

young person's GP to writing directly to YP. However, it is unclear whether clinicians at hospitals are implementing this guidance and other advice from the 'You're Welcome' quality criteria.

**Aims** Firstly, to determine the proportion of clinic letters that are being directly addressed to YP, and who they are copied to. Also, to assess whether adolescents were offered time alone during the appointment. Finally, to judge whether these letters demonstrate collaboration between the YP and their doctors and if the letters written are well structured.

**Methods** A clinical audit was performed within a hospital setting to evaluate whether clinicians were addressing letters directly to YP aged 16–19 years and if they demonstrated DAH. 367 random clinic letters written from the breadth of paediatric and adult teams who see young people were evaluated.

**Results** Overall, 19.6% clinic letters were addressed to YP directly. Positively, 85.6% of these letters had a good structure and 70.8% of them demonstrated collaboration. Although, 1.6% of the letters highlighted YP were offered time alone, however it was decided this most likely does not reflect accurately on what is truly happening because this information was difficult to collect from reading clinic letters alone. Therefore, this element will be investigated through an alternative method in the future. Additionally, 45.8% of the letters written directly to adolescents had neither their GP/HCP copied in, which was a concerning find because copying the GP/HCP into the letter ensures a record is kept and allows for continuity of care.

**Conclusions** The results showed that the Paediatric and Adolescent division performed the best in writing to YP directly, compared to other specialities, as 33.3% of their letters accomplished this. However, this is still minimal, and training is needed to help clinicians ensure they are following the guidance to provide DAH to YP. Writing to YP directly and following the 'You're Welcome' quality criteria helps build a better doctor patient relationship, allowing them to trust in the healthcare system and encourages them to take ownership of their health which should lead to better health outcomes.

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#### UNITEHER- USING A POPULATION HEALTH APPROACH TO IMPROVE FEMALE ADOLESCENT ENGAGEMENT WITH PROFESSIONALS THROUGH SPORT AND LEARNING ACTIVITIES

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**Objectives** Manchester has a population of 552,000, with the population of 10–19 years olds being 78,700 – 39,200 of these being females<sup>1</sup> (Manchester census 2021). Local research studies (RECLAIM<sup>2</sup>) working with young people in Manchester highlighted that there is a desire for young people to engage directly with professionals to help improve relationships and to pioneer new initiatives bringing the groups together.

**Methods** As part of the Health Education England population health fellowship<sup>3</sup>, based at the Greater Violence Reduction Unit<sup>4</sup> UniteHER was created. This project brought girls aged 10–16 years together with females in professional roles (doctors, lawyers, nurses, police) through a morning of activities which included- Netball skills (provided by England Netball<sup>5</sup>),

lifesaving first aid skills from StreetDoctors<sup>6</sup>, interactive healthy relationship sessions from ToughCookies<sup>7</sup> and a Q&A between the girls and professionals. The aim of UniteHER was for the young girls to meet female inspirational women in professions and break down barriers and preconceived apprehension between them as well as provide positive role models and encouraging healthy lifestyle choices.

**Results** In June 2022, 21 girls and 12 professional volunteers attended the UniteHER event based in Moss Side Leisure Centre. The overwhelming feedback was positive (100% enjoyed the day- 3 girls even commented that they would like to do it again). The young people commented that they 'enjoyed working alongside the professionals and meeting them in a fun and safe way', that they found it useful to 'understand women's rights, consent and confidentially' and that they loved 'learning lifesaving skills of how to manage a stab wound'. As part of the evaluation the girls were asked how comfortable they felt talking to professionals (police, doctors, social workers etc) before and after the event. The average score before the event was 6.6 (out of 10, where 1 is not comfortable at all, 10 is very comfortable) and the average score following the event was 8.6 (out of 10). This shows that there has been a clear improvement in the perceived relationship between the young girls and female professionals.

**Conclusions** The session has received excellent feedback from organisations and parents of those involved highlighting its success and novel way to break barriers between professionals and young people, whilst empowering young girls.

As the event was a success the hope will be that we can replicate it again in another locality within Greater Manchester and possibly include other sports/activities. There is also the possibility for the project to be used in other regions nationally following the same format.

#### REFERENCES

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#### SPORT IN TEENAGERS WITH DISABILITIES: A REVIEW OF THE BARRIERS AND BENEFITS

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**Objectives** Adolescents with disabilities face barriers to engagement with physical activity that their able-bodied peers do not. As a result, disabled teenagers may be dissuaded from participating in sport, due to the perceived and actual risks involved. However, exercise offers numerous benefits to the physical and mental health of adolescents with disabilities. This review aims to investigate the potential barriers these teenagers may face that discourage them from exercising, as well as the benefits they could receive. Finally, potential facilitators to increase involvement in sport will be investigated.