Freemasons' Charity Hospice Grants Programme 2026

Frailty Care

On behalf of Freemasonry in England and Wales the Freemasons' Charity is proud to be working in partnership with Hospice UK to deliver a programme of local funding that will have a significant and lasting impact on communities across England and Wales.

Introduction

Building on Hospice UK's previous work with hospices to extend frailty care into local communities, and in line with NHS England's neighbourhood health agenda[1], we wish to further explore how hospices can work in true partnership with local care homes, nursing homes and social care providers. Our aim is to ensure that the increasing number of people living with advanced or advancing frailty in these settings receive high-quality palliative care at the end of life, in the place that is best for them.

Why focus on frailty?

Frailty is a distinctive health state, related to the ageing process, in which multiple body systems gradually lose their in-built reserves to the point where they are vulnerable to a stressful event that can lead to rapid decline and end of life.[2] People living with frailty often have additional multiple health problems including cognitive decline. End of life care for people living with frailty is often different from the care needed when someone is dying with one disease. The trajectory towards death is more uncertain with episodes of acute illness and periods of full or partial recovery.

Frailty is not only experienced by older people, but it becomes more common with increasing age.[3] With the rapid rise in the number of people living into their eighth decade and beyond, a whole new set of challenges need to be addressed on how best to support such a population

[1] Department of Health and Social Care (2025), *Fit for the Future: 10 Year Health Plan for England*, (https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf) Accessed 21st October 2026
[2] Turner, G. (2014), *Introduction to Frailty, Fit for Frailty Part 1*, British Geriatrics Society (https://www.bgs.org.uk/introduction-to-frailty) Accessed 7th September 2026
[3] Adams, J. (2026), *BGS key messages: Frailty*, British Geriatrics Society (https://www.bgs.org.uk/bgs-key-messages-frailty) Accessed 7th September 2026

not only to manage their illnesses, but to live well. Currently, the prevalence of frailty in the UK sits at 10% in people over 65 years old and up to 50% in people over 85 years old.[4]

Together for Short Lives' recently refreshed categories of children's palliative care, developed with the support of the Association of Paediatric Palliative Medicine, explicitly mention 'extreme frailty' in their clinical definitions of children and young people who would benefit from palliative care.[5] But while clinical understanding of frailty in children is growing within paediatric healthcare, the overall integration of this into practice is underdeveloped.[6]

Why now?

The British Geriatrics Society (BGS) maintains that 'partnerships are the foundation of high quality, integrated care for people living with frailty, including with social care'.[7]

This partnership working approach also aligns with two key national priorities. Firstly, NHS England's 10-year plan calls for a neighbourhood health service that focuses on prevention and delivers care as locally as it can, in a patient's home if possible.[8] Secondly, the 'National Care Service' policy recently announced by the UK Government[9], which if enacted, would transform the social care sector and its interaction with health services.

When it comes to end of life, the BGS states that 'the majority of deaths [in the UK] occur in older people living with frailty', rendering 'provision of high-quality end of life care…a national priority'.[10]

The most up to date figures published by the Office for Health Improvement and Disparities (OHID) show that, in 2023, over a fifth of people who died in England died in a care home.[11] Of these, 41% were considered 'temporary residents', meaning that they were moved to a care home, usually from their own home, shortly before their death.

Many care homes deliver excellent care to both temporary and long-term residents at the end of life, but the quality and consistency of this care is variable. The prevalence of frailty also varies significantly across the country, with greater prevalence seen in more deprived areas.

Through Hospice UK's work it has become apparent that meaningful partnerships between hospices and local social care providers, such as care homes, can improve patient experience and deliver system benefits.

[4] Ibid.
[5] https://www.togetherforshortlives.org.uk/changing-lives/supporting-care-professionals/toolkit-for-palliative-care-needs-in-children/recognise/ Accessed 22nd October 2026
[6] Caruso, R. and Magon, A. (2025), *Pediatric Frailty: From concept to action – Advancing measurement, biomarkers, and clinical integration*, (https://www.sciencedirect.com/science/article/pii/S2949916X25000192) Accessed 21st October 2026
[7] Adams, J. (2026), *BGS key messages: Frailty*, British Geriatrics Society (https://www.bgs.org.uk/bgs-key-messages-frailty) Accessed 7th September 2026
[8] Department of Health and Social Care (2025), *Fit for the Future: 10 Year Health Plan for England*, (https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf) Accessed 21st October 2026
[9] https://www.gov.uk/government/news/prime-minister-andy-burnham-sets-out-plans-for-a-new-national-care-service
[10] Adams, J. (2026), *BGS key messages: Frailty*, British Geriatrics Society (https://www.bgs.org.uk/bgs-key-messages-frailty) Accessed 7th September 2026
[11] Office for Health Improvement and Disparities (2025), *Official Statistics: Palliative and end of life care profiles - January 2025 update: statistical commentary*, (https://www.gov.uk/government/statistics/palliative-and-end-of-life-care-profiles-january-2025-update/palliative-and-end-of-life-care-profiles-january-2025-update-statistical-commentary) Accessed 7th September 2026

On occasion, frail older people in care homes experience avoidable hospital admissions and die without access to the specialist palliative care that hospices can provide in a person's preferred place of care, which may be the care home they call their home.

Hospice UK and the Freemasons' Charity hope this grants programme will generate further learning on the value and impact of partnerships between hospices and local social care providers, building on the earlier Extending Frailty Care Programme, funded by the Kirby Laing Foundation.

What funding is available?

Total available funding in this grant round is £400,000. We will fund between 10 and 14 projects.

Grants of up to £40,000 are available to support projects running over a maximum period of 18 months.

What are we looking for?

Hospices must apply in **partnership** with care homes or other social care providers. These can include residential care homes, care homes with nursing, or providers of social care and education for children and young people who would benefit from paediatric palliative care.

Lead applicants must be members of Hospice UK. Only one application can be considered from each hospice. Some of the funding can be shared with the care home or social care provider you are partnering with to deliver your project.

It is essential that letters of support from partners are submitted along with your application. Applications will be rejected at the screening stage if these are not submitted at the point of application.

We are keen to fund projects that test **new, integrated models of care** where hospices and local social care providers are working in true and sustainable partnership. This may involve building on an existing, perhaps more transactional relationship. Or it could involve adapting or scaling pilot work between the two local partners, e.g. delivering one-off staff training.

These models of care could include, but are not limited to:

- 24/7 advice line available to local care homes or other providers of social care needing specialist palliative care input
- Joint roles, where existing staff spend time in both the hospice and the care home/care provider team, enabling education and learning to be shared
- Hospice outpatient services delivered within partner provider settings, e.g. mobile clinics delivering outpatient services
- Coordination between hospices and care homes to undertake comprehensive geriatric assessments
- Palliative care needs rounds

Projects should be **evidence-led** and informed by data about your service and local population. Where possible, applications will identify the likely reach of the project in terms of patients and families, and how currently unmet needs might be met through the partnership.

We expect projects to have **lived experience** at their heart, and ensure community, patient, family and carer voices are heard and acted upon. This should be evidenced in your application.

We will prioritise applications with strong and clear **organisational support**. Each project will require a designated Project Lead within the hospice and the partner organisation. These Project Leads will need dedicated time to deliver the proposed work. They will also need the full support from their partner organisations to facilitate the necessary changes to culture and practice.

We know from experience that projects should focus on **improvement, which can be sustained** beyond the 18 months of the grant. Previously successful projects had defined their objectives and considered how they will measure success at the outset, but also recognised the importance of taking a continuous learning and quality improvement approach. Their learning was captured, measured and quantified, so it could be embedded sustainably within their hospice once the grant funding had ended.

What do we expect from you?

These projects form part of a larger programme of work Hospice UK is delivering around frailty.

Hospice UK will support Project Leads to identify and understand how and why their local partnership working improves palliative care for people living with frailty. Together we can then share this with the wider hospice and social care sectors, use what we learn to influence national and local decision-makers, and enable replication across the UK.

We look forward to working with hospices and their partners on this journey. To do this, we provide support and guidance in addition to the grant funding. Some of this requires time and commitment from our grantees too.

At the start of the programme we bring the Project Leads from each grantee together for a **Project Leads Day** in London. We facilitate these days to help induct Project Leads, as well as connect, share and develop our initial project ideas. You can build the travel costs for this day into your grant application.

Project Leads then become part of a supportive **Community of Practice**, facilitated by one of our Clinical Leads. This online community meets monthly to provide coaching, guidance and peer support to help Project Leads overcome challenges, solve problems and celebrate the successes you will experience when delivering your projects.

Our Clinical Lead will be available to support, coach and mentor Project Leads throughout the programme, adopting a Quality Improvement (QI) approach. QI is a systematic methodology which enables staff to design, test, and implement changes using real time measurement for improvement. Where possible, our Clinical Lead will also **visit your hospice** for a day, to meet your colleagues, project partners and help troubleshoot any issues you may be facing. Representatives from the Freemasons' Charity may also request to meet your team and find out more about your project.

One or more projects are asked to feature in a **video**, which can be used by the hospices involved and Hospice UK to bring the stories of our funded projects to life. Costs for the video are covered by Hospice UK.

We also work with Project Leads to measure and evaluate the impact of their projects. This can involve contributing to a formal grant evaluation led by Hospice UK, but will always involve Project Leads submitting **regular written progress reports, a final report** and sharing **baseline and ongoing impact data**.

To help share learning from these projects, we ask every Project Lead to **submit an abstract** on what they've learned through their work, so this can be shared as a poster or oral presentation at Hospice UK's National Conference. The cost of this can be built into your grant application. You may also be invited to present at a Hospice UK conference, the costs of which are covered by Hospice UK.

Please consider these as conditions for our grants when deciding to apply. If we are to maximise the impact of your project for both your hospice, and the hospice sector, we do need this support and participation from all our grantees.

What is eligible?

- Applications from independent hospices based in England, Wales or the Channel Islands
- Costs for staff salaries (can be new or existing, full or part time)
- Costs for equipment, travel, payments for people with lived experience or staff training.

What is not eligible?

- Applications submitted without a partner (care home or social care provider)
- Projects that consist solely of scoping activities such as undertaking a needs analysis or mapping exercise, with no actions taken in response to findings
- Continuing an existing service – unless enhancing, redesigning or extending the reach of the service
- Work that has already started before December 2026 – although if you ran a clearly identified pilot phase before this date, you are not precluded from making an application to develop it further
- Costs for isolated pieces of equipment not related to the proposed work
- Direct salary costs for tasks not related to the project – the aim is to release the applicant from some of their duties to undertake the proposed work
- Applications from hospices based in Scotland or Northern Ireland
- Applications from NHS hospices
- Applications from hospices awarded a grant in the April 2026 Masonic Charitable Foundation/Hospice UK Financial Hardship grant programme.

How do you apply?

We encourage all potential applicants, after reading this guidance, to contact the Grants Team (grants@hospiceuk.org) to informally discuss your proposal. This enables us to establish whether your planned work fits within the general requirements of the programme and offers you an opportunity to find out more about what we are looking for.

Please note that discussing your proposal with the Grants Team does not guarantee the success of your application.

Applications should be made on the online forms available on our website: www.hospiceuk.org/grants

Before you can access the online application form you will be asked several questions in the eligibility filter. If answered correctly, you will be directed to the full application form.

Tip: You may find it helpful to prepare your answers in Word first. A template of the application questions is available on the website in Word version. You can use the template to 'cut and paste' your answers into the online form.

When you are filling in your application form, please give concise answers as some questions may have a limit on the number of words you can write.

In addition, if a grant is awarded, we will ask you to report back on your project by referring to the answers written on your application form, so it is important to be realistic in your answers.

Once you have completed the application form you can submit it online. To submit, go to the last page of the form and at the bottom is a 'submit' button. Once you are happy with your application, click 'submit'.

Once you have submitted your application you will receive a confirmation of submission e-mail, which will include a copy of your application.

Please upload to your application:

- a signed letter of support on hospice headed paper from your Chief Executive, countersigned by your clinical lead
- signed letter(s) of support from your partner organisation(s)

These letters of support need to outline:

- how the project fits with the strategic direction and business plan of the applicant's organisation
- an assurance the Project Lead and their work will be supported throughout the organisation
- a responsibility to review the progress of the project to ensure that change is affected
- any other support to be provided.

The deadline for applications is 21 January 2027 at 17:00. Applicants will be informed whether or not they have been successful by end of March 2027.

What is our assessment process?

Applications will be checked by our Grants and Programmes Teams, to ensure they meet the eligibility criteria. If further information is required at this stage, we will be in touch.

All eligible applications will then be considered by the Grants Committee, which comprises senior hospice personnel and representatives from the Freemasons' Charity.

Applications will be assessed against set criteria. We will consider how the proposal:

- **Addresses an unmet need** including how the needs of your population are reflected in the proposed project.

- Demonstrates **partnership working** with care homes or other social care providers, making use of their expertise, maximising resources and/or supporting greater integration of services.

- Approach to **quality improvement, and feasibility** within the time frame and resources available

- Demonstrates **organisational buy-in** i.e. evidence that delivering the proposed project is in-line with your organisation's strategy and has the support of senior leadership from both the hospice and the partner organisation

- Proposes an **evaluation** strategy to capture improvements and assess the difference the project makes to people experiencing frailty and their families and carers.

- Demonstrates **value for money**

- Demonstrate how the outcomes of the project will be **sustained** after the end of the grant funding period.

If we receive more applications than we can fund, when a project has been assessed and is strong enough to be in contention for a grant, then hospices' free reserve levels may be taken into account.

For the purpose of this grant programme:

- free reserves are defined as all reserves, with the exception of endowed or restricted funds and any reserves represented by tangible fixed assets
- running costs are defined as total expenditure as per the most recent audited accounts.
- where the hospice operates one or more trading subsidiaries, the figures are to be based on the consolidated levels of reserves and expenditure for the group.

The Grants Committee will prioritise projects they assess as most likely to contribute to national learning with the possibility to scale and replicate your model in other settings. In making a final decision on which projects to fund they may also take geographical distribution into account.

The Grants Committee will also prioritise those projects that have the ability to start soon after the decision to fund has been announced.

It is likely that we will receive more applications than the amount of funding available, so the success of your application cannot be guaranteed and the committee's decision is final.

What happens next?

If your application for a grant is successful then we will send an Award Letter, together with an Acceptance Form, to the Chief Executive at the hospice. We may contact the application sponsor personally to confirm support of your application.

The Acceptance Form must be signed by the applicant organisation's Chief Executive and a Trustee, agreeing to the conditions of the grant. These are described in the 'What do we expect from you?' section above. We will ask you to confirm when the project will start and when you expect to complete it.

The project should start within three months and finish within 18 months of the date of the Award Letter. We reserve the right to withdraw funding after 18 months from the award date if it is not claimed, so it is important that you keep us up to date with progress.

Payments will be made on the submission of a Grant Claim Form together with evidence of expenditure such as copies of paid receipts and invoices in relation to the grant.

An outline timetable for the programme:

- 21 January 2027 - 17:00 deadline for submission of applications
- End March 2027 - All applicants notified of decisions
- June 2027 - First progress report due from Project Leads
- Mid June 2027 – Project Leads Day (exact date TBC)
- April-May 2028 – Project Leads submit abstracts for Hospice UK's National Conference
- November 2028 – Final reports due from Project Leads

Acknowledgements

Grant holders are required to acknowledge the Freemasons' Charity, local masonic representatives and Hospice UK in any information that is circulated about the project. This includes blogs, conference presentations, reports, publications and articles that arise from the work.

Freemasons' Charity
As the national charity of Freemasonry in England and Wales, the Freemasons' Charity awards grants to tackle some of the most significant challenges in society.
Funded entirely through the generosity of Freemasons and their families, the Charity is one of the largest grant-making charities in the country.

We build better lives by enabling opportunity, advancing healthcare and education and promoting independence.

Hospice UK
Hospice UK is the national charity for hospice and end of life care. We work to ensure everyone affected by death, dying and grief gets the care and support they need, when they need it.

Further questions?

Please see our website or contact the Grants Team at Hospice UK with any questions about this grant programme or if you need further information:

E-mail: **Grants@hospiceuk.org**
Website: **www.hospiceuk.org/grants**
Telephone: 020 7520 8219
Address: Grants Team, Hospice UK, 34–44 Britannia Street, London, WC1X 9JG