

## The Refugee Council submission to the Home Affairs Select Committee -

### Inquiry into the support provided to Afghan nationals who were evacuated to the UK.<sup>1</sup>

20<sup>th</sup> October 2021

#### About the Refugee Council

1. The Refugee Council is the largest organisation devoted to supporting refugees and people seeking asylum in the UK. We provide a broad range of services to both children and adults, including an established and comprehensive service that supports refugees who were resettled to the UK. We have been involved in resettlement work since the establishment of the Gateway Protection Programme in 2004, and we continue to play an active role in all of the UK's resettlement programmes.
2. Since the start of the Covid-19 pandemic, in March 2020, we have been providing direct support to people in asylum contingency accommodation. We are now supporting Afghan nationals who were evacuated to the UK under Operation Pitting. We are using our combined experience of providing resettlement support and assisting people who are housed in contingency accommodation to support this group. We also work with partner organisations, including Refugee Community Organisations (RCOs) to identify and address gaps in service provisions that evacuated Afghan nationals are currently facing.
3. We have identified a range of problems in the course of providing support to Afghan evacuees. Our main areas of concern include the following issues: access to documents, access to statutory services including health and education, safeguarding risks and cultural orientation, lack of financial support and access to bank accounts, lack of clarity about eligibility for certain cohorts and need for support for small organisations including those led by the Afghan community. These issues are having a serious impact on the wellbeing of the Afghans we have been supporting, adding a further layer of anxiety and stress to the trauma of the evacuation.

#### Outline of our work with Afghan nationals

4. A range of our services are currently involved in providing support to Afghans and their families. Our Resettlement Service in Yorkshire and Humberside works directly with people across three hotel sites.
5. Our engagement with people in bridging hotels encompasses casework and holistic support. We support people with welfare benefits applications, provide advice on their rights and entitlements, work with stakeholders to ensure access to health, education, banking and social activities. We start by identifying the needs of each

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<sup>1</sup> This evidence has been redacted in line with the HASC guidance. "\*\*\*\*" represents redacted text. Text in square brackets has been inserted where text has been redacted.

individual and we assess how to best assist them with the issues they are facing. Some of this work includes referrals and liaising with external partners, including Local Authorities. We have also been providing financial support to Afghan evacuees when they had no other support available.

6. Through our Therapeutic Service, we support individuals in South East England with 1:1 therapeutic sessions, and we also support separated Afghan children (UASC) through a psychosocial therapeutic project, My View. In addition to our direct service provision, we are also receiving a high number of telephone calls to our national Infoline service from people who were evacuated from the Kabul airport, as well as professionals and family members who need urgent support and information. We are also receiving enquiries to our Employment Project, from Afghan medical professionals who were evacuated to the UK as well as medical professionals who are still in Afghanistan.
7. Additionally, we are engaging with Refugee Community Organisations (RCOs), listening and learning from their experience of working with and supporting Afghan evacuees in hotels. Together, we discuss the arising issues, emerging needs and gaps in provisions.

#### Resettlement Service across Yorkshire and Humberside

8. We are present in three hotels, based in three towns in North and South Yorkshire. The first hotel to open is situated in North Yorkshire and we have been working there for almost two months now. We are well-established in this hotel and have been providing complex casework support to people there. Subsequently, another hotel in North Yorkshire was opened and we started to operate there as well. It is not as established as the initial hotel because it has only been open for around four weeks. Our focus there has been on the provision of financial support to people. So far, we have had the least interaction with people in the hotel in South Yorkshire because it has been opened very recently. We are in the process of developing wrap-around support there.

#### Therapeutic Service

9. Whilst our Therapeutic Service has national coverage, we have only been working directly with Afghan evacuees in a hotel in South East England. Our Psychological Therapist provides specialist therapeutic and psychosocial support on an individual basis. He has visited the hotel several times, where he spoke with both Afghans as well as staff and management of the hotel. As a result of his visits, he now has several clients who attend regular sessions with him.
10. Through our specialist project My View, we have been working with around 40 separated children from Afghanistan in the following locations: London, Kent, Leeds, Birmingham, and remotely. The young people we work with have all claimed asylum in the UK, however, we believe it is important to reference their experiences in the context of the support provided to Afghans in the UK as a result of a collapse of the government in Afghanistan. We have observed a steep increase in safeguarding concerns and a number of calls from other professionals about young people from Afghanistan (either current, past clients or new referrals) whose mental health had deteriorated since the withdrawal of coalition troops from Afghanistan.
11. Whilst we are not working directly with children evacuated from Afghanistan and placed in hotels, we have had queries from these children, their family members and other agencies that have encountered them, including small regionally based NGOs struggling to know how to support and advise them.

## Infoline

12. Our national telephone information service, Infoline, has reported a significant increase in calls from people who were evacuated from Afghanistan, their families, as well as professionals and members of the public who are helping this group settle in the UK.
13. We are receiving calls from people who were evacuated under ARAP, those who appear to fulfil the criteria for the ACRS as well as from people related to British Nationals, so people who arrived in the UK with a family member who is British. Some examples of the types of family relations we came across are nephews and grandchildren of a person who holds a British passport, who travelled to Afghanistan just before the Taliban seized the country, and was subsequently evacuated from the Kabul airport, together with their non-British relative(s).
14. We are especially concerned with the lack of guidance and information concerning this last group. Despite our efforts to obtain clarity from the Home Office on entitlements of this group, no formal guidance has been published. We were told that this is an area the Department is currently looking into, intending to issue guidance on the rights and entitlements of this group.

## Employment Project

15. We have experienced an increase of enquiries coming through to our Employment Project, concerning Afghan medical professionals who were evacuated to the UK as well as Afghans who are in the UK, with a right to work and students, who can no longer return to their country. Additionally, we are also receiving e-mail messages from Afghans still in Afghanistan, asking if we can help them. Those enquiries are predominantly coming from medical staff, we expect this is the case since the Refugee Council has a well-established employment programme helping refugees gain necessary qualifications to work in the NHS.

## Our work with Refugee Community Organisations (RCOs)

16. We have an ongoing engagement with RCOs through our London RCO Advocacy Forum. Over the last few months, we have been approached by several Afghan RCOs because of the rapidly deteriorating situation in Afghanistan. In September, we organised a workshop with Afghan RCOs. During this meeting, RCOs had the opportunity to share their experiences of working with and supporting people who were evacuated, discuss the situation in quarantine hotels, and share information about the issues arising in bridging hotels.
17. Our diverse approach to how we support Afghans allows us to observe and comment on this issue from a range of angles. We are able to identify emerging trends as well as promote best practices we come across. All the same, the situation is evolving and we are at an early stage of delivering those provisions.

## **Issues of concern regarding support provisions**

18. We are coming across a range of issues when providing support to Afghans who were evacuated. We can distinguish between problems that directly affect Afghans and issues that are secondary, so have an impact on other groups and systems, like professionals working with Afghan refugees and people seeking asylum, and our Afghan clients, who have been in the UK for some time, but experience trauma and uncertainty because of the recent events taking place in their home country.
19. The key issues we have experienced are outlined below.

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### Access to funds and Aspen card payments

20. We know there are issues with access to funds coupled with the slow roll-out of the Aspen card payments. People living in the hotel in North Yorkshire did not have access to money for several weeks. The Refugee Council, like many other charities, had to provide emergency payments to those people. We have been providing funds of between £7,000 to £8,000 per week.
21. In order to claim this money back from the Home Office, each person who was awarded an emergency grant has to be registered. However, the process of registering people has only started very recently, with staff from the Ministry of Defence going into hotels to undertake a registration and data collection exercise. There are people who we supported with financial grants who have since then moved to either other hotel sites or independent accommodation, and we are no longer in contact with them.
22. We continue to support people financially until their first Universal Credit (UC) payment is made if they don't have access to Aspen cards. The service advises that people will have to wait five weeks for those payments to reach people's accounts, however, we know there are often delays and it usually takes longer for those payments to arrive.
23. People in the North Yorkshire hotel only started to receive their Aspen cards on the 24<sup>th</sup> of September, some 6 weeks after they had arrived in the hotel. However, only a small group of people have received their Aspen cards, they are usually those who were arrived via ARAP and thus getting money because the Home Office has already allocated a reference number for each one of them.
24. People who are not registered with the Home Office are not receiving Aspen cards, this is the case in the aforementioned North Yorkshire hotel, and we believe it to be the case across the whole of the UK. It has not been explained why Aspen payments in the North Yorkshire hotel were scheduled to start so late despite this site being in operation for weeks, and one of the first ones to open.
25. Furthermore, it has been our experience that when the Aspen cards have finally been issued, they all erroneously had the same date of birth, so people were failing to activate them because they were providing their actual dates of birth.
26. We understand that the agreement between the Home Office and the Department for Work and Pensions (DWP) was that the DWP will help people to activate Aspen cards. However, we observed that people were not receiving this support, and we have had to assist them with Aspen card activations.

### Biometric Residence Permits (BRPs)

27. The majority of people we assist don't have BRP cards including some of the people who were evacuated under ARAP. We understand this is happening because the Home Office was in the process of changing their leave to Indefinite Leave to Remain (ILtR).
28. No one we assist in a hotel in North Yorkshire (the second site to open which we are referring to in this submission) has been issued with a BRP card. We know that access to a BRP is the key to showing eligibility for services – the government has encouraged service providers, banks etc. to accept a BRP card as proof of someone's identity, so when people do not have one it can cause difficulties in accessing services even when having a BRP card is not strictly necessary, e.g. registering with a GP. Many of the enquiries we have received through smaller organisations reflect the frustration with the lack of BRPs and the barriers people face as a result of it.

## Health access

29. We know that some people had access to GPs in quarantine hotels; however, we are receiving mixed information regarding the extent of this support which indicates that it has been inconsistent. We work with people who had their first dose of Covid-19 vaccination in quarantine hotels, but we also assist people who couldn't access the most basic services, like prescription medication to help them manage their existing conditions.
30. We are concerned that GP appointments don't routinely cover referrals to dentists and opticians. We believe that the initial health assessment has to be holistic and there should be no pressures on GPs to not make those referrals.
31. In our experience, access to interpreting for GP visits has been good, however, access to interpreting for optician and dentist appointments is rarely available, putting patients at risk because they cannot communicate in the language they understand.
32. There are also significant problems with submitting and receiving health certificates (HC1 and HC2). Many GP surgeries we work with are trying to help with filling in those forms but they don't have the capacity to support with completing those applications. Lack of a HC2 certificate leads to situations where people are running out of prescriptions or are charged for medication, which they should be able to access for free. Although they can claim this money back, it is not an easy process. We ask them to keep receipts; the current process is unnecessarily complicated and stressful.
33. We support people with completing HC1 applications, but we don't have the capacity to help everyone. The waiting times for the HC2 certificate are several weeks, which means that even if we fill in the HC1 application and send it out quickly, there is still two-week gap before people receive their HC2 certificate. This is something the Home Office and NHSBSA have to urgently look into.

## Mental health

34. People who were evacuated are traumatised and many find it challenging to settle into their new reality. The uncertainty of their future, as well as profound anxiety about their family back home, have a negative impact on their ability to engage with specialist psychological therapy. Alleviating and mitigating those worries will help this group to better engage with specialist services.
35. Our Psychological Therapist has been engaging with families and individuals based in a hotel in South East England. Initially, people were too scared to speak with us, but they started to engage better during our second visit. At the moment, we are helping people through their journey to settle in but most of them are not ready to start psychotherapy. As such, we offer a tailored therapeutic approach rather than therapy. There are also cultural implications since discussing personal mental health is not something our clients have been exposed to before.
36. Importantly, the therapeutic approach can be implemented within service delivery, meaning that with the appropriate training and guidance also staff working at those hotel sites would be able to incorporate it in their day-to-day work with Afghan evacuees. Our Psychological Therapist offered to deliver such training to staff working at South East England hotel, and he is still waiting to hear from the management whether this is something they would like to do.
37. Our services in Yorkshire and Humberside are teaming up with a specialist mental health charity, Solace. Solace therapists will visit hotel sites once a week and deliver a range of activities to help clients with their mental health, trauma and anxiety. It is important to stress, that those provisions are put in place because of the absence of statutory support. This leads to situations where NGOs have to intervene in order to protect people from harm and further deterioration of their health.

38. A lack of vital mental health provisions is one of the main deficiencies within the current support system. We are concerned that the funds allocated for health support do not include vital mental health assistance. The Department of Health and Social Care (DHSC) £5 million funding towards health support for Afghan evacuees who are in bridging hotels only covers access to the GP for an initial health assessment and Covid-19 vaccine services. Moreover, the funding has only been allocated to support 5,000 people despite there currently being 7,000 people who require access to health services.
39. To make matters worse, people in bridging hotels don't know how long they will be there or what is going to happen to them after they leave. There is a severe lack of information provided by the government regarding the onward process for people in bridging hotels. This information void and the lack of forward planning are having a significant negative impact on people's wellbeing and are a contributing factor to their mental health deteriorating further.
40. As indicated earlier in our submission, we also work with Afghan children and young people through a My View project (these children arrived outside of the evacuation programme). We are seeing an alarming increase in safeguarding concerns, e.g. young people using self-destructive coping strategies to manage anxiety, such as self-harming, not eating, not communicating with carers and other professionals, suicidal ideation, some are fixated on constantly watching the news about Afghanistan. The majority of the cases present with symptoms of mental health distress due to worries about family members living in Afghanistan. In fewer cases, the reason was the generalised anxiety arising because of the current situation in Afghanistan, accompanied by feelings of hopelessness and depression. In many cases, we witnessed young people who expressed an increase or re-appearance of trauma symptoms, such as acute distress, difficulties with sleep, nightmares, flashbacks, lost interest in education and other activities, and their complete isolation.
41. At the same time, a lot of professionals working with young people from Afghanistan contacted us in desperation because they are feeling hopeless. They don't know how to respond to the young people's worsened presentation. To meet this new and increasing demand our My View project organised online psychoeducation support groups for professionals working with young people from Afghanistan. We received 110 registrations and have delivered 5 different online groups. It has been the only peer support response that we are aware of. The feedback from participants was that they need further support, unfortunately, we are not aware of anyone else, including the statutory bodies, providing such targeted support.
42. We have also run a stand-alone online group for Refugee Council interpreters from Afghanistan who arrived prior to the evacuation, as some interpreters reported re-experiencing their own trauma, which has been exacerbated by the deteriorating situation in Afghanistan. We are concerned that there is no support in place for this group either and that there are no plans to create specific pathways for Afghan interpreters to access mental health support if, as we expect from our experience, they need it.

### Banks

43. Afghan evacuees need to open bank accounts in the UK in order to receive welfare benefits. However, many don't have BRPs or any other form of identification and they are facing problems with evidencing their address, the hotels they are staying in are temporary accommodation. Banks did not receive any guidance from the government to make it easier for them to service Afghan evacuees. They still have to go through rigorous checks even though they know it is likely that Afghans cannot provide some of the information they are asking for.
44. We have established relationships with several banks in Yorkshire and Humberside because of our resettlement work. Banks in one of the North Yorkshire towns, where a hotel site is situated, understand people evacuated from Afghanistan need support and they work closely with stakeholders to make this process as easy as possible.

45. Additionally, some banks ask social workers or contact the council to obtain confirmation of people's addresses. Some banks would accept a letter from the Refugee Council which confirms a person lives at a particular address.

### Education

46. Our Resettlement Service in Yorkshire supports families with children to access education. At the moment all children in year 1 are in school and we are now working to help families to enrol year 2 children into schools. The process has been relatively smooth in the first North Yorkshire hotel thanks to the early help and work of the Local Authority Early Years Education Team, a network of school staff, and parents who were all working together to help children access education as swiftly as possible. Stakeholders are organising meetings with schools, there are ongoing discussions, leading to early identification of any issues and barriers. Schools are donating uniforms and there is coordination at a local community level.
47. One of the main challenges for some of the children is their commute to school. In the second hotel site in North Yorkshire where we operate, the hotel is on the outskirts of the city, surrounded by fields, there is no public transport available within walking distance from this hotel. We don't know how children staying at this hotel will be able to get to and back from school. It is possible that there are other sites where children might be facing similar issues due to lack of transportation.

### Language classes and other activities for adults

48. People's day to day existence is largely confined to temporary hotels. Some hotels are close to city centres or parks, allowing people to spend time in different surroundings, go out for walks, exercise or do sightseeing. All those activities not only improve their well-being but help them with integration into society. There are no structured activities in the hotel for adults or children, therefore charities like the Refugee Council, Afghan RCOs and other community groups plan and deliver social and educational activities.
49. Our Resettlement Services in Yorkshire is in the process of completing ESOL assessments for adults and we have volunteers who will deliver English classes, both in hotels and outside. There are also other activities happening thanks to strong partnerships, several clubs offered to organise events, leisure and sports activities. All those are happening face to face, so people don't need to have access to a laptop or Wi-Fi to participate.
50. We are planning community events in a hotel in South East England and we are waiting for the management of this site to give their approval. Some people play musical instruments and many residents gather together to listen to their traditional music and sing songs. Some also asked if it is possible to cook their traditional food, they miss home and although they are grateful for the hospitality, some are finding it difficult to adjust to a different cuisine.
51. Our clients are very keen to take trips locally, they want to learn the history and tradition of places they visit and are interested in the local culture. We have organised a trip to the seaside, many people saw the sea for the first time since Afghanistan is a landlocked country. Such activities should form a part of the welcome package for Afghan evacuees, as in the long term it is likely to play a part in easing the integration of people and provide them with the best chance of rebuilding their lives.

### Safeguarding risks and cultural orientation

52. Our engagement with Afghan families started early on, following their evacuation from the Kabul airport. Prior to them arriving in the UK, many of our clients were not exposed to how societies, other than their own, operate, as there was no opportunity for them to receive any pre-departure cultural orientation. Nevertheless,

- they were keen to learn and understand the rules and obligations which exist in the UK. One of the issues which we have identified has been around safeguarding, specifically in relation to supervising children.
53. Afghan society is built around small communities and people have strong connections with their neighbours, so much so that they would celebrate important religious and family milestones together, and it is not unusual for children to play outside of their home, unsupervised because people in that community know who those children are, and they are collectively looking after them.
  54. When finally in the UK, those families proceeded with living within the systems they had back home. It meant, that often very small children were left unsupervised, wandering the hotel sites. It was alarming and we have helped those families by explaining what are the parenting rules and responsibilities which operate in the UK. Following those discussions and informal training, parents were very keen to comply and make sure their children stay safe and understand that they cannot leave and play without an adult looking after them.
  55. We are highlighting this issue because it is extremely important for Afghan evacuees to be supported and guided in terms of the rules and norms which we abide by in the UK. Those issues have to be handled sensitively and with respect to families' own experiences and needs.
  56. Furthermore, it has also been raised with us that some of the hotel sites are located close to busy roads and highways. This poses a risk to families with children, as such, locations of hotels should be reviewed to ensure people are allocated housing in areas that are safe and far from roads with heavy traffic.
  57. Additionally, we are concerned that the high number of Afghans accommodated in hotels increases the risk that they will be exposed to activity from the far-right. We have been informed that in one area in the North of England, hotel occupants had to be moved out due to the far-right breaching the hotel security.

#### The situation of British nationals

58. We have also been working with British nationals, who were evacuated from Kabul with their non-British family members. Many of them are employed in the UK but don't have accommodation which would now be suitable for them and their families. As such, they have been advised to stay in hotels for the time being. It is important to note that they have also been advised that they will be removed from the support scheme if they move out from bridging hotels. We understand there are issues with procuring accommodation for many of those families, mainly due to their size, because of a shortage of accommodation which is large enough. However, this leads to situations where people travel long distances for work, e.g. from North Yorkshire to London and back to work every day. We are aware from communication with other agencies that this situation is replicated in other areas of the country. This is not a sustainable situation and a disappointing example of a gap in the provision for some groups of people who were evacuated.

#### Status of people who were evacuated with British Nationals

59. There is insufficient information and guidance in relation to the status, rights and entitlements of people who do not qualify for support under ARAP nor are they sure they will be eligible for ACRS. This group of people have been left without a clear pathway in terms of accessing financial support, their immigration status and how to prove their rights for the purposes of accessing mainstream support services.
60. The lack of clarity is affecting a large number of individuals, the majority of which will be unaware of the predicament they are facing. Some are worried that without status they are at risk of being returned to Afghanistan – the government should provide assurance that this is not the case and that everyone evacuated will receive leave to stay without having to pay a fee or provide additional documentary evidence to support their application for status. For those people to be left in such an uncertain situation a number of weeks later is an issue of real concern.



61. We understand that there is work happening at the Home Office regarding individual casework to resolve the situation of this group of people. However, they are not currently entitled to payments and wider support if they don't qualify under either ARAP or ACRS. It is vital that the Home Office resolves the situation with their status without any further delay.

### Family Reunion

62. One of the first questions people ask is about the steps they should take in order to bring their family, who are still at risk in Afghanistan. Many of our clients are gravely concerned with the safety of their family and it is common for us to hear stories of their families in Afghanistan being harassed by the Taliban, who are asking about the location of people who fled the country. We know that some family members were threatened and beaten up.

63. There is an information vacuum and we cannot reassure our clients because it is not clear what the UK Government's approach is towards family members who did not manage to leave Afghanistan during the evacuation phase.

### Home Office engagement and access to information

64. The numerous examples outlined above clearly show the extent and depth of the problems Afghan evacuees face in the UK. Many of the issues have arisen due to poor planning, which in part can be understood due to the unprecedented speed of the evacuation effort. However, we are deeply concerned that several weeks after the evacuation took place, we are still grappling with some of the most basic issues. Importantly, there does not seem to be any planning ahead, there has been no information from the Home Office regarding the next steps, their plans and a time frame for moving people out of bridging hotels. There is a persistent lack of clarity, guidance and legislation concerning the rights and entitlements of the group of people who were evacuated.

65. There is also an urgent need for better engagement between the Home Office and stakeholders, including having a Home Office official present in each one of the bridging hotels. We welcome the fact that this is something the Department is looking to establish and we hope processes are in place without further delay. Additionally, the Home Office should schedule regular meetings with the main NGO stakeholders.

66. Apart from the issues listed above, there are additional areas that require clarification, like access to an up-to-date list of arrivals. Apart from the initial group of ARAP arrivals, we do not know what scheme current cohorts fall under and there is insufficient information about their movements to and from hotels. We hope to have more information in the coming weeks, once people will start to receive their BRP cards. However, lack of basic information already leads to numerous problems. As an example, only two people on the list we were provided with, actually arrived. We also had a situation where a family was separated. Three young people were sent to Yorkshire and their family to a city in North West England. They spent five nights in different parts of the country before they were all reunited.

67. It would be preferable if arrival lists are shared with relevant stakeholders who are involved in providing support to Afghan families locally so that they can plan and tailor their service delivery accordingly. Those processes need to be agreed and once they are in place, they will help with better coordination of support which is provided to Afghan evacuees.

### **Input from Refugee Community Organisations (RCOs)**

68. RCOs have been playing a vital role in connecting communities to organise support for Afghan evacuees and were one of the first to start engaging with this group. RCOs members share the same painful experience of

being forced to seek safety and leaving their home country behind, so they understand, better than anyone, the struggles and immediate needs which Afghan evacuees are facing.

69. In our engagement with RCOs, many raised the common issues outlined in our submission. Additionally, in the course of our engagement and collaboration on the Afghan support, they have identified the specific four areas of concern, these are:

- a) Access to core funding: RCOs need funding to recruit volunteers, expand their activities to meet the demand from new arrivals and existing clients. Some RCOs have community centres that could be used but need adaptation to comply with health and safety as well as Covid-19 regulations.
- b) Lack of information from Local Authorities: In some areas outside London, RCOs don't have access to information about the location of bridging hotels. Additionally, some RCOs reported that despite the initial contact and interest from Local Authorities, there has been no further engagement and the LAs stopped their engagement.
- c) Consideration of their work: Some Afghan RCOs are not supported with sharing their experience and are not considered partners in supporting Afghan evacuees. Despite having years of experience, e.g. with supporting Syrians who were resettled to the UK, they are not given an opportunity to assist people from their own communities and apply the experience and knowledge they have to help Afghan evacuees settle in the UK.
- d) Coordination gaps: RCOs experience problems when they want to collect and distribute donations, some hotels have even been denying access to RCOs. They also face difficulties around referral pathways and many suggested there should be a shared database set up to facilitate referrals. Finally, RCOs face problems with scheduling visits to people in hotels and organizing activities for them. They worry that in some areas people don't receive any community support and as consequence, there might be needs and issues which are not being addressed.

### **Good practice**

70. We would like to highlight some examples of good practice and suggestions which could improve service and support delivery, in the hope, they will be looked into and replicated across all accommodation sites, as much as possible.

### **The importance of the Local Authority (LA) support:**

71. We have observed that in places where there is strong support and leadership from Local Authorities (LAs), especially when they have prior experience of delivering resettlement programmes, the support for Afghan evacuees are working very well. It is important to stress that in these cases the initiative has come from LAs rather than the Home Office. For example, North Yorkshire County Council, who oversees resettlement work in North Yorkshire, has been very well organised and quickly coordinated with a range of agencies to deliver support to Afghans and their families.
72. We suspect that people might be struggling in hotels where there isn't a proactive LA helping with setting up support and liaising between relevant stakeholders. Such differences deepen the confusion in terms of support that is available, especially amongst people who are being moved between hotel sites that belong to different LAs.

### Grassroots support and RCO involvement

73. Many local communities and RCOs exceeded expectations and were a backbone of local support provided to Afghan evacuees. We were heartened to see the communities and professionals coming together to organise activities, donations, support with school enrolment, opening bank accounts and many other areas.
74. We also know that this engagement has been possible due to good coordination between LAs, NGOs and grassroots, where each had a vital role to fulfil. What has visibly been missing from this chain of support was the Home Office support for those initiatives, information and engagement with key local and regional stakeholders.

### Potential of the Community Sponsorship

75. We would like to highlight the opportunities which Community Sponsorship (CS) could bring in the context of supporting Afghan evacuees and their families. We heard from several Community Sponsorship groups that they want to sponsor families who are in the bridging hotels. Unfortunately, it is not currently possible because it is the Home Office who decides to allocate a family for the scheme, usually before those families arrive to the UK.

### **Recommendations**

76. Our core recommendation is for the UK Government to set up a cross-governmental taskforce commissioned to coordinate work relating to support provided to Afghan evacuees and their families, and spearheaded by a senior government official. As exemplified in our submission, several issues traverse areas of work of more than one department. There is, therefore an urgent need for collaboration and joint planning.

### For the Home Office:

- 1) To ensure all people who were evacuated from Afghanistan have the right documentation and can access welfare and housing support.
- 2) To issue guidance on the status and entitlement of the people who were evacuated, particularly focusing on the group of people who do not qualify under ARAP or ACRS, and to legislate accordingly. This should include translated information for the different Afghan cohorts who have been evacuated.
- 3) To set up effective communication channels with key statutory and voluntary sector stakeholders, including RCOs, to address current challenges and work together towards planning ahead.
- 4) To support Community Sponsorship groups who want to offer resettlement support to Afghan evacuees and their families.
- 5) To work with other relevant departments, especially with the Ministry of Defence and the Foreign, Commonwealth and Development Office, to ensure Afghan families can be reunited safely in the UK.
- 6) To work with other relevant departments and statutory bodies, especially the Department of Health and Social Care and the NHS, to ensure Afghan evacuees and their families have access to mental health support, and barriers they are currently experiencing in accessing health services are addressed.
- 7) To work with other relevant departments and statutory bodies, especially the Department for Business, Energy and Industrial Strategy and the Confederation of British Industry, to set up an employment strategy for Afghan evacuees.

## Contact information

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