Health Needs of UASC – a Local Perspective

Dr Tara O’Connor, Speciality Doctor for Looked After Children
Kathryn Tolson, Named Nurse Phoenix Team
kathryn.tolson@oxfordhealth.nhs.uk
Session Outline

• Health Assessment Process
• Consent and Information Sharing
• Common Health Issues
• Ongoing Health Review
Health Assessment Process: Key Points

• Information gathering; social care record, GP summary and summary from previous setting if available, carer’s report, Police migrant welfare interview.

• IHA undertaken by the Speciality Doctor using a telephone interpreter service, booked in advance to ensure availability.

• Holistic assessment – completed on the BAAF paperwork

• Importance of follow up and multi-agency working.
Consent and Information Sharing

• Informed consent taken via interpreter at the IHA for information sharing of the health summary, recommendations and referrals to secondary care.

• Consider using the resources provided by Kent to facilitate understanding – www.uaschealth.org

• Informed consent gained via interpreter for immunisation and screening tests such as tuberculosis, blood borne infection screening and for sharing of the results with SW and GP.

• Importance of identifying an ongoing advocate for YP so they can access health information and test result; e.g. foster carer, key worker, social worker, schools worker.

• Importance of all health results going to the GP as the lead primary care provider and keeper of ongoing medical record.
Initial Health Assessment (IHA)

- Social/cultural needs
- Lifestyle and risk factors
- Emotional wellbeing
- Sleep disturbance, nightmares, fear of sleep
- Current worries
- Journey to the UK
- Personal and family health history
- Appetite, diet, evidence of starvation
- Vision/Hearing
- Functional skills, language, concentration, self care.
- Physical examination, evidence of injuries
Health Recommendations

• Permanently register with a local GP as soon as possible
• Essential screening, e.g. dental, oral health, vision
• Full blood count, consider additional tests if indicated
• Oral Vitamin D supplementation for 6 months
• Identified physical needs - injury, untreated illness, new diagnoses, malnutrition, etc.
• Public health actions – screening and immunisations
• Consider sexual health needs including FGM
• Health Promotion, e.g. diet, exercise, lifestyle
• Support for emotional needs - Asylum Welcome, Refugee Resource, Red Cross Family Tracing, CAMHS, Horizon Service, etc
• Consider impact on health of cultural, religious and social needs
Public Health Actions
Important to complete actions regardless of status

Screening for Tuberculosis
• All UASC should be screened by the TB screening clinic
• Referral arranged either by Key 2, Housing support provider, or LAC Health Nurse
• Important TB screening happens before immunisation programme starts
• Offered BCG if indicated, once a negative HIV test obtained
• Positive response or latent TB detected – treatment plan offered
Blood Borne Infection Screening

• Routinely recommended screening for hepatitis B, C, HIV and syphilis. Many of the countries of origin have a higher prevalence than in the UK and the uncertain route and experiences of travel also places individuals at a greater risk of exposure.

• Blood sample is not taken as part of the IHA. Blood sample taken at the GP Practice so that the results can be followed up by the registered GP.

Immunisations

• Immunisations given according to the recommended UK schedule for ‘Individuals with Uncertain Immunisation Status.’

• Hepatitis B vaccination – adopt a low threshold for recommending protection.
Sexual Health Matters

• Challenging area to discuss especially in light of language and cultural differences, difficulties with interpreting services.

• Consider the experiences of travel to the UK, sexual crimes, evidence of trafficking, risk of STIs and pregnancy.

• Consider the country of origin and the risk of female genital mutilation.

• Need to fulfil the requirement to report FGM as a criminal offence.

• Onward referral to the GP, sexual health clinic or The Rose Clinic (Specialist FGM service).
Ongoing Health Needs

• Summary and recommendations for health care plan shared with SW and GP if consent obtained, alongside the carer where appropriate.

• Referred directly from the IHA for further medical follow up.

• LAC Clinic nurse communicates with GP and relevant professionals around specific concerns and follow up

• Importance of SW/Key worker/carer acting as an advocate to book health appointments and obtain and record results.

• Importance of joined up working and clear communication to ensure health needs are met and recommended actions undertaken.

• Health issues will often come to light after the IHA has taken place so ongoing review is crucial. Responsibility for ongoing health care rests with the registered GP

• Review Health Assessment offered annually if remains a looked after child with additional review as required
Useful Resources for Health

Health Resources and Guidance from Kent  [http://www.uaschealth.org/](http://www.uaschealth.org/)

UK Schedule for Vaccination of Individuals with Uncertain or Incomplete Immunisation Status

Oxford Refugee Health Initiative  [https://orhi.org/](https://orhi.org/)