



**AYPH Conference
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Poster Abstracts

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A new look at young people's health
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AlRashidi N, Long T, Darvill A. The impact of an interactive educational programme on Saudi children's nurses knowledge, attitudes, beliefs and perceptions of children's pain, self-efficacy and perceived barriers to optimal post-operative pain management in children.

Background

Post-operative pain management has been researched extensively, but it fails to receive the same attention from the paediatric nurses in Saudi Arabia. Practices are not evidence based, but there is a willingness to improve. The factors to be addressed in this study had not been considered together in any study, and each in turn is supported by only minimal evidence of variable quality. No work of significance had been undertaken in the context of Saudi Arabia or other Gulf nations.

Aims

To test the impact of an interactive postoperative pain management education programme on for paediatric nurses

Methods

A non-equivalent groups, pre-test post-test design was used. A sample of 229 children nurses working in surgical units in Hail region hospitals was recruited and completed four questionnaires on three occasions, before the intervention, and at one and three months afterwards. The intervention was an interactive educational programme on DVD with explanations, exercises, video presentations and self-check games.

Results

There was significant improvement in participants' knowledge and attitudes. Perception of barriers to effective pain management reduced, while self-efficacy improved. No improvement was found in perception about children's pain.

Discussion and Conclusion

This study will improve pain management for children following surgery. It will prompt the use of an alternative, digital, interactive education programme in Saudi Arabia.

Boeur C-H, 'Enquete Jeunes': The oral health of young adolescents in the province of Luxembourg (Belgium)

Before 2010, in the province of Luxembourg (Belgium), there were only a few data on young people's health. The survey 'Enquete Jeunes' was implemented to answer this lack of data. The specific thematic is focused on oral health.

'Enquete Jeunes' is a school-based survey with data collected through self-completion questionnaires administered in the classroom. The population is students from 6th grade, 8th grade and 10th grade (age: 10-18 years old). 1672 adolescents have been interviewed. For the specific thematic, there were also live dental examinations.

Main results

- The average DMFT index at 12 years is 0.92
- At 11 years old, 604% of students have decay free mouth. But only 30.55 at 16 years old
- Among all the teeth, the first molars are the most affected ones
- One student in two declares that s/he visits his dentist twice a year
- One student in ten (students 13-16 years old) has healthy gums (DPSI=0), one in three has bleeding when toothbrushing (DPSI=1), one in two has dental calculus (DPSI=2) and 0.6% has parodontitis (DPSI=3)
- Among the students brushing their teeth twice a day, the state of the brushing is satisfactory for one student in three, according to the dentist
- 39.7% don't have any idea that diet sodas can be dangerous for oral health.

This study enlightens us on the oral health of young people in the province of Luxembourg. Even if the young people follow the encouraging evolution of the oral health, noticed in a general way, the problems remain globally present. Oral health has to remain more than ever a majority priority in terms of public health.

Bragg J, Developing a school-based intervention to facilitate adolescent behaviour change with respect to alcohol consumption: A literature review

The increasing trend in alcohol consumption and its significant health implications is of worldwide concern (Rehm et al, 2009). In the UK, despite a recent decline in overall quantities of alcohol consumed, consumption remains high in a proportion of young people (NHS, 2010) which has implications for school engagement and long-term health and wellbeing; children in the UK are identified as having one of the lowest wellbeing scores amongst wealthy nations (UNICEF, 2007; Viner, 2013).

International systemic review evidence demonstrates that school interventions can be effective at preventing/reducing alcohol consumption. The Chief Medical Officer's annual report (2013) cites adolescence as a critical time for intervention, and early interventions to address social and emotional wellbeing are deemed cost effective by NICE (2013).

The aim of this research is to develop, trial and evaluate the effectiveness of an intervention to encourage young people to adopt a more responsible attitude towards alcohol. The intervention will address issues of self-esteem, aspiration and decision making and equip young people to make healthier life choices. Key components shown to be effective in previous studies including those using motivational interviewing - a therapeutic intervention employed by Educational Psychologists to elicit pupil commitment to behaviour change (Woods et al, 2014) - will be incorporated into a universal school programme.

This presentation will describe the development process that was conducted and discuss how it supports the rationale for the resultant intervention. Positive outcomes from this research could yield long-term health, social and economic benefits to the wider society.

Bruce E, Fox J, Watson P and McDonagh J, Adolescent and young adult care in adult Rheumatology clinics

Background/Introduction:

The importance of transitional care for young people from paediatric to adult rheumatology is well established. However, in most rheumatology departments there will be a significantly larger cohort of older adolescents and young adults (AYAs) that enter adult services de-novo than will have transitioned from paediatric services. Our aim was to evaluate AYA care within adult Rheumatology clinics, in particular

Methods:

A review of clinical correspondence for patients aged 16-25yrs attending adult rheumatology clinics at University Hospital of South Manchester between February 2015 and May 2015 was undertaken. Data collected included demographics, diagnosis and evaluation of documentation of the components of the HEEADDSS screen.

Results:

193 appointments were issued for 16-25yr olds, representing 5% of the total number of appointments. 103 were new referrals, with a majority from general practice. Age distribution was even, over two thirds were female. The 'did not attend' rate was 10%.

36 had a confirmed inflammatory condition, 27 were under investigation for a possible inflammatory arthritis and 47 had a non inflammatory condition. Of the HEEADDSS criteria the most often documented was education/employment at 31%, with exercise at 19%.

Discussion/Conclusion:

The AYA group is well represented within this secondary care setting. Documentation of the HEEADDSS criteria was suboptimal. There may be wider implications of this on health outcomes.

The first step towards improving care for this cohort is to establish an awareness within the adult team of the particular needs of this patient group, AYA health is not just a concern for paediatric rheumatologists.

Carney R, Bradshaw T, Yung A, Monitoring of physical health in mental health services for young people at ultra-high risk of psychosis

1. Background: People with psychosis have poor physical health and high rates of premature mortality. Risk factors for future ill-health are present from an early stage. However, it is unclear whether these risk factors are monitored in young people who are initially presenting for mental health care, to specialized services for psychosis risk.

2. Methods: Case notes of individuals accepted into a specialized early detection service for young people at ultra-high risk for psychosis were screened for a 12 month period. We assessed whether the following physical health measures were recorded: height, weight, body mass index, blood pressure, glucose and lipids, physical activity, smoking status, substance use and alcohol intake.

3. Results: Forty individuals at high risk for psychosis entered the service. Two most frequently reported measures were substance (82.5%) or alcohol use (72.5%). Few case files contained information on height (2.5%), weight (7.5%), body mass index (5%), blood glucose (2.5%), smoking status (15%) and physical activity (7.5%).

4. Discussion: Physical health monitoring and assessment in the young person's mental health service is low. No individual had a completed physical health assessment upon entry to the service, and several had no measure of physical health. Despite this group displaying risk factors for future ill-health, there are no recommendations for monitoring and assessment of physical health.

5. Conclusion: Physical health and lifestyle factors were not assessed routinely in a specialized at-risk service, although they contribute to physical and mental health outcomes. Clear monitoring guidelines need to be developed.

Cavenagh A, Campbell J, Croughan C, Fenton G, Garth E, Gorman A and Thacker E. Sweet Learning – Empowering student nurses to appreciate the importance of understanding diabetes care in young people and their families

Background:

National data collected for the annual Paediatric diabetes audit revealed that just 16% of children and young people (CYP) with type 1 diabetes underwent all their recommended health checks in 2013-14(RCPCH 2015). This may have a profound impact on the future health outcomes for CYP with diabetes in England & Wales and national criteria have been set in order to address these shortfalls. An appropriately trained nursing workforce with the necessary skills to empower CYP with diabetes is therefore paramount.

In response to this, a team of nurse academics and clinicians in partnership with families living with Type 1 diabetes have recently developed a series of professional grade film clips which follow the journey of an individual family as they adjust to the diagnosis in their eleven year old child. The family is seen together at diagnosis and individually at pivotal points post diagnosis to capture individual family member perspectives and emotions. The clips are now embedded within a Pre-Registration Module, focused specifically on Long term conditions.

Objective:

Our key objective is to prepare student nurses to understand the impact of living with a long term condition, and work in greater partnership with families, as central to the multi professional team.

Summary & Conclusion:

The project is still evolving but feedback from clinical colleagues shows that student interest and knowledge in relation to diabetes has significantly increased since the development of the work. The team is now at a stage to share this innovative, exciting work with others.

Royal College of Paediatric and Child Health (2015) National Paediatric Diabetes Audit, Parent and carers report 2013- 2014 Health Care Quality Improvement Partnership

Chaplin H, Suffield L, Cai A, Josephs F, Radziszewska A, Glackin Y, Daly N, Sen D, Eleftheriou D, Wedderburn L, Ioannou Y. Young people's participation and involvement in research: Experiences from the Centre for Adolescent Rheumatology

1. Background and objectives

Clinical transitional gaps can deny adolescents and young adults (AYA) opportunities to participate and/or be actively involved in research, which the Centre for Adolescent Rheumatology aims to reduce.

Objective:

To quantify the level of participation and involvement of AYA rheumatology patients in research at University College London Hospital (UCLH) since Centre inception.

2. Methods

The internal audit included patients with rheumatic disease and healthy AYA, aged 10-26 from October 2012-January 2016, and recorded approached, recruited, or actively involved.

3. Results

Participation

Between October 2012- January 2016, 505 young people (aged 12-26, 17.12 mean, 2.68 SD, 16 median, IQR: 15-18, 62% female) have been approached at UCLH Adolescent Rheumatology Clinic to participate in research: 473 agreed to be recruited (94%) to research.

Involvement

During October 2014- January 2016 specifically, 322 young people (patients and healthy volunteers, aged 10-26, 17.57 mean 3.08 SD, 17 median, IQR: 16-19, 66% female) were approached about being actively involved in research projects, with 235 reporting interest (73%).

Of those interested, 45% were successfully involved in research activities/outputs, 17 focus groups and one-to-one interviews (n=106, aged 10-26, 73% female). Seventy-seven AYA were involved once, 13 AYA involved twice, and 16 have undertaken three or more activities.

4. Conclusion

More than 90% of AYA approached to participate in research were recruited. This supports the need to ensure that AYA have continued opportunity and encouragement to participate across both paediatric and adult environments.

Over 70% of AYA asked agreed to be involved in research and with support, 106 AYA have been successfully involved, underpinning the importance of providing involvement opportunities to this age group.

Cheetham M, Purcival J, Parks S, Adults shout and young people don't: Why we haven't changed our minds about young people

Background and objectives

We know young people with mental health concerns report difficulties accessing appropriate health care, and we know what makes a difference, but services have been slow to respond. Peer led interventions to facilitate young people's participation in stimulating change in primary care offers a potential solution

This study examines the effects of Change Your Mind about Young People, a collaborative, peer led intervention to improve primary health care for young people with mental health and other health concerns.

Methods

We report findings from semi-structured one to one interviews undertaken with a purposive sample of practice staff (n=10) from GP practices in NE England, and focus group discussions held with young people to examine what difference, if any, young people's input made.

Results

Our findings demonstrate the potential of the programme, including You're Welcome, to drive positive changes in general practice, led by young people, supported by voluntary sector partners, despite the numerous philosophical, practical, and organisational challenges which exist. We report factors influencing successful engagement, and give recommendations for health service delivery.

Discussion and Conclusions

Traditional models of patient involvement do not work with young people. This peer-led intervention offers a promising alternative, stimulating practical and attitudinal changes in the delivery of young people friendly primary care. It requires a willingness to embrace change. The resulting efforts to encourage access by young people, including those with mental health problems, will potentially benefit the wider practice population.

Currie K, Rae M, Identifying individual risk to improve population health: Using multi-agency peer audit to improve outcomes for young mothers

Background

Improving population health often requires a focus on outcomes for smaller cohorts, especially when working to reduce health inequalities. Public health's relationship with social care within the local authority provides an opportunity to work jointly to improve health, wellbeing and safeguarding outcomes for this vulnerable group.

Methodology

12 of 42 (29%) young mothers were randomly selected, proportionate to the caseload of maternity providers, from the CAF register. Their cases were anonymously reviewed against a locally created audit framework by a combination of health and social care professionals, using a variety of assessments and notes. Young mothers were interviewed to capture their experiences.

Results / Findings

The multi-agency approach was effective in encouraging ownership across the variety of teams who supported the young mothers. LSCB backing provides a multiagency forum for discussion of safeguarding issues. It also provides an effective route for monitoring progress. A range of professionals reviewing their notes allowed for a wider perspective on what had been missed over a longer time period than would have been possible from one agency.

Conclusions / Recommendations

Multi-agency peer review encourages a reflective learning process with peers, and deepens understanding of the process and roles within for all partners. Audit reports translate well into recommendations for service improvement plans which can result in action to improve public health outcomes.

DeGoude C, Shakespeare D, Taylor C, Wood S, Moses Rm, Vyas A. The joint neuro-thoracic clinic, collaboration between adult chest physician, neuro-rehabilitation physician and paediatric neurologist as a model for transition of young people with complex neuro-disability

Introduction

There are a significant number of young people with complex neuro-disability and most adult services are not ready to receive these. Within paediatric services a paediatrician acts as a point of access and coordinates care provided by multiple professionals. Such a pivotal person is often lacking within adult services. GPs may take on a coordinating role within transition, however, in adolescents with complex medical needs GPs often lack the expertise to do this without specialist support.

Description

Considering the health needs of these young people, collaboration between a chest physician and a neuro-disability physician is essential. Joint working with a paediatric neurologist facilitates the transfer of care, including provision of historical background and expert advice around neurometabolic conditions. A 2 monthly MDT clinic provides care for 37 young people, including 13 patients with ventilators. Providing a regional service, the appropriate links can be made for medical and disability needs. There is also close collaboration for in-patients, where the physicians have seen younger teenagers on the paediatric ward, and paediatric neurology has consulted on adults around neurological needs of rare conditions.

Conclusions

This model of joint working has proven very effective and could be used more widely across the country. We would also like to encourage the collaboration between paediatric and adult teams, providing consultations beyond age boundaries. This helps to share expertise and practice, forges strong working relationships across teams and also helps families to familiarise themselves with the adult teams.

Desai K, Segal T, Viner R, Martyn-Simmons C, Help-seeking behaviours, opportunistic treatment and psychological implications of adolescent acne in schools and UCLH outpatients: a cross-sectional study

Background:

Acne vulgaris (acne) is a common skin condition in adolescents. It is associated with psychological distress and is undertreated. Objectives: This study determines the prevalence, severity and degree of psychological distress caused by acne. It assesses the incidence of help-seeking and from whom, and the barriers to seeking help. It investigates opportunistic acne treatment by paediatricians.

Methods:

A cross-sectional study was conducted on 120 adolescents visiting UCLH outpatients, aged 13-18 and 482 adolescents in two schools in London, aged 11-18. Adolescents were surveyed using a general questionnaire and those with acne filled out the Cardiff Acne Disability Index (CADI) questionnaire.

Results:

Acne prevalence was 58% in the clinic and 42% in the schools, with 35% and 20% of participants having moderate (MA) to severe acne (SA), respectively. Severity of acne was associated with increased odds of seeing a doctor in both cohorts (OR = 6.89, 2.24-21.26 (MA and SA) in UCLH and 3.97, 1.97-8.03 (MA and SA) in schools). Barriers to seeking help included embarrassment and thinking the doctor is unapproachable. Doctors addressed acne opportunistically in 3%. 25% of those with severe acne wished their doctor had raised it. The correlation between acne severity and CADI was significant (regression coefficient = 4.81, $p < 0.005$ (MA) and 9.08, $p < 0.005$ (SA) in UCLH and 1.92, $p < 0.001$ (MA) and 7.41, $p < 0.005$ (SA) in schools).

Conclusion:

Despite acne being a common condition, it is undertreated and not addressed opportunistically. Acne affects the quality of life of adolescents and is directly related to the severity.

Downey K, Stalker I, Patterson A, Co-design of 3D printed spinal braces for adolescents with scoliosis

Background

Scoliosis is a deformity of the spine that most commonly develops between the ages of 10 and 16 with no known cause.

A non-surgical treatment is a brace that attempts to stabilise the spine. Braces can be worn for up to 23 hours a day and for a number of years during growth. The brace itself is made from thick, hard plastic and can be hot and uncomfortable to wear with obvious cosmetic issues for the young person.

Technological advances such as 3D printing and computer aided design offer a different approach to fabrication of spinal braces. This paper describes co-design as a method for understanding the lived experience of brace wear and for evaluating current braces worn by young people with scoliosis to inform designs fabricated by 3D printing.

Methods

Young people were recruited from national scoliosis support groups. Data collection methods included questionnaires, a daily diary and a small activity workshop.

Results

Use of co-design activities, analogies and visual and physical props enabled the participants to invest their own ideas into the design process and envisage alternative bracing concepts. Young people were able to interact with how to build a customised-digital prototype and feed forward design criteria critical to them and how best to make the brace more tolerable, comfortable and aesthetic.

Conclusion

Design-led methods and interactions can be used to engage young people and share their spinal brace experience. It is hoped that improving engagement with young people can augment the design of 3D printed braces and improve the quality of life of sufferers of scoliosis while also balancing the clinical demands of brace wear.

Alsaleh F, Smith F, Rigby E, Gray N, The application of the 'You're Welcome' criteria to community pharmacy practice

Background

The Department of Health in England developed the 'You're Welcome' (YW) criteria for all health services seeing 11-19 year-olds, to improve their quality and coverage and reduce access inequities. Community pharmacy provides accessible services that are relevant to young people, such as emergency contraception and minor ailment treatment. To date, however, the criteria have not been applied widely in this sector.

Objective

To assess the applicability of the 'You're Welcome' criteria to community pharmacy, to guide future service development.

Methods

The project employed three methods. In a small number of pharmacies – purposively selected because of their known focus on young people's services - checklist-guided observations and face-to-face semi-structured interviews with staff members were undertaken. This was complemented by a cross-sectional online survey for completion by a broader group of pharmacists recruited through Local Pharmaceutical Committees (LPCs). Study instruments were designed to gather information relevant to each of the YW criteria.

Results and Discussion

Eight pharmacies took part in observations and interviews. Six LPCs posted the online survey link on their website, which was completed by 56 respondents. The project identified particular strengths of community pharmacy services relevant to the criteria (e.g. accessibility), and opportunities and priorities for further service development to meet the needs of young people (e.g. staff training, engagement and integration with local service provision).

Conclusion

The 'You're Welcome' criteria can be applied to the community pharmacy sector, to both guide the development of young-people friendly community pharmacy services and to monitor progress.

Frantzis I, Redshaw E, Yeates C, Pickard L and Goddard A, Teenage pregnancy pathway in West London

Background

While the rate of underage conception has decreased over the past 10 years in London, it still remains one of the highest in Europe¹. Additionally, the rate of repeat conception and repeat abortion in under-18 year olds continues to be high². Research in the area of teenage pregnancy has concluded that a structured pathway should be in place to provide information to women and healthcare professionals about routes of access^{3,4}. Good practice was defined as having these pathways implemented³.

Such a pathway is lacking in the tri-borough areas of Westminster, Kensington/Chelsea, and Hammersmith/Fulham. The experience of our Paediatric trainees is that it is difficult to find information on relevant resources for pregnant teenage girls.

Objective

To create a comprehensive pathway outlining the referral system and resources for pregnant teenagers to be used by health professionals, teenagers, their partners and families.

Methods

Sexual health clinics, midwife services, termination clinics, and charities were contacted to obtain information on resources and services available for teenage girls under the age of 19.

A flowchart outlining the referral pathway for teenage pregnancy, termination of pregnancy, and midwife support was created followed by a list of sexual health clinics, termination services, midwife services, charities and community services. The rates of recurrent conception and abortion were assessed following the introduction of the pathway.

Conclusion

We propose that having a clear teenage pregnancy referral pathway made available to GP clinics, school nurses, hospital professionals, and the public will reduce the rates of secondary teenage pregnancy.

Gallagher K, Matthews C, Cackett N The DAFNE course – how effective is it for patients with type 1 diabetes aged 16-18 years old?

Aims: To evaluate the effectiveness of the DAFNE course in type I diabetics aged between 16-18 years.

Methods: DAFNE is an education programme for type I diabetics which promotes intensive insulin therapy and self-management. The course consists of 38 hours of group education, either for five consecutive days or once weekly for five weeks. We evaluated the effectiveness of DAFNE in 18 type I diabetics aged 16-18 years. The course was offered to patients as part of the transition process. Data was collected on: * HbA1c * Cholesterol * BMI * number of diabetic-related hospital admissions prior and post the DAFNE course.

Results: 33% attended the course for 5 consecutive days; the remaining attended once weekly for 5 weeks. 66% of patients completed all 38 hours. * HbA1c: mean reduction of 13mmol/mol. 33% of patients demonstrated an increase (mean increase 8.5mmol/mol). * HDL and HDL:cholesterol ratio: minimal difference. * BMIs: no clinical significant differences. Data was incomplete for five patients. * Number of hospital admissions: 33% of patients were admitted to hospital - 83% with diabetic ketoacidosis(DKA); 16.66% with hypoglycaemia. Of note, one patient had 15 admissions for DKA prior to the DAFNE course. Post the DAFNE course, this reduced to two.

Conclusions: The DAFNE course is valuable educational programme for type I diabetic patients aged between 16-18 years. Improving HbA1c by 11mmol/mol in type I diabetics cuts the microvascular risk by 25%(UKPDS). This study demonstrated a clinically significant reduction in HbA1C. Although there were no clinically significant differences in BMI, HDL and HDL:cholesterol ratio, the course demonstrated a reduction in the number of diabetic-related hospital admissions.

Gelder C, McArthur C, Rudd K, Philips A, Morgan S, Smalley A, Redfern S, Evans P and Campbell F.

A collaborative educative approach to improve transition services: closing the gap between child and adult care delivery

Background and objectives

An overview of the development, delivery and evaluation of a collaboratively designed module for health professional teams; supporting establishment and enhancement of transitional services across many boundaries.

Methods

A multi-disciplinary module team with a combined vision to develop practitioners' knowledge, skills and abilities concerning effective transition provision designed an interactive blended-learning module supported by nationally recognised experts, and on-line resources. The module was delivered at degree and masters level to support a multi-disciplinary team approach to learning. The module was quality assured through the university processes, then delivered and evaluated.

Attendees were assessed on a presentation and report of their proposals to develop services to be more appropriate for transition and 'adolescent friendly'.

Results

Students, who included nurses, doctors, dietitians, psychologists and youth workers from a wide variety of services including mental health, physical health, congenital conditions and learning disability services, reported high impact from the module; highlighting opportunities realised within their own practices & specialisms. This demonstrated changes in thinking, renewed energy to face change and concrete plans to involve child and adult teams to tackle challenges.

Discussion

Synergistic opportunities were also realised by managers and commissioners attending students' presentations and 'signing up' to supporting fresh approaches within services to enable effective transition care.

Conclusions

Quality transition services can be realised rather than just 'talked about'. Practitioners are engaged in critical discussions to effect this transformation and are already implementing improved services. Crucially managers and commissioners have pledged their support to achieve essential changes in practice.

Good S, Barker L, How does an evidence-based smoking prevention programme for young people make the transition from successful research to an accessible Public Health intervention which makes a positive impact in a 'real world' setting?

Background and objectives

The new Public Health Outcomes Framework will be refocused around achieving positive health outcomes and reducing health inequalities and is made up of two desired outcomes supported by four domains. We want to show how Local Authorities can access and deliver an evidence-based programme to meet those outcomes using three of the four domains.

Methods and Case Study

Rochdale Metropolitan Borough council's Tobacco Free Action Plan encourages a preventative approach to reducing the uptake of smoking amongst young people. Identifying and implementing a peer led, evidence-based programme using NICE Guidance (PH23) was the responsibility of the Public Protection Service.

In 2013, Rochdale commissioned the ASSIST programme. Prior to that, the trend data from the Health Related Behaviour survey carried out in secondary schools showed that the percentage of students who said that they have never tried smoking was as follows:

2006: 54%
2009: 61%
2011: 68%
2012: 67%
2013: 75%

Since then, 280 students in 8 schools have taken part in ASSIST taking into consideration smoking prevalence data from the areas in which they lived.

Results

Data from the Health Related Behaviour survey has continued to improve, and the Local Tobacco Control Profile 2014/15 reports that the smoking prevalence for current smokers age 15 is similar to the national average, whereas adult smoking prevalence is worse than the national average.

Conclusions

Implementing an evidence-based programme can help to improve the wider determinants of health, encourage young people to make healthy choices and reduce health inequalities.

Hubbard G, Stoddart J, Forbat L, Neal R, O'Carroll R, Haw S, Kyle R, Raising cancer awareness and cancer communication in families

1. Our aim was to find out if a brief psycho-educational intervention delivered in schools raises cancer awareness and cancer communication. United Kingdom governments want to raise public cancer awareness. This is because people who have greater awareness of signs and symptoms that might be suggestive of cancer are more likely to seek medical help quickly. If the cancer is detected early then a person has a much better chance of living a long and healthy life.
2. Schools were randomised to one of two groups. In the first group of schools (intervention schools), teenagers (12/13 years old) received the presentation by Teenage Cancer Trust. Teenagers completed questionnaires to measure their cancer awareness and cancer communication before, and then 2 and 24 weeks post intervention. In the second group of schools (control schools), teenagers did not receive the presentation but did complete the questionnaires on three separate occasions at similar time intervals.
3. Adolescents in intervention schools recognised significantly more cancer warning signs and risk factors than adolescents in control schools, and cancer communication increased.
4. Schools provide fertile ground for public health campaigns, including cancer awareness. The effects found in our study are similar to the effects of school/college-based brief interventions (<5-h duration) in other health domains such as smoking [28, 29] and drug and alcohol use [30-32].
5. 5. School-based brief psycho-educational interventions are easy to deliver, require little resource and improve teenage cancer awareness and cancer communication.

Lakey T, Sloan H, Dhir A, O’Sullivan C, Urquhart K. Aye Mind – Digital approaches to youth mental health – coproduction in action

Building on an exploratory phase, a consortium led by NHS Greater Glasgow and Clyde is involved in developing an innovative approach to digital health focused on promoting youth mental health and wellbeing. European Funding from CHESTi has allowed a second phase of this work to meet additional planned objectives; such as the Creation and development of digital resources for wellbeing using a coproduction approach with young people. Development of a resource toolkit for people who play a role in supporting young people’s emotional wellbeing whilst creating a public branding to support a range of youth-focused campaigns to support youth mental health and wellbeing.

Methods

- * Creation of a Digital Wellbeing collaborative
- * Co-design work with young people
- * Development of a digital platform and workers toolkit

Discussion

An exploratory Programme has yielded a wide ranging set of learning, recommendations and prototype ideas; a digital platform and workers toolkit has been developed. Young people have been at the Centre of this innovative project. The Digital wellbeing collaborative has created a multi-disciplinary approach to support the innovations in practice in relation to young people’s mental health.

Conclusion

Aye Mind seeks to add to the knowledge base on the role that interactive digital communications can play in supporting young people’s mental wellbeing, as well as create new resources. The project team and the wider Collaborative who support this work are keen to link with and share learning with colleagues and initiatives across the UK and beyond involved in allied activities.

Lang A, Atkinson S, Wood D, Technologies for teenage health – awareness, monitoring, management, communication

The workshop is proposed by Human Factors and Ergonomics (HF&E) specialists with experience in the design, implementation and evaluation of technology for healthcare. Research is currently being undertaken with adolescents in the design and development of a novel technology platform to address issues of teenage diet and exercise. The development process for this technology takes a multidisciplinary approach drawing on expertise from medicine, nutrition and behavioural psychology to underpin a serious game, wearable sensors and suite of mobile apps with clinical knowledge and practical motivational theory.

Workshop Aims and objectives: The workshop aims to bring together individuals with different backgrounds who have an interest in the use of technology in adolescent health and wellbeing. It will examine several questions and engage attendees in discussion about the current and future roles of technologies in adolescent health. The workshop focusses on digital and accessible technologies such as mobile phones, tablets and associated resources - apps and social media, wearable technologies (garments and activity monitors) and will also consider entertainment technology such as gaming. The workshop aims to:

- Explore the current landscape of technology use by healthcare professionals and others working with adolescents,
- Understand the role and value of technology in interactions between adolescents and those working in adolescent health,
- Investigate what the opportunities are for technology in adolescent health, in regards to awareness, monitoring, management and communication,
- Explore the future landscape of this space through the requirements of healthcare professionals and those working with teenagers.

Methods: Following an initial brainstorming activity, structured group engagement tasks will be undertaken to encourage participation from all attendees (including but not limited to teenagers, healthcare professionals, allied health professionals and pastoral/social care providers). These discussions will address the workshop aims and objectives (listed above). Numbers permitting, four groups will be performed, time allocated for each question with groups feeding back to the whole group after each. These discussions will be synthesized by the HF facilitators and presented at the end of the workshop where agreement for priorities will be obtained from the whole group. (Pens, paper, and sticky notes will be provided to facilitate the discussion.)

Outputs:

- 1) Establish a multidisciplinary community interested in sharing knowledge and ideas for the use and implementation of technologies in adolescent health and wellbeing.
- 2) Collate information about the current landscape of technology use in adolescent health and current
- 3) Identify and prioritise anticipated requirements from the community.

McGregor F, Shawe j, Robinson A, Improving the sexual health of homeless young people resident in hostels

Background

Little is known about the sexual health (SH) of young people (YP) who are homeless and resident in hostels. Many are in transition from the care system and require support to make the shift to adulthood and independent living. Overall health outcomes for homeless people are poor. Objectives: To examine knowledge and attitudes around SH and contraceptive use amongst YP who are homeless and resident in hostels in a large inner city area. To improve their SH through development of a model of SH care provision for their particular needs.

Methods

An ethnographic case study (of homeless YP living in inner-city hostels) methodology is used. Data collection is in progress. 25 YP 16 – 21 years and five key workers will be interviewed. Observations of residents meetings and the hostel settings and analysis of documents concerning the SH of YP in hostels are underway. A constructivist theoretical framework underpins the study. Six stage thematic analysis combined with Nvivo is used. Intermediate

Results

Initial data collection indicates four themes: * Confidentiality * SH issues are individual and separate from routine hostel processes * Male SH knowledge is poor * Safety Discussion Qualitative emerging data indicates that homeless YP's SH concerns are similar to YP in general. Homeless male knowledge is inferior to that of female, and both sexes indicate a need to provide information in a supportive sensitive manner with a focus on safety.

Conclusion

Homeless YP resident in hostels require individualized support for SH needs which incorporate safety and confidentiality issues as a priority.

Malbon K, Don't ask and they won't tell: A case study of an innovative high-risk screening tool in the primary care setting

Background and Objectives:

Adolescence is a time of experimentation and habit forming that can have immediate and long-term health consequences. We propose that using an innovative, age-appropriate, confidential screening tool allows adolescents to comfortably convey the risk-taking they may be engaged in; hence, opening up conversation with the Provider, allowing appropriate intervention, and so diminishing risk.

Methods.

From May 2014 – November 2015, 2,484 adolescents aged between 12yo – 22yo attended for a routine well visit at a private paediatric practice in New York City. Patients were asked to complete a health survey. The medical assistant explained to the patient that it was confidential and encouraged them to be honest with their answers. This was completed on an iPad. The survey consisted of 11 questions adapted from the standardized RAAPS*.

Results.

45% of patients aged 12yo gave a positive response to one of the 11 questions (indicating increased risk). 66% of 16yos and 100% of 22yos answered positively. Worryingly 20% of 16yo admitted to feeling depressed in the past month. 7% of 15yos had seriously thought about killing themselves or attempted self-harm.

Discussion.

Many of the figures reflect those cited in the AYPH key data 2015, strikingly demonstrating the high number of at risk adolescents, yet they remain a 'silent group' within primary care practice. This silence may be a result of adolescents just not being asked.

Conclusion.

Routine use of an innovative adolescent screening tool should be implemented in the primary care setting in order to elicit risky behaviors and so reduce adolescent morbidity and mortality.

*Rapid Assessment for Adolescent Preventative Services

Marks P, Galloway M, Gatley L, Gray N, Delivering a school-based pharmacist inhaler technique check to children and young people in Greater Manchester – a pilot study

Background and objectives

Community Pharmacy Greater Manchester has been providing an inhaler technique check service for adults for over two years, and pharmacists repeatedly see adults who were diagnosed in childhood but were never shown how to use their device. The objective of this school-based service development project is to provide a pharmacist-delivered inhaler check intervention for children and young people (CYP).

Methods

CPGM is offering the inhaler check to 20 primary and secondary schools across Greater Manchester. Each school invites CYP in years 4-5 (primary) or 9-10 (secondary) who have inhalers. Two pharmacists attend a 20hour school-based session comprising a short presentation, an individual consultation, and group activities eg quiz, lung model building. Pharmacists check asthma control and inhaler technique. Participants complete a feedback survey.

Results and Discussion

Fourteen Year 9-10 students completed an evaluation form at the pilot session. There was diversity in terms of gender, age and 'length of experience' with an inhaler. Many students reported missing school, obtaining an emergency inhaler or using health services within the last month for worsening asthma symptoms. Thirteen of the 14 participants reported increased knowledge and confidence. Pharmacist consultations addressed varying performance, and suggested that 5 participants might no longer need an inhaler.

Conclusion

This pilot session showed that a pharmacist consultation could identify technique problems and redundant inhaler use, and that students who use inhalers could build knowledge and confidence through this intervention. The service will be piloted further across the area.

Marshall L, Youth friendly diabetes transition – What happens if young people set the agenda?

1 Background and Objectives

Diabetes Scotland received a grant from the Scottish Diabetes Group to develop and deliver innovative Youth Engagement tools and training for Healthcare Professionals (HCPs) to support young people's (YPs) engagement with diabetes clinics during transition.

2 Methods

32 YP with Type 1 diabetes from across Scotland were offered training and support by a Youth Work professional in order to:

- Identify barriers that prevent YP from receiving quality health services
- design tools and training for HCPs, informed by YPs experiences, to address these barriers
- work in partnership with a steering group of 12 HCPs
- Develop and moderate online peer support groups for YP
- Support the delivery of training to HCPs

3 Results

- Training has been delivered in four pilot health board areas to 58 HCPs from adult and paediatric teams
- 79% of HCPs evaluated agreed the tools would be easily applied within their service.
- An evaluation in June 2015 showed all four areas have piloted the tools, three of the four areas are using the tools regularly
- 82 YP aged 16-25 are currently members of the online peer support group

4 Discussion:

Empowering YP to take the lead in the design and development of tools and training for HCPs in diabetes clinics ensures that these services are responsive to their needs. The project will be rolled out across Scotland in 2015/16

5 Conclusion:

The project has been successful in providing HCPs with innovative new youth engagement approaches and tools to engage with YP with Type 1 diabetes.

Martin L, Casdagli L, Segal T, Begent J, Christie D, Using personal medical passports to help young people travel to a foreign country: Supporting transition from UCLH adolescent to adult services

Background/Objectives : Personal Medical passport are a positive personalised document that presents the young person as an individual not as a set of problems, it allows their voice to be heard and empowers them to take ownership of their health.

“an opportunity to get it right for young people by sharing accurate information and data, planning ahead and implementing existing best practice” (CQC 2014)

Passports are designed to reduce frustration and distress caused by constant repetition. Different versions have been developed in many different NHS trusts in the UK.

“ No patient should need to repeat their history several times and innovations like this save problems and makes life easier, we must do better to equip the next generation to cope with challenges they will face and if we get this right as helping them achieve their potential we will be saving time and money for the future. (NHS England 2015)

Method/Results: The UCLH chronic fatigue and medically unexplained symptoms rehabilitation team has been working with 10 young people and families over the last 18 months to develop Personal Medical Passports to support transition to adult services.

Discussion/Conclusion: The passports are the basis of the transition process, the young people have also used them for college, and explaining their situation to families and friends.

“I have used the passport to explain to my friends/family how to help me when I am unwell, what I can do myself and what I need help with”

The presentation will describe the development of the passports and give examples to illustrate how they are being used.

Miller A, Improving young people in the education of undergraduate children and young people's nurses

Background and objectives

Recent reports point to children feeling marginalised in health care with their views and opinions seldom sought and less often acted upon (Blades et al 2013; Lavelle et al 2012). There is a paucity of evidence regarding the involvement of young people in helping students of children's nursing to learn. Simulation offers the ideal opportunity to involve young people (YP) in the development of scenarios, acting as the voice and response of manikins and providing feedback to student participants.

Two objectives of my study were to:

- To establish the feasibility and usefulness of embedding young people's involvement in simulation with students of children's nursing
- To identify and explore lecturers', students' and young people's insights into the benefits or drawbacks of young people's involvement in simulation

This abstract focuses specifically on the training and development of the YP prior to the simulation session.

Methods

The young people were recruited from a local sixth form college to participate in the study. Prior to the simulation session taking place it was essential to work with the YP to write the scenario, create an observational tool, prepare them to be the voice of the manikin and provide training on the provision of feedback.

Results

The YP wrote the scenario in partnership with myself and created an observational tool that they could use whilst observing the nursing students undertaking a simulated scenario.

Discussion

Involving the young people enhanced the authenticity of the simulation and the observational tool was created uniquely by the YP

Conclusion

The development and training of the young people was conducted over four days and was an essential part of the study.

Mohiddin A, Madden V, Lamb S, Improving the local service for young people in Lambeth and Southwark

Background and objectives

Young people's (YP) outcomes are worse in Lambeth and Southwark than nationally. A local Children and Young People's Health Partnership aimed to address this. Work to inform the CYPHPs strategy was conducted in 2014-15.

Methods

A health needs assessment was undertaken:

- reviewed the evidence
- analysed activity data including primary care
- developed a youth panel, conducted workshops to gain insights into experiences of health, services and suggestions for improvement
- held an event for over seventy local professionals, including commissioners and providers of services, across multiple sectors, as well as young people, to discuss the current status of services and ways forward

Results

Healthcare and other professionals were not routinely assessing, or documenting, common mental health problems or risk taking behaviour, and opportunities to promote health were under-utilised. YP expressed a wide range of health beliefs and behaviours, raised mental health as underpinning many of the health challenges facing them and described a variable understanding of what, how to, and when to access services. Professionals rated early intervention and prevention, taking a holistic, assets-based approach and the need for better service coordination, breaking down professional and organisational boundaries.

Discussion

The components of an improved service were:

- Making health services youth friendly including a teen health check
- Social marketing and promotion of local services

Rae F, Stewart J, Bateman B, Hearing adolescent voices: Using adolescent actors to teach health issues in an undergraduate setting

Background: The use of adolescent actors as standardized patients (SPs) is an emerging teaching method^{1,2} because of the recognised deficiencies associated with adults role-playing adolescents.³ Several studies have described the educational gains from using adolescents when teaching communication.^{1,2,4} Our novel initiative used adolescent actors in an acute simulation scenario.

Objective: To uncover the educational benefits and threats to both medical students and adolescent actors from participating in a health-education session.

Methods: Four adolescent actors (ages 15 - 16) were recruited as SPs for final year medical students. The topic, 'drunk unconscious teenager', was taught using simulation followed by role-play of the 'morning after'. Nineteen students, in groups of 6-7, worked in simultaneous interviews with a facilitator and adult actor playing the mother. The session was evaluated using a feedback form.

Results: There was 100% response rate from medical students and adolescent actors. All participants perceived educational gains from the session including lessons in health promotion and protection, communication challenges and the emotional climate of the doctor-adolescent interaction.

Discussion: Although all participants identified similar benefits from the session, the reported group rationales were different. The adolescents better appreciated the risks from excessive drinking, whilst the medical students reflected on the need for safeguarding. The findings suggest that adolescent SPs relate the gains to their individual situation whilst the students' concept of 'adolescent medicine' is strengthened.

Conclusion: Using 'real' adolescent SPs works well when teaching adolescent health issues. An unexpected gain was the adolescent actors' learning regarding the consequences of risk-taking behaviour.

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Stewart A, Gannon K, Beresford F, Fleming L, Experiences of electronic adherence assessment equipment in paediatric asthma: A multipurpose study

Background and Aims: Poor adherence to inhaled corticosteroids is considered to be one of the largest contributors to problematic severe asthma in children. Researchers have sought to understand and target non-adherence and assessment of adherence is seen as crucial in this process. Recent research has championed electronic monitoring tools as the “gold standard” for accurately measuring adherence and these devices have been extensively evaluated. There has been little research into the experience of adherence assessment through electronic tools. One such device, the smart-inhaler has been introduced at a paediatric asthma team at a tertiary service in London. This study aimed to explore young people’s and carers’ experiences of having adherence to inhaled corticosteroids assessed through a smart-inhaler.

Method: Semi-structured interviews were conducted with eight young people with asthma, aged 11-15, who had been given a smart-inhaler as part of their care and eight of their caregivers. Interviews were analysed using thematic analysis.

Results: Three themes were identified: “they were trying to help me get better”, “it’s clearly just to check up” and “who is responsible?”. The themes highlighted differences in priorities between young people and carers, the impact of monitoring on the healthcare relationship, and the dilemma of transferring responsibility for asthma management to young people.

Discussion and Conclusions: The findings suggest that it is important for healthcare professionals to engage in shared decision-making with patients and to consider the impact on the therapeutic relationship and autonomy in care when introducing monitoring devices, such as the smart-inhaler.

Tuomainen H, Tah P and the MILESTONE consortium, The Milestone study: Strengthening the transition from child to adult mental health in the EU

Background and objectives: Transition-related discontinuity of care between Child and Adolescent Mental Health (CAMHS) and Adult Mental Health (AMHS) Services is a major socioeconomic and societal challenge for the EU, causing distress to young people and increasing the risk of more severe and long-lasting mental health problems. Improving the transition process can have a positive impact on the health and wellbeing of young service users.

The aim of the MILESTONE study is to determine the effectiveness and cost-effectiveness of a model of Managed Transition (MT) in improving the health and social outcomes of young people, and their transition to adult roles.

Method: The study comprises a cohort study of 1000 young people crossing the CAMHS-AMHS transition boundary (TB) and a nested cluster randomised controlled trial evaluating the model of MT that incorporates feedback from a Transition Readiness and Appropriateness Measure. Several CAMHS clusters in eight countries will be randomised into intervention and control groups (1:3). Within each participating CAMHS, young people aged 15 to 18 years reaching the service specific TB during a 9 month recruitment period will be eligible for inclusion and contribute data at baseline, 9, 18, and 27 months.

Results: The statistical analysis will estimate the treatment effect of MT on subsequent health outcomes, and relate to whether transitions from CAMHS to AMHS took place.

Discussion: Findings from the study will help transform mental health care in the EU for young people, enhance patient outcomes, quality of life, and service satisfaction, and improve mental health status at individual and population levels.

Wearmouth M, Wooler E, Watkins R, Pathan F, Best practice guidelines for transitional care of young people with long-term conditions: Progress and pitfalls

Aims: to determine generic best practice guidelines for transition of young people (YP) with long term conditions (LTC) involving practitioners, commissioners, patients, families etc in view of sparse evidence and need for cost effectiveness.

Methods: Expert consensus achieved by

*Strategic Clinical Network Clinical Leads and stakeholder Clinical Advisory Groups: 2013-14
*Generic Transition principles & Long term Condition (LTC) specific Best Practice Guidelines covering ages 13-25 years : 2015.

Results:

Key factors :-

- *Need for professional training/ awareness in primary as well as secondary care
- *Innovation in types of clinical contact / documentation eg clinic timings, settings , IT
- *Use of social media for patient support groups
- *Written, mutually agreed transition plans, use of pre-existing transition tools, defined timescales & named transition personnel
- *Transfer/sharing of medical care & records during further/higher education
- *Outcomes measurement eg attendance rates, acute hospital admissions, patient experience
- *Role of Commissioner facilitated improvements via CQUINs & other stakeholders

Key barriers :

- *Lack of consistency between providers eg upper age for paediatric admissions,
- *Threshold for therapy or services differing between paediatric & adult services,
- *Lack of equivalent adult services for YP with complex co morbidities.

Conclusions:

1. Young people with LTC must be regarded as a vulnerable, hard to reach population.
2. Robust data and DNA policies required.
3. Parents / carers as well as young people need specific support during transition.
4. YP with LTC in further/ higher education need targeted support
5. Young people with cognitive impairment require modified transition planning
6. All provider Trusts should have adult & paediatric Clinical Leads for Transition with suitable Job Plans & executive accountability.
7. Non clinical youth workers to signpost and support wider life needs of YP people with LTC suggested as a cost effective, acceptable alternative to clinical keyworkers.