

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

¹Rhianna Netherton, ²Rhianna Netherton. ¹NHS; ²Greater Manchester Violence Reduction Unit and Population Health Fellowship

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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 females¹ (Manchester census 2021). Local research studies (RECLAIM²) 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 fellowship³, based at the Greater Violence Reduction Unit⁴ 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 Netball⁵),

lifesaving first aid skills from StreetDoctors⁶, interactive healthy relationship sessions from ToughCookies⁷ 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 confidentiality' 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.

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

¹Deborah Allen, ²George Guiton, ³Michael Allen. ¹Hull York Medical School; ²Dorset County Hospital, Dorchester; ³Royal United Hospitals, Bath

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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.

Methods A literature review was performed to investigate the benefits of exercise for adolescents with disabilities, as well as the barriers and facilitators to participation. PubMed was searched for eligible articles by expanding the following search terms to include synonyms, and combining them with the Boolean operator, 'AND': adolescents; exercise; disability; benefits. Resultant articles were screened for eligibility by abstract and full-text manuscript.

Results This review included adolescents with the following conditions: neurological disabilities, particularly spinal cord injuries; cerebral palsy; epilepsy; other physical disabilities. The benefits conveyed to those teenagers engaging in sport firstly included emotional improvements: a higher sense of self-worth and improved self-esteem, improved relationships with family members. Furthermore, physical benefits of exercise were reported in these populations: increased aerobic capacity, and a general improvement in physical health; improvements in teenagers' gross motor functions; better seizure control for adolescents with epilepsy, and improved cognitive function.

Despite these potential benefits, the literature emphasised that these teenagers faced numerous challenges which hindered their participation in sport. The first barrier to exercise was due to advice from healthcare professionals, teachers or family that their exercise should be limited or stopped due to their disability. Similarly, it was reported that confusion and conflicting advice created an uncomfortable environment for adolescents in which to explore an interest in sport. Secondly, teenagers were reported to limit their own exercise participation due to their own fears of exacerbating or worsening their physical health. Finally, embarrassment or fear about how their sporting performance would be perceived by others was a social barrier.

In order to combat these barriers to participation in sport, several facilitators were identified in the literature that increase teenagers' likelihood to exercise. Firstly, social factors, such as exercising in a group, finding an encouraging sports coach, or having family support to exercise all increased physical activity levels. Furthermore, introducing an aspect of fun into sport increased participation; examples included exercising with people the adolescent considered fun, or including animals into exercise, for example through therapeutic horse-riding. Finally, a teenager's self-motivation to exercise greatly increased their engagement.

Conclusions Teenagers with disabilities face numerous barriers to participation in sport, however the potential benefits of exercise are substantial. Higher levels of physical activity are associated with better mental and physical health. Several facilitators exist to improve adolescents' involvement with exercise. Key strategies include making exercise fun, encouraging self-motivation to exercise, and creating a positive social environment around sporting activities.

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THE 'CREATE' PROJECT: CREATING THE RIGHT ENVIRONMENT FOR ADOLESCENTS AND TEAM EMPOWERMENT

Gita Modgil, Neil Thomas, Anna Kyle, Kate McCann, Suzy Mason, Becky Mirams, Caroline Jackson, Laura Cooke, Amy Whiting. *Somerset NHS Foundation Trust*

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Objectives The paediatric landscape for the care needs of young people is rapidly evolving. Traditional models of care

pathways and team colleagues in our acute hospital settings need to advance at pace. Colleagues have come together locally to reflect upon shared experiences & to co-produce ideas about how to 'CREATE': Create the Right Environment for Adolescents & Team colleagues, to Empower teams caring for young people on our children's unit.

Methods Following complex cases on our acute unit, a joint reflective open session was held in September 2021 with paediatrics, CAMHS, lead nurses, medical directors, chief medical officers, occupational therapists, head of resilience/training, social workers, psychologist, physiotherapists, play-teams, security and mental health nurses. The huge response clearly demonstrated the desire to influence productive, supportive change for our environment and to explore how best to support distressed young people. The CREATE team was born: 'an umbrella concept' representing a multidisciplinary group leading change for the young person's voice, training, supporting colleagues, culture, our clinical care and physical environment.

Results The CREATE workstreams include:

1. **Clinical Care/Young Person & Family Experience** Individualised daily care plans; optimising care introducing 'tell it once' and 'this is me' documents; exploring nurse led HEADSSS screening (identifying risk of trauma/adverse childhood experiences); identifying young persons advocate; exploring 'therapeutic education'.

2. **Workforce planning** Successfully leading business cases for expansion of children and young people social, emotional and mental health nurse team; band 3 nursing support; youth worker; occupational therapist; activities co-ordinator; consultant (specialist interest in adolescent health).

3. **Engagement/Culture** Capturing colleague experience:

'Your Voice - Behaviours that challenge': powerful feedback created collaborative improvements; reframing language used; recognition of re-traumatisation for young person/colleagues; continued development of monthly 'drop -in'/safe space for MDT to share feelings with CAMHS staff regarding complex/traumatising cases.

4. **Environmental Improvements** Children & Young People National Survey results used to create a 'sanctuary space' for young people on the acute unit, utilising local funding bids in liaison with 'Arts For Life' and co-production from young people/colleagues.

5. **Training/Education/Quality Improvement** Recognition of trauma informed care underpinning experience/training with the development of a generic module and specific multi-disciplinary simulation situation learning; trauma informed workstream created to support the trust strategy process; The 'We Can Talk' QI project has been rolled out across whole acute trust to develop and implement 'Emotional Observations' for those aged 12-18 years old in acute services, in order to imbue parity of esteem within practice for all children/young people.

Conclusions The CREATE project has developed over 10 months and demonstrates what can be successfully be achieved with listening to the voices of colleagues and experiences of children and young people on our acute unit, alongside the desire for change to meet the evolving and sometimes complex needs of young people presenting to an acute hospital setting. Further development is in progress including the concept of true co-production of this project, understanding and changing the landscape for restorative clinical and managerial supervision for acute colleagues in line with mental health colleagues.