

- The development of a Transition Timeline giving an overview of wider, holistic ‘Transition Topics’ and the stages at which they occur.
- A Transition Zone within our website (including videos, signposting and resources).

Conclusion Young people with complex transition needs require a person-centred, holistic approach, which hospice services are well placed to deliver. Transition services should be ‘woven’ into all elements of care and should be person-centred rather than service-centred. Families can feel overwhelmed with the amount of transition information from a variety of sources and need to be empowered to coordinate and understand this.

P-69 DEVELOPING A TRANSITION TIMELINE

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Background Children’s hospice patients are likely to experience complex and challenging transitions to adult services (Together for Short Lives 2023), involving more than one specialty and often multiple services. Family feedback given at our Transition Workshops, family engagement events and through surveys and informal feedback informed us that families did not have access to a simple overview of what transition looked like holistically.

Aims To develop accessible information that improves transition experiences and was visually simple, included all wider elements of transition and was young person focused rather than service-focused.

Methods The need for a timeline was identified by families (National Institute for Health and Care Excellence. Transition from children’s to adults’ services for young people using health or social care services. [NG43], 2016), who had reported either receiving no written information or numerous pieces of written information (each focused on different services) or had received conflicting/confusing information. We tested the initial hypothesis by researching online and engaging with transition networks and were unable to find a leaflet or similar presentation of transition information which was simple, holistic and acted as a guide to the general timings of a ‘Complex Transition.’ Following families initially identifying the need, the timeline was co-produced with families by ensuring each version of the timeline created was tested with families for ease of use, relevance and usefulness.

Results A Transition Timeline was created, including elements of transition from a health, education, social and legal perspective. It was placed online (where it is regularly accessed) and shared with all young people on the caseload aged 14 – 25 and is referred to at in-person Transition Workshops within the hospice.

Conclusion Transition information must be coordinated, easy to use, and accessible. Transition Information which is holistic is not easily available. In particular, information which is

person-centred rather than service-focused is highly valued by young people and parents alike.

Connections and conversations

P-70 COORIE IN: WARM AND WELCOMING WELLBEING IN COMMUNITY SETTINGS

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Background Palliative rehabilitative care and self-management aim to enable people to live fully until they die (Tiberini & Richardson. Rehabilitative palliative care: enabling people to live fully until they die: a challenge for the 21st century. 2015; Schulman-Green, Brody, Gilbertson-White, et al. *Curr Opin Support Palliat Care*. 2018; 12(3):299). Hospices are developing new models to provide this support closer to home (Abel, Kellehear, Karapliagou. Palliative care -the new essentials. 2018; St Columba’s Hospice. Adapting to a changing world: strategic plan 2020–2023). ‘Coorie In for Winter’ was an Edinburgh-wide programme to address loneliness and isolation by funding local partners to provide warm, welcoming community venues where people could connect and try new things. As part of this programme, we piloted support for people with life-limiting conditions by delivering hospice wellbeing services in a community-run venue.

Aims To reduce the social isolation experienced by local people living with life-limiting conditions.

To improve access to palliative rehabilitative and self-management support by providing hospice wellbeing and arts services in a community-run venue.

Methods The Edinburgh Wellbeing Pact funded participant transport and meals. Action Party at Bellfield provided the venues, volunteers and publicity. St Columba’s Hospice delivered a programme of wellbeing taster sessions and art group sessions (February – April 2023). Evaluation of the programme is being used to roll out this model in other communities.

Results 50 people attended over the course of 10 weeks. Group sizes range from 4–15 people. Local publicity was an important source for widening participation. Participants valued the practical nature of wellbeing inputs such as goal-setting. The arts sessions facilitated discussion of death, loss, isolation, and joy; this reduced stigma around death and created a sense of community (Wilkerson, Dimaio, Sato. *Music Therapy Perspect*. 2017; 35(1):13–22). Providing lunch allowed people who live alone to have a meal prepared for them and enjoy it in company.

Conclusion Our evaluation re-affirmed the value of supported self-management. The community venue made it easier for people to attend, and assistance with transport improved access for anyone who needed it. Learning from the pilot is being used to roll out a similar approach to community venues across East Lothian.