Child protection special interest group and child protection standing committee

Plenary

P06 BASELINE CHARACTERISTICS AND PHYSICAL, SEXUAL AND EMOTIONAL HEALTH NEEDS OF A COHORT OF UNACCOMPANIED ASYLUM-SEEKING CHILDREN PRESENTING TO A LONDON BOROUGH

¹Alice Armitage, ²Jonathan Cohen, ³Sarah Eisen, ⁴Michelle Heys, ⁵Allison Ward. ¹Clinical Academic Training Fellow in Child and Adolescent health, UCL Great Ormond Street Institute of Child Health; ²Consultant in General Paediatrics and Paediatric Infectious Diseases, Department of Paediatrics UCLH, Hon Senior Lecturer, UCL Great Ormond Street Institute of Child Health; ³Consultant in General Paediatrics and Paediatric Infectious Diseases, Department of Paediatrics UCLH; ⁴Associate Professor Community and Population Child Health, Population, Policy and Practice Dept, UCL GOS Institute of Child Health, Consultant Community Paediatrician, Specialist Children and young people's services, East London NHS Foundation Trust; ⁵Consultant Community Paediatrician, Central and North West London NHS Foundation Trust and Royal Free London NHS Foundation Trust

10.1136/archdischild-2020-rcpch.411

Aims The meaningful health needs of unaccompanied asylum-seeking children (UASC) are poorly understood, preventing a fully informed population-based approach to planning health services. This lack of data around UASC has been identified as an unmet research need, as well as a rights of the child issue.

Here we describe the physical, sexual and emotional health needs of a population of UASC presenting to a London borough.

Methods Unlinked data were collected for UASC presenting to a London borough between January 2016 and March 2019, including data from initial health assessment (IHA) and infectious diseases (ID) screening.

Results During the study period 101 UASC were seen for IHA (84% male, age range 14–17, median age 16). Countries of origin included Eritrea (27%), Sudan (14%) and Ethiopia (12%). Two thirds of UASC disclosed historical physical assault/abuse including 16% who described experience of torture. On examination more than half, 54%, of UASC had scars consistent with their disclosures, and 9% had evidence of harmful traditional practices such as FGM, uvulectomy and scarification. Historical sexual assault or abuse was disclosed by 13% UASC, including 6 of the 16 (38%) female UASC. A further six UASC (6%) reported witnessing sexual assault. For 6/16 (38%) female UASC, there was evidence of trafficking and suspicion of undisclosed sexual assault/abuse.

The majority, 77% of UASC demonstrated symptoms of poor mental health including sleep problems and signs of trauma. Deliberate self-harm and parasuicide were reported at some point in 8% UASC.

Data are available for ID screening of 69 UASC from the same borough during the study period, of whom 28/69 (41%) had one positive ID result requiring treatment and 9/69 (13%) had two or more results requiring treatment. Diagnoses included latent TB (25%), schistosomiasis (13%) and other helminth infections (9%), and hepatitis B (6%).

Conclusion This cohort demonstrate high rates of trauma, physical and sexual abuse and unmet physical and mental health needs. This population require intensive, integrated support and health services to optimise engagement and physical health, mental health and social outcomes.

G481 SHOULD ALL CHILDREN WITH ANOGENITAL WARTS UNDERGO A SAFEGUARDING MEDICAL ASSESSMENT?

K Griffin, M Al-Shaghana. Paediatrics, Sheffield Children's NHS FT, Sheffield, UK

10.1136/archdischild-2020-rcpch.412

Background Anogenital warts (AGW) in children are thought to be transmitted by vertical transmission, autoinoculation, hetero-inoculation, and sexual transmission.

In 2015 the Royal College of Paediatrics and Child Health (RCPCH) published guidance on the management of children with AGW. Based on evidence suggesting that a significant proportion of children (31%–51%) with AGW have been sexually abused, the RCPCH recommended that 'sexual abuse must be considered in any child presenting with AGW'.

In response to this, all children with AGW in our region currently undergo a safeguarding medical including detailed history-taking, genital examination with the use of a colposcope; and screening for sexually transmitted infections (STI's) and bloodborne viruses (BBV's). Assessment requires considerable time, cost and can result in anxiety for the child and family.

Aims To establish whether a safeguarding medical including screening for STI's and BBV's is of benefit in establishing whether children with AGW have been subject to sexual abuse.

Methods Case notes and investigation results of all children referred to our safeguarding unit with AGW (n 27), from 1st January 2017 to the end of September 2019 (33 months) were reviewed.

Results The majority of referrals (62%) were from General Practice, with only 1 referral coming from social care.

21 children had anogenital warts on examination. 6 (29%) were boys and 15 (61%) girls, ranging in age from 11 months to 13 years. 14 (67%) had never had contact with social care, 5 (24%) prior contact and 2 (9%) recent social care involvement. None had concerns about sexual abuse.

Warts were found in the peri-anal, scrotal and vulvar regions. No other signs suggestive of sexual abuse were noted. Of the 21 children, 19 (90%) underwent STI screening and 16 (76%) BBV testing. All results were negative.

14 children (67%) had contact with digital warts; 6 likely autoinoculation, 8 hetero-inoculation. In 3 children (14%) vertical transmission was felt most likely. In 4 cases (19%) transmission remained unclear.

Conclusions Neither safeguarding examination or investigations added evidence for sexual abuse. Safeguarding screening in General Practice may be sufficient to safeguard children with AGW who have no contact with social care or other risk factors for sexual abuse.

G482 RING THE ALARM; CHANGING OUR APPROACH TO HIGH-RISK SAFEGUARDING IN THE CHILDREN'S EMERGENCY DEPARTMENT

R Hannah, I Brain, S Ekins, F Howsam, E Walton. The Royal Alexandra Children's Hospital, Brighton

10.1136/archdischild-2020-rcpch.413

Background Infants presenting with injuries are a high-risk group for potential safeguarding issues. The importance of appropriate assessment, recognition and response to concerns is highlighted in national guidance from both the emergency and child protection communities.