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Promoting Afghan Migrants' Health through Participatory Research

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Introduction

The Afghan Relocations and Assistance Policy (ARAP) was introduced in April 2021 to support Afghan citizens to relocate to the UK. People at high risk from the new regime because they had worked with/for the UK government were eligible to apply to the scheme (Gov.uk, 2023) and so far, 6,235 people have been granted indefinite leave to remain in the UK (Home Office, 2023).

Those who have relocated to the UK have been housed in temporary hotel accommodation which recent research has found to be inadequate in meeting essential needs, with a potentially negative impact on physical and mental health (Doctors of the World, 2022).

A not-for-profit organisation in a city in the north of England is supporting a group of Afghan people who, at the time of this research, had been living in temporary hotel accommodation for up to a year. A university researcher of health inequalities worked with members of the Afghan community in a piece of participatory research to help them to investigate a topic of their choice. They were invited to become 'peer' or 'community' researchers where they and their community are recognised as experts by experience (Warwick-Booth et al, 2022 p 56).

Methods

The Community Research was led by four community members (three Afghan men living in temporary hotel accommodation and one British woman who volunteers with the NGO). They attended 3 training sessions on social research, survey design, and research ethics, delivered by the University Researcher. They decided on the research question (how to support people's mental health during long periods in hotel accommodation) and co-designed a survey with the University Researcher.

The Community Researchers then collected data independently over a 5-week period. The male Community Researchers spoke to other Afghan men individually and the female Community Researcher spoke to Afghan women in a group.

The Community and University Researchers co-analysed the data and produced some recommendations. The University Researcher then summarised these in a short, accessible report.

Recommendations



Teach people to use public transport



Provide extra support to learn English



Support people to connect with others outside the hotel



Partner with other organisations



Provide help for carers to do activities



Provide support to gain qualifications

Findings

The Community Researchers spoke to 14 men individually and 15 women in a group. The respondents were aged 16 to 65. Cultural norms meant that the men could not ask women questions directly, so the female volunteer spoke to a group of women with an interpreter.

Respondents reported physical activity, social interaction and developing skills (e.g. English, IT, driving, and creative) as the most significant factors in maintaining good physical and mental health. Barriers to taking part in activities to promote health included language, caring responsibilities, and a lack of money. Recommendations regarding support included: offering more opportunities to learn English; supporting independence, for example, through use of public transport; and facilitating connections with local people. One key priority is to have a home of their own to offer stability, and contribute to their autonomy, identity and belonging.

Through being part of this project, the group reported gaining skills, learning more about their new area (including how to use public transport) and they grew in confidence. They were paid in vouchers for their time, so this also contributed to increased independence.



Physical activity



Social interaction



Learning skills

Discussion

The peer research project had the potential to impact Afghan migrants' health in two ways: from the implementation of the recommendations based on its findings and also, directly on the health and wellbeing of the Afghan Community Researchers through being involved. The findings supported previous work on the health of forced migrants that meaningful occupation helps to establish identity, build connections and improve health and wellbeing (Thornton and Spalding, 2018). The priorities highlighted by the respondents also mirror the facilitators of integration outlined by the UK government (Ndofor-Tah et al, 2019): communication, culture, digital skills, safety, and stability. Living in temporary, unsuitable housing, however, has a significant negative impact on health and contributes to a lack of the stability needed to feel belonging and develop purpose (Ziersch and Due, 2018).

The Community Researchers gained confidence, new skills and knowledge of their new city, as well as a sense of purpose through taking part in a meaningful activity, all contributing to improved health and wellbeing (Thornton and Spalding, 2018).

Conclusion

Community Researchers are experts by experience and bring important community knowledge. They gained a range of skills and increased confidence through the project and provided the NGO with practical advice on how best to support their community's health, underlining the importance of meaningful occupation and social interaction.

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