3. Completion of validated outcome measures were sporadic.

Following this review the priorities generated are:

1. Significant focus on the promotion of this service to external community and hospital stakeholders, aiming to receive earlier patient referrals.
2. The programme is now offered as a ‘rolling’ programme.
3. Outcome measures were reviewed and refined – acknowledgement that specific training around these will be necessary for professionals involved.

This rehabilitation programme and its project plan could be reproducible at other hospices.

Conclusion Rehabilitation in palliative care improves the quality of life for patients. It reduces disability and a group approach aims to address the social isolation that our patient cohort experience.

Background Therapeutic benefits of gardens, gardening and nature are well documented being utilised in health and community settings (Diamant, Waterhouse. Br J Occup Ther. 2010; 73(2): 84–88). The model of rehabilitative palliative care (Tiberini, Richardson. Rehabilitative palliative care: enabling people to live fully until they die – a challenge for the 21st century. 2015) is the fundamental framework, core to our hospice work and at its heart is seeing patients as people.

New Hub services undertook holistic assessments of new outpatients, identifying that gardens, gardening or nature-based activities were amongst the things which mattered to them.

Aims Facilitate person-centered therapeutic groups to enable participants to engage and reconnect with nature through graded activities as a therapeutic intervention, empowering them to live well.

Methods Unstructured pilot ‘Therapy Through Nature’ sessions facilitated for information gathering, creating a safe space to be heard, peer sharing of skills, thoughts, feelings and memories of gardening, gardens, and nature. Participant inspiration workshops recording their ideas, hopes, dreams and goals. Engagement with local community charities initiated by attendees. Outcome measures initiated include IPOS and qualitative feedback cards.

Results Key themes emerging from current qualitative data:
- Increased sense of wellbeing.
- Group priorities and goals identified and in progress or achieved including: ‘Give back to the hospice and staff and to co-create a living legacy.’
- Growing vegetables and fruit for the hospice Bistro.
- Growing flowers to enhance the environment.
- Enabling and facilitating people to meet their goals.
- Collaboration with other local charities mutually beneficial.

Conclusions ‘Therapy Through Nature’ appears to demonstrate effective therapeutic intervention in a hospice outpatient setting. In the wake of the pandemic, cost of living crisis and concerns about environment, this work is relevant to our hospice families. Our story so far demonstrates the power of people, plants, purpose and partnership, connecting community.

Next chapters Evolving collaborations across the hospice, enhancing connections with our natural environment and creating therapeutic green spaces. Developing model, engaging carers, bereaved, volunteers and staff to promote wellbeing for all.

P-169 FOREST BATHING AS A THERAPEUTIC HEALTH INTERVENTION FOR THOSE ACCESSING HOSPICE SERVICES: A COLLABORATIVE PILOT STUDY

1Julie Waite, 2Rachel Norman, 2Rachel Norman. 1Treetops Hospice, Riddex, UK; 2Nottingham Trent University, Nottingham, UK

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Aim(s) Evaluate whether spending time immersed in nature had a positive effect on wellbeing for people who access hospice services. Measure any contrast in results, if any, between guided and unguided Forest Bathing. Study the correlation between nature and impact on wellbeing.

Understand how this therapeutic intervention could enhance service provision.

Methods
- 17 participants.
- 60 minutes immersed in nature.
- Heart rate variability (HRV) measurement.
- The Inclusion of Self within Nature Scale (Schultz. Psychol Sustain Dev. 2002;61–78).
- Data analysed using analysis of variance and the reliable change index for both psychometric measures and HRV.

Results Improved HRV in both guided and unguided conditions, more improvement in guided condition. Improved Wellbeing and Inclusion in nature scores in both conditions after Forest Bathing, but greater in guided condition. This was a small pilot study, but data suggests that offering Guided Forest Bathing alongside more traditional therapeutic interventions may improve wellbeing, feelings of inclusion in nature and Heart Rate Variability.

Conclusions The study was to test if a nature-based concept could offer a therapeutic intervention alongside standardised care at the hospice. The results show strong evidence that...