children’s chronic pain and facilitate access to treatment. Over time, without a diagnosis indicating pathology, families begin to move towards improving child and family quality of life and managing pain, despite continuing anxiety regarding the unknown cause of pain.

Even when a clear explanation for the pain is provided, there are numerous barriers to effective pain management. These include families losing trust and faith in health services in relation to their perceptions that healthcare professionals’ knowledge of, and ability to accurately assess, chronic pain is poor; perceived prejudice/racism in relation to CYP who are denied opioids for pain relief; and when CYPs perceive that healthcare professionals do not believe their pain is real. Consequently, children avoid attending services when they need them and may resort to self-management of pain due to a perceived lack of other credible treatment options. Other barriers to effective pain management concern difficulties for families accessing and navigating services, e.g., due to the lack of specialist pain services or when CYP with concurrent complex conditions, like cerebral palsy and co-occurring chronic pain, are unable to meet the referral criteria for a specific pain service and/or fall between gaps in services.

**Conclusion** Findings highlight the importance of healthcare professionals acknowledging: (1) the expertise of CYP and parents who live with pain, and (2) the credibility of the child’s pain and adopting a systemic family approach to pain management. A trusting relationship between families and professionals is important for engagement with effective pain management. Future high-quality research is urgently needed to investigate safe, effective treatments in order to advance management. Future high-quality research is urgently needed to investigate safe, effective treatments in order to advance management.

**Results** Results were analysed overall and also according to the 4 main surgical specialties operating in our trust. An ‘others’ category is shown for specialties with infrequent procedures in this age group. (figure 1).

Our initial study showed that 41/78, 53% were correctly consented on form 1. Speciality results varied from 19/27, 70% in speciality A to 0/6 in speciality D.

Following our interventions, the overall percentage showed a steady increase up to 84% by the fourth re-audit, by which time all surgical specialties showed consent levels on form 1 above 75%. (green)

**Conclusion** This simple process of audit and regular feedback to surgical colleagues has enabled YP to exercise their legal right to consent for their own treatment.

Paediatricians are aware that children are not just small adults when advocating for their care. It is also important to appreciate the different rights of YP at the upper end of the paediatric age range to ensure that they are not infantilised and are empowered to appropriately participate in their own management.

**Abstract 212 Figure 1** Number and percentage of 16- and 17-year-olds appropriately consented on form 1, by surgical specialty