

Vulnerability and empowerment:

Participatory approaches to health promotion with refugees (EMPOW)

Project description

The EMPOW project aims to develop health promotion for and with refugee communities in three German cities (Berlin, Hanover, Munich). Using a participatory research approach, refugees¹ and community-based organizations are involved as co-researchers and community partners.

1. Project info

Project duration	11/2019 - 10/2022
Funding	German Research Foundation (DFG) ²
Academic partners (LMU)	Anna Huber, Anna-Natalia Koch, Dennis Odukoya, Prof. Dr. Hella von Unger Institute of Sociology, Ludwig-Maximilians University Munich
Community partners (organizations)	Berlin: Global Empowerment and Development Association (GEDA) e.V. and Projekt Afrikaherz Hanover: Association for Health and Academy for Social Medicine in Lower Saxony (LVG & AFS) Munich: Refugio



2. Aims and objectives

1. Explore and support refugee communities regarding their health; analyze health-related needs and resources in three locations (Berlin, Hanover, Munich) in a participatory and community-based manner;
2. Jointly develop health promotion initiatives and measures for and with refugees (practical outcome);
3. Understand how vulnerability, othering and empowerment are experienced by refugees regarding their health (theory development).

¹ "Refugee" in this context means: people with experience of forced migration, independent of the legal status. People's lived experience and self-identification are crucial. Friends, partners, relatives and other people with migration experience are also welcome.

² The EMPOW project is part of a larger research group (PH-Lens) on refugee health, coordinated by Oliver Razum (University of Bielefeld). As part of the research group, a follow-up grant (3 years) can be applied for.

3. Participatory Research

Participatory research aims to understand *and change* a situation by involving community-members (i.e. people with lived experience) with decision-making power. In the EMPOW project, refugees are involved as co-researchers and community partners: they play a key role in deciding on the topics, objectives and methods of the cooperation. Community organizing will take place, data will be generated and health promotion measures will be developed. For this purpose, art-based methods, community mapping and photovoice as well as other methods of empirical social research are used.

4. Outcomes and benefits

All partners will benefit from the cooperation. They will decide together on the practical outcomes of the project. For example,

Community partners / Refugees

- may establish community ties and strengthen community structures (e.g. creating groups, associations or networks; acquiring new members; applying for funding; working on new topics)
- take practical steps to promote the health of refugees and improve access to the health system in the local setting (e.g. through information and support services, peer support, etc.)
- co-determine representations of themselves and other refugees (i.e. telling their own stories, creating their own images, deconstruct stereotypes)

Community-based organisations and health providers

- improve services in a participatory way by involving refugees as partners
- work more community-oriented, find new partners, establish and strengthen cooperation
- get a better picture of the life worlds, concerns and resources of refugees in their local setting
- develop tools, concepts and programs further, apply for funding, publish reports and results

Academic partners / University-based researchers

- may learn from community partners which topics are relevant
- develop methods and theories (e.g. on the subject of vulnerability, empowerment and othering in the context of flight and health)
- publish scientific findings (incl. doctoral thesis), also in cooperation with community partners

5. Theoretical background

Vulnerability is a key concept in public health: it helps identify groups in need of special support and protection. In its practical use, though, the term has ambivalent effects. It is often used as a "label" that reproduces unequal power relations and neglects the existing heterogeneity within the group, thus underestimating the agency and resources of those considered "vulnerable".

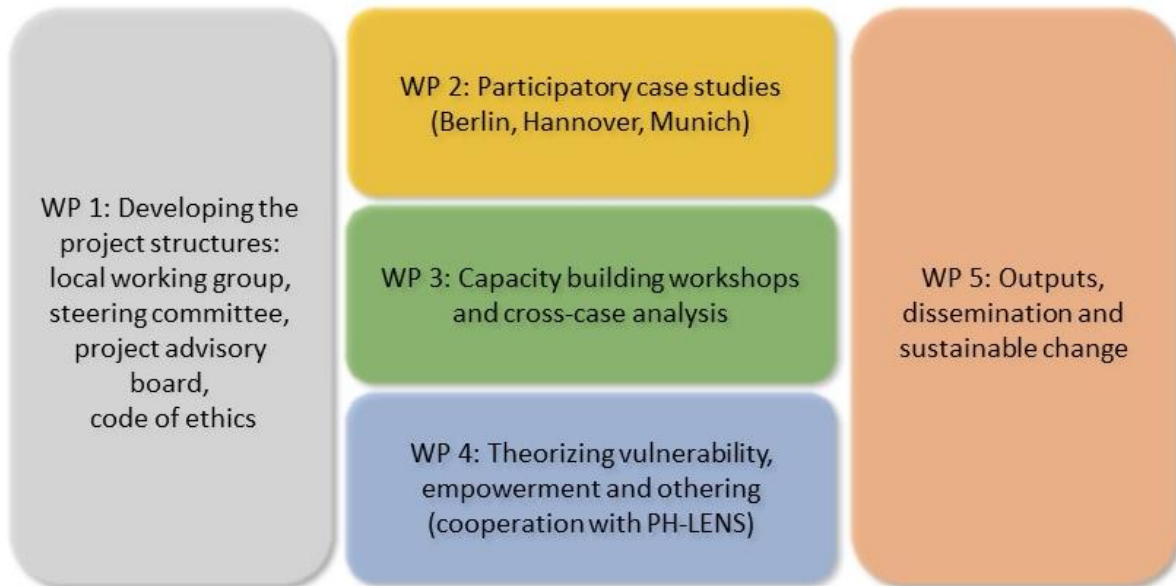
The EMPOW project aims to develop the concept of vulnerability further. We will pay particular attention to the perspectives of refugee groups themselves and their capacity for agency, self-determination and empowerment. We will also explore forms of "benevolent othering", i.e. well-meaning constructions of refugees as "others" which can occur in helping relationships and research relationships.

We refer to the concept of health promotion in order to focus on the social determinants of health (i.e. how is refugee health influenced by the living conditions and (restricted) access to the health care

system in Germany?). We aim to promote the mental, physical and social well-being of refugees in the local settings by strengthening community structures and cooperation.

6. Methods and work packages

The project comprises 36 months (3 years) and 5 work packages (WP) (see figure). All work packages are co-determined and co-designed by the partners.



In the first 6 months, project structures are set up (WP 1): local working groups with interested persons and community-based organizations are formed. Further members are invited (community outreach). Steering groups are formed, which work out cooperation agreements with the LMU team. A first workshop that brings together partners from all three sites will take place. It serves to get to know each other and to reach an understanding of the ethical principles of the cooperation. In addition, a steering group for the entire EMPOW project will be formed and a project advisory board will be established.

The local working groups then implement participatory projects (WP 2): they identify local needs, set targets for cooperation, agree on the joint approach, including the training of co-researchers (peer researchers) and the evaluation and use of the results of these case studies. Concepts and practical measures of health promotion are developed and, as far as possible, locally consolidated.

Parallel to this, the partners meet for capacity building workshops (WP 3) and cross-case analysis. They are involved in the development of theory (AP 4). Strategies for the publication, use and consolidation of the results are developed jointly and an application for follow-up funding is submitted (WP 5).

7. Contact to the LMU team

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