

isolation and to enable people to remain living at home and connected to their communities.

At its heart is a network of trained Compassionate Neighbours who provide weekly contact to people who have become isolated as a result of illness. Volunteer involvement is geared towards providing companionship and encouraging the person out of the house. It might be as simple as going for a cup of tea, enjoying a shared interest, doing a bit of shopping or a trip to the local community centre.

The project will be independently evaluated in terms of its impact on the health and well-being of volunteers, clients and carers and the need for primary health care services.

Compassionate Communities – Reach Out recognises that end-of-life care is a social as well as a medical issue and seeks to expand our model of health care to include communities as genuine partners – not simply as targets of service provision.

### P-36 BRUMYODO – A BIRMINGHAM DYING MATTERS COMMUNITY

Sharon Hudson, Carrie Weeks, Frances Glover, Anna Locke, Laura Tooley, Sarah Mitchell, Laura Smith. *BrumYODO, Birmingham, UK*

10.1136/bmjspcare-2016-001245.60

BrumYODO is a social movement which emerged over a belief and commitment to achieving better dying in Birmingham. We are a collective of undertakers, artists, craftivists, hospices, doctors, nurses and citizens of Birmingham. For Dying Matters Week we planned and delivered a huge range of activities to engage our community in conversation about death and dying- with the message that talking about it won't make it happen (as Ellie our celebrant says. Just like eating lettuce won't make you thinner).

Our social media campaign, run with good will and energy, has generated passion, networks and the #BigConversation with a reach of thousands. Events included, five death cafes, a pop-up shop with multiple contributors, coffin design, storytelling, philosophy and a Death Disco. Images and creativity have threaded with practical sessions – engaging hearts and minds. We have filmed events to create a film to share in GP surgeries and primary care. We are true grassroots collaboration and the networks we have created will be sustained well into our future.

## Creative Arts, Therapies and Wellbeing

### P-37 HAND IN HAND TOGETHER FOREVER

Gwen Lowe, David Pratt. *The Myton Hospices, Warwick, UK*

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We began making hand casts approximately two years ago after a patient came through our doors asking if this was at all possible, as her daughter still wanted the opportunity to be able to hold her mother's hand after she had died.

The process is not just about making an impression of their hand, it is symbolic of who they are, as the hand can be the most tactile and intimate part of the body.

Patients who come to us for a hand cast all have huge strength of spirit and character. They come at a time when their lives are being tested beyond their control.

The process is fairly straight forward for patients to do, with each cast taking approximately 20 minutes. We use alginate powder for the mould as it is safe to use and allows for a certain amount of flexibility. Patients (and their family if desired) then place their hand into the mould for approximately two-three minutes. The mould is then ready for the plaster of Paris.

After two-three hours we can remove the mould. The cast is finely detailed showing veins, lines, even body hair can be detected. We have even had couples asking if engagement and wedding rings can remain on as they are often key to the finished result.

Patients come with their own reasons for having a hand cast. They capture that moment in time and create that special memory to cherish for years to come. This service can be important to patients and families as they prepare to say goodbye. One of our patients said "It has helped me emotionally - knowing that my hand will still be there for my husband to hold, even when I'm no longer around".

### P-38 THE 'ART BAG' PROJECT – ENABLING HOSPICE COMMUNITIES TO 'CONNECT, CONTEMPLATE AND CREATE'

<sup>1,2,3</sup>Annalie Ashwell. <sup>1</sup>Peace Hospice, Watford; <sup>2</sup>Hospice of St. Francis, Berkhamsted; <sup>3</sup>Macmillan Cancer Support (funders)

10.1136/bmjspcare-2016-001245.62

#### Aim

- To provide an accessible creative activity for hospices and the wider communities
- To raise awareness of the benefits of therapeutic arts
- To reduce stigma attached to hospices
- To provide an opportunity for participants to 'leave a mark' and to feel connected to others.

**Method** The project is a large collaborative initiative uniting two hospices together, through one activity. Since the launch, in October 2015, over 500 bags have been distributed. Each bag is filled with the same simple, creative activity, 2015/6 weaving. The bag may be completed at the hospice or taken away. Each bag provides the opportunity to 'connect, contemplate and create', fostering enjoyment and relaxation and promoting wellbeing. Participants are offered the opportunity to contribute completed artworks to an end of project exhibition.

The project 2015/16 culminated in an exhibition in Space2gallery, (in a local museum). Over 210 artworks were in the exhibition. Group 'tasters' were then held at the gallery to raise awareness and increase understanding of hospice services.

**Impact** Each bag included a feedback card. Over 50 were returned and were displayed in the exhibition. 100% were positive and demonstrated the range of people accessing the project.

'By making this circle of life I call it. I think I turned a corner and I now realise my daughter is happy now, and I feel she is at peace'

'Participating in the art bag project re-connected me with how calming + satisfying it is to sit quietly + create something with my hands'

'Very good way of bringing you into the here and now. Very soothing'

**Future relevance** The project evolves on an annual basis with a different activity inside. There is a potential for future collaborative developments but these will be dependent on funding. Post is currently funded by Macmillan Cancer Support.

**P-39 ENABLING YOUNG PEOPLE TO EXPLORE THEIR UNDERSTANDING OF DEATH THROUGH DRAMA**

Sarah Popplestone-Helm. *St Richard's Hospice, Worcester, UK.* Daniel Morgan

10.1136/bmjspcare-2016-001245.63

"Give sorrow words; the grief that does not speak knits up the o-  
er wrought heart and bids it break." – William Shakespeare, Mac-  
beth Act IV Scene III

The hospice received funding from the local Clinical Commis-  
sioning Group to support schools in South Worcestershire. The  
aim was to enable a more balanced and healthier view of death,  
dying and bereavement within the school environment.

Using part of this grant the hospice worked in partnership  
with a local senior school, to develop Year 11 pupils' knowledge  
and understanding of death and bereavement through drama;  
they planned to produce an assessed performance for their  
GCSE.

Fifteen Year 11 pupils visited the hospice; they had a formal  
talk on hospice work and met with a bereaved person and asked  
questions regarding the family's experience. A comprehensive  
tour of the building gave them insight into the work undertaken  
and of the environment.

During the visit, they wrote down one word describing their  
expectations. They were asked to repeat the exercise at the end  
of the visit. It was clear that their expectations were different  
from the reality of hospice work.

The final production included stories that the pupils had heard  
whilst at the hospice, the wedding of a patient, the creation of a  
memory box for a child, the importance of honesty and trust. All  
of these themes were explored through drama in a sensitive and  
informed way.

This has become an annual event. This year's cohort of drama  
students will be considering the Hospice Care Week on 'Connect-  
ing Care'. The potential for an increased understanding of death  
within the younger generation is crucial to the demystifying of  
hospice work. A more balanced and healthier view of death,  
dying and bereavement is to be encouraged.

**P-40 'MEMORY IS THE SCRIBE OF THE SOUL' (ARISTOTLE):  
PATIENT WELLBEING AND THE HOSPICE POET**

Phil Isherwood. *Bolton Hospice, UK*

10.1136/bmjspcare-2016-001245.64

A hospice poet will present his distinctive approach to writing  
poetry which has been developed over five years, writing poetry  
based on conversations with, and the creative artwork of, hospice  
patients. His creative PhD research at the University of Bolton  
has established specific working methods as a writer, producing  
over 200 poems, and identified particular qualities in poetry of  
special value relating to transcendence, wonder and otherness.

Support for the approach will be presented with particular  
reference to narrative identity and creativity, utilising the potential  
of poetry to provide a creative work based on a patient's own life.  
This will be argued as supportive to personal significance and iden-  
tity, valuable to patient wellbeing and as memorial art and legacy.

Furthermore the poet, and the poetry produced, supports the  
hospice principle of 'being with'. Particular aspects of creativity  
and mystery will be highlighted as a way to access transcendence  
– arguing value for such creative representation of a patient's life  
at a time when a more simplistic presentation of meaning and  
understanding may prove inadequate. Examples of poetry will be  
used relating to personal narratives, to creative work by patients  
and also work based on patient 'memory boxes'.

Further key issues will be raised regarding the role of the poet  
and the case made for this approach to be fully accepted as psy-  
cho-social support and integrated within the end-of-life care aims  
regarding a 'good death'. The approach is especially appropriate  
for volunteer and community partnerships to strengthen the crea-  
tive and different side to hospice care and patient wellbeing.

**P-41 EVALUATION OF AROMA STICKS FOR ANXIETY AS AN  
EXTENSION OF AROMATHERAPY TREATMENT**

Sharon Penny. *Princess Alice Hospice, Esher, UK*

10.1136/bmjspcare-2016-001245.65

**Background** Anxiety is a common problem within palliative care  
whether with a cancer diagnosis or other life- limiting disease.  
We wanted to look at how patients could have autonomy to  
relieve anxiety in a non-medical way. We were aware other hospi-  
ces and hospitals were using aroma sticks with good effect (Dyer  
*et al.*, 2013).

**Aim** To explore the impact of aroma stick use on patients'  
anxiety.

**Method** Patients were selected by the multi-disciplinary team.  
Subject to consent, patients were asked to complete a question-  
naire asking them about use of aroma sticks (whether they used  
them, what they liked or disliked about them and what benefit  
they may have felt). A visual analogue scale (0 = calm and 10 =  
panic) explored patient anxiety level. Patients could choose a  
preference from four blends of essential oils. The patient was  
then instructed how to use the aroma stick when they were feel-  
ing anxious at baseline. Then at seven and 14 days the patients  
repeated the questionnaire and anxiety scale. We aimed for a  
minimum of 10 patient completed questionnaires.

**Results** 26 patients took part, six were lost to follow up. Seven  
key themes were highlighted the top three being; 71.4% felt  
more relaxed; 57% felt stress levels reduced; and 50% felt mood  
had improved and felt better able to cope. The ease of use and  
the fact the aroma stick was small enough to keep on their person  
was a contributing factor.

**Conclusion** Following the results of these findings, we are using  
aroma sticks as an extension of our aromatherapy service across  
our patient base for anxiety, nausea, and breathlessness. The most  
important finding was the patient's autonomy to help them with  
a non-medical intervention.