health England, 2020; Williams, McKail and Arshad, 2023; Mannarini, 2021). VAWG organisations reported increases in incidents and the severity of abuse, with survivors experiencing worsening violence, isolation and control, and reduced access to face-to-face services, food and medication. Volunteer workforces became essential to meeting need during this period (Speed, Thomson and Richardson, 2020; Women's Aid, 2020; Kitcharoen, 2022; FORWARD, 2021).

Long-standing examples of Champion models including Maternity Champions, VAWG Champions, FGM Champions and Health and Wellbeing Champions, continue to inform renewed investment in volunteer capacity across health systems and local authorities (Envoy Partnership, 2014; Urban Partnership Group, 2022; Jenson, 2023; NHS England, 2023).

Methodology and analysis

Methodology and analysis

Study design

This research adopted a qualitative design to capture the lived experiences of Community Champions, service users, and staff. Data was collected through interviews, focus group discussions (FGDs), case studies, and observations. Qualitative methods were chosen because they allow exploration of personal perspectives and provide detailed insights into particular situations, which are key features of this type of research.

Sampling and recruitment

Participants were purposively sampled to ensure direct knowledge of Community Champion programmes and their impact. This entailed selecting participants who were knowledgeable about the Community Champions projects and could convey their experience in line with the research focus (Palinkas et al., 2015).

The sample included:

- Community Champions trained through FORWARD's Women's Health and Leadership Skills Training or similar initiatives between January 2018 and August 2022;
- programme staff directly involved in training or coordination; and
- service users who had received support from Champions during the same period.

Community Champions and staff were recruited through FORWARD and RWoB using messaging apps, email, phone calls, and in-person meetings. The target was 20 one-to-one interviews and 8-10 participants in FGDs, evenly split across both organisations. Additional interviews would have been conducted had saturation not been reached

Service users were purposively sampled for FGDs based on their ability to share experiences in English, regardless of how long they had engaged with the organisations. This approach ensured diverse perspectives from different training cohorts, roles, and experiences.

Data collection

Nineteen in-depth interviews (with Community Champions or staff) and two FGDs (one with Community Champions and one with service users) were conducted between December 2022 and March 2023.

Interviews lasted between 40 and 90 minutes, with ten held in person and nine online. Nine interviews took place in London, and ten in Bristol. One online interview was excluded from analysis because it did not provide new insights and saturation had been reached.

Interviews were conducted in English, either face-to-face or online, and were recorded for accuracy. In-person interviews used portable recording devices, while online sessions used teleconferencing software. Where possible, face-to-face interviews were preferred for depth and rapport. However, online interviews increased accessibility and reduced travel barriers. The challenge of interpreting non-verbal cues online was addressed through careful probing and having two facilitators. To reduce bias, individual interviews were conducted by the research assistant, who had no prior connection to the project.

FGDs were conducted online, each lasting 90–120 minutes. One group included Community Champions: five trained by RWoB and six trained by FORWARD. The second included service users: five supported by FORWARD-trained Champions and four by RWoB-trained Champions.

FGDs were led by the lead researcher and research assistant, with one bringing prior knowledge of the project and the other offering independence. Facilitators alternated lead and support roles to balance knowledge of the project with the ability to encourage honest responses, and ensure discussions were inclusive.

Data analysis

All recordings were transcribed using transcription software, then reviewed and corrected manually. Transcripts were anonymised to remove identifying details. A thematic analysis was applied: responses were coded, grouped into themes, and organised by topic. Data were managed and coded using NVivo software. This process enabled a structured exploration of participant perspectives, while ensuring the integrity of individual voices.

Ethics and consent

Informed consent was secured verbally before each interview and FGD. Participants consented to audio recording, transcription, and use of anonymised data for reporting. Ethical clearance was not required because this was organisational research, but ethical principles guided the study. Participation was voluntary, withdrawal was permitted at any time, and strict anonymisation was applied. With the exception of staff members, all participants were remunerated for their time, including those later excluded from final analysis.

Sample profile

The study included 13 trained Community Champions and four staff members in one-to-one interviews. The Champions interviewed ranged in age from 25 to 64, and their education levels spanned from GCSE-equivalent qualifications to postgraduate degrees. Most were of African heritage, with diverse employment statuses, caregiving responsibilities, and migration backgrounds. See Tables 1 and 2 for participant profiles.

The Community Champions FGD brought together 11 participants, while the service user FGD included nine women aged 25–44. All service users were first-generation immigrants, originating from African, Middle Eastern, or Asian countries, and represented varied religious affiliations. Most had at least GCSE-level education, with only one reporting no formal qualifications. Of the 11, six of the ten were primary carers of children under 18.

This combination of Champions, staff, and service users provided a rich and balanced perspective on the Community Champions programme, ensuring that the findings reflect both those delivering and those receiving support.

Table 1: One-to-one interview participant profiles – Community Champions and staff

Participant data	17	Participant data	17
Characteristcs			
Participant group		**Religion**	
Advocates	13	Christian	4
Staff	4	Muslim	13
Training location		**Sexuality**	
Bristol	10	Heterosexual	17
London	7		
Age		**Education level**	
25-34	4	A-level or equivalent	1
35-44	6	Diploma	4
45-54	4	Bachelor's degree	7
55-64	2	Master's degree	5
65 and over	1		
Gender		**Employment status**	
Female	17	Paid work (full-time)	11
Disability		**Paid work (full-time)**	**6**
No	17		

Table 2 – Service user's FGD profile

Participant data - Service users FGD	**9**		
Characteristcs			
How did you hear about the support at FORWARD or Refugee Women of Bristol?		**Disability**	
Community event	2	No	7
Internet	1	Yes	1
Friend or family	3	Prefer not to say	1
Signpost or referral from a professional	3		
Age		**Religion**	
25-29	3	Christian	2
30-34	1	Hindu	1
35-39	2	Muslim	4
40-44	3	No religion or belief	1
		Prefer not to say	1
Gender			
Female	9		
Disability		**Sexuality**	
No	7	Heterosexual	7
Yes	1	Prefer not to say	2
Prefer not to say	1		
Education		**Employment status**	
No school	1	Looking for work	1
GCSE or level 3 equivalent	1	Not working for domestic reason	2
Bachelor's degree	5	Out of work: registered unemployed	1
Master's degree	2	Out of work: unregistered unemployed	1
		Part-time education	1
Ethnicity		Temporarily not fit to work	1
Black British African	2	Unemployed	1
Asian, Middle Eastern	7	Prefer not to say	1

Limitations

Language barriers were a significant constraint, with some enquiries posing challenges to comprehension and interpretation. To reduce interpretation bias, FORWARD and RWoB co-designed simple research tools for easier understanding, with questions reiterated for clarity when necessary.

The study also faced potential sampling bias, as availability and language proficiency limited the inclusion of some Community Champions. Service user samples were in English, while Champion support may have been delivered in other languages. Those who were lost to follow-up were also excluded.

Interpreting outcomes should consider these limitations as integral to the study's context. Despite these challenges, diligent efforts were made to minimise their impact on the quality and credibility of the insights collected.

Finding one: beginning the Community Champions' journey

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This finding explores how Community Champions embarked on their journey, from defining "community" to motivations for joining, and the transformative impact of training. Central themes include belonging, skill development, advocacy, and overcoming barriers.

Motivations and pathways into the role

Champions joined the programme for multiple reasons: to gain skills, formalise existing activism, and "give back" after receiving support themselves. For some, it was a way to turn personal experiences of marginalisation into collective advocacy. One participant explained, *"I knew how it was for me when I was getting someone's help... And I wanted to be like that person."* Others were motivated by a determination to challenge harmful practices like FGM within their communities.

Staff perspectives reinforced that training was also a professional pathway, helping Champions secure employment or transition into leadership roles within NGOs. As one staff member said, *"This training gives them that pathway... being able to get paid work is a great motivator."*

Staff encouragement itself was often the trigger to join. Several women described being invited to apply, reminded about opportunities and checked on regularly: *"[RWoB staff] are always supporting us, checking on us, and encouraging us to apply, get involved, and better ourselves."* Champion 4 - age 40-44, Bristol, 1:1 interview. For others already active informally, the programme offered a route to higher standards and accountability. *"To take it more seriously and be more proficient, I thought I would benefit from the project."* Champion 1 - age 45-49, Bristol, 1:1 interview.

Some participants were already volunteering or engaged within diaspora networks yet lacked UK-specific training for advocacy roles. *"I came here in December 2015… I volunteered with Bristol Refugee Rights, Refugee Women of Bristol and Project Mama. So, I was always in the community."* Champion 1 - age 45-49, Bristol, 1:1 interview.

> *"[RWoB staff] are always supporting us, checking on us, and encouraging us to apply, get involved, and better ourselves."*
>
> **Champion 4 - age 40-44, Bristol, 1:1 interview.**

Experiences of the training

Background: FORWARD's Women's Health Skills and Leadership Training equips migrant women to advocate against VAWG, empowering them to become community agents of change. Over the past decade, the initiative has supported the development of over 400 Community Champions across the UK and Europe through various projects. The training initially focused on addressing FGM, but the training has expanded to cover broader VAWG issues in response to the need for Champions to respond to them. Graduates have launched charities, campaigned in the UK and abroad, secured employment related to VAWG and raised awareness of VAWG in their communities.

FORWARD and RWoB's programme focuses on training Community Champions to support refugee and migrant women, primarily from African and other migrant communities in the UK. The training programme equipped women with knowledge of VAWG, trauma, law, and human rights, while also embedding skills in facilitation, public speaking, leadership, and conflict resolution. Training was deliberately movement-oriented and mobilisation-focused. *"How do you mobilise people? How do you get them to listen to you and ensure that you bring everybody on board? So, we give them these skills in the training"*. Staff 4 - London, 1:1 interview.

The training content was lauded for its rich information, accessibility and engaging presentation. Participants valued the materials, especially those related to VAWG, law and legislation, trauma, culture, and the values of migrant women. A widely praised element was the consent discussion using the "cup of tea" analogy, which made complex ideas simple and memorable in community conversations. Importantly, the training also addressed self-care, recognising that many participants were survivors themselves. As one staff member noted, *"You cannot take care of others unless you look after yourself."*

The participatory, peer-led approach was also central. Champions emphasised the value of learning from one another across cultural boundaries: *"… learning from your peers, from all the women… was important."* The safe, reflective environment allowed women to discuss taboo subjects, gain confidence, and embrace their voices. Most participants also valued the personalised and authentic delivery, specifically the practical sessions. Trainers were praised as "professional but down-to-earth." The inclusive atmosphere enabled open questions and answers from staff experienced in working with migrant and minoritised women.

Staff enjoyed conducting sessions, finding it gratifying to witness the Champions' potential and progress. As one staff member shared, *"I like the fact that what I'm doing is impacting other people and improving their situation or their health or their knowledge... You can see how … appreciative they are of what we are doing… when they come in, they [are] shy and reserved, in the end, they are fully participating… and successfully completing their action plan."*

Action planning and follow-up helped turn learning into outreach, with trainers encouraging small first steps close to home: *"Start with your family, bring friends for coffee and chat. That's a first step"* Staff 1 - London, 1:1 interview. Participants highlighted practical skills translating directly into practice. "Public speaking, that was one of the issues because we all fear speaking… but it gave us the confidence." Champion 7 - age 40-44, Bristol, 1:1 interview. *"If I want to organise an event or meeting… I know how to structure that, how to engage women… it also prepared us... [to] ask for funding."* Champion 12 - age 40-44, Bristol, 1:1 interview.

> ***"Public speaking, that was one of the issues because we all fear public speaking...but it gave us the confidence."***
>
> **Champion 7 - age 40-44, Bristol, 1:1 interview.**

Personal growth and confidence

For many participants the journey was not only about acquiring skills, but also personal transformation. Women described newfound confidence to speak in public, advocate for others, and challenge social norms. One Champion explained, *"Because of the skills I gained, I am now confident to speak on topics important to my community."*

This growth often extended beyond activism to employment opportunities, CV-building, and parenting roles. As another put it, *"When you are a mum, you think of yourself last... I understand now you can only help others when you help yourself."* Participants named learning about self-care as pivotal in sustaining this growth. *"Something that especially stood out… was learning about self-care. It's easy to neglect yourself."* Champion 9 - age 25-29, Bristol, 1:1 interview.

> *"You cannot take care of others unless you look after yourself."*
>
> **Staff member**

CASE STORY 1 Impact of the training – Champion, 35-39, Bristol, 1:1 interview

The positive things that happened to me while I was travelling after I just finished my champion [training]… I took my daughter with me, and I've got two boys… they stopped me at the airport. My husband was just behind me, and I got a few papers in my bag from that workshop. The police said, "Where are you going? Are you taking this girl?" They were so strict in the airport… I took this paper from my bag and I said to her, "I understand exactly what I'm doing and I'm one of these ladies who stopped her kids and stopped the FGM"… She (the police officer) specifically mentioned FGM, that type (Type-3). She found me understanding everything and appreciated it so much. My husband was shocked, "Huh, when did you learn that?" And I said, "Yeah, I've been part of lots of workshops like this". Which was really powerful for me as well, I was so confident...

The second or third year after… it happened again, but this time from the school when they heard about us travelling, and they sent… a police [officer to] check about the kids. We filled lots of forms, and my husband said he was happy to do it. He understood fully that it was very necessary to do that… But I met a lady during that time, and she said, "No, I'm not going to fill any form about that." She didn't understand exactly what this form was for, and she was scared due to the cultural context as well. There are people scared of the police… back home. But… I told her "I've done that before, it's easy, it's not too much… you have to take I.D. with you… you have to do it to travel safely."

Belonging and community among Champions

Across interviews, participants described the feeling of community among Champions, not only as cultural or religious affiliation but as a sense of shared experiences and mutual care. For many migrant women, particularly from African and diaspora communities, "community" meant a safe space of belonging and support. As one Champion explained, community is *"where people find an identity and comfort or help each other."* Champion 5 - age 60-64, London, 1:1 interview.

This broader sense of belonging was both personal and political. It reflected the isolation many women felt as new arrivals to the UK, and the urgent need to create networks that could resist discrimination and foster solidarity. Women spoke about feeling "cared for" and safe in the learning environment, and about relationships that continued after the course, becoming a base for mutual encouragement and collaboration. *"I have been friends with them up to this moment... we still connect."*

> *"I have been friends with them up to this moment... we still connect."*
>
> **Champion 5 - age 60-64, London, 1:1 interview**

Challenges and barriers

Despite the successes, participants faced challenges in completing and fully engaging with the training. Language barriers limited some women's participation, highlighting the need for translated materials and more inclusive delivery. Group work could be difficult across varied education levels and language proficiency. *"The Community Champions… had the same problem that I had… not highly educated… but once they understand fully, definitely they will work on the things they are supposed to do."* Champion 5 - age 60-64, London, 1:1 interview.

Many also struggled to balance training with childcare and domestic responsibilities, with staff acknowledging that *"childcare is a real challenge... there are a lot of pressures on the women."* Women also navigated family and community expectations about time, visibility and approval for public roles, which sometimes complicated attendance and early outreach.

The COVID-19 pandemic added further disruption. Moving training online increased accessibility for some, but created barriers for others due to technology gaps and competing household demands. Finding quiet space at home for sensitive discussions was particularly difficult. Staff noted attendance was often inconsistent, though the shift also built digital confidence that later proved vital for outreach.

Despite these challenges, the programme demonstrated resilience and adaptability. The provision of accessible scheduling, support with transport, and efforts to make the training environment welcoming and inclusive enabled many women to overcome these barriers. For those who completed the programme, this flexibility was vital in ensuring their success, even in the face of considerable personal and social pressures.

Finding two: building bridges through community engagement

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This finding examines what Champions do in practice, how the role is understood, and what enables or constrains engagement. It traces the journey from expectations to delivery, including outreach, casework, and the pivot during COVID-19, and reflects on migrant experience, language, gender and safety.

Role, identity and visibility

Participants described Champions as connectors and advocates who translate complex systems into accessible support and help newcomers adapt. Visibility matters for trust, yet service users often struggled to identify Champions without a named person. Comments like *"I would never know, like whether they do exist…"* and *"how does she look like - this Community Champion?"* suggest the label is not widely recognised and that clearer signposting would improve access. Where a specific Champion was known, users praised their support and availability.

Champions themselves emphasised the practical and sensitive nature of engagement. *"You have to be very clever [as a Champion] with how to approach community members, how to convince them, how to change or replace the bad ideas or bad habits or cultures in their head; to replace it with the new one and how to convince them that this is the right one."* Champion 8 - age 45-49, London, 1:1 interview.

Others framed the role around integration and rights for new arrivals: *"...support their members to resettle in their new home, introduce them to the difference between their culture back home... tackle the challenges… here… They (new arrivals) feel homesick, they don't understand the systems, the services, they don't know their rights."* Champion 1 - age 45-49, Bristol, 1:1 interview.

Staff supported alignment with host organisations, but cautioned about risks where ongoing engagement and monitoring were harder. *"They expect to be part of the FORWARD family... in Bristol we've done it very well, but [it's] a small city so, they are always together… in London we've… tried but we've lost a lot of the women we've trained because we've not managed to keep them together"* Staff 1 - London, 1:1 interview. Trust was often built through informal, reciprocal conversations: *"We don't go and tell communities 'we want you to do this'. We sit down together, and we have a conversation."* Staff 1 - London, 1:1 interview.

> *"We don't go and tell communities 'we want you to do this'. We sit down together, and we have a conversation."*
>
> **Staff 1, London, 1:1 interview.**

Doing the work: outreach, support and casework

Within a year of training, almost all interviewed Champions were active. They facilitated workshops on VAWG, including FGM and domestic abuse, and on linked issues such as mental health, parenting, breast cancer and COVID-19. *"To raise awareness...to speak about those harmful practices...If something is not right, you speak about it."* Champion 13 - age 30-34, Bristol, 1:1 interview. Champions used knowledge gained to challenge harmful norms at home and abroad. *"Whenever they're going for holidays, they would come for FORWARD leaflets stating, 'I want to go out and talk to people back home (on these issues)'."*

Support went far beyond awareness. Out of 13 Champions, 11 reported one-to-one assistance that included emotional support, referrals and signposting, interpreting and translation, and advocacy with GPs, legal agencies, housing and specialist services such as FGM clinics and Islamic divorce agencies. Practical help covered transport, benefits and schooling. One participant described accompanying a woman to primary care for FGM-related health needs: *"I said to her, 'I can refer you to the GP, a female who can help you exactly, because she knows about this and she's a doctor.'"* Champion 9 - age 35-39, Bristol, 1:1 interview.

> *"To raise awareness... to speak about those harmful practices...If something is not right, you speak about it."*
>
> **Champion 13 - age 30-34**
> **Bristol, 1:1 interview.**

> *"The expectation is that [Champions] know a little bit more than other people and… they will make a difference. So a lot of people will trust you with issues that they think they don't have any other channel to go to."*
>
> **Champion 8 - age 45-49**
> **London, 1:1 interview.**

Expectations of Champions were high. Community members and services often viewed Champions as the first point of contact for any problem. *"The expectation is that [Champions] know a little bit more than other people and… they will make a difference. So a lot of people will trust you with issues that they think they don't have any other channel to go to."* Champion 8 - age 45-49, London, 1:1 interview.

Champions also put pressure on themselves, sometimes at a cost to family life: *"…if they have any other problem... it can be a utility problem or a universal credit problem… they might be even asylum seekers and they don't know how to fill their forms… so this is my position."* Champion 5 - age 60-64, London, 1:1 interview.

Staff recruited and trained Champions, provided supervision and resources, and collaborated on outreach, referrals and culturally sensitive interpreting, while navigating high levels of bereavement and emotion linked to crises in countries of origin. *"So you have to be very careful what you are asking for… and what I find helpful is being clear… and… consistent."* Staff 2 - Bristol, 1:1 interview.

Case recognition and response on VAWG

Champions identified a broad spectrum of VAWG, most commonly domestic abuse and harmful practices, with FGM the most recognised. Understanding power, control and rights shaped their approach. *"Each violation is that someone has power over you, someone deliberately hurting you - emotional or physical... Showing you that you're worth nothing, you're less than a human being."* Staff 2 - Bristol, 1:1 interview.

Detection often began with noticing changes in behaviour and rebuilding trust through listening and befriending before referral. *"She stopped picking up her phone, she stopped talking, she stopped coming… So gradually we've been meeting regularly and then… find out that she's been experiencing domestic abuse and it was really bad as well."* Champion 2 – age 50-54, London, 1:1 interview.

Champions drew on training and organisational backing to create safe, non-judgmental spaces. Staff and peers offered emotional support and supervision. *"We didn't have to wait for the reflection session, we could also go back and forth to ask the manager."* Champion 4 - age 40-44, Bristol, 1:1 interview.

COVID-19 pivot

The pandemic disrupted face-to-face delivery and intensified need. Champions moved rapidly to online workshops and one-to-one support, tackled misinformation, and set up virtual spaces to reduce isolation. *"We did a lot of support on ZOOM because it was COVID time… workshops, one-to-one… emotional support... online chat for support group… 2 hours or 3 hours a day."* Champion 8 - age 45-49, London, 1:1 interview.

Phone check-ins, food distribution and rapid signposting became routine. *"We made sure those especially who had refugee status… we signposted them where food was available... and befriending… and the Champion advocate."* Champion 4 - age 40-44, Bristol, 1:1 interview.

Staff secured devices and data, shifted monitoring online and found virtual meetings sometimes improved productivity by removing travel and childcare barriers, even as distractions at home arose. *"Champions were all not working when they started… within two years they were all in formal employment… we discovered different ways of working rather than… all face-to-face…"* Staff 2 - Bristol, 1:1 interview.

Others highlighted the strain of confidential conversations in crowded homes and uneven digital access. *"Champions who completed their training just before COVID-19 were expected to practice their skills in a COVID-19 context, which they weren't prepared for."* Staff 3 - Bristol, 1:1 interview.

> *"Champions were all not working when they started… within two years they were all in formal employment… we discovered different ways of working rather than… all face-to-face…"*
>
> **Staff 2, Bristol, 1:1 interview.**

CASE STORY 2 Casework during COVID-19 - Champion 5, 60-64, London, 1:1 interview

"Emotional support was most of the time because they were crying or they were desperate… there was a lady and she had rats in her flat. It was not a flat, actually, it was a store underground… it was a garage that they modified and made into a house… sewage was attached to the door… so the smell was coming and killing her. And then she had a baby, he was trying to crawl, but she was not allowing him to because in the evening, the slugs would come from every direction in her house. It was difficult to explain to the agencies to relocate her to another town… they told us, 'Okay, we have to ask the counsellor at the council…' Finally I was pushing some of the migrant network workers. In this kind of situation, it's a safeguarding issue [for] the baby… so you have to do something. I was pushing them, calling them, emailing them. And then the lady said to the council that she was going to complain, and then they start moving things. Now she's in a decent accommodation and I find satisfaction for pressing to help my community."

> *"… they help me by sending me, telling me, and connecting me to the people I need to talk to."*
>
> **Service User 8 - age 25-29, London, FGD.**

Migrant experience, access and language

Champions located their work within wider migration realities. New arrivals often held unrealistic expectations of life in the UK and faced barriers across language, systems and norms. *"… most of the women came with high expectations, and then all of a sudden, when you come here, you just lose. You don't know the language, you don't know the system, you don't know where to find anything."* Champion 14 - age 25-29, Bristol, FGD.

Service users valued Champions as empathetic bridges who made rights and services reachable. *"… they help me by sending me, telling me, and connecting me to the people I need to talk to."* Service User 8 - age 25-29, London, FGD.

Language skills were both an asset and a challenge. Champions delivered sessions bilingually, accompanied women to appointments, and translated materials. *"We were doing online Zoom workshops, coffee mornings and doing them in Arabic and in English."* Champion 2 - age 50-54, London, 1:1 interview. At times they faced dismissal or resistance as interpreters and had to persist professionally to secure appropriate responses. *"I was interpreting and sometimes… you will find that the person doesn't take you seriously… But I will continue calling them until I get the right person who will talk to me."* Champion 5 - age 60-64, London, 1:1 interview.

CASE STORY 3
VAWG casework - Champion 4, 40-44, Bristol, 1:1 interview

"I was referred a young girl who at that time didn't speak any English and had arrived to the UK with her father. She said her dad never used to let her go outside the house. His mentality, or what he believed, was that if she went out and started learning English or started to carry on her education, she might be influenced or get to "know somebody". He was kind of protecting her, but in his own way, but then again, he was refusing to let her go outside, even stepping outside the door and refusing anything else. Luckily, without the dad knowing she was contacting her mum, who said to her, 'If you want a life, then you need to carry on.' She was only 19 at that time, but she ran away and came to this city with a friend of her mum. Her mum's friend said to her, 'The only thing that I can help you with is to send you to a place that helps with women's violence and the girls who run out of their parents' home.'

From there, I was translating, and because of the language barrier, I was helping to rehouse her. Her father didn't hurt her physically, but mentally and emotionally, that's the main thing. Luckily, she was rehoused, but even though she is in a safe place, she had kind of built her personality to be scared of any man. Any man from her community that she saw, she thought was sent by her dad, even though he lived in another city. Then step by step, I supported her, seeing her regularly every week, twice a week; by just taking her from the house and going out and having coffee and seeking her needs, she started to build her trust and confidence a little bit.

Building trust and trying not to make her dependent on me with the way I was empowering her to be strong and confident was a big challenge. She saw that I was speaking her language, and she felt comfortable with that. As soon as we built trust, she was able to tell me everything, and she was able to call me. It was a lot to take, but when she was rehoused, she was able to make friends, her English was getting better and better. We are so lucky that she never lost her mind.

You cannot imagine how many abuses she received from her brothers and uncles back home, and also from her dad here. I'm glad that when I saw her, she was rebuilding her life. She's now going out; luckily, she found a job in care work. Because she was raised by her grandmother, when she sees an old lady at the bus stop or on the street, she loves to go and help."

"She saw that I was speaking her language, and she felt comfortable with that. As soon as we built trust, she was able to tell me everything, and she was able to call me."

Barriers, resistance and safety

Community resistance to taboo topics, fear of change and misinformation about Champions' motives undermined engagement. *"They're sticking with their beliefs and they're scared of getting new information." Champion 8 - age 45-49, London, 1:1 interview.* Women described pressure to prioritise family unity over safety. *"They support the perpetrator more sometimes… So they look at us like we are the ones who are breaking up families and tearing apart communities."* Champion 8 - age 45-49, London, 1:1 interview. Staff reported perpetrators isolating women and mobilising communities against Champions.

Safety practice was explicit. Champions clarified who they were and the organisation they represented, set ground rules, worked in pairs, and referred complex cases to safeguarding leads. *"If there's something you cannot help with, you could refer her to a more professional person… this is as much as we can do."* Champion 19 - age 25-29, Bristol, FGD. *"Understand the limitations of your role as Community Champion – it's to provide emotional support to women and not provide all the services. If safeguarding is necessary – pass it to the safeguarding lead."* Champion 17 - age 45-49, Bristol, FGD.

> *"In our community, we're challenged because most of the community views us as wanting to destroy homes."*
>
> **Champion 3 - age 30-34, London, 1:1 interview.**

Gender dynamics and engaging men

Some women faced criticism for public roles or for discussing FGM and domestic abuse. *"In our community, we're challenged because most of the community views us as wanting to destroy homes."* Champion 3 - age 30-34, London, 1:1 interview. Staff reflected that men often frame VAWG as a women's issue, and dominate mixed spaces. At the same time, staff saw potential in engaging men as allies through careful sequencing and separate conversations. *"We need to bring in the men as well… bringing them on board to actually enhance the work that our female Champions are already doing."* Staff 1 - London, 1:1 interview.

Outcomes and impact

Champions reduced cultural, linguistic and generational gaps, increased access to services and catalysed conversations on safeguarding and health. *"They're like the leaders in their community… they take our voices to the community. They bring the community voices to us."* Staff 1 - London, 1:1 interview.

Participants reported career progression into paid roles and sustained volunteering, alongside the slower cultural shifts required for long-term change. *"I believe we are making an impact. Community Champions are making an impact."* Staff 4 - London, 1:1 interview.

Staff from FORWARD provided guidance around working safely, and advised Champions to mention their affiliation with the host organisation as a protective measure when working with community members. They also provided access to alternative support services such as counselling for the Champions, which was limited, but available to both FORWARD and RWoB Champions. Further insights are explored in the **wellbeing and supervision** section of this report.

Finding three: wellbeing, supervision and moving forward

Finding three: wellbeing, supervision and moving forward

This finding examines how Champions and staff sustain their wellbeing while doing emotionally demanding community work. It looks at what support structures help and what changes are needed to keep people safe and effective.

Defining wellbeing in practice

Participants framed wellbeing as daily work that enables advocacy rather than a luxury afterthought. Champions spoke about caring for mind and body, naming rest, nutrition, movement, and expressing feelings as practical tools for staying steady in difficult roles. *"Well-being is to take care of yourself, how to be healthy, to care about your life as well as emotional [needs], for example, to take good nutrition. Also to talk about what you're feeling."* Champion 11 - age 25-29, Bristol, 1:1 interview.

Staff reinforced that self-care is a precondition for supporting others. *"For me, it's like going out there to help somebody; you cannot help the person if you are not strong enough. So, you need to take care of yourself, ensure that you have all the ideas and you have all the information."* Staff 4 - London, 1:1 interview.

Boundaries and the emotional load

The programme sits in the realities of high need and limited time. Of 17 interviewees, 14 described responsibilities that stretched beyond formal roles. Women spoke about blurred boundaries, constant messages, and taking on complex problems outside their training when no one else was available. *"I'm a housewife and everything is overwhelming, and I have no IT skills. There are many demands on my time, so when am I going to support this woman? She might need several things done. Sometimes you are in the middle of a support call and then the other phone rings and the Messenger one rings and the WhatsApp rings, and there's an email as well from somebody else that needs support at the same time."* Champion 8 - age 45-49, London, 1:1 interview.

Champions and staff often used personal stories to build trust and open difficult conversations, in training rooms and community spaces. *"Sometimes I do share with them my life, instances from my life, and I do share with them things that I've come through as a trainer through all my life."* Staff 4 - London, 1:1 interview.

Work life, role limits and everyday strategies

Despite pressures, participants described deliberate tactics to protect time and energy. These included sticking to set hours, managing caseloads, creating clearer boundaries with known contacts, and leaning on mindfulness, tea breaks, faith and family support. Supervision practices helped to keep work visible and contained. *"Sometimes you are overwhelmed, then one thing or the other. Even the names to keep them in your mind. And she (the clinical supervisor) told me, 'Okay, you write all this and send it to your line manager every month so they can see what you are doing because, you know, we are working remotely and the line manager might not know how you are working.'"* Champion 5 - age 60-64, London, 1:1 interview.

Champions also reflected on the limits of their role and the risks of overreach. *"I'm aware of her situation, her personal circumstances, but I'm not her social worker and I'm not her lawyer… the police will not tell me anything, because I'm not a family. What right I have got to go there and defend her and do anything… I'm just an individual who gives information. I have no power in going there and saying release her or she's innocent… FORWARD was involved and helped with the mediation of the case."* Champion 10 - age 40-44, London, 1:1 interview.

> *"Well-being is to take care of yourself, how to be healthy, to care about your life as well as emotional [needs], for example, to take good nutrition. Also to talk about what you're feeling."*
>
> **Champion 11 - age 25-29 Bristol, 1:1 interview.**

Staff perspectives on boundaries and burnout

Staff described the tension between empowering volunteers to act and ensuring they do not carry work that belongs with statutory services. *"When they get to the work, they might not know how to set boundaries. Some people have been kept on the phone for 3 hours, and I'm saying this is unacceptable."* Staff 1 - London, 1:1 interview.

They acknowledged their own blurred boundaries, night and weekend work, and the cost of being a visible resource in their own communities. *"I do take time from my own family to support, advocate, or work evenings or weekends. You know. I do that to ensure that I don't fall behind, that I don't struggle, I don't let everyone down."* Staff 2 - Bristol, 1:1 interview.

"I felt like this is too much. I can't do this anymore. I need to change. I don't want to work in a community. I want a job where I can go to work, finish my tasks, and then go out. So those feelings come a lot." Staff 3 - Bristol, 1:1 interview.

Solidarity and peer habits helped. Some staff intentionally switched off at home or limited after-hours communication, while others described how the role follows them into shops, churches and school gates. *"My work has (kind of) really become part of my life as well. But, you know, this job tends to follow me everywhere… And, you know, I'm trying to manage that now. I find myself, like, working late sometimes."* Staff 1 - London, 1:1 interview.

"I live in the heart of the community, and it is quite difficult to separate sometimes. But what I start doing now is when I get home, I don't open anything. My phone is not on… not opening my laptop." Staff 3 - Bristol, 1:1 interview.

Service users on fairness and care for carers

Service users valued Champions' support, but worried about workload concentration and the absence of backup. They asked for fairer distribution and more structured self-care support for Champions. *"So there are more than 600 ladies registered, and you know that the Champions are only few. We don't have extra copies of her, so this is really important. We need more people, the trained Champions."* Service User 2 - age 40-44, Bristol, FGD.

"So I feel the organisation should have like extra (maybe) something for their emotional health because they're going through a lot when they are having all this. They're dealing with this. So, they deserve support for themselves in their self-care." Service User 4 - age 25-29, Bristol, FGD.

Support and supervision: what exists and what is missing

Most Champions had some supervision or informal support, though frequency and quality varied with funding. People drew on managers, peer spaces, counsellors and reflective sessions, alongside ordinary practices such as walking, sleep, time in nature, art and affirmations. *"It's knowing that you have a sister out there somewhere who does the same thing as you that you can talk to, and who will understand your perspective. Okay, you're not alone… Religion is also a key player here… I'm also trying to maintain my boundaries… now I accept the fact that I cannot solve everything, and I cannot be there for everyone."* Champion 10 - age 40-44, London, 1:1 interview.

> *"When you feel somebody is behind you, you do more… if you panic at some stage, you have somebody behind you…"*
>
> **Champion 18 - age 55-59 Bristol, FGD.**

Staff access to support also varied. RWoB offered peer support for staff, while FORWARD held therapist-led group sessions, though one-to-one support was not funded. *"External therapists provide support for me and for my team members because we provide support for women… it used to be once a month, but that has now been reduced to once every six weeks… But everything in FORWARD depends on funding."* Staff 1 - London, 1:1 interview.

Teams leaned on coordination and family backing. *"I think the biggest thing we have (all our staff), we support each other… And also we have a lot of support from our families."* Staff 2 - Bristol, 1:1 interview.

Champions confirmed that supervision and feedback sharpen practice and reduce isolation. *"I think it will be very difficult without any support, without any supervision… it makes you sure that you are on the right track."* Champion 20 - age 50-54, Bristol, FGD.

"When you feel somebody is behind you, you do more… if you panic at some stage, you have somebody behind you." Champion 18 - age 55-59, Bristol, FGD.

"The feedback as well, asking the member that we're working with, that is another thing that shows us where we need to improve, where we are weak and what worked well as well." Champion 19 - age 25-29, Bristol, FGD.

Conclusions and recommendations

Conclusions and recommendations

The Champions programme has opened doors into migrant communities and supported women through culturally-competent advocacy. Champions are already bridging communities and services, often on tight budgets and with significant emotional labour. What comes through in interviews is not a deficit story, but a practical roadmap to build on what exists.

This qualitative exploration into the Community Champions programme has provided rich insights into the experiences, perceptions, and motivations of its participants. The findings demonstrate its effectiveness in empowering individuals to become agents of change within their communities.

The sense of community among Champions emerged as a pivotal aspect, rooted in shared experiences and values and fostering a supportive environment for personal and collective growth. Motivated by a desire to acquire skills and knowledge, participants eagerly embraced the training, empowered by the encouragement of staff and the inclusive learning environment.

Through their roles as advocates, leaders, and support providers, Champions have made significant strides in raising awareness, providing crucial support, and dismantling harmful norms, particularly regarding VAWG. Moreover, they leveraged their cultural background and language skills to bridge gaps and address emerging community needs, demonstrating the programme's relevance and impact in diverse contexts. Their positive reflections on their roles as bridge builders highlight the programme's significance in fostering stronger, more inclusive communities.

Service users already see Champions as credible connectors. Greater recognition and defined boundaries for the role will help maximise their impact.

The training provided by FORWARD and RWoB is already highly regarded by Champions. More training beyond FGM across the breadth of VAWG, with regular refreshers, would develop Champions further. Digital delivery expanded reach during COVID-19, and greater focus on digital accessibility and capacity can build on this expanded reach.

The emotional toll on Champions is significant. Champions want clearer supervision and progression, with dedicated coordination so caseloads and risks are shared fairly. Structured debriefing, peer support and mental health signposting are also essential so Champions can sustain their work and wellbeing.

Champion motivation remains high when feedback flows and expenses are covered, but financial pressure and limited recognition can erode retention. This is being exacerbated by the current cost of living and economic crises. Volunteering can often benefit volunteers themselves, but in the current economic climate, the opportunity cost of their time is harming retention. Losing volunteers with the right skills and existing links in communities is an **avoidable loss**. Providing more tangible incentives for volunteers is essential to improving recruitment and retention.

List of recommendations:

1

Co-produce with communities and service users

Establish simple feedback loops that shape priorities, training content, and outreach, keeping the programme responsive to changing community needs. Place the sense of community at the centre of the Champions model, using shared experiences and values to foster both personal and collective growth.

2

Strengthen training and digital capacity building

Broaden the training curriculum to cover the wider spectrum of VAWG, intercultural parenting, legal rights, and service navigation. Provide recaps and follow-up materials, run regular refreshers, adapt for literacy and language, address digital needs, and involve experienced Champions as co-trainers. Integrate digital capacity-building to ensure Champions engage online with confidence and confidentiality.

3

Consolidate the champions framework and role identity

Publish clear role descriptions, safeguarding and escalation routes, and visible identifiers for Champions. Optimise the efficiency of the Community Champions programme, assessing the needs, demands and capacity of the host organisation's workforce. Use a guided framework to help support the initial scoping phase and develop cultural competencies to meet the needs of migrant communities. Maintain a dual approach of awareness-raising and light-touch intervention, supported by defined referral pathways to specialist services and, where appropriate, social prescribing.

4

Incentivise participation and progression

Remove barriers and reward contributions by covering expenses, offering certificates and awards, and creating progression routes into paid sessional roles and accredited learning. Sustain engagement through mentoring, reunions, and opportunities for knowledge exchange.

5 Embed gender-Responsive, intersectional VAWG competency

Mainstream gender-sensitive, culturally informed practice across training and supervision. Link VAWG to relatable topics such as parenting and health, and co-deliver with professionals to strengthen credibility and referrals.

6 Resource wellbeing and supervision

While voluntary roles can help to improve the wellbeing of individuals, working on complex mental health cases can also lead to a decline in volunteers' mental wellbeing, burnout, and poorer quality of support to women. The wellbeing of both Community Champions and programme staff are paramount while working in emotionally demanding roles. Budget for regular group supervision and one-to-one support for complex cases, including language-specific options. Provide debriefing protocols, access to mental health resources, and periodic health check-ups, with routine workload reviews to prevent burnout. A culture of collaboration and knowledge exchange should be fostered.

7 Strengthen organisational development and sustainability, with support from Local Authorities

Embed the Champions programme as a core organisational function rather than a short-term project, with resourcing support from local authorities. Use funding for dedicated coordinators, strategic planning, and ongoing staff development to ensure consistent support for Champions. Further integrate the Champions programme with wider institutional frameworks (e.g. maternity and community health models) and expand collaboration beyond London/Bristol to reflect patterns of refugee and migrant settlement. This organisational investment is essential to maintain quality, prevent burnout, and secure the long-term sustainability of the model.

About the organisations

Foundation for Women's Health Research and Development (FORWARD)

The Foundation for Women's Health Research and Development (FORWARD) is an African diaspora-led women's rights organisation pioneering change to tackle multiple forms of violence against women and girls (VAWG) in the UK and in Africa.

FORWARD was founded in 1985 by women's health champion Efua Dorkenoo OBE in response to the problem of Female Genital Mutilation (FGM) in the UK.

We support Black and minoritised women and girls affected by child and forced marriage, FGM, domestic and sexual violence, faith-based abuse, systemic discrimination, and related harms. Our vision is a world where every Black and minoritised woman and girl lives in dignity, is healthy, thrives and enjoys equal rights free from fear of violence.

At FORWARD, we focus on transforming responses to VAWG through specialist support services, partnerships and community interventions that develop skills and nurture resilient leaders to drive change in communities. We also work strategically with decision-makers and practitioners to conduct community research, build partnerships and create opportunities for gender justice and social transformation.

Refugee Women of Bristol (RWoB)

Refugee Women of Bristol (RWoB) is a charity established in 2003 by a group of refugee women to advance education, relieve poverty, and promote and protect the health of refugee women and those seeking asylum in Bristol and the surrounding area through advice, information and support.

RWoB is the only multi-ethnic and multi-faith organisation in Bristol focused specifically on the needs of refugee women. Governed by women from refugee and asylum-seeking communities, we deliver specialised services that address the unique challenges faced by these groups, often reaching those overlooked by other providers.

Service users come from areas of significant deprivation, with many facing barriers such as language difficulties, long-term health issues, disabilities and limited social support. RWoB's goal is to empower women to overcome these barriers, improve their well-being, and reduce isolation. Through volunteering opportunities and tailored training, we support women to develop skills, gain work experience and access employment opportunities.

RWoB ensures refugee women are central to all our work by involving them as volunteers, staff and trustees. Our board, composed entirely of women with lived refugee experience, ensures our services are culturally sensitive and directly address the needs of the communities we serve.

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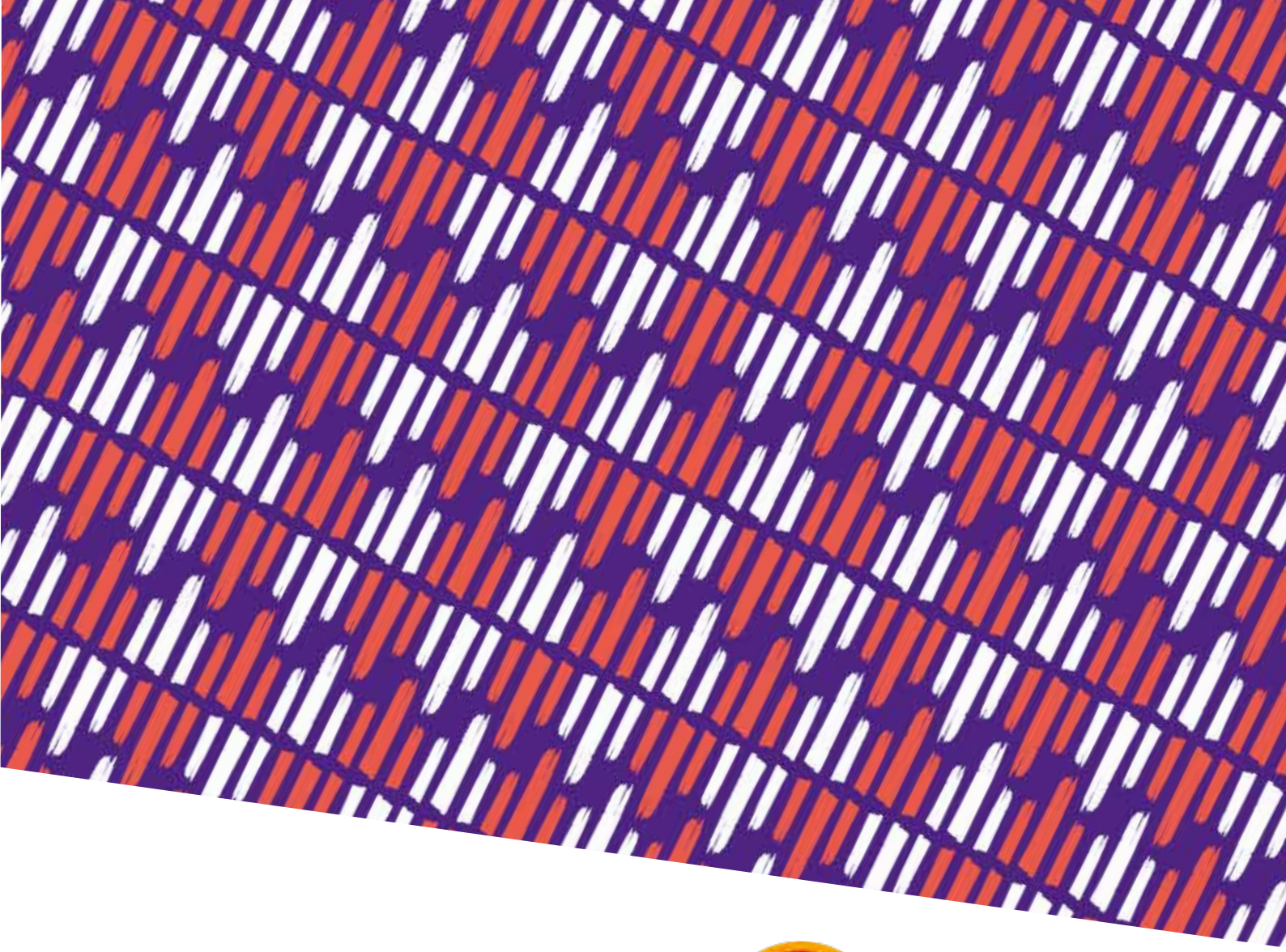

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