

is valued by relatives, whilst health care professionals liaise and seek advice. The delivery of telephone support is complex and can be a catalyst for stress, anxiety and a source of overwhelming responsibility for the CNSs. The challenges that the team face, are balancing different aspects of their roles and having unmet training needs.

**Conclusion** This study has provided a “snap shot” of the day-to-day telephone support that is offered by the community palliative care team. Furthermore, this study has highlighted areas of potential development for the team, for example, by reviewing processes, logistics and administration, related to the ongoing delivery of telephone support.

### P-170 HERTS NEIGHBOURS VOLUNTEERING SERVICE

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**Context** This volunteering service supports patients and families coping with a life-limiting illness. It was established in 2015 following a study evaluated by Lancaster University, funded by the Centre for Social Action, Cabinet Office. It was one of six project sites to set up a pilot service to evaluate support for end of life patients by social action volunteers.

In collaboration with local partners volunteers were recruited and completed training following a thorough recruitment process. Patients were recruited onto pilot and consented to an assessment of their support needs. Patients and carers were asked by the University to complete questionnaires on carer burden, quality of life, loneliness and social support whilst being supported for twelve weeks by volunteers.

**Aim** To provide practical and emotional support for isolated individuals and their families, within their home who have a palliative diagnosis.

The project is managed by a co-coordinator who visits individuals at home and completes assessments to discuss the support required. Interests and background are taken into account to match with an appropriate volunteer. Regular reviews are held to ensure the partnership is working.

Weekly 1–3 hours of support provides:

- Befriending, companionship
- Shopping or social outings
- Daily errands and chores
- Accompanying individuals to hospital and GP appointments
- Assisting with social media to keep in touch with distant relatives.

**Evaluation and sustainability** The study is evaluated by Lancaster University by end of June 2016. It is hoped that this will provide favourable evidence for CCGs to future fund. The hospice carried out its own evaluation, a user survey which was presented to the board of trustees which resulted in backed funding for a permanent coordinator post.

Development of the service and role of the Herts Neighbour is being progressed to provide enablement and bereavement support.

### P-171 HOME VOLUNTEERING – THE NEED, THE CHALLENGE AND THE IMPACT

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We hope to share our experiences of home volunteering through a hospice for children and young adults, exploring the need, the challenges (and how we deal with these), and initial thoughts about impact. Volunteering *outside* the hospice offers new solutions to key questions around people, partnerships and potential.

Children and young people visit our hospices for respite, symptom management, stepped discharge and end-of-life care. Their visits are brief and infrequent. One way to bridge these gaps and address the practical and emotional challenges children, young people and their families face is through volunteers.

Home volunteering has two distinct strands:

**Support for families** For many families, their lives are dominated by supporting a child with a life-limiting condition, particularly where that child also has physical and/or learning disabilities. On top of this they face the same day to day challenges as others – looking after other children, getting to work, managing the home. Families often find that there is a ‘last straw’ – a pile of ironing or a weed-filled garden. Small, frequent help from a volunteer can have a big impact.

**Befriending for young adults** Like families, young adults can be overwhelmed by their situations, but instead of being overloaded with things to do, they are more often socially isolated, physically dependent and lacking things to do. Volunteer befrienders seem symbolically important because they aren’t paid to be with the young adults, nor are they there to perform a functional task for them. They simply spend time with them.

Though these two strands look very different in practice, we have observed a similar impact, with parents and young adults alike experiencing reduced stress, increased confidence and – perhaps most crucially – a level of control in their lives, no matter how small. Both strands provide a crucial link between hospice support and life outside.

### P-172 TRAINED VOLUNTEERS: EMPOWERING AND SUPPORTING DYING HOSPITAL PATIENTS AND THEIR CARERS

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**Background** Dying patients in hospital may have little emotional support at the end of their life and may die alone. Alongside this, family and friends can feel isolated and overwhelmed by the experience. A key challenge for hospitals is how to provide emotional support when staff are needed to provide nursing care on busy wards.

A charity trained 28 volunteer “companions” to accompany, advocate and support people during this difficult time. Supported by a service manager, the “companions” deliver emotional comfort 12 hours a day, every day of the year.

**Aims** The main objectives of this innovative service are: