

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Variation in initial health assessment of unaccompanied asylum-seeking children: a cross-sectional survey across England
AUTHORS	Nezafat Maldonado, Behrouz Armitage, Alice Williams, Bhanu

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Dr. Sarah Eisen Institution and Country: University College London Hospitals NHS Foundation Trust, United Kingdom of Great Britain and Northern Ireland Competing interests: None
REVIEW RETURNED	24-Feb-2022

GENERAL COMMENTS	Well done on an interesting and important article. This is highly relevant and well written. Comments: 1. It is a shame that no service users were included in designing the survey - this might have been interesting in terms of understanding what is important from their perspective. Perhaps this is a separate piece of work 2. I wonder if there might have been better response rates had the survey been sent to all community paediatricians/departments - however, i appreciate reasonable attempts were made to capture a wide pool and the possible bias in response rate is well explored
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REVIEWER	Reviewer name: Dr. Christian Harkensee Institution and Country: Gateshead Health NHS Foundation Trust, United Kingdom of Great Britain and Northern Ireland Competing interests: None
REVIEW RETURNED	12-Feb-2022

GENERAL COMMENTS	This is a relevant and well presented paper. I have some relatively minor points for the authors to consider. • It is unclear to how many people the survey went out, and what the actual response rate was (in regards of emails sent out, or number of local authorities responded). • The issue of selection bias could be explored in more detail, e.g. numbers/proportion of UASC by local authority; query: Where authorities with higher numbers more likely to respond? Are areas with low numbers of UASC well represented? This type of selection bias is important to recognize when discussing potential solutions. • The aspect of 'one stop shop' - again could be discussed in a bit more depth, e.g. advantages and disadvantages of the approach. A one off holistic assessment could be effective in recognizing health needs and overcoming barriers to access, particularly if UASC are moved out of area quickly. Nevertheless, health needs in this population are fluid, in particular after new arrival, with some needs resolving and others, in particular mental health needs, emerging over time. Hence, follow-up should be discussed, and how this is best arranged. • Advocacy by clinicians involved in UASC LAC for the needs, and
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	raising awareness of the barriers this population faces is critical and should be discussed.
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VERSION 1 – AUTHOR RESPONSE

Dear Dr. Shanti Raman,

RE: bmjpo-2022-001435 - "Variation in initial health assessment of unaccompanied asylum-seeking children: a cross-sectional survey across England"

We have addressed the points made by the Editor-in-Chief and have made the relevant changes – as seen on the marked copy.

Please find below a point-by-point response to peer reviewer comments:

	Comments	Response
Reviewer 1	It is unclear to how many people the survey went out, and what the actual response rate was (in regards of emails sent out, or number of local authorities responded).	All local authorities were approached via email and invitations were sent to either a general email or to the named doctor or nurse, depending on availability. XXX were emailed and 83 completed the survey.
	The issue of selection bias could be explored in more detail, e.g. numbers/proportion of UASC by local authority; query: Where authorities with higher numbers more likely to respond? Are areas with low numbers of UASC well represented? This type of selection bias is important to recognize when discussing potential solutions.	Disaggregate data on UASC numbers by local authority is not easily available for England. As a result, we are not able to comment further on the degree of selection bias, but we recognise that response bias plays a role in the results present. We have address this during the discussion.
	The aspect of 'one stop shop' - again could be discussed in a bit more depth, e.g. advantages and disadvantages of the approach. A one off holistic assessment could be effective in recognizing health needs and overcoming barriers to access, particularly if UASC are moved out of area quickly. Nevertheless, health needs in this population are fluid, in particular after new arrival, with some needs resolving and others, in particular mental health needs, emerging over time. Hence, follow-up should be discussed, and how this is best arranged.	Thank you, we have now included an example framework of a 'one-stop-shop' and have discussed advantages and disadvantages of this approach (Box 1).
	Advocacy by clinicians involved in UASC LAC for the needs, and raising awareness of the barriers this population faces is critical and should be discussed.	We have included a paragraph on the importance of advocacy.

Reviewer 2	It is a shame that no service users were included in designing the survey - this might have been interesting in terms of understanding what is important from their perspective. Perhaps this is a separate piece of work	We agree that service users are essential in to service planning. However, we aimed to in the first instance map what services are being offered across the UK. We encourage future work that aims to inform IHA designs and is driven by service user's input. We have also highlighted the importance of service user engagement in service designs throughout the discussion.
	I wonder if there might have been better response rates had the survey been sent to all community paediatricians/departments - however, i appreciate reasonable attempts were made to capture a wide pool and the possible bias in response rate is well explored	We agree that response rate could have been better, however we believe that we made reasonable attempts to reach as many key stakeholders as possible. However, external factors including the strain workforce and services as well as the COVID-19 pandemic has made this harder.

VERSION 2 – REVIEW

REVIEWER	Reviewer name: Institution and Country: Competing interests:
REVIEW RETURNED	

GENERAL COMMENTS	
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REVIEWER	Reviewer name: Institution and Country: Competing interests:
REVIEW RETURNED	

GENERAL COMMENTS	
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REVIEWER	Reviewer name: Institution and Country: Competing interests:
REVIEW RETURNED	

GENERAL COMMENTS	
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VERSION 2 – AUTHOR RESPONSE

VERSION 3 – REVIEW

REVIEWER	Reviewer name: Institution and Country: Competing interests:
REVIEW RETURNED	

GENERAL COMMENTS	
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REVIEWER	Reviewer name:
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	Institution and Country: Competing interests:
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REVIEWER	Reviewer name: Institution and Country: Competing interests:
REVIEW RETURNED	

GENERAL COMMENTS	
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VERSION 3 – AUTHOR RESPONSE