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.

**P-134 WRIGGLES AND RHYMES: A MUSIC AND MOVEMENT GROUP FOR YOUNG CHILDREN RECEIVING CHILDREN’S PALLIATIVE CARE AND PEER SUPPORT FOR THEIR FAMILIES**

Caroline Anderson, Jane Field. Bluebell Wood Children’s Hospice, Sheffield, UK

Background Families of young children with life-limiting or life-threatening conditions encounter many stark challenges, including limited or delayed communication resulting from the child’s medical condition which may affect bonding between parent and child, or lead to experiences of frustration or isolation. Families may withdraw socially, avoiding playgroups and other opportunities to build peer networks. The music therapist and physiotherapist at Bluebell Wood Children’s Hospice sought to ameliorate some of these issues through a music and movement group.

Aim To provide children under five with tailored opportunities to develop movement and communication skills within the motivating context of music-making, to facilitate peer support between families, and to provide a welcoming introduction to the hospice.

Methods A pilot demonstrated the group was feasible. The group was run over six weeks, three times per year. Data was gathered over five years (2018 – 2023) including attendance records, clinical notes and evaluation forms completed by families. The efficacy of the group was evaluated using all different sources of data, identifying trends in attendance and popularity of the group, parents’ perceptions of the group, and any unanticipated findings.

Results The parents gave highest scores for all aspects of the group: activities, leaders, setting, pace. They expressed that they appreciated opportunities to spend time with other families, with whom they recognised shared experiences, and indicated that they would be more likely to use other services provided by the hospice following this first contact.

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.

**P-135 SAFEGUARDING CHILDREN, YOUNG PEOPLE, AND ADULTS; WHEN GOOD ENOUGH, ISN’T GOOD ENOUGH. INNOVATIVE APPROACH WITHIN A CHILDREN’S HOSPICE**

Melissa Mungovan. Demelza, St Leonards on Sea, UK

10.1136/spcare-2023-HUNC.156

Background Safeguarding was held and managed by a small, senior team, which led to increased risk and reduced knowledge, skills, and confidence within the workforce.

Aims There was a thorough review of the safeguarding policy, procedures, training, attitudes, cultures, systems, and processes to upskill the workforce across all departments. We needed to become more transparent and multi-disciplinary in our approach (Department for Education. Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children.2018).

Methods
- Introduction of a Named Nurse for safeguarding with extensive experience to re-design and lead the changes.
- Updated and index linked policy, reviewed by an external, independent safeguarding professional.
- All staff and volunteers receive a level of training appropriate to their roles.
- Internal training updates.
- Staff newsletter updates.
- Quarterly Safeguarding Assurance Committee meeting chaired by a safeguarding Trustee and attended by representatives from all departments across the organisation.
- Adult safeguarding e-learning for all staff.
- Regular audits.
- Safeguarding supervision expectation, with senior staff receiving external supervision. Discussed at all routine 1:1 meetings.
- Six Safeguarding Leads, contactable for all staff and volunteers.
- Monthly meeting to discuss current cases and staff are encouraged to attend to observe or to present cases. Internal referral process in place.

Results Training evaluations, staff feedback and a recent mock CQC inspection have highlighted that staff and volunteers understand their roles and responsibilities, know who to contact and are raising concerns early and appropriately. We have seen an increase in advice being sought by non-care teams, such as retail, and voluntary services. Staff report they have an increased confidence and feel able to raise and review concerns.

Conclusions We completely re-designed how safeguarding works within our organisation, with all staff and volunteers believing safeguarding is everyone’s business. Staff have the training, skills, and confidence to identify and manage safeguarding concerns in a more transparent and autonomous way which in turn, is making us a safer organisation.