

discussions to effect this transformation and are implementing service improvement.

Crucially and incrementally managers and commissioners have pledged their support to escalate and influence essential changes in practice.

G15 A ONE YEAR LONGITUDINAL STUDY ON EFFECTIVENESS OF STRATEGIES TO ENGAGE 'HARD TO REACH' LOOKED AFTER CHILDREN'

S Cope. *Looked After Children, Heart of England Foundation NHS Trust, Birmingham, UK*

10.1136/archdischild-2015-308599.15

Guidance for Looked after Children (LAC) stipulates the requirement for detailed health assessments by specialised professionals on entry to care and regularly thereafter. However it was identified in 2012 that locally a high proportion of LAC consistently refused health assessments.

Aim To conduct a needs analysis and identify if new strategies could increase engagement and participation.

Method The specialist nurse for LAC contacted a randomised sample of 'health decliners', carers social workers collating reasons for refusal and feedback on suggested alternative approaches to address the issues. Reasons were categorised but general consensus was the current approach to health assessments was too clinical and rigid especially with venues and times. Many felt stigmatised resulting in non-compliance. The nurse drafted a 'decliner pathway' outlining a coordinated holistic response which included all key professionals and carers. Concurrently the nurse dip sampled nationally practice with assessments concluding a system wide re-think on practice (as below, Table 1) could benefit the whole LAC cohort:- different assessment documentation for children aged above nine increased holistic /less rigid focus alternative venues/times.

Subsequent informal and formal consultation with stakeholders, carers and cohort achieved agreement to pilot the decliner pathway and adapted practice*.

Results Based on a local LAC population of 366. Decliner cohort and therefore sample size was 75.

Abstract G15 Table 1 Decliner interventions April 2012–March 2013

Decliner referrals	Number that engaged	Number that remained decliner'	% successful intervention
75	62	13	82

*Study results were reported to all stakeholders.

Conclusion This study evidences adapted practice and strategies with operational and strategic input (NICE standards) led to increased engagement with this highly vulnerable group.

Increased access to specialised support may help empower, reduce health inequality potentially optimising positive future health outcomes.

G16 INTRODUCTION TO THE WELL NORTH PROJECT AND THE POTENTIAL IMPACT ON CHILD HEALTH

M Marshall, H Hurst. *Central Manchester Foundation Trust, Manchester, UK*

10.1136/archdischild-2015-308599.16

Background The Health of children in the UK is generally worse in the North of England where there are higher levels of child poverty. Evidence demonstrates that early disadvantages track forward, to influence health and development in later life and that children who start behind stay behind. Whitehouse (2014) and Marmot (2010) highlight the complexities and demonstrate a clear correlation between poverty, deprivation and poor health outcomes.

Aims The intention of this paper is to introduce a Public Health England funded project for the North of England called 'Well North'. The overarching strategic aims of which are to:

Improving the health of the poorest fastest Reducing levels of worklessness a cause and effect of poor health Reducing premature mortality Improving health inequalities.

Method One of the unique key factors for this project is the engagement of the communities; understanding problem areas and reviewing best practices. Methodologies from the early phase will be presented in this paper.

Hot Spot Analysis. Pilot sites from across the region will be identified, within each of the pilot site a hot spot analysis will be undertaken to identify high rates of emergency hospital admissions. When matched against a combination of hospital and council data will identify socially and economically disadvantaged communities.

Appreciative Inquiry is a recognised method for studying and changing social systems that builds on the core aspirations that exist within an individual or group seeking to introduce change. Using the method the project team together with local community champions will explore the health attitudes, beliefs and behaviours of residents and multiple agency professionals living and working within these communities, seeking together to identify and implement a range of interventions that will improve the health and wellbeing of residents.

Conclusions This paper introduces only the early phase of the project. Ultimately, it is crucial that the end result of the project reduces health inequalities and in doing so produces a model of health and social care delivery that will enable every child to have the best start in life.

G17 CHILDHOOD MULTIPLE SCLEROSIS: AN EXAMINATION OF FAMILIES EXPERIENCES, SUPPORT NEEDS AND CURRENT SERVICE MODELS IN THE UK

S Kirk, D Hinton. *School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK*

10.1136/archdischild-2015-308599.17

Aims Increasing numbers of children and young people are being diagnosed with multiple sclerosis (MS). However, there is a lack of research about young peoples' and parents' experiences of living with MS and it is unknown how appropriate current support is for families. This presentation will report the findings from the first UK study that has explored the experiences and needs of parents and young people and examined the adequacy and appropriateness of services and support for this group of families.

Methods A qualitative approach (grounded theory) was taken. Semi-structured, in-depth interviews were conducted with 21 children/young people, 31 parents and 20 health-care professionals. The sample was recruited via health service and voluntary sector organisations across the UK. Data were analysed using the constant comparison approach.