resilience. Additionally, siblings would learn more about the wider services the children’s hospice provides.

**Methods** An appropriate adventure park was sought, criteria was set, challenges assessed, and skillsets of staff and volunteers, cross-departmentally, were identified to best support siblings who often had additional needs. Evaluation of the work was significant and impacted on subsequent trips.

**Results** Children’s self-esteem and confidence increased, improving their emotional well-being whilst being in a digitally-free environment. They built lasting relationships and continue to connect within the sibling support programme. Meanwhile, families were able to have a different focus including self-care and dedicated time with their other children. Those with socioeconomic disadvantages could participate through practical support offered. Staff and volunteers experienced morale boosts after a period of reduced face-to-face trips.

**Conclusion** Feedback demonstrated that the trip allowed siblings to gain independence and provided space to explore emotions with new friends who they otherwise may not have met. The residential will be repeated for a new cohort with venue improvements and activity adjustments to further develop sibling support.

Conclusions The interdisciplinary model of music therapy and physiotherapy provided opportunities to simultaneously address several aspects of holistic care. The group enabled peer support and provided a gentle introduction to hospice services, enhancing the experiences of children and their families.