

### Case Study - Boy M

Boy M is a 17yr old Unaccompanied Asylum Seeking Child (UASC). M arrived in the UK via Kent and through the National Transfer Scheme had come to live locally.

M had a Review Health Assessment in September 2018. At this point, he was living in a flat provided through housing support in preparation for becoming 18yrs of age.

M shared with the CYPiC Nurse that he had some urological concerns. His sexual health was reviewed though M was anxious about doing this as due to cultural issues, he was reluctant to confirm that he was or had been sexually active. The CYPiC nurse had a long supportive discussion with him. Following this M was keen to take LAC nurse details and keep in touch regarding any concerns.

M was also worried that he had a court hearing pending in relation to his request for asylum. His social worker confirmed that a referral to CAMHS UASC service had been made at this point.

It was agreed that due to M being isolated, his access to education being tenuous (dependent upon his asylum status) and a current health issue that the CYPiC Health Team would review him in approximately one month should M wish.

M was 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. He was referred to outreach sexual health services and had an urgent review. The Nursing Team kept in contact by telephone and confirmed that after treatment his symptoms had resolved.

M unfortunately had his asylum request refused and remains under the care of CAMHS UASC service at the time of writing.

As a health team we were concerned that without the prompts and the ability to build a relationship with a health worker, M would not have disclosed his personal health issues. He was keen to note that his religion was important to him and it took great reassurance to illicit this information. M continues to be offered monthly contact.