Health Assessment of Unaccompanied Children & Young People Seeking Asylum
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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

UASC arrives in the UK

Duty social worker attendance requested by Home Office

(UASC encountered by the Home Office at port of entry or Asylum intake Unit)

Home Office attendance requested by police

(UASC encountered by police)

(Welfare interview conducted by Home Office and asylum claim registered)

UASC taken into the care of the entry local authority

Entry local authority identifies any immediate risks and undertakes appropriate initial safeguarding actions and immediate healthcare.

Entry local authority notifies central admittance team of the UASC's reception into their care

Entry local authority over 0.07% UASC to child population? Yes

Central admin team updates national UASC database

No

UASC ineligible for transfer under the interim national transfer protocol

Yes

UASC placed in appropriate entry local authority temporary accommodation

No

UASC remains in the care of the entry local authority

Decision taken to request transfer?

Yes

Central admin team assesses which region to allocate the UASC to

Central admin team notifies receiving regional administration lead of the allocation

Receiving regional administration lead reviews which local authority within their region should receive the child

Receiving regional administration lead notifies receiving local authority administration lead of allocation

Receiving local authority administration lead acknowledges receipt of allocation to the receiving regional administration lead

Key

- Entry local authority
- Receiving local authority administration lead
- Receiving regional admin lead
- Central admin team
- Home Office
- Police

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

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

Arives directly into LA area

Receiving Local Authority

Transfer from Entry LA to Receiving LA confirmed under Dispersal scheme

Entry LAC Designated Nurse to share
1. Transfer information
2. Registered NHS no.
3. Fitness to travel screen

Facilitate local GP registration & transfer of received information to LAC team

Inform CDDFT LAC Team cdda-tr.lacteam@nhs.net

Receiving LAC Designated Nurse Informed

LAC admin team responsibilities
- Arrange 2 hour IHA appointment
- Forward information from LA to paediatrician undertaking assessment
- Inform social worker of appointment time & location as per IHA Standard Operating Procedure (include copy of Interpreter’s Guide)

LAC responsibilities & actions required
See Local Authority CHECKLIST

IHA Appointment
SW +/- foster carer to accompany young person to appointment

Assessment & examination of child/YP
- Complete UASC IHA Proforma to identify health needs & agree health care plan
- Refer to Guide for Professionals for actions needed

Follow on Actions
- Complete and disseminate Health Action Plan within 2 weeks of appointment as per standard operating procedure for IHAs
- Doctor requesting investigations responsible for actioning results & communicating with child/YP and relevant agencies (with consent)
- Monitoring and review of health plans and actions (LAC nursing team)
- LAC admin team forward completed health assessment to Designated Doctor for quality assessment

Doctor’s responsibilities
Preparation
1. Read background info on child/YP received from LA
2. See Guide for Professionals & resources

Required for IHA
1. UASC IHA Proforma & Guide
2. IHA consent form
3. TB referral forms
4. Blood forms & bottles
5. Immunisation catch up sheet
6. Intention to treat form
7. SDQ forms completed ready for scoring

See separate Pathway for infectious diseases and blood borne viruses

Contacts for advice
Designated Doctor – Dr Kirsty Yates
Kirsty.yates2@nhs.net

Designated Nurses – Darlington: Heather McFarlane
heather.mcfarlane1@nhs.net
Durham: Marie Baister
marie.baister@nhs.net

Responsibilities Key:
- Designated Nurse, CCG
- Social Worker, Local Authority
- LAC administration
- LAC medical advisors
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)
     [Link to Document]
   - Completed and signed IHA Consent form. Available in English, Arabic, Pashto and Tigrinya (Information and Consent for undertaking Initial Health Assessment)
     [Link to Document]

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 [Link to Document]
   - Video resources in English, Arabic, Pashto and Tigrinya explaining what to expect at the IHA and background to blood born virus (BBV) testing
     [Link to Document]
   - 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
     [Link to Document]

5. Strengths & Difficulties Questionnaire
   - [Link to Document] 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. The key physical and emotional health issues to consider are outlined below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Background</th>
<th>Resources</th>
<th>Recommended Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background information on country of origin and travel</td>
<td>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.</td>
<td>The Migrant’s Health Guide is an online resource published by PHE which gives country specific information about health needs of migrants <a href="https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z">https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z</a></td>
<td>Read profile for country of origin and countries through which the child or young person has travelled to inform assessment of health risks.</td>
</tr>
<tr>
<td>Consent to Health Assessment</td>
<td>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.</td>
<td>CoramBAAF Migrant Children’s Project Fact Sheet <a href="Parental_Responsibility_09_2016_Final.pdf">Parental_Responsibility_09_2016_Final.pdf</a></td>
<td>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.)</td>
</tr>
<tr>
<td>Physical health</td>
<td>From Kent’s review of 154 IHA’s the health needs were 17% dermatological, 12% musculoskeletal, 12% anaemia, 5% infectious diseases.</td>
<td><a href="www.uaschealth.org.uk">ADCS Thematic Report</a> (see p21)</td>
<td>Undertake full assessment of past and current medical history using the IHA proforma. Be aware of the high likelihood of MSK conditions &amp; anaemia</td>
</tr>
</tbody>
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</table>

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1. [ADCS_UASC_Report_Final_FOR_PUBLICA](#)  
3. [ADCS Thematic Report](www.uaschealth.org.uk) (see p21)
<table>
<thead>
<tr>
<th>Skin</th>
<th>Increased risk of untreated skin conditions including bacterial, fungal, parasitic and helminthic infections.</th>
<th>Examine for skin conditions and inform GP of management using an Intention to Treat form if appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
<td>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</td>
<td>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.</td>
</tr>
<tr>
<td>Dental health</td>
<td>Dental health is reported to be one of the commonest health needs of people seeking asylum². As with all LAC ensure a dental appointment is made and advise regular check-ups.</td>
<td>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 &amp; toothpaste.</td>
</tr>
<tr>
<td>Vision &amp; hearing</td>
<td>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.</td>
<td>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</td>
</tr>
</tbody>
</table>
### Nutrition

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>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 &amp; anaemia.</td>
</tr>
</tbody>
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### Tuberculosis

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<tbody>
<tr>
<td><strong>Tuberculosis</strong></td>
<td>CDDFT Trust Guidelines recommend all entrants from high incidence of TB countries (&gt;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.</td>
</tr>
</tbody>
</table>

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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

Refer all to the TB Nursing Service for screening using the referral form.

RE Referral to TB Nursing Team 201

**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](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/glinenhivtest08.pdf](http://www.bhiva.org/documents/guidelines/testing/glinenhivtest08.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. 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](http://www.rcpch.ac.uk/improving-child-health/child-protection/female-genital-mutilation-fgm/female-genital-mutilation-fgm) | [Multi_Agency_Statutory_Guidance_on_FGM__-_FINAL.pdf](https://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/](http://www.durham-lscb.org.uk/professionals/missing-and-exploited-children/child-sexual-exploitation/)  
[www.eraseabuse.org](http://www.eraseabuse.org)  
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 problem²  
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](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](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. |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
**Initial Health Assessment Proforma for Unaccompanied Asylum Seeking Child or Young Person**

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

**Telephone**: 

**ADDRESS**: 

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Y / N</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered with a GP</td>
<td></td>
<td>GP details</td>
</tr>
<tr>
<td>Registered with a DENTIST</td>
<td></td>
<td>Dentist details</td>
</tr>
<tr>
<td>Registered with an OPTICIAN</td>
<td></td>
<td>Optician details</td>
</tr>
<tr>
<td>CLINIC / SCHOOL NURSE</td>
<td></td>
<td>Nurse details</td>
</tr>
</tbody>
</table>

**OTHER HEALTH PROFESSIONALS INVOLVED**: 

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied?</td>
<td></td>
</tr>
<tr>
<td>Legal status at time of assessment</td>
<td></td>
</tr>
<tr>
<td>Asylum seeking / Discretionary Leave / Humanitarian protection / Indefinite leave / Unsure / 5 years refugee status / other Until age _______________</td>
<td></td>
</tr>
<tr>
<td>Solicitor to help through Asylum process?</td>
<td></td>
</tr>
<tr>
<td>Any other key workers providing support e.g. Refugee Council Children’s Panel?</td>
<td>Y / N</td>
</tr>
<tr>
<td>Details:</td>
<td></td>
</tr>
</tbody>
</table>

**Time in transit from country of origin:**  

**Time in present accommodation:**
<table>
<thead>
<tr>
<th>Number of moves in the UK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement plans: Are there any changes planned?</td>
</tr>
</tbody>
</table>

**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?

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

**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:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle status?</td>
<td>SS / AS / AA / DK</td>
</tr>
<tr>
<td>Thalassaemia status?</td>
<td>Y / N / DK</td>
</tr>
<tr>
<td>Risk factors for Hepatitis B, C / HIV or Syphilis?</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have there been any recent bereavements or separations, or bad experiences?</td>
<td><strong>Y / N</strong></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td><strong>Y / N</strong></td>
</tr>
</tbody>
</table>
**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). 

<table>
<thead>
<tr>
<th>Dr to consider:</th>
<th>Y / N</th>
</tr>
</thead>
</table>

How did the child/YP get to the UK?  

<table>
<thead>
<tr>
<th>How did the child/YP get to the UK?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

Note any indication that child trafficked?  

<table>
<thead>
<tr>
<th>Note any indication that child trafficked?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

**LIFESTYLE ASSESSMENT**

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

<table>
<thead>
<tr>
<th>Is the child/YP receiving a balanced diet?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Is the child/YP currently or previously sexually active?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

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?**  
Sexual harassment? **Is there any sign that at risk of sexual exploitation?**

<table>
<thead>
<tr>
<th>Is the child/YP currently or previously sexually active?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

**Budgeting/ Debt issues?**

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

<table>
<thead>
<tr>
<th>Does the child/YP use alcohol, tobacco or other drugs to relax?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

Is the child/YP getting enough exercise?  

<table>
<thead>
<tr>
<th>Is the child/YP getting enough exercise?</th>
<th>Y / N</th>
</tr>
</thead>
</table>
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?*

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting a good education</td>
<td></td>
</tr>
<tr>
<td>My accommodation</td>
<td></td>
</tr>
<tr>
<td>Making and keeping friends</td>
<td></td>
</tr>
<tr>
<td>My health, getting ill</td>
<td></td>
</tr>
<tr>
<td>Being allowed to stay in UK</td>
<td></td>
</tr>
<tr>
<td>Being able to follow my religion</td>
<td></td>
</tr>
<tr>
<td>My family’s welfare and safety</td>
<td></td>
</tr>
<tr>
<td>Feeling that I am going mad</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Weight: Kg (centile)</th>
<th>Height: cm (centile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NB Take detailed dietary history if growth stunted.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>O.F.C cm (centile)</th>
</tr>
</thead>
</table>

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**

Examine the 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:** ………………………………………

<table>
<thead>
<tr>
<th>Issues</th>
<th>Action required</th>
<th>By when</th>
<th>Named person responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>This young person is not fully immunised</td>
<td>Assessing clinician to write to GP to request immunisation catch up, stating which immunisations are needed.</td>
<td>GP</td>
<td></td>
</tr>
<tr>
<td>This young person requires TB screening</td>
<td>Referral to TB nursing led service using referral form. Phone TB nursing team for advice if suspicions of active TB</td>
<td>Assessing clinician to refer to TB nursing team in CDDFT</td>
<td></td>
</tr>
<tr>
<td>This young person is considered at risk of blood borne viruses</td>
<td>Blood testing for HIV, Hepatitis B, C and Syphilis</td>
<td>&lt;13 years assessing clinician to arrange. &gt;13 yrs refer to GUM as per pathway</td>
<td></td>
</tr>
<tr>
<td>This young person has symptoms suggestive of parasitic infection</td>
<td>FBC to check for eosinophilia. If &gt;0.4 x10^9 send stool for ova, cysts and parasites</td>
<td>Assessing clinician to check FBC if appropriate and request GP to send stool sample</td>
<td></td>
</tr>
<tr>
<td>This young person has been found to have a heart murmur</td>
<td>If appropriate refer to cardiology clinic/arrange echo</td>
<td>Assessing clinician to make referrals</td>
<td></td>
</tr>
<tr>
<td>This young person has signs of poor nutrition</td>
<td>Send blood for FBC, Ferritin, vitamin D/A, bone, LFTs Refer to dietician</td>
<td>Assessing clinician to arrange bloods and refer to dietician if appropriate</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>This young person has signs of skin infection/ scabies/fungal infections/lice</td>
<td>To be managed within Primary Care – see guide embedded in ‘Guide for professionals’</td>
<td>GP to arrange treatment (use intention to treat forms)</td>
<td></td>
</tr>
<tr>
<td>There are concerns about this young person’s hearing (+/or young person exposed to bomb blasts)</td>
<td>Audiology screening</td>
<td>Assessing clinician to refer to audiology services</td>
<td></td>
</tr>
<tr>
<td>This young person appears anaemic Or This young person appears anaemic and their sickle cell status is unknown</td>
<td>Send EDTA for Full blood count and ferritin +/- Haemoglobinopathy screen</td>
<td>Assessing clinician to arrange</td>
<td></td>
</tr>
<tr>
<td>There are concerns about this young person’s dental health</td>
<td>Dental assessment</td>
<td>Social worker to arrange appointment with a dentist</td>
<td></td>
</tr>
<tr>
<td>This young person has experienced significant trauma / loss and has symptoms of PTSD and/or depression</td>
<td>Referral to CAMHS</td>
<td>Assessing clinician to refer to CAMHS</td>
<td></td>
</tr>
<tr>
<td>This young person is at risk of FGM/has disclosed FGM</td>
<td>Mandatory reporting to police (phone 101)</td>
<td>Assessing clinician to report to police</td>
<td></td>
</tr>
<tr>
<td>This young person has a history suggestive of being trafficked and is at risk of exploitation</td>
<td>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</td>
<td>Assessing clinician to follow LSCB procedure and share concerns with social worker</td>
<td></td>
</tr>
<tr>
<td>This young person has problems with alcohol and or</td>
<td>Refer to local drug and alcohol services.</td>
<td>Assessing clinician to refer to services using form.</td>
<td></td>
</tr>
</tbody>
</table>
This document was classified as: OFFICIAL

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

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

All UASC (any age) to be referred to TB Nursing Service in CDDFT

Assessing LAC medical advisor to send referral form to TB Nursing Service

Risk of Tuberculosis

Blood borne viruses & Syphilis

Over 13 years

Assessing clinician to refer to GUM Services

Concerns about safeguarding/CSE/Rape

Refer to children’s services following local LSCB and CDDFT Child protection procedures

Under 13 years

Assessing LAC clinician to arrange HIV, Hep B&C & VDRL testing

HIV +ve

GUM team to arrange consent, testing & follow up

Age 13-<16 y

Refer to Paediatric ID team at GNCH

Age >16y

To be managed by local GUM team

Hep B/C +ve

Age <18

Refer to Dr Flood & Sister Pickering at GNCH (Hepatitis clinic)

HIV +ve, VDRL or Hep B/C +ve

Clinician responsible for requesting repeat testing

HIV/Hep -ve but risk of sero conversion

GUM/ TB team to inform referrer & LAC Nursing team if patient does not attend via cdda-tr.LACTeam@nhs.net

TB NURSING SERVICE, BEDE HOUSE, BELMONT BUSINESS PARK, DURHAM, DH1 1TW.
TEL: 0191 3740079 FAX: 0191 3740078 cdda-
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

Authors Dr K Yates, Dr J Boyle
Care Group Approval
Trust Approval
Date of Approval 06 September 2017
Date of Review