

Aims (1) To identify families' needs and match with volunteer skills, within a limited region. (2) To examine processes and communicate learning and outcomes. (3) To identify improvements, ensuring sustainability and growth.

Methods Implement a volunteer recruitment programme and survey families on support required. Working cohesively with wider hospice teams, implementing a home assessment system with additional resource. Understand expectations and matching the right volunteer skills with the right family, within limited parameters. Collating feedback, reporting to Trustees and identifying future organisational opportunities including deliveries of seasonal gifts and memory boxes.

Results The pilot was a success and recognised as a crucial growing part of the children's hospice service offer. The range of services developed included increased transport referrals, which ensures regular attendance and punctuality to appointments and removes challenges of comforting and supporting children whilst driving for families. Recognising some tasks were too large for volunteers to complete resulted in local Trades' involvement.

Conclusion Impacted by the pandemic the service and support offered adapted, with improved responsive referral systems in place for families and professionals. "You are the first person to offer me support rather than just my child", commented a parent following engagement with teams of multidisciplinary professionals involved in their child's life. Increasing parent/carer wellbeing has positive effects on the child they are caring for.

P-67

THE DEVELOPMENT AND INTEGRATION OF A COLLABORATIVE YOUNG ADULT PALLIATIVE AND END OF LIFE CARE SERVICE

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Background Young adults (YA) are a unique cohort of people (Pritchard, Cuvelier, Harlos, et al. *Cancer*. 2011; 117(10):2323–2328). Not a child, yet still learning and developing into an adult. Therefore, they have a unique set of needs when approaching end of life (Pritchard, Cuvelier, Harlos, et al., 2011), that are not met fully by either Paediatric or Adult Palliative Care Teams alone. We explored an interdisciplinary approach to ensure all emotional, physical and practical needs are met (Cohen-Gogo, Marioni, Laurent, et al. *Eur J Cancer*. 2011;47(18):2735–2741).

Aims To develop a dedicated Young Adult Palliative and End of Life Care Service for young adults aged 16–25 that can work across both paediatric and adult settings, incorporating the skills of the wider collaborative team (Pritchard, Cuvelier, Harlos, et al., 2011; Cohen-Gogo, Marioni, Laurent, et al., 2011). With the aim of ensuring bespoke, young adult-centred patient care, that is family inclusive, an important finding for this cohort (Ngwenya, Kenten, Jones, et al. *J Adolesc Young Adult Oncol*. 2017; 6(2): 200–212).

Methods Link into the local Teenage and Young Adult Oncology service and become an integrated part of their MDT, picking up appropriate, earlier referrals. Once referral obtained, refer to existing adult services, and work alongside them to provide collaborative care to both young adults and family.

Results/referrals Eight young adults in 2020; Eleven young adults in 2021; Twelve young adults in 2022; Nine so far in 2023. Not only can we show evidence of increased number of referrals, but importantly earlier referrals. We obtained written and verbal feedback from families and professionals to evaluate value of collaboration. The feedback shows evidence of effective, supportive relationships built between the team and the young adults and their professionals.

Conclusion Both paediatric and adult teams are very skilled in end of life care, but don't look after huge numbers of young adults, so it's difficult to grow confidence and experience with this cohort (Pritchard, Cuvelier, Harlos, et al. 2011; Wiener, Zadeh, Wexler, et al. *Pediatr Blood Cancer*. 2013; 60(5):715–718). By having a dedicated young adult team collaborating with existing teams, we can provide added layers of care to ensure young adults with advanced, progressive or incurable illness, can live as well as possible until they die (Ngwenya, Kenten, Jones, et al., 2017). Earlier referrals, allow for a longer palliative relationship, which has been shown to improve quality of life (Coltin, Rapoport, Baxter, et al. *Cancer*. 2021; 128(2): 326–334).

P-68

DEVELOPING A HOLISTIC TRANSITION SERVICE

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Background Children's hospice patients are likely to experience complex/challenging transitions to adulthood, involving multiple specialties/services (Together For Short Lives, 2023). Feedback informed us that our patients also faced multiple challenges in their wider transition to adulthood, and their needs in relation to this were not being met elsewhere.

Aims To develop a Transition Service which was holistic, young person (YP) focused, and did not focus on a move from one set of services to another but looked at transition in a wider context.

Methods General service user feedback informed the structure of the first workshop, and subsequent workshops were designed by those in attendance (National Institute for Health and Care Excellence. Transition From children's to adults' services for young people using health or social care services. 2016, [NG43]). The event was a 'one-stop transition shop', with each event including;

- Presentation from an expert speaker (e.g. a solicitor spoke about Court of Protection and Lasting Power of Attorney, Beacon presented around applying for Continuing Health Care Funding).
- 1:1 support from our Transition Lead Nurse and Wellbeing Staff.
- Peer support for both young people and their parents/carers.
- Expert guests from Havens Hospices Adult Services to speak informally to young people and their families.

Results Positive feedback and continued good uptake have informed service developments:

- Partnership work with a youth group provider to run a youth group complementary to the workshops.