

offer an extended, flexible individualised respite care service to people caring for adults with palliative or end-of-life needs.

Method Semi-structured interviews were conducted between December 2021 and February 2022 with a sample of 13 carers, these being both current and previous recipients of respite provision by HHCNL.

Results The research demonstrated a high level of satisfaction with the respite provided by HHCNL. Respondents described the kind of respite received and how this was used. However, it was clear that a more flexible approach, for example in terms of length of time and frequency of respite, would be welcomed.

Conclusion The results of the research presented to the Board of Trustees resulted in a decision to fund a project to provide more respite for more people, to include increased nursing capacity in the home and an inpatient bed. Thus, the aim of the study was achieved.

P-222 SUPPORTING FAMILY CAREGIVERS OF PATIENTS WITH MOTOR NEURONE DISEASE

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Background Assessing caregivers' needs is fast becoming a key instrument preventing carers' crises, particularly when caring for patients with Motor Neurone Disease (Flemming, et al., 2020). Investigating factors contributing to carers breakdown in families living with and caring for people with Motor Neurone disease (MND) is a continuing concern within healthcare, particularly with current reduction in carers' support services since the start of the COVID-19 pandemic (Carers UK, 2021).

Aims This quality improvement project aims to improve early recognition of fatigue in family caregivers of patients with MND by implementing an already validated carers needs assessment tool as part of routine family centred care.

Methods The Carers Alert Thermometer [CAT] created by Edge Hill University, was piloted for a period of 8 weeks. The implementation process also included creating and developing an MND support group at the hospice every two weeks to support family care givers.

Results During the project we found that staff felt more confident in using an assessment tool after the training session and that staff had a shared vision in providing support to family caregivers. A key finding of the project was that after creating and developing the MND support group, family members consistently improved their scores on how able they felt to continue providing care at the current level for the person.

Conclusion Evaluation of the project showed greater patient and family caregiver satisfaction of hospice services, an

increase in family caregivers' confidence to continue to be a primary care giver and a reduction in anxiety around planning for the future.

P-223 IMPLEMENTING SOCIAL WORK LED CARERS GROUPS WITH A CO-DESIGNED EVALUATION TOOL

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Introduction/Background Caring for a loved one with a complex and incurable condition is a challenging and exhausting experience (Hudson, Remedios & Thomas, 2010. BMC Palliat Care. 9:17). Assessments of carers by Palliative Care Social Workers at Compton discovered resulting fatigue, anxiety and isolation. Research shows that peer support groups offer support which cannot be found in professional-client interactions (Munn-Giddings & McVicar, 2007. Health Soc Care Community.15:26).

Aim To run a professionally facilitated therapeutic group for members to support one another via shared experiences, and to reduce negative feelings.

Methods A monthly afternoon group was implemented in January 2022 for carers of patients attending the Living Well Service. Facilitated by qualified Social Workers, this offered space for carers to come together for peer support, share experiences and seek advice and support from professionals. Group members co-designed a tool for attendees to self-assess their feelings at the start and end of the group via a number scale and evaluation of feelings.

Results Over three separate groups with four attendees at each, 8 evaluation forms were completed. Seven people reported an improvement in feelings to the maximum score of 5, (positive) with one person reporting feeling the same, (calm). Attendees indicated their need for more frequent groups and as a result an extra group was implemented to receive referrals for carer support from other Compton teams. During the pandemic numbers were limited to four attendees plus two staff, numbers are now increasing as the restrictions lift.

Discussion Carers want to come together with peers to share experiences and gain support and this needs to happen at least twice a month. However, when asked if they wanted to set up their own group, attendees declined, preferring a professional-led approach. The feedback from the evaluation shows that the sessions have a positive impact on mood and wellbeing. More research is needed with a wider scope for quantitative and qualitative feedback, and an emphasis on co-designing further groups/support services for carers.