G232 WHAT ARE PARENTS' AND STAFF MEMBERS' PERCEPTIONS AND EXPERIENCES OF THE CRANIOFACIAL MULTIDISCIPLINARY TEAM CLINIC AS A PROVIDER OF COMPREHENSIVE AND CO-ORDINATED CARE?

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The aim of the study was to explore the perceptions and experiences of both the multidisciplinary team and the parents who attend the monthly multidisciplinary team clinic (CRANF). This was achieved using three focus groups.

The theoretical framework for this study was based on an interpretative phenomenological approach which focuses on understanding rather than explanation (Grix 2004).

Two focus groups were with parents and one with members of the multidisciplinary team who attend CRANF. The method of analysis was through the framework approach for defining concepts and systematically analysing the data (Ritchie and Spencer 1994). Four themes for the parents' groups and four for the multidisciplinary team group were constructed from analysis of the transcripts.

Key findings from the parents' focus groups were that the experience of attending CRANF could be "daunting". Factors affecting this included numbers of professionals in the room, long waiting times and having a child present who was vulnerable due to their age or cognitive ability.

The multidisciplinary team focus group showed some congruity with the parents and an awareness of their issues. Discussion revolved more around how to "fix" the clinic rather than not have this particular type of clinic as part of the service.

It is concluded that the CRANF clinic requires some re-organisation in order to meet the needs of those who attend either as service users or service providers. Themes identified within the experience would allow for the development of this service. Further research into the experiences of all involved in multidisciplinary team clinics with a focus on the children themselves is needed.

G233(P) FAMILY SUPPORT PROVISION BY THE NURSING TEAM IN NEUROREHABILITATION FOLLOWING ACQUIRED BRAIN INJURY (ABI) IN CHILDREN AND YOUNG PEOPLE

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Aims To examine how family support is provided by the nursing team following acquired brain injury (ABI) in a neurorehabilitation setting within the context of the multidisciplinary team.

Methods One specialist paediatric rehabilitation centre n = 23
7 week period

Children and young people aged 2 to 18 years

Acquired brain injury

Retrospective data analysis using the Northwick Park Therapy Dependency Assessment (NPTDA) and the Northwick Park Nursing Dependency Scale (NPDS).

The NPTDA provides an assessment of a patient's therapy dependency, including family support, and is designed for use in neurorehabilitation settings where rehabilitation is provided by a multi-disciplinary team.

The NPDS provides a measure of care including patient/family psychological support provided by the nursing team. Examined family support processes and relevant training opportunities.

Results Time spent supporting families

The nursing team provide an average of 5.1 h (range 0.1–22.5) family support per week to families of children with ABI.

The total time other team members combined (including psychologists and social workers) spent in family support was an average of 2.2 h per week.

Processes/systems in place

The nursing team work collaboratively with psychology and social work team to ensure a team approach in providing family support

Training provided

The psychology and nursing teams prepare a case study prior to each child's admission to ensure the nursing team have a good insight and understanding into the child's brain injury and family dynamics.

The nursing team need to have a good knowledge and understanding of ABI to effectively support parents and receive training to support this.

The nursing team receive training in communication, managing grief and loss and the importance of giving information whilst maintaining realistic hope.

Conclusions The nursing team have a higher number of direct contact hours with families in neurorehabilitation compared to other members of the multidisciplinary team.

Nurses need training to be able to give the level of family support and information that is required.

Nurses in the acute setting can begin to support families and prepare them for the rehabilitation journey.

G234(P) HOW CHILDREN AND YOUNG PEOPLE SELF-MANAGE THEIR CHRONIC ILLNESS: GIVING CHILDREN A VOICE THROUGH PHOTO-ELICITATION

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Aim To explore children's understanding and perception of their chronic illness and how this shapes their lives.

Methods A qualitative, participatory methodology that acknowledged the children's agency underpinned the study. We used photo-elicitation (photographs and interviews) to build knowledge grounded in the children's experiences. Forty-five children (6–12 years) from different diagnostic groups were recruited from hospital-based and support group settings in England, Tasmania and New Zealand. The children were given digital cameras and asked to record aspects of their lives and chronic illness. Children also had the option of including pre-existing photographs into the study. The researchers then undertook audio-recorded interviews that were guided by the photographs that the children wished to talk about. Most interviews were undertaken in the child's home. We undertook interpretative thematic analysis of the interviews and content analysis of the photographs.

Results Brokering was a key concept that underpinned the children's ways of accommodating the demands of chronic illness. The children focused on 'I can.....' rather than 'I can't.....' and were able to talk with confidence about certain aspects of self-management. The children used creative strategies to be 'like