Although there were no significant differences in mortality between OP and controls, OP mortality was high at 25.0% compared to 8.3%. However, the deaths among the OP cohort were not directly related to OP itself. Patients with OP had higher risk of having moderate to severe intraventricular haemorrhage (IVH grades 2–3 by Volpe classification) OR 5.00 (p<0.05) and combined moderate-severe IVH with mortality, OR 5.86, p<0.01.

Conclusions OP is a rare complication among smaller VLBW infants. There was a high incidence of mortality of 25.0%, air leak syndrome and moderate to severe IVH.

Methods The Lambeth SEN Inclusion Fund allocated dedicated funding for one household at a time to attend the ‘stay and play’ sites. A successful pilot scheme resulted in seven site providers signing up to the scheme.

Lambeth’s Designated Medical Officer worked with King’s College London Paediatric Society, to provide medical student volunteers:

- 24 volunteers signed up to the scheme
- 6 assisted the scheme over the three-month scheme period.

Results In total, across three sites for which data was available, 125 bookings were made, and 150 children, parents and carers attended (table 1).

Feedback from parents:
Feedback from parents was overwhelmingly positive; both they and their children appreciated the scheme’s usefulness and supported its continuation. See examples below:

- ‘Keep it open because there are no places like this around.’
- ‘Fun and accepting of Special Needs, Very Safe Play.’
- ‘My son loves the scheme place. We would love him to keep coming here if this place carries on.’
- ‘Our volunteer was our shining light!’

Challenges and lessons learnt:
Although the objective was met, areas of improvement were identified. The scheme would benefit with more planning time, enabling safer volunteer recruitment, including inductions and necessary safeguarding training. We suggest six weeks in advance.

Conclusions In summary, Lambeth Children with Disabilities and Integrated Children’s Commissioning Group, with the help of KCL Paediatric Society, successfully launched a ‘stay and play’ scheme for children with special educational needs and disabilities during the nationwide lockdown. The scheme provided a safe space for carers, parents and children, reducing the challenges posed during the ongoing pandemic; improving their mental and physical wellbeing.

British Association for Community Child Health

### Abstract 345
THE SEND STAY AND PLAY SUMMER INITIATIVE 2020

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Background On March 11th, 2020, the World Health Organisation confirmed the coronavirus characterisation (SARS-CoV-2) as a pandemic, leading to the UK being plunged into a national lockdown. This changed a nation’s lives and introduced never-before-seen challenges for children, specifically those with special educational needs and disabilities (SEND), their parents and their carers.

Children, parents and carers were struggling to cope in the lockdown. In June 2020, a Parent Forum survey showed that parents and carers, living in Lambeth UK, who did not receive social care short breaks wanted to access safe, outdoor play opportunities for their children with special educational needs and disabilities.

Through discussion with Lambeth parent representatives at the SEND Strategic Joint commissioning and Engagement Board, the following recommendations were made:

- Further stay and play opportunities
- Linking up medical students to provide extra volunteer support

In June 2020, Lambeth Children with Disabilities and Integrated Children’s Commissioning launched a pilot short breaks ‘stay and play’ scheme with three SEND and youth and play adventure playgrounds.

Objectives The objective of the SEND ‘stay and play’ scheme, was to provide safe outdoor play opportunities for children with SEND.

### Table 1 Specific data per site

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Total Bookings</th>
<th>Total Attendees</th>
<th>Total Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOST</td>
<td>56</td>
<td>89</td>
<td>1</td>
</tr>
<tr>
<td>Grove</td>
<td>65</td>
<td>57</td>
<td>2</td>
</tr>
<tr>
<td>High Trees</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Lollard</td>
<td>n/a</td>
<td>n/a</td>
<td>1</td>
</tr>
<tr>
<td>Triangle</td>
<td>n/a</td>
<td>n/a</td>
<td>3</td>
</tr>
<tr>
<td>Kinetika Bloco</td>
<td>n/a</td>
<td>n/a</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>125</td>
<td>150</td>
<td>6</td>
</tr>
</tbody>
</table>

Background Patients with Ataxia-Telangiectasia (A-T) are particularly prone to develop different malignancies. Alpha-fetoprotein (AFP) is a useful tumour marker and is well-known to be raised in A-T.

Objectives We undertook a systematic review of studies reporting AFP in A-T patients and conducted a retrospective review of AFP levels in children and young people attending the...
HEALTH-RELATED QUALITY OF LIFE IN CHILDREN WITH BLADDER DYSFUNCTION: A PRELIMINARY REPORT

1Randula Ranawaka, 1Prasanjith Dissanayake, 1Hasitha Liyanaarachchi, 1Niranga Devanarayana, 1Shaman Rajindrajith, 1Faculty of Medicine, University of Colombo; 2Faculty of Medicine, University of Kelaniya

Background Bladder dysfunction (BD) is a chronic nephro-urological condition, resulted from a multitude of aetiologies including posterior urethral valve (PUV), myelomeningocele (MMC), spina bifida, sacral agenesis and non-neurogenic neurogenic bladder. Any chronic childhood disease could trigger physical, emotional, social dysfunction and could also affect the educational performances leading to far-reaching consequences.

Objectives To assess the quality of life (QOL) in children with BD compared to age and sex-matched healthy control group.

Methods A case-control study was conducted in the nephrology clinic, Lady Ridgeway Hospital for Children Colombo. A validated self-administered multidimensional questionnaire of Paediatric Quality of Life Inventory 4 (PedsQL™) was used to collect data. The tool evaluates the QOL in four domains: physical, emotional, social and school functioning, with higher PedsQL scores indicating a better QOL. Descriptive and analytical statistics were performed to compare scores. Possible predictors of poor outcome among the cases were assessed by both univariate and multivariate analysis.

Results A total of 17 cases and 26 controls aged 5–14 (9.11 ±3.21) years and 5–13 (8.73±2.58) years, respectively, were included in the analysis. The cases comprised of 13 patients with posterior urethral valves (PUV), two patients with meningo(myelo)cele and one patient each of spine bifida and sacral agenesis. The mean PedsQL 4.0 Generic Core Scale score was found to be lower in cases compared to healthy controls (71.33 vs 82.62) but there was no significant difference (p=0.076). There was a significantly lower score in the physical domain (71.39 vs 84.80, p=0.028). However, emotional (74.53 vs 79.00), social (74.00 vs 86.50) and school (66.80 vs 79.50) functioning were although lower, not significantly different between cases and controls (p > 0.05).

Conclusions The mean PedsQL scores in all domains were lower in children with bladder dysfunction with a significant difference in the physical domain.

Abstracts

British Association for Paediatric Nephrology

HEALTH-RELATED QUALITY OF LIFE IN CHILDREN WITH NEPHROTIC SYNDROME: A PRELIMINARY REPORT

1Randula Ranawaka, 1Panagoda Weththasinghage Prasad Chathurangana, 1Prasanjith Dissanayake, 1Hasitha Liyanaarachchi, 1Niranga Devanarayana, 1Shaman Rajindrajith, 1Faculty of Medicine, University of Colombo; 2Faculty of Medicine, University of Kelaniya

Background Nephrotic Syndrome (NS) is the commonest chronic glomerular disease of childhood. A majority (70–80%) have relapsing disease persisting throughout childhood. Any chronic childhood disease causes psychosocial impact and behavioural difficulties that have implications for the mental health, social and personality development of the child.

Objectives To assess the quality of life (QOL) in children with NS compared to a matched healthy control group.

Methods A case-control study was conducted in the nephrology and surgical clinics, Lady Ridgeway Hospital for Children Colombo. A validated self-administered multidimensional questionnaire of Paediatric Quality of Life Inventory 4 (PedsQL™) was used to collect data. The tool evaluates the QOL in four domains: physical, emotional, social and school functioning, with higher PedsQL scores indicating a better QOL. Descriptive and analytical statistics were performed to compare scores. Possible predictors of poor outcome among the cases were assessed by both univariate and multivariate analysis.

Results A total of 51 cases and 23 controls aged 5–18 (9.96 ±3.41) years and 6–13 (9.2±2.34) years, respectively, were included in the analysis. The mean PedsQL 4.0 Genetic Core Scale score was found to be lower in cases compared to healthy controls. (78.94 vs 88.8) but there was no significant difference (p=0.176). There was a significantly lower score in the physical domain (79.65 vs 93.97, p = 0.02, p<0.05). However, emotional (77.65 vs 83.82), social (82.20 vs 89.00) and school (68.43 vs 86.11) functioning were not significantly different between cases and controls (p > 0.05). Children with hypertension had significantly lower mean PedsQL score compared to children without hypertension (71.6 vs 82.14, p = 0.04, p<0.05). There were significantly lower scores in physical (65.14 vs 85.93, p=0.01, p<0.05) and social (77.19 vs 84.56, p = 0.04, p<0.05) domains.

Conclusions The mean PedsQL scores in all domains were lower in children with nephrotic syndrome with a significant difference in the physical domain. Hypertension was an independent risk factor associated with lower quality of life.