British Association of Child and Adolescent Public Health

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MEETING THE HEALTH NEEDS OF UNACCOMPANIED ASYLUM SEEKING CHILDREN: A SCOPING REVIEW OF ROUTINE HEALTH ASSESSMENT

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Background Approximately, 34 million of 79.5 million forcibly displaced persons globally are minors, many of whom are unaccompanied asylum seeking children (UASC). UASC often experience unmet health needs, physical harm or emotional trauma in their birth country, or during their journey to seek asylum. International guidelines recommend health screening for all migrant children.

Objectives

1. Scope the literature on UASC routine health assessment across Australia, European Economic Area, Canada, New Zealand, Switzerland, United Kingdom and United States (n=36).
2. Analyse health screening programmes to inform future health policy.

Methods Literature published (2010-March 2021) was systematically searched across MEDLINE, Web of Science, Cochrane and CINAHL. Records were screened against the inclusion criteria. A framework analysis across national and international organizations' websites identified additional documents.

Results 33 of 1432 records were included. UASC screening was reported across 13/36 countries, summarised in table 1. Commonly, studies were observational reports lacking references to clinical guidelines.

Tuberculosis disease screening was offered in 12/13 countries. 8/13 countries used a risk-based approach, meaning UASC exposed to risk factors or from areas endemic for conditions (such as tuberculosis, hepatitis or parasites) were screened.

Non-communicable disease screening guidance was present across 10/13 countries. 7/13 proposed blood testing for

anaemia and nutritional deficiencies. Dental checks and developmental assessments were suggested in 7/13. Mental health screening was recommended in 6/13 countries.

Conclusions Studies reporting UASC health assessment were not found for all countries. We found considerable procedural variation, which can exacerbate health inequalities. While we do not assume UASC health needs in these countries are not addressed, it raises concerns of the standards followed. Countries reporting screening may represent settings where optimal assessment is being followed. However, no audit data are available to compare guideline implementation and effectiveness. Frequently, emphasis was placed on infectious disease screening whilst other health components like mental health were less commonly addressed.

UASC health should be prioritised, guidelines must include mental and social wellbeing parallel to communicable disease assessment. The UN Convention on the Rights of the Child recognises children's right to the highest attainable standard of health. Voluntary comprehensive health assessments could ensure no child is deprived of their rights.

Down Syndrome Medical Interest Group

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COMMUNITY FOLLOW UP OF CHILDREN WITH DOWN SYNDROME IS THERE MORE WE CAN DO? EXPERIENCE FROM A SOUTH EAST LONDON COHORT

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Background Timely and comprehensive review of children and young people (CYP) who have Down Syndrome (DS), remains one of the key priorities for our London Community Paediatric Service. A historical audit from 2013 using the Down Syndrome Medical Interest Group (DSMIG) guidelines highlighted gaps in our service with only 54% of children aged 0-19 years with DS were followed up appropriately.

Objectives In 2020 we re-audited our current patient review processes of CYP who have DS (CYP-DS) - looking at areas

Abstract 1321 Table 1

Country	Guideline	Tuberculosis	Hepatitis-B	HIV	Syphilis	Parasites	Other	NCD Screening	Immunisations
Australia	✓	✓	✓	✓	✓	✓	HCV, Rubella, VZV	✓	✓
Canada	✓	✓	✓	✓	✓	✓	HAV, HCV	✓	✓
Denmark	×	×	✓	×	×	×	HAV	✓	✓
Finland	×	✓	✓	✓	✓	✓		×	✓
Germany	✓	✓	✓	✓	×	✓		×	✓
Greece	×	✓	✓	×	×	✓		✓	✓
Italy	✓	✓	✓	✓	✓	✓	HAV, Chagas	✓	✓
Malta	×	✓	×	×	×	×		✓	✓
Spain	✓	✓	✓	✓	✓	✓	HAV, Chagas	✓	✓
Sweden	✓	✓	✓	✓	✓	✓	HCV, Rubella	×	✓
Switzerland	✓	✓	✓	✓	✓	✓	HAV, Chagas	✓	✓
UK	✓	✓	✓	✓	✓	✓	HCV	✓	✓
US	✓	✓	✓	×	×	✓		✓	✓
%	69	92	92	69	62	85		77	100

✓: included ×:unavailable