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A 3 YEAR REVIEW OF A NEW SELF-REFERRAL SERVICE FOR UNDER 16'S TO A REGIONAL SEXUAL ASSAULT REFERRAL CENTRE (SARC)

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Objectives Our SARC became a regional paediatric service in October 2018 covering 3 counties and offering holistic forensic and health assessments for recent victims of sexual abuse. In April 2019 a self-referral service for young people aged 13 to 15 was offered. This option had only been available to young people aged over 16 prior to this date. We are the only SARC in the South West to offer this service to this age group.

The objective was to review 3 years' worth of attendances in relation to young people accessing this service for key descriptive data and outcomes

Methods A retrospective review of clinical records of all young people ages 14 to 17 accessing the SARC as a self-referral who attended from April 2019 to March 2022

Details about age, vulnerability factors, details on the alleged suspects/s and police involvement prior or after SARC visit was collated

Results 58 young people were seen via this route over 3 years. This represented 13% of the total 462 children and young people seen over that time period. All were female. All were subject to extra familial sexual abuse by males. 34 of these were aged 14 or 15 years old who would not have had a service to access prior to April 2019. No 13 year old's accessed the service in this context in this time frame.

14% (8) subsequently pursued a police process and had their forensic samples retrieved with consent by the police. This was on average 3 months later (range 1 to 6 months). This compares with 8% of adult self-referrals.

When the details of the age of the suspect/s were available (in 41 cases); 51% (21) were harmed by another young person or people less than 18 years of age. In 60% (35) the police had been made aware of the abuse prior to attending the SARC.

In 24%(14) there were concerns about sexual exploitation. 10%(6) were looked after children and 76% (44) had a history of self-harm and/or active mental health concerns

Conclusions There is a need for a self referral service for 13 to 17 year old's in a SARC setting and uptake has been consistent over 3 years. All have been harmed outside the home; half by other young people. Mental health concerns and self harm rates are high and a quarter were vulnerable to exploitation.

No males or transgender young people accessed this service suggesting the reach of the service, and likely SARC services more broadly, need improvement.

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HOW DO AUSTRALIAN MIGRANT AND REFUGEE YOUTH NAVIGATE SEXUAL AND REPRODUCTIVE HEALTH DECISION-MAKING? A GROUP CONCEPT MAPPING STUDY

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Objectives Sexual and reproductive health (SRH) is a central aspect of wellbeing, the attainment of which is a human right. Adolescents and young adults are vulnerable to compromised sexual and reproductive health and rights (SRHR). This is exacerbated in marginalised groups such as migrant and refugee youth (MRY) who navigate socioecological challenges, from communication barriers to cultural and religious clashes and conflict with family and their communities. Australian MRY have poorer SRH outcomes and service use than non-migrant youth, receive inadequate SRH education and have low SRH knowledge. Our study aims were to use the Group Concept Mapping approach to 1) identify socioecological factors that MRY perceive as influencing their SRH decision-making; and 2) understand perspectives of MRY compared with key stakeholders working in the area.

Methods Data were collected using GCM, a mixed-methods participatory approach that integrates qualitative conceptual data and multivariate statistical analyses. Participants included 1) MRY – aged 16–26 years, of migrant or refugee background, living in Western Sydney, Australia – and, 2) key stakeholders including clinicians, service providers and researchers. Snowball and purposive sampling were used.

During Phase 1, 40 MRY and six stakeholders brainstormed factors influencing MRY SRH choices. During Phase 2, 42 MRY and 13 stakeholders sorted brainstormed statements into groups based on similarity. Participants rated each statement on importance, using a 5-point Likert scale; and impact, using a 3-point scale of -1, 'negative impact', to +1, 'positive impact'. We used multidimensional scaling and hierarchical cluster analysis to transform sorting and rating data into cluster concept maps. We labelled clusters based on qualitative content. Finalised maps were presented to five MRY for interpretation, and cluster labels altered according to feedback.

Results The final map contained six clusters depicting the main concepts informing MRY decision-making. Table 1 presents clusters and their ratings. Clusters 4 and 5 were most important to decision-making. Cluster 4 had the most positive impact, and Cluster 6 the most negative. Comparison of MRY and stakeholder importance ratings found overall correlation of .71, but significant difference between MRY and stakeholders for Clusters 4, $t(24) = 3.0335$, $p = .0057$, and 5, $t(14) = 2.2409$, $p = .0418$. MRY rated healthy relationships (Cluster 4) more important than stakeholders did.

Abstract 1897 Table 1

Cluster	Importance rating	Impact rating
1. Influence of communication & observation	3.42	0.26
2. Social & mass media influence	3.31	-0.09
3. Sex education & service accessibility	3.86	-0.04
4. Healthy relationships, emotional security & values	4.1	0.65
5. Sexual risk, safe sex practices & prevention	4.1	0.44
6. Social norms, family & cultural influences	3.48	-0.45

Conclusions The factors that were most important and had most positive impact were 'sexual risk, safe sex practices and prevention', and 'healthy relationships, emotional security and values'. While family and cultural factors had an overall negative impact, MRY did not perceive these as highly important, suggesting MRY navigate decision-making around these restrictions. Policy and programming should go beyond biomedical disease and pregnancy prevention to incorporate emotional

and social aspects of SRH, which MRY value as equally important and beneficial to their agency.

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QUANTIFYING EMERGENCY HOSPITAL ADMISSIONS WITH SELF-HARM IN SECONDARY SCHOOL PUPILS IN ENGLAND: WHOLE NATION STUDY OF LINKED DATA FROM HEALTH AND EDUCATION

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Objectives Potential clusters of self-harm within schools and peer groups remain a public health concern, yet there is limited evidence quantifying the burden within schools. We aimed to estimate the proportions of pupils and schools affected by self-harm between 1stSeptember 2018 and 31stAugust 2019 and to examine the characteristics of affected schools and pupils.

Methods We used data from ECHILD, a linked de-identified database of records from schools (National Pupils Database) and hospitals (Hospital Episodes Statistics) in England. For all pupils enrolled in years 7–11 (aged 11/12–15/16 years) in 2018/19 we estimated the proportion of pupils within each school and year group who had one or more emergency hospital admissions with an injury related to self-harm (including self-injury, poisoning, drug/alcohol misuse or violence) in 2018/19. We also estimated the proportion of pupils with a personal history of self-harm prior to the 2018/19 academic year. We used sex-specific multilevel logistic regression models to examine characteristics associated with self-harm including; school year, ethnic group, quintile of deprivation, a history of self-harm hospital admissions, current or historic special educational needs (SEND) provision, school size and the proportion of pupils within the school that were female.

Results A total of 0.5% (13,878 of 2,907,075) of pupils were admitted with self-harm in 2018/19. Self-harm was more common in girls (78% of all presentations were in girls) and at older ages; <0.1% of pupils in year 7 vs 0.7% in year 11. 84% (3,271 of 3,893) of schools had one or more pupils with a self-harm admission during 2018/19. Of these schools, the mean number of pupils admitted with self-harm was 4.2 (SD; 3.1). Similar results were evident for the 0.5% (14,438 of 2,907,075) of pupils with a history of self-harm admissions. In adjusted regression models self-harm was most strongly associated with a history of self-harm (girls; odds ratio and 95% confidence interval; 22.7 (21.7–24.1), boys; OR 15.8 (13.6–18.4)). In addition, pupils who were; in older school year groups, of white ethnicity, had current or historic SEND provision, had higher proportions of female peers or were in smaller schools were more likely to have a self-harm admission. Higher levels of deprivation were associated with self-harm in girls, but not consistently in boys. For both girls and boys, within school variation accounted for 6% of total variation in self-harm (intra-class correlation coefficient 0.06 (95% CI; 0.05–0.08)).

Conclusions This is the first study with national coverage of England to examine the burden of hospital admissions with self-harm within schools. Although our study identifies only the tip of the clinical iceberg of self-harm, our results indicate that the vast majority of schools are affected. Our results indicate some evidence of clustering associated with school,

however, the numbers of affected pupils within each school are relatively low, particularly among boys. Individually targeted interventions (e.g. to girls with a history of self-harm) may therefore be more effective than universal strategies for reducing self-harm admissions.

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REGIONAL ENGAGEMENT EVENT AS A METHOD OF SUPPORTING TRANSITION IN YOUNG PEOPLE WITH SICKLE CELL DISEASE

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Objectives Transition to adult services is recognised as a challenging time for young people (YP) with chronic conditions, associated with loss to follow up and poor health outcomes. Although evidence suggests young people with sickle cell disease (YPSGD) feel unsupported during transition, many studies highlighted lack of engagement. We organised an engagement event for children, YPSGD and their families with these objectives:

- Educate YPSGD on their health in preparation towards adulthood.
- Equip YPSGD with self-efficacy and self-advocacy skills.
- Understand the challenges of living with sickle cell disease (SCD).

Methods

- A pilot regional engagement event was held for children, YPSGD and their families in a non-clinical setting, a premier league football club, fundraised by three NHS trusts.
- It was advertised as a fun, festival-like event with a range of activities including a DJ, celebrity appearance, street dance, rap performance, choir, and outdoor games.
- Social and health education was delivered by skilled professionals through workshops, stalls, and sessions on transition, breathwork, confidence building, career advice, citizen's advice, treatment and research, dental health, complementary therapies, and inspirational stories from SC warriors.
- Attendees collected stamps in memento booklets on health education interactions.
- Thematic analysis was performed on qualitative data collected on event feedback, transition-related concerns, and experience of living with SCD.

Results 212 sickle cell warriors (59% 11–18 y/o) registered to attend with 800 of their friends and families. 123 adults and 153 CYP cared for by 11 NHS trusts attended.

We collected 64 event feedback data. 9% of responders mentioned gaining knowledge about transition.

Two transition workshops were attended by 60 people (23 carers, 26 YP and 11 health professionals). Primarily carers voiced concerns around transition which garnered discussions on themes below:

- Adult acute hospital care
- Access and support from primary care
- YP's efficacy in managing their health
- YP's ability to advocate for their health