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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

¹Christen van den Berghe, ²Bianca Lee. ¹Royal Free London NHS Foundation Trust; ²Whittington Health NHS Trust

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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.

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

¹Anna Hodgson, ²Alice Roueche, ¹Rebecca Hodgkinson. ¹Kingston Hospital, UK; ²Evelina Children's Hospital, UK

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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.'

'Really useful to learn how to talk about difficult and tricky subjects with young people.'

Conclusions The study day met participants learning needs and covered relevant topics in adolescent health. The concept of pre-recorded virtual simulation worked well with comments that it allowed learning in a less pressured environment. Using breakout rooms for discussion and debriefing with an allocated instructor provided continuity throughout the day and ensured psychological safety of the participants

The demand and need for further training in adolescent health is there and there is evidence that this learning model is effective and could be used to roll out training across the region.

REFERENCES

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CO-PRODUCTION OF UNIVERSITY WEBINAR FOR YOUNG PEOPLE WITH CHRONIC CONDITIONS

Catherine Carey, Juliet Dick. *University College London Hospitals NHS Foundation Trust*

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Objectives This project was initiated due to an awareness that young people with long-standing chronic conditions have concerns that may prevent them from attending university. For most, university will be the first time they will experience independence and is often when they move away from their medical and past support networks.

- To co-create with patients an easily accessible, relevant, informative and welcoming session.
- To educate in order to overcome perceived barriers.
- To increase confidence in managing university.
- To increase confidence in managing a health setback at university

Methods A webinar was selected as providing easy access, question and answer facilities and the option to record.

Format of webinar We asked three expert patients, currently at university and with a chronic condition, with differing needs, to be on the panel and present what they thought would have been helpful to know when they were considering university.

The disability officer at UCL also gave a presentation about the support available during the application process and throughout their time at university.

All four of the panel were then able to take anonymous questions.

The session was advertised to patients attending the Treatment and Rehabilitation of Complex Conditions Service by email.

The session was recorded, with consent, in order to be viewed by a greater breadth of patients via a Youtube link. Due to the nature of our patients' conditions, some were unable to listen to the whole webinar. This link therefore allows flexibility for viewers.

Online questionnaires were given pre and post webinar to assess the effectiveness of the session with regard to the confidence attendees felt in managing university and setbacks.

Results 12 patients attended the webinar.

The presentations from the panel provided a wealth of advice and information about possible adjustments, strategies as well as financial and past support.

Analysis of the pre and post questionnaires showed improvement in the patients' confidence, as demonstrated by the graphs below. All patients felt confident in managing a setback at university by the end.

Graphs have not transferred here Open questionnaire data prior to the webinar showed there was concern that their health condition would not be supported. Post webinar data webinar indicated young people felt there was more support available than they were aware of.

Conclusions Patients with chronic conditions understandably have concerns when considering attending university and are likely to experience greater anxiety regarding how they will manage a big change in their lives. Co-creating this webinar with expert patients for patients ensured it was relevant.

Providing the relevant information has been shown to increase patient confidence in managing university and managing a flare-up.

Patients realise there is more support than they were aware of and learn how other patients have developed their own strategies.

Having this resource could reduce time spent with the CNS/OT in clinics addressing these concerns, so could streamline the transition process.

We all aim to provide resources and advocate to ensure equal opportunities for patients. We believe this webinar project achieves this.

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THE RELATIONSHIP BETWEEN PARENT MENTAL HEALTH AND CHILD PSYCHIATRIC DISORDER IN THE SURVEY OF MENTAL HEALTH IN CHILDREN AND YOUNG PEOPLE IN ENGLAND 2017

Jessica O'Logbon. *University of Cambridge*

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Objectives Approximately 17–28% of families worldwide include a parent with mental health symptoms; their children are at elevated risk of psychopathology. The additional demands involved in caring for children with mental health disorders can influence parents' mental health, but less is known about this association. The aim of this work was to investigate the association between children's psychiatric disorder and parent mental health in a population-based probability sample of children in England and the factors that may have influenced this relationship. A better understanding of these relationships may yield insights relevant to education, clinical practice, and policymaking.

Methods Secondary analysis of the Survey of Mental Health in Children and Young People in England 2017 which included 9117 children aged 2–19 years. Multivariate logistic regression models tested for effects, mediation, and moderation. Children were diagnosed with a psychiatric disorder using the Development and Well-being Assessment [1] which includes highly structured questions about mental health conditions based on the Diagnostic and Statistical Manual 5th edition. The 12-item General Health Questionnaire (GHQ) [2] was used to assess parents' mental health.

Results More children with a psychiatric disorder had a parent in poor mental health (GHQ score of 4 or more) compared