Methods Qualitative community based participatory research. Multiple recruitment strategies were used to purposively sample the British Bangladeshi population. Community facilitators were an active partner in this study and worked as a bridge to the community. A total of 145 participants completed the study and were recruited to 12 focus groups and 45 semi-structured interviews, including: British Bangladeshi mothers, fathers, grandmothers and grandfathers of infants and young children aged 6–23 months; key informants and lay community members from the British Bangladeshi population and health professionals. Transcripts were then checked and were analysed using framework analysis.

Results Two overarching themes were identified during interviews and group discussions: (1) modifiable infant feeding practices that participants suggested could be targeted in order to optimise infant feeding and (2) socio-cultural factors believed by participants to influence these modifiable feeding practices. Participants discussed several infant feeding practices that may restrict dietary diversity, override infant satiety and encourage dependence on sugary or sweetened foods and impact on broader care practices such as sleeping and physical activity. Specifically, four modifiable infant feeding and care practices were highlighted: untimely introduction of semi- and solid foods, overfeeding, prolonged parent-led feeding and feeding to ‘fill the belly’. These practices were driven by factors at all socio-ecological levels, categorised as: society, culture and religion, physical and local environment and information and awareness.

Conclusions Parenting interventions need to be culturally sensitive to populations of diverse ethnicity and recognise the social and cultural norms that inform complementary feeding practices. Further, the infant feeding environment requires better regulation of marketing of foods for infant and young children. More evidence is needed to inform effective early years interventions.

**G165 HEALTH SERVICES FOR LONG TERM CONDITIONS FROM THE CHILD AND CAREGIVER’S PERSPECTIVE: A QUALITATIVE ANALYSIS**

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Aims The current model of hospital-centred paediatric care in high-income countries was developed to deliver acute specialist services, rather than high quality care for children and young people (CYP) with long term conditions (LTCs) that require multidisciplinary, integrated care. While the limitations of current child health services in the UK have now been widely documented from the perspectives of clinicians, academics and policy makers, there is a lack of research into infant and young children in the UK. More evidence is needed to inform effective early years interventions.

Methods Art-based methods were used to engage younger children in the discussions. Data was analysed using interpretive thematic analysis.

Results Families expressed several challenges associated with the healthcare they had received during the diagnostic process, including being unsure whether their symptoms warranted health intervention, a lack of specialist knowledge across primary care providers, and poor care continuity. After diagnosis, families desired further understanding around condition management, children wished to be included in discussions with health providers, and families felt there were no opportunities to discuss the psychosocial impact of the condition, particularly around the challenges managing health in school settings.

Conclusions Families reflected on the health services failures to address their needs. Psychosocial support, continuity of care and opportunities for independence play a critical role in promoting the health of children with LTC. These features are essential in the development of integrated care models, to ensure suitability of the workforce and improve care delivery.