



Toolkit: Nutrition in initial contingency accommodation housing migrants

North East and Yorkshire Migrant Health Network

November 2023

1. Introduction

This document is for any organisation working to support asylum seekers accommodated in initial contingency sites. It has been developed by a task and finish group under the [North East and Yorkshire Migrant Health Network](#). The task and finish group had representation from Bevan Healthcare, Mears, Office for Health Improvement and Disparities, Migration Yorkshire and the North East Migration Partnership. It was established to facilitate improvements in meeting the nutritional needs of asylum seekers living in initial contingency sites across our region.

2. Why develop this toolkit?

Addressing the dietary needs and preferences of migrants housed in contingency accommodation is important for health and wellbeing.

The evidence shows that asylum seeking and refugee populations living in high income countries like the UK often experience a double burden of malnutrition – under and over nutrition.

- **Undernutrition** includes wasting (too thin for height); stunting (too short for age); underweight; and micronutrient deficiencies (lack of vitamins and minerals that are necessary for growth and development). This is most common on arrival to the UK but often persists due to socio-economic factors.
- **Overnutrition** includes overweight and obesity. This becomes more of a risk after having spent some time living in a high-income country.

Refugee and asylum-seeking populations newly arrived to the UK are at high risk of undernutrition. They may have experienced food insecurity in their home countries from which they were forced to flee and also during their migration journeys. Additionally, they may have had reduced access to clean water and hygiene and sanitation facilities which increases the risk of diarrhoeal disease. This can reduce the body's ability to absorb nutrients.

On arrival to the UK refugee and asylum-seeking populations are at continued risk of malnutrition for many reasons:

- **Poverty**
Poverty limits people's ability to access sufficient nutritious food to meet the body's calorie and nutrient needs.
- **Unfamiliar UK foods**
People newly arrived to the UK may not be aware of what food options are healthy and nutritious and which are unhealthy. They may not like the food available and therefore eat little. There are many reports of food refusal by children housed in contingency accommodation who do not like the limited food options on offer.

- **Dietary acculturation**

This is when migrants adopt the eating patterns/food choices of the host country. For example, drinking carbonated drinks and eating high sugar food, ultra-processed foods and fried fast food. This is often due to not knowing that these are unhealthy food options. Studies show that as awareness increases over time migrants are more likely to have healthy eating behaviours.

- **Unable to cook/no access to kitchen facilities in initial and contingency accommodation settings**

Residing in initial and contingency accommodation leaves many people without choice or control over what food they eat or when they eat. This is one of the most common causes of complaints by people housed in these settings and there are concerns that this model of food provision is having an impact on physical and mental health.

2.1 Health impacts of poor diet

A healthy diet and good nutrition is important for growth, development, physical health and mental wellbeing. Poor diets can have a life-long impact on health and wellbeing, increase the risk of future health problems, and worsen existing health problems.

- **Immunodeficiency**

Poor nutrition can result in immunodeficiency which increases a person's risk of infection. This is a particular health risk for babies and young children.

- **Impaired growth and development**

Nutritional deficiency is common in refugee and children seeking asylum and can impact their growth and development. For example, chronic iron deficiency in children can cause poor growth and development delay and if this occurs at a critical period of a child's growth and brain development, the impacts may be irreversible.

- **Impact on diet related non-communicable diseases e.g., type 2 diabetes, hypertension, cardiovascular disease and some cancers**

Certain diets increase the risk of developing diseases now or in the future. Diet can also impact disease control.

- **Tooth decay**

Introduction of carbonated drinks and sugary foods can cause tooth decay. This can result in pain, difficulty eating and sleeping, and abscesses.

- **Impact on birth outcomes**

A women's nutritional status before and during pregnancy affects the health of her unborn baby and can impact birth outcomes.

2.2 Health impact of not being able to control diet and meal times

Certain foods and diets can result in some people experiencing symptoms such as constipation or reflux. Lack of choice over food makes it more difficult for people to avoid food that causes them discomfort. It can be difficult to manage food intolerances in catered accommodation.

Some foods can interact with medication to cause side effects or reduce their effectiveness and these needs are not always accounted for in catered contingency accommodation. Medication is sometimes advised to be taken on an empty stomach or with food, but this is difficult when you don't have control over meal times

There is a complex relationship between diet and mental health. Healthy diets have been shown to improve mood. Food is also known to be an emotional comfort. Therefore, lack of control over choice and timing can be detrimental to mental health and wellbeing.

2.3 Babies and nutrition

Breastfeeding

Evidence shows breastfeeding offers greater health benefits than bottle feeding. Child feeding practices do vary by culture. Asylum-seeking and refugee mothers who choose to breastfeed must have access to good nutrition to feed effectively. They may need additional support to establish breast feeding without the usual family and community support they may have had in their home countries. Contingency accommodation should provide safe, welcoming and private feeding spaces.

Weaning

Weaning can be challenging in hotel accommodation. There needs to be access to appropriate foods at the time the child wants to eat. Parents should be supported to offer safe and healthy weaning foods.

3. Current provision by Mears

Most hotel sites are catered for. This is provided by the hotel in some sites, others, its contracted out to Mack.

On arrival service users receive an induction, during which they are asked if they have any allergies or special dietary requirements. This information is then noted and passed on to hotel staff and the caterer. The caterer will then provide food for the service user to meet the requirements.

All hotels in NEYH offer and serve meat that is culturally aligned to the needs of residents. Also, service users are given fresh fruit daily and in 2020–2021 a dietician was commissioned to work with suppliers to align the menus to the NHS Eat Well Standards. Mears plan to re-commission the dietician to carry out the same exercise during the last quarter of 2023.

Where residents have medical issues, resulting in the need for dishes to be tailored to their condition, the hotel chefs work with them to meet this need. Also, focus groups are used to continually drive the preferences of service users, considering NHS guidelines.

All staff dealing with the food have attained level 2 training in food safety and hygiene. Mears also plan to recruit a complaints manager who will manage all complaints and to carry out analysis/trends on complaint issues regarding the food

3.1 Specific offer at sites

- 3 meals a day
- Packed lunches for school aged children
- Throughout the day - fresh fruit, water, squash, tea, and coffee is available
- Snack bags
- Microwaves and toasters for use
- Powdered baby milk and jars of baby food

There is a 4-week rotation of the menu and changes are driven by service users via the focus groups and all menus are designed with their feedback and recommendations. The contracted providers meet with Mears each month to discuss resident feedback, do taster sessions and tweak the menu when required.

3.2 How residents can raise concerns

Service users can report concerns through to AIRE/Migrant Help who are contracted to provide independent advice and record all complaints/issues and concerns including those regarding food, this service is widely advertised at all hotel sites and during induction.

Any concerns can also be raised through the hotel onsite Welfare Support Officer and they will then pass that on to the hotel general manager and Mack to look at and action.

All complaints received are analysed by Mears is on a month basis to identify themes and remedial action taken where applicable.

4. Examples of what could be done/hints and tips

4.1 Young children

The health visitor team will be able to provide advice about making sure the environment is appropriate to support breastfeeding and weaning. This may include:

- **Weaning:**
 - Making sure helpful guides are available and they meet language and literacy needs
 - ensuring access to appropriate weaning foods throughout the day. Fresh foods should be available rather than a reliance on jars
- **Breastfeeding:** Accommodation sites should provide safe, welcoming and private feeding spaces and facilitate access to breastfeeding support if needed
- **Bottle feeding stations**
- **Support to access multivitamins** for children and pregnant and breastfeeding women

4.2 School aged children

- School aged children should be accessing **free school meals**
- **Children's menus** can be printed with pictures embedded for easy read
- **Homework club:** When children return from school many sites set up toast and fruit areas for a quick snack whilst they do their homework.

4.3 Working in partnership with residents

Residents having more control and say in the food and drink that is available is important. Examples of how this could be achieved are given below.

- **Set up resident focus groups to discuss nutrition** and commitment from catering staff and Mears to respond to suggestions
- **Catering staff to hold tasting sessions** for residents
- Have **resident led cooking sessions** where they share hints and tips with the site chef
- **Chefs explore recipes and menus with residents** either individually or in small groups
- **Residents co-produce celebratory menus** e.g. for Eid, Diwali etc.
- **Hold regular 'polls'** on which dishes were most liked
- **Regularly share targeted surveys** to ask about food serving times (residents may prefer to eat later in the day in summer as the nights are lighter and brighter, ask if they would like a regular dish like Friday fish day etc.
- **Review Migrant Help and VCSE feedback re food** on a monthly basis – ideally site by site – and take action accordingly.

4.4 Food and drink provision

- Ensure those with **food intolerances and food requirements around medications** are catered for (including diabetes-friendly options)
- **Have a 4-week rolling menu** with varied dishes that are culturally appropriate
- Menus should be in '**easy read**' format
- **Display a Halal certificate**
- **Have visual descriptions of food** – for example, if the dish is chicken based, have a picture of a chicken
- Ensure **NHS eat well guides** are available around the food serving area
- **Have spice and flavour stations**, to allow for residents to add more depth and spice to their dishes as they wish
- **Offer snack packs** outside of main food serving times
- **Offer sweet treats** once/twice a week (ideally after meals to prevent tooth decay)
- **Provide take out or pack ups** for those who are attending college or who go off site during mealtimes
- **Provide arrival packs** for new residents may arrive at the site early, later or outside of the regular food serving times
- Throughout the day **provide cordials and water** as well as **tea and coffee**
- **Offer fresh salad and vegetables** with meals
- **Pitta breads or alternatives** should be available at food serving times
- **Have small plates available** so that the main meal can be placed on one plate and the side salad can be available on a side dish

4.5 Various

- **Recruit chefs** with a knowledge of cultural cooking
- **Ensure kitchen staff understand how to prepare food culturally (e.g. chicken washing and preparation before cooking)** and where this cannot be provided, explain why
- **Hold regular meetings with the food providers** to allow for the feedback to be shared and any necessary changes implemented
- **Adapt food service times** during Ramadan and other religious times of the year
- **Implement a way for 'donated food' to be welcomed at sites**
- **Signpost to affordable food vendors** and ones that sell ingredients familiar to home countries
- **Provide regular workshops** about healthy diets and risks associated with processed foods
- Health providers to ensure **nutrition is part of initial assessment and ongoing care**

5. Recommendation

Stakeholders¹ to work together at Place to review initial contingency accommodation site practice. The embedded tool below has been developed to support the work.



[Nutrition%20in%20contingency%20tool.xls](#)

Further information

- [Migrant Health Guide - Nutrition](#), Office for Health Improvement and Disparities
- [NHS Eat Well Guide](#)
- [Diabetes UK - Know diabetes. Fight diabetes. | Diabetes](#)

¹ E.g. Mears Partnership Managers and Resident Welfare Managers, catering providers, VCSEs, LAs and health providers