Despite being frequent users of health services, young people’s health needs are not improving at the same rate as that of younger children, particularly in relation to obesity. These data provide a strong case for making health services more accessible for young people.

Conclusions The health of young people is not improving at the same rate as that of younger children, particularly in relation to obesity. These data provide a strong case for making health services more accessible for young people.

Contrary to popular understanding, young people are frequent users of health services.

Half of Year 10 pupils report visiting their GP in the last 3 months.

369 out of 1000 young people aged 15–19 had an A&E attendance in 2014/2015.

Despite being frequent users of health services, services are not youth friendly.

Only a third of young people aged 18–24 report their GP appointment as good/very good.

Training in adolescent health is not mandatory for GP practices.

Conclusions The health of young people is not improving at the same rate as that of younger children, particularly in relation to obesity. These data provide a strong case for making young people’s early intervention and age-appropriate health promotion a priority. It is vital that we collect data and commission services to meet the health needs of young people in order to prevent non-communicable diseases; caused by lifestyle behaviours that commonly start in adolescence.

For delegates, the biggest obstacles to managing the ‘migrant crisis’ were: lack of awareness of problems faced by refugees (47% – 30/107) and lack of collaboration between health and social care (31% – 33/107). Free-text responses consistently reflected a desire to learn how to: advocate for child refugees in both local and national spheres; educate other professionals and the public about refugee needs; and be more active politically and as a volunteer.

Conclusion This study confirms significant demand for professional training around child refugee health needs. Our interdisciplinary, multimodal and interactive approach increased confidence of delegates to manage child refugee physical and mental health, stimulated interagency collaboration and provided a platform for actualising professional ethical and advocacy responsibilities to vulnerable populations. This model has potential for professional training elsewhere.

Abstract G423(P) Table 1

<table>
<thead>
<tr>
<th>'I feel confident to deal with child refugee...'</th>
<th>Pre-course</th>
<th>Post-course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical needs</td>
<td>34% (31/91)</td>
<td>88% (60/88)</td>
</tr>
<tr>
<td>Mental health needs</td>
<td>9% (8/88)</td>
<td>43% (32/74)</td>
</tr>
</tbody>
</table>

G424(P) THE IMPACT OF AGE AND DEDICATED AGE-APPROPRIATE SERVICES ON TRANSITION OUTCOMES FROM PEDIATRIC TO ADULT HEALTH SYSTEMS: A REVIEW OF REVIEWS

AA Yassaee, D Hale, A Armitage, R Viner. General Adolescent Paediatrics Unit, Institute of Child Health, University College London, London, UK.

Aims To identify healthcare transition models associated with positive outcomes, and review evidence regarding the optimum age of transfer and the value of existing age-appropriate services.

Methods A systematic search strategy was used across multiple databases to identify systematic reviews addressing two review questions.

• What is the evidence for a delayed transition?
• What is the value of existing age-appropriate services?

Reviews that were not systematic, did not cover primary literature were excluded. Reviews of qualitative, quantitative or mixed methods studies were included. Quality was assessed using the R-AMSTAR tool. Studies with a score below 22 were excluded. The search strategy was initially applied in April 2015 and was repeated in May 2017 to include newly published literature.

Results The initial search strategy produced 2533 results with 11 systematic reviews meeting all inclusion criteria. Repeating the search criteria produced 3616 new results published between April 2015 and May 2017, with an additional 13