

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'

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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

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**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

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**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.

**Findings** Obtaining a diagnosis was a difficult process characterised by delays, alternative diagnoses, uncertainty and conflict (inter-professional and parent-professional) that related to the condition's rare and newly recognised status. Families experienced an MS diagnosis as both a desirable and undesirable event in their lives. Disclosure of the diagnosis to others produced a range of responses including disbelief which could contribute to an ongoing sense of uncertainty. Life with childhood MS was a challenging and distressing experience for families because of its uncertain and variable nature. Parents and young people reported feelings of depression and isolation. Families lacked information about the condition and found it difficult accessing specialist expertise as well as peer support due to the condition's rarity. Different service models were evident across the UK with adult services playing a key role in supporting families and paediatric clinicians. Healthcare professionals faced challenges in organising services and therapies (including medications) to support families at home and in school. This was compounded by the variable and unpredictable needs of children/young people with MS. Families valued receiving support from a specialist nurse although this was not provided by many centres.

**Conclusions** This study has illuminated young people's, parents' and professionals' experiences of childhood MS, how services are organised and the current gaps in support. These findings may have relevance to other rare childhood conditions.

#### G18 EVALUATION OF A PEER PARENTING SUPPORT SCHEME FOR PARENTS OF DISABLED CHILDREN

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**Aim** This presentation will discuss findings from a study which evaluated Scope's Face 2 Face peer parenting support scheme for parents of children with a disability or additional need within a regional children's hospital.

**Methods** Data were collected before and after the period of befriending from the parents providing support (befrienders) and the parents receiving support (befriendees). This was a mixed methods study. Quantitative data were collected from the administration of four structured questionnaires (GHQ-12, Paediatric Inventory for Parents, Peds QL™ Family Impact Module, Contact with Health Professionals). Qualitative data were collected during semi-structured qualitative interviews.

**Results** 26 befriendees (24 mothers and 2 fathers) and 13 befrienders participated in the research project. In total 72 sets of questionnaires were completed and 75 interviews were conducted. The parents in this study (befriendees and befrienders) demonstrated high levels of psychological distress (GHQ-12 scores) before befriending compared to other published parent literature. The befriendees and befrienders reported positive experiences of the scheme and this was reflected in their improved questionnaire scores for psychological wellbeing, family functioning and health related quality of life. Despite improved scores the parents continued to demonstrate poor psychological and emotional wellbeing. After the befriending experience, the befriendees reported coping better, developing a positive view of being a parent to a disabled child and feeling

more able to move forwards. The befrienders described both a sense of fulfilment and worth at being able to help and support another parent and they expressed a renewed sense of well-being.

**Conclusion** The findings demonstrated the need to address and support the emotional wellbeing of parents with disabled children and highlights the importance of this support being delivered by other parents who 'know and have been there'. Befrienders and befriendees reported improvements in psychological well-being, family functioning and health-related quality of life.

#### G19 IMPROVING OUT OF HOURS PAEDIATRIC SERVICES: THE ROLE OF A CLINICAL NURSE COORDINATOR AT A TERTIARY CHILDREN'S HOSPITAL

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**Background** 75% of hospital working time is out of hours. The Department of Health recognises that patient safety in hospitals during these hours is a significant problem and recommends this as an area for change 1,2. Hospital at night (HaN) services have been implemented to address this concern. The HaN ethos aims to deliver safe patient care by utilising the skill mix and competences of a centralised multidisciplinary team 3. Senior paediatric nurses are often more experienced than junior doctors at managing paediatric patients and delivering clinical care and are therefore suited to undertake coordinator roles in such settings. This enables them to undertake work traditionally performed by doctors and also provide support to ward nurses 4,5.

**Aim** To evaluate the effect of a HaN clinical nurse coordinator (CNC) on the workload of the medical team.

**Method** 8 senior nursing staff with advanced skills were recruited to pilot a clinical nursing HaN role for 6 months, between the hours of 18.00–02.00 daily. The nurses held the medical SHO bleep and were responsible for triaging, undertaking procedures, performing reviews and coordinating escalation of care.

A proforma was developed to gain quantitative evidence of the bleeps received, jobs completed and jobs escalated which was then used as an audit tool to analyse the effectiveness of the role. This was entered into an excel database and analysed monthly.

A qualitative questionnaire was sent to medical and nursing staff to get further feedback on the role.

**Results** Data was collected for 174 consecutive days during each CNC shift. The total number of jobs received was 3209. The CNC performed 784/1148 (68%) of procedures, 347/983 (35%) reviews, 84/430 (20%) prescriptions and 144/643 (22%) other jobs.

719/1060 (68%) of jobs were completed in less than 30 min.

100% of doctors reported that they had more time to complete tasks. 76% of nurses felt it enabled more direct patient care.

**Conclusion** This pilot evaluation shows that the CNC was able to perform a significant number of medical jobs. The role was valued by both nurses and doctors enabling more time for patient care. Following the success of this pilot scheme a full time HaN team has been appointed.