clinical consequences. This research aimed to develop a novel, user-centred and theory-driven behavioural intervention to support young people (aged 13–18) with IBD adhere to their treatment plan.

Methods Findings from a systematic review evaluating treatment adherence interventions for young people with IBD were synthesised with findings from exploratory, qualitative interviews with young people with IBD, parents of young people with IBD and healthcare professionals. Findings were then mapped to psychological constructs from relevant behaviour change theories and behaviour change techniques selected. Following a Behaviour Change Wheel approach,[2] a novel intervention was developed, specifically addressing the treatment adherence needs of young people (aged 13–18) with IBD. A series of co-development workshops were conducted with young people (aged 13–18) with IBD. Within these workshops, young people provided feedback on the proposed intervention's components and delivery, using a variety of participatory methods. Young people's ideas were incorporated into a revised version of the intervention, aiming to improve its acceptability and feasibility. Further revisions were made in response to feedback collected from parents of young people with IBD.

Results A prototype behavioural adherence intervention was co-developed with young people and parents to support treatment adherence in young people with IBD. Ten interactive online modules aimed to increase young people's confidence to adhere to their treatment plan, support resilience to overcome adherence barriers, assist in the development of health communication skills and generate optimism about the future. Interactive online modules and components within each module can be tailored by the user to suit their own personal adherence challenges. Within each module young people are supported to develop user-centred action plans to improve their treatment adherence behaviours. These plans and corresponding behaviour change strategies are retained within the intervention modules, providing a personalised approach. A parent version of the intervention was also developed to support incremental transfer of responsibility for treatment adherence to young people themselves, as part of their transition to adulthood and adult services.

Conclusions The Behaviour Change Wheel approach can be effectively used to co-create a user-centred and theory-driven behavioural intervention with young people. The developed intervention can be tailored to individual needs to support young people's adherence. Further research is needed to establish the intervention's feasibility and preliminary effectiveness.

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1826 EVALUATION OF SOCIAL CARE, SPECIAL EDUCATIONAL NEEDS AND NON-ENROLMENT & EXCLUSION OF CHILDREN IN ALL ENGLISH STATE SCHOOLS: ADMINISTRATIVE DATA COHORT STUDY

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Objectives All children have a right to education, but research indicates that those receiving children's social care (CSC) and special educational needs (SEN) services are at increased risk of non-enrolment in school, including through off-rolling (illegal exclusion), and through formal exclusion for disciplinary reasons. We aimed to use administrative data to estimate the association between CSC history and (1) non-enrolment and (2) exclusion in secondary school.

Methods Using the National Pupil Database (data on all English state school enrolments), we identified a cohort of 1,059,781 pupils in aged 11 in 2011 and 2012. Children were categorised as having a history of being children in need (CiN), on child protection plans (CPPs) or looked after (CLA) using linked data from CSC services. SEN status (Action/Action+/Support or Statement/Education, Health & Care Plan) was identified from school records. We estimated the proportion of children (1) not enrolled and (2) formally excluded across ages 12 to 16 by CSC and SEN history. We then assessed with regression modelling the associations between CSC and SEN history and non-enrolment and exclusion in years 10/11. We also examined variation in overall non-enrolment and exclusion rates between local authorities and regions.

Results Of children without CSC history, 3.8% had 1 or more non-enrolments across ages 12 to 16. This proportion was higher among children with a history of being CiN (8.1%), on a CPP (9.4%) or being CLA (10.4%). The odds of non-enrolment in years 10/11 were higher among those with CLA history vs non-exposed peers (OR 4.76, 95% CI 4.49–5.05) as well as in those with CPP (3.60, 3.39–3.81) and CiN history (2.53, 2.49–2.58). SEN history further increased non-enrolment odds. These associations and interactions persisted after adjusting for confounders. Non-enrolment rates were highest in the London region and varied significantly between local authorities. In total, 40% of CLA and those with CPP history were formally excluded at ages 12 to 16, as were 32% with a history of being CiN, compared to 12% of the non-exposed group. A similar interaction between CSC and SEND history as for non-enrolment was observed for formal exclusions.

Conclusions Our findings show that children with CSC history (especially those with SEN) are more likely to be non-enrolled and to be formally excluded in secondary school than other children. Work is needed to understand the non-enrolment and exclusion mechanisms, which may include illegal off-rolling and other exclusionary practices, to improve the education of children with CSC and SEN history.

1832 PATIENT EXPERIENCE OF TRANSITIONING FROM CHILD TO ADULT SERVICES WITHIN PAEDIATRIC GASTROENTEROLOGY

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Objectives To use parent and patient feedback to understand how we can improve transition for young people with irritable bowel disease (IBD). The main focus was:

- The confidence of the young person in regards to knowledge and management of their disease and treatments
- We want to understand what works well currently and how we can improve the transition process.