

### Case Study Boy M

Boy M is a 17yr old Unaccompanied Asylum-Seeking Child. M arrived in the UK via Kent and through the referral scheme came to live locally. M had a review health assessment in September 2018. He was at this point living in a flat through housing support in preparation for being 18yrs of age. M shared during time on his own - urological concerns. Advised and agreed for housing support worker to support to GPs. Sexual health reviewed – M reluctant as he noted due to cultural issues to confirm that he was or had been sexually active – long supportive discussion. M was keen to take LAC nurse details. M was also concerned that he had a court hearing due in relation to his request for asylum. Social worker confirmed referral to CAMHS UASC service at this point. It was agreed due to M being isolated, his education access being tenuous (dependent upon his asylum status) and a current health issue that we would review in approximately one month should M wish.

M offered a follow up appointment which he accepted – he had not visited the GP (as 'I did not want to talk to them'). M confirmed he had been sexually active and that he had concerning symptoms – referred to outreach sexual health services – urgent referral to consultant and urgent treatment given. M agreed to a further telephone contact – confirming symptoms resolved. M unfortunately had his asylum request refused at this point. M remained under the care of CAMHS UASC service.

We were concerned as a team around M that without the prompts and the ability to build a relationship with a health worker that M would not of disclosed his personal health issues – he was keen to note that his religion was so important to him and it took great reassurance to illicit this information. M continues to be offered monthly contact.