

Paediatric Inclusion Health

INTRODUCTION

The aim of an Inclusion Health approach is to optimize health service engagement, promoting feasible and sustainable management plans considering social determinants of health.

Many groups of children are at risk of social exclusion (marginalisation) and poor health outcomes.

Here we propose an inclusion health approach to children at risk of marginalisation:

The following referral features suggest a child is at risk of marginalisation:

1. Address: Hotel or B&B: The child may no longer be at this residence
2. Previous non-attendance: Are language / literacy / changing address preventing engagement?
3. Is it noted that an interpreter required / limited English-speaking family?
4. Is there a registered GP? Many children do not have a medical card or established primary care
5. Some charitable organisations provide primary care to those without GP, e.g., SafetyNet
6. Have social work been involved with child previously
7. Has the child had multiple unplanned presentations for common paediatric issues?

HISTORY

- Antenatal booking bloods done? If not, mother may not have had screening for communicable diseases
- Born outside of Ireland: Variations in newborn screening worldwide
- Vaccination status: If no documentation / reliable verbal history assume unvaccinated
- If international protection applicant
 - o Obtain International Protection Office (IPO) number: For support / advocacy letters
 - o Consent to share necessary medical information with relevant HSCPs to advocate for necessary resources / services
- Is there key worker involvement: Take details if available
- Do family have medical card?
- If recent migration ascertain:
 - o Country of origin
 - o Location and duration of stay in transit countries
 - o Circumstances of migration
- Quantify literacy and numeracy of caregiver
- Give details of local HSE dentist if any dental concerns (no medical card required) – can ring and book appointment for family during clinic encounter and relay details via interpreter

MANAGEMENT

1. Ensure that all prescribing is reimbursable on medical card
 2. Practical management advice (e.g., treatment of iron deficiency with limited cooking facilities)
 3. Note risk factors for non-attendance in referral letters to hospital / primary care
 4. Prescribe vitamin D for all those at risk as per HSE guidelines*
 5. Give date and time of follow-up OPD during clinical encounter and send to GP, PHN +/- key worker
 6. Opportunistic catch-up vaccinations e.g., as inpatient/OPD
 7. Include PHN in correspondence – they can assist with practicalities
 8. Provide caregiver with administrative number and email to inform of change of address.
 9. Consider medical social work referral if MSW in management section - e.g., to support family applying for med card/ finding a GP
 10. Provide translated written information (HSE Social Inclusion)
- *400 units = 2 drops a day of Thorens 10,000 units/ml on medical card

RESOURCES & LINKS

- GMS reimbursable medications:**
<https://www.hse.ie/eng/staff/pccr/items>
- NHS migrant health guide:**
<https://www.gov.uk/government/collections/migrant-health-guide>
- HPSC Guidelines:**
<https://www.hpsc.ie/a-z/specificpopulations/migrants/migranttoolkit/>
- HSE Social Inclusion:**
<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion>
- WHO vaccination search engine:**
<http://immunizationdata.who.int/listing.html?topic=&location=>

INVESTIGATIONS

1. Low threshold to investigate common nutritional deficiencies: Vitamin D, Iron deficiency anaemia
2. Screening for communicable disease as per HPSC guidelines according to countries of origin & transit
3. Empiric anti-helminth treatment if symptomatic