

**Quality Improvement Project:  
Understanding and improving  
health outcomes for  
unaccompanied asylum seeking  
minors (UASC) in Harrow**

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## **Executive summary**

Unaccompanied asylum seeking children (UASC) are a specific group of looked after children in the UK who have increased and specific health needs. This projects looks at four set health outcomes; dental checks, eye checks, immunisations and TB screening. Data was collected in 2016 for a sample period covering six months between June and November. Further data was then sought from stakeholders who included GP practices, social workers and young people themselves. The same outcomes measures were collected again a year later in 2017 over the same six month period.

A number of changes were implemented in this time, including re activation of a referral system to Northwick Park Hospital Paediatric TB services directly from the Children Looked After (CLA) team, visiting a GP surgery where the majority of UASC register, attending two Harrow UASC forums to educate and gain the views of the young people and attending the UASC social worker team meeting to ascertain their views. In addition, the importance of immunisations was promoted by contacting all local GPs, giving the young person a copy of the schedule in their appointment and highlighting the priority of immunisations to the independent review officer (IRO) in order for the message to be reinforced to social workers.

The results showed an overall four fold improvement in rates of TB screening and immunisations from 22% to 83% compliance. There was with a slight decrease in rates of dental and eye checks. The health needs of 2017 cohort were analysed to reveal a number of primary care complaints, mostly related to Dermatology and Musculoskeletal problems. In addition, 55% of these young people required dental treatment and/or glasses to correct vision. In addition, the health outcomes of the 2016 cohort were followed up a year later and showed that all outstanding needs were either in the process of being met or the young person had turned 18 years old and was no longer under the care of Children's Services.

Future service provision and education will encompass continued education and support to social workers, primary care staff and young people to ensure high levels of achievement are continued across these importance health areas.

## **Background**

Unaccompanied children seeking asylum are young people (YP) who are under 18 years and have travelled to another country to seek asylum due to fear of persecution in their home country. They have become separated from their usual parent or carer often due to the death or imprisonment or circumstances that mean they must travel alone.

The literature suggests that unaccompanied children have significant physical and mental health needs. These are influenced by access to basic healthcare in their home country, their experience of hardship, including the witnessing and experiencing of traumatic events and the conditions experienced on their journey to the UK. The most important physical health issues include infectious diseases (e.g. Tuberculosis screening and vaccination), dental health, nutrition (e.g. anaemia) and sexual health.

In addition to physical needs, unaccompanied children seeking asylum are at higher risk of emotional problems and mental illness than the general population.

Risk factors for ill health in unaccompanied children include:

- Limited access to basic healthcare prior to migration
- Time spent in refugee camps which may be overcrowded and lack sanitation
- Limited access to nutritious food during the journey to the UK which may be long
- The experience of imprisonment, torture or physical and sexual violence
- Forced labour and trafficking

The number of applications from unaccompanied children, excluding dependants, was 1,166 in quarter 1 of 2017, a significant increase compared with quarter 1 of 2016 (661), but very similar to quarter 4 of 2016.

Nationally, in 2016, the number of looked after unaccompanied asylum seeking children increased by 54% compared to 2015; to 4,210 children at 31 March 2016. There was also a rise in the number of unaccompanied asylum seeking children in care, with 3,440 unaccompanied asylum seeking children entering care, and 1,980 leaving care in 2016. This is in part due to the dismantling of the 'Calais Jungle in October 2016.'

In Harrow, the total number of UASC in 2016 (April 2016 to March 2017) was 30 on average, with a high of 32. In 2017 (April 2017 to March 2018), the total number was 33 as of March 2018. They make up approximately 20% of the Harrow CLA population and have their own complex health needs as discussed.

## **Aims and objectives**

- To identify the health needs of the UASC population
- To improve the health outcomes for the UASC population

## **Stakeholders**

- Unaccompanied asylum seeking children
- Social workers
- Key workers
- CLA team
- Carers/ Care home staff
- Interpreters
- GP
- College and virtual schools
- Refugee specialists
- Harrow CCG
- Infectious diseases team
- Hospital and Urgent Care Centres
- Solicitors
- TB clinic
- Home office
- Sexual health nurses

## **Methodology and measures**

Data was collected for all UASC seen at their initial health assessments in the London Borough of Harrow during a six month period between June and November 2016 (inclusive). The outcome measures included:

- TB and blood borne virus screening within six months of becoming looked after
- Dental check within six months of becoming looked after
- Eye test within six months of becoming looked after
- Immunisations commenced

The same data was collected again a year later between June to November 2017 for comparison after a number of change cycles were instigated. Data was retrieved from clinical systems, requests from social workers and carers where appropriate, clinic letters and GP summaries. Data was recorded and analysed using Microsoft Excel.

## Baseline data June to November 2016

Total number of UASC: 14

Number of males: 14

Age range: 9-17 years

Out of borough (OOB): 5

Emotional Health needs: referral to CAMHS (3), referral to counselling (1), started on anti depressants by GP (2)

*Table 1: data in actual figures and percentages for measured outcomes in 2016*

2016	Actual figures	Percentage %	Comments
TB and BBV screening	2/9	22	1 – referred by CLA team (July) 1 – self presented to A&E
TB and BBV screening (OOB)	1/5	20	1 – referred by CLA team (Oct)
Up to date with dental check	8/9	89	1 -Booked but DNA
Up to date with dental check (OOB)	5/5	100	
Up to date with eye test	8/9	89	1 - Booked but DNA
Up to date with eye test (OOB)	5/5	100	
Immunisation status	2/9	22	
Immunisation status (OOB)	1/5	20	

## Data gathering

### Social workers

In July 2017, the CLA doctor and specialist nurse attended the Harrow UASC social worker team meeting to explore their views on the health outcomes for UASC. A short questionnaire was handed out to a team of 10 and 4 responses were returned with the results as below.

*Table 2: Responses to questionnaire given to social workers*

	Extremely easy	Very easy	Somewhat easy	Not so easy	Not easy at all
1. How easy was the registration process at GP?		1	3		
2. How easy was it to organise the dental check?		2	2		
3. How easy was it to organise the eye test?		2	2		
	Not confident at all	Low confidence	Somewhat confident	Confident	Very confident
4. How confident do you feel talking to the young person about TB screening and HIV?			1	2	1
	Social worker	GP surgery	Young person		
5. Who arranged the initial appointment for the YP to see the GP?	3				
	IHA	GP surgery	Dentist	Optician	
6. Which appointments are interpreters booked for?	3	2	2	2	

7. Which top 3 health needs are the most difficult to meet?

(Immunisations, dentist, optician, TB screening, blood tests, sexual health, general GP appointment)

- Social worker 1: Immunisations, dentist, bloods
- Social worker 2: Dentist, optician, sexual health (due to non start of education)
- Social worker 3: Sexual health, TB bloods
- Social worker 4: TB, sexual health

In addition, the social workers were asked about their ideas for improvement and reasons for current challenges. The comments were summarised as below:

- Fear of dental age assessment is a challenge to going to the dentist
- Needing to pay a fee to optician if the YP is not in education
- GP registration is hindered by ARC card availability
- Attending for immunisations depends on the experience of the YP in their home country
- Sexual health is no longer available as 'clinic in a box' where a nurse would come to the care home

UASC forum July 2017 at Harrow civic centre

52 young people attended the forum which occurs twice a year. It is an opportunity for sharing and bonding of the young people. As part of this, the CLA specialist nurse and doctor attended to deliver a health quiz and to gather views of the YP via a booklet of questions with pictures and a rating scale of 1 to 10. 21 young people completed the questions.

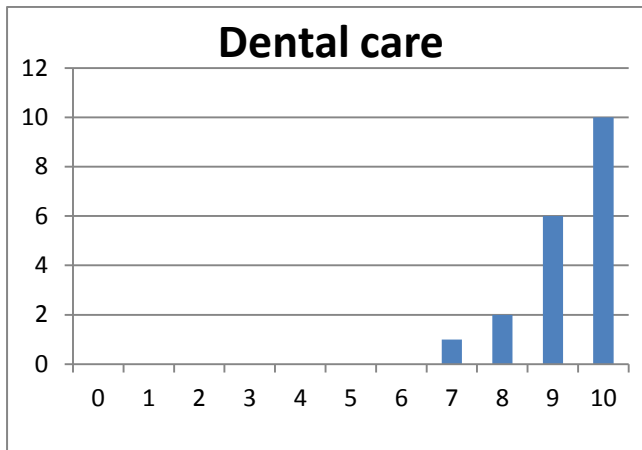
*Table 3: General views of YP about their home countries*

Home country	Comments
Afghanistan	"Hospitality for guests is a big things" "Food or drink is offered straight away"
Albania	"Arranged marriage is prominent" "There is no gay marriage"
Eritrea	"50% is Christian, 50% Muslim"
Somalia	"Education and health is not free"
Sudan	"Opportunities in UK for education are much better"

The booklet questions asked the young people to rate the importance of a number of health issues including dental care, eye care, immunisations, smoking/cannabis, TB bloods, alcohol, depression and sexual health: "How important are the following areas?" [10 – very important 0 – not at all ]



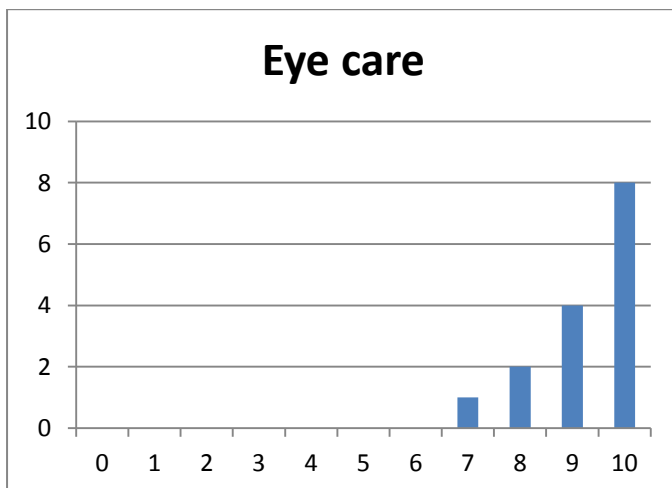
Graphs 1 – 8: Results of the rating questions by individual topic



“My previous experience - I have never been to a check but here I am going every 6 months”

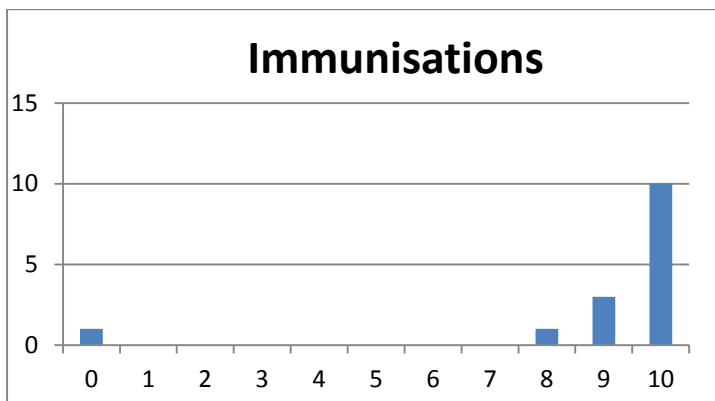
“Everyday brush twice a day”

Graph 2

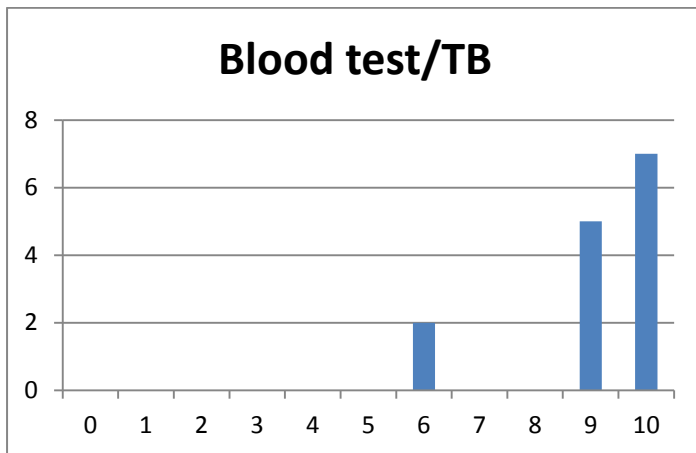


“Must see the optician in 6/12 time”

Graph 3

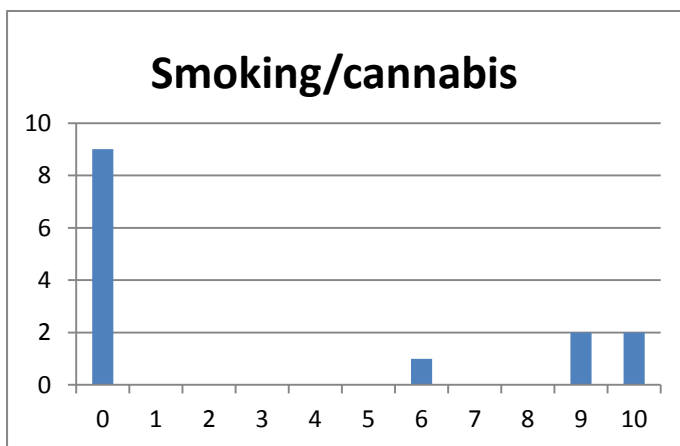


Graph 4



"The blood test is ok, you can have an appointment and you can do your blood test and have your result answer within 2 weeks"

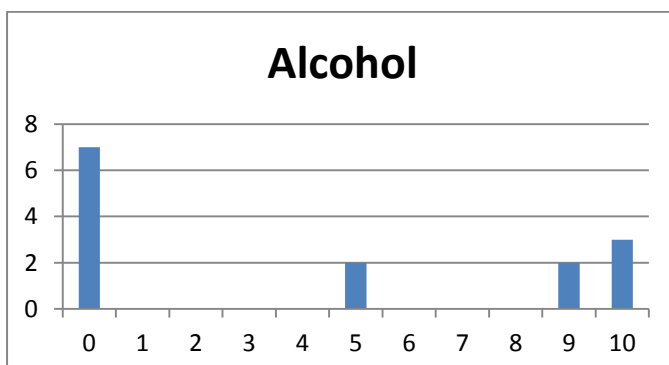
Graph 5



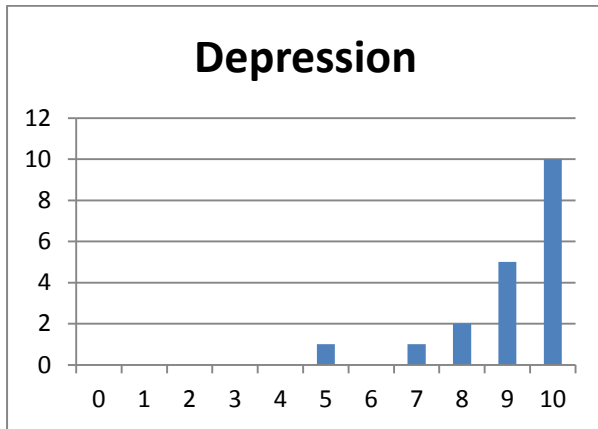
"Smoking is allowed in my country but cannabis is not. But lots of people consume it"

"Smoking cannabis is a very good idea. It makes you feel sooo good, chill and relax"

Graph 6



Graph 7

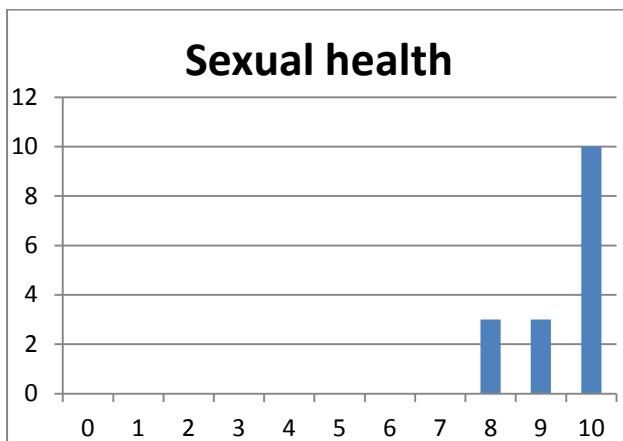


"We must keep ourselves happy and keep busy"

"Big impact on lifestyle"

"Yes I am"

Graph 8



## **Implementing changes**

### TB Services

In July 2017, Northwick Park Hospital began to accept referrals for UASC screening of TB and blood born viruses directly from the Harrow Children Looked After (CLA) team. This change followed a two way communication with the Infectious Diseases team about the need for such a service. A new form was created to allow email referral with background details of the YP and receipt of clinic outcome letters back to the CLA team. As such, there was improved communication with infectious diseases when a YP moved placement or could not be reached for another reason. The process prior to this change was for the young person's GP to perform a blood test (IGRA screening) in the practice. However, there were limitations to the inclusion criteria for this test and delayed registration with the GP proved this method to be unreliable.

### GP surgeries

In April 2017, all GP surgeries for the 2016 sample of young people were contacted by fax requesting up to date information on TB screening and immunisations. Only 1 responded. Since then, GP surgeries are contacted via email.

On 27/3/17, the CLA doctor and specialist nurse attended The Northwick Surgery in Harrow with the Paediatric Infectious Diseases consultant from Northwick Park Hospital and her registrar. The surgery registers the majority of UASC in Harrow as it is next to the UASC care home. The visit included discussion about difficulties with the registration process and the increased health needs of this population. It was also an opportunity to meet in person and leave contact details for the Harrow CLA team if needed.

### Immunisations

From the start of 2017, a print out of the recommended immunisation schedule was given to every young person at their initial health assessment to take to their practice nurse. This was to avoid any ambiguity about which immunisations are needed. A copy of the schedule is also sent to every GP with the health recommendations report.

In addition, since 2017, the CLA nurse and administrator have been sending letters to all social workers and carers to chase outstanding immunisations. This is followed up by a phone call in order to ascertain the immunisation status of the YP. There is now also an increased awareness for the need for up to date immunisations via the Independent Review Officer (IRO) and therefore greater emphasis placed on social workers to complete this task.

In addition, over the last 18 months, local GPs are more aware of Children Looked After and respond to requests for immunisation status promptly. A memo with a copy of the immunisation schedule for UASCs was sent to all practices via the CCG.

### UASC forum December 2017

A talk was given by the CLA specialist nurse on TB. Two children signed up in acknowledgement that they had not yet been referred or attended the TB clinic and reported that they found the talk useful.

## Re audit data June to November 2017 following implementation

Total number: 10 (1 excluded as no longer CLA)

Male: 6

Female: 3

Age range: 14-17 years

Out of borough (OOB): 3

Table 4: comparison of results data for 2016 and 2017 samples

2016	No. of YP	%	comments	2017	No. of YP	%	comments
TB and BBV screening	2/9	22	1 – referred by LAC (July) 1 – self presented to A&E	TB and BBV screening	5/6	83	1 – DNA
TB and BBV screening (OOB)	1/5	20	1 – referred by LAC (Oct)	TB and BBV screening (OOB)	2/3	66	1 – DNA appointment
Up to date with dental check	8/9	89	Booked but DNA	Up to date with dental check	5/6	83	1 – seen within 8m
Up to date with dental check (OOB)	5/5	100		Up to date with dental check (OOB)	1/3	33	1 – DNA 1 – Attended within 8m
Up to date with eye test	8/9	89	Booked but DNA	Up to date with eye test	4/6	66	1 – cancelled and rebooked 1 - ?
Up to date with eye test (OOB)	5/5	100		Up to date with eye test (OOB)	1/3	33	1 – DNA 1 - ? SK
Immunisation status	2/9	22		Immunisation status	5/6 commenced	83	
Immunisation status (OOB)	1/5	20		Immunisation status (OOB)	1/3 commenced	33	1 – DNA 1 - ?SK

## Retrospective analysis of outcomes for 2016 data a year later (excluding OOB)

### TB screening

Of the 7 outstanding young people placed in Harrow, who were not screened for TB, 4 had either been seen or were waiting to be seen and 2 were no longer CLA a year later.

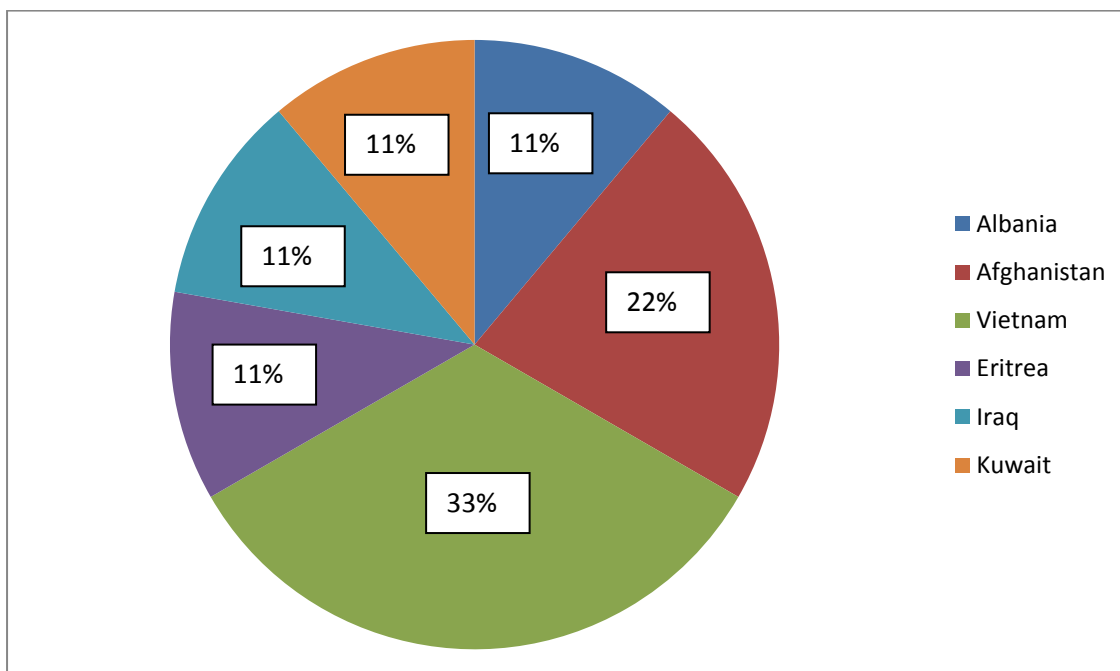
### Immunisations

Of the 7 outstanding young people placed in Harrow, who were yet to start their vaccination schedule, 4 had commenced and 2 were no longer CLA a year later.

## Health needs of UASC in June to November 2017 sample

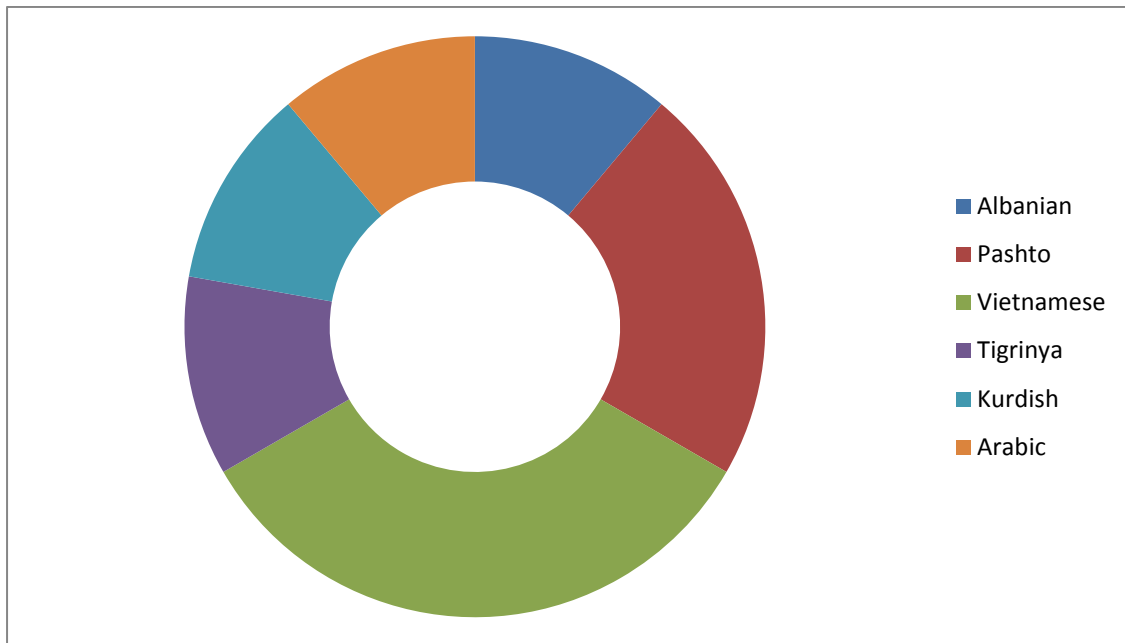
Information was collected about the country of origin, language spoken and the religions practised. Emotional and physical health needs data was also collected. In terms of social outcomes, one young person was found to be sentenced to prison.

Graph 9: a chart to show the countries of origin of UASC

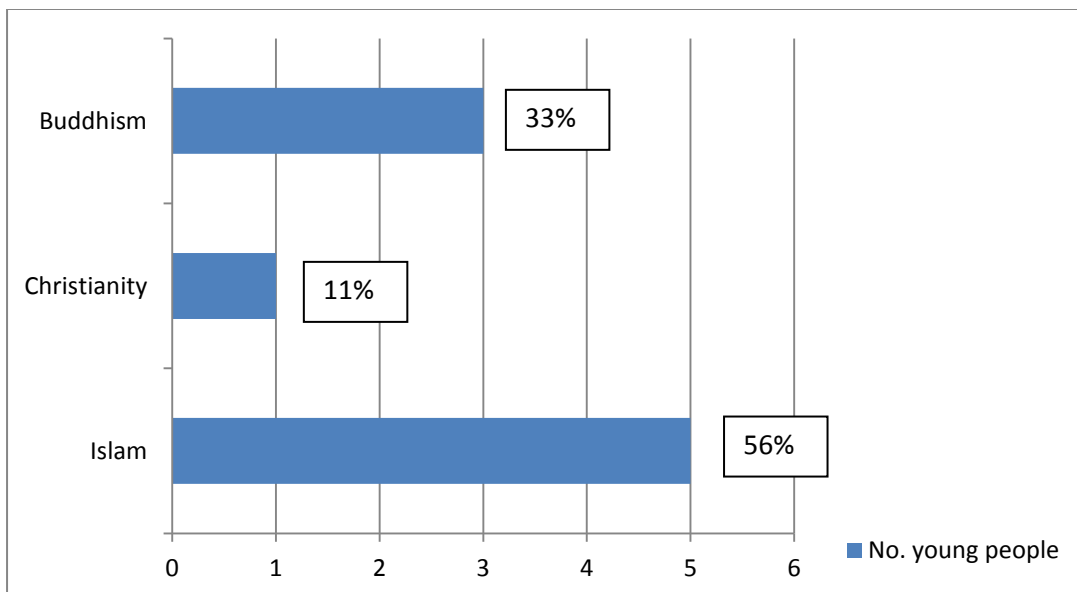


A third were Vietnamese and approximately 10% from the remaining countries.

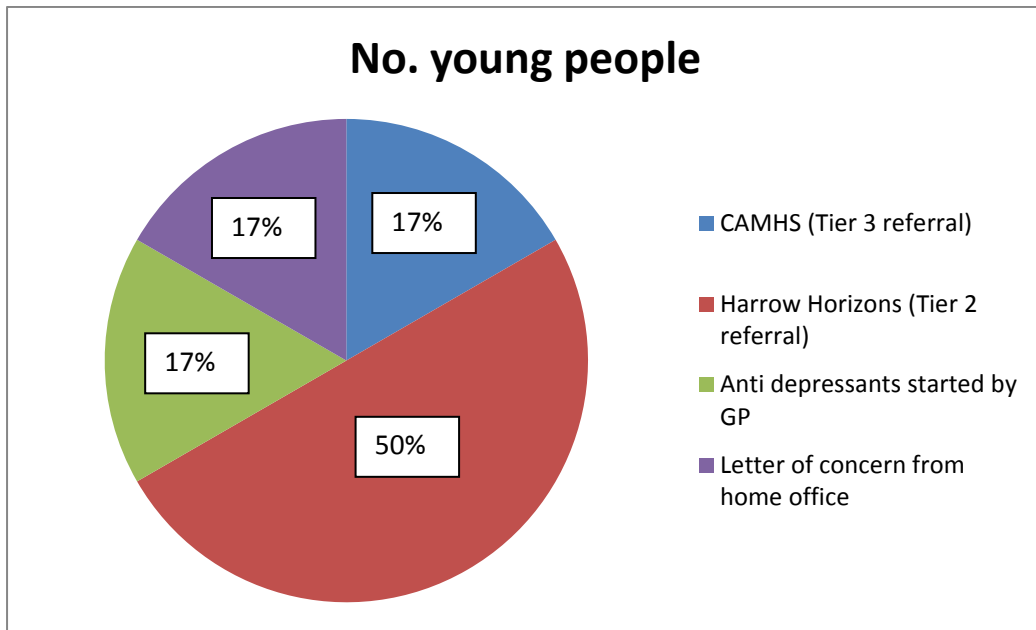
Graph 10: a chart to show the languages spoken



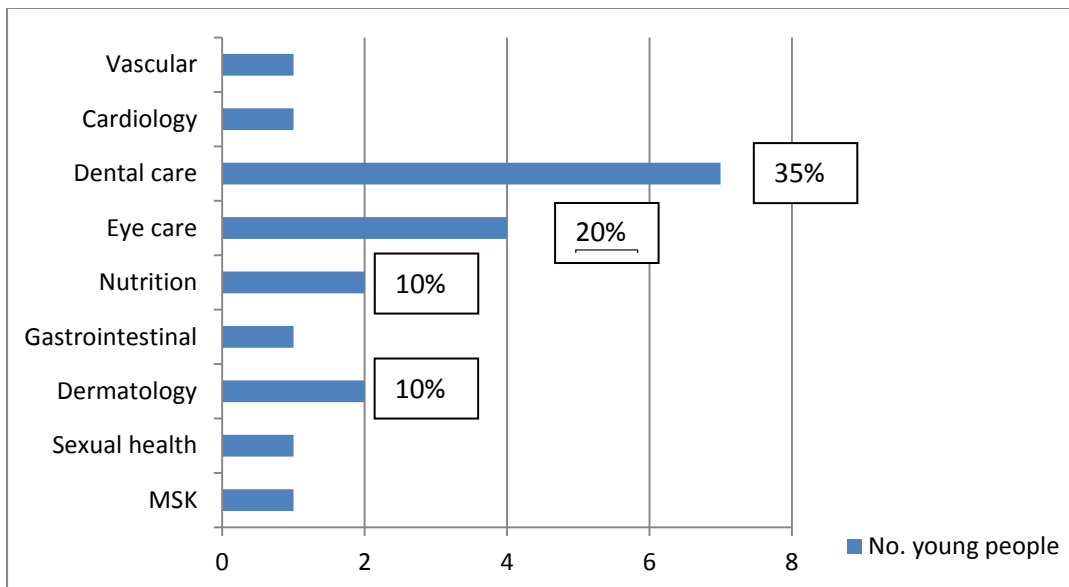
Graph 11: a chart to show the religions of UASC



Graph 12: The emotional health needs of 2017 UASC group



Graph 13: The physical health needs of 2017 UASC group





## Discussion

In the 2016 sample, only 14% YP (those placed in Harrow and OOB) were tested for TB; 2 were directly referred by CLA team as per a historical system and 1 child was found to be symptomatic and subsequently treated for TB. There was an almost four fold improvement in TB screening from 22% to 83% for YP placed in Harrow a year later, likely to be due to the reinstatement of direct referrals from CLA to the local infectious diseases clinic. The reason for any missed TB screening in 2017 was due to non attendance of a pre-planned appointment. The system prior required the YP to attend the GP for a blood test which created more barriers to having the test done. It also did not always include screening for blood borne viruses as it was felt to be outside the remit of a GP. Of note, there was also an increase of TB screening across YP placed out of borough in 2017.

In the 2016 sample, 22% of YP placed in Harrow had commenced their immunisation schedule. A total of 3 courses are required over a period of three months. This increased to 83% in 2017 and is likely to be attributed to more stringent monitoring and increased awareness across health professionals. There was also increased uptake noted across YP placed out of borough in 2017.

In the 2016 sample, 89% YP placed in Harrow were up to date with dental and eye checks compared to 83% and 66% respectively in 2017. The reason for not attending in 2017 was cancellation of a pre booked appointment rather than a lack of attempt altogether. In addition, changes were made to the key worker availability to support YP to attend for these checks which may have contributed to a slight decrease in 2017. Of note, one dental check was excluded for being just outside the 6 month outcome measure period.

In the 2016 sample, 35 % of YP had emotional health needs that required further support from primary or secondary care in the form of therapy or medication. In 2017, this proportion remained similar at 40%. Of note, it also included a letter from the Home Office outlining their concerns about the mental wellbeing of one young person.

The physical health needs of UASC in the 2017 sample demonstrated a range of problems. The largest groups were dental caries and the need for glasses which comprised 55% of the total. Other health issues included general conditions across Nutrition, Dermatology, Gastrointestinal and Musculoskeletal systems that would be appropriate for primary care. There was one referral to Cardiology for background heart condition and one young person who had been raped.

Results from a small sample size of social workers in the UASC team in Harrow revealed that they were generally confident in understanding the need for TB screening and found it relatively easy to support attendance of the YP for immunisations, dental and eye checks. Interpreters are booked for these interactions. Difficulties related to registration delays with the home office and enrolling in education in order to access free health services. In addition, removal of 'clinic in a box' sexual health services in the care home have reduced access to sexual health services for these YP.

The YP themselves rated dental health, eye care, depression and immunisations highly with more than half scoring 9 or 10 out of 10. Areas such as TB/blood tests and sexual health were rated slightly less important with more scores of 6 and 8 out of 10. Alcohol and smoking scored in the majority as zero as it was felt that they were not good for health.

## Conclusion

There was an overall improvement in TB screening and immunisations. Attendance for dental and eye checks was slightly lower but remained at a high standard, with reasons including cancellation of a pre-booked appointment.

Social workers feel confident managing the health requirements for UASC and the YP themselves have a good understanding of their own health needs.

Further service provision needs to be put in place for key workers to take YP to appointments, including the STI clinics where appropriate. Social workers will be supported and reminded about the importance of health outcomes as part of a young person's general wellbeing. Continued support to Primary care is needed to ensure good immunisation rates and secondary care referral to TB clinic will also continue.

## References

[www.kpho.org.uk](http://www.kpho.org.uk)

Harrow CLA Annual report 2016/17

[www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)

[www.londoncouncils.gov.uk](http://www.londoncouncils.gov.uk)

## Appendix

### 1. Physical health needs of UASC sample 2017:

MSK – knee pain

Sexual health – rape

Dermatology – fungal scalp infection, dry skin

Gastrointestinal – abdominal pain

Nutrition – Vitamin D deficiency (2)

Eye care – glasses (4)

Dental – extensive treatment, filling (3), mouth ulcer, tooth extraction, gum disease requiring antibiotics

Cardiology - follow up due to history heart surgery

Vascular – cold hands and feet

2. Emotional health: Referral to CAMHS (1) and tier 2 mental health services (3). Started anti depressant medication by GP (1) Letter of concern about mental health from Home office (1).