

#  REVIEW HEALTH ASSESSMENT OF UNACCOMPANIED ASYLUM-SEEKING CHILD OR YOUNG PERSON

# PROFORMA FOR ASSESSMENT AND SUMMARY REPORT: REVISED AUGUST 2023

**PART B**

**TO BE COMPLETED BY THE ASSESSING HEALTH PROFESSIONAL**

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| Verbal consent by young person | Y/N |
| Date |  |
| Consent from local authority *(for those too young/not able to provide their own consent. Consider Gillick Competence)* | Y/Not applicable  |
| Date |  |

|  |  |
| --- | --- |
| Country of origin  |  |
| Language spoken |  |
| Interpreter required? | Y/N |
| Interpreter used? | Y/N |

|  |  |
| --- | --- |
| Date and time of assessment |  |
| Place of assessment |  |
| Names of those present at the time of assessment with title and or relationship to the young person  |
| Young person seen alone?  | Y/N | If no, give reason |  |
| Carer seen alone? | Y/N | If no, give reason |  |

1. **Review of previous health recommendations**

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| Have all recommendations from the last health assessment been carried out? | Y/N |
| Have all the actions from the last health care plan been carried out? | Y/N |
| List those outstanding |

1. **Health discussion Date**

What are the young person’s wishes and feelings?

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Current physical health

*Review since initial/ review health assessment. Does the young person have any concerns regarding their health and wellbeing? Does anyone the social worker or carer have any concerns? Discuss skin, musculoskeletal problems, headaches, chest pain, palpitations, breathing etc.*

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When did the young person last see the GP/attend A&E or Minor injuries?

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Regular medication (dosage and frequency)

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Allergies/ adverse reactions to medications

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Other health professionals involved (including any outstanding)

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| --- | --- | --- | --- |
|  | Name | Address | Give details/ date of last visit |
| Dentist |  |  |  |
| Ophthalmologist |  |  |  |
| TB team |  |  |  |
| Child and adolescent mental health service |  |  |  |
| **Add/delete as required\*\*** |  |  |  |

1. **Immunisation status**

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| --- | --- | --- | --- | --- | --- |
| Vaccination  | Initial Dose Date | 2nd DoseDate | 3rd DoseDate | 1st Booster (5 years later) | 2nd Booster (5 years later) |
| Td/IPV (Tetanus, Diphtheria and Polio) |  |  |  |  |  |
| Men ACWY(Meningococcal bacteria – A, C, W and Y) |  |  |  |  |  |
| MMR(Measles Mumps and Rubella)  |  |  |  |  |  |
| HPV(Human papillomavirus vaccine) |  |  |  |  |  |

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| Is the young person fully immunised according to the *‘Vaccination schedule of individuals with uncertain or incomplete immunisations?’* [Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status) | Y/N |
| Next immunisations due: |  |

1. **Screening**

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| --- | --- | --- | --- |
|  | Date | Result  | Treatment/date |
| Sickle cell |  |  |  |
| Thalassaemia |  |  |  |
| Hepatitis B |  |  |  |
| Hepatitis C |  |  |  |
| HIV |  |  |  |
| Syphilis |  |  |  |
| TB  |  |  |  |
| Other  |  |  |  |

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| Screening complete? | Y/N |
| Further screening required? | Y/N |
| If yes, record the screening required and include in health action plan |  |

1. **Emotional health**

Current emotional health and wellbeing discussion

*Discussion around current emotional health and wellbeing and whether they are accessing mental health services. Consider the ongoing impact of their journey to the UK, displacement, separation and loss, and physical, emotional, and sexual trauma. As well as consideration around bereavement, post-traumatic stress, low mood, change in mood, particular worries, sleeping difficulties, appetite, and cultural views around mental health. Consider the use of mental health screening tools and what particular things worry the young person.*

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Support system

*Who does the young person have for support. Does the young person have a trusted adult they can talk to. Does the young person have friends.*

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Behavioural health

*Are there any significant behavioural problems or difficulty relating to carers/adults/peers e.g., bullying.*

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Strengths and difficulties questionnaire (SDQ)

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| SDQ score |  |
| Does the score raise any concerns?*(Refer to the SDQ Threshold Process for looked after children)* | Y/N |

1. **Safety and health promotion**

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| Does the young person smoke (including e-cigarettes)? | Y/N |
| Does the young person drink alcohol? | Y/N |
| Does the young person use substances? | Y/N |

If smoking or using substances/alcohol/solvents/other. Include frequency, where and when used, desire to stop use, and whether aware of accessing help from an appropriate agency.

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Sexual health

*Discuss whether young person is sexually active or previously sexually active. Discuss partners, consent, non-consensual sex, information about local sexual health services, any conditions indicating need for referral e.g. GUM clinic. Consider cultural differences with UK law vs home country and address any barriers.*

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Safeguarding

*Are there any indicators of sexual exploitation, Trafficking, radicalisation, need for PREVENT, Female genital mutilation, domestic abuse? Is the young person at risk/or being groomed. Include internet safety and personal safety and consider use of child sexual exploitation toolkit.*

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1. **Social history**

Asylum process/ legal status

*Record legal status and asylum process (Asylum seeking/ Discretionary leave/ 5year refugee status/ other/ unsure). Consider if the young person has support from a solicitor regarding their asylum claim as well as other organisations e.g. Refugee Council.*

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Contact with family

*Explore young person’s feelings around family, whether still in contact or requires support with tracing family. Signpost to Red Cross family tracing as needed.*

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Current placement

*Any concerns with current placement/safety issues? Include length of time at present accomodation, number of moves in the UK, any further moves planned? Relationship with carers/ other young people in the placement.*

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Religion and culture

*Specify any social, cultural, religious or support agencies the young person is linked to and if further support required.*

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1. **Current functional assessment and education**

Any concerns about development from young person/ carer or social worker?

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Education

*Include current education provision, level of education and future plans around education. Any additional support needed. Educational health care plan in place? Give details on attendance, enjoyment, favourite subjects.*

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Self-care and independence skills

*Does the young person have relevant skills for age, e.g. dressing, personal hygiene, telling time, managing money including credit, travelling alone, preparing simple food, accessing health services/information? Include discussion on any debt issues.*

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Transition planning

*Consider placement planning around semi-independent/independent living.*

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1. **Physical assessment**

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| Date |  | Age |  |
| Indicate if examination or discussion |  |

General appearance/ presentation, including evidence of non-accidental injury

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Growth

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| Weight | Height | BMI |
| kg | centile | cm | centile | kg/m2 | centile |
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Any concerns with growth or development?

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Diet and exercise

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 Vision

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Hearing

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Skin and hair care

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Other

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1. **Comments on any other issues not covered by previous sections.**

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| Name of person completing Part B  |  | Date Seen |  |
| Date typed and signed  |  |
| Designation  |  | Qualifications  |  |
| Registration  | NMC: Yes / No | NMC Number  |  |
| Address  |  |
| Postcode  |  | Telephone  |  |
| Email  |   | Fax  |  |
| Signature    |   |

**PART C**

**SUMMARY REPORT FROM ASSESSING HEALTH PROFESSIONAL**

**Date completed:**

Based on information taken from:

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Young person’s wishes and feelings

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Summary of current health status

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Changes in health since last assessment

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Present physical and dental health

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Emotional and behavioural development

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Functional assessment and education

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Sexual health, lifestyle, and independence

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Current placement

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Summary and implications for the future

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**HEALTH ACTION PLAN**

**Health recommendations for young person’s care plan**

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| Date of health assessment  |  |
| Date of next health assessment  |  |

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| **Health issues** | **Action required** | **By when** | **Named person responsible**  |
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List current medication

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| Allergies |  |
| Immunisations up to date? | Y/N |
| Permanently registered with GP? | Y/N |
| Name of GP |  |
| Last dental appointment  |  |
| Last optician appointment  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person completing Part B  |  | Date Seen |  |
| Date typed and signed  |  |
| Designation  |  | Qualifications  |  |
| Registration  | NMC: Yes / No | NMC Number  |  |
| Address  |  |
| Postcode  |  | Telephone  |  |
| Email  |   | Fax  |  |
| Signature    |   |

**Copy of Part B & C to be sent to:**

Young Person

GP

File

**Copy of Part C to be sent to:**

Social worker- check consent

Carer- check consent

**Health History \*For 17+ year olds\*: (Delete as appropriate)**

Young Person

GP

File

Social worker- check consent

Carer- check consent