Foundations
What Works Centre for Children & Families

A SYSTEMATIC REVIEW AND META-ANALYSIS OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR DISPLACED CHILDREN, YOUNG PEOPLE AND FAMILIES

Systematic Review Protocol

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Summary

Introduction to the review

Displaced children in the UK, including refugees and separated children and young people seeking asylum, often face complex challenges including mental health difficulties, poverty, and difficulty accessing essential resources like social care support, especially while awaiting asylum decisions. Even in this complex context, existing evidence suggests that some interventions for displaced children and young people can be effective. However, there is also some evidence of psychosocial interventions potentially worsening outcomes, highlighting the need to understand, across studies, what is effective for these groups. Further, it is well established that effective interventions can be highly challenging to implement in these contexts, but it remains unclear what the key barriers and facilitators of implementation might be here, including the role of intervention adaptations, and strategies to increase access and engagement.

Aims and methods

The purpose of this systematic review is to identify and summarise the available evidence of the effectiveness of mental health and psychosocial support (MHPSS) for displaced, refugee, and asylum-seeking children and young people. MHPSS is defined as any type of support that aims to protect or promote psychosocial wellbeing or prevent or treat mental health conditions (UNHCR, 2024). Importantly, the use of this definition typically includes the need for careful considerations of holistic, culturally sensitive and trauma-informed approaches that are scalable, sustainable, and take the lived experience and practitioner experiences into account when designing, delivering, and evaluating services (Tol et al., 2023). MHPSS can include direct individual or group psychotherapies, parent-focused interventions, service-focused programmes, and school and community programmes. Where possible (i.e. based on the available literature) we will use meta-analytic methods to understand the pooled effect of interventions, as well as key moderators of this, such as the type of intervention; the methodological quality of the study; the population of focus; and the role of caregiver involvement.

Alongside establishing effectiveness, a further goal is to identify barriers and facilitators to the implementation and scalability of effective MHPSS, including drawing on the views and needs of population subgroups, such as separated children and young people seeking asylum.

This dual focus will provide the necessary evidence (and identify key gaps in this evidence) to inform the development of a Practice Guide for senior leaders to support displaced children and families.

Objectives

1. Use systematic review methods to identify the scale and quality of evidence available on MHPSS for displaced children and young people.
2. Where possible (based on available literature), we will use meta-analytic methods to identify the pooled effect of existing MHPSS interventions and programmes, in terms of their effectiveness in reducing mental health difficulties and improving wellbeing or any secondary outcomes of interest.
3. Use moderator analysis and narrative synthesis to assess the research and programme elements associated with effective MHPSS interventions and programmes (e.g. trained v lay facilitator; caregiver involvement; age of sample; gender; country).
4. Use both moderator analysis (where possible) and narrative synthesis to explore the effectiveness of MHPSS programmes and interventions for particular subgroups (e.g. younger or older children; separated children seeking asylum; country of origin; gender).
5. Use a narrative synthesis approach to identify key barriers and facilitators for the implementation and scalability of MHPSS programmes and interventions, particularly within the UK context.

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Background, rationale, and question formulation

Background and overview

The number of forcibly displaced people globally has doubled in the past decade to over 117.3 million at the end of 2023. This is due to increases in persecution, conflict, violence, human rights violations, and events seriously disturbing the public order (UNHCR, 2023). Notably, UNHCR estimates that 40% of forcibly displaced persons are children and young people even though they only account for 30% of the world's population (UNHCR, 2023).

In the year ending December 2024, nearly 21,000 children and young people applied for asylum in the UK, of which more than 4,000 were separated (Home Office, 2024). Most displaced children and young people adapt well psychosocially (Blackmore et al., 2020; Kien et al., 2019), particularly if they resettle in a high-income country (Betancourt & Khan, 2008; Pieloch et al., 2016). However, many children and young people are disproportionately affected by circumstances negatively affecting their psychosocial wellbeing. This can happen before, during, and after displacement, for example through traumatic experiences, poverty, interruption of regular routines, limited access to resources, and breakdown of social supports (Miller & Rasmussen, 2010; Elsayed et al., 2019; Refugee Council, 2024). It is therefore essential that UK Children's Services offer evidence-based, culturally sensitive, anti-racist, and trauma-informed support to displaced children and young people.

In our previous work with the voluntary sector, as well as during early stakeholder consultation for this systematic review specifically, young people (previously) seeking asylum provided suggestions on their preferred language and terminology, particularly in response to terms such as 'displaced', 'refugee', and 'unaccompanied'. Based on this feedback, we have chosen to use the term 'separated children and young people seeking asylum', as opposed to 'unaccompanied minors' throughout the reporting of this systematic review. However, for the purposes of finding the relevant literature for the systematic review, we will include all commonly used terms (such as 'unaccompanied') in our search strategy.

Rationale and question formulation

Funded by Foundations, this systematic review aims to inform the development of a Practice Guide to support displaced children and young people (aged 0–25), including refugees and separated children and young people seeking asylum. Alongside various other evidence-based Practice Guides, this work will contribute to the implementation of the Children's Social Care National Framework, as recommended by the Independent Review of Children's Social Care.

The aim of this systematic review is to use robust systematic methods to:

1. Identify and assess the effectiveness of different MHPSS interventions or programmes for improving outcomes for displaced children and young people (aged 0–25) and families, including refugees, those seeking asylum, and separated children and young people seeking asylum.
2. Identify which MHPSS interventions or programmes are more or less effective for different subgroups of displaced children and young people (aged 0–25) and families, including

refugees, those seeking asylum, and separated children and young people seeking asylum, based on their different needs and risks.

3. Identify practice elements and components within MHPSS interventions or programmes targeted at refugee and asylum-seeking children and families and separated children and young people seeking asylum (aged 0–25), that are associated with improved outcomes and provide guidance to practitioners on 'best practice'.
4. Identify the enablers and barriers to successful implementation of MHPSS interventions or programmes for refugee and asylum-seeking children and families and separated children and young people seeking asylum (aged 0–25).
5. Identify the views of displaced children and young people (aged 0–25), including refugees and separated children and young people seeking asylum regarding the acceptability and usefulness of different MHPSS interventions and programmes.

Research questions

The research questions for this systematic review are as follows:

1. **What works:** Which MHPSS interventions or programmes improve outcomes for displaced children and young people (aged 0–25), including separated children and young refugees and asylum seekers?

1.1 What are the different MHPSS interventions or programmes targeted at displaced children and young people (aged 0–25) and families, including separated children and young refugees and asylum seekers?

1.2 What is the effectiveness of different MHPSS interventions or programmes for displaced children and young people (aged 0–25), including separated children and young refugees and asylum seekers?

2. **For whom:** Which MHPSS interventions or programmes are more or less effective for different populations of displaced children and young people?
3. **How and why:** What are the practice elements and components of MHPSS interventions or programmes that are associated with improved outcomes for displaced children and families?
4. **Implementation:** What are the enablers and barriers to successful implementation of effective MHPSS interventions and programmes?
5. **User perspectives and needs**

5.1 What are the views of displaced children and families about the acceptability and usefulness of different MHPSS interventions and programmes?

5.2 What are the views of different subgroups (e.g. separated children and young people seeking asylum; younger or older children; country of origin; gender/gender identity) among displaced children and families about the acceptability and usefulness of different MHPSS interventions and programmes?

Research question 1 (1.1 and 1.2) will address Aim 1 and will be explored through a systematic review and (where possible) meta-analysis. Research question 2 will inform Aim 2 using both moderator analysis (where possible) and narrative synthesis. Research question 3 will inform Aim 3 through meta-regression (where possible) and/or the narrative synthesis. Research questions 4 and 5 will inform Aims 4 and 5, respectively, using narrative synthesis and framework synthesis.

The PICOS framework presented below will be used to answer the above research questions.

PICOS framework

Population

Studies must focus on displaced children and families, including refugees, asylum seekers, and separated children and young people, where the child or young person is aged between 0 and 25 years old. In line with the goal of this review, we will not consider literature focusing solely on unforced migrants or internally displaced families. Based on early scoping of the literature, we anticipate that including terms like migrant* and immigrant* will return relevant studies, but many of these will include mixed populations or have misnamed their populations. Studies focusing on migrants or immigrants will only be included if it can be reasonably assumed that the majority (> 50%) of participants are displaced children, young people, and/or families. Studies must report separate findings for the population of interest. Studies that include both adults >25 years old as well as children and/or young people, will only be included if results are either presented separately for those aged up to 25 years old, or if the mean age is up to 25.

Interventions

Qualitative and quantitative studies evaluating MHPSS interventions or programmes with a primary or secondary target of child mental health and wellbeing. This will include, for example, direct individual or group psychotherapies, parent-focused interventions, service-focused programmes, and school and community programmes. MHPSS interventions and programmes must either be targeted at displaced children, young people, and families, or, in the case of general population interventions, more than 50% of sessions or contents should be directed at refugee and asylum-seeking children, young people, and/or families. Interventions may be delivered in any setting (e.g. home, school, community, hospital, clinic) and in any format (e.g. individual- or multi-family intervention). MHPSS that does not involve direct participation of displaced children, young people, and families and is not aimed at improving outcomes for this population (or any subgroups, such as separated children and young people seeking asylum) will be out of scope for this systematic review.

Comparator

The review will include studies with either active comparators (e.g. alternative interventions or programmes), passive comparators (e.g. usual care, waitlist, or no intervention), and studies that do not include a comparator group.

Outcomes

Studies reporting quantitative or qualitative outcomes relating to the effectiveness, implementation, acceptability, or experiences of MHPSS interventions and programmes. These outcomes may be measured using approaches that employ systematic direct observational techniques, self-report measures, caregiver-report measures, interviews, focus groups, or other suitable techniques.

Studies that include a standardised measure of child mental health or wellbeing (from child, caregiver, or professional report). Specifically:

- Child mental health (e.g. depression, anxiety, PTSD, suicidality, self-harm)
- Child wellbeing (e.g. quality of life, emotional wellbeing, stress, resilience)
- Child behaviours (e.g. internalising and externalising behaviours).

We will also extract data for the following secondary outcomes, where measured in included papers:

- Parenting outcomes (e.g. parent-to-child maltreatment, negative and positive parenting, parenting stress, and parental wellbeing)
- Children's school outcomes (e.g. attendance and attainment).

Study design

The review will take an inclusive approach, whereby both quantitative (e.g. randomised controlled trials, open trials, quasi-experimental studies and other forms of observational studies) and qualitative studies (e.g. interviews, focus groups, thematic analyses) will be included.

Context

For transferability purposes, the review will only include studies that involve children, young people, and families who are refugees or seeking asylum in the UK (England, Wales, Scotland, Northern Ireland) or in countries with comparable children's social care systems, that is the United States of America, Australia, New Zealand, Canada, Republic of Ireland, and other European countries.

Advisory groups

Two separate advisory groups are involved in this systematic review.

An **advisory group** has been established and is managed by the funder (Foundations). This group consists of local authority senior leaders, practice managers, academics, and influential charities working with refugee and asylum-seeking children and families. The advisory group is consulted about the systematic review protocol, appropriate language and terminology relevant to the population scope, as well as early findings from the systematic review. The advisory group will also be consulted during the production of a Practice Guide for supporting displaced children and families when the systematic review is completed.

Several **experts by lived experience** will also be consulted at various timepoints throughout the systematic review. Specifically, young people and families with lived experience of forced displacement will feed into protocol development, use of language, synthesis of the evidence, and the final report, including the plain English summary of the review's findings. In order to be inclusive of multiple views and experiences, we will consult lived experience groups from various organisations across England. Members of the research team will meet with a group of young people connected to various organisations on three separate occasions: once at the beginning of the systematic review to introduce the project and discuss objectives; once during the review process to

update the groups and consult on initial findings; and once before submission of the final report to present findings.

Identifying relevant work

Search strategy

Electronic databases

The review will search electronic databases including PubMed, PsycINFO, Web of Science, Scopus, CINAHL, and the Cochrane Library. In order to widen the search to include studies that are not in English, specific databases will be searched such as Global Health and WHO's Global Index Medicus.

Other sources

Grey literature databases, including OpenGrey and ProQuest Dissertations and Theses will be searched. Relevant websites will also be searched:

- The UNHCR website: https://www.unhcr.org/
- World Health Organisation's website: https://www.who.int/
- UNICEF Global: https://www.unicef.org/ and the UNICEF UK website: https://www.unicef.org.uk
- UNDP: https://www.undp.org/
- Refugee Council: https://www.refugeecouncil.org.uk/
- Refugee Studies Centre: https://www.rsc.ox.ac.uk/
- Refugee Research Online: https://refugeeresearchonline.org/
- The Department for Education: https://www.gov.uk/government/organisations/department-for-education
- National Children's Bureau, Social care research: https://www.ncb.org.uk/what-we-do/research-evidence/our-research-projects/social-care-research
- National Institute for Health and Care Excellence (NICE): https://www.nice.org.uk/guidance/published?ngt=Social%20care%20guidelines&ndt=Guidance
- Research in Practice: https://www.researchinpractice.org.uk
- Internal Displacement Monitoring Centre: https://www.internal-displacement.org/
- Researching Internal Displacement: https://researchinginternaldisplacement.org/
- IOM UN Migration: https://dtm.iom.int/
- Migration Data Portal: https://www.migrationdataportal.org/themes/forced-migration-or-displacement
- Amnesty International: https://www.amnesty.org/en/
- United Nations Library: https://digitallibrary.un.org/
- Relief Web: https://reliefweb.int/
- PsyArXiv: https://osf.io/preprints/psyarxiv

Reference lists of included studies and relevant systematic reviews will be hand-searched to identify additional relevant studies. Additionally, experts in the area, including those on the advisory panels, will be contacted for relevant papers.

Search terms

Key search terms

Population: refugee* OR asylum seek* OR separated child* OR unaccompanied minor* OR unaccompanied child* OR migrant* OR migrat* OR "displaced child*" OR "displaced adolescent*" OR "displaced teen*" OR "displaced famil*" OR "displaced young person*" OR "displaced young people" OR immigrant* OR diaspora OR "new comer*" OR newcomer* OR newly arrived

AND child* OR adolescent* OR young person* OR youth OR teen* OR infant* OR "young people"

Intervention: AND intervention* OR programme* OR program* OR therap* OR treat* OR support OR service*

Outcomes: AND mental health OR wellbeing OR well-being OR resilienc* OR posttrauma* OR depression OR anxiety OR emotion* OR suicid* OR psychol* OR behav* OR conduct OR stress OR grief OR grieving OR distress OR trauma OR child behavio* OR internalizing OR internalising OR externalising OR externalizing

Study selection criteria

Inclusion and exclusion criteria will be guided by the PICOS outlined in the previous section. Additional inclusion and exclusion criteria are listed below.

Inclusion criteria

Language: Studies published in English and non-English languages will be included, with translation services utilised as necessary.

Publication status: Peer-reviewed articles, grey literature, and reports from relevant organisations will be eligible for inclusion, and the quality of the study will be assessed and reported.

Exclusion criteria

Studies published before 1990 will be excluded.

Literature screening

De-duplication will happen in three stages: 1) automated de-duplication will occur at a database level (where possible), as well as in Rayyan (supplementary de-duplication via ASySD will be used to improve accuracy); 2) manual verification will be applied to all automated de-duplications, and; 3) automated de-duplication software (i.e. EndNote) will be used for grey literature.

A random selection of 25% of titles and abstracts of the search results will be screened independently by at least two reviewers (or person/machine combination, e.g. person screening in

combination with semi-automated screening in Rayyan). Rayyan will be used to facilitate the blinded screening process and to support tagging and inclusion/exclusion decisions. Disagreements between reviewers will be resolved through discussion, and where no consensus can be reached, a third reviewer will be consulted. The remaining studies will then be screened by one reviewer. For grey literature, the first 50 search results (or first five pages) will be screened, and all relevant results will be added to Rayyan.

Full-text screening will be conducted by two independent reviewers using customised Excel forms. PRISMA flowchart data will be compiled to show the number of studies/papers included and excluded at each stage.

Data extraction

Data items

A standardised data extraction form will be developed to ensure consistency across studies. The following information will be extracted:

- **Study characteristics:** Author(s), year, country, study design, sample size, and population demographics
- **Intervention details:** Type of intervention, duration, setting, and theoretical framework (if applicable)
- **Outcomes:** Quantitative outcomes (e.g. effect sizes, confidence intervals) and qualitative themes (e.g. perceptions, experiences)
- **Implementation factors:** Challenges, facilitators, and contextual factors influencing implementation
- **Acceptability and views:** Participant feedback and perceived usefulness of interventions
- **Practice elements and components:** Core components of interventions (e.g. CBT-based vs arts-based vs physical/movement-based; counselling-based vs mentor-based); involvement of a parent or caregiver; involvement of translators (vs delivered in first language); and intervention facilitator (professional vs trained lay/community member).

To supplement this information, we will also describe key aspects of all studies included during screening, which may be relevant when considering scalability and implementation, including the numbers of dropouts, the total numbers of sessions, and the training/professional levels of intervention facilitators.

Data will be extracted independently by at least two reviewers using a customised Excel spreadsheet. Disagreements will be resolved through discussion or in consultation with a third reviewer. Study authors will be contacted to request for any relevant information that is not available in included studies.

Risk of bias assessment

Given that a primary purpose of this review is to identify MHPSS with strong causal evidence, we recognise the importance of critical appraisal tools that utilise a high threshold for reducing study bias. As outlined below, the quality and risk of bias of included studies will be assessed by two reviewers independently using standardised tools appropriate to the study design.

Quantitative studies

The Cochrane Risk of Bias tool (RoB2) will be used for randomised controlled trials, and the ROBINS-I tool will be applied to nonrandomised studies. The RoB2 tool evaluates bias across five domains, namely randomisation, intervention deviations, missing outcome data, outcome measurement and selection of reported results, with an overall risk rating of low, high, or some concerns. The ROBINS-I tool assesses seven domains relevant to nonrandomised studies, namely bias due to confounding, participant selection, classification of interventions, departure from intended interventions, missing data, outcome measurement, and selection of reported results, with an overall rating ranging from low to critical risk of bias.

Qualitative studies

The Critical Appraisal Skills Programme (CASP) checklist for qualitative studies will be used to assess credibility, transferability, and dependability.

The CASP checklist consists of three sections focusing on a) validity, b) results, and c) relevance. Specifically, 10 questions are used to assess the rigor and suitability of the methodology, study design, participant selection, ethical considerations, researcher's positionality, analysis, and the usefulness of the study's findings.

Mixed-methods studies

If any mixed-methods studies cannot be assessed with either the RoB2, ROBINS-I, or CASP tool, the mixed-methods items of the Mixed Methods Appraisal Tool (MMAT) will be applied. The MMAT tool is designed to critically appraise mixed-methods studies by outlining a set of criteria and screening questions to provide an overall quality score.

Summarising the evidence

Data synthesis

This review will adhere to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure transparency and reproducibility. Additionally, the systematic review will be guided by the PRISMA-Equity checklist and the PROGRESS-Plus framework. The analysis for this systematic review will involve both quantitative and qualitative synthesis methods to comprehensively address the research questions. The analytical approach will include the following.

Quantitative analysis

Meta-analysis

A meta-analysis will be conducted using a random-effects model to account for variability between studies. Studies will be split into controlled trials and noncontrolled trials. For quantitative studies, effect sizes (e.g. standardised mean differences, odds ratios) will be calculated to assess the overall effectiveness of MHPSS interventions or programmes; 95% confidence intervals will be reported to indicate the precision of the estimates. Randomised controlled trials are gold standard. However, we want to be inclusive of other types of MHPSS that may (for various reasons) not have been tested via controlled trial methods. In both cases we will conduct a random-effects meta-analysis (using R – metafor). To do this, we will derive a Hedges' g statistic for continuous and categorical outcomes, for post-treatment between group (controlled trials) and pre–post effect size (for uncontrolled trials). This will be done for post-treatment (primary point), and two follow-ups: ≤ 12 months; > 12 months.

Heterogeneity will be assessed using I^2 and prediction intervals. Study quality (risk of bias) will also be assessed. While we want to include noncontrolled trials to be inclusive and representative, we acknowledge that this is not gold standard (Cuijpers et al., 2016). However, given the potential social and emotional complexities of the population of interest, it is important to be as inclusive as possible, while maintaining scientific standards. Therefore, meta-analyses will be conducted separately for randomised controlled trials and quasi-experimental studies to ensure that clear conclusions and caveats can be drawn from findings.

Where meta-analysis is not feasible due to heterogeneity, a narrative synthesis will be conducted to summarise quantitative evidence descriptively.

Subgroup analysis

Subgroup analyses will be performed to explore differences in effectiveness based on population characteristics (e.g. age, gender, type of displacement) and intervention characteristics (e.g. duration, delivery format).

Meta-regression

Meta-regression will be used to investigate the influence of study-level variables on effect sizes, where sufficient data are available. We will use meta-regression to explore moderators of intervention effectiveness, such as:

- Core component of intervention (if number of studies is five or more, i.e. k=≥5 to be included)
- Quality of study (low vs medium/high)
- Comparator (for controlled trials) (active vs passive control)
- Intervention format (group vs individual)
- Mean age of participants
- Gender (majority boys/girls) and/or gender identity
- Intervention setting (e.g. school-based, clinical, community-led)

- Duration of intervention
- Parent/caregiver involvement (yes/no)
- Region or country context (high income vs low/middle income)
- Involvement of translator (vs delivered in first language)
- Intervention facilitator (professional vs trained lay/community member)
- A random-effects meta-regression model will be used to assess whether these moderators are associated with effect size.

Examples of key moderators (k≥5 per group) specifically focused on understanding what practice elements and components might improve outcomes of an intervention (i.e. lead to larger treatment effects) and what might be important nuance to consider in the synthesis of the evidence will include:

- Core components of intervention (e.g. CBT-based vs arts-based vs physical/movement-based; counselling-based vs mentor-based).
- Involvement of a parent or caregiver
- Involvement of translator (vs delivered in first language)
- Intervention facilitator (professional vs trained lay/community member).

If a meta-regression is not possible (i.e. there are less than five papers available), we will include a narrative summary of all available studies to synthesise the evidence on how effectiveness might be impacted by the components/features of interventions and the other study-level variables mentioned above.

Publication bias assessment

Funnel plots and Egger's test will be used to assess potential publication bias. Sensitivity analyses will be conducted to test the robustness of the findings.

Qualitative synthesis

Narrative synthesis

Qualitative data will be synthesised using narrative analysis relating to intervention and programme implementation and scalability. Additionally, the narrative synthesis will address how practice elements or components of effective MHPSS interventions and programmes are associated with improved outcomes, especially if a formal meta-regression is not possible.

Framework synthesis

A framework synthesis approach will be applied to organise qualitative findings around key domains, such as challenges, facilitators, and participant experiences. Anticipated or experienced barriers or facilitators to implementation of selected MHPSS interventions and programmes will be described on a micro (individual/behavioural), meso (organisational), and macro (context/system) level, guided by the Theoretical Domains Framework (Atkins et al., 2017). User and practitioner acceptability findings will be analysed through the Theoretical Framework of Acceptability (Sekhon et al., 2017). The use of these frameworks will depend on the availability of relevant findings and a narrative approach will be used if there is little to no good-quality data available.

Integration with quantitative findings

Qualitative insights will be used to complement and contextualise quantitative findings, providing a richer understanding of the factors influencing intervention effectiveness and implementation.

Mixed-methods integration

Convergent synthesis design

A convergent synthesis design will be used to integrate quantitative and qualitative findings. Quantitative results (e.g. effect sizes, subgroup analyses) will be triangulated with qualitative findings to draw comprehensive conclusions about the effectiveness and acceptability of MHPSS interventions and programmes.

This multipronged analytical approach will ensure that the review comprehensively addresses the research questions, synthesises diverse types of evidence, and provides actionable insights for practitioners and policymakers.

Certainty of synthesised results

We will assess the confidence in qualitative findings using the GRADE-CERQual, which involves a systematic assessment of four components: (1) the methodological limitations of the primary studies contributing to the finding; (2) the coherence of the finding; (3) the adequacy of the data supporting the finding; and (4) the relevance of the included studies to the review's context (Lewin et al., 2018).

For quantitative findings, we will assess the certainty of evidence for each outcome using the GRADE framework. The certainty rating will be based on the study designs and will be systematically evaluated across several domains. We will consider downgrading the certainty of evidence due to: (a) risk of bias across studies, (b) inconsistency of results, (c) indirectness of the evidence, (d) imprecision of the effect estimate, and/or (e) the likelihood of publication bias. Conversely, we will consider upgrading the certainty rating, for example, in the presence of a large magnitude of effect or a dose-response gradient (Brennan & Johnston, 2023). An overall certainty rating of high, moderate, low, or very low will be assigned to the body of evidence for each outcome.

Equality, Diversity, Inclusion, and Equity

This systematic review will embed principles of Equality, Diversity, Inclusion, and Equity (EDIE) throughout all stages, ensuring that the research design, analysis, and reporting processes are inclusive and reflective of diverse populations and perspectives. The PRISMA checklist will be used together with the PRISMA-Equity framework to guide the conduct and reporting of this systematic review. The PRISMA-Equity guidance will be followed to identify, extract, and synthesise equity-related evidence. We will also use the PROGRESS-Plus framework to extract equity-focused characteristics (e.g. country of origin, age, ethnicity, language, gender/sex, religion, socioeconomic status, disability, immigration status). Specifically, we will consider equity-related issues using the following methods.

Review design

Within the specified remit of including studies from countries that have comparable children's social care systems to the UK, the inclusion criteria will ensure broad representation by incorporating studies from diverse geographical regions, socioeconomic contexts, and cultural backgrounds. Specific attention will be paid to studies that focus on underrepresented or marginalised subgroups, such as separated children and young people seeking asylum, children with disabilities, and forcibly displaced populations from low- and middle-income countries. Additionally, as specified in the method above, we propose to actively seek out studies published in languages other than English. The systematic search strategy includes terms and approaches designed to capture literature addressing diverse populations and intersectional factors.

Data synthesis

Subgroup analyses (where possible) will be conducted to explore variations in intervention effectiveness across populations and subgroups based on characteristics such as age, gender, and country of origin. A meta-regression (where possible) will investigate the role of study-level characteristics (e.g. socioeconomic status, region) that may influence intervention outcomes, providing insights into equity considerations. Importantly, both quantitative and qualitative studies will be included, and the data synthesis will specifically explore how MHPSS interventions and programmes address issues of equity and inclusivity in their design, delivery, and outcomes.

Reporting

The final report will include a dedicated section on EDIE considerations, explicitly reporting on these themes:

- The different groups of displaced children and young people and families included in the evidence
- What the evidence tells us about the effectiveness of programmes for particular groups of displaced children and young people and families
- What the evidence tells us about the experiences of different populations of displaced children and young people and families.

Visualisations, such as subgroup-specific forest plots (where possible), will be used to clearly communicate findings related to EDIE.

Involvement of Experts by Experience

The project will actively engage individuals with lived experience of displacement, including refugees and asylum seekers, in the research process. This will include involvement in designing the study protocol, interpreting findings, and coproducing recommendations to ensure relevance and inclusivity.

See also the section on Advisory groups.

Project implementation

The review will adopt an iterative and reflexive approach, regularly reviewing decisions to ensure alignment with EDIE principles. By integrating EDIE considerations into the review design, analysis, reporting, and stakeholder involvement, this review will provide meaningful and actionable insights that reflect the diverse needs and experiences of displaced children and families. This commitment to EDIE will also identify gaps in the literature where future research is needed to improve equity in outcomes and opportunities for all.

Dissemination

In addition to the final report, we propose to prepare a number of research articles to be submitted to peer-reviewed academic journals to disseminate the results widely. This will include a paper on the quantitative component of the review; and a separate paper on the perceived usefulness of MHPSS interventions and programmes, and the relevant barriers and facilitators to successful implementation.

We will also work with Foundations to ensure robust and productive dissemination of the Practice Guide, capitalising on the wide-reaching networks and audiences of the UK Trauma Council and Anna Freud. This includes national charitable organisations (e.g. British Red Cross, Barnardo's, The Children's Society), government departments such as the Home Office and Department for Education, and large networks of local authorities and mental health teams across the UK which support separated children and young people seeking asylum.

Registration

This review will be registered on the Open Science Framework and PROSPERO, and the registries will be updated with outcomes at the end of the systematic review.

Personnel

- **Professor Rachel Hiller:** Co-Director, the UK Trauma Council, Anna Freud – Principal Investigator
- **David Trickey:** Co-Director, the UK Trauma Council, Anna Freud – Principal Investigator
- **Beck Ferrari:** Lead for Clinical Content, the UK Trauma Council, Anna Freud – Project Manager
- **Dr Kim Alyousefi-van Dijk:** Senior Research Fellow, the UK Trauma Council, Anna Freud – Senior Research Fellow
- **Mohsen Rajabi:** Research Fellow, the UK Trauma Council, Anna Freud – Research Fellow
- **Tara Ramsay-Patel:** Research Fellow, the UK Trauma Council, Anna Freud – Research Fellow
- **Prof. Eamon McCrory (strategic oversight):** academic expert in child trauma and Chief Executive Officer of Anna Freud.

Timeline

Dates	Activity	Staff responsible/Leading
20/03/2025	Project initiation (Kick-off meeting)	Foundations, Rachel Hiller & David Trickey
22/04/2025	First consultation meeting with Experts by Experience	Beck Ferrari & Kim Alyousefi-van Dijk
13/06/2025	Finalisation of protocol	Kim Alyousefi-van Dijk, Tara Ramsay-Patel, Mohsen Rajabi, Rachel Hiller & David Trickey
30/09/2025	Finalisation of searching and data extraction	Kim Alyousefi-van Dijk, Tara Ramsay-Patel & Mohsen Rajabi
31/12/2025	Second round of consultation meeting(s) with Experts by Experience	Beck Ferrari & Kim Alyousefi-van Dijk
30/01/2026	Synthesis	Kim Alyousefi-van Dijk, Tara Ramsay-Patel & Mohsen Rajabi
27/02/2026	Presentation of emerging findings to advisory group	Kim Alyousefi-van Dijk & Rachel Hiller
28/02/2026	Third round of consultation meeting(s) with Experts by Experience	Beck Ferrari & Kim Alyousefi-van Dijk
30/04/2026	Initial draft report submitted to Foundations and sent out for peer review	Kim Alyousefi-van Dijk
31/08/2026	Final report	Rachel Hiller & David Trickey

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