Method: The data of 32 infants were analysed between October 2014 and March 2015. Further data will be collected between October 2015 and March 2016. Data will then be compared.

Results: Initial data demonstrates the average time infants spent on HFNT was 2.6 days compared to five days in previous studies (Bressan *et al* 2013).

Discussion: A nurse-led weaning plan has been developed from data collected.

Conclusion: The audit demonstrates a clinical need for efficient weaning of infants on HFNT.

OC05 – Tokenism or true partnership – parental involvement in a child's acute pain care

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Theme: Parenting/parenthood.

Keywords: Acute, child, involvement, pain, parent.

Introduction: Family-centred care (FCC) is widely acknowledged as underpinning children's nursing. Delivering FCC requires nurses to advocate for family involvement, particularly in areas where evidence suggest the child's needs are not being met, such as pain care.

Aim: To explore parental involvement in their child's acute pain care.

Methods: A qualitative ethnographical approach was adopted, with non-participant observation and follow-up interviews. The framework approach underpinned data analysis.

Results: Partnership between nurses and parents is not overtly evident in relation to pain care. Involvement is often 'unspoken', indicating that neither the nurse nor parent are clear about the extent to which parents can, or are, involved in care.

Discussion: Parents want greater involvement in their child's pain care and often initiate involvement by advocating for their child, with or without support from nurses.

Conclusions: The 'Pillars of Partnership in Pain Care' model offers an alternative approach to involving parents.

OC06 – Involving parents in their child's care – where next?

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Theme: Complex health care and chronic disease management.

Keywords: Collaboration, family-centred care.

Introduction: Health policy advocates that professionals involve parents in care and care decisions, yet models advocating involvement are not embedded into practice.

Aim: Identify the shared antecedents and key attributes associated with embedding family-centred care (FCC) and partnership-in-care (PiC) into practice.

Methods: A concept synthesis was undertaken by searching three databases (Scopus, CINAHL, BNI 1999-2014); shared antecedents and attributes were extrapolated from the 30 studies that met defined inclusion criteria.

Results: Unclear roles and boundaries, entrenched professional practices and lack of guidelines hinder FCC/PiC implementation. An alternative framework was developed based on the actions and skills required to support parents' involvement in care and care decisions.

Discussion: Greater focus on the skills required to facilitate involvement may negate the challenges of embedding FCC /PiC.

Conclusion: The framework for involvement can help guide nurses' actions towards building effective relationships and involving parents in care decisions.

OC07 – Why should parents and health professionals collaborate to manage childhood long-term conditions?

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Theme: Complex health care and chronic disease management

Keywords: Childhood long-term conditions, collaboration

Introduction: Interactions between carers and health professionals often have a power imbalance; professionals seem reluctant to acknowledge carers' expertise and unwilling to relinquish control over the management of the child's condition.

Aim: To explore parents' and professionals' perceptions of collaborative healthcare practice to manage childhood long-term conditions.

Methods: Qualitative study using focus groups to elicit carers' and health professionals' views of collaborative practice, with the framework approach underpinning data analysis.

Discussion: To facilitate parents' care-giving roles, health professionals must move from a position of care prescriber to collaborator. Yet collaboration is complex and difficult to operationalise in practice, partly because there is discordance between the views of health professionals and carers about the purpose of collaborating.

Conclusion: Health professionals need to understand, value and respect carers' expertise and desire to be involved in care and find ways to integrate carer expertise into care and care planning.