DEVELOPMENT OF THE FITNESS TO TRANSFER MEDICAL FOR UASCs

1. CONTEXT

Given the vast number of UASCs arriving in Kent through the Port of Dover and The Channel Tunnel during late 2015 and 2016, the Home Office and Kent County Council drove forward plans for a National Transfer scheme enshrined within the Immigration Act 2016. The National Transfer scheme was launched on 1st July 2016 https://www.gov.uk/government/news/government-launches-national-transfer-scheme-for-migrant-children

This meant that Unaccompanied Asylum Seeking Children and Young People (UASCs) arriving in Kent will be dispersed to the on-going care of other Local Authorities, as advised by the UK Government so that no individual local authority bears a disproportionate share of the burden. A protocol was developed to support this process http://adcs.org.uk/safeguarding/article/national-uasc-transfer-protocol

2. WHAT WAS REQUIRED FROM HEALTH?

The transfer process brought a new challenge to health, both in Kent and in the Receiving Local Authority area. Kent CCGs needed to ensure that UASCs were well enough to travel and the receiving CCGs had to be ready to meet the ongoing health needs of UASCs placed with them.

Therefore we considered the Kent health requirement was to deliver the following:

- A process to assess the YP's fitness to travel and ensure that any health risks are appropriately dealt with and handed over and which enables the health information for a UASC to pass safely, with consent and confidentiality to those who need to know in the RLA and their allied health teams
- Guidance on said process
- A Fitness to Travel Assessment format
- Health passport for the UASC
- Sharing of learning and support to the RLA on meeting the health needs of UASC, via website and designated professional to designated professional

3. RISKS TO HEALTH AS A RESULT OF NATIONAL TRANSFER SCHEME

Immediate Health Risks:

In some, albeit a very small minority of cases there could be an immediate risk to life on moving of a newly arrived UASC. E.g. If a young person is suffering an acute exacerbation of asthma, that may have been triggered by the later part of their journey to UK, they could develop a life threatening attack during subsequent, a serious head injury that may have caused a bleed on the brain or a sickle cell crisis.

In other cases there could be worsening of a condition if treatment is delayed as a result of transfer e.g. acute infections, physical injuries and chronic health conditions such as diabetes and epilepsy, mental health concerns such as self-harm.

In other cases there could be unnecessary suffering as a result of delay in accessing treatment e.g. gastro intestinal symptoms, skin infections

Intermediate Health Risks:
There may be situations where moving a Young Person could affect continuity of care e.g. YP with broken bones or injuries who have received treatment but require follow up and possibly further intervention e.g. removal of sutures, dressing changes etc.

Longer Term Health Risks:
We know that there are longer term health issues that need to be addressed and that these would usually be identified by the IHA when a comprehensive assessment of health and need is made. With transfer it becomes the RLA responsibility to arrange the IHA locally. Many LAC health teams around the country are already struggling to meet the timescales required for their own UK LAC. Drift and then the risk of unidentified and unmet health needs for UASCs is a risk. In addition, the assessment of health needs for UASCs and the implementation of health plans and the provision of screening (e.g. for TB and hepatitis B) is complex. Many health teams will be ill prepared and will not have services in place to meet the needs of a population of young people who do not speak English (e.g. dental and vison services). LAC CAMHS services around the UK are particularly stretched and may not be skilled in meeting the complex needs of this population.

i. There are infection risks in this population such as malaria, TB and hepatitis B. Plans would usually be made at the IHA stage to screen for these infections. UASCs are also missing immunisations and again programs for immunisation will need to be put in place as soon as possible to protect the UASC but also to address public health concerns.

ii. Receiving health teams will need to be able to arrange immunisations, screening and health assessments for UASCs.

Public Health Risks:
UASCs are also missing immunisations and should have the first course of the agreed UK immunisations as soon as possible. If these are not started prior to transfer there is a health risk to the UASC but also to the community in which they are placed.

4. RISK MITIGATION

i. The Designated professionals for Looked after Children in Kent wrote an introduction letter to fellow designated professionals nationally, explaining the 5 day transfer model, responsibilities for health, and the FTT health screening process and the links to the Kent resources.

ii. Kent CCGs have developed a number of resources that will support RLAs and their allied health teams in their preparation of receiving UASC. These include bespoke UASC initial health assessment guidance and templates, podcasts in different languages to explain the IHA consent and process and blood borne virus testing and a DVD to explain health needs of UASCs to front line staff. A number of training resources have been developed as well..

iii. UASCs should be registered with a GP and allocated an NHS number as soon as possible after arrival in the UK and prior to transfer. This allows any health actions to be safely recorded. When the young person moves there should be an agreed action that the RLA will arrange registration with a new local GP. The young person will need to have provide their previous GP details and their NHS number (this will be recorded in the UASC's Health Passport) when registering with the new GP in order that the previous GP record can be transferred.

iv. A Fitness to Travel screening process has been developed with an agreed traffic light approach to health risks whereby red relates to a health need to delay transfer for an agreed period of time, amber requires further action and consideration such as a consideration to the RLA's ability to meet the specific health needs of the UASC, some immediate treatment prior to transfer and then medical handover or just specific handover to the new area's health teams and new GP. If the UASC has no apparent health concerns they will be deemed fit to travel and given a "green light" with some standard UASC health recommendations to hand over to their new RLA and health team.

v. UASCs will have their first set of UK recommended immunisations given prior to transfer to protect the UASC but also to address public health concerns.

5. DELIVERING THE MODEL

UASCs become Looked after Children under Section 20 of the Children Act 1989. As such they are entitled to the full range of services available to LAC. The following must be addressed:

Access to universal health service: UASCs need to register with a GP. They must register with a GP as soon as possible after arrival in the UK. As part of the registration process an NHS number will be applied for. Details of their NHS number and GP registration will be placed in the UASC health passport. There will then be a need for the UASC to register with a new GP in their RLA and this information will need to be passed on to their new GP in the RLA.

Statutory Initial and Review Health Assessment: The Statutory Guidance "Promoting the health and well-being of looked after children" March 2015 states that all looked after children and young must have a holistic health assessment and creation of a health care

plan within 20 working days of coming into care. Regulation 7 of the Care Planning, Placement and Case Review (England) Regulations 2010 requires the local authority that looks after the child/young person to arrange for a registered medical practitioner to carry out an initial assessment of the child's health and provide a written report of the assessment. So, a thorough health assessment of a UASC is a statutory requirement for the RLA and the CCG, who have a shared responsibility to ensure that this happens.

Within the 5 day window prior to transfer to the RLA, a *Fitness to Travel* (FTT) screening appointment health will be undertaken and any immediate health needs will be identified and addressed where possible. This ***does not*** replace the need for the young person to have a statutory IHA once moved to the RLA.

a) Fitness to travel (FTT)

i. Many of the UASCs seen to date have had concerns about their health and many have had physical findings. The vast majority of these are considered to be easily managed and would not prevent onward travel. It is important that the FTT screen does not delay their onward travel as the aim is that the YP will be given the opportunity to settle in their new area as soon as possible. Many will be anxious about their circumstances and many will have experienced traumatic events and/or loss. Mental health problems are unlikely to present acutely in this group but their longer term needs must be addressed.

ii. The FFT health screening will cover the following:

- Any concerns about health
- Whether the reception staff/foster carer or other have concerns about the YP's health
- Any known illnesses
- Any pain
- Any medication
- Height
- Weight
- Blood pressure and heart rate
- Urine dipstick
- Any obvious physical findings
- Any concerns about emotional well-being

- A form will be completed for each UASC which contains the above information and the young person's will be allocated a traffic light health status – red, amber or green.

iii) THE TRAFFIC LIGHT SYSTEM FOR FITNESS TO TRAVEL

	**TRANSFER SHOULD BE DELAYED**
	**CHILD/YOUNG PERSON CAN MOVE BUT THERE ARE**

	"SPECIAL CIRCUMSTANCES"
	**CHILD/YOUNG PERSON CAN MOVE**

	**TRANSFER SHOULD BE DELAYED** **This is because there is an immediate and serious risk to health and the young person either needs emergency treatment or their health status could be made worse by travel.** **Examples:** Acute physical injury that requires immediate treatment, rest or poses a risk to travel e.g. broken bones, head injury Medical conditions that could be life threatening and need to be treated and stabilised prior to travel e.g. acute asthma, unstable diabetes, sickle cell disease, seizures, serious infections such as acute malaria, possible cerebral malaria, acute TB, Suspected septicaemia/sepsis, acute Hepatitis B. Medical signs that could indicate serious illness e.g. pyrexia of unknown origin, tachycardia, severe dehydration, highly elevated blood pressure Significant mental health concerns - requiring emergency mental health assessments for mental illness including section 12 for section in under MHA *The status red section of the FTT Assessment form should be completed and reasons why clearly stated along with actions required and a clear plan. The Designated Dr and Sarah Hammond ADCS West Kent must be informed by email. If there are any queries about status red, first discuss with your GP colleagues. You can also discuss with the Designated Doctor.* *The timescale for when a child/young person can be reassessed in terms of subsequent fitness to travel must be clearly stated on the form.*
	**CHILD/YOUNG PERSON CAN MOVE BUT THERE ARE "SPECIAL CIRCUMSTANCES"** **This is because there is a health action or health risk that needs to be considered by UASC central admin or the RLA or a health action or risk that needs to be handed over to the receiving health team.** **Examples:** **Conditions that will require treatment, are not considered life threatening but do require a health handover:** Physical injury e.g. burns, cuts, wounds, strains and sprains (need to be clearly

	documented prior to travel) Stable chronic medical conditions such as asthma, diabetes, epilepsy Skin infections e.g. scabies, fungal infections etc. Chest infection or upper respiratory tract infections Suspected sexually transmitted infections Gastro-intestinal e.g. possible parasitic infection, gastro-oesophageal reflux Identified dental decay Identified visual problems Pregnancy FGM **Young person has a condition that has been partly treated and further treatment is required** An injury that has been sutured and will require removal of sutures, a fracture that requires review Investigations that have been initiated but that require follow up and possibly further treatment e.g. Asthmas, diabetes, epilepsy, fever **Conditions that require access to specialist medical provision *** Sickle cell anaemia Other rare and unusual medical conditions that would require access to a tertiary hospital ***If there is a medical condition that requires access to specialist provision the Home Office Central Admin team should be informed with part B of the Unique Unaccompanied Child Record form so that this information can be considered when allocating the young person to a region.** *For children and young people who have an amber status the following action is recommended: The status amber section of the FTT Assessment form should be completed and reasons why clearly stated along with actions required and a clear plan. If there are any queries about status amber, first discuss with your GP colleagues. You can also discuss with the Designated Doctor.*
	**CHILD/YOUNG PERSON CAN MOVE** **There are no apparent or reported health conditions or concerns**

	and the young person appears fit for onward travel *For children and young people who have a green status the following action is recommended: The status green section of the FTT Assessment form should be completed with a statement that the child/young person has no known health conditions, is currently physically well and is fit for travel*. .

v. Admin processes

- Referral for a FTT screen will be via the completed Part A form of the National UASC Transfer Scheme Unique Unaccompanied Child Record.

- After the FTT screening the FTT assessment form will need to be typed up and a copy given to the YP's GP, Social worker a copy will then be sent on to the Designated professionals for LAC in the new area once KCC have provided Part D of the forms (assuming the YP has consented to their information being shared).

- If a UASC is considered to have "status red", the LA and Desiganted Dr must be informed in order for a decision to be made that the YP cannot travel. A clear reassessment plan and time frame must be made and health should inform colleagues in the receiving area.

b) Sharing of health information

i. Local authorities, CCGs and providers of services have to ensure that there are effective arrangements in place to share information about the UASCs health. These arrangements have to balance the need to know with the sensitive and confidential nature of some of the information. It is important that the FTT information is shared with the child but it is also made available to the new GP and to the clinician who undertakes the IHA.

With the child or young person: Kent Designated professionals are developing a 'health passport' for the UASC to take with them to the RLA. At present it is proposed that this will contain the following information:

NHS info leaflet for refugees
IHA info leaflet
Blood Borne Infection leaflet
TB

Sleep
Nutrition
Customs, views and values
Sexual health/STIs, keeping safe etc.

With social care staff: Provided that the Young Person gives consent to share their FTT assessment, a copy of the FTT health screening will be sent to a nominated representative in KCC (as Corporate Parent) to then distribute to the RLA UASC social worker If the Young Person does not consent then only the traffic light part of the form can be shared.

With health colleagues: A copy of the FTT medical will be emailed to the Designated Nurse for the receiving CCG with a cover letter. Further consideration will be made with regard to how this will then be passed to the GP.