**NOTES from the ALES meeting on 2nd September 2021**

MHCLG side – 5 million pounds of additional funding to secure homes that are above 4 bed LHA rate.  If additional funding is needed to secure the funding, there is a top of fund of initially about 12 months.  Probably applied for via Home Office – details still being sorted.  Top up for shortfalls in UC.  Exploring options to extend the fund for longer and increase the funding.

**Speaker – John Stainton (army?).** Just come back from Afghanistan on Saturday.  Impressive efforts.

Role of LAs in this is really important.  We talk about numbers but don’t forget this is about people.  Witnessed the terror people were facing and seeing the relief once they were ‘processed’ and on a plane.  Wanted to pass on sincere thanks to LA staff for their role.

**Home Officer Speakers – Mandy Bailey**

Never dealt with an evacuation of this scale and speed before.  Received a lot more people than anticipated.  Prioritising getting everyone into quarantine.

Think we have 7000 people to move from quarantine to Bridging Hotels.

Do need to look at additional funding pots but prioritising hotels initially.  The large numbers make it incredibly challening.

Even people who arrived as non ARAP is being treated the same in terms of status? (Check this??) None ARAP includes Afghan refugees, whereas ARAP were locally employed staff.

A number of people we have already accepted and have been accepted as being settled in the UK but who have not been able to get out.

Government working to see how we can get these people to safety.  Kabul airport no longer a safe/realistic option so need another route.

People are entitled to apply for ILR immediately but need to fulfil the habitual residence test.

Looking at large hotels as holding hotels – looking to have a DWP person there for a few hours each day to provide some support.

**Emma Maher** – speaker from Wales talking about experience in Wales.  3 families arrived on one of the first flights and all moved to the same LA area.

Some properties weren’t suitable, some matches rejected if properties didn’t match family size.  Some areas have specific interpreters (ie Dari interpreters) and so prioritise other Dari speaking families for those properties.  Don’t always have correct medical information for families and so there are additional needs when they arrive which has caused some challenges.

Beneficial to go through all the funding with families to help ensure they understand the money – initially get cash in hand weekly, but then they will eventually get UC but this will be a delayed payment and so people will need to know this to budget.

Concerns around use of £5million funding – need to know what happens after the first 12 months in relation to this.  LA in Wales could be left with a large family at the end of 12 months but with not enough funds.  **This point was raised consistently by a lot of authorities throughout the meeting.**

**Joshua Brayfield - there will be an updated FAQs for LAs.**

02475 389 980 – number for family reunions.

**Daniel Coyne (LA employee) – Wrap around support in hotels**

Were informed by Home Office and with only a couple of days notice (about 100 people arriving in a 48 hour period – ensured they had people on site for arrivals).  Lessons learned:

* Immediately establish single point of contact
* Multi agency steering group ie key individuals at local hospitals, Primary Care, Mental Health, services for children and education.
* Initial headache was making contact with all families at scale – phones they brought in from Afghanistan didn’t always work in UK.  Literally door knocking in the hotel to keep people informed about briefings taking place.
* Prioritised one UK working phone per family with UK number to communicate.  Families still used Afghan phones to contact family left behind.
* Now realised that some of the females should also be provided with phones as well – initially just given to men as they tended to speak more English.
* Then plan offer of support – in reality health needs to be first point of call and then transport to health.  (Incident on day one with baby rushed to hospital – literally life and death for child).  Mother went to hospital with the child but had no English – needed interpreter and support in hospital.
* GPs on site in hotels in first couple of days.
* Some females arriving were pregnant – needed to get midwifery on board quickly.
* Make links with local Red Cross and other charities to assist.  The hotel staff DO  NOT have the resource to do all the above so use existing networks to support.
* Mental Health support – either individually or in groups.  PTSD and family left behind.
* COVID testing in hotels weekly.
* Next step after health, look at bank accounts.  Can you get a local bank on board to help get accounts ready for benefits.
* Then look at daily activities – children in hotels getting excited, running around, over active (some hotel snacks available were not helping ie sugar!)
* Look at hotel space to provide activity ie daily yoga in the morning for females, some Early Years activities, trips to mosques for Friday prayers.
* Education currently held on site as this is logistically easier.
* People are moving in and out at speed – try and take notice.  For families this has become a place of refuge and they have already become attached.  DO NOT TREAT AFGHAN AND ALL PROVINCES THE SAME. Different mental state as experiences will have been different (around level of risk/terror) but also customs and culture.
* Plea – in terms of preparation from Home Office, as much notice to each family to prepare them and to help explain the new community is helpful.