

Abstracts

- Moving the management of volunteers to our services/ departments
- Encompassing volunteers from Retail & Fundraising
- Increasing the variety of roles to match need
- Developing a more highly trained volunteer workforce
- Improving ongoing support and communication

Our approach was to regard 'Emotional competence' to be the highest context of training and preparing volunteers and we have designed a baseline programme which we have named 'Oyster' training. The amount of training corresponds to the emotional complexity of the work and then the service itself undertakes further supervision, mentoring and training to assist the volunteer in to the specific role. At the higher end this is work undertaken by volunteers who are working for our new Loss & Transition service, which provides pre and post bereavement support. We have learnt that for the transition of volunteers to services to work effectively it is important to structure the services to lead on particular volunteer roles; for example new Loss & Transition Co-ordinators developed from a Social Work re-structure and a Front of House Volunteer Lead from an Admin and Facilities re-structure. The hearts and minds part of the development both for staff and volunteers requires regular face to face contact; relationship being an important underpinning of the change. This is all still work in progress and the development of the capacity for volunteers to co-ordinate themselves and support each other is the next important step.

P35 VOLUNTEER LINE MANAGEMENT TRAINING AND SUPPORT

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Introduction "Volunteers are vital to the future of Hospice care", as are those who manage volunteers.

The management of volunteers and acceptance of responsibilities was inconsistent across our Hospice: limited allocated line managers; fear of managing situations and volunteers "wrong". It was essential to develop a line manager programme, training and support as volunteer numbers increased and to effectively support our community of 900 + volunteers. The aims:

- Delegate responsibility of volunteers to departments e.g. training
- Engage volunteers at departmental level
- Develop skills to manage volunteers effectively
- Adherence to policies and procedures

Methods Multi-step approach ensured the programme was manageable:

1. Redesign and create policies and procedures, e.g. resolving difficulties, through consulting with staff and volunteers
 - Outlining responsibilities of line managers, volunteers and Voluntary Services (VS)
 - Provide clear structure to address and manage problems
2. Establish role descriptions allocating volunteer line management departmentally
3. Line manager training
 - External trainer
 - VS led sessions
4. Accessible information
 - Departmental folders
 - VS intranet page

5. Bi-monthly line manager meetings: maintain volunteer data, discuss initiatives and problems
6. Annual line managers training/updates
7. New staff inductions

Conclusion Successes:

- Clear management within agreed procedures and responsibilities
- Departmental volunteer line managers allocated
- Volunteer training and development of roles has increased due to increased knowledge and confidence of line managers working with volunteers
- Volunteer engagement and commitment has been fostered through good people management and treating volunteers fairly, resulting in increased volunteer numbers and higher retention rates
- Volunteer line managers seek advice on how to address problems and manage volunteers as opposed to expecting VS to deal with all volunteer requirements
- Reduced dependence on VS enabling focus to be on data maintenance and strategy
- Created a peer support network amongst line managers

Due to the successes and learning from the experience we are undertaking the process for remote retail managers.

P36 IN PATIENT UNIT (IPU) VOLUNTEER LINE MANAGEMENT AND EXPANSION OF VOLUNTEER ROLES AND RESPONSIBILITIES

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Introduction It was recognised, at the Douglas Macmillan Hospice (DMH), that there was a need to diversify the role of IPU volunteers to support the clinical services. Previous attempts to increase the roles and responsibilities of volunteers on the IPU failed due to: lack of line management, staff perception of volunteer competencies and fear of the loss of staff roles. An IPU volunteer co-ordinator (VC) was appointed to develop the role and to work within best practise line management, as defined and implemented by Voluntary Services across the hospice.

Methods A Band 3 Health Care Support Worker (HCSW) was seconded from the IPU initially for 37.5hours/week for 3 months and 15hours/week subsequently into the role of VC. The HCSW retained clinical hours to maintain clinical skills. The VC worked in consultation with the IPU team to identify additional volunteer roles. The following were identified:

- Care: e.g. assistance with personal hygiene, nutritional needs
- Companion: companionship to patients
- Sitter: being with patients who require supervision e.g. patients who are anxious
- Escort: escorting hospital appointments

The IPU team were involved in the training and competency process so that they took ownership and responsibility for new volunteers. The VC is responsible for recruitment, training, rostering and appraisal of the volunteers. The staff on the IPU have access to the volunteer details so that they can access the volunteer, if needed, outside of the rostered hours.

Conclusion This role has been well received:
Successes

- Increased volunteer numbers and roles
- Enhanced the diversity and quality of care provided on the IPU
- Effective management of volunteers ensuring volunteers are retained, feel valued and integrated into the team
- A further 10 competencies have been introduced to develop the IPU Care role further including taking and recording blood pressure

Following the success of the role the 3 bed community led DMH unit, recruited a volunteer coordinator for 16hours/week.

P37 THE 100% PROJECT

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Background There is anecdotal evidence that families who have a child with a life-limiting condition experience isolation and stress because people avoid engaging with them about issues around death, dying and bereavement. Scotland has a number of organisations who are now focusing on how to encourage a societal shift in attitudes. As a children's palliative care organisation, there is a responsibility to families to contribute to this work.

The 100% Project is a community engagement project which aims to start conversations about death, dying and bereavement in a life-affirming way.

Aim The 100% Project comprises a range of events and social media activities which aims to:

- Promote positive attitudes to death, dying and bereavement
- Tackle the silence and isolation experienced by those affected by death, dying and bereavement
- Raise awareness amongst those involved with the organisation, including service users, staff, volunteers, the public; and develop people's skills and confidence in this area
- Promote community involvement with and understanding of issues relating to life-shortening conditions

Approach The 100% Project will build gradually towards more difficult conversations around death and dying, by starting with a range of accessible, non-challenging activities. These include a social media poll to decide Scotland's Top Tear-jerker film; as well as engaging individuals in submitting uplifting pictures, quotes and stories. The 100% Book Club aims to generate conversations, bringing small groups together in local communities. In partnership with Good Life, Good Death, Good Grief, "Before I Die Walls" will generate positive publicity about the campaign across Scotland.

Outcomes and Implications for Practice It is hoped that this project will reduce the misconceptions that surround children's hospice care, and contribute to a national conversation in Scotland about Death, Dying and Bereavement, ultimately improving quality of life for families.

P38 THE UK SQUARE TABLE PROGRAMME – AN ENGAGEMENT TOOL FOR HOSPICES

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Introduction During 2010-11, 41 Square Table events held across the UK. More than 1,500 people took part, including

families of children with life-limiting and life-threatening conditions, young adults who have grown up using children's palliative care services, health, social care and education professionals as well as other community leaders.

Aims The Square Table programme aimed to:

- Deepen understanding of children's palliative care within communities.
- Act as a catalyst for communities to work better together to meet the needs of children and families.
- Stimulate children's hospices and other providers to develop their services.

Methods and results The Square Table is a structured discussion, where all sides of the table are the same length to symbolise all views as equal in merit. Most were hosted by children's hospices, enabling a better understanding of the needs of users and reach out into their communities.

There were some common themes which emerged:

1. Low awareness has a negative impact on access to services.
2. Greater coordination of services and partnerships is needed at all levels.
3. Key working is seen by families as a necessity for helping navigate a complex system.
4. Serious concerns about support for young people making the transition to adulthood.
5. The future sustainability of services is a concern, particularly in the context of a fragile economy.

Follow up Progress has been made by services since the programme, particularly in

- Widening family support services
- Improving partnership working and collaboration with the statutory sector
- Developing new services
- Improving communication

Conclusion The Square Table concept is a valuable tool for hospices to engage more effectively with communities and in service development, especially in response to the Commission into the Future of Hospice Care.

P39 NEWHAM BEREAVEMENT SERVICE – A COMMUNITY ENGAGEMENT PROJECT

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Aim The aim is to assess the bereavement needs in Newham and to provide support that is sensitive to the cultural, religious and language requirements of the borough's population. The service operates via a compassionate community model, providing training to enable the local population to support people within their locality, as well as improving local knowledge around death and grief.

Background Newham has a diverse community, with 68% of its 247,614 population coming from Black and minority ethnic communities (ONS, 2008). The estimated number of deaths in Newham in 2008 was 1,437 (ONS, 2008), yet the majority of those bereaved did not access professional support. Cultural attitudes to death and grieving could prevent people from accessing formal bereavement services and many people could be unaware of other areas of support they could access.

Approach Volunteers, who are reflective of the local community, are being trained, on an on-going basis, as befrienders, allowing