

# Afghan resettlement

Health needs assessment



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## Executive summary

Afghanistan has faced more than 40 years of conflict, natural disasters, and most recently a change in governing authorities in August 2021. This prolonged conflict and instability has resulted in insufficient coverage of health and other public services, economic decline, chronic poverty and food insecurity, with women and girls experiencing the worst effects. The situation in Afghanistan has resulted in unique health and wellbeing challenges for those who have recently migrated to the UK and the services supporting them.

The UK had a military presence in Afghanistan since October 2001, and following the UK Government announcement of withdrawal of British forces from Afghanistan in December 2021, schemes were set up to support local civilians who faced threats to their safety due to their role in supporting British forces. The Afghan Relocations and Assistance Policy (ARAP) and Afghan Citizens Resettlement Scheme (ACRS) offered relocation to the UK for those who were eligible.

Operation Pitting was the largest and fastest UK military evacuation since the Second World War, during which the UK Government evacuated around 15,000 Afghans to the UK in August 2021. The scale and pace of arrivals resulted in challenges for local services. Essex was in a unique position due to Stansted airport being a main arrival airport for Operation Pitting. As a result, large numbers of Afghans were initially accommodated in Covid quarantine hotels near the airport but remained there for longer than the required quarantine period, which had an impact on the local system. Subsequently, Afghans remained in bridging accommodation for a prolonged period due to difficulties in sourcing suitable permanent accommodation. At March 2024, 264 Afghans had been resettled in Essex.

This health needs assessment (HNA) has identified several crosscutting themes:

- partners have worked collaboratively to manage and respond to novel, challenging and rapidly changing circumstances
- timely communications, clarity and transparency can support with preventing delays in local services deploying support
- existing pressures in services, such as housing and health services, have been pronounced throughout the response to this situation
- prolonged time in bridging accommodation and uncertainty prevented families from settling in a timely manner
- barriers for Afghans resettling locally were often soft, such as lack of appropriate documentation, unable to express complexity in a new language, and knowledge of local systems

These themes have informed recommendations for system leaders, health services, local authorities, government departments and the voluntary sector:

1. Improve governance processes
2. Improve partnership working and communication
3. Improve data capture and information sharing
4. Capacity building

## 5. Incorporate the voice of resettled persons into response

If implemented, these recommendations could lead to timely access to appropriate services, increased cultural inclusivity and understanding of clinical needs, resulting in improved physical and mental health and greater wellbeing. These findings align with recommendations from recent HNAs of other migrant groups.

## Background

Afghanistan has faced more than 40 years of conflict, natural disasters, and most recently a change in governing authorities in August 2021.<sup>1</sup> This prolonged conflict and instability has resulted in insufficient coverage of health and other public services, economic decline, chronic poverty and food insecurity, with women and girls experiencing the worst effects. The situation in Afghanistan presents one of the most complex humanitarian crises in the world and has resulted in unique health and wellbeing challenges for those who have recently migrated to the UK and the services supporting them.

This HNA will focus on Afghanistan citizens resettled in the UK under a UK government resettlement scheme.

Due to differences in their experiences, including travel to, and legal rights once they arrive in the UK, the needs of Afghanistan citizens claiming asylum in the UK are reviewed as part of the overseas arrivals HNA. However, there will be some overlap with regards to health, healthcare provision and wider determinants of health due to similarities in conditions experienced whilst living in Afghanistan.

## Global picture

In 2023, more than 8.2 million Afghanistan citizens were displaced globally due to conflict, violence and poverty.<sup>2</sup> Furthermore, between 2018 and 2023 there have been increases in Afghan refugees, internally displaced persons (IDP) and people living in host communities (for example people in humanitarian camps or integrated into households). There was a marked increase in refugees following the change in governing authorities in 2021.<sup>3</sup>

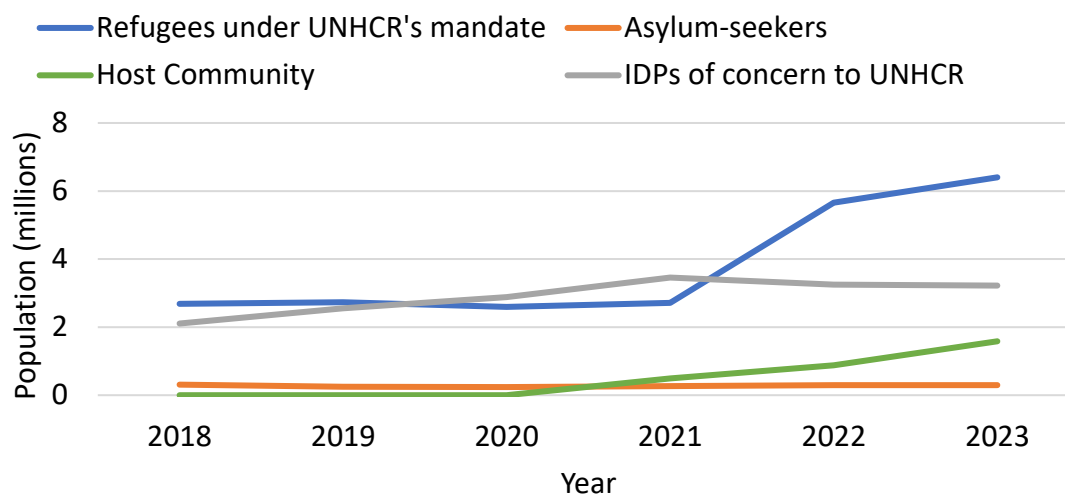
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<sup>1</sup> [Afghanistan Refugee Crisis Explained \(unrefugees.org\)](#) [Accessed 28 June 2024]

<sup>2</sup> [Afghanistan Refugee Crisis Explained \(unrefugees.org\)](#) [Accessed 28 June 2024]

<sup>3</sup> [unhcr.org/refugee-statistics/download/?url=IAr67y](#) [Accessed 28 June 2024]

**Figure 1: UNHCR global data on displacement, country of origin: Afghanistan, 2018-2023**



Source: UNHCR<sup>4</sup>

Afghan refugees are the third-largest displaced population in the world after Syrian and Ukrainian refugees, with most Afghan refugees living in the neighbouring countries of Pakistan and Iran.<sup>5</sup>

<sup>4</sup> [unhcr.org/refugee-statistics/download/?url=IAr67y](https://www.unhcr.org/refugee-statistics/download/?url=IAr67y) [Accessed 28 June 2024]

The graph titled 'Figure 1: UNHCR global data on displacement, country of origin: Afghanistan, 2018-2023' illustrates the population trends of four different groups from Afghanistan over the years 2018 to 2023. The groups are:

1. Refugees under UNHCR's mandate (blue line)
2. Asylum-seekers (orange line)
3. Host Community (green line)
4. IDPs of concern to UNHCR (grey line)

From 2018 to 2020, the populations of all four groups remained relatively stable with slight fluctuations. Starting in 2021, there is a noticeable increase in the population of IDPs of concern to UNHCR and refugees under UNHCR's mandate. By 2023, IDPs reached approximately 6 million, and refugees reached around 4 million. The host community population remains relatively stable throughout this period, while asylum-seekers show a slight increase towards the end. The x-axis represents the years from 2018 to 2023, and the y-axis represents the population in millions.

<sup>5</sup> [Situation Afghanistan situation \(unhcr.org\)](https://www.unhcr.org/situation-afghanistan) [Accessed 28 June 2024]

# National picture

## Background

The UK had a military presence in Afghanistan since October 2001, initially in response to the 11 September 2001 terrorist attacks in the US, and then as part of the International Security Assistance Force where the primary goal was to assist the Afghan Government in exercising and extending its authority across the country and creating a secure environment and effective governance.<sup>6 7</sup> During the latter, the UK employed approximately 7,000 local Afghans to assist British forces in overcoming cultural and language barriers in areas where they were deployed.

Following the UK Government announcement of withdrawal of British forces from Afghanistan in December 2012, there were several iterations of schemes to support eligible local civilians who faced threats to their safety, due to their role in supporting British forces, to relocate to the UK.

## Current Afghan resettlement schemes

- Afghan Relocations and Assistance Policy (ARAP), launched on 01 April 2021.<sup>8</sup> Current or former local employees who are assessed to be under serious threat to life are offered priority relocation to the UK and are entitled to receive indefinite leave to remain.<sup>9</sup>
- Afghan Citizens Resettlement Scheme (ACRS), launched on 06 January 2022.<sup>10</sup> The Government committed to welcoming up to 20,000 eligible people who assisted UK efforts in Afghanistan and stood up for UK values, as well as vulnerable people, such as women and girls at risk.

## Resettlement rights

Everyone resettled in the UK under ARAP or ACRS is entitled to indefinite leave to remain in the UK, permission to work, access education and healthcare, and is eligible to apply for some benefits. They also have the possibility of applying to become a British citizen after 5 years.<sup>11</sup>

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<sup>6</sup> [Resettlement scheme for locally employed civilians in Afghanistan - House of Commons Library \(parliament.uk\)](#) [Accessed 28 June 2024]

<sup>7</sup> [The International Security Assistance Force in Afghanistan: key issues for the 2010 Parliament - UK Parliament](#) [Accessed 28 June 2024]

<sup>8</sup> [FACTSHEET: UK support to resettle Afghan nationals – ARAP scheme – Home Office in the media \(blog.gov.uk\)](#) [Accessed 06 Jun 2024]

<sup>9</sup> Resettled persons were initially granted temporary leave, but this was later revised to allow them to apply for indefinite leave to remain.

<sup>10</sup> [FACTSHEET: ACRS and other routes – Home Office in the media \(blog.gov.uk\)](#) [Accessed 06 Jun 2024]

<sup>11</sup> [CBP-9307.pdf \(parliament.uk\)](#) [Accessed 06 Jun 2024]

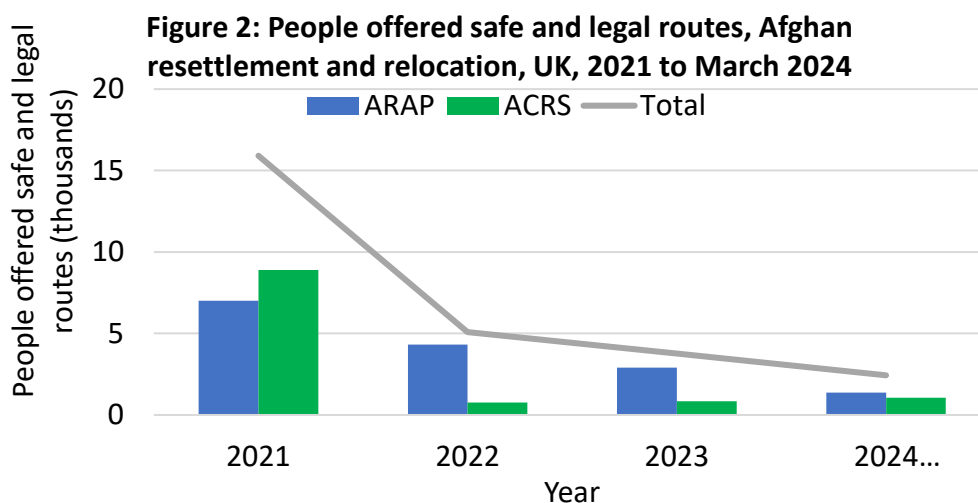
## Support for local systems

Lower tier local authorities who supported people through the ARAP and ACRS schemes could claim £20,520 per person over the course of 3 years for resettlement and integration costs. Local authorities and health partners who support resettled families could also claim up to £4,500 per child for education, £850 to cover English language provision for adults requiring this support and £2,600 to cover registration with healthcare services and initial primary and secondary healthcare costs.<sup>12 13</sup> It is positive that funding was made available to support the capacity of local services to be able to respond to the new arrivals. In addition, as part of ‘Operation Warm Welcome’ a central portal was also set up where people, organisations and businesses could register their offer of support to help with integration or donate items like clothes and toys.<sup>14</sup>

## Arrivals to the UK

Operation Pitting was the largest and fastest UK military evacuation since the Second World War, during which the Government evacuated around 15,000 people to the UK in August 2021. Some of those evacuated were British citizens or people with settled status.<sup>15</sup>

Before Operation Pitting around 2,000 people had been relocated under ARAP. And since Operation Pitting around 10,000 people have arrived in the UK under ARAP and ACRS pathways.<sup>16</sup>



Source: Immigration system statistics data tables, 2024<sup>17</sup>

<sup>12</sup> [CBP-9286.pdf \(parliament.uk\)](#) [Accessed 25 June 2024]

<sup>13</sup> <https://www.gov.uk/government/publications/uk-resettlement-programmes-funding-instruction-2022-to-2023/funding-healthcare-in-england-in-support-of-the-united-kingdoms-resettlement-schemes-2022-to-2023-accessible> [Accessed 25 June 2024]

<sup>14</sup> [Operation Warm Welcome - GOV.UK \(www.gov.uk\)](#) [Accessed 25 June 2024]

<sup>15</sup> [FACTSHEET: ACRS and other routes – Home Office in the media \(blog.gov.uk\)](#) [Accessed 06 June 2024]

<sup>16</sup> [Afghan Resettlement Programme: operational data - GOV.UK \(www.gov.uk\)](#) [Accessed 01 July 2024]

<sup>17</sup> [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](#) – Asylum and resettlement summary tables, year ending March 2024 [Accessed 06 June 24]

At 31 March 2024, there had been a total of 27,182 Afghans resettled in the UK.<sup>18</sup> At the end of 2023, approximately 50% of those resettled had been under 18 years old.

## Regional picture

At 31 March 2024, 17,039 of 27,182 Afghan's resettled in the UK were resettled in England. 1,736 of these people have been resettled in the East of England.

**Table 1: Afghan resettlement population in East of England, by upper tier local authority, at 31 March 2024**

Upper tier local authority	Afghan Resettlement Programme (total) (population)	Upper tier local authority population	Afghan resettlement population as a percentage of local population
Bedford	108	187,466	0.06%
Cambridgeshire	184	689,109	0.03%
Central Bedfordshire	129	301,501	0.04%
Essex	264	1,519,509	0.02%
Hertfordshire	327	1,204,588	0.03%
Luton	88	226,973	0.04%
Norfolk	241	925,299	0.03%
Peterborough	175	217,705	0.08%
Southend-on-Sea	51	180,915	0.03%

The graph titled 'Figure 2: People offered safe and legal routes, Afghan resettlement and relocation, UK, 2021 to March 2024' shows the number of people (in thousands) offered safe and legal routes through two programs: ARAP (blue bars) and ACRS (green bars), as well as the total number of people (grey line) from 2021 to Q1 of 2024.

- 2021:**  
 ARAP: approximately 10,000  
 ACRS: approximately 5,000  
 Total: approximately 15,000
- 2022:**  
 ARAP: approximately 6,000  
 ACRS: approximately 3,000  
 Total: approximately 9,000
- 2023:**  
 ARAP: approximately 4,500  
 ACRS: approximately 2,500  
 Total: approximately 7,000
- Q1 of 2024:**  
 ARAP and ACRS are not specified separately.  
 Total is projected to be around or slightly above zero.

The y-axis represents the number of people offered safe and legal routes in thousands, while the x-axis represents the years from 2021 to Q1 of 2024.

<sup>18</sup> [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/immigration-system-statistics-data-tables) – Asylum and resettlement summary tables, year ending March 2024 [Accessed 28 June 24]

Suffolk	115	768,555	0.01%
Thurrock	54	176,877	0.03%
<b>Grand Total</b>	<b>1736</b>	<b>6,398,497</b>	<b>0.03%</b>

Source: Regional and local authority data on immigration groups<sup>19</sup>

Compared to other areas in the East of England, Essex received a slightly lower proportion of Afghans compared to the local population, whilst other areas such as Peterborough and Bedford received a slightly larger proportion compared to their local populations.

## Local picture

At 31 March 2024, 264 of 1,736 Afghan's resettled in the East of England had been resettled in Essex.

**Table 2: Afghan resettlement population in Essex, by lower tier local authority, at 31 March 2024**

Lower tier local authority	Afghan Resettlement Programme (total) (population)	Lower tier local authority population	Afghan resettlement population as a percentage of local population
Basildon	7	188,848	0.00%
Braintree	17	157,681	0.01%
Brentwood	0	77,332	0.00%
Castle Point	0	89,731	0.00%
Chelmsford	27	183,326	0.01%
Colchester	142	194,394	0.07%
Epping Forest	8	134,989	0.01%
Harlow	25	94,409	0.03%
Maldon	5	67,554	0.01%
Rochford	6	87,216	0.01%
Tendring	15	151,451	0.01%
Uttlesford	12	92,578	0.01%
<b>Grand Total</b>	<b>264</b>	<b>1,519,509</b>	<b>0.02%</b>

Source: Regional and local authority data on immigration groups<sup>20</sup>

Most of the Afghans resettled in Essex were located in Colchester (53.7%). This is due to a variety of reasons; one of the bridging hotels was located in Colchester, Colchester City is a City of Sanctuary and recognised safe haven for people forced to flee their homes, and Colchester has a strong

<sup>19</sup> [Regional and local authority data on immigration groups - GOV.UK \(www.gov.uk\)](https://www.gov.uk) Table for year ending March 2024 (second edition) [Accessed 01 July 2024]

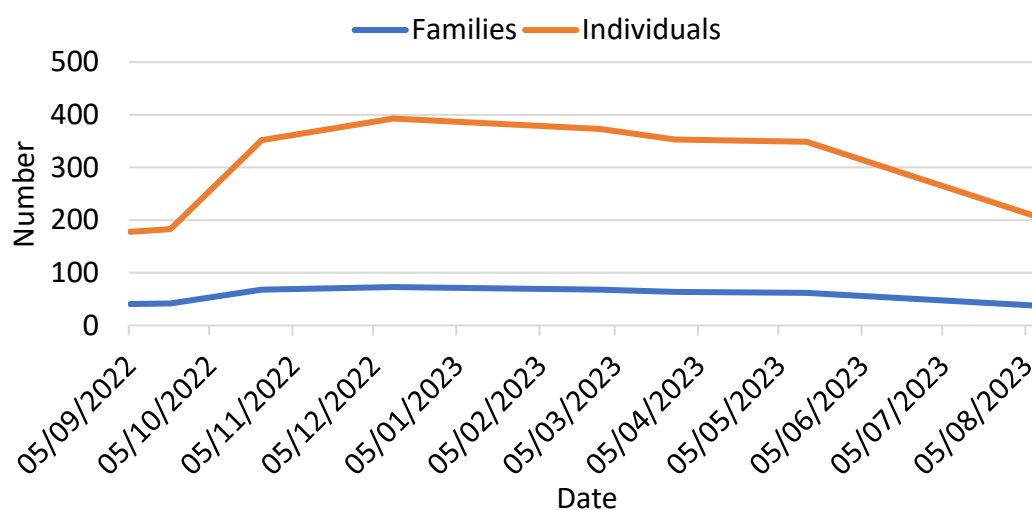
<sup>20</sup> [Regional and local authority data on immigration groups - GOV.UK \(www.gov.uk\)](https://www.gov.uk) Table for year ending March 2024 (second edition) [Accessed 01 July 2024]

military presence.<sup>21 22</sup> Furthermore, due to the military connection and sense of duty towards Afghan's who had supported armed forces in Afghanistan, the Ministry of Defence provided military properties for use as fixed term accommodation.<sup>23</sup> Harlow also had a slightly higher proportion of Afghans resettled locally, compared to other areas in Essex.

Whilst the percentage of Afghans resettled compared to the total local population is very low, areas supporting Afghans will require greater levels of resource to support with meeting the needs of the recent arrivals.

The snapshot of Afghans resettled in Essex on 31 March 2024 does not show the variation in the number of Afghans housed in Essex over time, and therefore does not fully capture the impact of arrivals.

**Figure 3: Afghans housed in UK Government bridging accommodation in Essex, September 2022 to August 2023**



Source: Essex County Council, August 2023<sup>24</sup>

Figure 3 shows that over time the number of families and individuals residing in UK Government bridging accommodation across Essex varied considerably. It sharply increased from August 2022 to

<sup>21</sup> [Colchester City of Sanctuary · Colchester City Council](#) [Accessed 11 July 2024]

<sup>22</sup> [Colchester Borough Council approve motion to become a Borough of Sanctuary - City of Sanctuary UK](#) [Accessed 11 July 2024]

<sup>23</sup> [MOD makes 700 military homes available for Afghan families \(forces.net\)](#) [Accessed 11 July 2024]

<sup>24</sup> The graph titled "Figure 3: Afghans housed in UK Government bridging accommodation in Essex, September 2022 to August 2023" shows the number of families and individuals housed over time.

- **Individuals** (orange line):
  - Starts at around 400 in September 2022
  - Peaks slightly above this value around December 2022
  - Gradually decreases to just below 200 by August 2023
- **Families** (blue line):
  - Remains relatively stable throughout the period
  - Fluctuates slightly around the value of approximately 50

The x-axis represents dates from September 2022 to August 2023, while the y-axis represents the number of people.

a peak in December 2022, with 73 families and 393 individuals housed in bridging hotels, and then gradually decreased. Because this data was changing constantly, sometimes daily, there may be periods where numbers of people residing in hotels varied outside of the general trend captured here.

## Living conditions

### Quarantine for arrivals

In August 2021 Covid restrictions were still in place in the UK, which meant that Afghans had to be quarantined on arrival.<sup>25 26</sup> Essex was in a unique position due to Stansted airport being located in Uttlesford, Essex. The large Stansted airport hotels and their associated infrastructure were commissioned by the UK Government to provide short term accommodation for arrivals prior to moving them on to other UK Government commissioned hotels.

There were reports of families quarantining in Stansted airport hotels suffering from significant levels of trauma, physical injuries, and separation from family following their exit from Afghanistan.<sup>27 28</sup>

Arrivals remained in quarantine hotels for longer than the required quarantine period. Locally, there are no clear numbers on how many people were in these quarantine hotels or how long they remained there for, but there was an impact on the local system. With little notice, the county council and Uttlesford District Council worked with the British Red Cross, health professionals and the local community, to rapidly deploy support and provide care to families.<sup>29</sup> For example, clothing and other items were donated, sim cards provided to help families stay in touch and GPs offered support for immediate health needs.<sup>30</sup>

### Bridging accommodation

Following quarantine, arrivals were moved on to other areas across the country or to local bridging accommodation. Due to the scale and pace of arrivals, particularly following Operation Pitting in August 2021, there were difficulties with sourcing appropriate accommodation within the tight timescales involved, and the UK Government used bridging accommodation to house arrivals until they moved into appropriate long-term accommodation.<sup>31</sup> This accommodation was typically rooms in hotels or serviced apartments. Bridging accommodation was intended to be temporary, but many households stayed in hotels for much longer than anticipated.

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<sup>25</sup> [Inside Policy: Operation Warm Welcome – Civil Service \(blog.gov.uk\)](https://blog.gov.uk/inside-policy-operation-warm-welcome-civil-service) [Accessed 28 June 2024]

<sup>26</sup> [Afghanistan resettlement and immigration policy statement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/afghanistan-resettlement-and-immigration-policy-statement) [Accessed 28 June 2024]

<sup>27</sup> [Help is at hand for 'traumatised' Afghan refugees as they begin a new life \(bishopstortfordindependent.co.uk\)](https://www.bishopstortfordindependent.co.uk/news/help-is-at-hand-for-traumatised-afghan-refugees-as-they-begin-a-new-life) [Accessed 08 July 2024]

<sup>28</sup> [What-happened-to-the-warm-welcome-Refugee-Council.pdf \(refugeecouncil.org.uk\)](https://www.refugeecouncil.org.uk/wp-content/uploads/2021/08/What-happened-to-the-warm-welcome-Refugee-Council.pdf) [Accessed 08 July 2024]

<sup>29</sup> [Help is at hand for 'traumatised' Afghan refugees as they begin a new life \(bishopstortfordindependent.co.uk\)](https://www.bishopstortfordindependent.co.uk/news/help-is-at-hand-for-traumatised-afghan-refugees-as-they-begin-a-new-life) [Accessed 08 July 2024]

<sup>30</sup> [How we are supporting families arriving from Afghanistan \(redcross.org.uk\)](https://www.redcross.org.uk/news/how-we-are-supporting-families-arriving-from-afghanistan) [Accessed 11 July 2024]

<sup>31</sup> [Accommodation and integration support for resettled Afghans - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-briefings/2021/2021-07-01-accommodation-and-integration-support-for-resettled-afghans) [Accessed 01 July 2024]

In Essex, at the peak three hotels were used as UK Government bridging accommodation. The location of hotels varied. Some hotels were located in town/city centres with amenities such as supermarkets, pharmacies and community centres nearby and residents able to travel freely. Whilst others were located outside of town/city centres, sometimes next to motorways or A-roads with high levels of vehicle pollution and poor air quality, which made it difficult for residents to access amenities because travel was restricted. These differences in experiences will likely have affected the ability of recent arrivals to become more settled in their new surroundings.

The hotels commissioned by the UK Government were generally well maintained and provided standard hotel facilities such as an ensuite bathroom, tea and coffee making facilities and Wi-Fi access. However, this meant that residents were not able to prepare their own food and had to rely on hotel catering, which may not have always catered to their dietary preferences. Locally there were often complaints about the food provided by hotels. Complaints related to the suitability or quality of food and presented an ongoing issue for many of the hotels. Food plays an important cultural role for Afghans, and so not being able to prepare and serve their own food may have negatively impacted their personal, social and cultural identities and affected their ability to settle into their accommodation and life in the UK.<sup>32 33</sup>

An example of good practice implemented at some hotels, including the Harlow hotel, was for the hotel to employ some of the Afghan women who were residing in the hotel as kitchen employees, to help with the preparation of suitable meals. This supported with overcoming some of the issues regarding the food quality and would also likely have supported with restoring aspects of cultural identity for those preparing and consuming the food.

Being accommodated in hotels also meant that families/individuals were often having to spend long periods of time in a room, or with little access to recreational or skill-based activities, which would have been particularly challenging for families with young children and would have contributed to a perceived loss of autonomy and dignity, impacting their mental health.<sup>34</sup>

## Support in bridging accommodation

In the weeks that followed their arrival in bridging accommodation, the UK Government requested that upper tier local authorities support people and families who were residing in the bridging hotels, primarily focussing on identifying and supporting moves in to settled accommodation in and out of the local area. The county council commissioned Essex Integration to provide essential resettlement and integration support services to Afghan families resettling in Essex in line with UK Government requirements for post-arrival resettlement support.<sup>35 36</sup> Essex Integration worked with families on the Find Your Own Accommodation Scheme to help families find private rented

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<sup>32</sup> [Afghanistan Cuisine - USA for UNHCR Culture Collective \(unrefugees.org\)](#) [Accessed 18 July 2024]

<sup>33</sup> [Afghan Food Celebrates Culture and Tradition - Central Asia Institute](#) [Accessed 18 July 2024]

<sup>34</sup> [Afghanistan in crisis: how you can help \(redcross.org.uk\)](#) [Accessed 26 July 2024]

<sup>35</sup> [Essex Integration \(dnanetworks.org\)](#) [Accessed 09 August 2024]

<sup>36</sup> [Funding instruction for Afghan schemes: integration support, 2023 to 2024 \(accessible version\) - GOV.UK \(www.gov.uk\)](#) [Accessed 09 August 2024]

accommodation. They also provided support with registering for schools and a local GP, assistance with access to employment, support with furnishing accommodation and registration with utility companies, which could be challenging tasks for those with language barriers and not otherwise familiar with systems and processes in England.

The bridging hotels also had UK Government Home Office Liaison Officers (HOLOs) who also worked with the families in hotels, and provided a level of support with finding housing and discussing accommodation offers with families. They were the Home Office's single point of contact for guests in bridging accommodation.

Coordinating support was made challenging due to issues around communication and joint working, which resulted in uncertainty for local partners as to how long families would remain in the hotels or in the local area. This had implications for families and individuals registering for local services. Local authorities also had statutory responsibilities concerning safeguarding and responding to the care needs of those housed locally.

## Permanent accommodation challenges

At the end of March 2023, nationally, there were over 8,000 Afghans in bridging accommodation, half of them were children.<sup>37</sup> The reasons for many remaining in bridging accommodation included:

- A lack of suitable accommodation for families to move into.
- Not being able to identify housing large enough for families. Some families had more than 10 members (see table 3).<sup>38</sup>
- Families unwilling to leave existing/established support structures and move to an unfamiliar area in the UK, sometimes hundreds of miles away.<sup>39</sup>
- Difficulties accessing properties in the private rental sector. For example, extended government assessment of housing offers and the widening shortfall between housing benefits and the rising cost of private rental properties.<sup>40</sup>

A sitrep conducted in Essex during May 2023 found that out of 74 requests for private rented sector accommodation made that week, 48 (64.9%) were refused by the landlord/agent and 26 were in progress.

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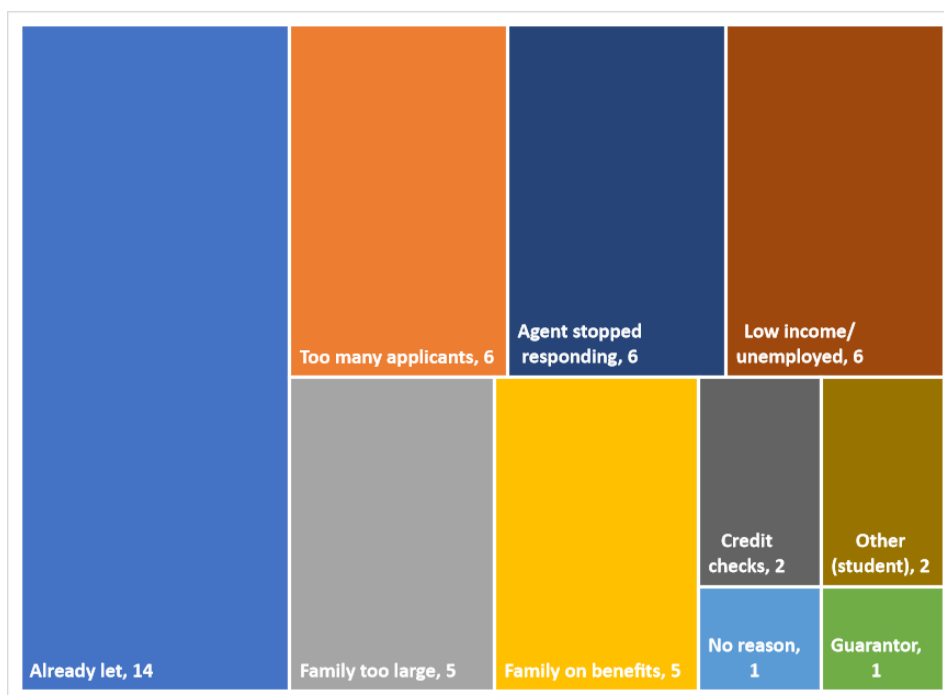
<sup>37</sup> [CBP-9804.pdf \(parliament.uk\)](#) [Accessed 12 July 2024]

<sup>38</sup> [Analysis: Why so many Afghan refugees are still stuck in hotels | Local Government Chronicle \(LGC\) \(lgcplus.com\)](#) [Accessed 16 July 2024]

<sup>39</sup> [Hundreds of Afghan refugees in Essex moved out of hotels - BBC News](#) [Accessed 24 July 2024]

<sup>40</sup> [Analysis: Why so many Afghan refugees are still stuck in hotels | Local Government Chronicle \(LGC\) \(lgcplus.com\)](#) [Accessed 16 July 2024]

**Figure 4: Reasons for private accommodation refusals in Essex, May 2023<sup>41</sup>**



This level of refusals is not unexpected because of how competitive the private rental market has become in recent years.<sup>42</sup> However, this makes securing a home difficult as there is a shortage of social housing and existing waiting lists for homes.

### Withdrawal of bridging accommodation

In April 2023, the Government began to issue quit notices to all households in bridging accommodation, with the last households expected to move out by the end of August 2023. At the time of the hotel closures, some families in the Harlow hotel had lived there since September 2021 and had established roots locally, such as jobs and support networks. There were 3 hotels operational in Essex which were located in Chelmsford, Colchester and Harlow.

<sup>41</sup> Figure 4 is a treemap chart that categorizes and quantifies reasons for rental application rejections. The chart is divided into several coloured rectangles, each representing a different reason for rejection and the number of occurrences for each reason.

- Already let:** 14 occurrences (large blue rectangle)
- Too many applicants:** 6 occurrences (orange rectangle)
- Agent stopped responding:** 6 occurrences (dark blue rectangle)
- Low income/unemployed:** 6 occurrences (red-orange rectangle)
- Family too large:** 5 occurrences (grey rectangle)
- Family on benefits:** 5 occurrences (yellow rectangle)
- Credit checks:** 2 occurrences (olive green rectangle)
- No reason:** 1 occurrence (light blue-green rectangle)
- Guarantor (student):** 1 occurrence (aqua green-blue rectangle)

<sup>42</sup> [Changes in private rental sector behaviour, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) [Accessed 12 July 2024]

**Table 3: Families remaining in Essex hotels at closure date, August 2023**

Hotel	No. of families	No. of people	Family size (range)
Chelmsford	14	69	1 to 9
Colchester	19	125	2 to 12
Harlow	6	18	1 to 4
<b>Total</b>	<b>39</b>	<b>212</b>	

Note: Figures do not include children born in the UK

Source: Essex County Council, August 2023<sup>43</sup>

Lower tier local authorities found it extremely challenging to secure appropriate accommodation for the families who remained in bridging accommodation at the time the notice was issued and expressed concern about the risk of Afghan households becoming homeless due to the short notice and shortage of housing. A key issue in certain areas of Essex was families being moved out of area to places such as Suffolk and Peterborough due to a lack of temporary accommodation. Essex Integration support was extended when the hotel closures were announced to try and minimise the homelessness risk.

Data collected on homelessness duties accepted by lower tier local authorities in respect of Afghan households, following closure of UK Government-provided bridging accommodation, indicates that between 1 July 2023 and 31 March 2024 in the East of England:

- 89 Afghan households became homeless due to moving on from UK Government bridging accommodation. Many would have moved into temporary accommodation.
- 1 household could no longer occupy settled housing found after leaving UK Government accommodation.
- 55 households had homelessness duty ended successfully with prevention or relief.
- 27% were single households, while 63% were households with dependent children.<sup>44 45</sup>

Some exceptions were made for families to remain in hotels where a family member required continued attendance at a specific hospital and some families were accommodated in 'interim' hotel accommodation pending a move to longer-term accommodation, frequently at hotel sites previously used as UK Government bridging accommodation.<sup>46</sup>

Separately, in Colchester, the Ministry of Defence 2-year fixed term accommodation for 10 families came to an end in 2024 and these families had to seek alternative accommodation. Their search for alternative accommodation will also have been affected by issues discussed earlier.

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<sup>43</sup> Overseas Arrivals data collection, Essex County Council, August 2023

<sup>44</sup> [Homelessness management information – Afghan nationals: England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/homelessness-management-information-afghan-nationals-england) [Accessed 24 July 2024]

<sup>45</sup> [Afghan bridging hotel exit operational data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/afghan-bridging-hotel-exit-operational-data) [Accessed 24 July 2024]

<sup>46</sup> [CBP-9804.pdf \(parliament.uk\)](https://www.parliament.uk/publications/2024/07/cbp-9804) [Accessed 24 July 2024]

## Current position

Local data indicates that 60 Afghan families or 299 individuals remain in permanent accommodation in Essex at August 2024, with majority residing in Colchester.

**Table 4: Afghan resettled population in Essex, by lower tier local authority, at August 2024**

Lower tier local authority	Afghan Resettlement Programme (total) (population)	Lower tier local authority population	Afghan resettlement population as a percentage of local population
Basildon	11	188,848	0.01%
Braintree	16	157,681	0.01%
Brentwood	11	77,332	0.01%
Castle Point	0	89,731	0.00%
Chelmsford	28	183,326	0.02%
Colchester	155	194,394	0.08%
Epping Forest	16	134,989	0.01%
Harlow	16	94,409	0.02%
Maldon	5	67,554	0.01%
Rochford	6	87,216	0.01%
Tendring	16	151,451	0.01%
Uttlesford	19	92,578	0.02%
<b>Grand Total</b>	<b>299</b>	<b>1,519,509</b>	<b>0.02%</b>

Source: Essex County Council<sup>47</sup>

## Conclusion on accommodation challenges

There has been a recurring theme of people arriving via Afghan resettlement schemes experiencing multiple accommodation moves before becoming settled in longer term accommodation. This has led to individuals experiencing delays in registering for and accessing services. Furthermore, not being able to fulfil basic needs such as securing a home for such a prolonged period has no doubt undermined their ability to settle into life in Essex.

The unpredictable nature of conflict and humanitarian crises means that it is often impossible to know when situations will occur that will require the level of response that has been required for the ARAP and ACRS schemes. But this situation and others, such as arrivals from Ukraine and Syria, have highlighted that relevant services need to be able to rapidly scale up their response at short notice, with securing accommodation being a critical enabler for other services.

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<sup>47</sup> Overseas Arrivals data collection, Essex County Council, August 2023

## Social and community networks

Afghanistan is a country rich in traditions and customs and has an array of ethnic groups and cultures.<sup>48</sup> There are over 30 languages spoken across Afghanistan, and the most widely spoken languages are Afghan Persian or Dari (official) (78% of population), Pashto (official) (50%), Uzbek (10%), English (5%) Turkmen (2%) and Urdu (2%).<sup>49</sup> There are similarly a wide variety of ethnic groups.<sup>50</sup> The majority of the population is Muslim.<sup>51</sup> Therefore the Afghans who have resettled in the UK are likely to have diverse cultures and customs, which may be reflected in their social and community networks.

At the time of the 2021 Census (March), there were over 85,600 people from Afghanistan living in England and Wales, so there may already be some Afghan communities established, which could support with integration for ARAP and ACRS arrivals.<sup>52</sup> Provision of information to raise awareness of entitlements, access to interpreters to support with accessing services, and provision of culturally appropriate services are essential to support the integration of recent arrivals. As are services to support those who may need to learn to speak English, for example through English for speakers of other languages (ESOL) classes held locally. In some areas, third sector organisations organise weekly ESOL sessions which rely on volunteers, which raises concerns around sustainability.

In addition to ESOL funding and capacity issues, there were further challenges with uptake of ESOL courses for Afghan's resettling in Essex. Barriers to attendance included transport availability and costs, and childcare issues, despite funding being made available by the UK Government to support with these issues. Other barriers included motivation to continue attending the course, during a period of major change in their lives, and cultural differences impacting the attendance of women. This could pose an issue as women in the Afghan community are at risk of being left vulnerable and reliant on others when it comes to language and communication.

Due to ARAP and ACRS being UK Government safe routes sanctioned immigration provisions enabling access to the UK for humanitarian reasons, commonly referred to as resettlement programmes, there are differences in the perceptions of those who have arrived under these schemes compared to those who have arrived in the country and requested asylum or those who have arrived via irregular routes. This is manifest in differences in support provided to ARAP and ACRS arrivals, such as integration funding being made available for local services to claim, Operation Warm Welcome, and local communities mobilised to help support their arrival and integration. In addition, Operation New Hope was established by the Ministry of Defence to provide pastoral support to eligible ARAP arrivals who wished to maintain a connection with the defence

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<sup>48</sup> [What is culture like in Afghanistan? | Afghanaid](#) [Accessed 25 July 2024]

<sup>49</sup> [Afghanistan: migrant health guide - GOV.UK \(www.gov.uk\)](#) [Accessed 25 July 2024]

<sup>50</sup> [cia.gov/the-world-factbook/countries/afghanistan/](#) [Accessed 25 July 2024]

<sup>51</sup> [Afghanistan: migrant health guide - GOV.UK \(www.gov.uk\)](#) [Accessed 25 July 2024]

<sup>52</sup> [Afghanistan: migrant health guide - GOV.UK \(www.gov.uk\)](#) [Accessed 25 July 2024]

community, and included funding for support for mental health, education, training, employment and housing.<sup>53</sup>

However, migrating under ARAP and ACRS schemes does not preclude Afghans from being at risk of discrimination or hate crimes in the UK.<sup>54</sup> Hate crimes are motivated by prejudice based on race or ethnicity, religion, sexual orientation, disability or transgender identity.<sup>55</sup> Between 2012/13 and 2021/22 there had been a year-on-year increase in hate crimes recorded by the police in England and Wales, with a slight decrease observed in 2022/23. Harmful attitudes held by some could result in discrimination, prevent integration and perhaps even create hostility within some local communities. Furthermore, lack of cultural familiarity could present challenges with communication and understanding for Afghans moving to the UK.

Some families were separated on their journey to the UK. The temporary and or longer-term separation of families and friends would likely have had a detrimental impact on the Afghan's usual social and community networks and may have impacted their personal resilience to cope with all the stresses of resettling in a different country and with managing concerns about those that may have been left behind. Digital means of connecting with family back in Afghanistan or in other areas could provide support and connection needed during this difficult time.

A large proportion (approximately 50%) of those resettled in the UK have been young people aged under 18, some of whom may also have been separated from family. There is therefore a potential safeguarding risk and risk of exploitation of young people, particularly where there have been delays to moving out of bridging accommodation and this has impacted enrolment in school, or where families have been unable to gain suitable employment.

Essex Integration have provided essential resettlement and integration support services to Afghan families to support with overcoming many of these issues.<sup>56 57</sup>

## Working conditions

Arrivals from Afghanistan will have previously held a variety of different roles. For example, in journalism, translation services, and engineering. However, on moving to the UK many have faced difficulties in continuing those careers.<sup>58 59</sup> For example, due to difficulties with evidencing English language skills or with having qualifications obtained abroad recognised in the UK. This has resulted in many people having to learn English language skills, sit exams to convert their qualification,

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<sup>53</sup> [CBP-9804.pdf \(parliament.uk\)](#) [Accessed 26 July 2024]

<sup>54</sup> [Final-Report-Hate-Crime-experiences-of-refugees-and-asylum-seekers\\_August-2019v4.pdf \(cityofsanctuary.org\)](#) [Accessed 18 August 2024]

<sup>55</sup> [Hate crime, England and Wales, 2022 to 2023 second edition - GOV.UK \(www.gov.uk\)](#) [Accessed 09 August 2024]

<sup>56</sup> [Essex Integration \(dnanetworks.org\)](#) [Accessed 09 August 2024]

<sup>57</sup> [Funding instruction for Afghan schemes: integration support, 2023 to 2024 \(accessible version\) - GOV.UK \(www.gov.uk\)](#) [Accessed 09 August 2024]

<sup>58</sup> [Two years after fleeing the Taliban, these Afghan evacuees are rebuilding their careers - Big Issue](#) [Accessed 26 July 2024]

<sup>59</sup> [Refugee doctors speak of huge challenges joining NHS - EELGA SMP](#) [Accessed 26 July 2024]

retrain, accept jobs with lower status than their previous jobs or remain unemployed, which will no doubt impact their sense of purpose, self-esteem and mental wellbeing. Further work is needed to support individuals trained abroad to best make use of their knowledge and skills, whether this be through support to gain employment, access training or volunteering opportunities in the community. This would be particularly beneficial for women who may have experienced socio-political barriers to education, training or employment in Afghanistan.

Research has shown that good work improves health, wellbeing and has benefits for employees and employers. Furthermore, good quality work protects against social exclusion through provision of income, social interaction, a core role, identity and purpose.<sup>60</sup>

## Education

There are different estimates of educational attainment in Afghanistan. One source states that in 2021 the estimated average educational attainment in Afghanistan was 3.3 years, compared with 13 years for the UK.<sup>61 62</sup> Another source states that in 2018 the average was 10 years for Afghanistan (13 years for males and 8 years for females), compared to 17 years for the UK (17 years for males and 18 years for females).<sup>63</sup>

The gap in educational attainment in Afghanistan will undoubtedly have been impacted by insufficient education resourcing due to more than 4 decades of sustained conflict.<sup>64</sup> For women and girls the impact will have been more profound because there has been a roll-back on women's rights and restrictions on their participation in life and society, with impositions introduced on education, the right to work and freedom of movement; women are currently required to be accompanied by a male relative when leaving home.<sup>65 66 67 68</sup> However, not all women will have been uniformly affected by this and many may have gone on to higher level study and hold professional roles.

There are differences in the characteristics of schools in Afghanistan compared to the UK. For example, in Afghanistan, schools have single sex classrooms, a shorter day and a teacher-centred pedagogy.<sup>69</sup> As a result, children may need support with adapting to the characteristics of schools in England. They may also need support with overcoming language barriers, integrating into the school community and closing the attainment gap. Therefore, it is essential that children are registered for school in a timely manner to support their education and opportunities for social connection.

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<sup>60</sup> [Health matters: health and work - GOV.UK \(www.gov.uk\)](https://www.gov.uk) [Accessed 12 August 2024]

<sup>61</sup> [Afghanistan | Institute for Health Metrics and Evaluation \(healthdata.org\)](https://healthdata.org) [Accessed 04 July 2024]

<sup>62</sup> [United Kingdom | Institute for Health Metrics and Evaluation \(healthdata.org\)](https://healthdata.org) [Accessed 04 July 2024]

<sup>63</sup> [cia.gov/the-world-factbook/field/school-life-expectancy-primary-to-tertiary-education/](https://cia.gov/the-world-factbook/field/school-life-expectancy-primary-to-tertiary-education/) [Accessed 26 July 2024]

<sup>64</sup> [Education | UNICEF Afghanistan](https://www.unicef.org/afghanistan) [Accessed 04 July 2024]

<sup>65</sup> [Health of Afghans impacted by poverty, restrictions on women, and a broken health care system | Doctors Without Borders - USA](https://www.doctorswithoutborders.org) [Accessed 26 July 2024]

<sup>66</sup> [Afghanistan: Humanitarian Needs Overview \(2022\) | United Nations in Afghanistan](https://www.un.org/press/en/2022/afghanistan-humanitarian-needs-overview-2022) [Accessed 05 July 2024]

<sup>67</sup> [EPDC Spotlight on Afghanistan | Education Policy Data Center](https://www.epdc.org) [Accessed 29 July 2024]

<sup>68</sup> [Afghanistan: Quality education must be equally accessible to all, UN experts say | OHCHR](https://www.ohchr.org) [Accessed 24 July 2024]

<sup>69</sup> [Blog: How to support Afghan refugee children in schools \(bell-foundation.org.uk\)](https://www.bell-foundation.org.uk) [Accessed 12 August 2024]

Many children will also be trying to cope with trauma, grief and loneliness. All of these factors will pose challenges for schools, many of which are already stretched financially and with regards to capacity.

## Health

Afghanistan has faced more than 40 years of conflict and instability which has resulted in insufficient coverage of health and other public services, economic decline, chronic poverty and food insecurity, again with women and girls experiencing the worst effects. This has impacted the health and wellbeing of Afghans and has resulted in challenges for local services trying to support recent Afghan arrivals.

Universal health coverage was estimated to be 39.3% in Afghanistan in 2019, with the majority of healthcare financed through out-of-pocket expenditure.<sup>70</sup> In the UK universal health coverage is estimated to be 87.9%, with the majority of healthcare financed through government health spending.<sup>71</sup> Access to a hospital or health facility is beyond the reach of most in Afghanistan and the country has one of the highest child mortality rates in the world; The under 5 mortality rate is 57.7 deaths per 1,000 live births in Afghanistan, compared to 4.1 in the UK.<sup>72 73</sup> There is also low immunisation uptake among poor and marginalised children.

Table 5 indicates there are similarities in the modifiable health risk factors contributing to death and disability in both Afghanistan and the UK such as dietary risks, tobacco, and blood pressure. However, there are some notable differences, with malnutrition, air pollution and water, sanitation and hygiene ranking as high-risk factors in Afghanistan. These factors evidence the limited access to essential health and wellbeing services and the detrimental environmental conditions many Afghans will have experienced prior to their arrival in the UK, and the resulting impact on their health.

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<sup>70</sup> [Afghanistan | Institute for Health Metrics and Evaluation \(healthdata.org\)](#) [Accessed 04 July 2024]

<sup>71</sup> [United Kingdom | Institute for Health Metrics and Evaluation \(healthdata.org\)](#) [Accessed 04 July 2024]

<sup>72</sup> [Afghanistan \(AFG\) - Demographics, Health & Infant Mortality - UNICEF DATA](#) [Accessed 04 July 2024]

<sup>73</sup> [United Kingdom \(GBR\) - Demographics, Health & Infant Mortality - UNICEF DATA](#) [Accessed 04 July 2024]

**Table 5: Modifiable health risk factors and leading causes of death in Afghanistan and the UK, 2021**

Rank	Modifiable health risk factors contributing to death and disability		Leading causes of death		
	Afghanistan	UK	Afghanistan		UK
1	Malnutrition	Tobacco	Conflict and terror		COVID-19
2	Air pollution	High body-mass index	COVID-19		Ischaemic heart disease
3	Dietary risks	Dietary risks	Ischemic heart disease		Stroke
4	High blood pressure	High blood pressure	Neonatal disorders		COPD
5	High fasting plasma glucose	High fasting plasma glucose	Congenital defects		Lung cancer
6	High body-mass index	High alcohol use	Stroke		Alzheimer's disease
7	Water, sanitation and hygiene	Occupational risks	Lower respiratory infections		Lower respiratory infections
8	Occupational risks	High LDL	Tuberculosis		Colorectal cancer
9	High LDL	Kidney dysfunction	Road injuries		Prostate cancer
10	Tobacco	Drug use	Hypertensive heart disease		Breast cancer

Source: Institute for Health Metrics and Evaluation<sup>74 75</sup>

There are greater differences in the leading causes of death between Afghanistan and the UK. Conflict and terror, road injuries and neonatal disorders, likely affecting young age groups, are among the leading causes in Afghanistan. Whilst cancers and Alzheimer's, likely affecting older age groups rank more highly in the UK. This is reflected in an estimated 20-year difference in life expectancy between the countries. In Afghanistan life expectancy at birth was 61 years for females and 57.4 years for males in 2021.<sup>76</sup> In the UK, life expectancy at birth in 2020-22 was 82.6 years for females and 78.6 years for males.<sup>77</sup>

Data on levels of physical activity in Afghanistan is not available, but there will likely be higher physical activity levels in males compared to females due to differences in societal roles, comfort

<sup>74</sup> [Afghanistan | Institute for Health Metrics and Evaluation \(healthdata.org\)](https://www.healthdata.org) [Accessed 26 July 2024]

<sup>75</sup> <https://www.healthdata.org/research-analysis/health-by-location/profiles/united-kingdom> [Accessed 26 July 2024]

<sup>76</sup> [Afghanistan \(who.int\)](https://www.who.int) [Accessed 04 July 2024]

<sup>77</sup> [National life tables – life expectancy in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk) [Accessed 04 July 2024]

with clothing for exercise and perceived lack of single-sex opportunities for women to participate in physical activity.<sup>78 79</sup> Regular physical activity has physiological and psychological benefits, such as reducing the risk of heart disease, diabetes, obesity, depression and anxiety.<sup>80</sup>

Oral health outcomes are varied in comparison to the UK. For example, in 2019 the prevalence of untreated caries for 1- to 9-year-olds was 45.8% compared to 19.5% in the UK, which indicates a high disease burden in children.<sup>81 82</sup> However, the incidence rate for lip and oral cancers was 4.6 per 100,000 compared to 5.1 in the UK. Again, these differences may be related to Afghanistan's comparatively youthful population.

This evidence indicates that there will likely be differences, and possibly more acute health needs, that Afghans will arrive with. A comprehensive health assessment is necessary to identify and manage any pre-existing conditions. However, tangible and intangible barriers to accessing care, such as being unaware of available services, language and cultural differences and accessibility issues, may present barriers to this. Furthermore, families being moved to different areas of the country following the withdrawal of bridging hotels could result in a lack of continuity of care. The dispersal of Afghans across the country and lack of information on migration factors within health records also makes it harder to understand the level of unmet health needs of those who have moved to the country.

The World Health Organisation Refugee and Migrant Health Toolkit provides guidance and tools to support actions to promote the health and wellbeing of refugees and migrants<sup>83</sup> The NHS have also produced a migrant health guide for migrant patients from Afghanistan which includes actions such as explaining how the NHS works and their entitlements to healthcare, health risks specifically for this population, such as screening for TB due to Afghanistan having a high incidence of TB, risk of polio due to polio being endemic in Afghanistan, importance of ensuring individuals are up to date with immunisations, and consideration of potential nutritional or metabolic concerns.<sup>84</sup> The NHS have also produced guidance on cultural, spiritual and religious sensitivity in the delivery of health care, with the use of interpreters and or intercultural mediators to support effective cross cultural communication between healthcare professionals and patients.<sup>85</sup> Locally Essex Integration have facilitated access to health services where required.

## Women's health

The average number of children women have is much higher in Afghanistan at 4.3 compared to 1.7 in the UK. In addition, the use of contraception is lower than in the UK; 18.2% compared to 71.7% in

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<sup>78</sup> [Physical activity Afghanistan 2022 country profile \(who.int\)](#) [Accessed 15 August 2024]

<sup>79</sup> [Barriers to Physical Activity: A Comparison of Afghans Living in the UK and Afghanistan \(scirp.org\)](#) [16 August 2024]

<sup>80</sup> [A Cross-Sectional Study Exploring the Physical Activity Levels of Afghans and Other South Asian Youth in the UK - PMC \(nih.gov\)](#) [Accessed 15 August 2024]

<sup>81</sup> [oral-health-afg-2022-country-profile.pdf \(who.int\)](#) [Accessed 15 August 2024]

<sup>82</sup> [oral-health-gbr-2022-country-profile.pdf \(who.int\)](#) [Accessed 15 August 2024]

<sup>83</sup> [Refugee and Migrant Health Toolkit \(who.int\)](#) [Accessed 24 July 2024]

<sup>84</sup> [Afghanistan: migrant health guide - GOV.UK \(www.gov.uk\)](#) [Accessed 26 July 2024]

<sup>85</sup> [Culture, spirituality and religion: migrant health guide - GOV.UK \(www.gov.uk\)](#) [Accessed 26 July 2024]

the UK, with abortion only permitted to save someone's life.<sup>86 87</sup> This combination of factors may mean that women have been less able to self-determine whether or when they have children, which could have subsequent implications for education and or career prospects. Social roles also place women at higher risk of abuse and exploitation.

Health risk factors such as malnutrition, infectious disease and low levels of universal health coverage in Afghanistan pose a risk for women's health, particularly during vulnerable times such as during pregnancy and could also have long terms effects not only on the woman, but also on the child. Ensuring a comprehensive health assessment is conducted is necessary to identify and manage any pre-existing conditions.

## Child health

In 2024, Afghanistan had an estimated population of 40million people.<sup>88</sup> Approximately 43% of the population is aged under 15 years, which gives Afghanistan one of the highest youth populations in the world. Environmental conditions and health risk factors such as malnutrition, infectious disease and low levels of universal health coverage in Afghanistan pose a risk for child health, particularly during the critical development period from conception to 5 years.<sup>89</sup> These factors could also have long terms effects on the child's development and may result in long term effects, for example, for chronic conditions, on cognitive, emotional and social skills and future employment. Ensuring that children are provided with the best conditions to grow, learn and develop in is vital for their future confidence, communication, relationships, community inclusion and mental health. This is particularly the case where children have additional needs due to learning disabilities or special educational needs.<sup>90</sup>

Children may also have been exposed to traumatic events and need additional support to cope with this and the associated grief and loneliness associated with leaving Afghanistan.<sup>91</sup> Adverse childhood experiences and or being separated from family on initial arrival to the UK also puts children and young people at increased risk of exploitation and abuse. Health visiting, 0-19 services, social care and safeguarding work with families to promote the health and wellbeing of children.

## Mental health

Escaping war can contribute to psychological stress and mental health issues, including post-traumatic stress disorder (PTSD). This may not manifest until weeks after displacement. Children may be particularly vulnerable. Afghanistan's history of conflict and poverty fuelled a mental health crisis long before August 2021, with nearly half the population suffering from psychological

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<sup>86</sup> [The World's Abortion Laws - Center for Reproductive Rights](#) [Accessed 26 Jul 2024]

<sup>87</sup> [Afghanistan: migrant health guide - GOV.UK \(www.gov.uk\)](#) [Accessed 26 July 2024]

<sup>88</sup> [World Population Dashboard -Afghanistan | United Nations Population Fund \(unfpa.org\)](#) [Accessed 05 July 2024]

<sup>89</sup> [The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](#) [Accessed 16 August 2024]

<sup>90</sup> [Child health and development | NSPCC Learning](#) [Accessed 16 August 2024]

<sup>91</sup> [Afghanistan Multi-sectoral Needs Assessment | Save the Children's Resource Centre](#) [Accessed 16 August 2024]

distress.<sup>92</sup> <sup>93</sup> A report by the Red Cross states that the pain of being forced to leave home, the traumatic nature of evacuation, and the prolonged hotel stay has caused profound mental health issues, with many experiencing anxiety, depression and loneliness.<sup>94</sup>

Stigma relating to mental distress may mean that those in need of help do not seek help.<sup>95</sup> A study found that Afghans use specific vocabulary to convey psychological distress, drawing on culturally relevant concepts of body-mind relationships.<sup>96</sup> This study also found that coping strategies are largely embedded within faith and family support. As a result, culturally appropriate trauma-informed approaches to care will be crucial for many, as will access to timely mental health and psychosocial care to prevent avoidable exacerbation of mental illness.<sup>97</sup> However, access to care may be challenging in some instances due to long waiting lists, language barriers a medicine centric approach to mental health in the UK.

Wider wellbeing factors such as engaging with the local community, taking part in physical activity, volunteering and connecting with friends and family will also support resilience.

## Limitations

Limited data and evidence is available on the health and wellbeing needs of resettled Afghans at a local level and therefore it has been difficult to identify inequalities specific to Afghans living in Essex. Furthermore, it will be challenging to monitor the progress of any recommendations implemented as a result of this HNA due to migration factors not being routinely captured within health records.

## Conclusions

This HNA has identified several crosscutting themes:

- Partners have worked collaboratively to manage and respond to novel, challenging and rapidly changing circumstances.
- Timely communication, clarity and transparency can support with preventing delays in local services deploying support.
- Existing pressures in services, such as housing and health services, have been pronounced throughout the response to this situation.
- Prolonged time in bridging accommodation and uncertainty prevented families from settling in a timely manner.

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<sup>92</sup> <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-021-03273-4#Sec11> [Accessed 26 July 2024]

<sup>93</sup> [‘Despair is settling in’: female suicides on rise in Taliban’s Afghanistan | Afghanistan | The Guardian](#) [Accessed 26 July 2024]

<sup>94</sup> [Afghanistan: one year on \(redcross.org.uk\)](https://www.redcross.org.uk) [Accessed 26 July 2024]

<sup>95</sup> [Treating Afghanistan’s Invisible Mental Health Crisis - Afghanistan | ReliefWeb](#) [Accessed 26 July 2024]

<sup>96</sup> [Afghan mental health and psychosocial well-being: thematic review of four decades of research and interventions | BJPsych Open | Cambridge Core](#) [Accessed 29 July 2024]

<sup>97</sup> [WHO EMRO | Mental and disability health | Programmes | Afghanistan](#) [Accessed 29 July 2024]

- Barriers for Afghans resettling locally were often soft, such as lack of appropriate documentation, unable to express complexity in a new language, and knowledge of local systems.

These themes have informed recommendations for system leaders, health services, local authorities, government departments and the voluntary sector.

## Recommendations

### 1. Improve governance processes

Clear governance and accountability processes need to be in place to ensure that local, regional and national partners are clear on roles and responsibilities. This will facilitate a robust and coordinated response to any future resettlement programmes, from the initial reactive response through to recovery and business as usual.

### 2. Improve partnership working and communication

Partnership working and timely communication requires strengthening to enable local partners to plan for and stand up the appropriate response and deploy holistic support effectively to this vulnerable population as they are being resettled. This relates to communication throughout the health and care system, from national to local and between local partners to ensure that partners are aware of the entitlements of resettled persons and are able to deliver culturally appropriate services.

### 3. Improve data capture and information sharing

Improvements to data capture and information sharing is needed to support with understanding needs and effectively targeting interventions. Lessons from the ARAP and ACRS schemes can help determine important information to collect from the outset, and dissemination of information to partners will support a more informed response.

### 4. Capacity building

Local services need to be trained and resourced appropriately to manage the intensity of demand associated with supporting large numbers of resettled persons, many of whom may have complex needs, both during the initial reactive response and over the longer-term to safeguard their health and wellbeing.

### 5. Incorporate the voice of resettled persons into response

It is essential that the voice of resettled persons is used to guide the resettlement process, support for health and wellbeing, and integration into communities. This will greatly enhance the responsiveness of services, improve the experience for those moving into the local area and support with tackling health inequalities.

If implemented, these recommendations could lead to timely access to appropriate services, increased cultural inclusivity and understanding of clinical needs, resulting in improved physical and

mental health and greater wellbeing. These findings align with recommendations from recent health needs assessments of other migrant groups.

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