



British Association for Community Child Health

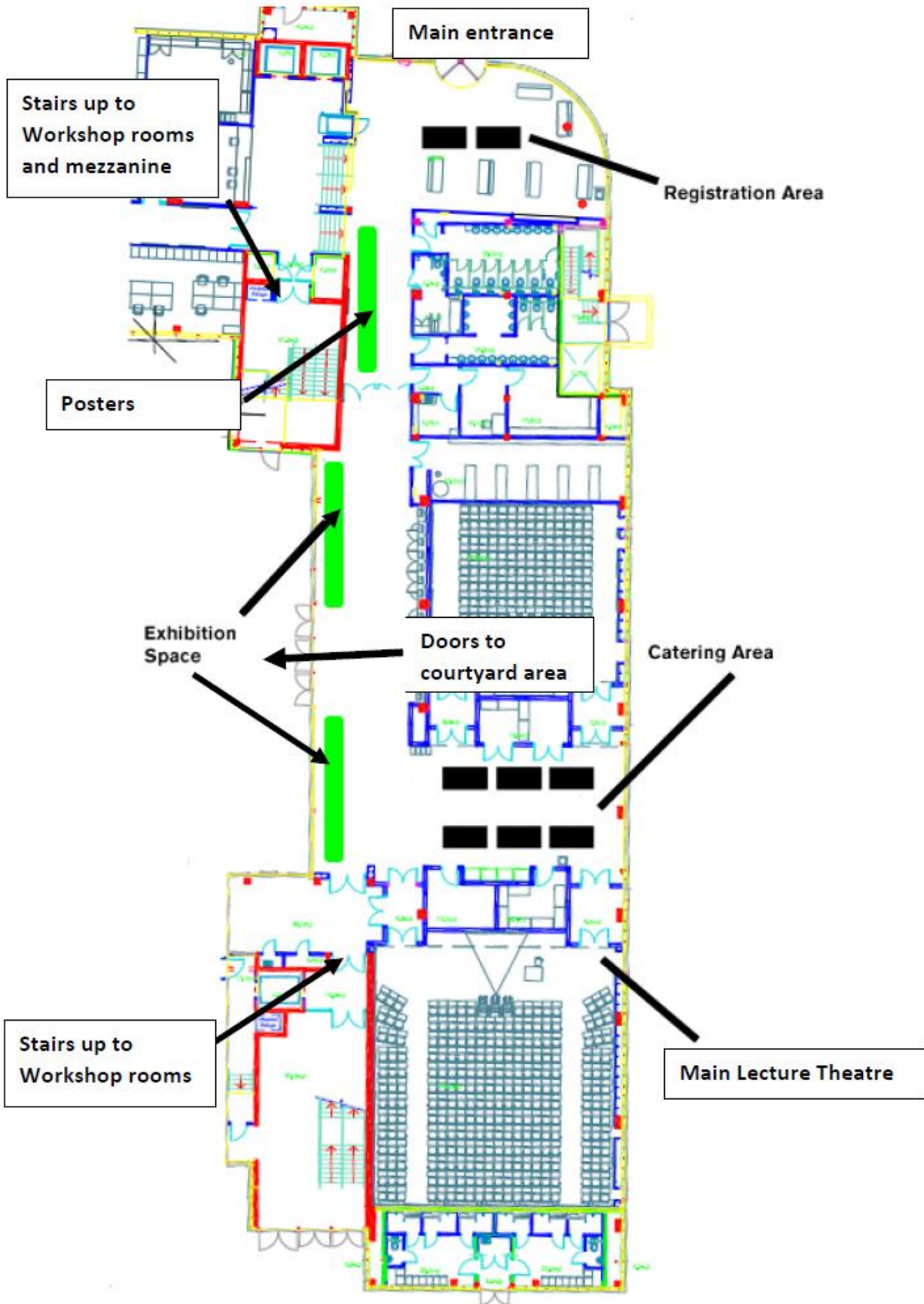
Annual Scientific Meeting

Practical approaches for the Community Paediatrician

20-21 September 2022

**De Montford University Leicester
and online**

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- Lectures and abstract presentations will take place in the main lecture theatre on the ground floor
- Workshops will take place on the 1st and 2nd floor (room numbers noted after name of workshop in the programme).

For in-person delegates

The event is being held at:

**Hugh Aston Building
De Montfort University
The Newarke
Leicester
LE2 7BY**

For virtual delegates

The conference is being streamed as an MS Teams Live Event. Meeting links will be emailed on Monday 19th September to all those registered as virtual delegates.

I am delighted to welcome everyone to our Annual Scientific Meeting this year in Leicester and online. I am pleased that so many people are attending in person and able to take part in our highly interactive workshops and networking opportunities with colleagues from around the UK. There is also ample time for socialising between sessions and for those joining for our conference dinner tonight. Make the most of the opportunity to speak to someone new, share best practice and solve challenges together.

This is the first time that we have run a hybrid event, so delegates can join the main presentations without travelling. I warmly welcome our virtual delegates and encourage you to ask questions online.

There are many posters on display, so please take the time during one of the breaks to view them and talk to their presenters.

The BACCH conference team have done an amazing job in organising this event; I am very grateful to Isabelle and Prafula for all their hard work, Dr Doug Simkiss BACCH Chair for his guidance, and Dr Sara Panjwani and Dr Hamilton Grantham, deputy Academic Convenors for their support.

BACCH has a twitter account, [@commchildhealth](https://twitter.com/commchildhealth) and there is a hashtag for the conference, [#BACCH2022](https://twitter.com/BACCH2022). Please feel free to tweet, it is a useful additional way to develop debate.

Dr Joanna Garstang
BACCH Academic Convenor

All lectures, abstract presentations & the BACCH AGM will take place in the main lecture theatre.

08:45	Registration & coffee
09:20	Welcome & intros (Academic Convenor)
09:30	<i>How NICE Standard will influence assessments for FASD and what this means for paediatricians</i> Dr Ges Gregory (Cams & Peterborough NHS Foundation Trust)
10:15	Abstract presentations 10.15-10.30 <i>Analysis of serious child protection incidents in children following adoption</i> (Dr Rosalie Cattermole) 10.30-10.45 <i>Report on a pilot of the RCPCH recommended provisional child protection outcome report given to social workers at the child protection medical</i> (Dr Laura Ferguson)
10:45	Refreshments & Poster session
11:05	Abstract presentations 11.05-11.20 <i>Diagnostic assessment of autism in children using telehealth in a global context: a systematic review</i> (Panos Katakis) 11.20-11.35 <i>An Audit of Paediatric Advance Care Plans to the All-Wales Paediatric Palliative Care Network</i> (Matthew Mantay & Dr Simon Woods)
11.35	<i>Findings from the clinical and cost evaluation of 'Stepping Stones Triple P' for preschool children with moderate to severe intellectual disability & challenging behaviour</i> Professor Angela Hassiotis (University College London)
12:20	Lunch & Poster session
13:30	Personal Practice Workshops – in-person delegates only 2 x one-hour sessions (with 10-minute changeover) - session 1: 13.30-14.30 - session 2: 14.40-15.40 <i>See pages 11-12 for details and room locations</i>
15:40	Refreshments & Poster session
16:00	<i>Is your brain securely attached? A social neuroscience perspective on attachment</i> Dr Pascal Vrtička (Centre for Brain Science, Department of Psychology, University of Essex)
16:45	Closing remarks
16.50	End of day one
17:10-17:40	BACCH AGM (members only)
19:00	Annual Dinner (pre-booked only) Arrival from 7pm, meal at 7.30pm: The City Rooms, 16 Hotel St, Leicester LE1 5AW

09:30-10:15 *How NICE Standard will influence assessments for FASD and what this means for paediatricians***Dr Ges Gregory (Consultant Neurodevelopmental Paediatrician, Cambridgeshire and Peterborough NHS Foundation Trust)**

The National Institute for Health Care and Excellence (NICE) published the long-awaited Fetal Alcohol Spectrum Disorder Quality Standard (QS204) in March 2022. It includes five Quality Statements which take into account the whole journey of recognising and documenting alcohol consumption in pregnancy to assessment and care of children affected. It refers to the Scottish Intercollegiate Guidelines Network (SIGN) Guidance, published in 2019 for assessment of Children and young people exposed prenatally to alcohol. Paediatricians and health professionals can now have confidence in how to approach recognising and assessing children and young people and can use this QS to influence commissioning of appropriate services. Families and carers may feel reassured that there should be some uniformity to services nationally.

Dr Ges Gregory is a Consultant Neurodevelopmental Paediatrician working for Cambridgeshire and Peterborough NHS Foundation Trust, CPFT. She has a Lead role in Children in Care and is a Medical Advisor to the Adoption and Fostering Services in Peterborough. She has developed expertise in Fetal Alcohol Spectrum Disorders, and the long-term neurodevelopmental difficulties associated with multiple risk factors including prenatal substance exposure and exposure to adverse childhood experiences. She assesses children through the local integrated paediatric and neurodevelopment department within the constraints of services commissioned.

She has been actively involved in delivering extensive training on FASD including for the RCPC and BACCH, and for professionals in Health, Education and Social Care and also to foster carers and adopters. She has presented at national conferences and is the author of the chapter on Children in Care in "Prevention, Recognition and Management of Fetal Alcohol Spectrum Disorders" Edited by Dr R Mukherjee and Dr N Aiton.

11:35-12:20 *Findings from the clinical and cost evaluation of 'Stepping Stones Triple P' for preschool children with moderate to severe intellectual disability & challenging behaviour***Professor Angela Hassiotis (Professor of Psychiatry of Intellectual Disability, UCL)**

The talk will present the clinical and cost findings of a randomised controlled trial of a parenting intervention for very young children with moderate to severe intellectual disabilities and challenging behaviour.

Angela Hassiotis is Professor of the Psychiatry of Intellectual disability at the UCL Division of Psychiatry and honorary Consultant Psychiatrist at the award-winning Camden Intellectual Disability Service.

Her main research interest is the evaluation of interventions in people with intellectual disabilities across the lifespan. She has run several clinical trials and epidemiological studies and has authored over 200 publications comprising original research, opinion pieces and editorials, book chapters, conference abstracts and an edited book on psychiatric aspects of intellectual disability. She teaches, supervises MSc and PhD students and lectures nationally and internationally. In addition, she received the 2020 NADD Stephen Reiss Research Award, was elected to Fellow of ISSIDD 2022, and is the Editor-In-Chief of the Journal of Mental Health Research in Intellectual Disabilities.

16:00-16:45 *Is your brain securely attached? A social neuroscience perspective on attachment***Dr Pascal Vrtička (Assistant Professor in Psychology, University of Essex)**

Since its first description by John Bowlby and Mary Ainsworth about seventy years ago, attachment theory has become one of the most comprehensive current psychology frameworks. Attachment theory describes how we initiate and maintain close social bonds with significant others and how these bonds influence social, emotional and cognitive development as well as bodily and mental health across the life span. Traditionally, attachment is assessed with behavioural observations, interviews, and self-reports. More recently, however, increased interest is directed towards better understanding the neurobiological underpinnings of human attachment behaviour. In my lecture, I will describe the first neuro-anatomical model of human attachment (NAMA) and show how the neuroscientific evidence it provides can be translated for the successful use by parents, teachers, practitioners, etc. Attachment and trauma aware intervention and prevention approaches are key when caring for children. State-of-the-art neuroscientific evidence can importantly inform and further extend these approaches in the future.

Pascal Vrtička studied biochemistry and neurobiology at the Swiss Federal Institute of Technology (ETH) in Zurich (Switzerland) before obtaining a PhD in Neuroscience from the University of Geneva (Switzerland). After staying in Geneva for two more years as a Postdoctoral Researcher, he moved to Stanford School of Medicine (California, USA) sponsored by a two-year fellowship for advanced researchers from the Swiss National Research Foundation. Moving back to Europe, he held several positions as a Research Scientist, Group Leader and Senior Scientist at the Max Planck Institute for Human Cognitive and Brain Sciences in Leipzig (Germany). During this time, he actively collaborated with the University of Leipzig (Faculty of Life Sciences, University Clinic, and Leipzig Research Center for Early Child Development) in both teaching and student supervision. In 2020, Pascal moved to the Department of Psychology, University of Essex (Colchester, UK), where he currently is a Lecturer/Assistant Professor.

10:15-10:30 *Analysis of serious child protection incidents in children following adoption***Presenter:** Dr Rosalie Cattermole (FY1 Doctor, The Royal Free London NHS Foundation Trust)**Authors:** R. Cattermole & J. Garstang

Introduction:	Adoption should provide a safe home for children who cannot be cared for by their biological parents. Many adopted children have emotional and behavioural difficulties from trauma; adoptive parents can struggle to support them. Children may be at risk of abuse or exploitation. There is limited research on safeguarding concerns after placement.
Aims:	To improve understanding of serious safeguarding concerns related to adopted children. Research questions: <ul style="list-style-type: none"> • What is the nature of serious safeguarding concerns in adopted children? • What is the learning from safeguarding reviews relating to adopted children?
Methods:	The National Society for the Prevention of Cruelty to Children, holds a repository for Serious Case Reviews and Local Child Safeguarding Practice Reviews. This was searched for reviews relating to children suffering harm after adoption. Data were extracted on children's and families' backgrounds, type of abuse, perpetrators and learning points.
Results:	We included 14 of 1768 reviews relating to 20 adopted children, median age 13 years, with 8 deaths (3 suicide, 2 murder, 3 other). Serious harm cases included 2 neglect, 3 intrafamilial sexual abuse, 4 physical abuse, 3 sexual exploitation. Adopted parents were perpetrators in 9 cases. Most cases presented missed opportunities to prevent harm.
Conclusions:	Serious safeguarding incidents after adoption are rare and risk of harm may increase as the child gets older due to increased needs. Communication and assessment approaches between agencies and adoptive parents must adapt to ensure safeguarding concerns are not overlooked.

10:30-10:45 *Report on a pilot of the RCPCH recommended provisional child protection outcome report given to social workers at the child protection medical***Presenter:** Dr Laura Ferguson (Senior Clinical Fellow, Guy's and St Thomas' NHS Foundation Trust)**Authors:** A. Fenech, L.Ferguson, A. Jolobe & N. Asiegbunam

Introduction:	Improving interagency communication is a recurring recommendation of Serious Case Reviews. In October 2020, the RCPCH published Good Practice service delivery standards for Child Protection medical assessments (CPMA) including the requirement for a written provisional report given to the Social Worker (SW) at the CPMA.
Aims:	To create and pilot a Provisional Child Protection Outcome Report (PCPOR) template. Then to obtain feedback to evaluate the impact of the PCPOR and improve it prior to implementation. Finally, to address clinician's concern about the additional time requirement and complexity of completing the PCPOR at the end of the CPMA.
Methods:	Sample PCPORs were obtained and reviewed by the safeguarding leads prior to creating a pilot form which was peer-reviewed and then trialled over a 10 week period. Feedback was sought from Paediatricians and SWs using a survey. A focus group was convened to discuss the feedback comments and reach a consensus view on changes to the piloted PCPOR.

Results:	144 CPMA's took place. Clinician response rate: 26/35 (74%). Mean ease of completion: 2 (Likert scale 1–very easy, 5-very difficult). Time to complete form: 46% <5 minutes, 46% 5-10 minutes, 8% >10 minutes. 13 SWs responded, 11 of which attended CPMA's during the pilot. Mean helpfulness score was 1.72 (Likert scale 1–helpful; 5-not helpful).
Conclusions:	56% of doctors found the PCPOR useful. 31% said it helped to crystallise their thoughts. There was no significant time implication. Efficiency was a key benefit highlighted by 91% of SWs including reduced completion time of s.47 assessments and CP case conferences. The improved PCPOR has been implemented and will be shared more widely.

11:05-11:20 *Diagnostic assessment of autism in children using telehealth in a global context: A systematic review*

Presenter: Panos Katakis (Research Assistant, East London NHS Foundation Trust)

Authors: P. Katakis, E. Buckley, J. Wolstencroft, G. Lockwood Estrin, S. Sayani, M. Heys & D. Skuse

Introduction:	A growing number of studies have investigated the potential of telehealth to assist or replace traditional diagnostic services for autism. Although preliminary evidence suggests that telehealth diagnostic assessment of autism is accurate and acceptable, no review has addressed this topic systematically with an emphasis on the cultural context.
Aims:	The aim of this systematic review is to examine the accuracy and acceptability of diagnostic assessments for autism offered via telehealth for children up to 12 years old. The latter assessments should have been provided in a digital context and utilise either established tools or novel tools specifically developed for a telehealth environment.
Methods:	To identify eligible studies the following databases were searched: Medline, EMBASE, and PsycInfo. Additionally, relevant publishers and journals were searched, while an independent grey literature search was conducted to identify further articles. The quality of the studies was assessed using the COSMIN checklist (PROSPERO: CRD42022332500).
Results:	We included 31 studies in our review. The findings indicate that digital tools for the assessment of autism show excellent psychometric properties, while clinicians and parents find the assessment acceptable and convenient. Challenges were associated with connection problems, technological difficulties, and the behaviour of the child on camera.
Conclusions:	Given the need to provide medical services remotely, telehealth assessments are becoming more prevalent. This systematic review aims to summarise the current state of the literature on the telehealth assessment of autism, with a particular focus on culturally sensitive tools for children.

11:20-11:35 *An Audit of Paediatric Advance Care Plans to the All-Wales Paediatric Palliative Care Network***Presenter:** Matthew Mantay (Medical Student, Cardiff University) & Dr Simon Woods (Paediatric Palliative Medicine ST8, All Wales Paediatric Palliative Care Team)**Authors:** M. Mantay & R. Hain

Introduction:	As numbers of children with life limiting conditions (LLC) rises, continuity and quality of discussions at the end-of-life become increasingly important. Paediatric Advanced Care Plans (PAC-P) provide a framework for and record of such difficult conversations.
Aims:	To compare prevalence, process, documentation, and content of PAC-P in Wales against quality standards published by NICE and Together for Short Lives.
Methods:	Retrospective review of three clinical databases of children dying in Wales between 2018 and 2022 with respect to: 1) Presence of PAC-Ps in the central repository. 2) Distribution of children with LLC's. 3) Persons involved. 4) Preferences, ambitions and wishes. 5) Management in acute settings. 6) Agreement and distribution of plans.
Results:	139 children died between this period. 65 had a completed PAC-P stated, of which 36 were evaluable and accessible. 65% were completed before age 5. 80% of children with a PAC-P died within 12 months. 8 different specialties involved. In acute deterioration 97% wanted intervention, most preferring home transfers. 75% of plans were signed by parents.
Conclusions:	Despite a well-developed system for advance planning in Wales, only around a quarter of children dying with a LLC have a PAC-P in place and distributed to appropriate places at the time of death. Documentation is often incomplete and not always accessible to clinicians. There is evidence that a recent redesign of the PAC-P has improved things.

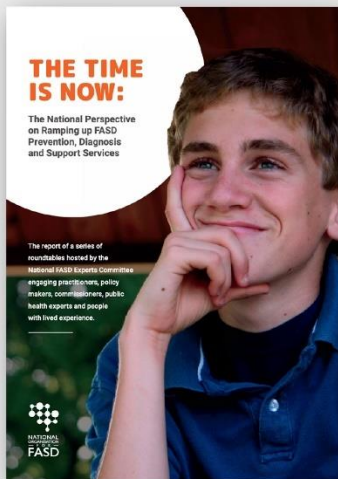


You're likely to have a patient with FASD or suspected FASD



The Time is Now

Looking for a way forward for local services after the new NICE Quality Standard on FASD? This report features best practice from across the UK based on input from more than 60 practitioners, policy makers, experts & people with lived experience



It includes practical information about diagnosis & assessment

Are you up to date with the latest developments?



Check out our dedicated healthcare professionals page for more information

Fetal Alcohol Spectrum Disorder affects 2-4% of the population



New range of expert-reviewed posters & leaflets



People with FASD have a right to understand their diagnosis. This website and resources were created for and with young people with FASD and experts: www.fasd.me



Find out more www.nationalfasd.org.uk

Each Workshop lasts one hour and is run twice during the afternoon: 13.30-14.30 & 14.40-15.40
All workshop rooms are located on the first & second floors (room number indicated in brackets after title)

Workshop sessions are NOT available for virtual delegates.

Acting as an Expert Witness - Justice for children and families (Room 1.47)

Facilitators: Dr Angela Moore & Dr Robert Scott-Jupp (both retired, Consultant Paediatricians)

Synopsis

There is a serious shortage of experienced paediatricians prepared to act as experts and an acute need to recruit. This workshop will describe how to get involved, deal with lawyers, develop skills in report-writing and courtroom appearance, and organise a medicolegal practice. It will cover both civil litigation for alleged negligence and safeguarding work for the Family Courts. The work is stimulating and rewarding and contributes to the GMC domains of maintaining good medical practice.

After this session, participants will:

- Gain some insight into what the work involves.
- Understand the role of the expert in litigation and legal decision-making processes.
- Understand the difference between fact and opinion and the importance of knowing the limits of their own expertise.
- Improve communication skills and learn how to avoid some common pitfalls

Biographies

Angel Moore has over 25 years' experience as consultant community paediatrician, including designated doctor for Safeguarding Children in Wolverhampton. She also has more than six years' experience as an independent expert witness for both family and criminal courts.

She is a former Academic Convenor of BACCH, Chair of West Midlands BACCH, member of RCPCH Council, RCPCH Standing Committee for Child Protection and CCH CSAC and a previous RCPCH Invited Reviews panel member. Academic interests include child mortality and Sudden Unexpected Death in Infancy and Childhood. Involved in the development of the West Midlands multi-agency protocol for the Investigation of Sudden Death in Infancy.

Robert Scott-Jupp is a retired consultant paediatrician, with more than 25 years' experience in general paediatrics. He is a former RCPCH Invited Reviews panel member, served on RCPCH Council and was a General Paeds CSAC member. He also has 20 years' experience as a general paediatrician expert in litigation cases, acting for both claimants and defendants.

Approach to management of sleep problems in children with neurodevelopmental difficulties (Room 1.48)

Facilitators: Dr Jess Turnbull (Consultant Community Paediatrician, Guy's and St Thomas' NHS Foundation Trust), Dr Lucy Webster (CCH Specialty Doctor, GSST) & Dr Rush Wickramasinghe (CCH Associate Specialist, GSST)

Synopsis

Sleep problems are highly prevalent in children and young people with neurodevelopmental disorders, and those experiencing social adversity/vulnerability. Drawing on our experience of running a Community Paediatric Sleep Clinic, we will discuss approaches to managing sleep problems in this cohort, with practical tips and advice for all those working with children with developmental and social vulnerabilities, and signpost to resources we have found helpful.

Biography

Jessica Turnbull is a Consultant Paediatrician in the field of Developmental and Social Paediatrics within the Community Child Health department of Guy's and St Thomas' NHS Foundation Trust in London. She has a particular interest in achieving healthy sleep for children and runs a multi-disciplinary Sleep Service for children with neurodisability within the Community Children's Services of Guy's and St Thomas' NHS Foundation Trust. The model has been presented both nationally (RCPCH Annual Conference 2019), internationally (EACD annual conference, Paris 2019), and published in a peer-reviewed journal (OBM Neurobiology, 2021).

Community Child Health – training update (Room 1.49)

Facilitators: Dr Nia John (Chair, Community Child Health CSAC), Dr Emma Bradley (Deputy Chair, Community Child Health CSAC)

Synopsis

The session will be a brief review of the function of the CSAC and roles of the members, and a review of the work completed over the past year and aspirations for next year. Most of the session will be a Q&A session, where we are hoping for audience participation.

Biographies

Nia and Emma are Chair and Deputy Chair of the Community Child Health College Specialty Advisory Committee (CSAC). CSACs supervise the development and delivery of subspecialty training and the assessment standards. CSACs are sub-committees of the RCPCH Education and Training Quality Committee, which helps the College set these standards within a training programme that is recognised by the General Medical Council.

Early intervention for children with neurodisabilities: helping families to thrive (Room 2.31)

Facilitators: Professor Angela Hassiotis (Professor of Psychiatry of Intellectual Disability, UCL Division of Psychiatry), Ms Una Summerson (Head of Policy & Public Affairs, CONTACT)

Synopsis

In this jointly run workshop with a national charity Policy lead, Una Summerson, we will talk about current information on supporting children with intellectual disabilities and their families, provide information about evidence-based therapies and share care pathways and examples of good practice.

Biographies

Angela Hassiotis – see page 6

Una Summerson A dynamic, creative and passionate campaigner, with a track record of co-producing national campaigns which achieve significant social and legislative change. A compelling and warm communicator. A successful fundraiser, relationship builder and project manager. 20 years' experience influencing through policy, parliamentary, research, media, judicial review and digital tactics. I have strong public self-confidence, media experience, a good social manner, coupled with the management ability, tenacity and drive to lead and motivate teams to deliver against ambitious targets.

Effective safeguarding supervision (Room 2.33)

Facilitator: Dr Geoff Debelle (NHS Birmingham & Solihull ICB) & Dr Jane Armstrong (Designated Doctor Child Safeguarding, NHS Birmingham & Solihull ICB)

Synopsis

Aim: to give participants the tools and skills to conduct effective safeguarding supervision with colleagues.

The session will cover:

- what supervision is and isn't (in relation to safeguarding) and how it differs from debriefs, peer review etc
- what are the key elements (Experience, Reflection, Analysis, Action), including 'restorative supervision'
- Interactive session and practical tips

Biographies

Geoff Debelle is a retired Consultant General and Community Paediatrician and currently Designated Doctor for Child Safeguarding. He has conducted supervision with Named and Designated colleagues.

Jane Armstrong is a Consultant Community Paediatrician in Birmingham Community Healthcare NHS Foundation Trust. Jane has worked in Birmingham, Leeds and New Zealand and has extensive experience of safeguarding and child protection. She is a Designated Doctor for Safeguarding Children in Birmingham and Solihull Integrated Care Board. She is co-chair of Birmingham Serious Cases Sub-Group. Jane is Chair of West Midlands Child Protection Special Interest Group and has set up a system of peer supervision between Designated Doctors in the West Midlands. She is actively involved in supervision of Named and Designated Doctors.



Central London
Community Healthcare
NHS Trust

CONSULTANT PAEDIATRICIAN IN COMMUNITY CHILD HEALTH

Base: Chalkhill Primary Care Centre
Salary: £88,364 - £119,133 per annum
Hours: Full time 10PA per week (40 hours)
Permanent
(Part time applications are welcome)

Due to retirement of the current post holders, we are inviting applications for Consultant Community Paediatricians to work in the Brent Community Paediatric team.

This advert is for a full time (10 PA) role however a further full-time role will also soon be available and part time applications are welcome across both positions as job plans can be configured according to applicant experience and interest within the scope of the clinical requirements within the service.

Within the two vacant posts, there is an opportunity for candidates to take on neuro-disability and trainee leadership roles as well as specific roles for Named Doctor for Looked After Children, Medical Advisor for Fostering and Medical Advisor for Adoption.

We are looking for enthusiastic and dynamic paediatricians to join our well-established and friendly team of experienced community paediatricians. Excellent paediatric clinical skills and written and verbal communication are essential, as is strong team working.

The Brent Community Paediatric Team sits within Brent Children's Specialist Clinical Business Unit (CBU) alongside other specialist community services including Children's Community Nursing, Looked After Children, Speech and Language Therapy, Occupational Therapy and Physiotherapy. The Children's Specialist CBU has strong links to the 0-19 CBU which provides universal services such as Health Visiting and School Nursing.

We welcome contact from potential applicants to discuss the varied roles on offer. If you would like to talk to somebody about this vacancy, please contact:

Kim Lewis, Clinical Business Unit Manager – Brent Children's Specialist Services
Kimlewis2@nhs.net Or the Consultant Community Paediatricians Reeta Gupta
reeta.gupta@nhs.net and Ashutosh Joshi ashutosh.joshi@nhs.net

To read more information about the advertised role, and to apply please visit www.jobs.nhs.uk and search using **Job reference: 824-ONW-6324-B**

Closing date 23:59 Sunday 16th October 2022

All lectures and abstract presentations will take place in the main lecture theatre.

09:00	Registration (day delegates only) & coffee
09:20	Welcome & intros (Academic Convenor)
09:30	<i>Why research is important for community paediatricians - Georgian houses fractal geometry and preventing disability</i> Professor Alastair Sutcliffe (University College London)
10:15	Abstract presentations 10.15-10.30 <i>Melatonin prescribing practices for children and young people with sleep difficulties: a national survey</i> (Dr Saraswati Hosdurga) 10.30-10.45 <i>ADHD & girls; hearing their stories: A qualitative exploration of the experiences of girls being diagnosed with ADHD</i> (Dr Laura Pountney)
10:45	Refreshments & Poster session
11:05	Abstract presentations 11.05-11.20 <i>Integrated care - better for the Patient and the Environment</i> (Loren Molyneux) 11.20-11.25 <i>Prevalence of Selective Eating Behaviours in Children with Autism Spectrum Disorder: a Systematic Review</i> (Dr Kathryn McCauley)
11:35	<i>Avoidant Restrictive Food Intake Disorder: diagnosis, innovations & research</i> Dr Jo Cryer (Evelina Children's Hospital)
12:20	Lunch & Poster session
13:20	Personal Practice Workshops – in person delegates only 2 x one-hour sessions (with 10-minute changeover) - session 1: 13.20-14.20 - session 2: 14.30-15.30 <i>See pages 22-24 for details and room locations</i>
15:30	Refreshments
15:45	<i>Transitions from care and care leavers' health and wellbeing</i> Professor Emily Munro (University of Bedfordshire)
16:30	Closing remarks & awarding of Prizes
16:40	Meeting closes

09:30-10:15 *Why research is important for community paediatricians - Georgian houses fractal geometry and preventing disability***Professor Alastair Sutcliffe (Professor of General Paediatrics, University College London)**

Professor Sutcliffe will give a brief example of a case where a child was born and during that process got brain damaged.

Neonatal brain injury is a government target with the lofty government led ambition to reduce brain injury at birth by 50%.

He will then overview a project whose medium-term ambition is to reduce brain injury due to prematurity secondary to ascending infection to show you where the state of the ART is going.

Professor Alastair Sutcliffe initiated his first studies of children with one regarding children born after embryo-cryopreservation in 1993-1994. His work started where Louise Brown was born, St Mary's Hospital Manchester and was cited in Hansard. This was the start of a long journey and many more studies (with over 100 scientific papers {out of a total of 210} and several books). He is regarded as one of the experts worldwide regarding the health of ART children but is also a children's Doctor (see www.londonpaediatrician.com). He and his team are currently studying adults who are subfertile as well as their children. His contribution to women's health has been recognised this year by being made FRCOG (ad eundem.) His present work is funded by Wellcome Foundation, Nuffield Foundation and NHMRC as well as the GOSH/ICH BBRC. Although involved in research since 1993, for the past 8 years Professor Sutcliffe has pursued his curiosity with the help of Dr Afzal and Professor Long in trying to develop a treatment for premature birth. This work is ongoing and subject to a registered patent. His origins as a tertiary trainee in Neurodevelopmental Paediatrics at the Donal Winnicott Centre and his many years working with Professor Brent Taylor have been a significant motivator in this journey

11:35-12:20 *Avoidant Restrictive Food Intake Disorder: diagnosis, innovations & research***Dr Jo Cryer (Consultant in Neurodevelopmental Paediatrics, Evelina Children's Hospital)**

Eating is an essential, yet emotive topic for children and young people with Avoidant Restrictive Food Intake Disorder (ARFID) and their families. ARFID has only been diagnosed since 2013, using DSM V criteria. This session will explore the challenges and benefits of making a diagnosis of ARFID and how we can practically help these families. As our number of referrals grow we have needed to adopt innovative ways of how we can meet the demand without compromising patient care; how we can liaise with local services and start to map out what services are offered across the country and develop a special interest group in this area. We are involved in 2 research avenues: gathering data to assess the impact our interventions are having on feeding difficulties and working with the BPSU to collect data on children and young people with ARFID in order to establish the prevalence of ARFID and the equity of care.

Dr Jo Cryer is a Consultant in Neurodevelopmental Paediatrics. She co-leads the Complex Feeding Service at The Evelina Children's Hospital and the Specialist Community Feeding Service at The Mary Sheridan Children's Centre in Lambeth. Dr Cryer also carries out neurodevelopmental assessments. She has an interest in mental health and integrating services to improve the patient journey and provide more holistic care. She completed her Paediatric specialist training in London and commenced her current role at The Evelina in 2021.

15:45-16:30 *Transitions from care and care leavers' health and wellbeing*

Professor Emily Munro (Professor of Social Work Research, University of Bedfordshire)

Drawing on qualitative data from an Economic and Social Research Council funded study, (as part of UK Research and Innovation's rapid response to COVID-19) the presentation will explore young people's transitions from care to adulthood with a particular focus on protecting and promoting care leavers' emotional health and wellbeing.

*Emily Munro is Professor of Social Work Research and Director of the Tilda Goldberg Centre for Social Work and Social Care at the University of Bedfordshire. She is Chair of the International Research Network on Transitions to Adulthood from Care, and co-edited *Young People's Transitions from Care to Adulthood: International Research and Practice* (Stein and Munro, 2008). She is currently Principal Investigator on an Economic and Social Research Council funded study on Care Leavers, COVID-19 and the transition from care.*

10:15-10:30 *Melatonin prescribing practices for children and young people with sleep difficulties: a national survey***Presenter:** Dr Saraswati Hosdurga (Consultant, Sirona Care and Health)**Authors:** S. Hosdurga, H. Law & M. Ogundele

Introduction:	Sleep disorders affect up to 80% of children with neurodevelopmental disorders and disability. This negatively impacts behaviour, cognition and growth of children. Melatonin improves latency, quality and duration of sleep. But evidence for particular dosage, form and duration of treatment is limited. Consequently, sleep practice varies in the UK.
Aims:	Our aim was to explore the current medicine management of sleep and identify Melatonin prescribing practices by community paediatricians, CAMHS and paediatric neurologists in the UK and understand if there is a need to draw up a national standardised Melatonin prescribing guidelines based on the consensus and evidence to ensure equity of care.
Methods:	A questionnaire survey with 17 questions divided into 3 domains was distributed between Oct - Nov 2021 to Community Paediatricians using BACCH mailing list and newsletter. Neurodevelopmental nurses, CAMHS and paediatric neurologist were contacted using WhatsApp groups and networks. 3 domains included; 1. Demographics 2. Melatonin and 3. Guidance.
Results:	139 responses were received. 85% were Community Paediatricians at Consultant grade (75%). Initiating dose was 0.5mg - 3mg. Follow up appointments varied from 6 months to 2 years. 34 % had no melatonin prescribing guidelines. 52% had no sleep pathway ,88% had no access to behaviour management and 63% had no access to specialist sleep clinic.
Conclusions:	Medicine management of sleep disorders in the community varied between the practitioners. There is a lack of guidance on sleep and melatonin management to cater local population. This national survey highlights the need for a standardised national guideline. This guidance will be presented at the conference.

10:30-10:45 *ADHD & girls; hearing their stories: a qualitative exploration of the experiences of girls being diagnosed with ADHD***Presenter & author:** Dr Laura Pountney (ST7 Community GRID Registrar, East and North Hertfordshire NHS Trust)

Introduction:	It is widely recognised that there exists a significant difference in the referral and diagnostic rates between boys and girls with ADHD. Current literature suggests that girls with ADHD often go unrecognised or are misdiagnosed. If left undiagnosed or untreated, children experience poor long-term social, academic, and emotional outcomes.
Aims:	The aim of this study was to explore the views and feelings of girls with ADHD about their experiences of living with ADHD and being diagnosed, to improve recognition of girls with ADHD and the diagnostic process for these children.
Methods	Girls aged 6-16 years old were recruited through nine UK ADHD charities. Semi-structured interviews were held over Microsoft Teams until data saturation. Parents of participants were invited to participate in a separate interview. The data was thematically analysed using an inductive approach.

Results:	Analysis of the data identified 4 key themes. Firstly, girl's experiences of living with ADHD, secondly girl's experiences of health care services, thirdly barriers being recognised including misconceptions around how ADHD presents, and finally improvements to the diagnostic pathway including peer support groups and teacher training initiatives.
Conclusions:	Improving understanding of how ADHD presents in girls for teachers, health professionals and the wider society would reduce misconceptions, improve recognition of girls with ADHD and improve care for this vulnerable population.

11:05-11:20 *Integrated care - better for the Patient and the Environment*

Presenter: Loren Molyneux (Medical Student, University of Cambridge)

Authors: A. Sansome, E. Ashby, I.B. Jalloh, L. Smith, H. Smart & L. Molyneux

Introduction:	Aiming to improved patient care, our MDT for children with Spina bifida has expanded from being Paediatric, Urology and Neurosurgery teams to also including Orthopaedics. Not only was this move popular with the clinical team it has made a difference to parents taking time off work, children being out of school and miles travelled to and from clinic
Aims:	We have reviewed the 49 children attending the MDT clinic over the last year to see how many visits only needed one consultant and how many others would have had two or three speciality clinics, had they not been seen in the MDT.
Methods:	The shortest distance in miles from home post code to the hospital site was calculated. All children required a single MDT visit. If opinions were required from the other specialists in the MDT they were identified as 2 or 3 other visits of the same mileage and the total calculated for each return trip.
Results:	<p>49 children attended the MDT clinic:</p> <p>11 required only one specialist input in clinic 23%</p> <p>17 required two specialist opinions 35%</p> <p>20 required 3 specialist opinions 42%</p> <p>If all 49 children had the annual appointment the mileage is 4472 miles</p> <p>For the 37 who would otherwise have required 2 or 3 clinics mileage is 9940</p> <p>The MDT saved 5468 miles.</p>
Conclusions:	With the current soar in fuel costs the new MDT facilitates a significant reduction in patient time, travel and cost. As the NHS tries to move to a more carbon neutral environment, if each of the families has an 'average new car' assuming a Carbon emission of 158g/mile, this small change has reduced the carbon footprint by over 10,000Kg CO ₂ .

11:20-11:35 *Prevalence of Selective Eating Behaviours in Children with Autism Spectrum Disorder: a Systematic Review***Presenter:** Dr Kathryn McCauley (ST3 Paediatrics Trainee, Belfast Health and Social Care Trust)**Authors:** K. McCauley, J. Bothwell, G. Stewart & M. Stewart

Introduction:	Selective eating behaviour (SEB) is common among children with Autism Spectrum Disorder (ASD), and includes subjective reports of picky eating, food selectivity and food refusal. A new diagnosis of Avoidant/Restrictive Food Intake Disorder (ARFID), which requires clinical sequelae, was added to DSM-5 in 2013.
Aims:	The increased prevalence of ASD has been associated with increased referrals to a local multi-disciplinary feeding clinic. This review aimed to collate the reported prevalence of clinically significant SEBs in children with ASD, in order to inform and facilitate service planning for these children.
Methods:	A systematic review was carried out. Medline, Pubmed and Healthcare Library of Northern Ireland (HONNI) databases were searched from 2013 to present. Inclusion criteria were age 0-18 years, diagnosis of ASD, subjective quantitative definition of SEB and reported prevalence of SEB.
Results:	Seventeen studies were identified. Reports of SEB fall within 4 subcategories - ARFID, total number of foods eaten, percentage of foods eaten from a Food Frequency Questionnaire (FFQ) and frequency of SEB. Prevalence ranged from 9-83%.
Conclusions:	The true prevalence of clinically significant SEB remains unknown. Consistent definitions and diagnoses across studies are required. The use of ARFID has the potential to provide a standardised diagnosis with validation of diagnostic tools.



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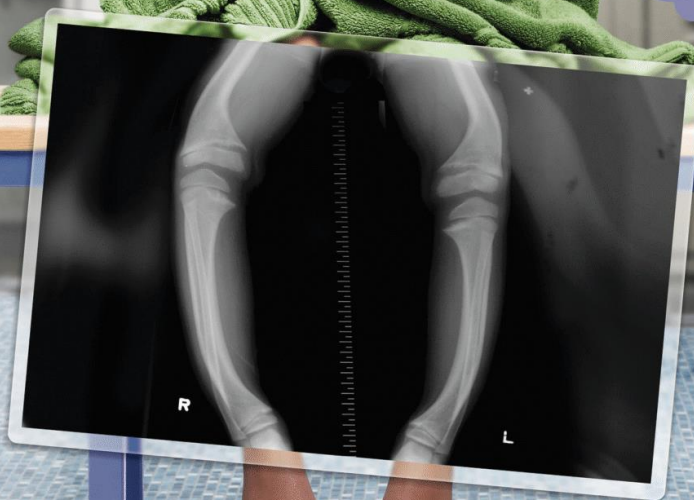
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KKI/GB/XLH/0052 September 2022 Abbreviations: XLH, X-linked hypophosphataemia.

Each Workshop lasts one hour and is run twice during the afternoon: 13.20-14.20 & 14.30-15.30

All workshop rooms are located on the first & second floors (room number indicated in brackets after title)

Workshop sessions are NOT available for virtual delegates.

Auditory processing – do you always need a diagnosis to help the child? (Room 1.47)

Facilitators: Dr Shailaja Kottapalli (Consultant Audiovestibular Physician, MCHT) & Dr Shankar Rangan (Consultant Audiovestibular Physician, Wirral University Teaching Hospital)

Synopsis

Although APD is not a 'new diagnosis', it is being increasingly recognised now and is becoming rather the norm for Educational Psychology reports to include auditory processing as an issue!

The different manifestations of APD will be discussed. The types of APD will be briefly covered. The impact of APD on a child and the presentation as seen by paediatricians will be discussed. Expectations of parents, teachers and other professionals, and management options will be considered.

Delegates/attendees will be able to discuss:

- What APD is and What it is not
- What methods are available to assess/diagnose it
- What impact it has on a child
- What management is available & what you can do to help the child if you do not have access to testing

They will learn more about: When to refer onwards; What advice they can give; What to say to parents &/or child.

Biographies

Dr Shankar Rangan works as a Consultant Audiovestibular Physician in Paediatrics at Wirral University Teaching Hospital NHS Foundation Trust and is Head of the Department of Paediatric Audiovestibular Medicine. His particular area of interest is aetiology of permanent childhood hearing impairment, and he runs the course "Aetiological investigations for hearing loss in children" at ICH London. His other areas of interest include APD, tinnitus and Hyperacusis in children and Paediatric Balance problems. He is the Northern representative for the British Association of Paediatricians in Audiology and the Vice-President of the British Association of Audiovestibular Physicians

Dr Shaila Kottapalli is a Consultant Audiovestibular Physician working in Paediatric Audiology at Mid Cheshire Hospitals NHS Trust. She has just taken on the role of deputy representative for BAPA Central, East of England and South East.

Child death review and the community paediatrician (Room 1.48)

Facilitators: Dr Sarah Steel (Community Paediatrician & Designated Dr Child death & LAC Norfolk Community Health & Care NHS Trust) & Dr Jamie Carter (Consultant Paediatrician, Designated Doctor for Safeguarding Children & Designated Paediatrician for Child Deaths, Sussex Honorary Clinical Senior Lecturer BSMS Sussex Community NHS Foundation Trust)

Synopsis

Aims: to encourage all community paediatricians to become involved in the child death review process.

Learning Objectives:

1. Understand the importance of the CDR process, the Joint agency response (JAR) and completing a reporting form B
2. Increase confidence in running or contributing to a child death review meeting as a community paediatrician
3. How to encourage open discussion and identify wider learning and decide what might be modifiable to prevent deaths in the future.

Plan: Using a case study of a child with complex needs who dies unexpectedly, we will use a form B to run a child death review meeting and complete an analysis form.

We will consider:

- How to structure a Child death Review meeting
- Encourage openness
- Manage emotions
- Identifying and agreeing on modifiable factors
- Capturing and disseminating learning

Biographies

Dr Sarah Steel is a Consultant Community paediatrician and Designated Paediatrician for Child Deaths in Norfolk and Suffolk. She was previously Designated Dr for Safeguarding and took on the role of Designated Paediatrician for Child Death in 2019.

She chairs the Eastern Region CDOP group and is a member of the new Association of Child Death Review Professionals.

She has worked as a community paediatrician in Norfolk since 2000 and has an interest in Looked after children and adoption, having been a medical advisor to the Norfolk adoption and family finding unit. She is currently also Designated Dr for Looked After Children and chair the Eastern Region LAC group.

Dr Jamie Carter is a Consultant Paediatrician and Designated Paediatrician for Child Deaths in Sussex who has worked in Paediatrics for the last 19 years and was the Assistant Child Protection Officer for the RCPCH until December 2018. This involved developing and delivering the Forensic Sexual Assault Best practice course. He is a member of the ACDRP.

He has worked as a Consultant Paediatrician in the NHS for the last 12 years and is also employed as the Designated Doctor for Child Protection in Brighton & Hove and West Sussex.

He completed a Fellowship in the Child Protection Unit at Sydney Children's Hospital, Australia and is trained in the forensic assessment of children who have been suspected of being sexually abused. I have specialist interests in FASD and developmental trauma.

How can we improve timeliness and quality of autism service delivery? (Emerging findings from Realist Evaluation) (Room 1.49)

Facilitators: Dr Ian Male (Consultant Community Paediatrician/Honorary Senior Lecturer, Sussex Community NHS Trust/Brighton and Sussex Medical School), Professor Jeremy Parr (Professor of Paediatric Neurodisability, University of Newcastle) & Dr William Farr (Senior Research Fellow Sussex Community NHS Foundation Trust/University of Cambridge)

Synopsis

We will present the emerging findings from the Realist Evaluation of Autism Service Delivery with suggestions that may help improve timeliness and quality of service delivery. We are keen to hear your views on our suggestions to contribute to final recommendations we give to NHS England. This is your chance to have a say.

Biographies

Ian Male is a consultant community paediatrician based in Sussex and BACCH Workforce Officer. He runs weekly diagnostic clinics for children with social communication difficulties alongside work with neurodisability and is part of the trust neurodevelopmental pathway working group. His research interests include how to improve autism service delivery and the use of digital technology either therapeutically or in diagnosis

William Farr is a senior research fellow in Sussex, and now also working in the dept of education at Cambridge. He previously worked as a school SENCO and deputy head, developing a particular interest in children with autism. His research interests include how to improve autism service delivery and the use of digital technology either therapeutically or in diagnosis.

Jeremy Parr is Professor of Paediatric Neurodisability in Newcastle and chair of the BACD Strategic Research Group. He leads the tertiary neurodevelopmental service at Newcastle and has led several research studies in autism and neurodisability, for example the Drooling Study.

Integrated Care Systems and Community Child Health (Room 2.31)

Facilitators: Dr Doug Simkiss (Chief Medical Officer and Deputy Chief Executive, Birmingham Community Healthcare NHS Foundation Trust/ BACCH Chair)

Synopsis

In England 42 Integrated Care Systems (ICS's) were formed on 1st July 2022 and move the NHS and adult social care towards more collaboration from a system predicated on competition for several decades. This workshop will look at the stated purposes of ICS's and how the needs of children can be represented in the structures and governance. Insights from the other countries of the UK that may be further on the collaborative journey would be very welcome.

Biography

Doug Simkiss is currently Chair of BACCH. His day job is as Chief Medical Officer and Deputy Chief Executive of Birmingham Community Healthcare NHS Foundation Trust. He has honorary academic posts at Warwick and Aston Universities. In his ICS (Birmingham and Solihull) he is the Senior Responsible Officer (SRO) for tackling poverty for children and Deputy SRO for transforming services for children. He is also a member of the ICS Quality Board and the ICS Inequalities Board.

Writing the EHCP health advice for children with Down Syndrome (Room 2.33)

Facilitators: Dr Shiela Puri (Consultant Paediatrician & Designated Medical Officer, Leeds Community Healthcare NHS Trust/ Honorary Senior Lecturer, Leeds School of Medicine) & Julian Hallett (Services Development Manager, Down's Syndrome Association)

Synopsis

Paediatricians can often be the only person contributing to the EHCP who has specialist knowledge of medical conditions. It is therefore important that the EHCP health advice you write for a person with Down syndrome (DS) includes relevant specific information about how this condition can affect their learning.

In this workshop we will review the common conditions that impact on learning DS and share good practice examples. There will also be feedback from young people and parents on what they think we should include. We hope to use the information from discussions to develop a guidance on writing EHCPs that will be available on the Down Syndrome Medical Interest Group website.

Biographies

Shiela Puri is a Consultant Paediatrician with an interest in Paediatric Neurodisability and Designated Medical Officer, Leeds Community Healthcare NHS Trust, Honorary Senior Lecturer, Leeds School of Medicine since 2003. She was Chair, Down Syndrome Medical Interest Group (DSMIG U.K & Ireland) 2018-2021. She co-edited the book "Down Syndrome: Current Perspectives" MacKeith Press 2015. She also has a special interest in Transition from paediatric to adult Services and authored a chapter on "Transitions" in the book Children with Neurodevelopmental Disabilities and co-presented the RCPCH webinar on Transitions: Ensuring high quality care for young people aged 14-15. She is currently supporting the NCEPOD review in Transition from Children's to adult services.

Julian Hallett is Services Development Manager at The Down's Syndrome Association and has a role in coordinating an information, advocacy and training service for individuals who have Down syndrome, their families and the professionals who work with them. Julian's recent focus has been engagement with the Department of Health and Social Care during the COVID19 pandemic.

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DATE OF REVISION OF PRESCRIBING INFORMATION: June 2021

References

1. *BNF for Children*. <https://bnf.nice.org.uk/drug/melatonin.html#indications> And Doses [Accessed January 2022]. 2. Slenyto SmPC [Accessed January 2022].

Date of preparation January 2022 UK/SLY/2021/1859



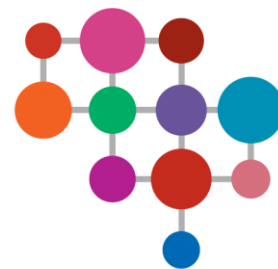
The following posters are displayed in the main atrium area; please take time during the breaks to view them. The poster prize winner will be announced at the end of the conference.

<p><i>A clinical checklist of causes of behaviours that challenge in children with moderate-profound intellectual disability and complex needs</i> Authors: Dr Hayley Trower and Dr Hayley Crawford</p>
<p><i>A research project carried out in Kettering and the surrounding areas in 2021 to determine primary and secondary school teachers' knowledge of ADHD</i> Authors: Dr Mahdiah Malekpour, Dr Proscovia Kabanda-Iga</p>
<p><i>Addressing Health Needs of Unaccompanied Asylum Seeking Children in South London Borough of Southwark</i> Authors: Dr Kate Lydekker, Dr Amanda Fenech, Dr Anupama Dolly Agrawal</p>
<p><i>Advanced Clinical Practice – Community Paediatrics</i> Authors: Gillian Middleditch and Dr Kim Blackwell</p>
<p><i>Audit of clinical records to determine if the preferred method of communication is clearly documented in children with a neurodisabling condition</i> Authors: Victoria Pennock, Catherine Hiley, Yasmin DeAlwis</p>
<p><i>Development of a globally validated open-access screening and diagnostic tool for autism spectrum disorders</i> Authors: Rebecca Searle, Amina Abubakar, Eva Mwangome, Petrus De Vries, Melissa Gladstone</p>
<p><i>Down syndrome and Coeliac disease: do current screening strategies work?</i> Author: Greg Cameron Marlow</p>
<p><i>Early detection and intervention for young children with early developmental disabilities in Western Uganda: a mixed-methods evaluation</i> Authors: Samantha Sadoo, Ruth Nalugya, Rachel Lassman, Maya Kohli-Lynch, Golden Chariot, Hannah G Davies, Euphrasia Katuutu, Melissa Clee, Janet Seeley, Emily L. Webb, Rehema Mutoni Vedastine, Fiona Beckerlegge & Cally J. Tann</p>
<p><i>Evaluation of a behavioural sleep intervention for children and young people with sleeping difficulties</i> Authors: Dr Natalie Garrod, Ibrahim Vhora, Dr Harsha Hanumanthaiah</p>
<p><i>Evaluation of the notifications of Children Looked After presenting to the emergency department</i> Authors: Michelle Subadha, Dr Bethan Williams</p>
<p><i>Exploration of the need for psychology support for children who attend community paediatric clinics in Gloucestershire</i> Authors: McAuley C, Verstandig, T, Beckess L, Lamb K</p>
<p><i>Identifying the wider needs of the patient through CHECC (Child and Young person Epilepsy Concerns Checklist)</i> Authors: Dr Hannah Steedman, Dr Gabriel Whitlingum</p>
<p><i>Improving Child Protection Training</i> Authors: Emily Tabb and Rachel Weerasinghe</p>
<p><i>Improving the Immunisation Pathway for Young People in Care</i> Author: Hannah Dumelow</p>

<p><i>Improving the management of Spina Bifida; Learning from the improved outcomes in Cerebral Palsy by integration of Care with Community Services and standardisation of surgical decision making</i> Authors: Dr Alison Sansome, Miss Elizabeth Ashby, Mr IB Jalloh, Helen Smart, Liz Smith, Loren Molyneux</p>
<p><i>Improving training for CCH GRID trainees: how to get the rota right?</i> Authors: Dr Lucy Shapiro</p>
<p><i>Levels of obesity in children and young people being seen in the Community Paediatric clinic at East Kent Hospitals University Foundation Trust</i> Authors: Dr Katie Nicholls, Dr Katy Grilli, Dr Obori Ikpeme, Dr Vinit Shah, Dr Zoe Field</p>
<p><i>Outcomes from holistic sleep assessment; evaluation of activity from a Community Paediatric Sleep Clinic, Lambeth and Southwark</i> Authors: Thavarajah L, Robertson A, Fernandez P, Webster L, Wickramasinghe R, Satariano S, Pye N, Turnbull JR</p>
<p><i>Peer on Peer abuse – The North East of England Picture: Analysis of peer on peer abuse of children and young people acutely referred to the Paediatric Forensic Network (PFN) between the 1st April 2020 and 31st March 2021</i> Authors: Victoria Pennock, Caroline Grayson</p>
<p><i>Professional perspectives on the barriers and facilitators to implementation of early identification tools in the follow up of neurodevelopmentally high-risk infants in Liverpool.</i> Authors: Karen Martin, Maw Tan, Melissa Gladstone</p>
<p><i>Survey of trainee interest in developing a Community Child Health SPIN module</i> Authors: Dr May-Lin Lui, Dr Nia John, Dr Emma Bradley</p>
<p><i>Sustainability in the NHS: A snapshot paediatric point of view</i> Authors: Emily-Jane Musgrave, Dr Nivedita Bajaj</p>
<p><i>The Impact and Effect of Parental Substance Misuse on Looked After Children under the adoption regulations</i> Authors: Emily Balls, Dr Bethan Williams</p>
<p><i>Turning round an East London Autism Service - The Children with Autism in Newham Diagnosis Service – CHAND – because every child deserves to shine</i> Authors: Shermina Sayani, Florence Cobb, Laurie Nettle, Maria Adebiji, Sarah Skeels, Julie Proctor</p>

****Title and author details are as listed on abstract submission****

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