Philomène Uwamaliya defines the role of health visitors, school nurses and community practitioners in advancing the rights and wellbeing of child asylum-seekers and refugees.

RIGHTS FOR REFUGEES

Becoming an asylum-seeker and refugee involves loss of home, separation, social supports, and familiar traditions. Asylum-seekers and refugees differ from other immigrants due to forced migration. Adults and children may both be negatively affected, but children can be much more vulnerable than adults (Renton et al, 2016; Uwamaliya, 2015).

According to Home Office statistics (2018), 27,044 people applied for asylum by the end of June 2018 and 14,308 people were granted asylum, protection and resettlement. A total of 6068 (42%) of those granted asylum were children under 18 years: a 2% increase compared with the previous year. The number of unaccompanied children seeking asylum was 2206 in 2017, coming mostly from Sudan, Eritrea, Iran, Pakistan, Afghanistan and Bangladesh (Refugee Council, 2018), where access to healthcare is restricted or disrupted because of conflict. As a result, these countries have high risks related to infectious diseases and nutritional and metabolic concerns (Public Health England (PHE), 2017).

In addition, a growing body of literature recognises the effects of war, torture, conflicts, genocide and other types of violence on the health of children and their families (Uwamaliya 2017; 2015; Kaplan et al, 2016; United Nations High Commission of Refugees, 2014). Refugee children have unique health challenges relating to mental health, attachment problems, disrupted education and trauma. Furthermore, the literature acknowledges that traumatic experiences early in life significantly affect a child's development, especially unaccompanied children seeking asylum.

Kaplan et al (2016) point out that the child's development is even more complicated if the child has been exposed to multiple relocations, inconsistent healthcare and vicarious traumatisation from a family member. Its impact on children and their guardians depends on many factors, which include individual strengths, family composition, asylum application, healthcare and social supports, and community factors such as access to education and other social networks.

CHILDREN'S RIGHTS

The UK Government has attempted to put in place the Healthy Child Programme (PHE, 2016) that has measures compatible with the United Nations Convention on the Rights of the Child (UNCRC). While article 24 of the UNCRC states that all children have the right to the highest standard of health and healthcare services, including interventions to reduce infant and child mortality and health inequalities, the recent NHS charging policy (Department of Health, 2015) undermines the rights of the child and may widen health inequalities. Renton et al (2016) argue that the government should introduce a blanket exemption from charges for primary and secondary healthcare for all children and pregnant women.

THE ROLE OF CPs

The rationale of the initial health assessment for asylum-seekers and refugees is to identify concerns and provide urgent care or immediate interventions. Providing a trained interpreter is crucial, and health visitors, school nurses and community practitioners should possess the specialist knowledge on health concerns that affect asylum-seekers and refugees, as well as the skills required for assessment and working with interpreters (Davidson et al, 2004).

The assessment of developmental and learning needs should be an integral part of initial health assessment. Asylum-seekers and refugee children also have unique developmental and learning needs; community practitioners should therefore be prepared to provide comprehensive initial assessments and management of developmental, behavioural and mental health concerns to these children. However, they may have little experience or training in asylum-seeker and refugee health (Uwamaliya, 2017; 2015).

One report, based on a scoping study undertaken by the National Children's Bureau, revealed that there is limited official guidance to inform the work of local authorities in shaping their Healthy Child Programme so that it meets the needs of asylum-seekers and refugee children (Renton et al, 2016). A summary of the components of the initial assessment is laid out below (see *Initial health assessment and concerns*, above).

The key question is, what is the point of health visitors, school nurses and community practitioner undertaking an initial comprehensive health assessment if they will not be able to address the identified needs?

CONCLUSION

The effect of war, torture, conflicts, genocide and other types of violence pose immense health challenges to refugee children and their families. Community practitioners are well placed to promote the rights and wellbeing of asylum-seekers and refugees, act as advocates and empower asylum-seekers and refugee children and families to participate in the local authorities' primary care consultations, thus ensuring that child health programmes pay attention to the needs of asylum-seekers and refugee children.

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INITIAL HEALTH ASSESSMENT AND CONCERNS

COMPONENTS	HEALTH CONCERNS
HISTORY	Migration history, serious or chronic childhood illness and treatments, immunisation status, serious physical trauma, assessment of child development milestones
CURRENT SIGNS AND SYMPTOMS	Infectious and parasitic diseases, HIV 1 and 2, tuberculosis, hepatitis B and C, syphilis, malaria, schistosomiasis, strongyloides, gastrointestinal parasites, vitamin A, B and D deficiency (such as anaemia, stomatitis, rickets), thyroid disease from iodine deficiency, mental health problems (such as nightmares, separation fears)
ADDITIONAL PHYSICAL EXAMINATION	Height and weight, skin integrity, gastrointestinal, speech, behaviour, dental health, hearing and visual impairment, cardiovascular, neurodevelopment, mobility, appetite change, enuresis, becoming a teen (such as sexual health, alcohol, cigarette and drug consumption), herbal medicine, any other problem

Adapted from Uwamaliya, 2017; Department of Health, 2004; Victorian Foundation, 2001; Massachusetts Department of Public Health, 2000

CONFERENCE ALERT: Philomène will be delivering the Nick Robin Memorial Lecture, entitled *Advancing the rights and wellbeing of asylum-seekers and refugees*, at the Unite-CPHVA annual professional conference on 18 October 2018.

TIME TO REFLECT

How can you promote a rights-based approach to support asylum-seekers and refugee children and their families? Share any insights and join in the conversation on Twitter **@CommPrac** using the hashtag **#RefugeeRights**

RESOURCES

- Access Public Health England's Migrant health guide at **bit.ly/PHE_migrant_health**
- Liverpool John Moores University has resources for professionals who support asylum-seekers and refugees at **bit.ly/LJMU_resources**
- Doctors of the World helps excluded people to access healthcare at home and abroad: **doctorsoftheworld.org.uk**