

healthcare resource allocation. Finally we consider a number of objections associated with the implementation of our framework.

Conclusion Children with complex conditions are excluded from considerations based on which NHS healthcare prioritisation decisions are made. Our framework helps ensure that the distinct needs and vulnerabilities of those children are not neglected and improvements in children and young people's (CYP) care and health outcomes are given proper weight in any deliberation about resource allocation and in providing the basis for a more comprehensive understanding of children's equality and fair policy making in other contexts.

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SAFEGUARDING CHILDREN WHO ARE VICTIMS AND WITNESSES IN CRIMINAL CASES: A REVIEW OF THE PROTECTIONS IN PLACE IN THE UK

Katherine Harris*. *University of Cardiff*

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Objective To critique protective adaptations for child witnesses in the UK, including current provisions and proposed reforms.

Methods Statute, case law and stakeholder reports were reviewed, their rationale considered and implementation and implications assessed.

Results There are 30,000–40,000 child and young witnesses who are required to give evidence each year.¹ Children have differing needs to adult witnesses, particularly with respect to their competency, emotional capacity and memory.² As a result, there are a variety of adaptations in place to allow children to give evidence, whilst maintaining the defendant's right to a fair trial. Some special measures, including allowing child witnesses to give video-linked or pre-recorded evidence and the use of an intermediary, are enshrined in statute³ and others, like requiring simpler and age-adjusted questioning, have gained precedent from case law.⁴ More recently, all Crown Courts may discretionarily allow pre-recording of cross-examination, which allows questioning in a more timely manner, neutrally, at scheduling of the victim and their family's convenience.⁵ In Iceland, they take a Barnahus approach. This means there is full integration of the medical, social and legal input in cases of child sexual assault, at the point of reporting, negating the need for further testimony from the child later⁶ and a Barnahus-like model has been trialled in London recently.⁷

Conclusions Although there are clearly a broad range of measures in place in the UK to support child witnesses, there is stark variation in their use, due to under-resourced services – both locally and nationally – and poor awareness of what is available.

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Children's Cancer and Leukaemia Group

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'EVEN NOW AS A MUM, I DON'T KNOW WHAT 'JUST VIRAL' MEANS': PARENTAL PERCEPTIONS OF CHILDHOOD CANCER, THE CHIP STUDY

¹Shaarna Shanmugavadivel*, ¹Jo-Fen Liu, ²Neil Ranasinghe, ²Angela Polanco, ¹Shalini Ojha, ²Ashley Ball-Gamble, ¹David Walker, ¹Kavita Vedhara. ¹University Of Nottingham; ²Children's Cancer and Leukaemia Group

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Objectives Childhood cancer is the commonest illness resulting in death in 1–14 year olds in the UK. Early diagnosis is key, however delays in diagnosis exist at patient and system level. Understanding public perceptions will allow tailored public health education to accelerate diagnosis. The purpose of this qualitative study is to explore parental perceptions of childhood cancer and healthcare-seeking experiences prior to their child's diagnosis.

Methods Parents of children with cancer were eligible to take part. Participants were recruited through social media and parent reference groups of our charity partner. A topic guide was developed by the research team with parent advisors (AP, NR) and refined in a PPI workshop, addressing childhood illness, barriers/facilitators to seeking healthcare and childhood cancer knowledge. The focus group took place face-to-face. Discussions were audio-recorded and transcribed verbatim. Epistemologically, a realistic/essentialist approach was taken, reporting experiences, meanings and reality of the participants. Thematic analysis was used to identify and report patterns in the data. An inductive approach was used to generate codes and themes, with open coding and independent validation.

Results Two overarching themes were identified.

1. Factors impacting journey to diagnosis

Sub-themes included pre-conceptions of cancer and perceived challenges in healthcare interactions. Participants described how cancer was 'never on the radar before' due to absence of personal experience, perceived rarity and lack of knowledge/awareness of presentation. Denial that it could be cancer and false reassurance from family/friends, contributed to their diagnostic journey. A conflict between gut instinct and trust in the doctors was a recurring theme. Doctors attributing symptoms to 'just a virus' with little safety netting left parents feeling like time-wasters when repeatedly attending due to ongoing concern.

2. Impact of diagnosis on healthcare interactions

Sub-themes include change in parental health-seeking behaviours and change in perception of healthcare professional's attitudes. Parents reported increased assertiveness, increased confidence in their gut instinct and lower thresholds for seeking advice. Perceived change in attitudes of GPs was reported, with lower thresholds for seeing/investigating them and providing reassurance that their health seeking behaviours were valid.

Conclusions These data provide insight into parental perceptions of cancer and how this influenced their diagnostic journey and health-seeking behaviours afterwards. Good safety netting and red flag advice is crucial, especially with persistent

non-specific presentations. Further work comparing these perceptions with parents without cancer experience is in progress. These data will help inform messaging for a public health awareness campaign, Child Cancer Smart.

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THE VALUE OF EDUCATIONAL ACTIVITIES DELIVERED BY THE CCLG PAEDIATRIC ONCOLOGY TRAINEES GROUP (POTG)

¹Sarah Al-Jilalawi, ¹Anna Capsomidis*, ²Janice Pearce, ³Thomas Jackson. ¹Bristol Royal Hospital for Children; ²Southampton Children's Hospital; ³University College London Hospital

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Objectives The Paediatric Oncology Trainees Group (POTG) is a group of trainees with a specialist interest in paediatric oncology. Our aim is to promote interest, provide trainee support, facilitate multi-centre audit collaboration, and deliver high-quality universally accessible sub-specialty education and training. Membership is open to health professionals at any stage of training in the UK and is facilitated through the Children's Cancer and Leukaemia Group (CCLG). Educational activities offered include: monthly virtual trainee-led Paediatric Oncology Education and Training ('POET') evening teaching, an annual face-to-face training weekend, and quarterly virtual national GRID teaching afternoons. POET sessions vary in content from disease-specific case-based discussions, research-focused presentations and talks from allied professionals. National GRID teaching was initiated in 2022 to provide accessible high-quality expert-led sub-specialty training aligned to the RCPCH paediatric oncology GRID curriculum.

Aim To assess the value of peer-led and expert-led educational activities offered by the POTG.

Methods All educational activities were planned and facilitated by the POTG committee, with opportunities for individual oncology GRID trainees to organise and host national GRID teaching from their Primary Treatment Centre. All participants were invited to provide online feedback after each session.

Results There were 36 responses covering 6 POET sessions and 79 responses from 3 GRID sessions. Overall attendance at POET and national GRID teaching sessions included 33.3% oncology GRID trainees, 36% general paediatric trainees, 16.7% clinical fellows, 11.1% consultants and 2.8% advanced clinical practitioner. 83.3% strongly agreed and 16.7% agreed that POET sessions were relevant to their training. 77.8% strongly agreed and 19.4% agreed that the delivered content was at the appropriate level for their training and 72% strongly agreed that the evening sessions were enjoyable. Feedback from national GRID teaching was that 93% found the sessions either extremely or very useful, and 100% felt that further sessions would be a useful addition to training.

Conclusion The POTG educational programmes are well received by participants, who find the sessions accessible, relevant, and engaging, with an overall positive impact on training. This demonstrates the value of a trainee-facilitated sub-specialty educational programme. Attendance was higher at

sessions delivered by experts and in working hours, compared to trainee-led evening events. Our next steps are to facilitate improved attendance by oncology GRID and SPIN trainees and to deliver future sessions based on trainee feedback.

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THE IMPACT OF PRIMARY CENTRAL NERVOUS SYSTEM TUMORS (CHILDREN) ON THE QUALITY OF LIFE OF THEIR PARENTS: A QUALITATIVE STUDY

Rahima Al Ismaili*. *Rahima*

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Objectives Determining the quality of life of parents of children (up to age of thirteen years) diagnosed with primary CNS malignancies, by surveying their physical, psychological and emotional well-being.

Methods This study aims to understand the aspects affected using an accredited world health organization quality of life assessment tool (WHOQOL-BREF).

Results Six Omani families (twelve parents) have been interviewed. Four main aspects of the quality of life; physical, emotional, and psychological wellbeing in addition to the interpersonal relationships.

The interviews highlighted four common categories affected; difficulty in adjustment at the time of the diagnosis due to grief, psychological distress, social relations affection and other burdens (finances and work-life balance) (included in table 1).

Conclusion There is a great need in Oman for a structured screening and support system at the time of the diagnosis that can tackle the aftermath of the diagnosis before it becomes an obstacle against providing optimal caregiving.

Abstract 435 Table 1

Category	Themes	Examples from the interview
Receiving the news	Grieving	"Felt pain when I found out about the disease, I had a nervous breakdown".
Psychological impact	Negative thoughts	"cancer is linked to death ... I thought she will die immediately ... we were constantly worried".
	Believes and faith	"we are not supposed to object God's commands".
Social relationships	Good relationships and support	"we maintain good relationship with their families and friends things have not changed"
	Staying protected	"no visitors we mostly in touch with the family through the phone/ messages. Physical