Insight Hub

Bulletin 15: 7 February 2022

Executive Summary

For our 15th [Insight Hub](#) survey, we look at the impact of the Omicron variant, vaccination uptake among clients, changing causes of homelessness and an update on working with people affected by the crisis in Afghanistan,

*This bulletin presents data collected from **40 organisations** working with people in the immigration system across the UK.*

Section 1: Organisational impact of Omicron variant

In light of the Omicron variant:

- 83% of organisations have **made changes to their service provision**

- 50% have **reduced operation of some face to face services**

- 65% told us they have **updated their Covid-19 risk assessment**, while 28% **have not.**

Other issues related to Omicron include: **Staff anxiety** about contracting Covid at work (68%), the **absence of staff / volunteers on sick leave** with Covid, and the **difficulty of making decisions under changing government guidance**.

Section 2: Impact of Omicron on clients

- **77%** of organisations have clients who have contracted the Omicron variant

- The main issue clients have experienced in relation to having to isolate or shield was **missing appointments** that can't be moved online, including medical (48%) and other appointments (48%).

- **100%** of organisations (21) reported **language issues** as being the main problem their clients face when trying to access treatment for Covid / long Covid symptoms.

Section 3: Client uptake of the vaccination programme

- Respondents estimated the percentage of their clients who had received at least one dose of the Covid-19 vaccine. The mean reported proportion of clients who had received at least 1 dose was **75%**.

- Barriers for unvaccinated clients to getting a vaccine include:
    - **Clients do not want to have the vaccine**, for a number of reasons (reported by 68%)
    - **Historical mistrust due to the hostile environment** (50%)
    - **Administrative barriers** (48%)
- **88%** of respondents have done **vaccine promotion work** with their clients, and some of the approaches found to be effective are listed in the main bulletin.

Section 4: Homelessness

- Responses suggested an **increase in rates of homelessness** or risk of homelessness among people in the immigration system over the past 6 months.

- Factors included the ongoing impact of the pandemic such **loss of employment** and clients staying with family or friends having to leave due to **exhausting hosts' generosity, overcrowding or Covid risk.**

- Factors related to immigration status include:
    - **Evictions from Home Office accommodation** on receipt of asylum decisions
    - Difficulty for some **EU nationals** in securing EU Settled Status or Pre-Settled Status, leading to an **increase in rough sleeping.**

"There is definitely a sharp increase in the Eastern European rough sleeping community; there aren't enough winter and night shelters (it's never been so bad as it is this year)."

Section 5: Afghanistan crisis response

Resettled Afghan refugees
16 respondents are supporting Afghans who are part of a UK Government Resettlement scheme.

- The top areas of need for this group are:

1. **Emotional and mental health support (81%)**, consistent with the findings in Bulletin 13 conducted in September 2021.

2. **Support to register children in school (69%)**

3. **Social & cultural activities and ESOL training (63%)**

- **50%** of respondents working with resettled Afghan refugees feel they have **insufficient staff capacity to provide support.**

"Mental health and wellbeing support is working well when it's integrated into the provision at the hotel. We have some group work but it's essential that this is backed up by more intensive 1:1 or family therapy for those who need it."

Support provided to Afghan asylum seekers with active claims

21 organisations told us about the needs of Afghan asylum seekers who they are supporting.

- The top areas of need for this group in this survey are consistent with the findings in Bulletin 13 in September 2021.

1. **Emotional and mental health support (90%)**

2. **Legal advice on their immigration cases (62%)**

3. **Support or advice for friends and family in Afghanistan (57%)**

"On the back of the pandemic and the situation in Afghanistan, the levels of stress, anxiety and depression has significantly increased with the families I work with."

Insight Hub

Bulletin 15: 7 February 2022

This is the 15th bulletin of the Insight Hub presenting the findings from our latest survey of refugee and migration focused organisations. In this bulletin we will be presenting findings on the impact of the Omicron variant, vaccination uptake among clients, changing causes of homelessness,and an update on working with people affected by the crisis in Afghanistan.

The survey received **40 responses** from organisations working across the UK[1]. The largest groups of respondents were those operating in the West Midlands (15%) and UK-wide (15%), followed by the South East (13%), the North West (13%) and Yorkshire and the Humber (13%).

Section 1: [Organisational impact of the Omicron variant](#)

Section 2: [Impact of the Omicron variant on clients](#)

Section 3: [Client uptake of the vaccination programme](#)
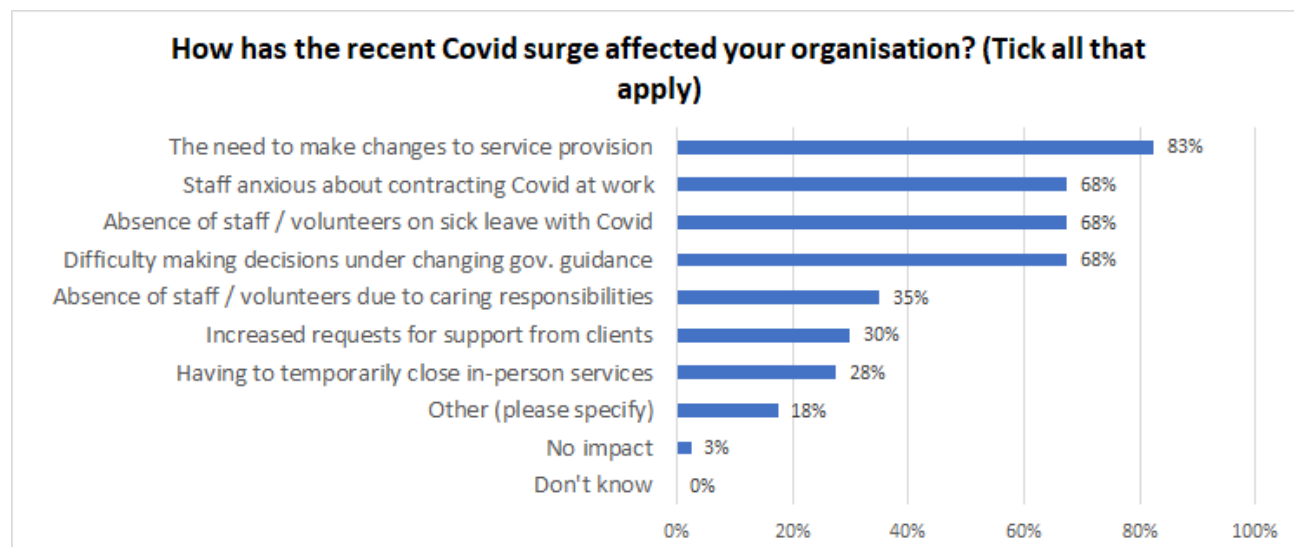
Section 4: [Homelessness](#)

Section 5. [Afghanistan crisis response](#)

Section 6: [Additional Resources](#)

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[1]Respondent's turnover: 48% have a turnover between £150,000 and £1,000,000; 38% £150,000 or under; and 15% £1,000,000 or over. Of the 40 respondents to this survey, 34 had participated in a Hub survey before.

Section 1: Organisational impact of the Omicron variant

How has the recent Covid surge affected your organisation? (Tick all that apply)

Category	Percentage
The need to make changes to service provision	83%
Staff anxious about contracting Covid at work	68%
Absence of staff / volunteers on sick leave with Covid	68%
Difficulty making decisions under changing gov. guidance	68%
Absence of staff / volunteers due to caring responsibilities	35%
Increased requests for support from clients	30%
Having to temporarily close in-person services	28%
Other (please specify)	18%
No impact	3%
Don't know	0%

- 83% of organisations (33) told us that they have **needed to make changes to their service provision** in light of the recent Covid surge, including cancelling or postponing events and activities, or delaying plans to return to face-to-face work.

- 68% (27) have been impacted by **staff anxiety about contracting Covid at work**, the **absence of staff or volunteers on sick leave** with Covid, and the **difficulty of making decisions under changing government guidance**.

- **28%** (11) told us that they have had to **temporarily close in-person services**. When asked why, all 11 cited their inability to run the venue in a socially distanced way, and 3 cited staff absence.

- In **'other'** a respondent mentioned the significant amount of time required for staff to support clients to understand guidance and source lateral flow tests.

> *How has Omicron impacted your service delivery?*
>
> 50% (20) have **reduced operation of some face-to-face services** in light of Omicron.
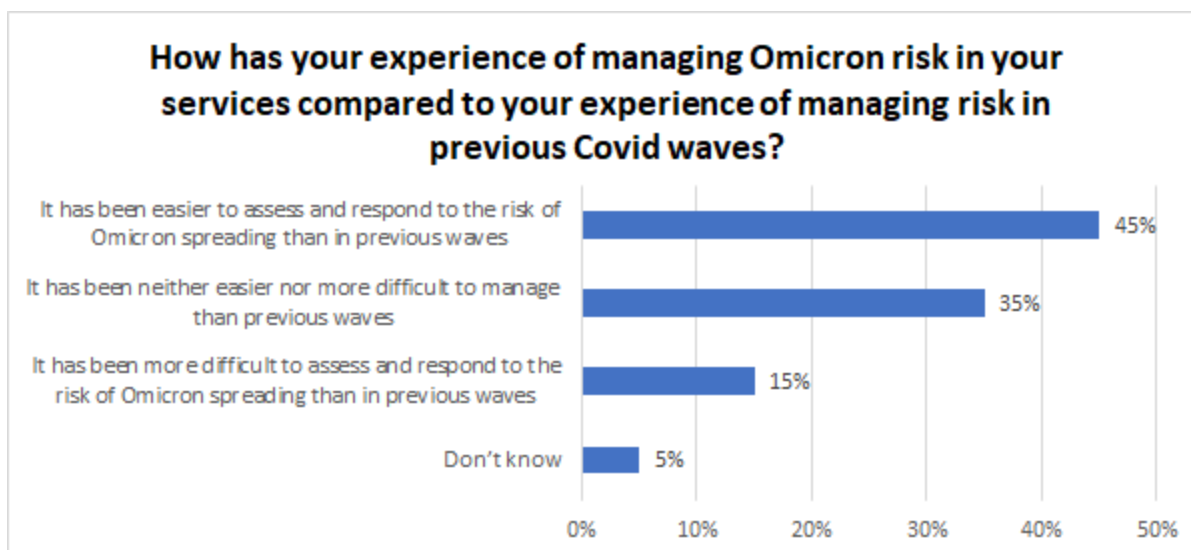>
> 32% (13) are **continuing to operate all face to face services as they were before the recent surge**, with Covid-19 safety measures in place.
>
> 10% (4) told us they have **stopped all face-to-face services in light of Omicron**.
>
> 5% (2) of organisations have continued to work remotely.

Managing Omicron risk

- 65% of respondents told us they have **updated their Covid-19 risk assessment in light of the Omicron variant**, while 28% (11) **have not updated their risk assessment.** 8% (3) did not know.

How has your experience of managing Omicron risk in your services compared to your experience of managing risk in previous Covid waves?

Response	%
It has been easier to assess and respond to the risk of Omicron spreading than in previous waves	45%
It has been neither easier nor more difficult to manage than previous waves	35%
It has been more difficult to assess and respond to the risk of Omicron spreading than in previous waves	15%
Don't know	5%

- 45% of participants (18) told us that it has been **easier to assess and respond to the risk of Omicron** spreading than in previous waves.

- 35% (14) said it has been **neither easier nor more difficult**, while 15% (6) said it has been **more difficult**.

Reasons that organisations have found it <u>easier to respond</u> to Omicron than previous waves include:

- **Preparedness** - **already having measures in place for different scenarios alternative options offers**, including risk assessments and policies, and alternative service delivery models (mentioned by 10 organisations)

- **Familiarity** - Omicron has been easier to manage because we are **"used to Covid now",** organisations feel confident in how they have handled previous waves (4)

- One organisation reported that the vaccines and Omicron's lower mortality rate helped to **reduce anxiety** in their organisation.

Reasons that organisations have found it <u>more difficult to respond </u>to Omicron include:

- **Anxiety and uncertainty:** Two organisations experienced an **increase in anxiety** during the Omicron wave and the lack of clarity with guidelines has meant that clients are not clear on the rules.

- **Assessing impact on service delivery**: Omicron's transmissibility has made it harder to respond to because it had a **greater impact on their staff and services** (2 organisations)**,** including the added pressure of communicating last minute service changes to clients.

- **Lateral flow tests:** difficulty in obtaining and storing lateral flow tests which have been essential in the management of this wave (2 organisations), as well as the pressure on staff capacity to manage testing procedures/ admin for in-person or group sessions.
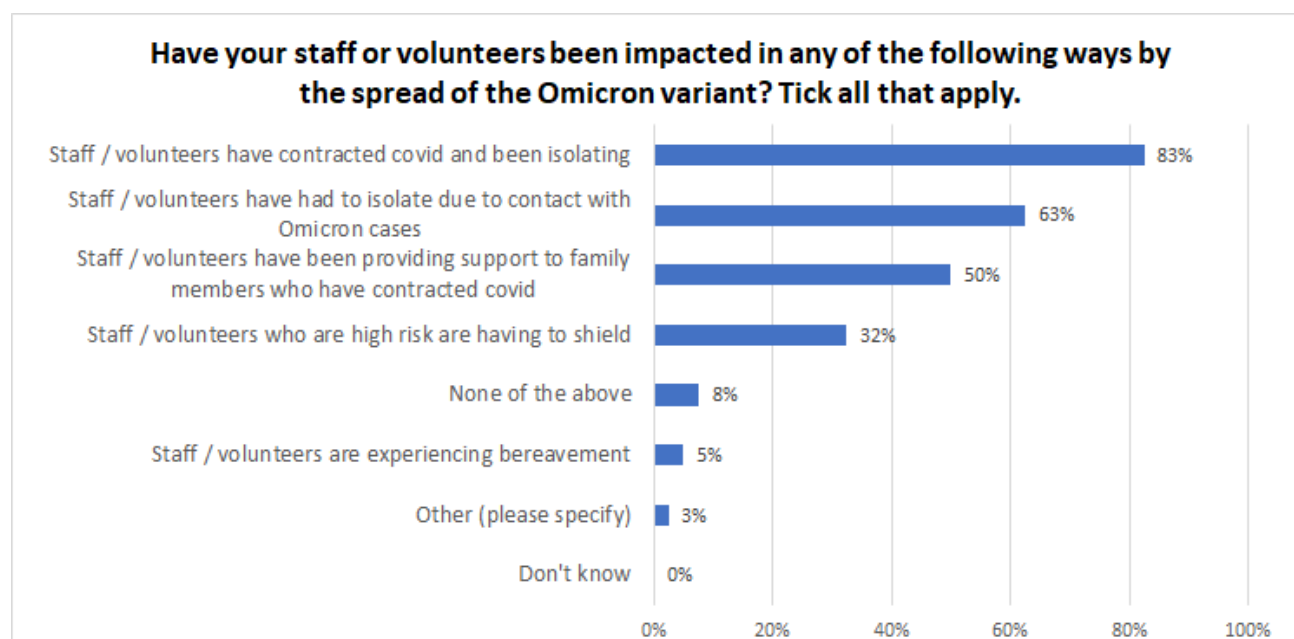
Organisational experiences:

*"It has been easier because we have already put in place measures that were effective in managing spread previously so it was a process of returning to previous measures on the one hand and using changes in mitigation e.g. lateral flow tests on the other. **This provided much more security to the staff team.**"*

*"It's been easier **as 'responding to covid' has become fully embedded and mainstreamed operational objective across the organisation**, but it has been more difficult due to it being much more viral and we have been experiencing waves of sick leave originating from only one user - so preventing further infections, **office planning, scheduling in-person delivery has been more intricate an activity than previously.** Having said that, the fact that Omicron is less deadly and increasingly more people are fully vaccinated helps with some covid-based anxiety. But **anxiety is still there, and exhaustion of this seemingly never ending pandemic.**"*

*"As a very small organisation the impact of one staff member with possible Covid affects the whole charity. **Planned work had to cease with no notice and it was difficult to explain this on the phone to a client group who often do not speak English as their first language.**"*
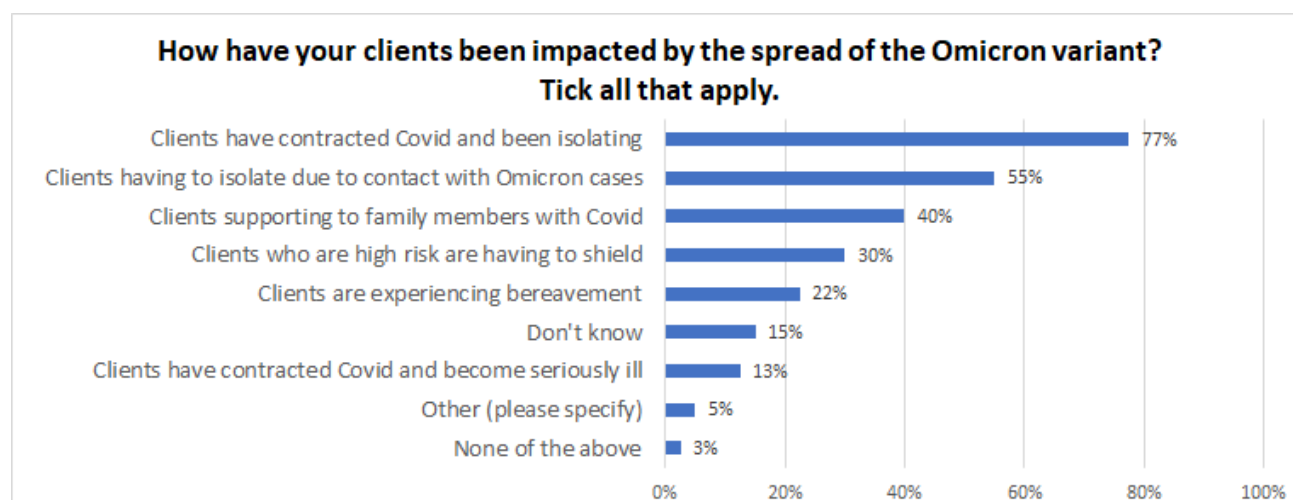
*"As a community learning provider it has been **really hard to get Lateral Flow Tests** in enough quantity so that all our students can be tested twice weekly - all staff have to try and order them weekly so we have enough of them."*

Impact of the Omicron variant on staff and volunteers

Have your staff or volunteers been impacted in any of the following ways by the spread of the Omicron variant? Tick all that apply.

Category	%
Staff / volunteers have contracted covid and been isolating	83%
Staff / volunteers have had to isolate due to contact with Omicron cases	63%
Staff / volunteers have been providing support to family members who have contracted covid	50%
Staff / volunteers who are high risk are having to shield	32%
None of the above	8%
Staff / volunteers are experiencing bereavement	5%
Other (please specify)	3%
Don't know	0%

- **83% of participants (33) told us that staff or volunteers in their organisation have contracted Covid during the Omicron wave**, while for 63% (25) staff or volunteers have had to isolate due to contact with Omicron.

- Overall, **90% of responding organisations (36) have staff or volunteers who have had to isolate in recent months** due to contracting, being in contact with or shielding from the Omicron variant.

- Under 'other', one respondent added that staff were impacted by childcare issues due to closure of schools and nurseries.

Section 2: Impact of the Omicron variant on clients

**How have your clients been impacted by the spread of the Omicron variant?
Tick all that apply.**

| Category	Percentage
Clients have contracted Covid and been isolating	77%
Clients having to isolate due to contact with Omicron cases	55%
Clients supporting to family members with Covid	40%
Clients who are high risk are having to shield	30%
Clients are experiencing bereavement	22%
Don't know	15%
Clients have contracted Covid and become seriously ill	13%
Other (please specify)	5%
None of the above	3%

- **77%** of organisations (31) have had **clients contracting the Omicron variant**

- **55%** (22) have had clients **isolating due to contact** with Omicron cases, and 40% (16) have clients who have been **supporting family members** with Covid.

- Another commented that staff and volunteers having to isolate, and therefore being less available, had a noticeable impact on clients.

Issues experienced by clients having to isolate:

- 48% of respondents (12) reported their clients **missing appointments** that can't be moved online, medical and otherwise.

- 28% (7) told us their clients have **lost income** and 24% (6) said that their clients have had **difficulty moving legal appointments or hearings online**.

- Other impacts included **missing online therapy sessions** due children having to be at home; clients accommodated in hotels experiencing significant **difficulty receiving meals** while isolating.

Of your clients who have contracted Covid, have any faced the following problems when seeking treatment for their symptoms (including long Covid)? Tick all that apply.
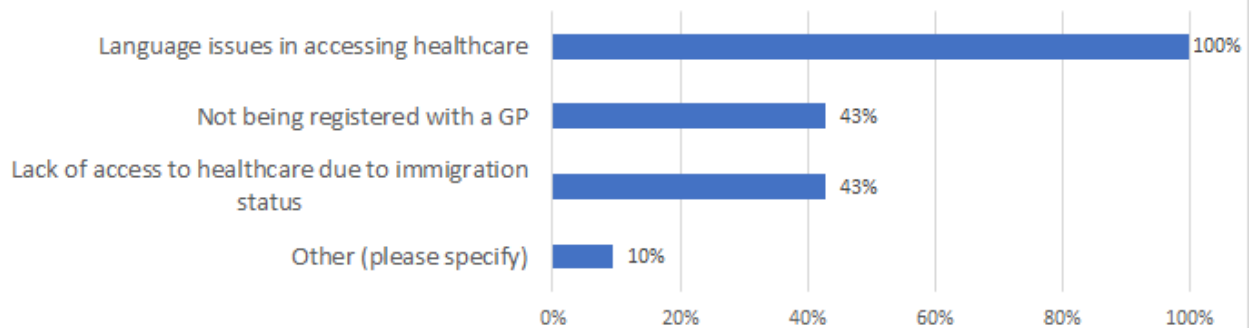
- Of the 21 respondents who told us about problems their clients have faced trying to access treatment for Covid/ long Covid symptoms, **100% reported language issues.**

- Elsewhere in the survey, a respondent reported concerns about **language barriers for clients reporting a positive Covid test to 119, especially for clients with cognitive impairments.**

- Other issues included not being registered with a GP (43%), lack of access due to immigration status (43%) Under 'other', respondents mentioned clients **lacking funds to travel to GP**.

Section 3: Client uptake of the vaccination programme

20 respondents told us roughly how many of their clients have **had at least one dose of the Covid-19 vaccine.**

- 17 of these told us that over 60% of their clients have had at least 1 dose of the Covid-19 vaccine.

- 6 respondents told us that this was the case for over 90% of their clients.

- The mean reported proportion of clients who had received at least 1 dose was 75%.

- Two further respondents did not share a number but commented that the rate of **vaccination uptake was much lower among clients in hotels.**

Booster vaccine access

- **38%** of respondents (15) **did not know** whether their clients had faced any difficulty accessing the booster vaccine.

- **35%** (14) of respondents told us that their clients had **faced no difficulty** getting the booster vaccine, while 28% of respondents (11) told us they had clients who had had **issues accessing the booster vaccine**.

Vaccination passports

When asked whether their clients had faced any trouble getting their Covid-19 vaccination passport, the majority of respondents (75%, 30 organisations) **did not know**.

13% of respondents have clients who have had trouble getting a Covid-19 vaccination passport. 13% said that none of their clients had had any difficulty.

Where clients had struggled to get hold of a vaccine passport, the main issues were around digital access to register for and download the passport.

Barriers faced by unvaccinated clients to being unvaccinated
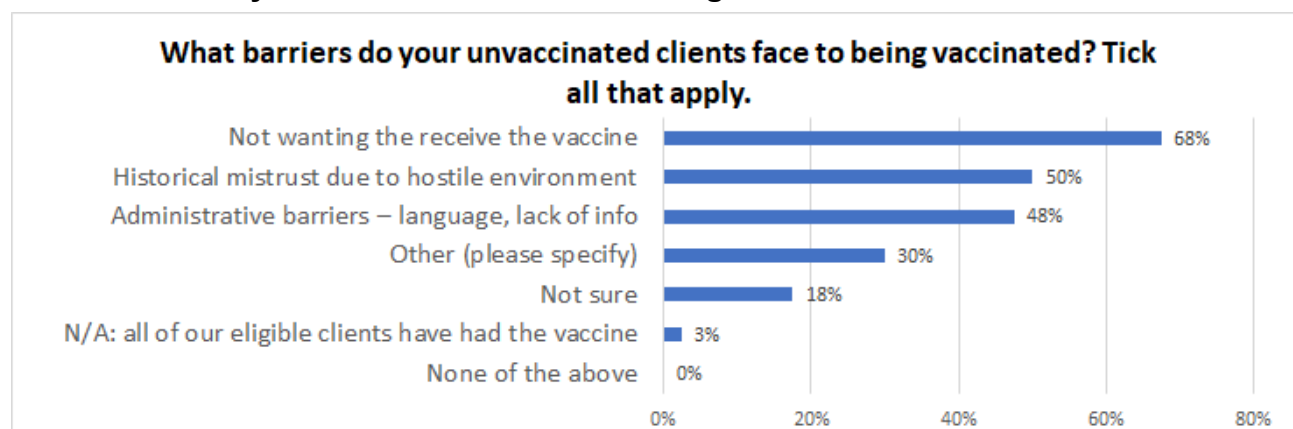
- 68% of respondents (27) told us that they have clients who **have not received the vaccine because they do not want to** - for any number of reasons.

- 50% (20) cited **historical mistrust due to the hostile environment** as a barrier for their clients and 48% (19) told us their clients have faced **administrative barriers to getting vaccinated**.

'**Other**' barriers faced by clients included the following:

- **Misinformation or conspiracy theories**, circulating via social media or through family and friend networks (4 organisations).

- **Issues of public health messaging** (2):
  - Vaccination promotion messages are 'delivered with anger' which obstructs trust and dialogue with unvaccinated groups.
  - Concern about labelling people as not wanting the vaccine:

  *"We are concerned about language barriers… especially for those with cognitive impairments. **It appears as though there isn't enough effort being made with this client group** who are being left as people choosing not to get vaccinated but it is unclear that they fully understand the choice."*

- **Lack of access**:
  - Challenges with GP registration precluding access to vaccines (2)
  - Vaccination venues inaccessible to clients, who lack money for transport and are not familiar with the centre locations
  - Asylum seekers not knowing where to access accurate information to help them decide about taking the vaccine (and it being assumed they do)
  - Young people who are in the care of the local authority not being given sufficient support to access vaccination sites

- **Issues in hotels:** Lack of support from accommodation providers to access the vaccine (2)

- **Cultural or religious beliefs** impacting clients' decisions about the Covid-19 vaccine (2)

"A lot of people just don't want it! I don't think accessibility is the issue, more that people have either already had Covid and been ok so don't see the need for the vaccine, or say they're young so will be ok."

Specific barriers to accessing the booster vaccination

- Four respondents cited **travel** as a barrier for their clients, including the distance, unfamiliar locations of mass vaccination centres, and the associated cost of travel.

- Three mentioned **language barriers** posing an issue, compounding confusion about where to get the booster and whether it was by appointment or walk in.
- Two faced challenges with the **medical records** either not showing **vaccine history**, or not transferring vaccine history between England and Wales, and clients being refused the booster on this basis.
- One organisation reported clients who had received two doses of the vaccine and still contracted Covid-19 'not understanding the point' of getting a third dose.
- Another respondent reported clients' concerns about the relationship between the booster and their previous vaccinations.

Vaccine promotion
- 88% of respondents (35) have done some form of vaccine promotion work with their clients. 10% (4) have not, and one respondent did not know.

We asked respondents what they had found to be **effective approaches to improving vaccination uptake** among their clients and their communities:
- **One-to-one conversations with clients**, including talking through and addressing people's fears and concerns (11 organisations).
- **Sharing translated information from trusted sources** (including Doctors of the World and Refugee Action) (10)
- **Sharing translated information** and positive images / messages through various creative media, including **posters, leaflets, photos and notice boards** (7)
- **Organising pop-up vaccine centres**, including an outreach bus. (5)
- Using **digital media**, including videos, social media, and one organisation sent **voice notes to illiterate clients** (4)
- **Organising vaccine awareness sessions**, including some which were attended by key religious and medical figures from different communities (4)
- **Training staff with accurate information** to answer questions (3), including having a designated 'vaccine champions'
- **Running a focus group** to listen to clients' concerns and find out what information they most wanted to shape approach (1)

"Talking about it openly. Being positive about it and raising it in conversation rather than telling people what to do. Also being prepared with accurate information when someone does ask for specific information about their concerns or queries"

"We ran a focus group meeting to identify concerns that our clients have on Covid 19 vaccine. Our clients wanted to know more about the ingredients of the vaccine. Based on

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that we supported development of leaflets sharing info on Covid 19 vaccine ingredients…
many have reported finding the information very useful."

Section 4: Homelessness

We asked organisations about **changes in rates and causal factors of homelessness** among their clients over the last 6 months. 27 organisations took part in this section.

Responses suggested an **increase in rates of homelessness** or risk of homelessness among people in the immigration system over the past 6 months.

- 5 respondents told us they have seen an increase in **rough sleeping** among their clients
- 5 told us they have seen an increase in **sofa-surfing** among their clients
- 2 have seen an increase in **emergency accommodation** requests
- Of the organisations who provide housing or hosting schemes:
  - 6 said referral rates have stayed **roughly the same**
  - 5 said referral rates have **significantly increased**
  - **None** had seen a **decrease** in referral rates

Below is an overview of respondents' reflections on the current driving forces of homelessness among the migrant communities they support, with a particular emphasis on new and changing causal factors /routes into homelessness.

New or changing causal factors of homelessness

Barriers to accessing public or third sector accommodation:
- Housing service providers have long waiting lists and reduced services, due to Covid related staff shortages and funding issues
- The end of Covid-related funding for accommodation
- Lockdowns have made it more difficult to make referrals and to secure accommodation for clients
- Long waiting lists for and distinct lack of provision of emergency accomodation
- Clients are not considered as having a priority need for social housing

Endemic problems in the private rental sector faced by clients who cannot access statutory or other emergency housing:

- Two organisations noted that refusal from private rental due to **financial insecurity,** such as being on Universal Credit or insecure employment such as agency work, was a main causal factor for homelessness among their clients.
- Rising/ unaffordable rents in the private market
- Limited private rental availability, particularly in some locations (Bristol was mentioned)
- 'Rogue' landlords

The **ongoing impacts of the pandemic** on clients' housing situation

- **Loss of employment** as a key causal factor of homelessness, one highlighting job losses in sectors hardest hit by covid - food processing/ hospitality, in which many of their clients work (reported by 4 organisations).
- Clients who had been staying with friends and family now having to leave, either having **exhausted generosity and/ or due to overcrowding or covid risk** (4).
- Respondents also highlighted the impact of sustained **lack of community support systems and limited access to support services**, including legal support, which have made addressing and resolving housing issues more difficult at a point where homelessness could have been prevented.

Group-by-group: Changing housing stability and causes of homelessness among NRPF, EUSS, asylum seeking and unvaccinated clients

Clients with No Recourse to Public Funds (NRPF)
- 5 respondents identified NRPF conditions as a main causal factor of homelessness among their client group over the last months.
    - One respondent noted that more people with NRPF were coming forward for support during lockdowns, having lost work and accommodation.
- Of the organisations working with homeless clients, 22% (6) have referred clients with NRPF to a local housing team to be accommodated under the '**Protect and Vaccinate' scheme**[2]. Of these organisations, **3 said their referrals have been successful, 2 said they have not,** 1 didn't know.

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[2] Protect and Vaccinate Programme was launched in December 2021 Government, highlighting the expectation that discretionary powers could be used by local authorities to accommodate non-UK nationals, at least in the short-term
https://www.homeless.org.uk/sites/default/files/Homeless%20Link%20Non-UK%20nationals%20briefing_final2.pdf

EU Nationals

Three organisations working with EU nationals highlight the impact of issues related to EU Settled Status (EUSS) or Pre Settled Status (PSS) on housing. These include:

- Lack of awareness among new arrivals from the EU of the post-Brexit immigration system, such as the requirement for work visas for EU Nationals.

- Related to the above, EU nationals *"are being exploited in cash-in-hand jobs to the point of destitution and homelessness."*

- Restricted eligibility for accommodation for clients with difficulty securing EUSS/ PSS due to historic issues of compliance and inability to prove their residence in the UK[3].

- Delays in decisions on EUSS and PSS decisions and inconsistency among housing providers about assessing eligibility for support for EU Nationals waiting for a EUSS decision - some requesting positive decisions rather than implied rights:

*"EUSS decisions **take up to 9 months now** and housing providers and **DWP tend to expect 'positive' decisions rather than implied rights as grounds for support.** We engaged in extensive consultation with DWP about implied versus positive rights' decision making and reached some sort of understanding that implied rights of already supported claimants have to be upheld, but **practice on the frontline is mixed.** It doesn't solve problems of **those awaiting for the decision as they are trapped in limbo"***

- One organisation noted a **"sharp increase" in rough sleeping among the Eastern European community**, due to a combination of the lack of winter night shelters and restricted eligibility for support due to issues with EUSS decisions outlined above.

- One organisation reported **positive change** in relation to rough sleeping rates, and that due to a pilot project there has increase in the number of people from Roma communities who are rough sleeping now being offered accommodation:

*"Over the past months we have seen **rough sleeping Roma being supported by St Mungo's teams into accommodation…**Between July 2021 and October 2021 we have delivered a pilot project supporting Roma rough sleepers in the Westminster area. **We have provided assistance with interpreting, supporting clients to apply for Universal Credit, EUSS, National Insurance Numbers, etc.** This has added some pressure on our services but at the same time has indicated the **huge need for add on/follow up support** that this category of people need once they are placed in accommodation."*

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[3] For example, clients with a history of overreliance on informal markets and underreporting of income (e.g. low-paid workers failing to submit tax self-assessments) or renting rooms in unregistered HMOs (landlords refuse to issue tenancy agreements).

People seeking asylum

- Seven respondents emphasised that asylum decisions, whether positive or negative, are a trigger point for homelessness. Concerns include:
    - An **increase in evictions from Home Office accommodation** on receipt of status (3 organisations)
    - The **end of some types of Covid-specific asylum support**
    - An **increase in erroneous Section 95 discontinuations** resulting from poor communication between the tribunal and Home Office
- Two respondents reported that **clients were leaving initial asylum accommodation in hotels to stay with family/ friends**, one citing poor mental health as a factor

"We successfully challenged around 40 eviction notices for asylum seekers under the Everyone In scheme. These letters are arriving faster now."

*"We are now seeing people **struggling to access housing due to lengthy delays in receiving an appointment for their asylum interviews.** We have received requests to accept people into our hosting scheme who are at risk of destitution due to these administrative delays, despite being eligible for support."*

Supporting unvaccinated clients

22% (6 orgs) have supported unvaccinated clients who are struggling to access accommodation, including hosts or hostel spaces:

- Two organisations have funded **short term accommodation like B&Bs or hotels for clients on a case by case basis**, such as single mothers and children. However both cited that their organisation does not have sufficient resources to fund this long term or for all clients.
- Two organisations mentioned they are **supporting clients to understand the situation regarding vaccinations** and their options in this regard.

Respondents also highlighted the **difficulties they face in supporting unvaccinated clients to access accommodation**:

- There are limited options to supporting people in this situation, especially when fear of authorities acts as a barrier to getting vaccinated.
- One organisation pointed out that as there is a **lack of available accommodation options**, vaccination status is often a secondary concern.
- Elsewhere in the survey, **not being vaccinated was raised as a causal factor of homelessness** among clients
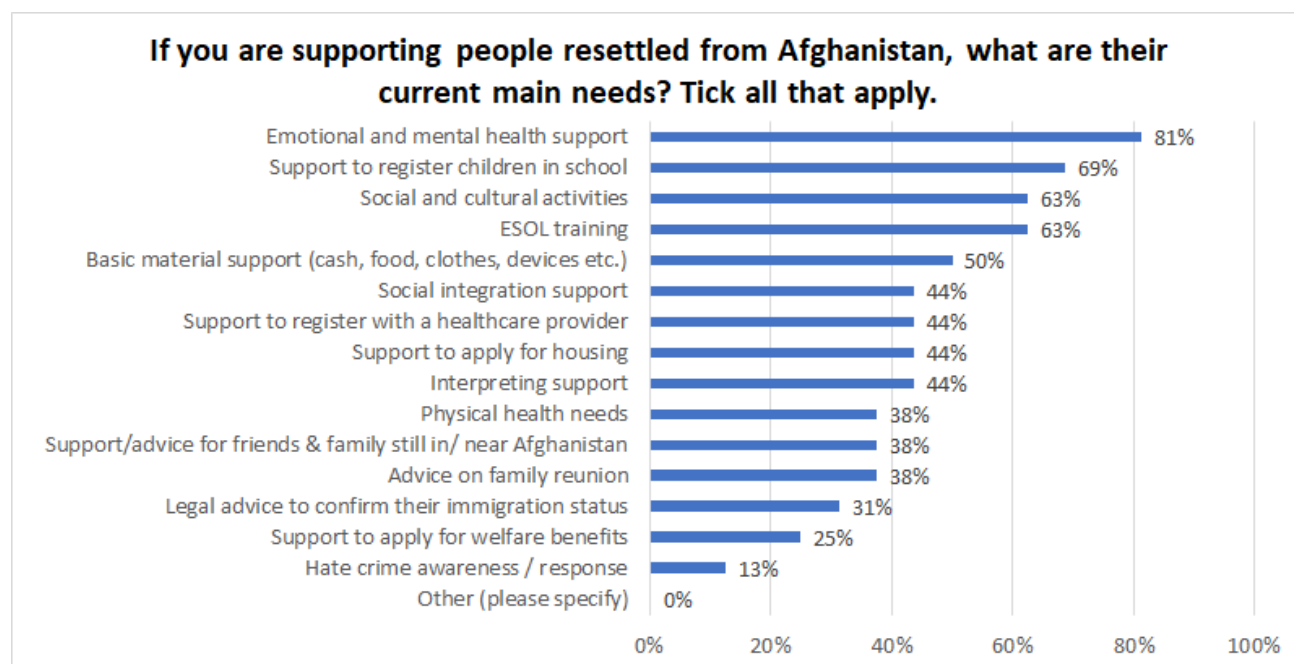
Section 5. Afghanistan crisis response

26 organisations are supporting people affected by the Afghanistan crisis, 38% (10), of whom are **working as part of a local authority resettlement scheme**.

Resettled Afghan refugees

16 respondents are supporting Afghans who are eligible for a UK Government Resettlement scheme, including:

- Pre-summer 2021 Afghan Relocations and Assistance Programme (ARAP) scheme arrivals
- Newly arrived Afghan adults and children under the 2021 Summer evacuation programme
- New ARAP scheme arrivals (post evacuation)
- New Afghan Citizen Resettlement Scheme (ACRS) arrivals

If you are supporting people resettled from Afghanistan, what are their current main needs? Tick all that apply.

Emotional and mental health support	81%
Support to register children in school	69%
Social and cultural activities	63%
ESOL training	63%
Basic material support (cash, food, clothes, devices etc.)	50%
Social integration support	44%
Support to register with a healthcare provider	44%
Support to apply for housing	44%
Interpreting support	44%
Physical health needs	38%
Support/advice for friends & family still in/ near Afghanistan	38%
Advice on family reunion	38%
Legal advice to confirm their immigration status	31%
Support to apply for welfare benefits	25%
Hate crime awareness / response	13%
Other (please specify)	0%

Current main needs of resettled Afghans include:
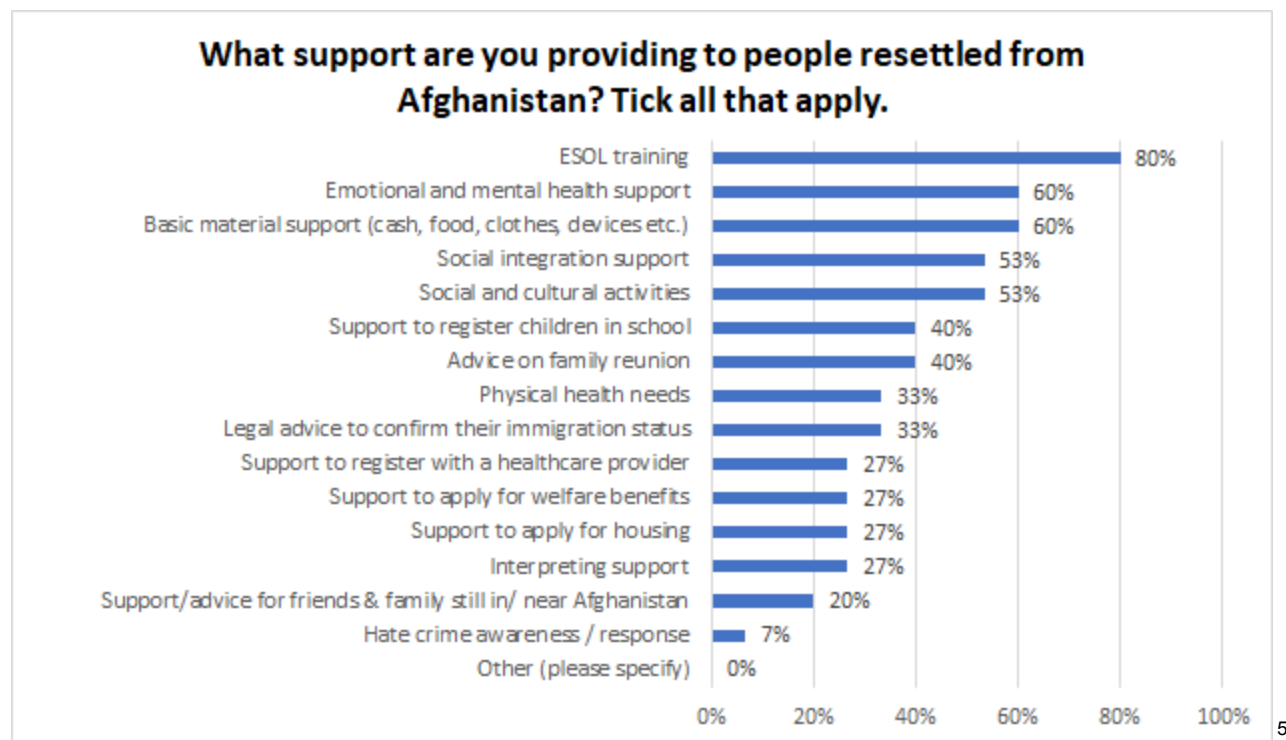
1. **Emotional and mental health support,** 81% (13 organisations) - consistent with the findings of Survey 13 conducted in September 2021.

2. **Support to register children in school**, 69% (11)

3. **Social and cultural activities** and **ESOL** training, both at 63% (10)[4].

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[4] These were new options and so cannot be compared with the findings from Bulletin 13.

- **Basic material support,** reported by 65% of organisations in September, remains a common area of need at 50%.

- The need for **support or advice for friends and family still in/near Afghanistan** has reduced from 65% in Bulletin 13 to 38% (6) in Bulletin 15.

Main support being provided to resettled Afghans:

What support are you providing to people resettled from Afghanistan? Tick all that apply.

Support	Percentage
ESOL training	80%
Emotional and mental health support	60%
Basic material support (cash, food, clothes, devices etc.)	60%
Social integration support	53%
Social and cultural activities	53%
Support to register children in school	40%
Advice on family reunion	40%
Physical health needs	33%
Legal advice to confirm their immigration status	33%
Support to register with a healthcare provider	27%
Support to apply for welfare benefits	27%
Support to apply for housing	27%
Interpreting support	27%
Support/advice for friends & family still in/ near Afghanistan	20%
Hate crime awareness / response	7%
Other (please specify)	0%

[5]

Main support provided by organisations:

1. **ESOL training** 80% (12 organisations).

2. **Emotional and mental health support** (60% - 9 orgs) . This is similar to the rate reported in Bulletin 13 (62%).

3. **Basic material support** (60%), also being provided at a similar level to that reported in Bulletin 13 (54%).

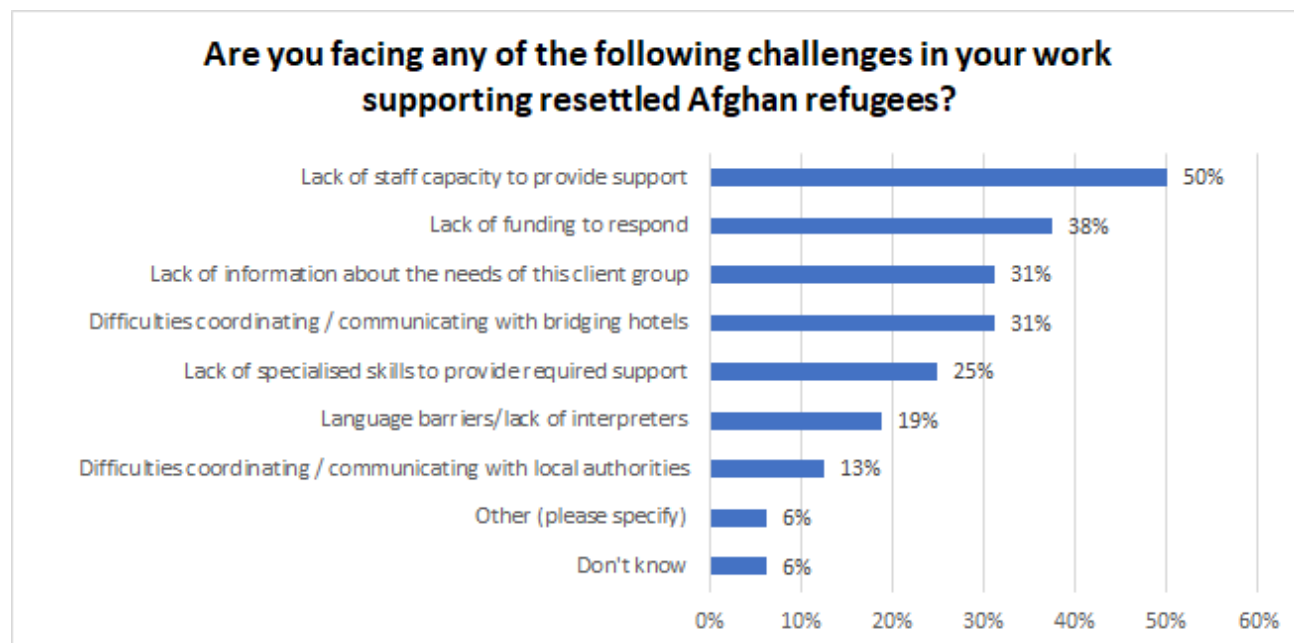[5] This question was answered by 15 organisations.

Local authority wrap-around support for resettled Afghan clients

- Of the 16 organisations supporting resettled Afghan clients, 75% (12) said that **all or some of their clients have been able to access local authority support.**

- Of these 12 organisations, 42% (5) said that **there are gaps[6] in the support where the wrap around support is not meeting clients' needs,** and non-contracted organisations are having to step in to provide. These include:

  - Independent advice and support on housing and immigration

  - Support with healthcare and with mental health, which was the highest reported need for this client group

  - Social and cultural support

  - ESOL and support to access mainstream education

  - Money for school uniforms

- More broadly, a respondent raised that conditions in the hotel accommodation are inadequate and another commented that it is more difficult for clients in hotels to access basic support

> *"Local authorities are working really hard as are health providers. Generally the community is receiving a lot of support and is working well. However their living situation in Bridging Hotels is not good, tensions are coming to light, and the uncertainty of what happens next." - (Organisation in Yorkshire and the Humber)*

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[6] 42% (5) said that there are 'no gaps' and 17% (2) selected don't know

Key challenges:

Are you facing any of the following challenges in your work supporting resettled Afghan refugees?

Challenge	Percentage
Lack of staff capacity to provide support	50%
Lack of funding to respond	38%
Lack of information about the needs of this client group	31%
Difficulties coordinating / communicating with bridging hotels	31%
Lack of specialised skills to provide required support	25%
Language barriers/lack of interpreters	19%
Difficulties coordinating / communicating with local authorities	13%
Other (please specify)	6%
Don't know	6%

Organisations outlined the key challenges they are facing in supporting Afghan refugees:

1. **Insufficient staff capacity** to provide support, 50% (8 organisations)
2. **Lack of funding** to respond to clients' needs, 38% (6)
3. **Lack of information about client needs** and **difficulty communicating / coordinating with bridging hotels**, both at 31% (5)

- In 'other' one respondent told us that their local authority is instructing contracted charities to exercise a high level of caution around families who are deemed at risk of Taliban retaliation (for example former employees of the British Embassy in Kabul), and restricting these families' access to valuable integration support.

Elsewhere in the survey, other challenges were highlighted:

- *"The **Migrant Help helpline** is not fit for purpose"*
- **Safeguarding concerns** that women in this group are "more 'hidden'" than other women they work with.
- **Managing their clients' expectations** in light of long periods in bridging hotels: *"They were told hotel stays were temporary and they would get houses."*

"Living in hotels for a prolonged amount of time creates unnecessary distress and delays the settlement of families in areas where they could live for a long time: [such as] disruption of children's education and of access to health services as well as development of local connections."

Funding for work supporting resettled Afghans

Although funding is listed as a key challenge, **63%** of respondents (10) working with resettled Afghan refugees told us they are receiving additional funding or resources to respond to the needs. 31% (5) are not and 1 didn't know.

Sources of additional funding or resources include:
- Funds raised by community groups/individuals (60%)
- Local authority contracts (50%)
- In-kind donations of provisions or time (40%)
- Grants from trusts, foundations, institutions (20%)
- Internal emergency response fund (20%)

Support provided to resettled Afghans in hotels

10 (62%) of organisations working with resettled Afghans provide support to people in hotels[7]. Four organisations shared good practice:

*"**Multi-agency meetings convened by local authorities** have been excellent ways to make sure we are all pulling in the same direction. Involving health, housing, police, mental health, schools and wrap-around support etc."*

*"**Mental health and wellbeing support is working well when it's integrated into the provision at the hotel**. We have some group work but it's essential that this is backed up by more intensive 1:1 or family therapy for those who need it."*

*"One of the most important things has been our ability to provide a **culturally sensitive approach** and a comprehensive awareness of their needs. We ensure staff are skilled and qualified to engage with families/individuals and understand the trauma, challenges and knowledge around the background of the conflict. This allows us to build trust and work with an empathic understanding towards their needs."*

*"[We are] involved with our Local Authority in coordinating response to needs of clients in a bridging hotel. [There is] **strong local leadership and partnership between Health, Education, Local Authority, DWP and ourselves before Home Office involvement: weekly meetings, fortnightly health meetings.** [There is] delivery of ESOL, Employment support and health assessments and COVID vaccine pop up on site. [We] have moved to secure some families placement into our Local Authority ARAP accommodation [which] has taken some time to resolve but has worked for some families enabling continuity for them and children."*

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[7] 5 (31%) do not and 1 does not know

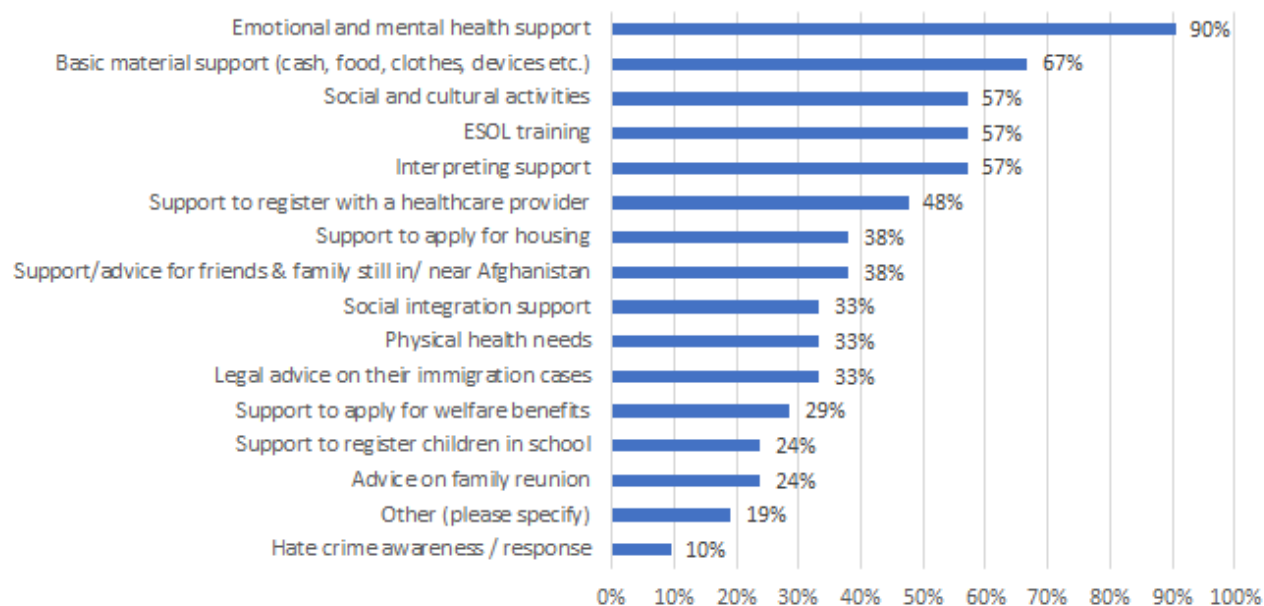**Support provided to Afghan asylum seekers with active claims**

21 organisations supporting Afghan asylum seekers with active claims answered the following questions. This includes both new arrivals and clients who were residing in the UK before the summer of 2021.
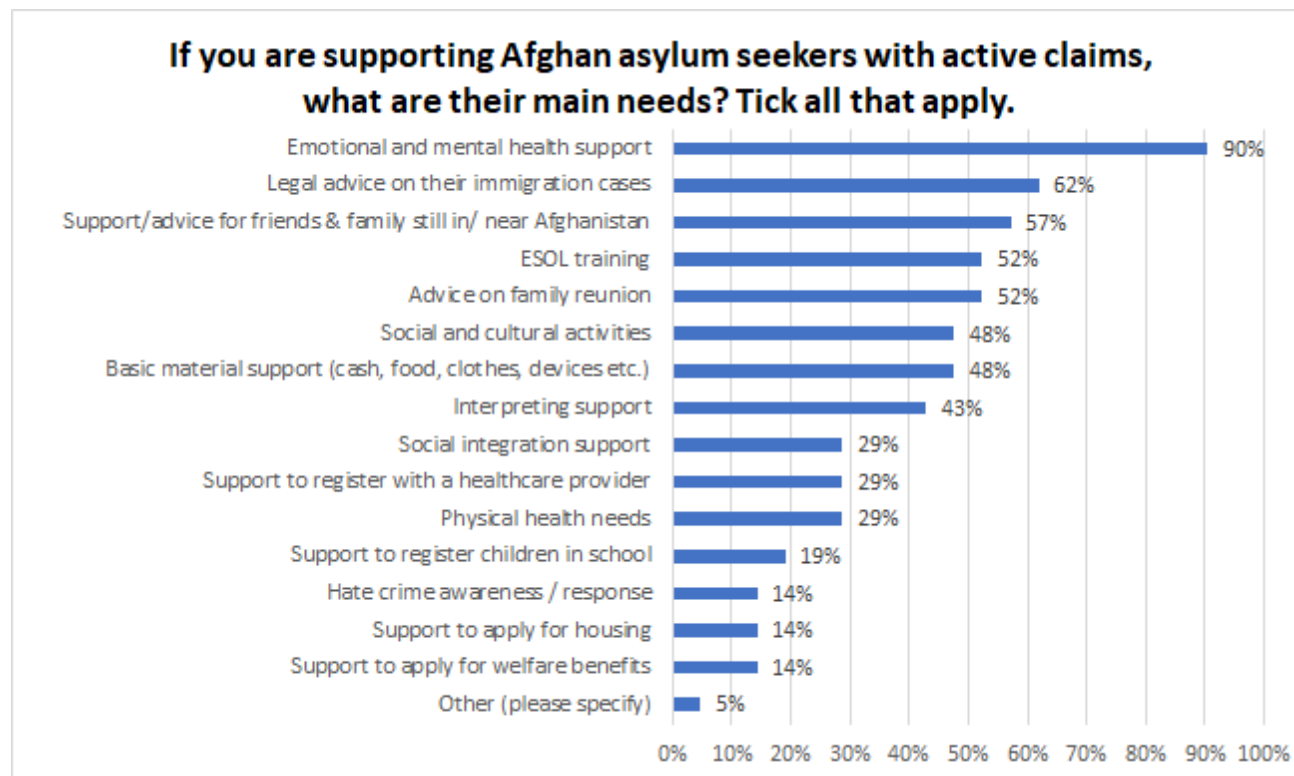
Current main needs include:

1. **Emotional and mental health** support is the most common area of need, reported by 90% of organisations (19)

2. **Legal advice** on their immigration cases was reported by 62% of organisations (13)

3. **Support or advice for friends and family** in Afghanistan (57%)

- The top 3 areas of need for Afghan asylum seekers with active claims, are consistent with the findings in Bulletin 13, September 2021.

- Under 'other' one organisation told us they are providing employment advice.

What support are you providing to Afghan asylum seekers? Tick all that apply.

Support	Percentage
Emotional and mental health support	90%
Basic material support (cash, food, clothes, devices etc.)	67%
Social and cultural activities	57%
ESOL training	57%
Interpreting support	57%
Support to register with a healthcare provider	48%
Support to apply for housing	38%
Support/advice for friends & family still in/ near Afghanistan	38%
Social integration support	33%
Physical health needs	33%
Legal advice on their immigration cases	33%
Support to apply for welfare benefits	29%
Support to register children in school	24%
Advice on family reunion	24%
Other (please specify)	19%
Hate crime awareness / response	10%

Main support provided by organisations:

1. 90% of respondents (19) supporting Afghan asylum seekers are offering **emotional and mental health support.**
2. 67% (14) are providing **basic material support.**
3. 57% (12) are providing **social and cultural activities**, **ESOL training** and **interpreting support**, respectively.

- 'Other' support being provided includes:
  - Employment support
  - GCSE English and Maths classes
  - Two respondents mentioned prayer and spiritual support

Current challenges with supporting Afghan asylum seekers:

- Providing **mental health support** was raised by three respondents, including responding to the levels of **stress, anxiety and depression** caused by uncertainty and long delays, poor accommodation, lack of communication and fear for loved ones left behind.
- Two organisations expressed frustration that the asylum claims of their Afghan clients are not being processed more quickly, given the circumstances.

- One respondent spoke of the **anger** felt by asylum seekers they are working with towards the UK government and Afghan authorities, about the situation in their country.
- One respondent cited their limited ability **to support clients with family reunion cases:** while being able to support people in the UK to complete all documentation, they cannot help relatives in Afghanistan who cannot reach the British Embassy to complete their paperwork.

Section 6: Additional Resources

Resources related to Covid-19 Vaccinations

Covid-19 vaccines (Pfizer, Moderna, AstraZeneca) ingredients English.
Roma Support Group
https://www.romasupportgroup.org.uk/uploads/9/3/6/8/93687016/th_vaccine_ingredients_v2.pdf

Resources related to the Afghanistan Crisis

Afghanistan Country of Origin Information Repository
The latest version can be viewed and downloaded here.
Jointly developed by Asylos, ARC Foundation and Clifford Chance, the Afghanistan Country of Origin Information (CoI) Repository contains a list of national, regional and international sources and presents relevant and current country information on Afghanistan under research headings. This initiative is an emergency response to the crisis in Afghanistan and will be updated on a weekly basis - every Thursday - until further notice.