British Red Cross

Designing for Health Equity: Insights from British Red Cross services

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In partnership with
The Institute of Health Equity, University College London

INSTITUTE of HEALTH EQUITY

Here for humanity

Summary

Introduction

In June 2024, the British Red Cross launched a project, supported by the Institute of Health Equity at University College London, to explore if and how the British Red Cross support in the UK is addressing inequality and achieving our strategic commitment. This document provides guidance for commissioners and providers of health and social care services, helping them adapt their approaches to support communities and address the wider social determinants of health.

To explore **who** we reach through our services we looked at the personal and situational data collected directly from and/or about the people we supported across our UK services 1st January 2024 to 30th June 2025. We also mapped our activities and their outcomes to the recommended improvement domains from the 2010 Marmot Review: Fair Society, Healthy Lives report of health inequalities in England. This was to help understand **how** our services could be addressing the wider social determinants of health.

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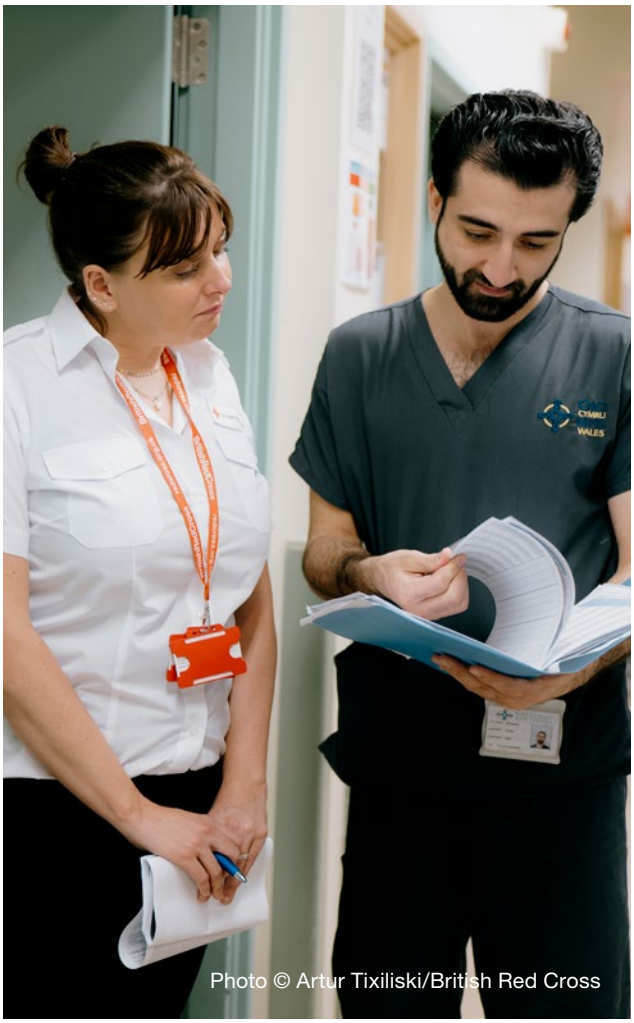

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Give every child the best start in life

Enable all children, young people, and adults to maximise their capabilities and have control over their lives

Create fair employment and good work for all

Ensure a healthy standard of living for all

Create and develop healthy and sustainable places and communities

Strengthen the role and impact of ill health prevention

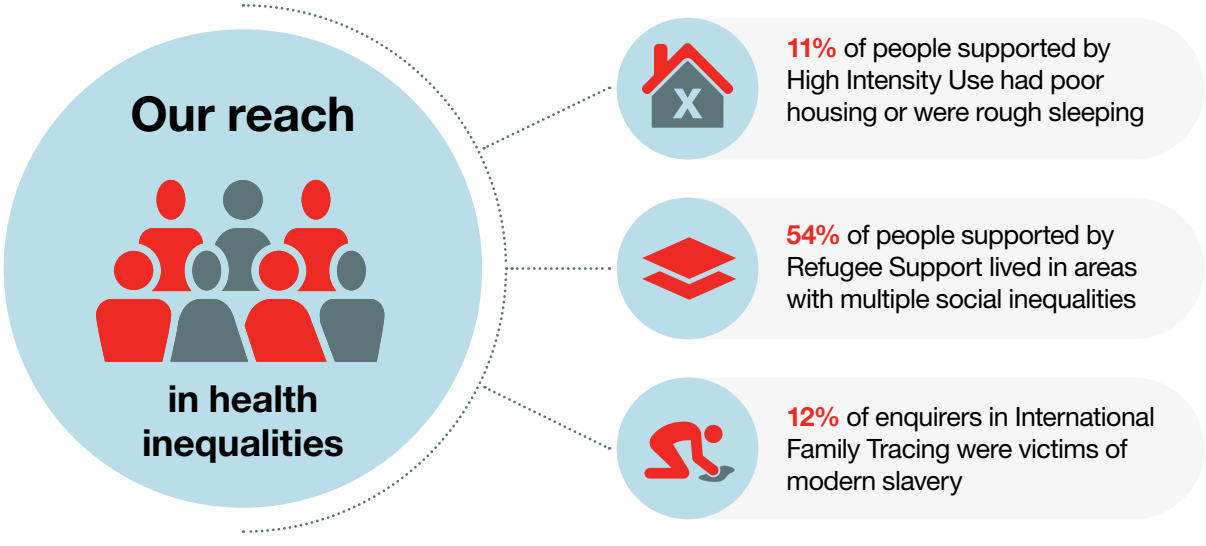
Key findings

Who we support

Key finding: Whilst all our UK services reach people likely to be experiencing inequalities in their health outcomes, targeted programmes and services have a higher reach than universal services.

The scale of the reach is variable across the services and for each of the demographic or socioeconomic groups known to be a disadvantage in health outcomes.

- We support proportionately more women in the older age groups, and almost two thirds (63%) of women we support have a disability.
- 12% of people supported come from a minoritised ethnic background. Given a 50% gap in our data on ethnicity it is likely we are supporting above the 18% UK population statistic.
- Where we are reaching people from a minoritised ethnic background, it was more likely they faced an additional disadvantage of deprivation as higher proportions lived in the most deprived areas of the UK.
- Whilst only 1% of people supported across all our health and care services could be identified as having poor housing or rough sleeping, 11% of our targeted High Intensity Use services and 60% of refugees and asylum seekers (who undertook a needs assessment) were likely to be experiencing disadvantage to their health as a result of their housing.
- We have services across the UK supporting vulnerable refugees, asylum seekers and migrants, a group of people known to have inequalities in health outcomes, access, and experience of health services. More than half (54%) of those we support live in areas with multiple social inequalities and 93% with a needs assessment were found to be 'at risk' in at least one of the 10 areas of life measured.
- Victims of modern slavery are reached through our UK services, including International Family Tracing services where 12% of enquiries received in 2024 had identified human trafficking as a vulnerability. 25 crisis responses provided immediate humanitarian support to over 100 survivors of human trafficking.



Key finding: Our services are reaching disproportionately more people living in geographical areas of England and Wales where there is inequality in health outcomes.

- In terms of geography, there is a slight trend for our services to be supporting people in more deprived areas, using the IMD as an indicator of deprivation.
- Around 30% of our activities are delivered to people living in the 20% of Local Authorities where social determinants of health are most likely to cause poor health. In Refugee Support services, this is higher, with 54% of people supported residing there.
- Early indications show that people living in coastal communities tended to have poorer health outcomes than the overall group supported by our teams.
- Although all our services are reaching people with multiple layers of disadvantage, targeted services are more likely to be reaching proportionately more people with compounding factors. 78% of people supported by High Intensity Use services and 73% of refugees and asylum seekers have 2 or more layers of disadvantage, compared with only 20% of people supported by Health and Care services overall.

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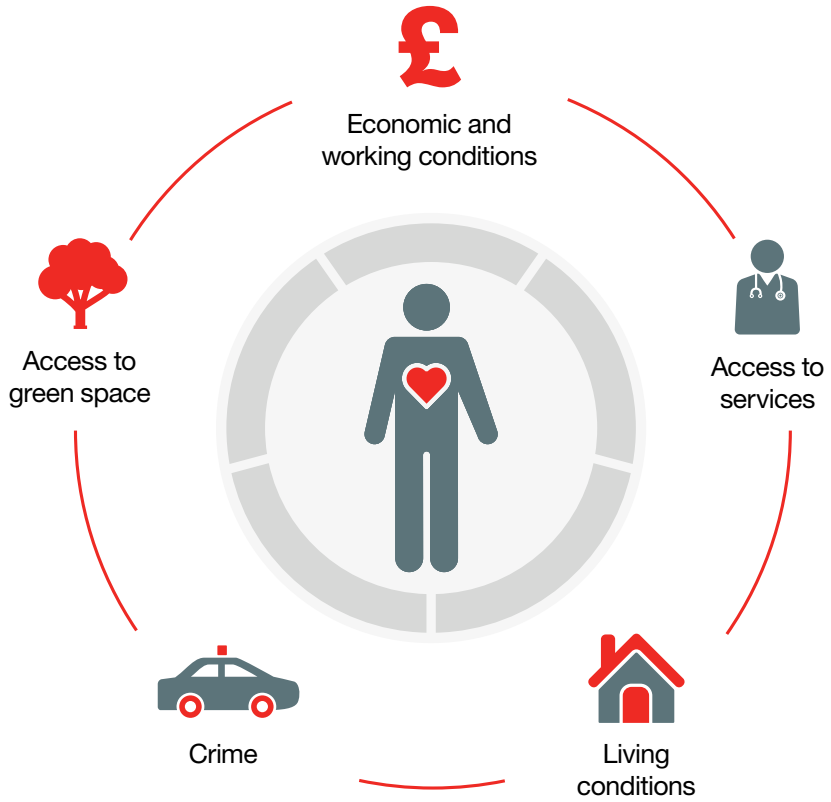
30% of service activity is delivered to people in the

Top 20%

of local authorities where **social determinants** of health are most likely to cause **poor health**



Key findings

How we support people and the difference we make

British Red Cross services in the UK deliver support which addresses the wider social determinants of health in line with six recommendations from 2010 Marmot Review: Fair Society, Healthy Lives report of health inequalities in England.

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Give every child the best start in life

Key finding: Our support in this area is concentrated to refugees and asylum seekers providing baby related items to meet short term need and securing longer term impact through support to access financial entitlements.

Refugee Support services helped…

200 families with baby items **to meet basic needs**

88 families to access entitlements to **reduce child poverty**

59% of people responding to feedback told us these actions helped them. Early indications from our outcomes data found that 62% of people with an identified need related to their children at the start of their support had improved their situation at the point of review and our support halved the number of people classed as 'at risk'.

Enable all children, young people, and adults to maximise their capabilities and have control over their lives

Key finding: All British Red Cross UK services work to help people feel more in control of their lives and we have an established evidence base to demonstrate the significant value of this support.

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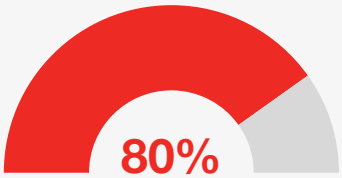
- 80% of people supported by our Health and Care services improved their feelings of control; two thirds improved so that they no longer had a need in that area.



80%

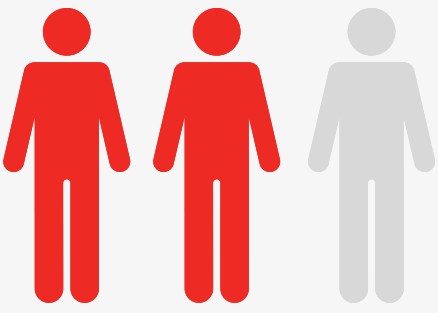
of people supported by Health and Care improved their feelings of control

- Emerging evidence shows our High Intensity Use support may be less effective in changing feelings of control in people from a minoritised ethnic background, particularly women, and that the more layers of disadvantage someone faced the less likely they were to move from need to no need.

- Feedback from refugees and asylum seekers shows that around two thirds of respondents indicated we help empower them to make their own decisions and take actions for themselves.

- We delivered over 8,000 educational workshops and English language classes for refugees and asylum seekers. Most people attending our educational workshops tell us these improved their confidence in the subject matter.

Over **8,000** educational workshops and English language classes delivered



We helped empower around **2 in 3** refugees and asylum seekers to make decisions and take actions for themselves

Create fair employment and good work for all

Key finding: Our support for this determinant of health is concentrated in our services for refugees and asylum seekers, evidence on the value of this support is limited.

- 972 people were supported through over 2,000 actions to help people apply for employment, training, or volunteering
- 18 employability sessions were delivered to refugees and asylum seekers.
- Outcomes data shows that 39% of people improved their education and employment, compared to 61% who self-reported improvements through feedback systems.

Photo © Tori Ferenc/British Red Cross

Ensure a healthy standard of living for all

Key finding: There is significant activity across all British Red Cross UK services to address this determinant of health; with emerging evidence of increased activity where it is most likely to be needed (geographically and personally)


Photo © Daniel Mellor/British Red Cross

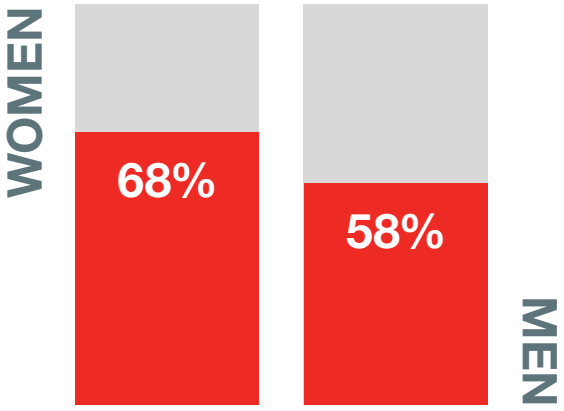
29,218 people supported to improve their financial situation

- British Red Cross services in the UK supported 29,218 people through over 169,112 actions to improve their financial situation immediately, in the near time or in the longer term.

- Over half (52%) of all finance support actions were for those living in areas identified as being in the 3 most deprived deciles according to the Indices of Multiple Deprivation. Data from our outcome measurement tools indicates two thirds of people supported improved over time, reducing their level of need related to finances.

Over **HALF** of our support was for those living in the **top 30%** most deprived areas

- Some health and care services also appear to deliver proportionately more positive financial outcomes for women (68%) than men (58%) and people who identified as having a disability were more likely to have resolved their financial needs after our support.



Improved finances

Women accessing our health and care services have **more positive** outcomes than men

Most deprived areas **Least deprived areas**

Create and develop healthy and sustainable places and communities

64,000
actions delivered to support housing and social connection needs

Key finding: Almost 64,000 support actions, the majority aimed at delivering sustainable value, were delivered related to either housing or supporting people to connect with their local community with the emerging evidence on outcomes of this support being positive.

Housing

- Refugees and asylum seekers were most likely to have higher needs related to housing and our data shows that this need is increasing; up from 55% of people with a need in March 2024 to 63% in April 2025.
- Our outcomes data shows that housing need was resolved for over half (52%) of refugees and asylum seekers. For those who were 'at risk' at the start of our support, 81% were no longer deemed to be 'at risk' at review.
- Our Health and Care services deliver support to ensure people have a safe home environment, particularly after a stay in hospital. Our Support at Home outcomes data shows we are resolving housing related needs for 81% of people supported.
- Targeted High Intensity Use services were more likely to be effectively supporting housing needs for people experiencing other layers of disadvantage, such as people with drug and/or alcohol dependency and those with a disability.
- In acute crisis or emergency situations, our UK crisis response teams provide support related to housing through signposting, supporting housing applications and providing immediate temporary shelters where required; these actions supported almost 1,500 people.

Social connections

- Health and Care services using outcome measurement tools shows that we are supporting the majority of people to reduce their levels of need with regards to social connection and participation. 76% of people improved from the start to end of their support and 57% resolved their need.
- There are some indications that carers were less likely to improve their needs related to social participation and connection and when they did, they were also less likely to resolve their need completely. This was similar for people living in coastal communities and those experiencing homelessness.
- The more inclusion health groups someone was a part of, the less likely that our support was able to resolve their need during our support.
- Refugees and asylum seekers supported told us they felt our support was effective in reducing needs related to social participation and connection; around two thirds were helped to some extent.

Housing

81%
Refugees and asylum seekers **no longer 'at risk'**

81%
People **resolved their needs** following a hospital stay

Social connection

76%
People accessing health and care services **improved**

68%
Refugees and asylum seekers **helped** to meet new people

Strengthen the role and impact of ill health prevention

Key finding: The holistic support offer across our UK services ensures we support people to access other support for their health and deliver direct health and wellbeing support themselves. This support is highly valued and impactful in services targeted at those most at risk of inequalities in health outcomes.

Equity in health access

- Our community-based Health and Care services completed 8,687 journeys to ensure people attend a health or care appointment and made over 9,000 deliveries of prescriptions and medical equipment. We deliver proportionately more of these activities to people who are experiencing homelessness and to those who are disabled.
- 22% of people we supported resided in the most deprived areas of the UK yet only 8% of our total activities supporting access to health services were delivered there.

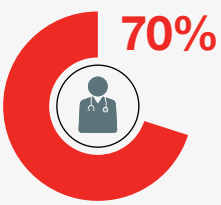
Health and Care

8,687
journeys to facilitate attendance at health or care appointment

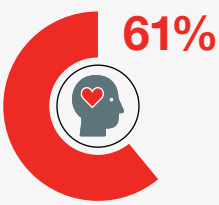
AND over **9,000**
deliveries of prescriptions and medical equipment

- Feedback from refugees and asylum seekers indicates that we are effective for the majority in helping them access health services and medicines (70% helped) and mental health services (61% helped).

Refugee Support



70%
Helped to access health services and medicines



61%
Helped to access mental health support

Equity in health outcomes

- Our targeted High Intensity Use services are being very successful in improving both health activation and wellbeing, with over 9 out of 10 people supported improving.
- 8 in 10 people supported in our more universal Support at Home services' improved their quality of life.
- For High Intensity Use services, the amount of change was larger for wellbeing than it was for health activation, particularly for those experiencing homelessness or living in coastal communities.
- The more layers of disadvantage a person had, the less likely we were to resolve their need related to their ability to manage their health and wellbeing.
- For refugees and asylum seekers our outcomes tool includes assessments of health and wellbeing as well as access to services. 54% and 60% improved their scores for physical and mental health, respectively. For those who were identified as being 'at risk' in their initial assessment, 90% had improved to the extent that they were no longer deemed as being 'at risk' at their review.

By the end of our support, around

9 in 10

People supported by High Intensity Use improved their **health activation and wellbeing**

Refugees and asylum seekers were no longer 'at risk' with their **physical and mental health**

Duration of our support

Some of our UK services are designed to be brief, for example, supporting people during an emergency incident such as a house fire, or getting people home safely after a hospital stay and bridge a short-term gap until further statutory care is in place or they can live independently. Our support for refugees and asylum seekers can be brief or enduring, a third of all people are supported for one day but the same proportion of people receive support for 6 months or longer.

While it is important to acknowledge that brief engagement can limit our ability to address deep-rooted structural health inequality, the case studies developed throughout this project highlight that we can be the first step in a longer journey. We have included one of these case studies below to demonstrate this. We provide critical time-bound support and lay the groundwork for more longer-term, comprehensive, structural interventions, and sustainable impact. There is evidence to suggest that for many, we are their only source of person-centred support.

Case study: Supporting someone who was overwhelmed by life to someone who now actively manages his affairs and pursues his hobbies.

Trussell and Norwich Foodbank approached the British Red Cross Health and Care team in Norwich to support with a pilot project aiming to contribute towards addressing and tackling the root causes of poverty in the local area.

Mr F was in crisis when the Red Cross Foodbank team initially met him. In the two weeks before the first contact, he had been hospitalised due to self-harm. Mr F reported being at 'rock bottom', struggling with alcoholism, and overwhelmed by his finances and personal matters. He said he was struggling to cope and was viewed as 'non-engaging' by many agencies and was described as almost non-verbal. Recognising the ability to provide holistic support, a partner agency referred Mr F to the British Red Cross team.

Mr F was provided with food parcels in the initial weeks. This reduced some of his pressures and allowed him to focus on other issues. Establishing trust was crucial, so several long conversations were arranged to understand his needs better and to show a commitment to supporting him.

Using resources from the British Red Cross, community donations and community grants, the team were able to buy fishing gear, in the hope that this would form a connection with him.

The team supported Mr F to make decisions about what to work on next and how. Mr F was referred to Citizens Advice for debt management and they helped him arrange manageable repayment plans.

Occasional contact is maintained with Mr F to ensure he continues to thrive. He has not needed additional support for several months, a testament to his resilience and the comprehensive, coordinated help he received. Mr F's journey from a man overwhelmed by life to one who actively manages his affairs and pursues his hobbies is a powerful example of the impact of holistic support.

Photo © British Red Cross

"I got him some fishing equipment, and *clicks*, it was like that, because all of a sudden, I just connected with him. He trusted me. And we were able to resolve his issues"
Chris, Service Lead, British Red Cross.

Conclusion and Recommendations

This work shows that community-based person-centred support services can help address and impact on the wider social determinants of health. A holistic way of providing services addresses some of the wider determinants of health and is critical for sustainable improvements. For many years there has been evidence that social determinants impact on healthy years and life expectancy – there has not been a study that gives practical recommendations for changes in health and social care services.

This research and development programme demonstrates British Red Cross' commitment to being present where we are needed the most. The programme supports continuous improvement of our services to extend our impact on the wider determinants of health and helps us better articulate how our services are making a difference.

Our methodology can be applied by others, offering leaders involved in designing equitable services a structured approach to reviewing service delivery and outcomes. By mapping service activities to the Marmot Principles[1], ensuring that the right enabling functions and processes are present to support data analysis, and by having a strategic commitment to equity focussed improvement in existing and future UK services, organisations can mitigate the risks leading to poor health.

We offer the following recommendations for health and social care leaders on how person-centred care can help achieve health equity.

Recommendation 1

- understand that people can face multiple and compounding inequalities and require support to address these to mitigate the impact on their health and wellbeing. Short term support can reduce immediate risks but longer-term support is needed to resolve need where there are complex and compounding inequalities.

Recommendation 2

- to give people the best chance to live a healthy life, design accessible wrap around care that addresses social as well as clinical need e.g. personal care. Support individuals to maximise their own capabilities through information and education and further enable sustainable change.

Recommendation 3

- ensure an ecosystem of community support that spans the breadth of the Marmot Principles is commissioned. This could help provide early intervention found to be more cost-effective and avoid unnecessary deterioration.

Acknowledgement:
Thank you to Professor Geeta Nargund for funding this research and development and for her focus on health inequalities across our operations in the UK. We are grateful to the advice and guidance provided by the Institute of Health Equity, University College London and our colleagues at the British Red Cross. Without their commitment, collaboration and guidance, this work would not have been possible.

[1]Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020). Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity
[1]Marmot et al., 2010. Fair Society, Healthy Lives. The Marmot Review. Retrieved from: fair-society-healthy-lives-full-report-pdf.pdf.