variation in the level of understanding of the process of adoption within these members as some members were keen to explore options to develop knowledge and skills, and structured pathway similar in the region and UK. Practice of medical personal to be a part to actually sit in the panel also varied from region to region with just over 1/3 respondents confirmed their position as an adoption panel member within their region. Others were able to provide the role of agency medical advisor. All advisors unanimously felt that in majority of the cases they were able to work closely with the social care and had the sight of holistic information on child’s health records. However most felt that the process could be improved by allowing adequate time scales and opportunity to talk to prospective parents.

9 Adoption panel members responded to the second survey. Panel Members were pleased that ability to hold virtual panels during COVID-19 pandemic enabled the adoption pathways to progress without further delays. Panel members felt that they were able to challenge each other constructively. They felt that there was effective collaborative working with the members working around the child. Majority held the views that regionalisation of the adoption panels was way forward to progress adoption processes in time.

Conclusion Effective adoption processes involve seamless multi agency working. Adoption panels are good forums for discussions between health and non health team members. As corporate parents working in this field we have a duty to share knowledge amongst multi professionals to improve the adoption journey.

422 A REVIEW OF BONE HEALTH IN CHILDREN AND YOUNG PEOPLE WITH LIMITED MOTOR FUNCTION IN SOUTH WALES
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10.1136/archdischild-2022-rcpch.110

Aims Bone health is an increasingly recognised problem in children and young people (CYP) with long-term conditions causing limited motor function. Reduced motor function is associated with low bone mineral density. In addition, CYP with complex needs are often exposed to risk factors for nutritional deficiencies.

Long term reduced mobility is known to increase the risk of pathological fractures and osteoporosis, which can lead to progressive disability. Regular bone health monitoring is essential to maintain the highest possible level of function. NICE have recommendations for bone health monitoring for Duchenne's muscular dystrophy and cerebral palsy. This guidance has established risk factors which can be used to identify CYP at increased risk of pathological fractures, providing auditable recommendations for monitoring.

Methods We completed a retrospective audit of digital records, including clinic letters, diagnostic imaging and biochemistry testing. Children were identified using documented gross motor function classification scale (GMFCS) on physiotherapist caseloads. This included children from community and special school clinics.

We identified clinical risk factors linked to increased fracture risk in children with underlying medical conditions (1). These include:

• Prolonged reduced mobility (GMFCS IV-V).
• Poor nutrition. We considered method of feeding and weight.
• Biochemical risk factors: Insufficient calcium and Vitamin D.
• Pharmacological risk factors: corticosteroids and anti-epileptic medication.
• Previous fractures: either pathological or traumatic.

Results 134 CYP were identified. This includes 57 with GMFCS V (41.6%), 77 (57.4%) with GMFCS IV, 64 children (47%) are seen in a specialist school setting. Aetiology for this cohort included 78 with cerebral palsy (50%), 24 (15.4%) with neurological conditions, 22 with genetic syndromes (14.1%), 8 with neuromuscular conditions (5%). Other diagnoses included ABI, Down syndrome, and spina bifida.

Risk factors for pathological fractures were identified in 57 (42%) patients (figure 1), with multiple risk factors in 11 (9%). 11 children were found to have a history of fractures, of which 6 were pathological (54%). A full biochemical profile was available in 57 patients (42.5%), of which abnormalities were identified in 14 (10.4%), most commonly vitamin D deficiency (figure 2). Of note, only 5 CYP in this cohort were prescribed vitamin D supplements.

Conclusion This review shows there is scope for improvement in bone health monitoring for CYP with disabilities. There also needs to be consensus on target Vitamin D levels (as laboratory levels 'sufficient in most people' are probably insufficient for high-risk CYP).

The cerebral palsy register for Wales will provide an excellent opportunity to improve health surveillance for this cohort of CYP. This could be used as a platform for routine monitoring of children with complex disabilities, which may reduce health disparities in high-risk patients.

Recommendations for future practice:
• Review of bone health to be incorporated in annual review for CYP with complex needs, including assessment of risk factors.
• Routine biochemical monitoring of bone health, including vitamin D levels.
• Supplementation of calcium and vitamin D in children at risk of pathological fractures.
• Consideration of bone mineral density assessment if risk of pathological fractures.

470 HOW MUCH DO PAEDIATRICIANS KNOW ABOUT POVERTY WITHIN THE PAEDIATRIC POPULATION?
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10.1136/archdischild-2022-rcpch.111

Aims Poverty is an ever increasing problem with 4.2 million children living in poverty in the UK in 2019, an increase of 600,000 from 2011(1). This has been particularly exacerbated by the COVID pandemic with an estimated 200,000 more children living in poverty in the UK since the pandemic(1). Poverty can affect multiple aspects of children’s health and wellbeing, putting additional strain on already stretched NHS recourses. We wanted to assess paediatricians’ knowledge about poverty, particularly around prevalence, risk factors, the effect on children’s health and wellbeing and how to help
families if there are concerns of poverty. From this we hoped to highlight areas where more education and support is required.

Methods We designed an online survey with 11 questions including a mixture of multiple choice and free text answers. The questionnaire was distributed to all doctors working in paediatrics at a tertiary paediatric hospital, over a 4 week period.

Results There were 29 respondents in total, with grades ranging from FY1 to consultant. Nearly two-thirds of respondents underestimated the prevalence of poverty in the UK and 38% underestimated the prevalence by half or more. Over 80% of respondents underestimated the percentage of children living in poverty locally. All respondents recognised parental disability and unemployment as risk factors for poverty and 90% recognised child disability or serious illness as a risk factor. Only one person suggested parental drug and alcohol use as a risk factor. The respondents were able to list a wide range of health implications of poverty, the most common answers being failure to thrive/poor nutrition, obesity, tooth decay and poor mental health. Two-thirds of respondents admitted not feeling at all comfortable about asking parents about poverty and 40% felt that they never screen for poverty when assessing patients. To assess for poverty 34% would ask about employment, 24% about housing and 41% about benefits and additional supports. All respondents would like further education and support around poverty.

Conclusion Overall there was good understanding of the health implications associated with poverty and the risk factors for poverty, but an under-appreciation of the scale of the problem. The majority of doctors do not feel comfortable asking patients and families about poverty, and do not regularly ask about poverty when assessing patients. In order to identify children living in poverty and be able to signpost families to resources that could be beneficial to them, we need to equip paediatricians with the knowledge and skills to assess for poverty and what resources are available for families in the local area. To aid this we have produced a poster to be used to in the local Emergency Department and outpatients to remind doctors about poverty, advice on how to approach the topic and resources available in the hospital and in the local area that be used to sign post families.

REFERENCES

1. Children’s Commissioner, Child poverty: the crisis we can’t keep ignoring, January 2021