

Designing for Health Equity: Insights from British Red Cross services



Photo © Serena Brown/British Red Cross

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



Here for
humanity

Health Equity Network

26th February 2026

Go to: www.redcross.org.uk
Search for: Designing for health
equity

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Why?

Our goals in the UK

Our three humanitarian causes in the UK are: **disasters and emergencies, health and care**, and **displacement and migration**.

In each of these areas, we will not only work directly with communities, but also use our trusted voice to bring about meaningful and lasting change for those who most need our support.

Goal

1

Enable communities to be prepared and respond together when disaster strikes, prioritising those with the greatest unmet needs

Goal

2

Embed UK resilience as a national priority, ensuring those communities who are most at risk are prepared to respond to and recover from emergencies

Goal

3

Empower people to better manage their wellbeing by delivering community-based care

Goal

4

Ensure UK investment into preventative health and care programmes that prioritise addressing people's care needs in community settings and promote health equity

Goal

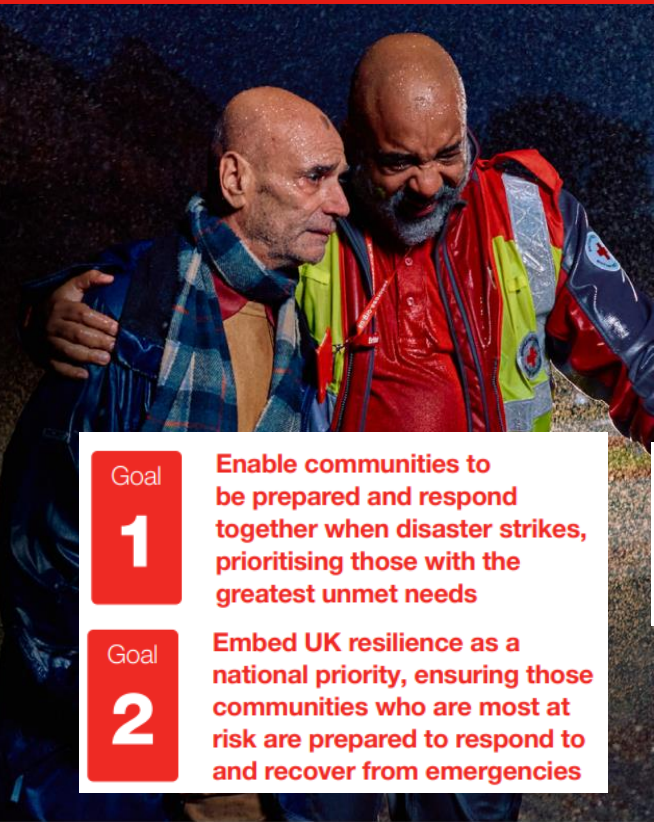
5

Restore safety, dignity and connection with loved ones for people who are displaced, focusing on most urgent cases of need

Goal

6

Expand safe routes and deliver a fair asylum system, with day one support for all people seeking or granted protection in the UK



Who we support




Collecting Equality, Diversity and Inclusion (EDI) Data: A Toolbox for UK Operations

“I really love the lay out, really easy to navigate, love the examples.”

“...The link to trauma informed practice here is brilliant. The topics make sense and flow.”

“Love the layout and the drop-downs, makes it a really engaging page and feels very accessible and digestible.”

Quick Links

 [Why we ask](#)

 [What we ask](#)

 [How to approach](#)

 [Who uses our services](#)

 [Learn more](#)

 [Key terms](#)

 [FAQs](#)

Voices and lived experience videos



Video (3.19 mins): Experience of repeatedly going into A&E.



Playlist of videos telling stories of refugees and people seeking asylum



Video (17:38 mins): experiences of being transgender, and of homelessness



Video (6 mins): BRC staff talk about Pronouns



Key findings

Who we support

We have supported over 20,000 people from a minoritised ethnic background; this represents 12% of people supported but is likely to significantly under report our reach.

37% people supported by High Intensity Use services had multiple long-term health conditions.

2% of people supported in High Intensity Use services identified being in contact with the criminal justice system. 78% of refugees and asylum seekers needed help related to their safety and the law.

926 people across our Health and Care services were identified as being a carer; around two thirds also identified being disabled.



11% of people supported by High Intensity Use experienced homelessness.

16% of people supported by High Intensity Use and Refugee Support need help with drugs and alcohol.

4% of people supported in High Intensity Use services were vulnerable asylum seekers, refugees and migrants.

12% of enquiries in International Family Tracing were flagged with human trafficking as a vulnerability. 25 anti-trafficking operations were supported.

Where we support

Health Inequalities Explorer | British Red Cross

Domains and indicators included in Health Index

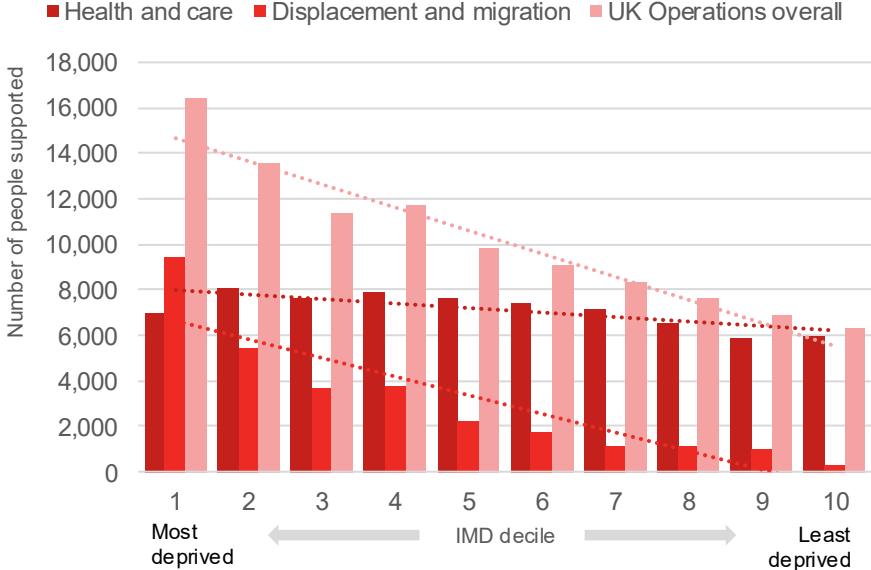
Domain	Subdomain
Health outcomes	<ul style="list-style-type: none">• Difficulties in daily life• Mental health• Mortality• Personal wellbeing• Physical health conditions
Lifestyle, behavioural, and modifiable risks	<ul style="list-style-type: none">• Behavioural risk factors• Children and young people• Physiological risk factors• Protective measures
Social determinants of health	<ul style="list-style-type: none">• Access to green space• Access to services (GPs, pharmacies, and sports/leisure facilities)• Crime• Economic and working conditions• Living conditions

Key findings

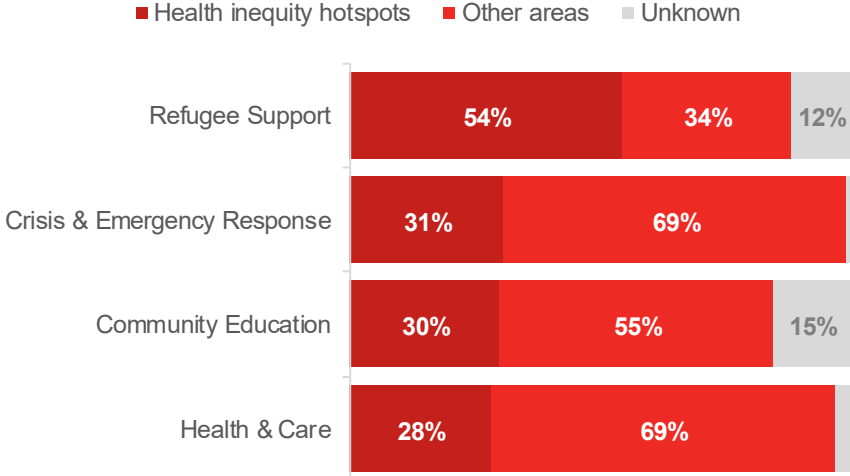
Where we support

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

Number of people supported by decile of the IMD



UK services reach into health inequity hotspots

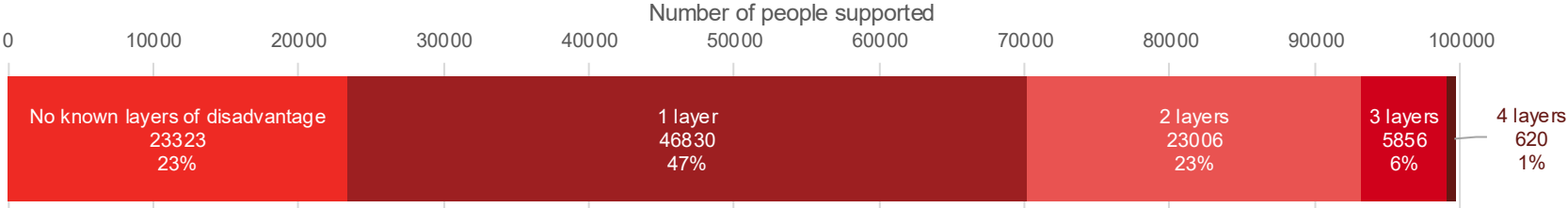


Key findings

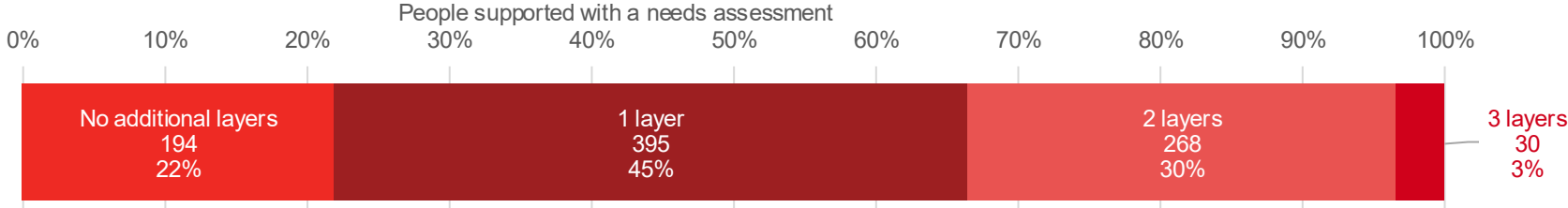
Layers of compounding disadvantage

Using the data presented in the previous sections we are able to look at the prevalence and combination of these domains in the people we support within our Health and Care and Displacement and Migration services.

People supported in Health and Care by number of layers of disadvantage



People supported by British Red Cross refugee support services by layers of disadvantage



Key findings

Duration of support

Some of our UK services are designed to be brief but limited durations of support doesn't mean limited impact.

“...’rock bottom’, struggling with alcoholism and overwhelmed by his finances and personal matters”

“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.

Occasional contact is maintained with Mr F to ensure he continues to thrive. He has not needed additional support for several months

The how

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.



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

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Mapping our support actions and outcomes

	Demographic data	Ops data currently captured				
		Assisted Discharge	Community Services	High Intensity Use		
<p>#5 Create and develop healthy and sustainable places and communities</p> <p>(Incl. communities and places facing particular hardship, social cohesion, transport, air quality, housing/homelessness, climate change)</p>	<p>Postcode; Linked to IMD decile and 'Left Behind Areas'; Living arrangements; Inclusion Health Groups*</p>	Social value delivered for local communities, £		ured		
		Postcode of person supported; linked to IMD decile and 'Left Behind Areas'			Intensity Use	
		Signposting tasks related to isolation/loneliness/community				
		Task: Leisure trips or to places of personal significance, qualitative task notes. Frequency of.	Service user outcomes: SNAP (ASCOT social contact question - change over time)	Service user outcomes: 180/360 social contact indicator. Change		
		Task: Leisure trips or to places of personal significance, qualitative task notes. Frequency of.			Service user outcomes: 360	
		Journey: To facilitate community engagement. Qualitative journey notes. Frequency of.			Activation measures. 160	
		Postcode of person supported; linked to concentration of harmful particulate matter.			g indicators. e over time.	
			Service user outcomes: SNAP (ASCOT home question - change over time)	Service user outcomes: 180/360 Housing indicator. Change over time.	to identify of cases	
					ment in any	
			Living arrangements; no fixed abode.		alitative task	
<p>#6 Strengthen the role and impact of ill health prevention</p>	<p>Disability; Other health information*</p>	Postcode of person supported; linked to areas at risk of flooding				
		Journey: To facilitate attendance at health appointment. Qualitative journey notes. Frequency of.				
		Signposting activity related to ill health prevention. Qualitative notes. Frequency of.			omplete	
		Supported referrals related to ill health prevention. Qualitative notes. Frequency of.			acy, Money ed hardship	
			Service user outcomes: SNAP medication question. ASCOT questions re personal care, food/drink, safety. Change over time.	Service user outcomes: 360 Health Activation measures. Change over time.	agement	

Key findings

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

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



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



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



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

“The biggest difference in my life is my freedom and empowerment that was taken away from me and my children. After Red Cross help, I can take my own decision and the satisfaction that I’m not alone in time of any need...”

“It’s give me a direction to my life in the UK and help me to be confident in my decision...”

Comments from displaced people when asked how Red Cross support had made a difference.

Key findings

Create and develop healthy and sustainable places and communities

64,000

actions delivered to support housing and social connection needs



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

- Housing need in health more likely to be met by Support at Home services than targeted High Intensity Use services.
- Housing need was resolved for over half (52%) of refugees and asylum seekers.
- Carers, people in coastal communities and those experiencing homelessness were less likely to improve their needs related to social participation.
- The more inclusion health groups someone was a part of, the less likely that our support was able to resolve their need.

Conclusion

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, 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.

Recommendations

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.

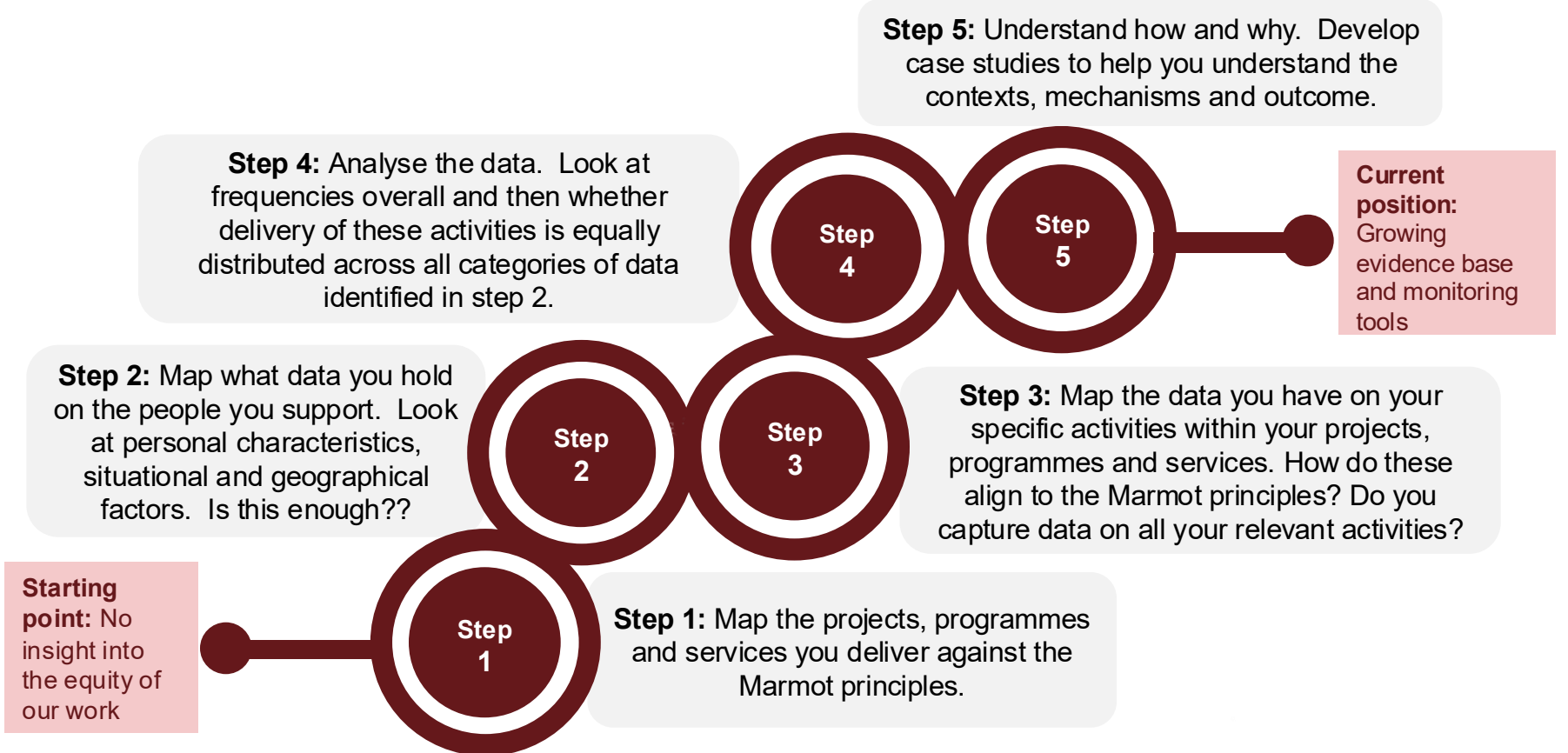
Recommendation 2

- 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.

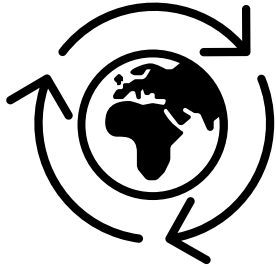
Recommendation 3

- 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.

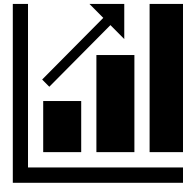
Steps in our success...



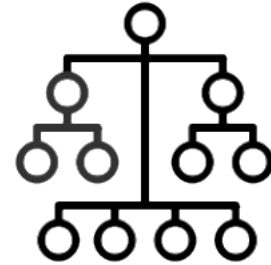
What next...



Engaging our colleagues in National Societies from the global Red Cross Red Crescent movement.



Holding ourselves to account. Performance monitoring with equity measures taken from this analysis



What would it look like to be a Marmot Organisation?



Acknowledgements

Thank you to Professor Geeta Nargund for funding this research and development and for her focus on health inequalities across UK Operations.

We are grateful to the advice and guidance provided by the Institute of Health Equity, University College London and our senior British Red Cross leaders.

We also owe thanks to our colleagues across our UK Operations teams, supporting the work and championing health equity in our frontline services, with specific mention to those who formed part of our operational working group.

Without their commitment, collaboration and guidance, this work would not have been possible.

For more information
[redcross.org.uk](https://www.redcross.org.uk)

November 2025

The British Red Cross Society, incorporated by Royal Charter 1908, is a charity registered in England and Wales (220949), Scotland (SC037738), Isle of Man (0752) and Jersey (430).