Aims The aims were to:

- map the extent of hospice community volunteering services
- gather information about services already in place
- identify barriers to developing services
- inform the development of resources for hospices interested in establishing community volunteering services.

Methods A 40 item online questionnaire was developed, reviewed by the project reference group, piloted and revised. Comprising multiple choice and open-ended questions, it was circulated to the full membership of Hospice UK; 225 hospices including 14 combined adult and children's services and 25 children's hospices. Quantitative analysis was undertaken using both the online survey data output and Excel. Qualitative data were analysed using a framework approach. Children's hospice data were analysed and reported separately.

Findings from adult hospices

- 115 adult hospices responded
- 70% had community volunteering services (CVS)
- 61% of hospices without CVS were keen to develop these
- the majority of hospice CVS were staff-led.

Benefits included:

- improved wellbeing for patients, families and volunteers
- respite for families/carers
- improved access to a range of services for patients and families
- improved quality of care
- staff having greater understanding of patients' and family needs
- staff skills and time more effectively used
- increased service provision.

Barriers to development included:

- lack of resources (including funding, staff, volunteers and time)
- concern over lone-working, safeguarding and insurance.

Respondents indicated that they would find materials to guide development helpful.

Conclusions Hospice community volunteering services appear to be widespread and growing. There are clear benefits for patients, families, volunteers, organisations and staff.

0-20

A REDESIGN OF DAY THERAPY SERVICES; FROM SOCIAL GROUPS TO 'SPECIALIST CARE' AND BACK AGAIN

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Background Eight years ago Day Therapy (DT) services switched from being a mainly social/medical model, towards a therapeutic model, alongside medical care. There was a focus on providing 'specialist' palliative care and moving away from social models of care. Over time, with a changing patient population, it became apparent that this model was not meeting their needs and was providing a costly service for those with only social needs. Services were re-evaluated and a new model was developed to address the needs of our current and future patients.

Aims To move from a 'specialist' DT model towards a mixed model, including a range of outpatient opportunities and more 'light touch' services. To evaluate services including attendance figures, OACC (Outcome Assessment and Complexity Collaborative) and other outcome measures and user feedback.

Methods Some existing services maintained, alongside new services:

- Therapeutic group work for those with complex physical, emotional, social and spiritual needs, including nursing assessment and involvement of MDT as appropriate
- Rehabilitative and psychoeducational groups encouraging self management
- Increased outpatient services
- Social drop-in groups, including café style and creative social groups, delivered by a therapy assistant and volunteer.

Results Due to routine overbooking, between 96%–120% of available sessions were booked with attendance ranging from 46% to 101%. Drop-in sessions were particularly successful, with 92%–101% attendance. Around 70% of people accessing services have a non-cancer diagnosis. User feedback has been positive for sessions, including quotes such as 'supportive' and 'something to get out of bed for'. OACC data have demonstrated that people have complex, multidimensional needs. De Jong Gierveld Loneliness Scale outcomes have improved in social groups and have highlighted individuals' social needs.

Conclusion People accessing Day Therapy services have a complex mixture of physical, psychological and social needs and services need to be designed to meet these in appropriate and cost effective ways.

0-21

HOW DO HOSPICES FACILITATE SOCIAL SUPPORT?

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Background Social isolation is increasing, with negative consequences for both physical and mental health. People with life-limiting illness and their carers are at risk of inadequate social support and loneliness. Hospices support social wellbeing with services including traditional day care, support groups, befriending, multi-component interventions, and community activities. Existing research suggests that access to social support is highly valued. However, models of support used in practice are poorly documented and outcomes difficult to ascertain. The significance of social support in palliative care is under-researched.

Aim To establish an overview of hospice service models that facilitate social support for adults living in the community with life-limiting illness.

Method An online survey was developed, piloted, and disseminated to adult hospices in the UK and ROI. Questions include hospice characteristics, provision of services facilitating social support, access issues, use of patient outcomes, and availability of cost data.

Results 107 hospices responded to the survey (c. 50% of eligible hospices). A diverse range of service models were identified. Results include descriptive statistics of the sample, categories of services identified, and salient access issues. Implications of findings for research and economic evaluation are discussed.