

Eighteen semi structured interviews were carried out with the mothers, three with each mother over a twelve month data collection period. Each interview was four to six months apart and all interviews were carried out in the mother's own homes.

Data analysis was carried out on a continuous basis by the researcher, using critical reflection techniques to support the use of the six steps of IPA.

Results Data analysis resulted in six themes of mothers experience, namely; 'Children's Development'; 'Mother's Expertise'; 'Balancing'; Mothers Resilience and Adaptation'; 'Mothers Confidence'; 'Trusted Social Relationships'. The connections and patterns between these themes, across all six mothers experience, comprise the study conceptual framework.

Conclusion The results of this research have been developed into a children's rights and values based model, which is forming the basis of activities of parent and organisation members of Parent Action. This Parent Action model is represented below.

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SUPPORTING PARENTS OF CHILDREN WHO HAVE COMPLEX NEEDS TO ASSESS AND MANAGE THEIR CHILDREN'S PAIN: HEALTH CARE PRACTITIONERS' PERSPECTIVES

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Aim The aim of this paper is to present findings on the ways in which health care practitioners who work with children with complex needs can support parents in assessing and managing their child's pain.

Methods The data reported here are from semi-structured interviews undertaken with health care practitioners based at a tertiary children's hospital in the UK. These data are part of a larger mixed methods study. Data were analysed using thematic analysis.

Results Nineteen healthcare practitioners from a variety of disciplinary backgrounds (e.g. neurologists, nurses, physiotherapists) and with different experience (1–27 years) of working with children with complex needs participated in the study. Only one of the nineteen practitioners interviewed had had formal training on the management of pain in children with complex needs. Practitioners reported taking a multi-layered approach to managing pain in children with complex needs, which meant including parents, using skills of observation and referring to other members of the multidisciplinary team. The practitioners supported parents in the management of their child's pain by engaging with them, listening to them and also managing their expectations, although it was noted that parents' relationships with nurses could be problematic. Most practitioners felt parents had a central role in the management of their child's pain, although it was noted the role could vary and that the multidisciplinary team needed to provide opportunities for parents to give feedback. Practitioners felt that parents had a critical knowledge of their child's pain but not of pain itself. It was suggested that a critical knowledge of their child's pain takes time to develop and that some parents can misread pain cues. Most practitioners felt

that parents did not receive adequate training and support to manage their child's pain.

Conclusion Practitioners value the knowledge of parents of children with complex needs and acknowledge the central role parents play in managing their child's pain. However, there is a need for practitioners to have formal education in the management of pain in children with complex needs so that they in turn can provide training and support for parents.

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A STUDY TO DETERMINE WHETHER CHANGES IN THE SYSTEM OF CARING FOR CHILDREN AND YOUNG PEOPLE IN A SAME DAY ADMISSION UNIT COULD IMPROVE QUALITY OF CARE WITHOUT ADVERSELY EFFECTING THEATRE UTILISATION

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Background The same day admissions unit (SDAU) was formerly an open ward area with no systems in place for admitting up to 45 children a day. No children with learning disabilities were cared for on the unit because it was seen as unsuitable due to the noise and lack of space.

In March 2014 the new SDAU opened with 16 cubicles and a large playroom. This offered the opportunity to be able to bring in systems that would improve quality of care for patients. Admissions were staggered and fasting times were tailored to the admission times to ensure that children were fasted for less time and had less time to wait. We also began to accept Children with learning disabilities onto the unit. The staggered admissions however meant forced breaks in theatre lists.

Aims To examine whether a bringing in an organised system of care was successful in increasing the quality of care to patients and their families without adversely impacting on theatre utilisation.

The main areas of focus were: Patient privacy and dignity, family waiting times, fasting times, family levels of stress and anxiety and being able to provide an improved service for children with learning disabilities.

Method Quantitative data was taken of "patient status at a glance" and PIMS to examine whether fasting and waiting times had been reduced by the new system. The number of patients going through both units was also compared.

Using a questionnaire patient's and their families were able to evaluate their experiences of the new SDAU and compare this with the old unit if they had visited both.

Results The system changes were measured and showed a decrease in waiting and fasting times. Patients and families find the new unit to be calmer and more organised than the old ward and prefer to be cared for in individual cubicles.

Children with learning disabilities are being routinely admitted via SDAU.

Conclusions Good planning involving all the staff was crucial to the change being successful. Communication and using planned and practiced systems was also key. Regular reviewing of systems and being prepared to change them was crucial. The process is still evolving.