incomplete immunisation status’. Only 3 out of 24 received all outstanding immunisations. Despite this, the majority of patients did engage partially and receive some of the requested immunisations. 71% received at least two Td/IPV doses, 88% received at least one MMR dose and 54% received the single required Men ACWY dose. Of the two eligible patients for the HPV vaccination, one received a single dose.

19 of the non-UASC children were recorded as not being up to date with immunisation (figure 1). All children under 5 (6 patients) received their catch-up immunisations. Out of the 3 children aged between 5-12 years, one was already up to date and two did not receive any vaccinations. These two children had moved from Mauritius to the UK two years ago and had no immunisation history. There were 10 young people aged 12-18 years with 8 having not received their full catch-up immunisations.

Conclusion
Looked After Children are less likely to be up to date with their immunisations than the general population [1]. Older Children and Young people in care are less likely to have up to date immunisations than younger children in care.

Documentation to General Practitioners detailing specific missing immunisations and the time-frame for these to be given has improved since the last audit cycle.

The vast majority of the UASC requiring catch-up immunisations were willing to engage with services but unfortunately did not receive all doses. Further work can be done to make access to vaccination easier, such as offering the first dose at the time of IHA.

REFERENCE
1. Immunization of looked-after children and young people: a review of the literature, S. Walton et al.
community partnerships. Key concerns were healthy living, poverty, and lack of access to facilities. Qualitative feedback centred around desire for parent education and after school activities. Middlesbrough outcomes will be collated in March 2022 and inform both research questions.

**Conclusion** Public health data indicates differences in place-based populations in terms of the wider determinants of health. Identified priorities in 2 North East regions support evolving operating frameworks between Place, ICP and ICS, ensuring balance between replication vs localisation that supports implementation and sustainability of service. [1] The Facts of Life; North East North Cumbria Health and Wellbeing Network, September 2021. Dr M McKean

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**Abstracts**

**1208 ETHNIC DIVERSITY OF CHILDREN AND YOUNG PEOPLE WITH DIAGNOSIS OF AUTISTIC SPECTRUM DISORDER: A SINGLE CENTRE OBSERVATION**

Tapornay Banerjee, Amjad Khan, Samira Ajmal, Rishi Arora, Dominika Przyborek. Cambridgeshire Community Services NHS trust 10.1136/archdischild-2022-rcpch.137

**Aims** Autistic spectrum disorder (ASD) is a neurodiverse condition of impaired social communication, interaction/reciprocity and restrictive/repetitive behaviour. A better understanding of the epidemiological distribution of this condition can help in raising awareness in various communities and therefore early diagnosis and intervention can be implemented. NICE guidelines suggest further research is needed to explore causes of under-recognition of autism in at-risk groups like people from poor socio-economic conditions and where English is not the first language.[1]

The objective of our study is to look at ethnic diversity in children and young people who were diagnosed to have ASD in our service (community paediatric team at Bedford). Bedford is a medium-sized town in Bedfordshire and has a unique and diverse population with 28.5% people from a Black or ethnic minority community according to 2011 census data. We also see children from part of Central Bedfordshire where the ethnic minority population is around 6.5% (2011 census data).

**Methods** Bedford community paediatric service offers assessment for ASD in children and young people (CYP) younger than 13 years of age. After obtaining the necessary permission from the trust, we requested trust SysmOne analyst to provide us with a list of children and young people who have a confirmed diagnosis of autistic spectrum disorder/childhood autism. We received this data on 27/02/2021 and there was a total of 1086 CYPs who have a confirmed diagnosis of ASD. The authors looked at their individual records and documented their ethnicity in a Microsoft Excel dataset.

**Results** In 28 cases ethnicity was not documented so they were excluded from the study population. Out of the 1058 CYPs, 849 (80.24%) were from White British/White-other background, 106 (10.01%) from mixed/multiple ethnic groups, 66 (6.24%) from Asian/Asian British background, 35 (3.33%) from Black, African, Caribbean/Black British background and 2 (0.2%) from other ethnicity (Arab)(Series 1).

Our study had some limitations and potential for selection bias as CYPs above 13 years of age are assessed by local Children and adolescent mental health service (CAMHS) and may not be included in our study unless they are known to our service for some other co-morbid conditions. Also, some children may have been diagnosed by independent clinicians although that number is negligible in our experience.

**Conclusion** Our observations suggest that majority of CYPs diagnosed to have ASD in our service are from White British/White other backgrounds with a relatively small proportion from ethnic minority population. The authors recommend that more targeted education/parental support is necessary for ethnic minority groups to raise awareness and ensure early diagnosis intervention and support.

**REFERENCE**


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**1281 ‘THE MOST IMPORTANT PERSON TO MY HEALTH IS ME’ EMPOWERING YOUNG PEOPLE WHO ARE UNACCOMPANIED AND SEEKING ASYLUM THROUGH INITIAL HEALTH ASSESSMENTS: RESULTS OF A QUESTIONNAIRE AND FOCUS GROUP**

1Emma Sunderland, 2Tami Benzaken, 1Alison Ward, 3Ane Lund Ringen. 1Whiting; 2Northwick Park, London North West University Healthcare Trust; 3Central North West London NHS Foundation Trust 10.1136/archdischild-2022-rcpch.138

**Aims** 1. To gather the views of unaccompanied asylum-seeking young people on their experiences of health services within one London borough, focussing on the statutory initial health assessment.

2. To use these views to inform service development work both within health services and with the wider network of professionals caring for these young people.

**Methods** A questionnaire was sent to young people who attended for health assessments to gather their views. They were then invited to participate in a focus group to develop a deeper understanding of their experiences and views, facilitated by junior doctors not currently working in the team. Three activities were used to support the discussions.

1. Priorities for health – young people were provided with photographs representing aspects of health and asked to choose the 5 they felt represented the most important aspects of health to them.

2. Journey mapping – young people were asked focussed questions on their experiences before, during and after their initial health assessments.

3. The ideal health assessment – young people were given free reign to design a health assessment that they would recommend to other young people arriving in the UK.

The discussion was recorded, with informed consent, and contemporaneous notes were taken during the session. The session was conducted mainly in English with a French interpreter on the phone to support one of the French speaking participants.

The young people were compensated for their time with vouchers.

**Results** 11 young people completed the questionnaire. 5 young people participated in the focus group. A number themes arose including: the benefits of exercise for health, wellbeing and reducing isolation; the impact of communication difficulties and navigating independence.