

**Process:** What is the best way of identifying parents' learning needs/preferences? Using a structured questionnaire or a semi-structured discussion?

**Outcome:** How can information about parents' learning needs/preferences be used? Are professionals able and willing to adjust their practice to meet parents' needs?

**Conclusions** Though professionals may develop an understanding of how to support parents' learning over time, they can sometimes misjudge parents' needs. Therefore, parents should routinely be asked about their learning needs/preferences. The PLAnT could be used to identify these needs, though further refinement, piloting and feasibility testing is required in future research to address the questions raised by the current study.

G42

#### A QUALITATIVE STUDY EXPLORING THE ATTITUDES OF ACUTE CARE CHILDREN'S NURSES ON OPPORTUNISTIC HEALTH PROMOTION IN OVERWEIGHT CHILDREN

<sup>1,2</sup>N Greenwood, <sup>1</sup>K Lewis. <sup>1</sup>Health and Human Sciences, University of Huddersfield, Huddersfield, UK; <sup>2</sup>Children's Ward, Calderdale and Huddersfield NHS Trust, Halifax, UK

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**Background** Childhood obesity is a national and global issue within public health and continues to be a priority for the Department of Health. Childhood obesity poses a significant risk to psychological and physical health, both now and in the future. The NHS Future Forum set out a vision for all health care professionals to 'make every contact count' by delivering health promotion strategies.

**Aim** To explore the attitudes of children's nurses about delivering health promotion to overweight children and their families during hospital admissions.

**Method** A qualitative study, based on semi-structured interviews, involving six children's nurses from a UK based NHS funded hospital. Interviews were recorded and transcribed, from these transcripts thematic analysis was performed

**Findings** Six themes emerged from the data i) responsibility for delivery of health promotion, ii) sensitivity of the issue, iii) benefits of health promotion iv) influence of parents, v) skills of the nurses and vi) institutional support. The children's nurses perceived their priority for the children in their care was the treatment of the child's illness and that the acute care setting was not the appropriate environment to deliver health promotion. Length of experience and training did not affect the attitudes reported.

**Conclusions** Childhood obesity is a serious issue demanding action from health care services and the professionals involved. Nurse in acute care settings do not perceive health promoting in relation to obesity is within their scope of practice. Further research is required to facilitate the development of ethical policies on the delivery of health promotion strategies within the acute care setting.

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#### TEACHING FOR LIFE PROJECT

<sup>1</sup>K Summers, <sup>2</sup>S Robinson, <sup>3</sup>I Durrant, <sup>3</sup>A Ekins, <sup>3</sup>H Jones. <sup>1</sup>School of Nursing, Canterbury Christ Church University, Canterbury, UK; <sup>2</sup>School of Public Health, Canterbury Christ Church University, Canterbury, UK; <sup>3</sup>School of Education, Canterbury Christ Church University, Canterbury, UK

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**Aims** There are increasing numbers of children with life limiting (LL) or life threatening (LT) conditions in mainstream schools. Previous research shows that the needs of these children are not being well met. The symptoms of their condition and its treatment can interfere with a child's whole school experience including their learning, their self-esteem and their relationships. Many children and parents feel under supported by schools. In England, the Children and Families Bill (2013) aims to bring about better integration of health care, social care and education for these children. The Teaching for Life project is a collaborative project between the disciplines of Education and Health and Social Care which aimed to explore the needs of teachers in relation to working with children with life limiting or life threatening conditions.

**Methods** Comprised of an on-line questionnaire to 550 teachers undertaking the Special Education Needs training and teaching staff in mainstream schools who had experience of working with children with life limiting or life threatening conditions. Post the questionnaire a series of focus groups were also undertaken with groups of teachers who had experience and those without.

**Results** The most common LL/LT condition experienced by teachers was cancer followed by cerebral palsy, Duchennes muscular dystrophy and cystic fibrosis. There was a wide variance across schools about who was responsible for keeping medical and care needs updated. Half of the teachers involved in the study had delivered medical care for a child which had led to high levels of anxiety from teachers re meeting the child's medical needs. There is a need for good multi-disciplinary working around the child.

**Conclusions** Teachers wanted more information, guidance and emotional support with a whole school approach on emotional health and wellbeing. There is a definitive need for true collaboration and inter professional working to be more effective to meet the needs of teachers and children with LL/LT conditions in main stream schools.

G44(P)

#### ENLISTING PARENTS AS SCREENERS FOR DEVELOPMENT DYSPLASIA OF THE HIP – A REVIEW OF A SELF-CHECK GUIDE

A Lee, N Doherty, R Dodds, N Davies; Department of Paediatric Orthopaedics, Royal Berkshire Hospitals NHS Trust, Reading, UK

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Infants have been screened for developmental hip dysplasia (DDH) since the late 1960's. The recognition of the importance for early identification of the condition has been well documented. However, the changes to the national screening programme in 2008 have reduced the surveillance of DDH following the removal of the 8 month infant hip check, leaving only the 6–8 week hip check as standard.

A self-check guide for DDH has been developed to enlist parents as screeners for the condition. The guide highlights common signs used to alert to the possibility of hip dysplasia or dislocation. The guide was distributed out between 2008–2013 through maternity services and Health Centres. The guide provided parents with information on classic signs associated with DDH which they were asked to check for.

Of those infants referred to our specialist clinic as a result of parental screening, 73% were "abnormal" of these 33% went on to treatment with splintage. The mean age of these infants was 5.36 months. 20% of positive findings were in infants aged 7 month or over at the time seen. None went on to open