Project AEGIS briefing: models of care

Background

- The care that children and young people seeking asylum and refugees (CYPSAR) receive in the UK varies significantly according to local commissioning arrangements and service models.

Our findings

- Project AEGIS conducted interviews and focus groups with CYPSAR to understand their views on existing support and the type of care most useful to them. We also supported a scoping review on specialised models of care for this population.
- CYPSAR reflected that they engaged with many professionals simultaneously across a range of sectors. This led to confusion about the roles and purpose of different individuals and services.
- CYPSAR described good care as being relational, delivered by coordinated services and led by professionals who were consistent and remembered them. Trust was central, alongside recognition of their independence and agency during their interactions with professionals.
- Communication was a consistent theme raised by CYPSAR. While interpreters were viewed as essential, CYPSAR reflected that they themselves should be the focus of communication with professionals, rather than the interpreter.
- Social workers were perceived by CYPSAR as playing a particularly important coordinating role.
- Effective models of care for CYPSAR are holistic, culturally responsive and community-based, combining psychological and creative interventions with interpreters or cultural brokers, outreach and multi-tiered support, alongside investment in workforce capacity and cultural competency*.

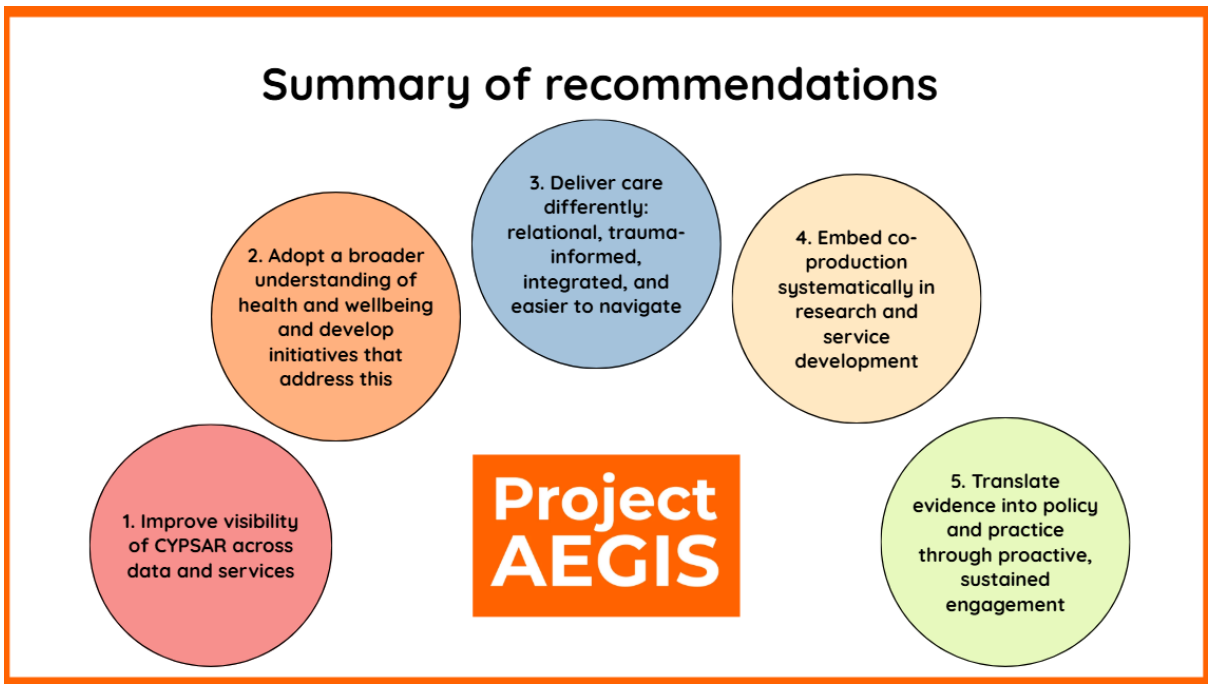
Recommendations

- How care is delivered is as important as its nature. Professionals should aim to deliver care that is relational, consistent, trauma-informed and coordinated. Building trust is key. This could be enabled by the effective use of interpretation services and by practice such as social workers attending initial health assessments (IHAs) with CYPSAR.

**The review of models of care for children and young people seeking asylum and refugees was led by Dr Shobhana Nagraj and colleagues at the Department of Public Health & Primary Care, University of Cambridge, with involvement from the AEGIS team.*

- Services for CYPSAR should be culturally sensitive, equitable and easier to navigate. This may be achieved by including integrated and flexible service models. Examples of good practice include one-stop shops, multi-tiered approaches and Health Inequalities Advocacy Centres.
- Service design should include outreach, community-based support and workforce development, so staff have the time, skills and cultural competency to deliver accessible, non-stigmatising care.

Project AEGIS: overall recommendations



We have found that: CYPSAR are often invisible in data; "health" is broader than "healthcare"; good care for CYPSAR needs to be delivered differently; what good care looks like in practice is able to be described; CYP must shape services; and it is essential that research findings are translated into policy and practice.

Find out more:

Website: https://www.rcpch.ac.uk/resources/project-aegis
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