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HEALTH NEEDS OF VULNERABLE CHILDREN AND YOUNG PEOPLE: THE ROLE OF HEALTH IN CHILD PROTECTION CONFERENCES AND REPRESENTATION IN CHILD PROTECTION PLANS

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Objectives Over 50,000 children and young people in England are subject to a child protection plan.¹ It is well established that abuse is detrimental to many aspects of child health in the short-, medium- and long-term.² This project sought to build on existing knowledge to further understand the role health plays in child protection conferences. Specifically it sought to understand the health needs of vulnerable children and young people subject to child protection plans, how health needs are discussed at child protection conferences and which professionals are advocating for children and young people's health through the child protection process.

Methods Retrospective cohort study of case notes relating to 24 families (40 children) who underwent initial and review child protection conferences from January 2019-February 2021 in one local authority. This included accessible NHS notes and minutes from child protection meetings. Conference notes were reviewed to understand why conferences were taking place, which professionals were present, what health needs were discussed and what steps were taken in child protection plans to address health needs.

Results Health needs were almost universally addressed in child protection plans (23/24), with plans most commonly reporting on the need for school nurse assessment or health visitor monitoring. Health visitors and school nurses attended almost all conferences. Only seven children in this cohort were offered a Child Protection Medical Assessment with a paediatrician. High BMI and emotional distress were the most common health needs discussed. Emotional health was regularly commented on in conferences, particularly when domestic abuse was a factor. Plans commented on the need for CAMHS referral or to access emotional support in school. Access to emotional support in school was limited by school closures due to Covid-19 restrictions.

Eighteen adolescents (10–17 years old) were involved in the analysis, many of whom had emotional health needs (14/18) or physical health needs (13/18); 3 had contextual safeguarding needs. School nurses played an important role during and between conferences in identifying and managing the health needs of this vulnerable cohort of young people. Fourteen adolescents had school nurse assessments as part of their child protection plan, which provided an opportunity for health promotion and enabled identification of new health needs. School nurses were also able to offer psychosocial support, particularly to young people with contextual safeguarding concerns.

Conclusions Health was well addressed in child protection conferences and plans. Health needs were almost exclusively represented by health visitors and school nurses. Emotional health needs were recognised and discussed in conferences, with limited avenues for children and young people to access support, particularly when support available through school was affected by Covid-19-related school closures. School nurses played a particularly important role for vulnerable adolescents subject to child protection plans as they were able to identify health needs, take appropriate steps to ensure

management was in place and provide psychosocial support in the school setting.

REFERENCES

1. Child protection plan statistics: England 2017–2021. NSPCC, 2021.
2. State of Child Health. Royal College of Paediatrics and Child Health, 2020.

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IMPROVING OUR COMMUNICATION AND MANAGEMENT SKILLS IN ADOLESCENT HEALTH: COULD VIRTUAL SIMULATION TRAINING BE THE WAY FORWARD?

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Objectives Since the Covid-19 pandemic we have faced increasing challenges in managing adolescent physical and mental health. The rate of probable mental health disorders is now 1 in 6 amongst 11–16 year olds¹ and there has been a 90% increase in young people with eating disorders over the last 5 years.² We need to support health professionals in delivering high quality adolescent care. We looked at whether an innovative model of virtual simulation could be used to meet learning needs.

Objectives of our educational initiative:

- To identify key topics and challenges in adolescent mental and physical health
- To reflect on whether virtual simulation works for developing communication and management skills
- To consider whether the initiative can be expanded to a wider audience

Methods 30 attendees took part in an online study day representing professionals working with adolescents across the MDT. The day was centered on four virtual pre-recorded simulations on key topics including eating disorders, ethical situations, medically unexplained symptoms and management of chronic illness.

The simulations were pre-recorded in the simulation centre at Kingston Hospital and professional actors were recruited using recovery funding from Health Education England. The actors were briefed prior to recording each simulation and consultations were filmed with trainee paediatricians working within the London Deanery.

Learning was enhanced by small group discussions in breakout rooms for each simulation and a talk from a key speaker on management corresponding to each of the four topics.

Feedback from the day was collated and evaluated.

Results All participants felt that the study day met their learning needs (100%). All topics scored between 4.5 and 5 out of 5 for content and delivery.

The format of virtual simulation was well received. 100% of participants were in agreement that the study day should continue to run as a virtual course, and that the interactive online format worked well for the simulations and lectures.

Qualitative feedback 'A really helpful day addressing lots of key themes and issues that we encounter as we care for young people.....the mix of discussion, small groups, simulation and seminars was brilliant.'

'Excellent format to cover this topic, less pressure for attendees and breakout discussions and sim broke up the day.'