

Conclusion This work has highlighted how insightful the perspectives of young people can be when time is taken to listen to their views. We have been able to share their views with key stakeholders and made a number of recommendations, such as collating an accessible list of exercise opportunities locally and prioritising this within health plans, providing a visual care pathway with information translated into key languages and developing a training package for support workers. The young people who participated were keen to become more involved in service development in the future and we are currently considering the feasibility of a peer support program.

1291 PREVALENCE OF SCABIES IN UNACCOMPANIED CHILD ASYLUM SEEKERS

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Aims Community paediatricians are involved in looked after child (LAC) health assessments for unaccompanied asylum seekers. The often cramped and unhygienic conditions of travel mean that children in this population are at risk of infectious skin conditions.

We have noticed a number of children presenting to our clinic with scabies infection. We aimed to establish the prevalence of skin conditions seen in our clinic and compare this to existing literature on the subject.

Methods We reviewed case notes of children seen in a LAC clinic in Bristol between February 2022- September 2020.

A Literature review was completed searching Medline (Pub Med) ('scabie'[All Fields] OR 'scabies'[MeSH Terms] OR 'scabies'[All Fields]) AND ('migrant*'[All Fields] OR 'asylum*'[All Fields])

Results 10 Unaccompanied asylum seekers were identified through the case note review (Median age 16 years range 12-17 years). Of these, 3/10 were diagnosed with scabies having arrived in the UK, one child having active scabies at the LAC medical.

A literature review identified 7 other studies on the subject, Results are shown in the table presented. These also showed a high prevalence (4-20% in paediatric population and 2-58% in mixed or adult population), of scabies infections in populations seeking asylum in Europe.

Conclusion We found a high prevalence of scabies infections in children attending this clinic (30%). A review of the literature indicates that other studies have found similarly high prevalence of scabies infections in this population.

Scabies is not commonly encountered in community paediatric practice and it is therefore important that clinicians completing these assessment are able to identify and treat this condition effectively, including providing advice on treating all household members and washing household linen alongside medical treatment of scabies.

Given the high incidence of scabies in this population, further work is required on the early identification any treatment of this condition, as LAC clinics often take place several weeks after the child is placed in care. We would advocate that there is a need to screen unaccompanied asylum seekers on arrival for scabies given the high prevalence seen.

1344 A SYSTEMATIC REVIEW: WHICH CHARACTERISTICS OF AUTISTIC INDIVIDUALS CAN BE UTILISED TO CREATE A SCORING SYSTEM TO DETERMINE THEIR ABILITY TO INTERACT WITH COMMUNICATION-ENHANCING TECHNOLOGY?

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Aims The purpose of this review is to systematically appraise the current literature regarding the use of assistive technology with autistic children to enhance their communication skills. The aim of evaluating this literature is to uncover common characteristics of these children that could be used to design an integrated scoring system. This in turn could help determine their ability to interact with this technology.

Methods A systematic literature search using PubMed, PsycINFO, Scopus, and Child Development & Adolescent Studies was conducted, and twenty-six publications met the inclusion criteria.

Results In analysing the included publications, several common themes were highlighted. The identified themes of communication that were shown to affect an autistic child's interaction with assistive technology included: visual aspects, expressive aspects, receptive aspects, social aspects, extra-communicative aspects, and ASD severity. These themes incorporated several common characteristics found amongst autistic children that have been considered to impact their ability to interact with the technology utilised by their school environment.

Conclusion This systematic review can be utilised in further research and the future design of an integrated scoring system. This will enable a greater understanding of the relationship between the characteristics of autistic children and their interaction with assistive technology. Current research into the implementation of assistive technology has demonstrated that it can enhance the communication of autistic children within their literacy curriculum. With autism being such a diverse condition, it is imperative that we understand this relationship so that technology can be tailored to individuals.

1191 'FROM THE POND INTO THE SEA?' A REVIEW OF TRANSITION PRACTICE IN COMMUNITY CHILD HEALTH

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Aims Transition within Community Child Health can be a challenge. Various examples of good transition arrangements exist in conditions such as diabetes due to well developed, funded pathways. Such models may not be appropriate for young people with complex co-morbidities along with learning disabilities. Often, availability of parallel integrated adult services, who can continue to provide care for these young adults, is lacking.

The Young People's Charter, a local focus group of families, created a summary of the practices that make for a good transition experience. These practices align with national best practice recommendations as specified by NICE and the Ready Steady Go programme.

Methods An audit was undertaken looking at transition within the Community Child Health population focusing on young people attending a specialist educational provision and those

with a diagnosis of attention deficit hyperactivity disorder (ADHD). At the time of this audit, there was no established transition models used within the setting for these groups.

A data collection proforma was created based on the NICE quality standards from the NG43 Transition guideline, the Young People's Charter summary and Ready Steady Go best practice recommendations. The data collection proforma was reviewed by the local Transition Steering Group prior to data collection. Data was collected retrospectively between January 2019 and December 2020. The audit included any patient who turned 18 during this time attending either a specialist educational provision school clinic or an ADHD clinic in the community setting.

Results A total of 53 patients were identified with their diagnoses seen in table 1.

Just under half (46%) of patients were transitioned to the care of the GP, 27% transitioned to the local adult learning disability service and 11% to adult neurology. None of the patients had a named transition worker to coordinate care and provide support and 68% had not met the adult team prior to transition.

For those who transitioned to the care of the GP, a detailed medical discharge summary with background information and safeguarding issues was not done in any case. The annual health review offered to all young people over the age of 14 with a diagnosis of LD was mentioned in 41% of cases.

Only 15% of patients had a transition medical summary and 94% did not have a health or hospital passport. Of those with a diagnosis of LD, 95% had an alert on their hospital electronic record.

Conclusion Work in progress

Although these results are far from desirable, it has highlighted the need of better pathways for these young people. A transition key worker across the specialist educational provisions has been appointed and dedicated multidisciplinary transition clinics involving adult teams have been set up. Representation at the local Transition Steering Group now includes colleagues working with these young people.

Conclusions:

It is paramount that both adult and paediatric commissioners recognise that this is an important area for improving health outcomes of individuals, to reduce the feeling of abandonment of patients and their families.

1361 EARLY IDENTIFICATION OF GIRLS AT RISK OF 'LATE' ASD DIAGNOSIS

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Aims Many autistic children, particularly girls, receive a 'late' diagnosis [1]. This paper reports findings on the potential of a preschool assessment, the Early Sociocognitive Battery (ESB) [2], to identify girls at long-term risk of social communication difficulties (SCD) and ASD.

Methods A sample of 93 preschool children (72 boys, 21 girls; mean age=37.38 months, SD=4.55), referred to clinical services with concerns about language and communication development (T1), were followed up after 18 months (T2), and 7-8 years (T3) later at the end of primary school. None

of the children had a clinical diagnosis of SCD and/or ASD at T1.

Sociocognitive skills were assessed using the ESB at T1, and social communication skills measured at T3 by parents' responses on the Social Responsiveness Scale (SRS)[3] and report of clinical diagnosis of SCD and/or ASD. T-scores on the SRS of 60-75 are classified 'mild to moderate', and typical of children with mild or high functioning ASD; T-scores ≥ 76 are in the severe range and strongly associated with clinically diagnosed ASD. Categorical ESB scores (Low, Not Low) are reported here, where Low scores are known to be associated with high risk of later SCD and ASD.

Results As can be seen in table 1, the final sample of girls was small, only two were reported to have a clinical diagnosis of SCD/ASD at T3, and although the gender difference in diagnosis fell short of significance proportionately over twice as many boys had a reported diagnosis by the end of primary school. In contrast, SRS T-scores showed no difference in the proportion of girls at risk of ASD. Likewise, at T1 there was no gender difference in the proportion of preschoolers with Low ESB scores.

As shown in table 2, there were five girls who had low ESB scores and were not diagnosed although their SRS T-scores were in the mild-moderate to severe range (mean 71.6). An ANOVA with T3 SRS T-scores as the dependent variable, and gender, T3 reported clinical diagnosis and T1 ESB Score Bands as independent variables was carried out. The high SRS T-scores of ESB Low-scoring preschoolers with a SCD/ASD diagnosis 7-8 years later are in line with the previously reported predictive validity of the ESB[2]. A significant three-way interaction showed the mean SRS T-score for ESB Low-scoring girls without a clinical diagnosis was significantly higher than for ESB Low-scoring boys and for ESB Not-Low-scoring girls.

Abstract 1361 Table 1 Gender distribution according to T3 reported clinical diagnosis, T3 SRS classification and T1 ESB Score Bands

Variable	Categories	Gender				p values
		Boys		Girls		
		n	%	n	%	
T3 reported SC &/ASD clinical diagnosis	Yes	16	22.2	2	9.5	χ^2 exact=1.68, p=.23
	No	56	77.8	19	90.5	
T3 SRS 3-way classification	Severe	9	12.5	4	19	χ^2 exact=.58, p=.76
	Mild-moderate	15	20.8	4	19	
	Typical	48	66.7	13	61.9	
T1 ESB classification	Low	28	38.9	7	33.3	χ^2 =.21, p=.64,
	Not low	44	61.1	14	66.7	

Abstract 1361 Table 2 T3 SRS Total T scores according to gender, T3 clinical diagnosis, and T1 ESB Bands

T3 SC &/ASD diagnosis	Gender						F(1,86), p and η^2 values
	Boys			Girls			
	n	mean	SD	n	mean	SD	
Yes							$F_{(1,86)}=15.29, p<.001, \eta^2=.15$
T1 ESB Low	14	77.79	16.48	2	84	2.83	$F_{(1,86)}=2.4, p=.13, \eta^2=.03$
T1 ESB Not low	2	77.5	13.44	-	-	-	$F_{(1,86)}=5.28, p=.02, \eta^2=.06$
No							$F_{(1,86)}=1.01, p=.32, \eta^2=.01$
T1 ESB Low	14	53.86	12.47	5	71.60	14.45	$F_{(1,86)}=4, p=.53, \eta^2=.005$
T1 ESB Not low	42	47.10	11.95	14	48.57	7.9	$F_{(1,86)}=4.63, p=.03, \eta^2=.05$
[n, SC&/ASD diagnosis, g, gender, e, ESB, s, SC&/ASD diagnosis*gender, e, SC&/ASD diagnosis*ESB, r, gender*ESB]							

Conclusion The high SRS T-scores of girls who were undiagnosed but had scored in the Low band on the ESB corroborates the well-known under-diagnosis of girls, and highlights the potential of the ESB to identify 'late diagnosed' girls in the preschool years.