

## Abstracts

to refining the process for future use. The pilot was successful at two levels, SKIPP yielded valuable data to inform the hospice quality accounts and proved an effective tool in patient assessment and service evaluation. The positive results provided sound evidence that using volunteers in a more diverse way within a hospice can yield greater engagement and role satisfaction for volunteers and add value to the organisation as a whole.

### P29 WILLEN HOSPICE - SUPPORTING VOLUNTEERS TO SUPPORT PATIENTS AND THEIR FAMILIES

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**Title** Supporting Volunteers to Support Patients and their Families

**Background** Patient and Family Services provide emotional support to patients and their families through Carers Support, Young Peoples Support and Bereavement Support. This is facilitated by volunteers who have been trained in offering skilled support for people who are going through a very difficult time.

#### Aims

- To train volunteers to a high standard, equipping them with the skills to support patients, carers, children and young people and those who have been bereaved.
- Provide regular supervision for volunteers, offering support, guidance and structure.
- To develop volunteers through 1:1 reviews.

**Approach** Used Volunteers work in one of the departments three services Patient & Carers, Young People's or Bereavement Support. They are required to complete a 9 week training programme including:

- Losses
- Grief Responses (including age appropriate)
- The Journey of Cancer
- Communication, Listening Skills
- Pre-bereavement
- Attitudes towards Death
- Beginnings, Middles, Endings
- Bereavement
- Practical Activities
- Boundaries, Supervision
- Policies, On with the Job
- Safeguarding Children & Adults

Monthly supervision takes place with volunteers by way of client caseloads; update on the Hospice and Department and a topical discussion. 1:1 meetings take place annually and are centred on the volunteer, their development, guiding them to use their skills appropriately.

**Outcomes** Patients and their families are supported by skilled, committed volunteers, giving them the opportunity to talk about their emotions, in a safe, confidential setting helping them find their coping strategies.

Volunteers are valued, nurtured and respected for the work they do.

**Application to Hospice Practice** Patient and Family Services combines support and activities through volunteers for patients and their families delivering innovative methods of support and services which encompasses the Hub model, bringing it to the centre of the community.

### P30 RECOGNISED, VALUED AND SUPPORTED? A CARERS BEFRIENDING SERVICE IS AN INNOVATIVE WAY OF DEVELOPING THE USE OF VOLUNTEERS, IMPROVING QUALITY OUTCOMES IN END OF LIFE CARE

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**Introduction** The Carers Befriending Service (CBS) is a free service developed by Hospice Social Workers, influenced by the Carers Strategy (2010) and Improving Supportive and Palliative Care for Adults with Cancer (2004).

**Aims** It provides an inclusive equitable service, supporting carers of people with a palliative diagnosis over 18 years who are mainly housebound and socially isolated. They have to be known to the Specialist Palliative Care Team, have an unpaid carer who provides substantial emotional/physical care on a regular basis.

- Enables the carer to take a break from their caring role.
- Assist's to reduce carer stress.
- Additional companionship and support to the cared for person.
- Information to the carer and cared for person.
- Reassurance to the carer in the knowledge that a trained volunteer is with the cared for person in their absence.

**Methods** Consultation with service users and carers about the development of a CBS.

Literature review undertaken and visiting/researching other end of life care CBS's.

Assessment documents developed.

Fifteen volunteers trained and 10 recruited.

Outcomes measured by a review process using a solution focused method.

**Results** September 2011 – December 2012, 38 referrals, Befriended 17.

Aims have been met and carers took breaks by utilising the befriending service for varied reasons. Visits provide up to 4hrs a week, with 2hrs sessions being the most popular.

Befrienders provide emotional support and act as a link with the Hospice, improving vital communication processes at the end of life.

Service users satisfaction outcomes 'excellent'.

**Conclusion** Carers Befriending offers a best practice service enabling carers to take a break. A unique emotional relationship is developed with the befriender, improving quality of life and general well-being.

Research supports volunteers can make an important contribution to end-of-life care and it meets the requirements of the Government's 'Big Society' principles.

### P31 NEIGHBOURLY SUPPORT IN OUR LOCAL COMMUNITIES

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**Introduction** In mid-2012, we decided to create a volunteer service to complement our Hospice at Home service, extend our ability to support a patient's choice to remain at home at the end of their life and widen the reach of our services.

The vision is for volunteers to support end of life clients in their own local communities through such activities as walking the dog, hanging out washing, taking the children to school, shopping, light gardening, or simply providing companionship.

**Method** A project group was set up to monitor and support the project's progress and a project manager was appointed. Current service provision was scoped to ensure that the Hospice Neighbours scheme is not only required but also complements any service provision already in place. The project manager worked closely with Adult Social Care, General Practitioners and local community groups.

Starting first in three pilot areas, we have so far recruited over 40 volunteers. A bespoke training programme was developed and delivered to our first group of Hospice Neighbours volunteers. The aim of the training has been to provide practical support and advice such as, food hygiene training, fire safety awareness (kindly supported by the Fire Service), lone working etc. The feedback received from our new volunteers has been extremely positive with all of them feeling confident in their new volunteering role.

**Progress** We are now supporting our first clients in their own homes. The project manager undertakes an initial risk assessment visit to meet the client, discuss their needs; and then matches a volunteer to the client. Nominations for client support are increasing and our intention is to roll out the service across the whole of our area over the coming year. We are now recruiting volunteers and clients for the next three areas.

### P32 TALKING WHILST THERE'S TIME

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**Introduction** Help the Hospices encourages us to develop the roles of volunteers by 'building on existing practice, promoting excellence in the future and exploring new approaches to volunteering.' (**Volunteers: Vital to the future of Hospice Care. 2012 p. 3**) Increased levels and complexity of referrals, limited resources and a 3 month waiting list for counselling encouraged us to look at developing the counselling service to introduce volunteer counsellors and volunteer s counselling students.

**Aims** This project aims to support patients and families with complex needs, saving the Hospice money, resources and cutting the waiting list, whilst giving students and qualified counsellors the opportunity to work within Palliative Care, giving them the opportunity to enhance existing good practice and extend their skill base.

**Methods** We worked alongside organisations who had also considered this way of working, looked at what they had learned and what might have been done differently. We linked with universities regarding courses suited to the Hospice ethos, and how a hospice placement might enable best learning for students.

Paperwork was designed and trialled.

Universities approached and criteria for students and volunteers agreed.

Adverts were placed in appropriate professional journals, interviews carried out.

Induction and training plans developed, and education delivered.

**Outcomes** Building on existing practice enabled us to offer patients and families the opportunity to 'talk whilst there's time'.

Students and qualified counsellors have trained and experienced working within palliative care, thereby promoting excellence in the future.

264 volunteer counselling hours have been worked in the first 6 months, saving the Hospice £4000: the counselling waiting list has been cut from 3 months to 3 weeks.

In exploring this new way of working we have developed and expanded our service and have been pleased to share our findings through education, supervision and networking.

### P33 DEVELOPMENT OF A VOLUNTEER FORUM TO ENGAGE WITH OUR KEY WORKFORCE

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During the Hospice's 25th Anniversary year a group of Trustees and senior staff, along with a Volunteer Consultant, undertook a 'listening exercise' to improve engagement with our local community. One of the recommendations of the project was to establish a formal method of consulting with our volunteers.

Building on the success of our volunteers winning The Queens Award for Voluntary Service, the proposal to establish a forum was made at the annual volunteers meeting and a group emerged of those who were interested in becoming forum members.

A Chair was elected by the group and Terms of Reference drawn up and agreed when the meetings commenced in October 2012. The forum now has 19 members, representing all areas of volunteer input including retail, and the Chair meets regularly with the Chief Executive and Volunteer Services Leader so that issues raised can be formally reported to the Management Team.

The forum provides real opportunities to formally engage with our volunteers, aligning with two of the key operating principles identified by the Commission into the Future of Hospice Care – 'developing the hospice workforce' and 'reaching out – promoting conversation, informing and supporting choice'. Forum members have reported they are better informed about all activities of the Hospice and feel that their voice is truly valued. Members are planning to visit other hospices to learn about examples of developing roles of volunteers and feedback to the forum.

Formal feedback from volunteers is obtained by means of an annual survey and this will include feedback about the forum so that we can ensure all volunteer voices are heard. As the Trustees consider future options to develop our services to meet growing needs, the forum will enable effective strategic contribution from volunteers, as recommended in the Commission's report 'Volunteers: vital to the future of hospice care.'

### P34 EMOTIONAL COMPETENCE AS THE BASELINE FOR VOLUNTEERING IN HOSPICES

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In the summer of 2011 North London Hospice set out to refresh our approach to volunteering to include:

- Developing a different model of volunteering
- Incorporating Volunteers as part of our workforce (under HR)