Project AEGIS

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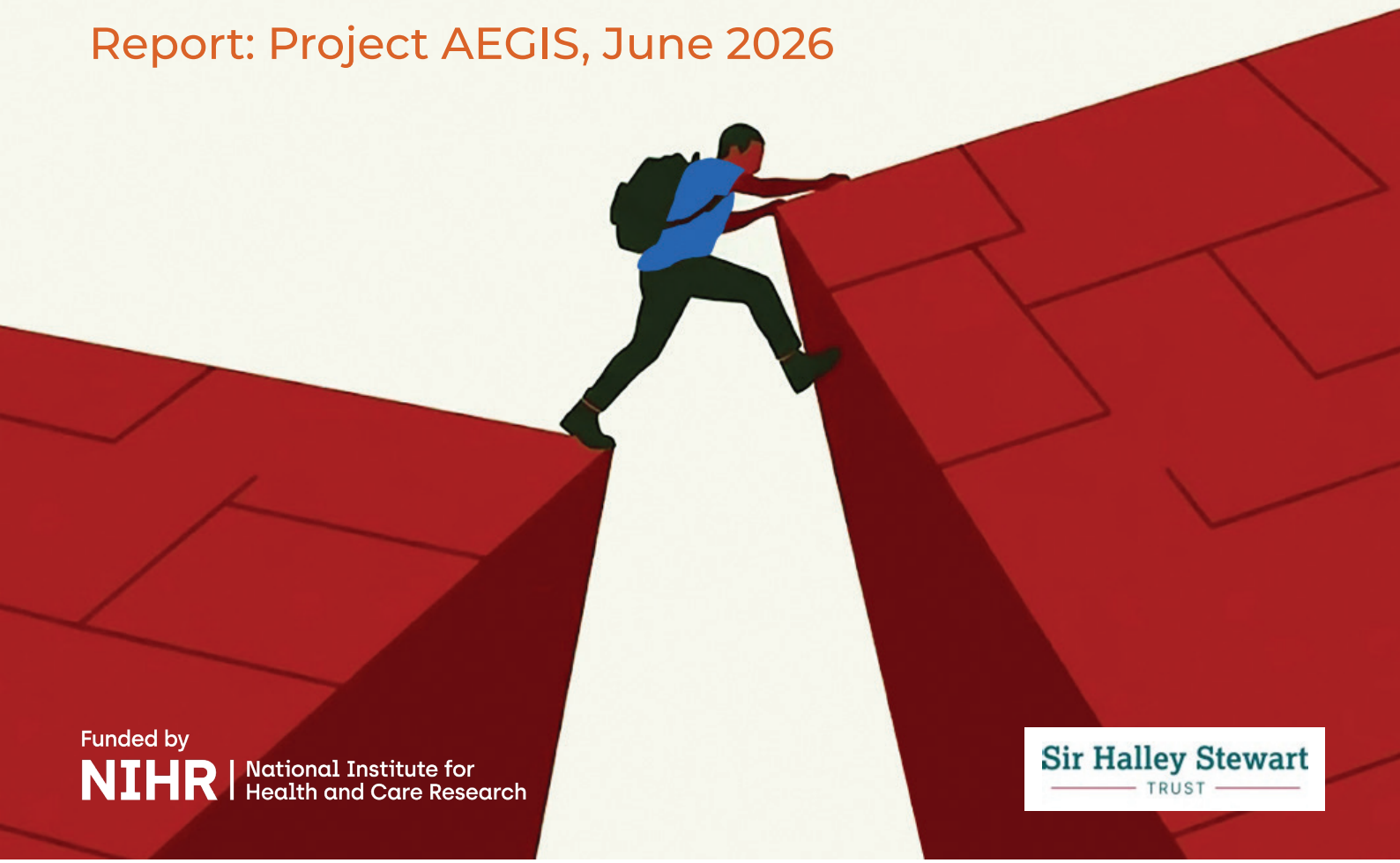
Bridging the Gap:

Advancing Equity for Children and Young People Seeking Asylum and Refugees: A Blueprint for Generalisable Interventions

Report: Project AEGIS, June 2026



Funded by
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NHS University College London Hospitals NHS Foundation Trust

Collaborating institutions:

RCPCH Royal College of Paediatrics and Child Health — Leading the way in Children's Health

UCL University College London

University of Salford Manchester

NHS Central and North West London NHS Foundation Trust

Barts Health NHS Trust

NHS East London NHS Foundation Trust

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Executive Summary

In the year ending June 2025, 19,466 children and young people under the age of 18 years old claimed asylum in the UK, of whom 3,553 were unaccompanied[1]. Children and young people (CYP) seeking asylum and refugees (CYPSAR)[2] often have extensive vulnerabilities including health, social, educational, legal and safeguarding needs, yet remain largely invisible within the systems designed to support them.

This has important consequences. These vulnerabilities are linked to poorer adult health outcomes[3] and are recognised NHS priorities within Inclusion Health and Core20PLUS5 frameworks[4, 5].

Project AEGIS, supported by a research grant from the National Institute for Health and Care Research (NIHR), has brought together national and local data analysis, qualitative and participatory research with young people and professionals, evidence synthesis, and stakeholder engagement.

Taken together, our findings point to a consistent message: current systems are fragmented, narrow in their scope and challenging to navigate for young people and, often, professionals and services.

- **CYPSAR are often poorly visible, both at a local level and in national data.** Existing national and local datasets provide some opportunities to understand needs of CYP and service use, but major limitations remain in how CYPSAR are characterised and followed over time within these datasets, and how their data is connected across sectors and within and between agencies. These technical issues shape what needs are recognised (or not recognised), whether outcomes can be measured, and how services are planned.

- **Health and wellbeing cannot be understood through a health lens alone.** CYPSAR consistently described health as being shaped by housing, education, immigration status, relationships, safety, language and future opportunities, alongside physical and mental health. These needs are interconnected and change over time.

- **Good care is relational, coordinated and young person-centred.** CYPSAR highlighted the importance of trust, continuity, flexibility, clear communication and feeling that they are active participants in their care. Evidence points towards the value of holistic and integrated models, including one-stop and multi-tiered approaches, which reduce fragmentation and make support easier to access.

- **Young people must be active contributors to research and service design.** Their involvement is crucial to ensuring the relevance, interpretation, effective implementation and practical value of any work in this area.

These findings point to a clear set of priorities for action.

- **First, visibility of CYPSAR must be improved across systems.**
  This includes strengthening identification of both accompanied and unaccompanied children in national, regional and local datasets, improving linkage of data and information across sectors and ensuring that information can "follow" young people across services and transitions.

- **Second, systems must adopt a broader understanding of health and wellbeing.**
  Services should be designed to respond not only to clinical needs, but also to legal, educational, social and developmental priorities, recognising the role of wider determinants in shaping health and wellbeing.

- **Third, care must be delivered differently.**
  This requires investing in care models that are relational, trauma-informed, coordinated, equitable and easier to navigate. Existing examples of good practice demonstrate the value of holistic and integrated approaches[6, 7]. These could be further developed through community-based Health Inequalities Advocacy Centres (HIACs)[8], bringing together multi-agency professionals through hub-and-spoke models. Further work should take place to determine how such HIACs should interact with the new Multi-agency Child Protection Teams (MACPTs) created by the Children's Wellbeing and Schools Act 2026.

- **Fourth, co-production of services must become standard practice.**
  A coordinated approach is needed to ensure meaningful and sustained involvement in research and service design, backed by dedicated resources, training, and accountability mechanisms. This approach and model is likely to have wider applicability for other marginalised groups.

- **Fifth, stronger mechanisms are needed to translate evidence into policy and practice.**
  It is only with strengthened cross-sectoral partnerships, associated with standardised care delivery, improved communication and workforce development that real-world service delivery will be improved. National service specifications for health and care needs of CYPSAR may help ensure consistency, but should permit local adaptation while maintaining the standard of care.

Project AEGIS provides a foundation both for improving health and social care for CYPSAR and for applying these lessons to other populations experiencing marginalisation and/or health or social care inequalities in the UK.

Summary recommendations

1. **Improve visibility of CYPSAR**
   Strengthen characterisation of CYPSAR - both accompanied and unaccompanied - in national, regional and local datasets. Improve linkage of data and information across sectors and ensure information can follow young people across services and transitions.

2. **Adopt a broader understanding of health and wellbeing**
   Design services that respond not only to clinical needs, but also to legal, educational, social and developmental priorities. Ensure services reflect this by integrating support across sectors and recognising the role of wider determinants in shaping health and wellbeing.

3. **Deliver care differently**
   Invest in developing care that is relational, trauma-informed, coordinated, equitable and easier to navigate, including integrated and flexible service models. This could include the development of Health Inequalities Advocacy Centres, with co-located multi-agency professionals and a hub-and-spoke model, building on existing examples of good practice.

4. **Embed co-production**
   Establish a coordinated approach to co-production with CYPSAR. A cohesive strategy is needed to ensure meaningful and sustained involvement, backed by dedicated resources, training and accountability mechanisms. This approach and model is likely to have wider applicability for other marginalised groups.

5. **Support translation into policy and practice**
   Build on cross-sectoral partnerships, standardise care delivery and support workforce development so that findings can better influence real-world service delivery. National service specifications for health and care needs of CYPSAR may help ensure consistency, but should enable local adaptation while maintaining the standard of care.

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Foreword

Dr Sarah Eisen

Prof Michelle Heys

Ensuring that all children have the opportunity to grow up happy, healthy, safe and supported is fundamental to building a fair and thriving society. However, children and young people seeking asylum and refugees (CYPSAR) often face significant and overlapping challenges that profoundly shape their health and wellbeing and may limit their ability to achieve their full potential.

Too often, systems are not designed to meet these needs. Services can be fragmented, difficult to navigate and insufficiently responsive to the situations of individuals and the challenges they face. As a result, many children and young people “fall through the gaps”, despite the efforts of dedicated professionals working across sectors.

Project AEGIS brings together evidence and insights from across health, education, social care and law, placing the voices of CYPSAR at its centre. It outlines key challenges and recommendations for policy and practice.

Our findings show that better outcomes can - and must - be achieved. Through coordinated, holistic and relational models of care, and by working in meaningful partnership with young people and committed stakeholders, we can begin to address longstanding inequities and build services that are more responsive to their needs and preferences.

The findings of Project AEGIS provide a foundation for action for policymakers, practitioners and organisations to better support CYPSAR to thrive.

Dr Sarah Eisen and Prof Michelle Heys, June 2026

Introduction

Advocating for children and young people is central to improving health outcomes and shaping the systems that support them. Children's health is influenced not only by healthcare, but by legal frameworks, social conditions and how services are organised. Improving outcomes therefore requires coordinated, cross-sector approaches that support children and young people to develop safely and thrive[9].

In the UK, children and young people seeking asylum and refugees (CYPSAR) represent a substantial and growing population[1], yet remain relatively invisible within the systems designed to support them. Many experience multiple and overlapping vulnerabilities, including unmet needs across health, education, safeguarding and social wellbeing, often shaped by experiences of trauma and ongoing uncertainty[3].

Despite this, the evidence base underpinning services for CYPSAR remains limited. Research is constrained by challenges in characterisation, data linkage and inclusion, and has often been conducted without meaningful engagement with young people themselves. As a result, services risk reflecting a narrow, professionally defined understanding of need.

Project AEGIS was developed in response to this gap. By bringing together data analysis, participatory research, evidence synthesis and stakeholder engagement, this work aims to better understand the needs of CYPSAR and inform more effective, coordinated and equitable systems of care.

Key findings

1. Data and visibility gaps

CYPSAR are only partially visible within current administrative and service data. National datasets can characterise some groups, particularly unaccompanied young people, but accompanied children are often invisible. For all groups, linkage across sectors remains limited. Local data, such as that collected through statutory Initial Health Assessments (IHAs), are often rich, but fragmented, inconsistent between services and difficult to access across sectors or local authority transitions.

This matters because visibility affects recognition of need, continuity of care, monitoring of outcomes and service planning. Missing data or low recorded uptake of services may reflect system barriers, mobility or mistrust rather than lack of need or disengagement of young people.

"Maybe they've had a medical condition from their country. They come here, they don't tell you. (...) They might say, "Oh, what if the home office thinks I'm here to access the health care for free? And they say no to my application. So, I'm just going to hide this information to myself" **Female young person, >5 years in the UK**

Young people and professionals both highlighted that "better" data are not only more connected, but also more trustworthy, transparent and accessible.

What this means

Better care for CYPSAR requires better characterisation, better data linkage and greater trust in how information is recorded and used

2. Health, wellbeing and life trajectories

CYPSAR described health as broad and inseparable from their wider life circumstances. Mental health, physical health, legal status, education, language, social connection and future opportunities relating to employability were all closely linked in how young people understood wellbeing.

"Health is big – you need to be healthy to be alive and to learn." **Male young person, <6 months in the UK**

Mental health needs were common, but often expressed in diverse ways. For many young people, mental health is a stigmatised or unfamiliar concept. Referral patterns show high rates of young people declining Child and Adolescent Mental Health Services (CAMHS), despite young people reporting significant need, suggesting that current service models may not always align with how young people understand distress or when they feel ready to engage.

"I do think that it's right to ask someone about their mental health. Because even if someone can't say 'I have mental health issues' - it's a kind of shame - so on their own they wouldn't say it so it's ok to ask and check on them" **Male young person, 6 months to a year in the UK**

Preventative care, including vaccination and infectious disease screening, was generally acceptable to CYP and recognised as important, but delivery was often fragmented and completion was affected by relocation, commissioning variation and inconsistent follow-up. Understanding of, and motivations for, engaging with these interventions varied widely. Sexual health was a particularly sensitive area, where timing, setting and trust mattered greatly.

The priorities of young people evolved: immediate needs around safety and stability over time gave way to concerns about education, work, independence and the transition to adulthood. Stakeholders consistently emphasised that support should not stop abruptly at age 18 years, and that extending services up to age 25 years could improve continuity of care, stability and smooth transition.

"Education and language is key because if you want to do anything you need to learn and have a sense of purpose – it's very helpful. It mentally motivates you if you can think about your course and what you are doing" **Male young person, 2-3 years in the UK**

What this means

Services need to move beyond a narrow clinical model and respond to the health and wellbeing of CYPSAR as dynamic, interconnected and shaped by wider systems. Ensuring continuity of support across health, social and educational domains and over time is important to promote long-term wellbeing and to enable young people to realise their aspirations and potential.

3. What good care looks like in practice

Good care was described by young people as care that feels relational, respectful and responsive. Trust, continuity, active listening and being remembered by professionals were repeatedly identified as important. Young people wanted support, but also recognition of their independence and agency.

"Time to settle in and give him some space. A lot of the things keep bumping up. 'You need to do this, you need to see the police, you need to do that'. Need time to settle in and not have everything in one go." **Male young person, 2-3 years in the UK**

Communication was central. Interpreters were viewed as essential, but effective care depended on more than language translation alone. The importance of cultural mediation was emphasised, along with practitioner training, and maintaining the young person, rather than the interpreter, as the focus of communication with professionals.

***"Coming to a new country is like a completely different environment. Especially for people who don't speak the language, it's way more difficult... I wasn't able to connect with them to share my problems."* Male young person, 1-2 years in the UK**

Good care depended on coordinated working across professionals, services and sectors. Young people interacted with multiple sectors at once and were often confused about who did what. Social workers were perceived to play a particularly important coordinating role , however, there is a lack of consistency across the country about whether social workers attend, for example, Initial Health Assessment appointments with the young person they are supporting.

***"[Social workers] help you, like, shape up your life and they tell you what to do and what not to do".* Male young person, 6 months - 1 year in the UK**

In addition, evidence supported the value of integrated, holistic models of care, including one-stop and multi-tiered approaches with outreach and community partnerships[10]. Current commissioning arrangements, however, remain inconsistent, and too much support still depends on short-term or voluntary-sector provision.

What this means

Improving outcomes for CYPSAR is not only about what services are available, but about how care is commissioned, organised, delivered, accessed and sustained.

4. Engagement and co-creation

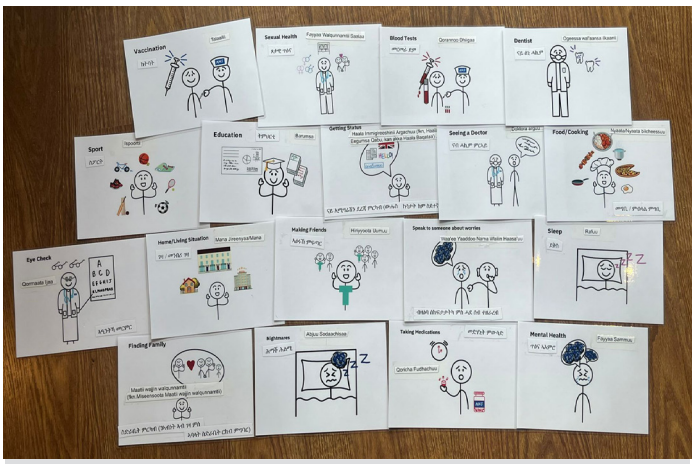
Engagement with CYPSAR and people with lived experience of the asylum system in the UK has been a central part of this work. We used a range of approaches across the research process, including qualitative interviews, workshops and participatory data analysis sessions. We worked with young people to identify their priorities, not just for themselves but for research about CYPSAR more broadly.

This work showed the importance of trust, transparency and flexibility, aligning closely with established standards of best practices[11]. It also highlighted practical and ethical challenges, including language barriers, competing priorities, interpretation needs and the risk of overburdening young people who are already managing multiple pressures. We learned the importance of regular check ins, reciprocity and collaborating with trusted organisations.

***"It is having the young people in the centre of it (...) and having that kind of equal policy between them. It's not they're just involved in the project for the sake of the project, but they are taking part of the project and they're shaping the way that it looks and the way we are working on it".* Motaz Amer, New Scots Advisor and AEGIS youth collaborator**

Importantly, engagement directly shaped our research. Young people helped refine the interpretation of our findings and contributed on how best to share them. They influenced how sensitive topics were approached and informed future directions for co-production.

Dr Bryony Hopkinshaw (AEGIS co-investigator) and Motaz Amer (New Scots Advisor and AEGIS youth collaborator) leading a panel together at the RCPCH annual scientific conference in Glasgow, 2025.



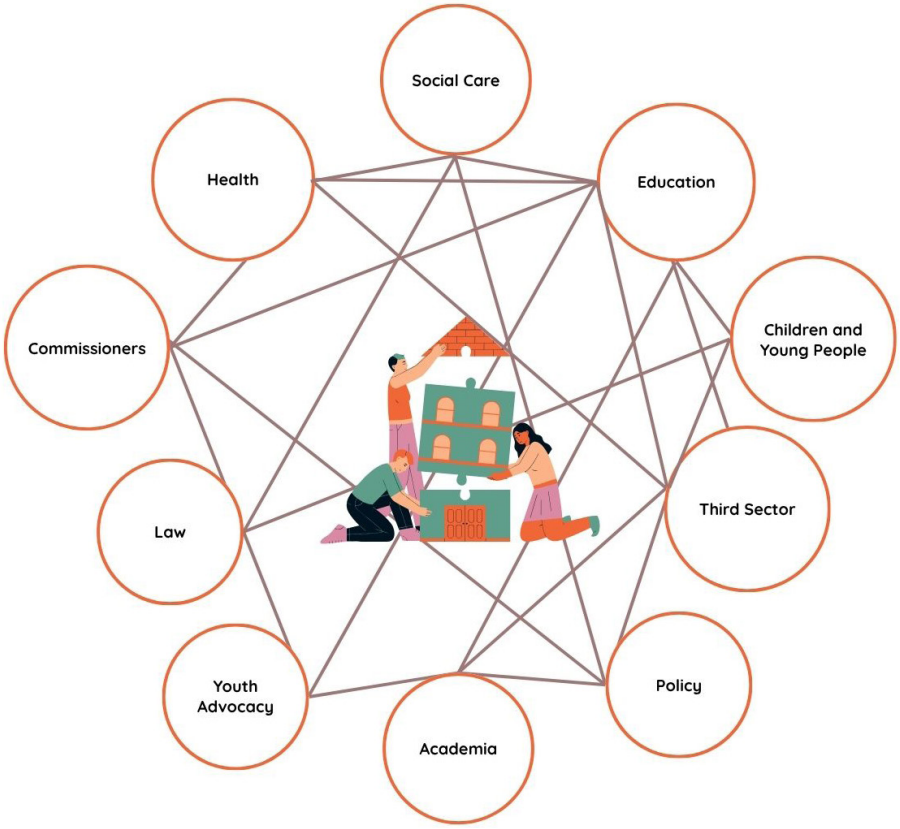
A series of flashcards co-produced by young people with lived experience, medical students (With thanks to Anitalise Ogedengbe and Molly Cumming (UCL)) and AEGIS investigators. These were translated into various languages and used during qualitative interviews and focus groups to guide discussions on health and wellbeing.

What this means

Co-creation strengthens the relevance and quality of research, but requires careful design, resourcing and responsiveness. Sustainable engagement can be achieved through genuinely reciprocal communication with young people, as well as due recognition and compensation for their contributions, which extends beyond financial recompense. Building on this, AEGIS is now supporting the development of research leadership among individuals with lived experience, including creating opportunities within future planned projects.

5. Translation into policy and practice

We have developed a broad stakeholder network across sectors, creating spaces for shared learning and working through partnerships with organisations such as the Royal College of Paediatrics and Child Health. We have worked with policy makers to ensure that they are aware of our findings and of the priorities of the young people with whom we have worked.



Project AEGIS Stakeholder Engagement Map

Work from the AEGIS team has contributed to development of national guidelines, standards of care, policy-facing materials and stakeholder engagement events designed to mobilise knowledge and insights beyond academia[2, 12].

We've learned that no single discipline or organisation can improve care for CYPSAR alone. Change depends on connected systems, shared ownership and sustained partnership.

What this means

Evidence has the greatest value when it is translated into practical applications and can reach the right audiences, including young people themselves.

Next steps

Project AEGIS has established a strong evidence base for the needs, priorities and care of CYPSAR. Our next phase will focus on turning these findings into action and evaluating the impact of what we do.

Priority areas include:

- Improving visibility and continuity across data and services
- Developing and refining models of integrated and youth-centred care
- Developing and supporting initiatives that address the wider determinants of health and wellbeing, including legal, educational, social and structural drivers
- Extending support across transitions into adulthood
- Embedding co-production meaningfully, systematically and flexibly in research and service development
- Strengthening translation into policy, guidance, commissioning and workforce development

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The AEGIS team

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Some of the core AEGIS team during an away day in London, October 2025

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- Royal College of Paediatrics and Child Health

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- Central and North West London NHS Foundation Trust
- East London NHS Foundation Trust
- Barts Health NHS Trust
- Manchester University NHS Foundation Trust and Manchester Local Care Organisation

Glossary & key terms

Child or young person	In the UK, a child is legally defined as anyone who has not yet reached their 18th birthday, in line with the United Nations Convention on the Rights of the Child (UNCRC). While the term children and young people is often used in policy and practice to describe individuals aged 0–25 years, this report focuses specifically on those under 18 years.
Children and young people seeking asylum and refugees (CYPSAR)	We use the term CYPSAR to refer to children who are: • Seeking asylum (accompanied or unaccompanied) • Granted refugee status • Living with insecure immigration status This terminology is used to promote clarity and consistency while recognising the diversity of experiences across these groups. The use of CYPSAR also reflects a commitment to person-first language, emphasising children and young people as individuals first, rather than defining them solely by their immigration status.
CYPSAR-U (Unaccompanied)	Children and young people seeking asylum and refugees who have arrived in the UK without a parent or legal guardian. These children are recognised as Looked After Children and are under the care of a local authority.
CYPSAR-A (Accompanied)	Children and young people seeking asylum and refugees who are living in the UK with a parent or legal guardian. Unlike unaccompanied children, they do not automatically become Looked After Children and may have different entitlements and access to services.
Person seeking asylum	A child, young person or adult whose application for protection or sanctuary has been submitted and is awaiting a decision by the UK Government.
Refugee	A child, young person or adult whose application for protection has been accepted by the UK Government, in line with the Refugee Convention, and who has been granted refugee status. In the UK, this is typically accompanied by five years' leave to remain, after which further leave must be applied for.

Further information

For further information, resources and updates, please visit:
https://www.rcpch.ac.uk/resources/project-aegis
For enquiries, please contact uclh.aegisproject@nhs.net

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