832 (86.7%) had at least one hospital admission over 4-years, with 1,239 admissions in total. 635/1239 (51.3%) admissions were unplanned via emergency department (ED), 283/1239 (22.9%) were unplanned not via ED, and 320/1239 (25.8%) were elective. Length of stay (LOS) varied by admission route; unplanned via ED, LOS = median 10 days (range 0–73); unplanned not via ED, LOS = median 10 days (range 0–48); elective, LOS = median 4 days (range 0–71).

Among the 832 patients admitted at least once, we examined patterns of hospital re-admission in relation to hospital specialist palliative care (HSPC) referral, with:

- For the whole 4 years: 120 re-admissions among 229 patients referred to HSPC (rate 0.52 readmissions/patient/4 years) versus 884 re-admissions among 603 patients not referred to HSPC (rate 1.47 readmissions/patient/4 years).
- For last-year-of-life only: 38 re-admissions among 61 patients referred to HSPC (rate 0.62 readmissions/patient/year) versus 293 re-admissions among 170 patients not referred to HSPC (rate 1.72 readmissions/patient/year).

Discussion Patients referred to hospital specialist palliative care were notably less likely to be re-admitted, although may be closer to death and/or have more complex needs (not adjusted for in this analysis). Nevertheless, this evidence supports early and more frequent referral to hospital specialist palliative care.

Poster Presentations

Bereavement, loss and grief

P-01 THINGS WERE ALREADY HARD, BUT THEN: HOW TELLING STORIES CAN LEAD TO SOCIAL CHANGE AROUND BEREAVEMENT

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10.1136/spcare-2023-HUNC.24

Background Stories are inherent to human culture and development. They help give meaning to life and death, explaining how and why things are as they are, and bear witness to important events in history and our lives. Telling someone a story isn't a passive activity, it's a social action. It can help the listener understand something, gain perspective or bear witness. Stories are not neutral and their strength and challenges often lie in the speaker's position.
Aims This presentation will share a storytelling project which worked with ten people bereaved during COVID-19 to share their 'unheard stories'. We will review the process and results, and ask why it is so important to hear unheard stories around challenging and unjust experiences.
Methods We created a partnership with the Museum of London and artist, Olivia Twist, to work on a participatory arts and storytelling project. The aim was to help people tell their stories through illustrations other people would understand, with the aim of helping more people understand this time or make it visible and in so doing create change. People in the workshops met together over a series of months, sharing their experiences, telling stories, and then deciding on some key aspects of their bereavement experience to tell through illustration. We also facilitated professional photography depicting people as they wished to be seen, and recorded oral histories of their time.
Results Participants rated the process highly, in particular around its impact on their grieving process and the importance of sharing stories. Some have also gone on to be volunteers, help create new initiatives, speak about their experiences as 'experts by experience', or submit testimony to All-Party Parliamentary Groups. The illustrations were acquired by the Museum of London for its permanent collection and we exhibited them in our CARE (Centre for Awareness and Response to End of life). We continue to use storytelling and participatory arts methods to explore bereavement and other experiences.

P-02 CAN SPECIALIST HOSPICE BEREAVEMENT CARE BE FOR EVERY FAMILY?

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Background Since the first children's hospice opened 41 years ago, 52 more children's hospices have come into existence, aiming to ensure that children with life-limiting illness and their families can access care that is truly holistic, expert and seamlessly provided by a specialist multi-disciplinary team (Together for Short Lives, 2023). However, of the 3000 infants and children who die in England and Wales, 30% are infants and children who die suddenly and unexpectedly, not presenting with a life-limiting condition (Office for National Statistics. Child and infant mortality in England and Wales: 2020). By the nature of their death, these families are unlikely to benefit from the expert bereavement care children's hospices provide. Bereavement outcomes are poor and mental illness rates are high (Dyregrov & Dyregrov. Death Stud. 1999, 23:635–661; Song, Mailick, Greenberg et al. Soc Sci Med. 2019, 239:112522; Prior, Fenger-Grøn, Davydow, et al. Psychol Med. 2018, 48:1437–1443; Stroebe, Schut, Stroebe. Lancet. 2007,8:1960–73). It is arguable that children's hospices are unintentionally contributing to a health inequality for bereaved families, who have likely experienced a tragic and shocking death of their child.
Aim Determine if a children's hospice is (or could be) adequately equipped to provide care for all families experiencing the death of a child.
Methods Literature review; mapping and gap analysis of local and national provision; exploratory scoping and interviews with services who have experience of traumatic grief; training needs analysis of hospice teams involved in bereavement care; assessment of team's resilience and burn-out (Connor-Davidson Resilience Scale; Brief Resilience Scale; Oldenburg burnout inventory); modelling.
Conclusion Children's hospice professionals have invaluable understanding of the needs of families living with grief; their services support families with mental health and bereavement outcomes. A careful, evidenced, and pragmatic approach to service development allows identification of readiness and necessary competence required to broaden remit to meet the specialist need of a new/different population. Thus, stark inequalities in access to bereavement care have been addressed for families experiencing sudden and unexpected death. Further research will follow to measure impact on bereavement outcomes.