Paediatric Mental Health Association

900

EXPERIENCE OF THE TREE OF LIFE NARRATIVE GROUP THERAPY DELIVERED VIRTUALLY FOR CHILDREN AND YOUNG PEOPLE WITH DIABETES (CYPD) DURING COVID-19 PANDEMICNeemisha Jain, Ruth MacQueen. *Surrey and Sussex Healthcare NHS Trust*

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Background The Tree of Life group draws on narrative therapy and aims to help young people to connect with narratives and identities beyond that of their diagnosis of diabetes. It is typically delivered in a face-to-face group setting but has been adapted to be delivered online primarily in response COVID-19.

Objectives The key objectives were to

1. Evaluate input required to successfully deliver group narrative therapy
2. Evaluate feedback from CYPD who completed the online group session
3. Reflect as facilitators who had delivered their first Tree of Life group
4. Consider the feasibility of future sessions being online.

Methods 14 young people age 11–13 were invited to attend via email/telephone contact. CYPD were identified based on previous known psychosocial adjustment difficulties.

The group was facilitated by a Consultant Paediatrician and Clinical Psychologist, both had completed training in facilitating the Tree of Life group.

In preparation for adapting the group to be virtual, additional training was completed by the Clinical Psychologist. The facilitators met on 2 occasions virtually to plan the session.

All resources required were posted to 7 CYPD who consented to attend. Ground rules for the day were adapted due to it being online keeping in mind online security, clinical governance and children's safeguarding requirements.

A SurveyMonkey feedback on four different scales; enjoyment, feeling listened to, feeling part of the group and whether they would recommend the group to others was developed.

Ratings were on a scale of 0–10 where 10 was a high rating of satisfaction. Verbal feedback was also collected on the day.

Results Pre session meetings and planning by the facilitators was required.

6 CYPD attended via Microsoft Teams on the day (1 drop out on the day).

5 of the 6 CYPD completed SurveyMonkey feedback.

- Enjoyment (I did/did not like what we did today) Average rating (AR): 9.6
- Listening (The leaders and others in the group did/did not listen to me) AR: 9.8
- Being part of the Group (I did/did not feel like part of the group) AR: 9.6
- Recommend to others (I would/would not recommend this group to other young people who have diabetes) AR: 10

All participants verbally shared that they had appreciated meeting other young people who had diabetes, they had been able to talk openly and enjoyed the creative aspect of developing the tree. CYPD appeared to find the text chat option being available as useful and used it freely.

Facilitators experienced the session as extremely positive and felt that it helped build a closer relationship with CYPD. We were impressed by the openness and willingness to share from the participants. Developing personalized certificates which focused on the strengths and aspirations of the CYPD helped give positivity to the session. Having the parents join for the certificate award ceremony build a relationship with the family.

Future sessions can successfully be built with this experience and young people respond well to online delivery.

Conclusions Therapy can be delivered effectively remotely even by those with no prior experience.

Feedback was extremely encouraging and all CYPD would recommend it to others.

Children's Ethics and Law Special Interest Group

901

ETHICAL CONSIDERATIONS OF COVID-19 VACCINATION IN CHILDREN AND YOUNG PEOPLEElizabeth Margaret Wearmouth. *N/A*

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Background Children and young people under 18 years are often asymptotically infected with COVID-19 but have much lower rates of mortality or morbidity than adults. Infection and transmission in schools tends to mirror that in the local community.

Pandemic impact, research and the UK vaccination programme are rapidly evolving. The public perception of risk/uncertainty and media messaging are key factors. The programme will shortly include all adults over the age of 18, thereby including education staff. Only high risk children/young people with severe neurodisabilities are currently included in vaccine priority groups. Vaccines reduce transmission as well as giving individual protection but there is insufficient evidence at present to judge the wider population benefits of child vaccination.

One vaccine is currently licensed for young people between 16 and 17 years of age. If a safe and effective vaccine were to be approved in UK for children under the age of 16, would mass vaccination in this age group be ethically justified?

Objectives To examine the ethical aspects of COVID vaccination in UK for children and young people under the age of 18 years.

Methods A seven point framework for ethical principles of mass vaccination programmes will be used to analyse arguments for and against the extension of the UK COVID vaccination programme.

Safety, efficacy, risks and benefits of the vaccine and the vaccination programme, the just distribution of burdens and