

Psychosocial assessment for refugees in reception phase - Child version (PAIR-C)

For children under the age of 6

Interview with parent(s)

Suggestion for introduction: You have experienced a big transition in life and perhaps many dramatic events. We know that this can affect how you feel. That's why we ask everyone who arrives as a refugee about their recent thoughts and feelings and their thoughts and how it affects their lives today. First, I'm going to ask you some questions about what your child has experienced and what the situation is like now. There will then be some questions about how your child is doing. If there's something you don't want to answer, that's completely OK. Let us know if there's anything that you're wondering about along the way.

BACKGROUND

Contact details:

Last name, First name Age (years): Gender:

Date of Birth/ID number:

Location, Today's date: Telephone number for child/caregiver:

FAMILY AND EVERYDAY LIFE

Did the child come to Norway with anyone? Yes No

If yes, who?

If no, who is responsible for the child?

Does the child have parents or siblings who are not with them in Norway? Yes No

If yes, who?

Are you in contact with them?

Yes No

Has the child had anyone in their family, or a close friend killed in the war or while fleeing? Yes No

If yes, who?

Has your child experienced anything else frightening, dangerous, violent or that was very stressful in another way? Yes No

(Let parents explain/fill in)

Do you/your family have a permanent place to live here in Norway? Yes No

Where?

Does your child go to kindergarten or use similar services? Yes No

If yes: Does your child enjoy kindergarten? Yes No

HEALTH PROBLEMS

Interviewer (read): Has your child been troubled by any of the following **in the past two weeks?** *

	Not at all	Somewhat	A lot
Often complains of headache, stomach ache or nausea	0	1	2
Has a lot of concerns, often seems worried	0	1	2

Is often sad, feeling down or crying	0	1	2
Is nervous or clingy in new situations	0	1	2
Is afraid of a lot of things (easily frightened)	0	1	2
Total for all responses = _____			≥6
POST-TRAUMATIC REACTIONS			
Interviewer (read): This is a list of problems that we can sometimes have after very stressful experiences. During the last two weeks , how often has your child had:			
	Never	Sometimes	Often
Behaved as if past dramatic events are happening again right now?	0	1	2
Had trouble sleeping or nightmares?	0	1	2
Started behaving like they were younger again for example, wet their pants, cried often or shown fear of being alone?	0	1	2
Changed their behaviour in other ways for example, have become unusually worried, angry and/or more quiet and withdrawn than before?	0	1	2
Have you noticed any other changes that worry you? Notes:	0	1	2
Total for all responses = _____			≥ 6
OVERALL ASSESSMENT (TICK THE APPROPRIATE MEASURE)			
No need for remedial measures now	Need for remedial measures but not urgent	Need for urgent assessment/treatment and follow-up	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate psychological condition and functional level	Unaccompanied minors. Significant mental health problems, loss of function or family difficulties (e.g. caregiver with mental illness / substance abuse problems)	Signs of a life-threatening condition, serious illness or injury. E.g. Not contactable, unable to consume food and drink, acute confusion or ongoing violence/abuse/neglect	
Advice as needed. Provide parents with good information about rights and who to contact if they need help.	Provide good information about what might help and who parents should contact if needed. Book a new appointment within 1 – 2 weeks, or earlier if needed. Refer to the relevant agency if necessary.	Urgent referral to a doctor/hospital or other relevant emergency agency	
ASSESSOR CONTACT DETAILS			
Name and place of work of staff member carrying out assessment	Telephone number for staff member carrying out assessment		
If the child/family has a contact person in the municipality:			
Who is the contact person?	Telephone for contact person:		

*Emotional symptoms subscale from «Strength and difficulties questionnaire» Goodman R. The Strengths and Difficulties Questionnaire: a research note. J Child Psychol Psychiatry. 1997;38(5):581-6.