# INITIAL HEALTH ASSESSMENT OF UNACCOMPANIED ASYLUM SEEKING CHILD OR YOUNG PERSON

# PROFORMA FOR ASSESSMENT AND SUMMARY REPORT: REVISED MARCH 2023

**ALL OF PART A TO BE COMPLETED BY THE SOCIAL WORKER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Young person’s details – Pages 1 and 2 to be populated using information 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/ Foster Carer/ 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 | | | | *Unaccompanied minor* | | | |
| 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)* | | | |  | | | |
| Educational plan *(Yes / Not yet; Give details)* | | | | | | | |
|  | | | | | | | |
| Specify any known health, learning, developmental, emotional, behavioural, vision or hearing needs | | | | | | | |
|  | | | | | | | |

**PART A CONTINUED….**

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

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| **GP Registration** | |
| Name of GP or Practice |  |
| Telephone Number of Practice |  |
| Date seen |  |

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| **Consent to the young person’s health assessment by young person if older than 16 years OR person with parental responsibility OR person authorised by Local Authority to give consent, where the child does not have capacity to consent** | |
| Name |  |
| Signature |  |
| Date |  |
| Relationship to **young person** |  |

**PART B: TO BE COMPLETED BY THE DOCTOR**

(Contemporaneous record - will not be distributed)

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| **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 summary/ health plan to be copied to GP/ Social worker/ Key Worker/ Foster Carer/ Other  (delete not applicable)  **Print name: Signature:**  **Date:** |

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| --- | --- | --- | --- | --- | --- |
| **Date of assessment** |  | **Venue** |  | | |
| **Those present at assessment and relationship to young person** | | | | | |
|  | | | | | |
| **Was the young person seen by the Doctor/ (Nurse) without the carer?** | | | | | Y / N |
| **Name of interpreter** / Contact agency | | | |  | |
| **Language** | | | |  | |
| **Name of Doctor/ (Nurse)** **carrying out health assessment** | | | | | |
|  | | | | | |
| **Current health** -*Specify concerns of both carer and young person*  *(Include review of systems: skin, musculoskeletal problems, headaches, chest pain, palpitations, etc)* | | | | | |
| Diet:  Toiletting:  Sleeping: | | | | | |
| **TB screening** | | | | | |
| Does young person come from a TB endemic country, or had possible exposure en-route to UK? | | | | | |
| Are you experiencing any of the following symptoms?  **Cough** **that has lasted for longer than 3 weeks** □ (if so, is it productive? Yes/ No)  **fevers** □ **night sweats** □  **loss of appetite** □ **weight loss** □  **enlarged lymph nodes** □  **shortness of breath** □ **chest pain** □ **unexplained tiredness or lethargy** □ | | | | | |
| **Have you had TB** **in the past?** | | | | | |
| **Do you have any known contact with TB?**  *(either recently or in the past e.g.  family member having had TB)* | | | | | |
| **Documentation of BCG vaccination?** | | | | | |

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| **Insert information from the Welfare Form here***(Capture what is already known of YP’s journey)* | |
|  | |
| **Describe any known health risks or potentially relevant adverse experiences**.  (*Include 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 had any other acute health evaluation or has been referred to relevant services e.g. sexual health, refugee council, red cross family tracing** | |
|  | |
| **Medication and any allergies** | |
|  | |
| **Immunisations given** | |
|  | |
| **Dentist** | **Optician** |
| Date seen | Date seen |
| Name of Dental Practice | Name of Optician |
| Telephone No. | Telephone No. |

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| **Other health professionals involved**  *(Please detail all other health services / professionals involved since arrival in UK/ dates seen/ outcomes)* | |
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|
| **Past health history** *(Birth history if known; Any significant past illness, operations, blood transfusions, tattoos,*  *scars, accidents, Female Genital Mutilation (FGM); Any screening known – sickle status, thalassaemia status?)* | |
|  | |
| **Family health history** *(Birth family details - specify if not available. Include significant health issues, bereavement, contact.)* | |
|  | |
|  | |
| **Functional assessment** - *What can they do?:* | |
| *Motor skills /* ***Coordination*** | |
| *Attention skills / concentration* | |
| *Communication skills (Ask interpreter)* | |
| *Social skills / social interaction skills* | |
| *Personal care* | |
| *Independence skills (e.g. money, travelling, using washing machine, time etc.)* | |
| **Schooling experience** | |
| In country of origin/on journey |  |
| - Reading/ writing (own language; English letters)/ counting |  |
| Any problems with learning/ any support required |  |
| Liked and disliked subjects |  |
| Plan for the future |  |
|  | |
| **Lifestyle assessment** *(ask both young person and carer)* | |
| *How do you spend the day at the moment?* | |
|  | |
| *Are you eating a healthy diet? Able to cook? Eating with others?* | |
|  | |
| *Interests and hobbies/special skills or talents/religious beliefs (does YP have all required equipt.such as Koran?)* | |
|  | |
| *Are you exercising regularly? What kind of exercise?* | |
|  | |
|  | |
| **Safeguarding concerns** *(ask both young person and carer)* | |
| *Do you use alcohol, tobacco, drugs to relax?*  *(Amounts used; escalating? associated concerning symptoms? – consider using tool e.g. CRAAFT)* | |
|  | |
| *Are you currently or have you previously been sexually active?*  *(any indication of sexual exploitation: use CSE tool: FGM )* | |
|  | |
| *Any risk of criminal exploitation / debt / radicalisation?* | |
|  | |
| *Aware of internet safety? Other risks?* | |
|  | |

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| **Emotional and mental health** | | |
| *Ask carer regarding behaviour of young person at home/with others; any concerns about emotional and mental health?* | | |
|  | | |
| *How do you feel at present?* | | |
|  | | |
| *Are you happy with/in your placement?* | | |
|  | | |
| 1. **COMPLETE MOODS AND FEELINGS QUESTIONNAIRE (MFQ) WITH INTERPRETER** | | |
| Score:  Explanation of score: | | |
| 1. **POST TRAUMATIC STRESS DISORDER AND DEPRESSION SCREEN**   *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 experience a 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……………..…….. |  | |
| *Has what you have experienced affected your temper?* | Y / N  Describe | |
| *Do you have difficulties sleeping?*  *(A disrupted sleep pattern is common after a long journey or if experiencing post trauma symptoms.)* | Y / N  Describe:  *Getting to sleep/ waking early/ restless/ sleepwalking/ nightmares/ other* | |
| *Do you have any difficulties eating*? | Y / N  Describe: *Poor appetite/ overeating/ other* | |
| *How do you think the future will be*? | *Same/ better/ worse*  (Give reasons) | |
| **(c) Worries** | | |
| *What is your biggest worry right now? What sorts of things do you worry about? (e.g. getting a good education, making and keeping friends, being allowed to stay in UK, health or getting ill, my accommodation, money, my family’s welfare and safety, being able to follow religion)* | | |
|  | | |
| **(d) Coping and Support** | | |
| *Who do you turn to if you feel very sad or worried or when you feel you need advice? (Carer/ friend/ social worker/ relative/ no-one) – Where do you get your strength from?* | | |
|  | | |
| *Would you like to see someone to talk about these problems now?* | | |
|  | | Y / N |
| *Alternatively to screening outlined above ask young person to complete locally agreed screening questionnaires (that consider post trauma symtoms and depression) e.g. SDQ, PTSD screen and Depression screen. Be aware of high incidence of post traumatic symptoms.* | | |
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| **Physical examination** | | | | | | |
| *Observation in clinic: Young person’s behaviour; rapport with carer/ key worker/ interpreter; interaction with doctor* | | | | | | |
|  | | | | | | |
| Height: cm : | centile | Weight: kg | | centile | BMI: | centile |
| General appearance: | | | | | | |
| Oral Health: | | | | | | |
| Skin (use body map to document torture markings – see appendix 1): | | | (remember TB)  BCG scar Y / N  Lymphadenopathy Y / N | | | |
| ENT: | | | | | | |
| Eyes:  Any visual disturbance? | | | | | | |
| Chest: | | | | | | |
| Cardiovascular system: | | | | | | |
| Abdomen: | | | | | | |
| Pubertal status *(verbal report both testicles descended; discuss regular testicular self-examination)* | | | | | | |
| Nervous system: | | | | | | |
| Musculoskeletal system: | | | | | | |
| *Consider risk of FGM (ask regarding female circumcision/cutting if appropriate)* | | | | | | |

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**PART C: TO BE COMPLETED BY THE DOCTOR**

SUMMARY REPORT

*(Ensure comments by young person as well as social worker and carer/ key worker are included)*

*Cut and paste from PART B – Only PART C will be distributed.*

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| --- | --- | --- | --- |
| Young person’s consent gained to share summary | | | **Yes/ No** |
| **List of past and current health issues** | | | |
|  | | | |
| **Current health and wellbeing (including diet, sleeping etc.)** | | | |
|  | | | |
| **Physical examination** | | | |
| □ Normal  □ Abnormal – Give details:  **TB screening: Increased risk - yes/no** | Weight:  Height:  BMI: | | |
| **Medication and any allergies** | | | |
|  | | | |
| **Immunisations given (list with dates)** | | | |
|  | | | |
| **Relevant family history** | | | |
|  | | | |
| **Significant past health history (including travel history)** | | | |
|  | | | |
| **Risk factors for Blood borne infections** | | | |
| tattoos□ surgery□ FGM□ blood transfusion□ sexually active□  Hepatitis B/C or HIV endemic in country of origin or stay□  (See PHE Migrant Health Guide 2014: <https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z> ) | | | |
| **Current functioning / learning level / independence skills** | | | |
|  | | | |
| **Assessment of emotional and psychological well being**  MOODS AND FEELINGS QUESTIONNAIRE (MFQ) SCORES AND COMMENT | | | |
| MFQ Scores:  What does it mean: | | | |
| Other mental/emotional health screening and clinical observations: | | | |
| **Are there indications for a referral to a child and adolescent mental health team?** | | **Y / N** | |

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| **Are there any factors that put this young person at risk of harm?** (Bereavements, separations, bad experiences, detention, torture; cigarettes, alcohol, drugs; sexual exploitation; criminal exploitation, debt, radicalisation; internet safety) |
|  |
| What factors are present that seem protective or supportive? (e.g. plans for the future, spiritual activities and other interests) |
|  |
| Placement issues and carer comments |
|  |

HEALTH CARE PLAN

*Clinician to add and delete issues and recommendations as appropriate*

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| --- | --- |
| A copy has been sent to the young person (Summary and health care plan) | Y / N |
| Discussion has taken place regarding the role of GP, Urgent Care, A&E and 999 | Y / N |

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| --- | --- | --- | --- | --- |
| **Date of next health assessment:** | |  | | |
| **Issues** *(Delete issues if not appropriate)* | **Action required** | | **By when (date)** | **Named person responsible** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Incomplete or unknown immunisations | Arrange appointment with GP practice for ‘catch up’ course (as recommended by Public Health England):  1st dT/IPV + MMR + Men ACWY  - 4 week gap  2nd dT/IPV + MMR  - 4 week gap  dT/IPV  For female and male YP:  HPV course | |  | Carer / key worker and GP |
| 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 | |  | Assessing clinician |
| TB Screening | Obtain signed consent with interpreter so that it is clear young person understands what test is being requested | |  | Assessing clinician |
| Arrange T spot / IGRA testing Interferon gamma release assay | |  | Assessing clinician |
| **Positive TB signs or symptoms** | **- Immediate referral to TB team (or as per local protocol)**  Or  **-** **Ongoing investigation through GP:**  *-- If productive cough: Sputum samples to be sent for AAFB*  *-- Any cough longer than 3 weeks: Request chest X-ray* | |  | Assessing clinician  GP |
| At risk of other infectious diseases, worms and malnutirition | Arrange baseline bloods: Full blood count, U&E; bone and renal profile; vitamin D; ferritin  Urine MC&S  Stool OCP | |  | Assessing clinician |
| Sleeping problems | Give appropriate advice / Sleep Pack if available | |  | Assessing clinician |
| Sexual health concerns | Referral to the Sexual Health specialist service | |  | Assessing clinician |
| Concerns regarding hearing | Refer to audiology | |  | Assessing clinician |
| Visual problems and/or Visual check up needed | Visual assessment by optician required | |  | Carer / key worker |
| Dental decay and/or Dental check up needed | Arrange dental assessment | |  | Carer / key worker |
| Emotional problems | Refer to Refugee Council | |  | Social worker |
| Significant symptoms of Post trauma stress and/or depression | *- If significant symptoms more than a month*  - refer for Trauma Based CBT or management as recommended by CAMHS  - *If symptoms reducing:*  *-* Discuss waxing and waning of symptoms and encourage seeking further support if needed (for example if not settled in 3 - 6 months).  - Resume ‘normal’ pattern of daily life  - Encourage engagement in regular activities, education, leisure activities. | |  | Social worker  Assessing clinician |
| History of likely torture and experiencing related difficulties | Referral to specialist services (e.g. Freedom from Torture) | |  | Social worker |
| Young person would like support with tracing their family | Referral to Red Cross family tracing | |  | Social worker in liaison with young person |
| History suggestive of being trafficked and at risk of exploitation | Referral to support services such as Refugee Council, Trafficked girls or boys projects or similar | |  | Social worker to liaise with young person |
|  |  | |  |  |
| **Assessment and health plan completed by:** | | | | |
| **Name:** |  | | **Qualifications:**  **Level 3 training:** |  |
| **Title / Role:** |  | | **GMC Number:** |  |
| **Office email:** |  | | **Office tel:** |  |
| **Signature:** |  | | **Date:** |  |

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| --- |
| Quality Assured by: |

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| Copy of Summary and Health Care Plan ONLY to:  Social Worker  Young Person  GP  Carer/ Key Worker  Copy of full report to:  File |

APPENDIX 1

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| Body Map |

A picture containing linedrawing

Description automatically generated