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-ecological 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

¹R Satherley, ²K Ewan, ²J Green. ¹Department of Women and Children's Health, King's College London, London, UK; ²Population Health and Environmental Sciences, King's College London, London, UK

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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 been widely documented from the perspectives of clinicians, academics and policy makers, there is a lack of research into the lived experience of CYP receiving these services. This qualitative study explores CYP and caregivers' experiences of health services for LTCs.

Methods An inductive, qualitative design using in-depth, semi-structured interviews with children (4–16 years; n=20) and their caregivers, receiving care for one of four LTCs (constipation, eczema, asthma or epilepsy). These LTCs were chosen as they are examples of LTCs which provide

generalisable lessons about improving outcomes for other LTCs. 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.

G166 SERVICE DESCRIPTION: AN INTEGRATED PATHWAY FOR UNACCOMPANIED ASYLUM SEEKING CHILDREN

¹AJ Armitage, ²J Cohen, ²S Eisen, ¹M Heys, ³A Ward. ¹Institute of Child Health, UCL, London, UK; ²Paediatric department, UCLH, London, UK; ³Camden Community Paediatrics, CNWL, London, UK

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Aims Unaccompanied asylum seeking children (UASC) in the UK have poor mental and physical health outcomes, and studies suggest that current services are failing to meet their needs. There is a lack of knowledge and expertise about UASC health management among health professionals and no standardised guidance exists for their care.

We describe a novel integrated pathway for UASC developed in a London borough and present data for a cohort of UASC receiving input from this service.

Methods

Service description: An integrated pathway for UASC was developed with a multi-disciplinary approach, coordinating input from the LAC team, primary care, infectious diseases (ID), sexual health (SH) services and CAHMS, and including a dedicated health improvement practitioner to ensure continuity and promote joined-up care.

Population: We reviewed UASC undergoing initial health assessments (IHAs) in this service between January 2016 and March 2019. Data were also collected on UASC referred from the same service to a local SH clinic and for ID screening.

Results

- 101 UASC were seen for IHA (84% male, age range 14–17, median age 16) in the integrated pathway model. Where documented, a translator was required for 87/90 (97%) of appointments.
- 92% of UASC were referred for ID screening, regardless of symptoms. 91% were offered some form of CAMHS support: 51% were referred, 20% declined referral and 20% were signposted.
- 87% of UASC were referred or signposted to sexual health services, including specialist sexual assault/abuse services if indicated.

- 71 UASC from the same borough were seen for ID screening, resulting in a diagnosis and treatment in 42% (including hepatitis B, schistosomiasis and latent tuberculosis).
- 51 UASC from the same borough had appointments at a local sexual health service of whom 11/51 (22%) did not attend; the remainder received sexual health screening and education.

Conclusion An integrated pathway for UASC has been successfully implemented in a London borough and supports practitioners from across the field to understand and address UASC health needs. This approach requires further evaluation but has resulted in high rates of referral and engagement with appropriate services, and identification of health needs. Future plans include co-location of services, a dedicated interpreting service, collection of service user feedback and long-term outcomes.

G167

IMPROVING OUTCOMES FOR YOUNG CHILDREN IN REFUGEE FAMILIES: LESSONS FROM SOMALI PARENTS' EXPERIENCES OF PLAY AND SOCIAL INTERACTION IN THE UK

^{1,2}TD Allport, ¹J Mace, ²F Farah, ²F Yusuf, ³L Mahdjoubi, ⁴S Redwood. ¹Centre for Academic Child Health, University of Bristol, Bristol, UK; ²Community Children's Health Partnership, Sirona CIC, Bristol, UK; ³Department of the Built Environment, University of the West of England, Bristol, UK; ⁴NIHR Applied Research Collaboration, National Institute of Health Research (NIHR), Bristol, UK

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Aims Adverse early child development and ill health risks poorer wellbeing, unemployment and criminal behaviour in later life. The children of disadvantaged migrants are at risk of delayed and disordered early development, with multiple factors potentially contributing to poor long term educational and social outcomes. Somali people are one of the world's largest diasporas, following forced migration from conflict; in Bristol, Somali children are 5% of the child population – they have high attendance rates at Emergency Departments, do less well at school and are more often referred for help with developmental difficulties, including six times higher rates of referral for the possibility of autism. We explored psycho-social contexts for these challenges.

Methods We asked six Somali mothers in Bristol about experiences of early childhood (both their own and subsequent observations) in Somalia and the UK, and of factors facilitating or restricting children's early opportunities for play, social interaction and development. Qualitative semi-structured interviews were analysed using an interpretative phenomenological approach.

Results In Somalia, mothers described a supportive, connected community and safe environment enabling children to play and learn together.

In the UK, by contrast, multiple local stressors affected family wellbeing and social networks, and constrained children's opportunities to play and interact, which may limit children's opportunities for early play and social experiences and influence health decision-making.

We have developed an Ecocultural model of challenges to young migrant children's development, integrating epigenetics, psycho-social and cultural factors.

We describe policy recommendations - to tailor statutory early childhood interventions for disadvantaged migrant

communities, and for improvements to local environments for play and social interaction.

We report case studies involving alignment of existing services, employing community link workers, hospital-community and statutory-voluntary sector collaborations, and Community Infrastructure Levy funding.

Conclusion Our findings show how disadvantage can impair early child development and health in migrant families. Social isolation and lack of safe places to play are key points to address.

Building resilience, social networks and child-friendly communities in children's early years is likely to be most effective (and cost-effective) for improving young migrants' outcomes.

G168

HPV: NOT JUST FOR GIRLS! A QUALITATIVE STUDY EXPLORING THE VIEWS OF 11–12 YEAR OLDS ABOUT THE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

¹E Williamson, ²A Forster, ¹H Bedford. ¹Population, Policy and Practice, UCL Great Ormond Street Institute of Child Health, London, UK; ²Research Department of Behavioural Sciences and Health, UCL, London, UK

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Background Since 2008, human papillomavirus vaccine (HPV) has been offered to 12–13 year old girls in the UK to prevent infection that can lead to cervical cancer. Vaccine uptake in this schools based programme is generally very high. From September 2019, boys will also be offered the vaccine to reduce the burden of HPV-related disease in men. Little is known about boys' knowledge of HPV infection and attitudes towards the vaccine. This study aimed to explore 11–12 year old girls' and boys' understanding of HPV infection and their views about the vaccine. To assess their information requirements, their views of the content and appearance of draft HPV leaflets developed by Public Health England were also sought.

Methods Using a qualitative approach, four single-sex focus group discussions were conducted in two secondary schools. Discussions were audio recorded and transcribed using a thematic approach.

Results and Conclusions Thirteen girls and twelve boys took part in four focus groups. Emerging themes included vaccine views, knowledge and awareness of HPV infection, HPV vaccination programme knowledge and acceptability, receiving information about HPV and HPV vaccination. Awareness and knowledge of HPV infection and vaccination was low among all participants. Acceptability of HPV vaccination was high, especially after participants' questions and concerns were addressed through explanations. There was unanimous desire for accessible information before being offered the vaccine, using a combination of leaflets and face-to-face education from professionals, to enable participants to make an informed decision about vaccination. Participants primarily wanted information about the benefits of vaccination and potential adverse effects. The findings of this study highlight important areas that should be addressed by HPV information materials directed towards adolescents. Future research could evaluate the influence of different educational interventions in UK schools on knowledge and acceptability of the HPV vaccine.