

Name		DOB		NHS Number	
------	--	-----	--	------------	--

INITIAL HEALTH ASSESSMENT OF UNACCOMPANIED ASYLUM SEEKING CHILD OR YOUNG PERSON

PROFORMA FOR ASSESSMENT AND SUMMARY REPORT: REVISED DECEMBER 2019

Young person's details – Pages 1 and 2 to be populated using information from Social care submitted on Coram BAAF IHA request form and from Social care Unique Child Record as per local practice					
First Name (s)				Family Name	
known as				Previously known as	
Date of Birth				Gender	
Age assessment being undertaken	Y / N **		NHS Number		
Legal Status / Current Legal Proceedings			Keyworker / Main contact at accommodation		
Date and mode of arrival in the UK			Young person's address		
Country of origin			Postcode		
			Telephone number		
Reason for being Looked after			<i>Unaccompanied minor</i>		
Person(s) with parental responsibility					
Number of placements since arrival in the UK					
Is a further move planned?			Y / N If yes, please detail		
Ethnicity			Religion		
First Language			Other languages		
Interpreter required			Y / N If Yes, Specify language		
School / Educational placement					
Yes / Not yet; Give details					
Specify any known health, learning, developmental, emotional, behavioural, vision or hearing needs					

Social Services / Local Authority details	
Name of Social worker and team	
Address	
Telephone	
Email	
Name of Team Manager	



Name		DOB		NHS Number	
------	--	-----	--	------------	--

To reduce need for YP to repeat their story, please complete this section as fully as possible prior to the health assessment - using information already gathered.

Describe any known health risks or potentially relevant adverse experiences. Include what is already known of YP journey - time taken to travel to UK and detail countries of transit. Include experience of conflict, bereavement, poor conditions, time in desert, food deprivation, assault, torture, sexual abuse

Detail whether YP has already been has had any other acute health evaluation or referred to relevant services e.g. sexual health, refugee council, red cross family tracing

GP registration	Dentist	Optician
– please circle Permanent / Temporary / Not yet registered	– please circle Permanent / Temporary / Not yet registered	
Date seen	Date seen	Date seen
Name of GP or Practice	Name of Dental Practice	Name of Optician
Address	Address	Address
Telephone No.	Telephone No.	Telephone No.

Other health professionals involved

– please detail all other health services / professionals involved since arrival in UK / dates seen



Name		DOB		NHS Number	
------	--	-----	--	------------	--

Consent for examination

Unless younger than 15 years, the young person should normally give consent for the examination and distribution of reports - assisted by the interpreter if necessary.

I agree to having a medical assessment including limited physical examination (as explained by the medical practitioner) and to a health plan being produced with my involvement.

Permission given for report / health plan to be copied to GP / Social worker (Summary) / Other (delete not applicable)

Print name:

Signature:

Date:

Date of assessment		Venue	
Those present at assessment and relationship to young person			
Was the young person given an opportunity to see the Dr/Nurse without the carer?			Y / N
Name of interpreter / Contact agency			
Language			
Name of Doctor / Nurse carrying out health assessment			
Main current health concerns / issues			
<i>Specify concerns of carer or young person</i>			
<i>Include review of systems (skin, musculoskeletal problems, headaches, chest pain, palpitations, breathing etc)</i>			
Medication and any allergies			



Name		DOB		NHS Number	
------	--	-----	--	------------	--

Past health history

Birth history if known

Any significant past illness, operations, blood transfusions, tattoos, scars, accidents

Any screening known – sickle status, thalassaemia status?

Risk factors for Blood borne infections? Risk factors for Hepatitis B, C / HIV or Syphilis include tattoos, surgery, FGM, blood Tx or sexually active Note: if YP from a Hepatitis B/C or HIV endemic country then they will need screening for BBV.

Risk factors for latent TB infection- do they come from a TB endemic country, or exposure en-route to UK?

See PHE Migrant Health Guide 2014
<https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z>

Family health history

Birth family details - specify if not available. Include significant health issues, bereavement, contact.

Physical examination

Height:	cm	centile	Weight:	kg	centile	BMI	Centile
General appearance:							
Oral Health:							
Skin:							
BCG scar		Y / N	recorded today/ previously?				



Name		DOB		NHS Number	
------	--	-----	--	------------	--

ENT:
Eyes: Any visual disturbance?
Chest:
Cardiovascular system:
Abdomen:
Pubertal status; <i>verbal report both testicles descended; discuss regular testicular self-examination</i>
Nervous system:
Musculoskeletal system:
<i>Consider risk of FGM: ask regarding female circumcision/cutting if appropriate:</i>
Lifestyle assessment
<i>Are you eating a healthy diet?</i>
<i>Able to cook? Eating with others?</i>
<i>Are you exercising regularly?</i>
<i>What exercise</i>
<i>Do you use alcohol, tobacco, drugs to relax?</i>
<i>Amounts used; escalating?; associated concerning symptoms? (use tool e.g. CRAAFT)</i>
<i>Are you currently or previously sexually active?</i>
<i>Discuss partners; contraceptives; non-consensual sex; information about local sexual health services, any concerns indicating need for referral e.g. GUM clinic; any indication of sexual exploitation (use CSE tool)</i>



Name		DOB		NHS Number	
------	--	-----	--	------------	--

Functional assessment	
<i>Record any concerns noted during the assessment regarding skills:</i>	
<i>Motor skills</i>	
<i>General cognition</i>	
<i>Communication skills</i>	
<i>Social skills / social interaction skills</i>	
<i>Personal care</i>	
Assessment of emotional and psychological well being	
1. COMPLETE MOODS AND FEELINGS QUESTIONNAIRE WITH INTERPRETER	
MOODS AND FEELINGS QUESTIONNAIRE (MFQ) SCORES	
2. POST TRAUMATIC STRESS DISORDER AND DEPRESSION SCREEN	
<i>Can you tell me how all that you have experienced has made you feel?</i>	
(a) Post traumatic stress reactions: In particular, can you tell me about the following stress reactions that many young refugees experience?	
<i>Do you have distressing memories or 'flashbacks' of past events that upset you?</i>	Y / N
Describe	
<i>Do you get distressing nightmares?</i>	Y / N
Describe	
<i>Do you avoid people or situations that could remind you of what you experienced?</i>	Y / N
Describe	
<i>Do you experience a racing heart, sweaty palms or feeling dizzy when there are reminders?</i>	Y / N
Describe	
<i>Have you ever thought about / made plans about harming yourself if you feel very sad / hopeless?</i>	Y / N
Describe circumstances	
(b) Low mood/change in mood:	



Name		DOB		NHS Number	
------	--	-----	--	------------	--

<i>How do you feel most of the time?</i>	Happy / Sad / Other.....		
<i>Has what you have experienced affected your temper?</i>	Y / N Describe		
<i>Do you have difficulties sleeping? Ask young person (and carer) about young person's sleep pattern and give appropriate advice / Sleep Pack if available. A disrupted sleep pattern is common after a long journey or if experiencing post trauma symptoms.</i>	Y / N Getting to sleep / waking early / restless / sleepwalking / nightmares / other Describe		
<i>Do you have any difficulties eating?</i>	Y / N Poor appetite / overeating / other Describe		
<i>How do you think the future will be?</i>	Same / better / worse (Give reasons)		
(c) Worries			
<i>What sorts of things do you worry about?</i>			
Getting a good education	Y / N	Making and keeping friends	Y / N
Being allowed to stay in UK	Y / N	My health, getting ill	Y / N
My accommodation	Y / N	Feeling that I am going mad	Y / N
Being able to follow my religion	Y / N	My family's welfare and safety	Y / N
Other	Describe		
<i>What is your biggest worry right now?</i>	Describe		
(d) Coping and Support			
<i>Who or what has helped you to cope with the stresses of being a refugee?</i>			
<i>Where do you get your strength from?</i>			
<i>Who do you turn to if you feel very sad or worried or when you feel you need advice?</i>			
Friend / social worker / relative / no-one			
<i>Would you like to see someone to talk about these problems now?</i>			
			Y/N
<p><i>Alternatively to screening outlined above ask young person to complete locally agreed screening questionnaires (that consider post trauma symptoms and depression) e.g. SDQ, PTSD screen and Depression screen. Be aware of high incidence of post traumatic symptoms. If significant symptoms have lasted more than a month, young person should be referred for Trauma Based CBT or management as recommended by CAMHS. If post traumatic symptoms are reducing: discuss waxing and waning of post trauma symptoms and encourage seeking further support if needed (for example if not settled in 3 - 6 months). Resuming a 'normal' pattern of daily life is very important to recovery from trauma. Discuss and encourage engagement in regular activities, education, leisure activities.</i></p>			



Name		DOB		NHS Number	
------	--	-----	--	------------	--

SUMMARY

Ensure young person's consent gained to share any information in the summary

Main current health concerns / issues
Medication and any allergies
Significant past health history
Physical examination Include any significant findings
Any significant lifestyle factors
Any significant concerns about current functioning / learning



Name		DOB		NHS Number	
------	--	-----	--	------------	--

Assessment of emotional and psychological well being	
MOODS AND FEELINGS QUESTIONNAIRE (MFQ) SCORES AND COMMENT	
SUMMARISE FINDINGS OF OTHER MENTAL HEALTH SCREENING AND COMMENT	
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?	
Include any highlighted / potentially relevant information regarding bereavements, separations, bad experiences, detention, torture	
What factors are present that seem protective or supportive?	
**COMMENT, IF INDICATED, ON PRESENTATION AND PHYSICAL EXAMINATION IN RELATION TO AGE	
State 'No concerns' if you have no significant concerns in relation to stated age. Significant concerns include that the young person presents as "much older" or "much younger" than stated age. Note the considerable variability in pubertal development, height and presentation of 'maturity' and resilience among unaccompanied young people. Follow RCPCH guidance when giving advice towards an age assessment process. You are <u>not</u> asked to make an estimate of age as this is not possible through physical examination and is undertaken by senior social work colleagues by an agreed robust process.	



Name		DOB		NHS Number	
------	--	-----	--	------------	--

HEALTH CARE PLAN

Clinician to add and delete issues and recommendations as appropriate

The health report is robust and comprehensive as young person is near care leaving age	Y / N
A copy has been sent to the young person	Y / N
Health promotion / contact information sent as per local 'health passport' protocol	Y / N
Discussion has taken place regarding the role of GP, Urgent Care, A&E and 999	Y / N

Date of next health assessment:			
Issues	Action required	By when (date)	Named person responsible
Incomplete or unknown immunisations	Refer all young people with unknown immunisations to GP for 'catch up' course as recommended by Public Health England: 1 st dT/IPV + MMR + Men ACWY 4 week gap 2 nd dT/IPV + MMR 4 week gap dT/IPV For female YP – HPV course		
At risk of blood borne infections	Obtain signed consent with interpreter so that it is clear young person understands what tests are being requested		Assessing clinician
	Arrange blood testing as soon as possible for HIV, Hepatitis B, C and Syphilis		
At risk of latent TB infection (LTBI) (NB If there are concerns regarding acute TB make immediate referral to TB clinic)	Referral for TB screening as per local protocol e.g IGRA testing Interferon gamma release assay		Assessing clinician
At risk other infectious diseases, worms and malnutrition	Arrange baseline bloods: Full Blood count, U&E; bone and renal profile; vitamin D; ferritin Urine MC&S Stool OCP		
Sexual health concerns	Referral to the Sexual Health specialist service		



Name		DOB		NHS Number	
------	--	-----	--	------------	--

Visual problems and/or Visual check up needed	Visual assessment by optician required		
Concerns regarding hearing	Audiology screening		
Dental decay and/or Dental check up needed	Dental assessment		
Experiencing significant symptoms of Post trauma stress and/or depression	?Referral to CAMHS		
History of likely torture and is experiencing related difficulties	Referral to specialist services		Referral to specialist services such as Freedom from Torture
Young person would like support in tracing their family	Referral to Red Cross family tracing		Social worker to liaise with young person and refer to Red Cross family tracing
History suggestive of being trafficked and at risk of exploitation	Referral to support services such as Refugee Council Trafficked girls or boys projects		Social worker to liaise with young person and refer to Refugee Council Trafficked girls or boys projects

Assessment and health plan completed by:

Name:		Qualifications:	
		Level 3 training:	
Title / Role:		GMC Number:	
		Office tel:	
Office email:		Date:	
Signature:			

Quality Assured by:

--

Copy of full report to:

Young Person
GP
File

Copy of Summary and Health Care Plan ONLY to:

Social Worker – check consent



Name		DOB		NHS Number	
------	--	-----	--	------------	--

