



## **AYPH 10<sup>th</sup> Anniversary Conference**

**Wednesday 21<sup>st</sup> February 2018**

**UCL Great Ormond Street Institute of Child Health (ICH)**

# **POSTER ABSTRACTS**



Royal College of  
General Practitioners



Royal College  
of Physicians



Young People's  
Health Partnership



young people's health special interest group

## Association for Young People's Health – 10<sup>th</sup> Anniversary conference

21 February 2018: Institute of Child Health, London

### List of posters

- 1 **Aldiss S, Porter L, Morgan S, Gibson F**, Benchmarks for healthcare transition: implementation and use in practice
- 2 **Bennett N and Hannah N**, Tokko Young Parents Project – Luton
- 3 **Bill S**, An interpretative phenomenological analysis of the transition from child to adult services for young people with cystic fibrosis and their families in Wales
- 4 **Churchill D**, *Adolescent challenge*: development of an innovative board game to stimulate discussion about adolescence amongst health professional trainees
- 5 **Cook L, Sullivan R**, Young people's views on being asked questions to explore their risk of sexual exploitation
- 6 **Garcia-Moya I and Brooks F** (CRIPACC), Barriers to connectedness with teachers from young people's perspectives: Findings from the Teacher Connectedness Project
- 7 **Godsell S**, 'Devices and apps and other distractions': Young people's perceptions of sleep
- 8 **Hamid S, Fallon D, Callery P**, Exploring the views and experiences of primary healthcare professionals who deliver sexual and reproductive health (SRH) to unmarried adolescents in Malaysia
- 9 **Hart K, Graham A**, Adolescent spinal cord injury at the national spinal injury centre (NSIC) Stoke Mandeville Hospital
- 10 **Harris A, Sherlock E**, Check it out (Sutton teen contraception outreach team)
- 11 **Hill M Heys M, Mills N, Ganeshamoorthy T, Lakhanpaul M and Chitty L**, Transition to child and adult health services: How can we improve the experience for young people with rare, complex and chronic conditions and their families/carers?
- 12 **Ingrassia A Satherley R-M, Malkin S, Laing S, Wolfe I**, Improving health outcomes for care leavers: Co-Development of a training programme for personal advisors
- 13 **Lea S, Taylor R, Martins A, Fern L, Whelan J, Gibson F**, Conceptualising age-appropriate care for young people: using cancer as a worked example
- 14 **Madden N, Sanders R, Dobson P**, The provision of community continence services for children and young people across the UK

- 15 **Martins A, Fern J, Whelan J, Taylor R**, Information and support needs of carers of young people with cancer
- 16 **Menon-Johnsson A**, The ongoing unwitting transmission of Chlamydia in young people (Brook)
- 17 **Moore C**, Drummond D, The temporary tattoo project
- 18 **Neale F, Segal T, Hargreaves D, Christie D**, Living with Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis- how does it affect young people's mood and quality of life?
- 19 **Parkes Y** Healthy weight pathway for children, young people and families in North Yorkshire
- 20 **Procter T Turner J**, Supporting young people through the delivery of an integrated 0-19 (up to 25 years for SEND) service in West Sussex County Council
- 21 **Reid J, Brown R**, an innovative education programme to improve communication and shared decision making between young people and health and social care professionals
- 22 **Robbins G, Foster C**, Caring for children and young people presenting with self-harming/suicidal behaviour – the challenges faced by nurses
- 23 **Russell C, Bradley R, Nice T, Joiner R, Roberts V, Bowles M, Bowes A**, Mind and Body programme: An innovative approach to promoting social inclusion among young people whilst addressing risk associated with self-harming behaviours
- 24 **Taylor A, Zandi M, Lewis S, Segal T**, Post-infectious encephalitis presenting as an acute psychotic episode – a case report
- 25 **White F, Heller D, Parr T**, NHSGo- a health app designed by young people for young people
- 26 **Wright L, Mackland A**, Body image support for young women (aged 16-24) who have had a cancer diagnosis

## 1 **Aldiss S, Porter L, Morgan S, Gibson F**, Benchmarks for healthcare transition: implementation and use in practice

**Background:** In spite of the growing evidence base, implementation of transitional care remains a challenge and young people/parents report poor experiences. Benchmarks offer a guide/standards that services can measure themselves against to see how they are doing, where they could improve and facilitate sharing of best practice.

**Objective:** To describe the piloting and dissemination of the benchmarks for transition and give examples of their use in practice.

**Methods:** The benchmarks were developed in an iterative process of data collection with experts leading on transition, young people, parents and professionals. Dissemination of the benchmarks began with their launch at a conference in 2014. The team worked with sites to pilot the benchmarks, gain feedback on use in practice and develop a user guide.

**Results:** Feedback about the benchmarks during the pilot work was very positive. Examples of using the benchmarks within services at Leeds Teaching Hospitals Trust provides evidence of use in practice; where the benchmarks provided a framework against which to measure the current service, identify strengths, weaknesses and highlight gaps. Using the benchmarks has enabled teams to have a positive approach to transition; e.g. one team saw a reduction in clinic DNAs from 45% to 5% in two years coinciding with the introduction of the transition pathway.

**Conclusions:** The benchmarks have been used successfully. Working with clinical sites from both adult and children's services to pilot the benchmarks has demonstrated their usefulness in facilitating deeper and more holistic discussions within teams about improving transition pathways and sharing good practice.

## 2 Bennett N and Hannah N, Tokko Young Parents Project – Luton

The Young Parents project which is funded by Luton Borough Council Public Health; and has been running successfully for three years at Tokko Youth Space. This service is delivered by two Young Parent specialists; 1 male and 1 female providing a tailored programme specific to the individual needs of young parents and young parents to be in Luton. The age range of the young parents supported is 13 up to 25 year olds.

The Young Parents workers provide guidance, support and advice with a range of issues and difficulties that young parents may face daily including: housing problems; accessing appropriate benefits and grants; going back in to education and, seeking and securing employment opportunities.

The service provides rapid access to range of public health services for vulnerable high risk parents, i.e. Mental health, smoking cessation, sexual health and drugs and alcohol services.

The Young Parents' worker advocates for individuals during meetings with other professionals including CP (Child Protection); CIN (Child in Need); TAF (Team around the Family) and any other meeting where they may need additional emotional support.

Both of the workers have specialities. .The Young Mothers worker specialises in teenage abusive relationships and facilitates the Freedom Programme specifically for Young Parents. The Young Fathers worker specialises in Mental Health facilitates Mental Health workshops for young parents; enhancing mental wellbeing and promoting healthy relationships and lifestyles.

The Young Parents project provides a weekly baby and toddler group facilitated by experienced service user young parents known as 'Tokko Totz'; where we provide a safe and fun environment for young parents and children; encouraging bonding between parents and their child/children promoting positive attachment and also reducing the risk of isolation for the young parents.

Tokko provide child contact sessions to enable young parents to spend time with their child/children as part of the family court and CP recommendation during the Tokko Totz session.

### 3 **Bill S**, An interpretative phenomenological analysis of the transition from child to adult services for young people with cystic fibrosis and their families in Wales

**Background:** Transition from child to adult services is potentially stressful for young people and their families. Research was undertaken to explore the lived experiences of young people and parents who had transitioned between child and adult cystic fibrosis (CF) services in Wales.

**Methods:** An Interpretive Phenomenological Analysis (IPA) approach was used and through the use of semi-structured in-depth interviews, the experiences of participants were sought and analysed. The layered descriptive, conceptual and linguistic IPA approach to data analysis revealed the life world of young people and parents who found themselves disenfranchised from the comfort and perceived safety of children's services.

**Results:** Data suggested that the meanings of transition were different for the young people who, with one exception, largely saw it as a positive experience. However, the parents reported feelings of loss and exclusion and were often critical of the care offered within adult services and this apparent conflict was examined in more detail.

**Conclusions:** Findings suggest that the philosophical differences in care provision were the site of this tension. The model of family centred care used within children's services fosters inclusion and parental involvement in care. In contrast, care delivery within adult services focuses on self-efficacy and co-production. The result, for parents is more of a 'cliff-edge' transition whereas young people seem to view it more as a 'rite of passage' into adulthood.

**4 Churchill D, *Adolescent challenge*: development of an innovative board game to stimulate discussion about adolescence amongst health professional trainees**

Adolescent Challenge is a board game has been devised as a method of engaging groups in interactive discussion about some of the issues that affect young people as they develop from childhood to independent adulthood. It enables players to consider the impact of various factors (both internal and external) in terms of both short and longer term outcomes, and highlights the importance of resilience as a key element in long term development.

Originally designed for health professionals, and with a focus on health issues, the game can also be used by young people themselves who can use it to discuss the extent to which it represents authentic experience as well as challenges that they may face in the future.

The game attempts to demonstrate some of the complex interactions between physical development, psychological development, health behaviours and relationships. There are three phases, with the first focussing on early adolescence with associated physical and psychological changes; the second highlighting risk behaviours; and the final stage highlighting the challenges of establishing independence during emerging adulthood.

Interactive games can be an enjoyable and stimulating way of engaging learners in their education. Although still in development, Adolescent Challenge has already been used as an effective component of courses on adolescent health amongst both medical students and GP trainees. Further work is planned in terms of design and evaluation.

## 5 Cook L, Sullivan R, Young people's views on being asked questions to explore their risk of sexual exploitation

**Background and objective:** As part of routine history taking all under-18s attending a sexual health clinic are asked 15 questions exploring their potential risk of child sexual exploitation (CSE). This checklist, known as Child Sexual Exploitation Risk Questionnaire (CSERQ), was developed in this service with input from young people. It was adapted from CSE tool in All Wales Child Protection Guidelines for use within clinical setting. This evaluation explored young people's understanding of why questions were asked, whether they understood what they were being asked, how easy it was to answer and whether it put them off re-attending.

**Method:** Following a consultation with clinician in sexual health clinic, 25 young people (24 female; 1 male) were asked their views on the CSERQ. A modified 'Faces' tool was used to record responses as 'positive', 'uncertain' or 'negative' with single nurse facilitator.

**Results:** Mean age at attendance, 15 years (range 13-17 years). 100% demonstrated their understanding of why questions were asked. 96% understood what they were being asked, felt comfortable answering questions and would be happy to re-attend, 4% responded 'uncertain' for each of these. 86% found questions easy to answer, 16% 'uncertain'. Majority referred to clinic being a 'safe' environment and recognised the importance of being asked about their relationship.

**Conclusion:** The CSERQ, developed with input young people, works well in this health setting. Feedback from young people

## 6 Garcia-Moya I and Brooks F (CRIPACC), Barriers to connectedness with teachers from young people's perspectives: Findings from the Teacher Connectedness Project

**Background and objectives:** Teacher connectedness, broadly defined as meaningful positive student-teacher relationships, is an important construct for the promotion of young people's wellbeing and mental health. The aim of this poster is to present some findings from a qualitative study which examined young people's views on the factors that act as barriers to student-teacher connectedness.

**Methods:** As part of the Teacher Connectedness Project "Well-being among European youth: The contribution of student-teacher relationships in the secondary-school population (WEY-CRISP)", we conducted a qualitative study which included focus group with young people (n=42) about the meaning of connectedness with teachers and its main facilitators and barriers. Focus groups sessions were recorded and transcribed verbatim. Thematic analysis was used for the interpretation of results.

**Findings:** Imposed authority, student labelling, favouritism, an exclusive subject or academic results focus, and a general lack of commitment were the main barriers mentioned by young people. These aspects seemed to go against the respectful and humanizing kind of relationship which supports learning that students had with those teachers they felt connected to.

**Conclusions:** Teachers can become influential non-parental adults for young people's positive development and wellbeing. However, the extent to which that potential as significant adults is realized partly depends on the ability to create class environments that foster student-teacher connectedness. Identifying barriers in this regard can be useful for the development of interventions aimed at improving student-teacher relationships and more broadly the ethos and wellbeing in today's schools.

## 7 **Godsell S, 'Devices and apps and other distractions': Young people's perceptions of sleep**

### **Background and objectives**

Young people face biological, social and environmental changes during adolescence that each impact on sleep. Sleep deprivation during adolescence is becoming a public health problem; associated with increased weight status, poor mental health, and reduced school attendance. The aim of this study was to better understand young people's opinions about sleep adding to the limited body of qualitative theory of adolescent sleep behaviours.

### **Methods**

Descriptive data about perceptions of sleep were gathered from 13 – 14 year olds from four focus groups. Qualitative thematic analysis was used to systematically pinpoint, examine and record patterns in the data.

### **Results**

Participants believed there was a specific amount of sleep required, they were not getting enough sleep and this was common amongst their peers. They saw parents as key 'sleep messengers' and rule-setters. Participants knew about 'sleep hygiene' strategies but most failed to adopt them. A common obstacle to getting enough sleep was distractions from electronic devices and mobile phones. There were some gender differences; both girls and boys experienced distractions but the nature of the technology keeping them awake differed; girls worried more about sleep and felt a greater dependency on their phones at night.

### **Conclusions**

Young people do understand the importance of sleep, but prioritise other activities and sleep becomes compromised. Findings can prompt schools and health practitioners to consider sleep an influential factor in behavioural and educational issues. Further collaboration with young people is required to provide relevant information to bring about sustained changes to adolescent sleep behaviours.

**8 Hamid S, Fallon D, Callery P, Exploring the views and experiences of primary healthcare professionals who deliver sexual and reproductive health (SRH) to unmarried adolescents in Malaysia**

- (1) Background and objectives** This study concerns the issues of unintended pregnancy and the practice of baby abandonment among unmarried adolescents in Malaysia. These issues raise the question about the quality of SRH education as it still not delivered formally to unmarried adolescents in health clinic and schools. This study aimed to explore the views and experiences of primary HCPs, asking how they deliver SRH provision to unmarried adolescents and to identify the factors that influence SRH provision.
- (2) Methods** This was a qualitative study that took place in Malaysia. Thirty one of health care professionals (HCP's) were interviewed about their experiences of providing sexual and reproductive healthcare (SRH) to unmarried adolescents and the data was analysed using thematic analysis. A critical evaluation of the educational material used with adolescents was also undertaken.
- (3) Results** SRH provision to adolescents was influenced by the HCP's socio-cultural and religious beliefs, which impacted on their practice and the quality of service delivered to adolescents in Malaysia. SRH provision was given low priority and this deprived adolescents from gaining accurate information and reduced their access to SRH services. Many of the HCPs readily accepted societal responses to unintended pregnancy in adolescents which included hiding unmarried pregnant girls in sheltered homes and abandoning unwanted babies in baby hatches.
- (4) Conclusions** The findings give an insight into the provision of SRH services to unmarried adolescents, potentially assisting in the development of strategies to improve the quality of care and facilitate changes in SRH provision to unmarried adolescents in Malaysia.

## 9 Hart K, Graham A, Adolescent spinal cord injury at the national spinal injury centre (NSIC) Stoke Mandeville Hospital

**Background and Objectives:** St Francis Ward is the only dedicated ward in the UK for the rehabilitation of children (0-18 yrs.) with spinal cord injury (SCI); the NSIC has cared for children with SCI since its inception in the 1940s but a specific area for adolescent SCI was created in 2009.

The St Francis team not only provides rehabilitation to address the physical needs of the young person, it also plays a crucial role in addressing social and emotional needs as well as supporting the transition of this group into adult SCI services; preparing the young person for life as a young adult.

**Methods:** All new SCI referrals accepted by St Francis ward 2009 – 2017 were collated and examined.

**Results:** During the 9 year study period, 75 young people aged 11 yrs. – 18 years were accepted for rehabilitation; this constituted 45% of the total new referrals received during this period. 56% of this adolescent group was represented by age 11-15 yrs. 59% male, 56% paraplegic (trunk and legs affected) and 54% with incomplete injuries (some sensation or motor power below the level of injury). This presentation will describe further the demographics and aetiology of the group and how it compares to other studies of adolescent SCI.

**Conclusions:** Unique and dedicated services for adolescent SCI is essential due to their unique needs. The younger adolescent represents the larger group of those adolescents referred for SCI rehabilitation by St Francis ward, these youngsters are also more represented by male, incomplete paraplegics

## 10 Harris A, Sherlock E, Check it out (Sutton teen contraception outreach team)

**Background:** Over the last ten years, from 1998 to 2010, NHS services in Sutton have seen a significant reduction in under-18 conceptions. In line with the national downward trend, the London Boroughs of Sutton have seen a 36.6 per cent reduction in the number of conceptions per 1,000 fifteen to seventeen year olds, since the 1998 baseline.

This exceeds the reduction in teenage conceptions across England which fell by 24% according to figures released by recent Office for National Statistics (ONS). We aim to show how this has been achieved via the check it out service working with key partners in the area.

**Methods:** The Check it Out outreach team has consists of Specialist Nurses & Outreach staff and was commissioned specifically for under 20's to offer contraceptive advice and treatment in schools and youth venues;

- The team provide 1 to 1 and small group support
- Responsive treatment for sexually transmitted infections and provision of emergency contraception, contraceptive pills & long-acting contraception (LARC)
- Increased access to condoms by providing a distribution scheme for under 25's.
- The staff are experienced at engaging with young people and can offer fast track appointments in mainstream sexual health services.
- Workforce training on Relationship and Sex Education

**Results:**

- Reduction in teen age pregnancy
- Clinics at Boys school, colleges, drug and alcohol services, pupil referral units and out of education providers.

The poster or presentation will also show some individual key achievement (anonymised)

**Conclusion:**

Service delivery model showcased to enable others to evaluate the service provision in their area

**11 Hill M Heys M, Mills N, Ganeshamoorthy T, Lakhanpaul M and Chitty L,**  
Transition to child and adult health services: How can we improve the  
experience for young people with rare, complex and chronic conditions and  
their families/carers?

**Background**

For many young people (YP) with rare, complex and chronic conditions, moving from paediatric to adolescent and adult services is challenging. Transition can negatively impact on the health of YP and both YP and their families/carers can experience emotional difficulties. Transition at Great Ormond Street Hospital (GOSH) is particularly complicated; patients have complex medical needs, there are 50 different specialities and, as a specialist Tertiary Centre, families are geographically dispersed. Preliminary interviews with YP affected by osteogenesis imperfecta and health professionals highlight difficulties accessing appropriate adult health services.

**Objectives**

1. Explore experiences of transition from the perspective of YP and their families/carers.
2. Map the pathways and processes followed by YP during transition.
3. Identify an appropriate intervention we can develop to support YP and their families/carers during transition.

**Methods**

We will undertake a needs assessment at GOSH, employing a mixed methods (qualitative and quantitative) approach. In-depth interviews will be conducted with young people and families/carers currently seen at GOSH and those that have recently moved to adolescent or adult services. We will also map transition pathways and processes by conducting a survey and interviews with health professionals and exploring ways to exploit data-linkages to follow health service usage.

**Conclusions**

This research will help to identify any gaps or unmet needs in transition processes and highlight practices that work well. Our findings will feed into transition guidance at GOSH and inform the development of an intervention to improve experiences and protect YP from possible negative clinical and psychosocial outcomes.

## 12 Ingrassia A Satherley R-M, Malkin S, Laing S, Wolfe I, Improving health outcomes for care leavers: Co-Development of a training programme for personal advisors

**Introduction:** Transition to independent living is challenging for care leavers as they frequently experience mental health problems, early parenthood, and difficulties with education and employment. Local authorities are required to provide PAs to support this transition, however, there is little structured education provided for PAs. To inform the structure and content of a training programme for PAs, we completed focus groups with PAs.

**Methods:** Two focus groups were conducted and attended by 15 PAs working in two South London Boroughs. Discussions were organised around three domains: 1) the experience of working as a PA; 2) previous training and training needs; and 3) content and structure for the new training programme.

**Results:** PAs identified a variety of training needs, including gaining a better understanding around mental health, developing interpersonal skills, and skills in conflict resolution and personal resilience, and updates on relevant laws and regulations. There was a desire for experienced training facilitators, a preference for group based work using case reviews, and an interest in simulation-based training.

**Conclusions:** The knowledge of PAs involved in this project was variable and more training was desired. These findings were used to develop a Training Toolkit for PAs consisting of three modules: 1) skills and competencies; 2) knowledge; and 3) attitudes values and beliefs. Further work will explore the impact of this course on PAs and care leavers as part of the CYPHP programme, with the intention of sharing learning.

### 13 **Lea S, Taylor R, Martins A, Fern L, Whelan J, Gibson F**, Conceptualising age-appropriate care for young people: using cancer as a worked example

**Background and objectives;** Young people’s cancer care in England, broadly those aged 16-24, is centralised around 13 Principal Treatment Centres with linked designated hospitals. Service guidelines recommend access to ‘age-appropriate care’, which has become a much-used term when describing specialist care, despite lacking a clear definition. We aim to present an evidence-based, contextually relevant model of age-appropriate care for young people.

**Methods:** This mixed methods study, set in cancer services, comprised: (i) semi-structured interviews with young people (n=17) and healthcare professionals (n=29) across a range of settings (ii) integrative literature review to identify current understanding of the term age-appropriate care (iii) synthesis of both data sets to form a conceptual model. A combination of qualitative content, thematic and framework analysis were employed to analyse and integrate data.

**Results:** Seven components of age-appropriate care were identified: best treatment; healthcare professional knowledge; communication, interactions and relationships; recognising individuality; empowering young people; promoting normality; and the environment. Sub-themes included healthcare professional clinical and holistic expertise, and the environment encompassing both physical and social elements. Themes, sub-themes, detail and relationships are presented as a conceptual model.

**Conclusions :** Caring for young people is complex: the proposed model presents an evidence-based and comprehensive structure for understanding age-appropriate care. It will be valuable to clinicians, health managers and researchers when designing, implementing and evaluating interventions that contribute to the provision of age-appropriate care. While the individual components can exist independently or in part, age-appropriate care is optimal when the seven core components are present.

## 14 Madden N, Sanders R, Dobson P, The provision of community continence services for children and young people across the UK

- (1) Background and objectives:** Bladder and bowel problems affect a significant number of young people. Reports reveal rates of bedwetting between 1.5 and 2.3% in 10 to 25 year olds, with similar prevalences for daytime wetting, and soiling affecting 1.0 to 1.6%. In a telephone survey of 1936 nulligravid women aged 15 to 25 years, 12.4% of the sample reported some form of urinary incontinence. The aim of this study was to identify the availability of community continence services for children and young people throughout the UK.
- (2) Methods:** A Freedom of Information (Fol) Request was sent to all Clinical Commissioning Groups (CCGs) and Health Boards (HBs) throughout the UK asking what services they commissioned for bedwetting, daytime wetting, constipation and soiling, toilet training and product provision
- (3) Results:** Responses were received from 98.3% of CCGs and HBs. Only 41.13% reported that they commissioned all five services. 30.74% reported that these services were integrated and 22.94% were led by a paediatric continence advisor. Separate results for each of the four countries of the UK will be presented. Comparison with similar Fol requests in 2011 and 2014 indicate little change.
- (4) Conclusions:** The provision of community services for children throughout the UK is poor. Under-reporting of continence issues is well recognised in adults and children. The poor provision of accessible services may be a factor in this under-reporting. For open discussion: is it possible that titles such as continence or enuresis clinic could also act as a disincentive for self-referral?

## 15 **Martins A, Fern J, Whelan J, Taylor R**, Information and support needs of carers of young people with cancer

**Background and objectives :** Carers of young people with cancer are profoundly affected by their caregiving role yet little attention has been given to identifying and meeting their needs. We aimed to identify carers unmet information and support needs and examine differences associated with the extent of exposure to specialist Teenage and Young Adult (TYA) cancer care.

**Methods:** BRIGHTLIGHT participants nominated their main carer to complete a Carer Questionnaire at six months after diagnosis, addressing information needs, healthcare service experience, emotional wellbeing and support needed/received. Comparisons were made according to where young people's care was delivered: all, some or no care in TYA specialist care.

**Results:** Four hundred and seventy-six carers took part in the study (85% were parents). Sixty-six percent reported often/always feeling tired and 58% often/always felt sad. Approximately 20% never received support when they felt depressed or anxious or never received support to find time to themselves. Fewer than 50% could manage balancing their job/domestic responsibilities with caring and 25% received no support to facilitate this. Carers who had no exposure to specialist TYA care were less likely to receive information about financial support/benefits, less support to manage psychological consequences of cancer, less contact with other carers and less access to health and social care professionals.

**Conclusions:** We have identified unmet support needs of carers of young people with cancer. Carers with no access to specialist TYA care had more unmet needs. These data support the value of specialist TYA services for young people with cancer.

## 16 Menon-Johnsson A, The ongoing unwitting transmission of Chlamydia in young people (Brook)

**Introduction :** Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK. The majority of individuals infected are asymptomatic and unwittingly transmit infection. The National Chlamydia Screening Programme (NCSP) recommend retesting at three months because of limitations of partner notification and the extent of the epidemic; only one in ten return to test – of these, 17% still had infection.

**Methods:** Baseline Chlamydia prevalence was determined from Brook national data. The fifth annual Brook STI audit ran from 11th September – 2nd November 2017. Online data was captured anonymously for up to 40 clients with either a Chlamydia or Gonorrhoea infection diagnosed pre-June.

**Results;** One year of data was analysed prior to July 2017: 4,990 Chlamydia diagnoses were made from 72,590 clients tested (6.9%). Of 420 clients audited, 378 (90%) had a Chlamydia diagnosis. Clients' average ages were 18.6 (female) and 20.1 (male) years. Nearly 80% of clients were asymptomatic. Six individuals had significant associated complications. 85 male clients reported 56 regular and 53 casual partners; 291 female clients reported 272 regular and 176 casual partners in the last six months. One in three (110) were retested at three months – 17% were still positive for infection.

**Discussion:** These results highlight the persistence of Chlamydia within sexual networks and the importance of effective partner notification. Education and Sexual & Reproductive Health services must emphasise the importance of informing partners to reduce the risk of Chlamydia infection/re-infection. Equally services should prioritise access to testing for partners.

## 17 Moore C, Drummond D, The temporary tattoo project

**Background and objectives:** Just 25% of Great Ormond Street Hospital (GOSH) inpatients are over the age of 13 and subsequently they can often feel isolated. These young people like all long term patients are also missing out on key social and cultural opportunities. GOSH Arts (the hospital's arts programme) invited artist Davina Drummond to work with young people at GOSH to explore what it means to be a young person in hospital and how they cope with the challenges it creates.

**Methods** Davina worked with over 40 young people in inpatient wards over 10 full days. During the supported sessions the young people talked about what kept them strong whilst in hospital and how they coped with their illness, they then experimented with typography and illustration to create graphic designs which conveyed their coping mechanisms. These designs were translated into temporary tattoo designs by Davina and illustrator Ella Bell in consultation with the young people.

**Results** The designs were printed to create a limited edition set of temporary tattoos. These were given to project participants and other young people at GOSH, letting them know they are not alone in their hospital experience and that like the temporary tattoos not all experiences or situations, especially when in hospital, are permanent.

**Conclusion** The discussions and temporary tattoos that have come out of the project allowed young people to reflect on the challenges they face as young people in hospital, process their hospital experience and share the techniques they use to cope with their illness with others.

**18 Neale F, Segal T, Hargreaves D, Christie D, Living with Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis- how does it affect young people's mood and quality of life?**

**Background:** Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis (CFS/ME) is a condition characterised by persistent fatigue that affects everyday life. It is associated with mood disorders and a reduction in quality of life.

**Objectives:** This project describes the quality of life, mood and symptom impact of adolescents with CFS/ME being treated at a specialist service in London. It assesses whether sex, age, Body Mass Index (BMI), household income and illness duration are associated with low mood and quality of life. It investigates the similarity between the adolescents' and their parents' views of the impact of CFS/ME.

**Methods:** 69 adolescents, (10.4-18.0 years), were surveyed using a three-part questionnaire and their parents received one part separately. Additional data about the adolescents was collected from their initial clinic assessment form.

**Results:** 36.2% of the adolescents came from a household within the 10% most affluent in the country. Moderate, severe or extreme anxiety or depression symptoms were reported by 39.1%, severe levels of worry by 43.5% and high or very high symptom impact by 69.1%. Long illness duration was significantly associated with low mood ( $p=0.006$ ) but no other associations were significant. There was little agreement between the adolescents' and parents' answers (mean kappa score= 0.373) with the parents reporting CFS/ME to cause greater difficulties. Conclusions: CFS/ME significantly affects the quality of life and mood of over a third, and the symptoms have a high impact on over two thirds, of adolescents with the condition. Parents report CFS/ME to cause more difficulties than their children do.

## 19 Parkes Y Healthy weight pathway for children, young people and families in North Yorkshire

### **Background and objectives:**

This poster provides a summary of a partnership approach to develop a Healthy Weight Pathway for Children, Young People and Families in North Yorkshire, which aims to support professionals identify and deliver services tailored to meet need and offer seamless multi-agency support that results in improved outcomes for the local population in relation to healthy weight.

### **Methods:**

In partnership with key stakeholders the current offer was mapped into the pathways allowing variations in service provision arising from a two tier Local Authority, to be acknowledged and challenged. The evidence base and policy and guidance were considered and collated to further develop the pathway and supporting information for professionals.

### **Results:**

The Healthy Weight Pathways outline the service offer at universal and targeted levels and create a standardised and systematic approach to obesity prevention, identification and support. The Pathways build on good practice and offer evidence based guidance that helps professionals to identify and raise the issue of overweight and obesity, deliver healthy lifestyle brief advice, and know how and where to signpost their service users for further information and services/programmes.

### **Conclusion:**

Navigating the complexities of delivering an equitable offer to residents across all parts of North Yorkshire's geography and creating an evolving resource capable of incorporating new evidence and system and practice changes quickly, that also met the needs of professionals and key stakeholders, have been the main learning areas from this project. Supporting partners to evaluate the impact of the Healthy Weight Pathways will be the next stage of this work.

## 20 Procter T Turner J, Supporting young people through the delivery of an integrated 0-19 (up to 25 years for SEND) service in West Sussex County Council

The presentation describes how the delivery of an integrated 0-19 (up to 25 years for SEND) service within WSCC that incorporates staff from the Healthy Child Programme (HCP), including Health Visitors, School Nurses and Family Nurse Partnership (FNP) as well as staff from the County Council including the Early Childhood Service, Children and Family Centres, Think Family and Early Help and Youth Services supports the needs of young people.

The drive for an integrated service was based on the stakeholder engagement events. Key themes emerged:

- A need to develop transparent pathways and clear referral criteria
- To improve information sharing between professionals.
- To maintain a progressive universal model with enhanced support at all transition points.
- To increase support for emotional health and wellbeing.
- To develop school-based health services and enhance the Find It Out model.
- To provide consistent local information online and to enable access out of office hours.
- To contribute to a reduction in inequalities, particularly those related to deprivation.

Operational delivery is beginning to take shape with an integrated offer being developed in partnership with all staff and stakeholders. The integrated offer to young people is developing, achieving smarter ways of creating an accessible, confidential and joined up service.

Feedback from stakeholder engagement was clear; service users want less duplication, less silos and improved communication. Responding to a bottom up approach and involving young people in service developments has led to the creation of a service that adopts a life course approach, is asset based, led by data and is less reactive and focuses on earliest prevention and universal services.

## **21 Reid J, Brown R, an innovative education programme to improve communication and shared decision making between young people and health and social care professionals**

### **Background and Objectives:**

The 2016 CQC National Child and Young Person Inpatient Survey showed that 57% of children and young people (CYP) were not (or only partially) involved in decisions about their care. The Me first project was co-designed by healthcare professionals within GOSH and Common Room Consulting and in partnership with young people. It has 4 key components:

- A communication model
- A suite of child and young person centred training targeting health and social care professionals
- A suite of practical tips on communication strategies
- An interactive website with resources to assist sound communication

Objective – to improve shared decision making and health outcomes of children and young people through the provision of CYP centred communication skills training to health and social care professionals.

### **Methods:**

Healthcare professional's (medical, nursing & allied health) communication skills were assessed through the Effective Listening and Interactive Communication Skills (ELICS) questionnaire. 4 domains were measured: Active Listening, Exploratory Listening, Consensus Oriented Listening, Receptive Listening.

Attitudes to partnership working with children and young people were also assessed using the Leeds Attitude Concordance (LATCon II). These were surveyed over 3 time periods – before training, day of training and 4-5 weeks post training. Responses from 28 Masterclasses between March 2015 & February 2017 were analysed.

### **Results:**

Statistically significant improvements were made by all three groups in the areas of communication and attitudes towards partnership working with CYP.

### **Conclusions:**

The findings confirm the benefit of interprofessional CYP centred communication training. Further research is being designed to determine the outcomes for CYP.

## 22 Robbins G, Foster C, Caring for children and young people presenting with self-harming/suicidal behaviour – the challenges faced by nurses

### Objective

Determine the risk factors that identify children and young people are at risk of engaging in self-harm/suicidal behaviour. Develop an evidence-based care plan/pathway for children and young people admitted to children's wards following an episode of self-harm/suicidal behaviour

### Background

High numbers of children and young people presenting with varying forms of self-harm/suicidal behaviour are admitted to children's wards (Sarkar et al, 2010). Between 2013/2014 hospital admissions within the United Kingdom rose by 45% for boys and 50% for girls (Naughton, 2015), highlighting the alarming number of young people engaging in self-harm/suicidal behaviour and raising concerns about current prevention and treatment strategies.

### Method

A critical review of literature was undertaken. The Delphi Technique was used to generate clinician-reported evidence from healthcare professionals within a children's ward. Face to face consultations were undertaken to gain greater understanding of participant's perspectives.

### Results

The literature review highlighted numerous risk factors leading to a child/young person engaging in self-harm/suicidal behaviour. The Delphi Survey showed that despite evidence of participant's possessing sufficient knowledge to care for young people engaging in self-harm/suicidal behaviour, participants reported discomfort, fear of the consequences of their perceived knowledge gaps, and negative assumptions about this patient group. This appeared to impact upon participant's capacity to engage in the process of developing an evidence-based care plan/pathway. Conclusion Bespoke training and support for staff caring for children and young people who have engaged in self-harm/suicidal behaviour within this setting, is crucial. This must account for the specific challenges/anxieties faced by healthcare professionals working within this field.

**23 Russell C, Bradley R, Nice T, Joiner R, Roberts V, Bowles M, Bowes A, Mind and Body programme: An innovative approach to promoting social inclusion among young people whilst addressing risk associated with self-harming behaviours**

Mind and Body is a multi-component programme for young people who are involved in, or vulnerable to, self-harming behaviours.

The programme is delivered in one to one and group settings, enabling the exploration of thoughts and actions about emotional wellbeing, and the development of strategies to reduce other risk-taking behaviours, such as drug and alcohol use, unplanned or unprotected sex and offending. An online screening tool identifies risk levels amongst young people. The programme is delivered by specialist young person's practitioners.

In our preliminary study, 299 young people engaged in outcome measure completion and professional stakeholders were invited to take part alongside young people in focus groups. A pre, post single sample was utilised. A larger study is underway.

With thematic analyses and non-parametric analyses of the data, emerging results identified three main findings. First, the Mind and Body programme resulted in an efficient identification, referral and support for young people engaging in self-harm and/or risk-taking behaviour. Second, the Mind and Body had a positive impact on young peoples' awareness and third the Mind and Body had a positive impact on young peoples' mental well-being.

In conclusion, the initial evaluation provides evidence to support the Mind and Body programme. The innovative approaches to working with young people are particularly salient in considering how to engage and retain young people in programmes that foster protective factors that may contribute to resilience.

## 24 Taylor A, Zandi M, Lewis S, Segal T, Post-infectious encephalitis presenting as an acute psychotic episode – a case report

### Background

Encephalitis is inflammation of the brain and has an incidence of up to 8.66 cases per 100000 per year. The term encompasses a range of underlying aetiologies, the most common of which are viral. A growing number of autoimmune causes have been recognised and are being included in the differential diagnosis of patients presenting with new psychiatric symptoms. Diagnosis is confirmed by the presence of CSF antibodies, though their absence does not exclude a diagnosis.

### Case report

Here we present the case of M, a 16 year old girl who was initially diagnosed with an 'acute polymorphic psychotic disorder without symptoms of schizophrenia' but was subsequently re-diagnosed with antibody negative post-infectious encephalitis. M presented with anxiety, insomnia and confusion following a number of infections including cellulitis, laryngitis and sinusitis. She was admitted to the adolescent ward under the paediatric, Child and Adolescent Psychological Medicine and neurology teams. Investigation revealed weakly positive ANA, raised ASOT, raised CSF IgM and positive anti-basal ganglia antibodies. M showed gradual clinical improvement over the course of her ten day admission and is now back to her premorbid state.

### Conclusion

Psychotic symptoms in those without a previous mental health diagnosis can create significant diagnostic uncertainty amongst both paediatricians and psychiatrists, not least because there is currently no clear guidance on when or how to investigate such patients. Presentation of this case aims to increase awareness of the differential diagnosis and contribute to the literature on new onset of psychotic symptoms in adolescent patients.

## **25 White F, Heller D, Parr T, NHSGo- a health app designed by young people for young people**

### **(1) Background and objectives**

Young people are at the heart of the Healthy London Children and Young People's Programme and held an engagement event for young people asking them what they thought of the NHS. They came out with a key message:- They didn't know how, where or when to access health services and they didn't know their rights. The young people suggested that an app would be the best way to access this information easily. (NHSGO)

### **(2) Methods**

We ran a series of workshops with young people to design the contents, image and usability of the app.. We held focus groups with young people and we also completed a survey where 500 young people responded to what information should be included in the app. Young people were also involved in the tender process to select a company to develop the app and the marketing app. They were crucial and present at every key decision making point and as a result created an app which worked for them.

### **(3) Results**

So far over 56,000 young people have downloaded NHSGo, 16,000 like the facebook page and the average user spends around 6 minutes per session engaging with the app.

### **(4) Conclusions**

We recently conducted an academic evaluation of the app, which involved user engagement, a technical review and a psychological review. This found that the app had a positive effect on young people's e health literacy/health improving behaviour but there were steps that could be taken to further improve this.

## 26 Wright L, Mackland A, Body image support for young women (aged 16-24) who have had a cancer diagnosis

### **Background and objectives:**

The Christie in Manchester has a Teenage and Young Adult (TYA) service for 16-24 year olds who have a cancer diagnosis. Staff were aware that body image issues (hair loss, weight loss and gain, scarring, amputations, loss of identity) were a problem for young people.

Staff consulted with young people and as a result set up a group to support young women. The group is made up of interactive activities and informal discussion. Attendees are encouraged to support each other as well as benefit from take home messages and goal setting activities once they have attended.

### **Methods:**

The group has a psycho-educational approach.

Evaluation is via:

- A body image scale (at session and 2 months after)
- Feedback questionnaire.

### **Results:**

68% of attendees reported significant body image issues. TYA's identified concerns with:

- \* looking different from their peers
- \* looking 'sick' which draws attention
- \* withdrawing socially
- \* impact on personal relationships

Group evaluations indicated that TYA's felt less alone with their worries when they were able to talk to other young people with similar concerns.

### **Conclusions:**

The young person's body image support group is well attended and feedback is positive. Research shows improvements in young women's self-esteem, confidence and body image as well as benefiting from peer support. A male body image support group is also in development. This presentation will describe the issues affecting young people with cancer, especially in relation to body image and will also show the value in having a focused group on this issue.