

UASC IHA QA Tool

Date of Health Assessment:

Clinician undertaking Assessment:

Assessor Competent to Level 3 of Intercollegiate Role Framework: Yes No Unclear

Supporting Information

| | | | | |
|----|--|-----|----|----------|
| 1. | Child or Young Person's Consent for Assessment (where appropriate) | Yes | No | Declined |
| 2. | DOB | Yes | No | Declined |
| 3. | Age | Yes | No | Declined |
| | NHS Number | Yes | No | |
| 4. | Social Worker | Yes | No | |
| 5. | Place young person seen | Yes | No | |
| 6. | Is the child or young person registered with a GP in the area | Yes | No | |
| | GP details have been recorded | Yes | No | |

The Medical Itself

| | | | | |
|-----|--|-----|----|--------------|
| 7. | Evidence that child or young person's concerns/comments have been sought and recorded | Yes | No | Declined |
| 8. | The young person has been asked about their experience both in home country and on journey to the UK | Yes | No | Declined |
| 9. | Emotional, behavioural needs have been assessed and any identified concerns documented | Yes | No | Declined |
| 10. | Any self-care/independence or learning needs have been assessed and any identified concerns documented | Yes | No | |
| 11. | Any possible safeguarding concerns have been explored e.g. trafficking, CSE, PREVENT | Yes | No | |
| 12. | Lifestyle issues discussed and health promotion information given. | Yes | No | Declined |
| 13. | Height recorded and plotted | Yes | No | Declined |
| 14. | Weight recorded and plotted | Yes | No | Declined |
| 15. | Physical health including dental has been assessed | Yes | No | Declined |
| 16. | Hand written document legible | Yes | No | Not provided |

The Summary Report and Recommendations

| | | | | |
|-----|---|-----|----|--|
| 17. | Document is typed | Yes | No | |
| | Document includes the following: | Yes | No | |
| 18. | A summary of pre-existing health issues | Yes | No | |



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|-----|---|-----|----|--|
| 19. | Any newly identified health issues | Yes | No | |
| 20. | Information about journey to the UK including identified risk factors | Yes | No | |
| 21. | An up to date immunisation summary | Yes | No | |
| 22. | Summary of dental health needs | Yes | No | |
| 23. | Summary of vision and hearing needs | Yes | No | |
| 24. | Summary of Child Health Screening | Yes | No | |
| 25. | Opinion re risk of BBV given | Yes | No | |

The Health Care Action Plan

| | | | | |
|-----|---|-----|----|----------------|
| 25. | Date for next health assessment has been recorded | Yes | No | |
| 26. | Recommendation re immunisation status | Yes | No | |
| 27. | Recommendation made re BBV and TB screening | Yes | No | |
| 28. | Recommendation made re dental health needs | Yes | No | |
| 29. | Recommendation made re any vision needs | Yes | No | |
| 30. | Recommendation made re mental health – identifying any risks | Yes | No | |
| 31. | Any other health risk has been acted upon and documented in the health plan | Yes | No | Not applicable |

Overall Impression

| | | | | |
|-----|---|-----|----|----------------|
| 32. | In your opinion does this IHA give a true sense of this young person's needs and form a sensible plan to address those needs? | Yes | No | Not applicable |
|-----|---|-----|----|----------------|

Additional Comments

Signed:

Name:

Date:

