Family-centred care is viewed as a way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the individual child/person. It is a popular and widely used model in children’s healthcare around the world. However research indicates that the practice of family-centred care is inconsistent and problematic with no solid evidence that FCC works or makes a difference to health outcomes. This lack of evidence coupled with continual reporting of problems with FCC has led to calls for a re-examination of the suitability of the model and suggestion that child-centred care may be a more appropriate model for children’s nursing. Family-centred care is seen as offering ways to facilitate parents’ involvement and active participation in their child’s care. However, current descriptions of the model does not offer clear guidance on how to involve and support children’s participation in their own care. Therefore a new child- and family-centred care framework is required for parents and children with cancer.

In this paper I will outline the core principles of family-centred care and consider the mixed evidence about the benefits of this model for children, parents, nurses and the health system. Parents and families have an essential role in caring for their children throughout the cancer treatment journey. But FCC needs to incorporate the rights of the child to participate in all aspects of health care delivery in conjunction with the need of their family. We need to ensure a child-centred perspective, which entails seeing each child as an active agent, the child’s needs are the starting point for care planning and provision, and where each child’s preferences, values, family situation, social circumstances are considered. Taking a child-centred approach requires all health professionals to include the child’s perspective in their actions and care delivery. It is important that the practice of child and family-centred care is flexible as needs will alter with each stage of inpatient cancer care and transition to home setting. The paper will conclude with guidance on how professionals can use a more child and family-centred care approach in their daily practice with children and families.