County Durham and Darlington NHS
NHS Foundation Trust

Health Assessment of Unaccompanied Children & Young People Seeking Asylum

with you all the way

Contents

Introduction

Unaccompanied asylum-seeking children (UASC) are individuals under the age of 18 years who are outside their country of origin to seek asylum and who are without an adult who by law or custom has responsibility for their care.

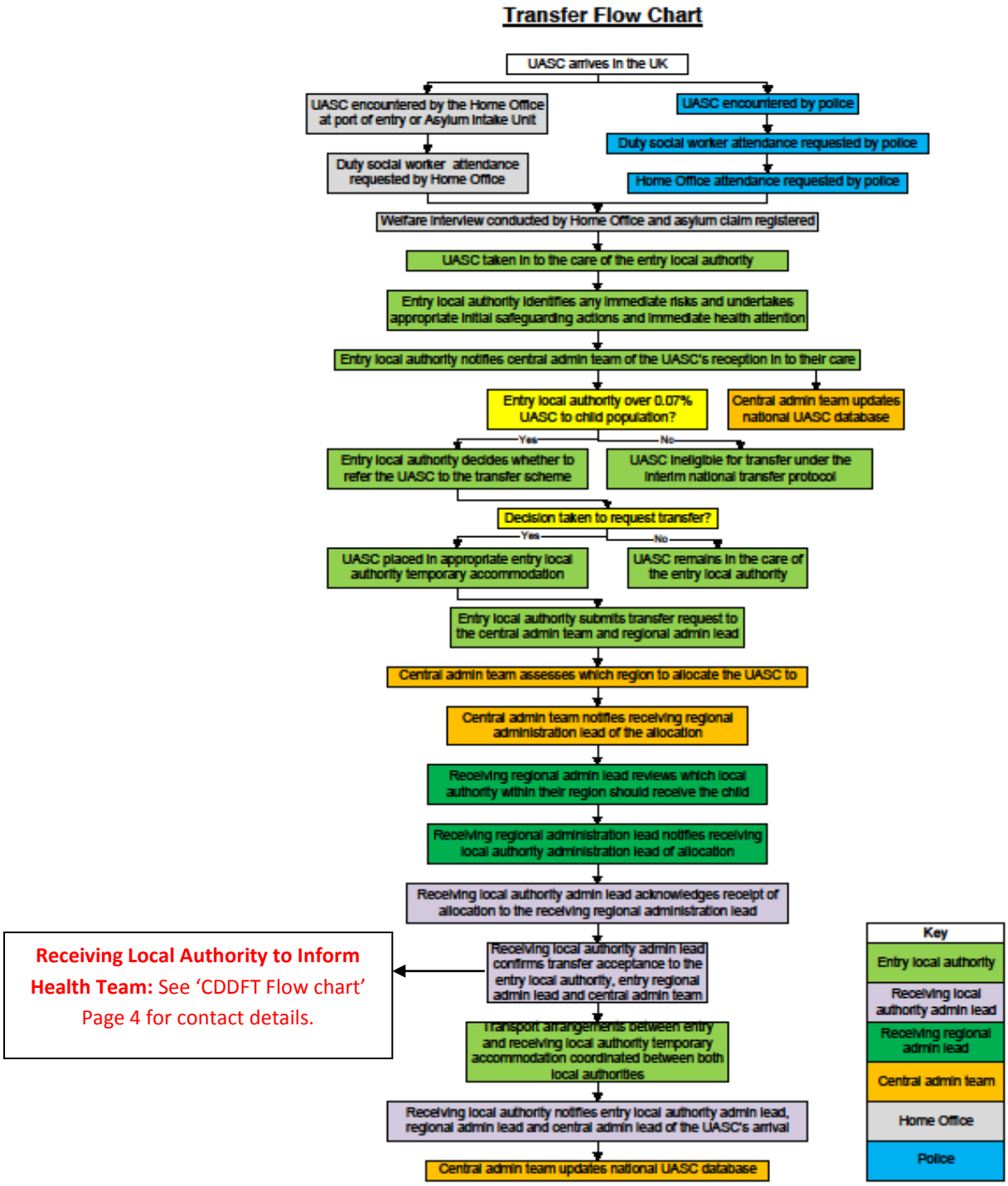
Most unaccompanied children seeking asylum arrive in the UK 'spontaneously.' There have been a small number (~400) of children resettled in the UK from refugee camps in France Greece and Italy as part of the Dubs amendment, but this scheme has closed.

An unaccompanied child becomes the responsibility of the Local Authority (LA) under the Children's Act 1989. Statutory duties of care apply as for any Looked After Child (LAC,) including the responsibility to facilitate an assessment of the child's health needs and a plan to meet these needs as well as social care, housing and education.

In 2014 and 2015, the numbers of children arriving in Kent started to increase. In response to this the government set out an Interim National Transfer Scheme (July 2016) which was designed to ensure no one local authority faced an unmanageable responsibility in caring for an unaccompanied child or young person. If a child arrived in a local authority area where the population of UASC was >0.07% of the child population, then transfer to another local authority would be arranged under the dispersal scheme.

Unaccompanied children have significant physical and mental health needs. This guide sets out responsibilities of the Local Authority, Clinical Commissioning Group (CCG) and LAC health team in facilitating the health assessment. It contains information for medical advisors on identifying and managing health needs and references the local pathways of care within County Durham and Darlington. The health guide has been compiled using guidance from the Royal College of Paediatrics and Child Health, the Kent website 'UASC Health,' CoramBAAF and HM Government and Department for Education.

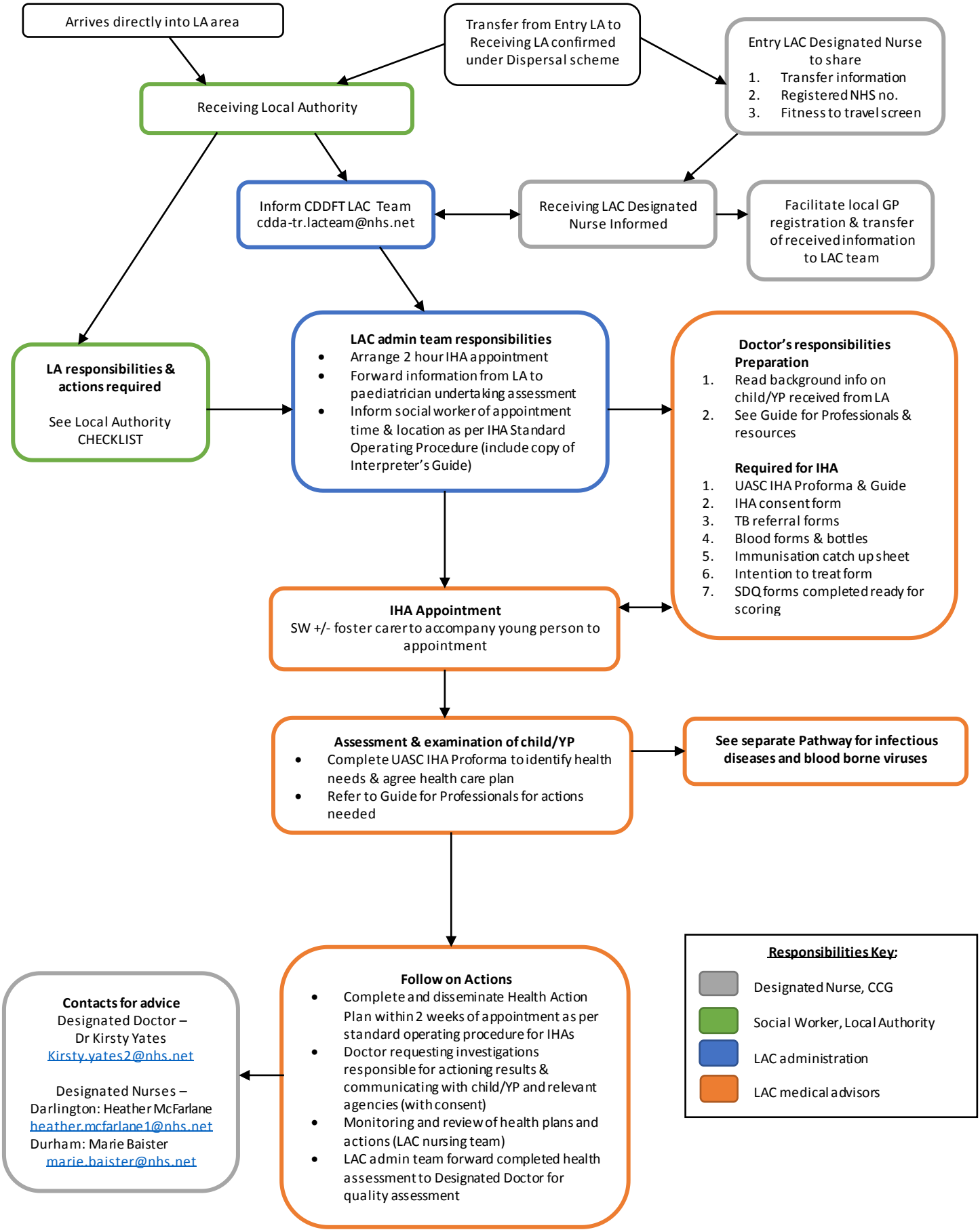
Transfer Flow Chart: National Dispersal Scheme



Receiving Local Authority to Inform Health Team: See 'CDDFT Flow chart' Page 4 for contact details.

Edited from https://www.gov.uk/government/publications/unaccompanied-asylum-seeking-children-interim-national-transfer-scheme

CDDFT Flow Chart for the Health Assessment of Unaccompanied Children Seeking Asylum



Local Authority Checklist: Actions for the Social Worker

This checklist should be used by the social worker in conjunction with the Transfer Flow Chart and CDDFT Health Assessment Flow Chart for any child/young person who is an unaccompanied minor. The actions within this checklist are the responsibility of the social worker and intended to be used to support the health needs of the child or young person. It is based on guidance from the Home Office, Royal College of Paediatrics and Child Health (RCPCH) and UASC Health (Kent.)

1. **Ensure young person is registered with a GP and has an NHS Number**

2. **Send the following information to LAC Admin Team** (cdda-tr.lacteam@nhs.net)
   - ☐ Completed age assessment (if applicable)
   - ☐ Completed background Information Sheet. Annexe 2 – Unique Unaccompanied Child Record (p18-20) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534258/Interim_National_UASC_transfer_protocol.pdf
   - ☐ Completed and signed IHA Consent form. Available in English, Arabic, Pashto and Tigrinya (Information and Consent for undertaking Initial Health Assessment) http://www.uaschealth.org/resources/paediatrics/#1469105390618-77298eb2-49b4

3. **Arrange interpreter**
   - ☐ To attend IHA appointment
   - ☐ Once interpreter is confirmed share with them Interpreter Guide (see page 7)
   - ☐ To verbally go through the IHA consent form if the young person is illiterate

4. **Share the following information with the child/young person prior to their IHA appointment**
   - ☐ NHS entitlements Migrant Health Guide https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide
   - ☐ Video resources in English, Arabic, Pashto and Tigrinya explaining what to expect at the IHA and background to blood born virus (BBV) testing http://www.uaschealth.org/resources/paediatrics/#1469105390618-77298eb2-49b4
   - ☐ Blood Borne Infections information form (BBV consent to be discussed during IHA)
   - ☐ HC1 form (claim for help with health costs for young people aged 16-18 not in education) To be translated using Google Translate http://www.nhs.uk/nhsengland/healthcosts/pages/nhs-low-income-scheme.aspx

5. **Strengths & Difficulties Questionnaire**
   - ☐ http://www.sdqinfo.com Strengths & Difficulties Questionnaire (SDQ) – Young Person's version (age 4-17 years)
     Ask young person to complete in their own language (choice of language available online) and bring to their IHA appointment for scoring

6. **Refeeding syndrome**
   - ☐ Be familiar with the signs of refeeding syndrome and what to do if you think a young person is at risk . See 'Guide to Refeeding Syndrome for Social Workers' on page 6.

Guide to Refeeding Syndrome for Social Workers

What is refeeding syndrome?

Refeeding syndrome consists of fluid imbalance and vitamin and mineral deficiencies which can occur when a person is recovering from a period of starvation (which can be going without food or having very restricted intake for as little as 3 days).

Why is it relevant for asylum seekers?

Asylum seekers are at risk of refeeding syndrome as they may have been travelling for many days with limited access to food. Those entering the UK through the National Dispersal Scheme should have been assessed for refeeding syndrome as part of their Fitness to Travel assessment.

What are the signs to look out for?

The signs of refeeding will occur within the first 5 days of starting to eat. Early signs include dizziness when standing from sitting, fainting, confusion, drowsiness, swelling of the legs & feet.

How can refeeding syndrome be prevented?

- Identifying people who are at risk
- Being aware of the signs and ensuring they get appropriate help in a timely manner
- If you are concerned, arrange an urgent medical review via A&E or GP. This cannot wait until their Initial Health Assessment by the LAC team.

What is the management of refeeding syndrome?

Medical staff will undertake a physical assessment, send bloods, commence a multi-vitamin and mineral supplement and refer to a dietician. They should refer to Junior MARSIPAN guidelines for further advice regarding assessment and management.
http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr189.aspx

A dietician will ensure they eat several small meals and drink fluids in small quantities; building up their intake gradually. For example **Day 1** - 3 meals per day (1/4 portions), **Day 2** - 3 meals per day (1/2 portions), **Day 3** - 3 meals per day (3/4 portions), **Day 4** - 3 meals per day (full portions). They will also request that a GP prescribe nutritional supplements (if required) and monitor the nutrients in the blood closely.

Dr Jane Boyle (Paediatric Trainee) Nichola Whyte and Deborah Floreza (Paediatric Dieticians) February 2017.

Interpreter Guide to Paediatric Initial Health Assessments in County Durham & Darlington

We will be asking you to interpret for us while we complete a holistic health assessment which will deal with physical, emotional, social and sexual aspects for the child or young person.

Subjects we will discuss will include:

1. Confidentiality/Consent
2. Current health, including dental, vision & hearing, medication and allergies
3. Height & weight
4. Immunisation status
5. Diet
6. Family history
7. Mental & emotional health
8. Lifestyle and safety issues eg. interests, alcohol & smoking, substance misuse, sexual health & keeping safe
9. Female genital mutilation (where relevant)
10. Social history, including travel to the UK
11. Blood tests, advice and signposting to other services

Thank you for your help.

On behalf of the Children Looked After Medical Advisors

County Durham & Darlington NHS Foundation Trust

Adapted from the Interpreter Guide from Central & North West London NHS Foundation Trust with thanks.

Guide for Medical Advisors completing the Initial Health Assessment

Risk factors for ill health in asylum seeking children and young people include limited access to basic healthcare prior to migration, time spent in refugee camps which may be overcrowded and lack sanitation, limited access to nutritious food during their journey to the UK, the experience of imprisonment, torture or physical and sexual violence, forced labour and forced military and separation from family members[1]. The key physical and emotional health issues to consider are outlined below.

Issue	Background	Resources	Recommended Action
Background information on country of origin and travel	The most prevalent countries of origin for UASC arriving in the UK were found to be Afghanistan, Eritrea, Syria, Iraq, Vietnam, Ethiopia and Albania; regions with long-running conflicts, political instability, and a poor record on human rights [2]	The Migrant's Health Guide is an online resource published by PHE which gives country specific information about health needs of migrants https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z Profiles on most common countries of origin http://www.uaschealth.org/resources/paediatrics/#1469108870035-6b8d5101-3b55	Read profile for country of origin and countries through which the child or young person has travelled to inform assessment of health risks.
Consent to Health Assessment	Most unaccompanied children will be accommodated under a section 20 order of the Children's Act. Children's services owe the same duties to them as to other children in care, but do not have parental responsibility for them.	CoramBAAF Migrant Children's Project Fact Sheet Parental_Responsibility_09_2016_Final.pd	In practice children and young people may be able to consent for the assessment themselves. Social workers should have discussed the health assessment with the young person and shown them the health assessment podcasts (if relevant language available.)
Physical health	From Kent's review of 154 IHA's the health needs were 17% dermatological, 12% musculoskeletal, 12% anaemia, 5% infectious diseases[3]	ADCS_UASC_Report_Final_FOR_PUBLICA CLINICAL-GUIDANCE-FOR-ASSESSING-AD ADCS Thematic Report (see p21) www.uaschealth.org.uk	Undertake full assessment of past and current medical history using the IHA proforma. Be aware of the high likelihood of MSK conditions & anaemia

Skin	Increased risk of untreated skin conditions including bacterial, fungal, parasitic and helminthic infections.	 GUIDANCE-Scabies-Protocol.pdf  CLINICAL-GUIDANCE-FOR-PRIMARY-CARE (p22 skin chapter)	Examine for skin conditions and inform GP of management using an Intention to Treat form if appropriate.
Vaccination	All should have an assessment of immunisation history. The Public Health England guidance on catch up programme should be followed. Unless there is a reliable vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned.[3]	 GUIDANCE-Vaccination-of-individuals-with	Immunisation catch-up should be initiated where history is incomplete. Write to GP/Practice nurse to ask them to arrange this stating which vaccinations. Include the immunisation catch up as a recommendation in the health care plan.
Dental health	Dental health is reported to be one of the commonest health needs of people seeking asylum[2]. As with all LAC ensure a dental appointment is made and advise regular check-ups.		Ensure child/young person is registered with a dentist and has regular check-ups. They will need an NHS number to access dental care. This should have been arranged by the social worker. Make sure they have a toothbrush & toothpaste.
Vision & hearing	Kent reported visual abnormalities in 35% of UASC.[3] Hearing abnormalities were uncommon, but those exposed to bomb blasts may have hearing loss without reporting symptoms.		Provide information about optician services. Offer hearing test as per standard IHA. Refer to audiology if concerns about hearing loss or exposure to bomb blasts

Nutrition	Refeeding syndrome occurs within the first 5 days of refeeding so it is important that social workers are aware of symptoms and signs if a child/young person has arrived in the county out with the dispersal scheme or been transferred immediately. For those transferred through the dispersal scheme refeeding syndrome is considered as part of the fitness to travel health screen. WHO estimates approximately 1/3 of the world's school age population are Vitamin A deficient. Signs are night blindness, increased susceptibility to infections & anaemia.	 CLINICAL-GUIDANCE -FOR-ASSESSING-AD (Page 26)	See page 7 for information about refeeding syndrome. Serum phosphate, magnesium, calcium and potassium will need to be monitored. Consider referral to a dietician if there is a history of restricted diet or signs of malnutrition; low BMI, anaemia, hair & nails Check: FBC, ferritin, U&Es, bone panel, LFTs, phosphate, magnesium, vitamin D & A
Tuberculosis	CDDFT Trust Guidelines recommend all entrants from high incidence of TB countries (>40/100,000) and asylum seekers, regardless of their country of origin, should be offered TB screening and this should be arranged by referral to the TB Nursing Service.	TB leaflets in 9 languages **http://www.uaschealth.org/resources/#147101293190 3-95f6d561-fe80**  REFERRAL TO TB NURSING TEAM 201  Policy for the Prevention and Contr  WHO TB figures (2016).xlsx	Refer all to the TB Nursing Service for screening using the referral form. TB NURSING SERVICE, BEDE HOUSE, BELMONT BUSINESS PARK, DURHAM, DH1 1TW. TEL: 0191 3740079 FAX: 0191 3740078 cdda-tr.tbteam@nhs.net Request on the form that the TB team inform LAC nurses that the young person has attended. Suspected cases to be referred to the TB paediatrician and notified to public health as per trust guidelines.

Blood borne viruses (BBV)	Hepatitis B and C screening is indicated in the majority of asylum seekers due to high prevalence of these conditions in their country of origin and travel. It is recommended by Kent that all children up to 18 years should be tested for HIV, Hep B&C and Syphilis.	http://www.uaschealth.org/resources/paediatrics for BBV videos and consent forms in Arabic, Pashto & Tigrinya **What bottles to use? (**See Intranet>Pathology>Test Directory) 2 x Paediatric red topped mini-collect 0.8ml or 2 x Adult yellow & white topped vacuette 4ml. 'DANGER OF INFECTION' label attached to samples **What to Request?** • HIV antibodies, HCV antibodies, VDRL • HBV – full clinical details including reason for testing and any previous HBV immunisation history will allow the lab to determine the correct antibody and antigen tests to run **Where to send it?** Local microbiology lab. Results take 2-3 weeks to become available. UK National Guidelines for HIV Testing 2008. (See Page 5: Who should be offered a test and Appendix 5: Testing infants, children and young people) http://www.bhiva.org/documents/guidelines/testing/glineshivtest08.pdf	Check if young person has watched podcast on Blood Borne Infections. **See flowchart for management of infectious diseases page 29.** Refer to sexual health clinic if >13 yrs. Consent, testing and follow up testing (if indicated) will be performed. If <13 yrs IHA clinician to take consent and arrange BBV screening. Safeguarding referral via social services if <13 yrs or any young person who discloses CSA/rape/CSE. If **HIV positive** <16 years GUM will refer to paediatric ID team at GNCH. If >16 years, HIV will be managed locally. If **Hep B/C positive** up to age 18 years – to refer to Dr Flood, Dr Emonts or Sister Pickering at GNCH.
FGM (female genital mutilation)	Since October 2015 registered professionals in health, social care and teaching have a statutory duty (known as the Mandatory Reporting duty) to report cases of FGM to the police in cases where a girl under 18 either discloses that she has had FGM or a professional observes physical signs of FGM.	Multi_Agency_Statutory_Guidance_on_FG FGM_Mandatory_Reporting_-_procedural Guide includes ideas to aid communication e.g. questions to ask and words used to describe FGM in different countries. http://www.rcpch.ac.uk/improving-child-health/child-protection/female-genital-mutilation-fgm/female-genital-mutilation-fgm	Report suspected cases to the police (phone non-emergency number 101.) Police & social care will initiate referral to the Regional Paediatric Forensic Network for an assessment to be undertaken.

Sexual Health	There is an increased risk of STI's due to prevalence in home country. Events around rape and torture may be extremely traumatic for the child/young person and information should be shared between professionals when appropriate to avoid them having to repeat the information. The risk of 'grooming' and harassment is highest in the months following arrival in the host country when the young person may have a limited social support network.	http://www.durham-lscb.org.uk/professionals/missing-and-exploited-children/child-sexual-exploitation/ www.eraseabuse.org http://www.darlington.gov.uk/health-and-social-care/domestic-abuse/sexual-violence-and-exploitation/	Ask whether the young person is sexually active, being mindful not to cause further trauma. Refer to sexual health clinics (UHND, DMH & BAGH) if age 13 yrs+ to offer contraception & STI screening. For those <13yrs discuss with Dr Cleghorn. Follow procedure for historical sexual abuse - these cases should be referred via children's social care. **The expectation would be that a historical CSE assessment will be undertaken.**
Mental health	Mental health problems may present in different ways (i.e. physical rather than emotional symptoms) and may not be immediately evident at the time of the IHA. In Kent 41% of 154 IHA's identified a mental health problem[2] Be alert to the possibility of post traumatic stress disorder (PTSD)	Ideally the social worker should have gone through a Strengths & Difficulties Questionnaire with the child/young person prior to their IHA. They have been asked to bring the completed questionnaire. Advice on scoring here: http://www.sdqinfo.com/py/sdqinfo/c0.py Note that some children/Young People may be illiterate and will need help to complete this with an interpreter. NICE guidelines PTSD https://www.nice.org.uk/guidance/cg26	The IHA should include some assessment of mental health. Score SDQ at IHA. Automatic scoring requires a licence, but can be done manually. Refer to CAMHS if concerns re emotional health or scores high on SDQ.

References	1. **RCPCH Guidance** http://www.rcpch.ac.uk/improving-child-health/child-protection/refugee-and-unaccompanied-asylum-seeking-cyp/paediatric-heal 2. **ADCS Thematic Report** http://adcs.org.uk/safeguarding/article/adcs-thematic-report-on-unaccompanied-asylum-seeking-and-refugee-children 3. **Kent website** http://www.uaschealth.org/resources/paediatrics 4. **Migrant's Health Guide** https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z 5. **E-learning FGM package** http://www.e-lfh.org.uk/programmes/female-genital-mutilation/	

Initial Health Assessment Proforma for Unaccompanied Asylum Seeking Child or Young Person

DATE OF ASSESSMENT: **VENUE:**	
FAMILY NAME: **FIRST NAME / NAME KNOWN AS:** **INTERPRETER PRESENT? Y / N** **LANGUAGE :** **Date of birth:** **Age:** **M / F** **Country of origin:** **Ethnic Origin: (own description)** **Religion:** **Date taken into LA care:**	
Current Address: **Telephone:**	**Type of accommodation:** **Hostel** **Hotel** **House/Flat** **LA Home** **Reception Centre**
NAME of Carer / Personal Adviser:	
CONSENT for examination: ***Signature of parent or guardian or young person if able to consent***	
NAME of interpreter / Contact agency:	
NAME of Doctor / Nurse carrying out health review: **Tel:**	
PERMISSION for report copies to GP / School nurse/ Social worker / Other (delete not applicable)	

NAME of Social Worker : **Telephone :**

ADDRESS:

NAME OF THOSE PRESENT at time of examination, and relationship to young person

Registered with a GP **Y / N** **GP details**

Registered with a DENTIST **Y / N** **Dentist details**

Registered with an OPTICIAN **Y / N** **Optician details**

CLINIC / SCHOOL NURSE **Y / N** **Nurse details**

OTHER HEALTH PROFESSIONALS INVOLVED:

OTHER RELEVANT INFORMATION
(e.g. any date set for dispersal)

Unaccompanied? **Y / N**

Legal status at time of assessment
Asylum seeking / Discretionary Leave / Humanitarian protection / Indefinite leave / Unsure / 5 years refugee statuts / other Until age _____

Solicitor to help through Asylum process? **Y / N**

Any other key workers providing support e.g. Refugee Council Children's Panel? Y / N
Details:

Time in transit from country of origin:

Time in present accommodation:

Number of moves in the UK:

Placement plans: Are there any changes planned?

DETAILS OF EDUCATION

In Country of origin:

Ask about literacy

Current provision in UK:

CURRENT PHYSICAL HEALTH CONCERNS

Child / Young person

Social worker / Carer ***(please specify)***

DETAILS OF HEALTH PROBLEMS (review of systems):

Skin
MSK
Headaches
Chest pain
Cough/Breathing
Palpitations
Gastrointestinal
Anaemia
Swellings
Other

PAST MEDICAL HISTORY

Consider county of origin

Malaria
Epilepsy
Asthma
Diabetes
TB
Jaundice
Worms
Surgery
Injuries
Other

MEDICATION:

Is the child/YP on any current medication? **Y / N**

If yes please specify

ALLERGIES:

Does the child/YP have any allergies? **Y / N**

If yes please specify

IMMUNISATIONS:

Immunisation status known? **Y / N**

BCG scar **Y / N** recorded today/ previously?

Vaccine	Dates
BCG	
Hepatitis B	
Diphtheria/Tetanus/Pertussis/Polio/HIB – 1st dose Pneumococcal 1st dose	
Diphtheria/Tetanus/Pertussis/Polio/HIB – 2nd dose Meningitis C 1st dose	
Diphtheria/Tetanus/Pertussis/Polio/HIB – 3rd dose	
Pneumococcal/Meningitis C 2nd dose	
HiB Men C 1st booster	
MMR 1st dose	
Pneumococcal 1st booster	
MMR 2nd dose	
Diphtheria/Tetanus/Pertussis/Polio – 1st booster	
Flu Vaccine	
	NOT FULLY IMMUNISED (Please circle if applicable)

DENTAL HEALTH:

Are there any dental concerns? **Y / N**

When was child/YP last seen?

VISION:

Has the child/YP had an eye check? **Y / N**

Specify any problems /glasses etc

Can you see clearly when looking at things that are far away (e.g. television)? Y/N

Can you see clearly when looking at things that are near to you (e.g. reading)? Y/N

Are you having headaches over your eyes? Y/N

Are you having any other problems with your eyes?
(e.g. discomfort, redness, itchiness) Y/N

HEARING:

Does the child/YP have any concerns about hearing? **Y / N**
Consider exposure to bomb blasts
Test results if available:

SCREENING:

Sickle status?	**SS / AS / AA / DK**
Thalassaemia status?	**Y / N / DK**
Risk factors for Hepatitis B, C / HIV or Syphilis?	

FAMILY STRUCTURE AND CONTACT WITH CHILD:
Include details of any family member in the UK; any siblings accommodated separately?

Update any progress with Red cross contact tracing, etc. if appropriate
Family tracing – already attempted / declined / needed / not appropriate

RELEVANT FAMILY HEALTH HISTORY

e.g
Malaria
Sickle cell/thalassaema
HIV/aids
TB
Jaundice
Seizures
Other

Have there been any recent bereavements or separations, or bad experiences? Comments	**Y / N**
Has the young person been detained? If so, where, allow young person to describe and for how long. Include episodes of detention in country of origin and in transit	**Y / N**

Dr to consider: *Is there any indication to date that the young person has been subjected to torture?* ***Are they at risk of FGM?*** *If* appropriate ask details (this can be followed up at a later date).	**Y / N**
How did the child/YP get to the UK? *Note any indication that child trafficked?*	**Y / N**

LIFESTYLE ASSESSMENT

Is the child/YP receiving a balanced diet? **Y / N**
If no, give details.

Do they know how to cook?
Are they eating alone?
Is the child cooking alone or with others?
How much money do they spend on food?

Is the child/YP currently or previously sexually active? **Y / N**

Partners/ Contraceptives/ children
Do they have info on local sexual health services?
Are they able to "say no"?
Any concerns - *do they need referral e.g. GUM?* **Y / N**
Sexual harassment? *Is there any sign that at risk of sexual exploitation?*

Budgeting/ Debt issues?

Does the child/YP use alcohol, tobacco or other drugs to relax? **Y / N**
E cigarettes?
Amounts used? Escalating?
Associated concerning symptoms?

Is the child/YP getting enough exercise? **Y / N**

ASSESSMENT OF EMOTIONAL AND PSYCHOLOGICAL WELL BEING

1. COMPLETED STRENGTHS & DIFFICULTIES QUESTIONNAIRE – TO BE SCORED

2. POST TRAUMATIC STRESS DISORDER AND DEPRESSION SCREEN

To the Child/YP ;
Can you tell me how all that you have experienced has made you feel?

(a) Post traumatic stress reactions: *In particular, can you tell me about the following stress reactions that many young refugees experience?*

Do you have distressing memories or 'flashbacks' of past events that upset you? **Y / N**
(Describe)

Do you get distressing nightmares? **Y / N**
(Describe) .

Do you avoid people or situations that could remind you of what you experienced? **Y / N**
(Describe)

Do you get symptoms such as racing heart, sweaty palms or feeling dizzy when there are reminders? **Y / N**
(Describe)

Have you ever thought about / made plans about harming yourself if you feel very sad / hopeless? **Y / N**
(Describe circumstances)

(b) Low mood/change in mood

How do you feel most of the time? **Happy / Sad / Other**……..……..
(Describe)

Has what you have experienced affected your temper? **Y / N**
(Describe)

Do you have difficulties sleeping? **Y / N**
Getting to sleep / waking early / **restless / sleepwalking / nightmares / other**
(Describe)

Do you have any difficulties eating? **Y / N**
Poor appetite / overeating / other
(Describe)

How do you think the future will be? **Same / better / worse**
(Give reasons)

(c) Worries

What sorts of things do you worry about?

Getting a good education	Yes/No
My accommodation	Yes/No
Making and keeping friends	Yes/No
My health, getting ill	Yes/No
Being allowed to stay in UK	Yes/No
Being able to follow my religion	Yes/No
My family's welfare and safety	Yes/No
Feeling that I am going mad	Yes/No
Other	(Describe)

What is your biggest worry right now?

Describe

(d). Coping and Support

Who or what has helped you to cope with the stresses of being a refugee?

Where do you get your strength from?

Who do you turn to if you feel very sad or worried or when you feel you need advice?

Friend / social worker / relative / no-one

Would you like to see someone to talk about these problems now? **Y / N**

Doctor to complete:

Are there indications for a referral to a child and adolescent mental health team? **Y / N**

Are there any factors that put this young person at risk of harm? **Y / N**

What factors are present that seem protective or supportive?

Comments

SOCIAL HISTORY
Benefits:

Is the child/YP making friends at home / at school or college?

Any difficulties at current placement?

Regular activities outside of home:

Religion:

Specify any social, cultural, religious or support organisations that child or family already linked to *eg refugee council/ sports teams etc*

Housing conditions:
Are the housing conditions satisfactory *(cold, overcrowded, poorly maintained)* ?

Was the young person / family in receipt of any racial harassment in the UK **Y / N**

Safety in the home: any issues? **Y / N**
(Details)

Any concerns shared with young person by social worker at assessment

DEVELOPMENT SCREENING ASSESSMENT If applicable
Expressive and receptive language

Cognitive skills

Fine motor skills

Gross motor skills

Social skills / interaction

PHYSICAL EXAMINATION
Weight: Kg (centile) Height: cm. (centile) BMI: (centile) NB Take detailed dietary history if growth stunted.
O.F.C cm (centile)
Describe obvious visual or hearing difficulties seen

General appearance:

Oral Health:

Skin:

ENT:

Eyes:

Chest:

Cardiovascular system:

Abdomen:

Pubertal status:

Consider risk of FGM

Nervous system:

Musculoskeletal system:

HEALTH CARE PLAN

Examining clinician to circle those relevant / delete if not, but please ensure the health care plan is child/young person specific and individualised to their needs

CHILD / YOUNG PERSON'S NAME: **DATE OF BIRTH:**

DATE OF NEXT HEALTH ASSESSMENT: ……

Issues	Action required	By when	Named person responsible
This young person is not fully immunised	Assessing clinician to write to GP to request immunisation catch up, stating which immunisations are needed.		GP
This young person requires TB screening	Referral to TB nursing led service using referral form. Phone TB nursing team for advice if suspicions of active TB		Assessing clinician to refer to TB nursing team in CDDFT
This young person is considered at risk of blood borne viruses	Blood testing for HIV, Hepatitis B, C and Syphilis		<13 years assessing clinician to arrange. >13 yrs refer to GUM as per pathway
This young person has symptoms suggestive of parasitic infection	FBC to check for eosinophilia. If >0.4 x10 ^{9} send stool for ova, cysts and parasites		Assessing clinician to check FBC if appropriate and request GP to send stool sample
This young person has been found to have a heart murmur	If appropriate refer to cardiology clinic/arrange echo		Assessing clinician to make referrals

This young person has signs of poor nutrition	Send blood for FBC, Ferritin, vitamin D/A, bone, LFTs Refer to dietician		Assessing clinician to arrange bloods and refer to dietician if appropriate
This young person has signs of skin infection/ scabies/fungal infections/lice	To be managed within Primary Care – see guide embedded in 'Guide for professionals'		GP to arrange treatment (use intention to treat forms)
There are concerns about this young person's hearing (+/or young person exposed to bomb blasts)	Audiology screening		Assessing clinician to refer to audiology services
This young person appears anaemic Or This young person appears anaemic and their sickle cell status is unknown	Send EDTA for Full blood count and ferritin +/- Haemoglobinopathy screen		Assessing clinician to arrange
There are concerns about this young person's dental health	Dental assessment		Social worker to arrange appointment with a dentist
This young person has experienced significant trauma / loss and has symptoms of PTSD and/or depression	Referral to CAMHS		Assessing clinician to refer to CAMHS
This young person is at risk of FGM/has disclosed FGM	Mandatory reporting to police (phone 101)		Assessing clinician to report to police
This young person has a history suggestive of being trafficked and is at risk of exploitation	Refer to LSCB websites for up to date advice on what to do if a disclosure is made or if you think a child/young person at risk		Assessing clinician to follow LSCB procedure and share concerns with social worker
This young person has problems with alcohol and or	Refer to local drug and alcohol services.		Assessing clinician to refer to services using form.

drug misuse	Lifeline for Durham Darlington (TBC)		Lifeline Project YP Leaflet.pdf Lifeline Referral Form.docx
This young person smokes	Smoking cessation support		GP to arrange
This young person is sexually active and at risk of STIs	If age 13+ Refer to sexual health clinic (UHND, BAGH, DMH)		Assessing clinician to arrange referral to GUM and ensure consent information has been given in a language they understand. Any safeguarding concerns follow LSCB & CDDFT procedures If age <13 years or disclosure about rape or sexual abuse refer to safeguarding via SW .
Allergies	Yes/No		
Immunisations up to date	Yes/No		
Registered with GP	Yes/No		
Permanently registered with GP	Yes/No	Name:	
Registered with Dentist	Yes/No	Name:	

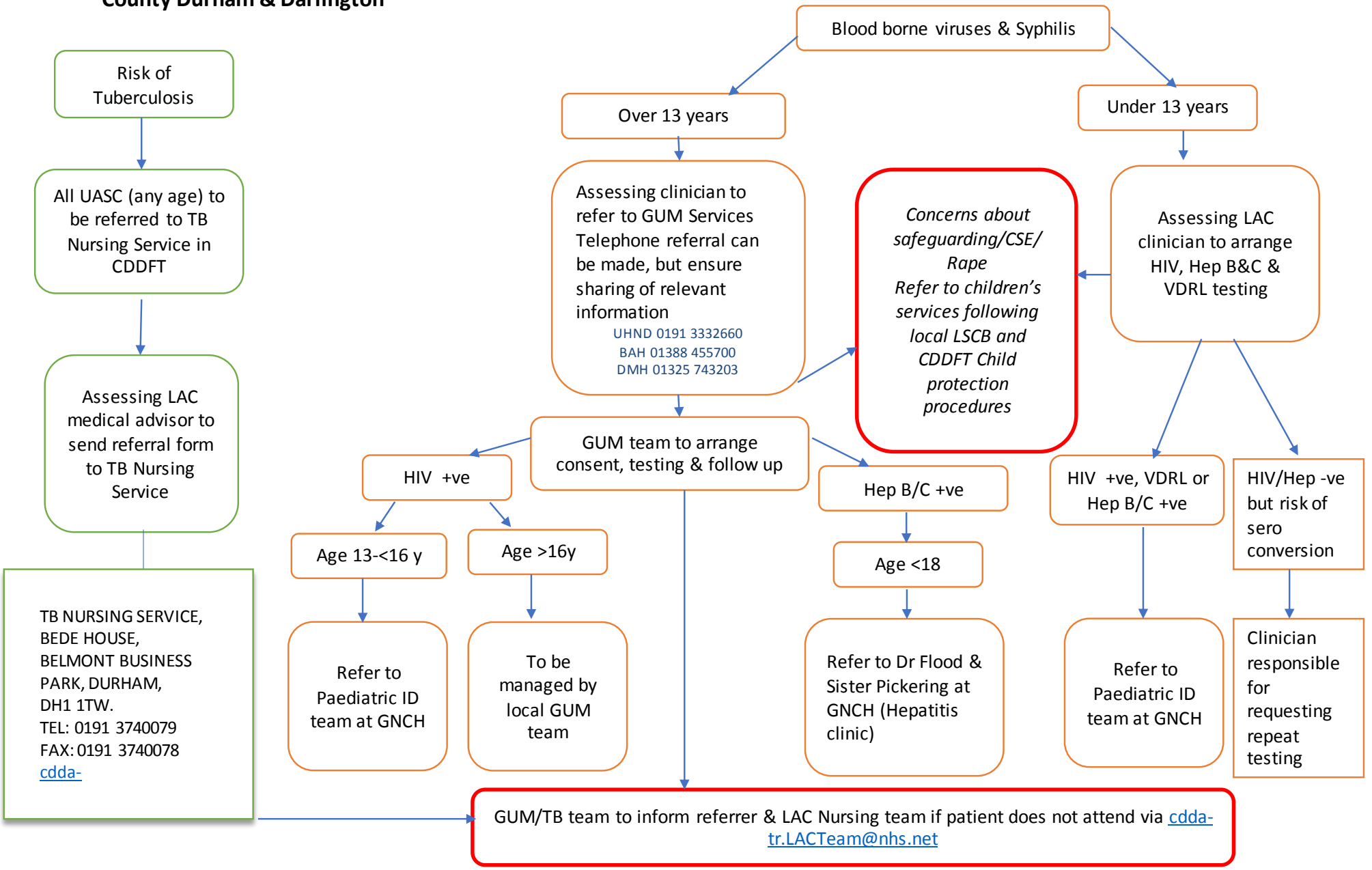
Assessed by:
Name:
Title:
Qualifications:
GMC Number:
Address:
Telephone:
Email:

Signature:
Date:

Copies:
Young Person (for their health passport)
GP
Social Worker (summary only)
Personal Assistant (summary only)
LAC nurse
Hospital records

This form has been developed from the BAAF IHA YP form and the Health Refugee form developed by Dr Ann Lorek and the Lambeth team with sincere thanks.

Flow chart for Investigation and Management of Infectious Diseases in Unaccompanied Asylum Seeking Children in County Durham & Darlington



Abbreviations

ADCS	**Association of Directors of Children's Services**
BBV	**Blood Borne Viruses**
CAMHS	**Child and Adolescent Mental Health Service**
CCG	**Clinical Commissioning Group**
CorumBAAF	**British Association of Adoption and Fostering**
FGM	**Female Genital Mutilation**
GNCH	**Great North Children's Hospital**
GUM	**Genitourinary Medicine**
ID	**Infectious Diseases**
IHA	**Initial Health Assessment**
LA	**Local Authority**
LAC	**Looked After Child**
LSCB	**Local Safeguarding Children's Board**
MSK	**Musculoskeletal**
PTSD	**Post Traumatic Stress Disorder**
RCPCH	**Royal College of Paediatrics and Child Health**
SDQ	**Strength's and Difficulties Questionnaire**
SW	**Social Worker**
UASC	**Unaccompanied Asylum Seeking Child**
YP	**Young Person**

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Trust Approval	
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