

0-6 ENHANCING BEREAVEMENT GROUP SUPPORT – CHANGING FROM A SOCIAL TO A PSYCHO-EDUCATIONAL MODEL

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Background Evidence indicates that psycho-educational models of bereavement group support provide greater bereavement support than social models (Marotta; Drake, 2021), due to the dual process of peer support and information sharing. At Mary Ann Evans Hospice, the bereavement support group ('Jigsaw') previously followed a social model facilitated by volunteers where bereavement was discussed in an open, unstructured way. The impact of staff changes, combined with low uptake of new group members, led to a qualitative review in February 2020 being undertaken. Clients felt unable to discuss their bereavement freely fearing dominant group members, negatively comparing their grief to others and feeling dissatisfied with the unstructured format.

Aims Improve client experience by enhancing bereavement support provision, including bereavement education to understand grief and encouraging peer support.

Methods A qualitative evaluation/thematic analysis of the current model was undertaken. Current client and volunteer feedback, combined with evidence (Näppä, Lundgren, Axelsson, 2016; de Willoughby, 2013/14; Belmont, 2017), led to a new group structure and programme being created and delivered by an experienced psycho-educational group counsellor. Three new groups started using this model from August 2020.

Results The COVID-19 pandemic changed bereavement and a new structured programme was able to address this directly. Clients discussed, and shared, a new sense of disenfranchised grief (Albuquerque, Teixeira, Rocha, 2021).

- 75% increase in new group members since August 2020.
- Increase in male group members.
- A more time efficient model utilising the skills of one, highly trained staff member as the facilitator rather than a number of volunteers.
- Feedback is positive, with clients feeling they understand their grief more and gained new coping strategies with the benefit from peer support.

Conclusion The psycho-educational model enhances bereavement support by allowing the structured education of bereavement, gaining of coping strategies, establishment of peer support and a normalisation of grief that comes from sharing similar experiences. The use of skilled professionals enabled group dynamics to be better managed and facilitation to be more effective.

0-7 TRANSFORMATION OF DEATH AND BEREAVEMENT SUPPORT PROCESSES ACROSS CHILDREN AND ADULT HOSPICE SERVICES

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Introduction Across Havens Hospices services there were 445 deaths in the 2020-2021 year. Around 1.2 bereaved people per death go on to access bereavement information or support

pre- COVID-19 (Penny & Relf, 2017), this is expected to rise significantly post- COVID-19. Following a period of organisational transformation (re-location to new adult hospice, re-design of children's hospice service and COVID-19), the care after death and bereavement process became overly complicated causing significant level of frustration. A review confirmed this view. Process mapping of care after death in the adult in-patient unit demonstrated an onerous process with some duplication and unnecessary blocks to workflows with multiple patient information and internal information between care, fundraising and communications departments.

Aims To review the care after death and bereavement support process to ensure:

- The bereavement process is person-centred and led by the needs of the bereaved, thus empowering them to access the right support at the right time.
- Improvement and simplification of the death workflow process.
- Documentation digitalised to increase efficiency and improve record keeping.

Methods

- Review of best practice guidance.
- Process-mapping.
- Feedback, compliments, and complaints.
- Cross-directorate workstream.
- Collaborative working with hospice stakeholders.
- Collation and review of multiple documents in use.

Results Simplified information designed professionally for all newly bereaved people. Improved SystemOne template for death recording. Creation of SystemOne death pack for care team improving record keeping. Bereavement support and fundraising details to more families.

Conclusion Havens Hospices have implemented simplified information for newly bereaved people containing bereavement support, fundraising details and how to provide feedback. A simplified and more efficient care after death process has been developed with an associated SystemOne template. A further project is required to review consistency of bereavement follow-up across adult and children's services.

0-8 NO BARRIERS HERE! ADVANCE CARE PLANNING AND PEOPLE WITH INTELLECTUAL DISABILITIES

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In the UK there are more than 1.5 million people with an intellectual disability. Many experience health inequalities, have a lower life expectancy, and die avoidable deaths (Emerson, Baines, Allerton, et al., 2012). Despite Advance Care Planning (ACP) being an essential part of palliative care, health care professionals frequently avoid end of life conversations with people with intellectual disabilities (Voss, Vogel, Wagemans, et al., 2017).

Aims The primary aim is to address inequalities and include people with intellectual disabilities in ACP. Secondary aims were to: increase ACP discussions, co-develop education, and improve community awareness.