**P-03** FINDING COMMON GROUND: UNDERSTANDING AND VALUING THE WIDE RANGE OF ROLES IN BEREAVEMENT SUPPORT

Sally Boa, Marijay MacKay, Strathcarron Hospice, Denny, UK

10.1136/spcare-2023-HUNC.26

**Background** The Lancet Commission on the Value of Death (Sallnow, Smith, Ahmedzai, et al. Lancet. 2022; 399 (10327):837–84) recognises that to a great extent, support for bereaved people in the UK has been taken over by institutions. It is now recognised that bereavement support is everybody’s business (UK Commission on Bereavement, 2022) and needs to be approached from a community and relational perspective, involving many players. As a hospice, a range of teams were involved in bereavement support, without fully understanding or valuing their colleagues’ roles. Some had changed their working practices, in process and philosophy, without sharing this and assumptions were made about other teams, raising unrealistic expectations.

**Aim** To transform the way these teams worked together to support bereaved people, breaking down barriers and protectionism of roles.

**Methods** A series of workshops explored values and the extent to which teams understood each other’s roles. This included a ‘sculp’ (Andersen & Larsen. Nurse Educ Pract. 2015, 15 (6):556–560) where participants identified where they operated in relation to the other teams. This powerfully and physically demonstrated where each team member should ideally operate.

**Results** Through a facilitated process with full commitment, there is now a real understanding of roles and strengths and a realisation that we share the same values. The teams are aware of each other’s ‘lanes’ and the potential to support people seamlessly by working and communicating well. There is a better understanding of Asset Based Community Development (Russell & McKnight. The connected community: discovering the health, wealth, and power of neighborhoods. 2022.) and all teams adopt an enabling approach. Individuals used their own initiative to build bridges and understanding with colleagues. The teams continue to meet collectively, valuing the regular opportunity to understand the complexity and challenges of each role. Together they create imaginative and practical solutions, transforming the support now offered to bereaved people in our communities.

**Conclusions** Creating time and space for people to explore their values, commonalities and differences is time well-spent when developing new ways of working.

**P-04** DEVELOPING A CENTRE OF EXCELLENCE INCORPORATING A TRAUMA-INFORMED APPROACH TO COUNSELLING PRACTICE

Jules Kirk, Sarah Cundill. Treetops Hospice, Risley, UK

10.1136/spcare-2023-HUNC.27

**Background** As a consequence of the COVID-19 pandemic, our counselling service experienced a significant rise in bereaved clients with more complex presentations combining complicated grief, high anxiety, late or misdiagnosis and other significant death-related traumas. We recognised the need to become more trauma-informed so that we could work ethically with the complexity of clients accessing our service and remain responsive to the changing climate. Additionally, we found ourselves being used as a resource by other professionals and an ethical imperative encouraged us to develop a service model which could be viewed as a Centre of Excellence (CoE).

**Aims** To develop and implement a trauma-informed, strengths-based model to address the growing numbers of bereaved clients experiencing elements of trauma; and establish ourselves as a CoE in the field of bereavement and loss.

**Methods** Researched existing trauma-informed models and through adaptation defined six trauma-informed core principles that ethically established the boundaries of our service offer in line with our organisational remit and professional competencies. Identified the ‘principles of good governance’ (British and Irish Ombudsman Association. Guide to principles of good governance. 2009) as a foundation for facilitating a process of continuous staff and service evaluation. Implemented these through auditing existing policies, procedures, and practices, identifying areas for improvement and executing changes. Trained staff and upskilled supervisors to use a trauma-informed lens, applying consistently to client work.

**Outcomes** A multi-skilled team using a trauma-informed approach, better equipped to meet the needs of complex client presentations; contributing to the education of other professionals in the field of trauma, loss, and bereavement; resulting in a regional CoE.

**Conclusion** Developing a trauma-informed service alongside becoming a CoE has allowed us to remain relevant to our community, resource associated professionals and improved the regional profile of the hospice.

**P-05** DEVELOPMENT AND EVOLUTION OF ST CLARE BEREAVEMENT SUPPORT SERVICES BEFORE, DURING AND AFTER THE PANDEMIC

Sushma Dhami. St Clare Hospice, Harlow, UK

10.1136/spcare-2023-HUNC.28

St Clare Hospice’s bereavement support offering has grown extensively since before the pandemic.

Pre 2019. The bereavement service was open only to those known to the hospice and was mostly counsellor-led support.

Feb 2019. Introduction of bereavement cafés – a social support model, which is volunteer-led and open to everyone who has been bereaved, offering a space for people experiencing loss and bereavement to meet and connect with other local people who have had similar experiences to their own. It is a safe place to speak openly about their experiences, or just be in the company of others who understand.

March 2020. No disruption to service when we went into lockdown and started to work from home – counsellors moved immediately to telephone and online counselling sessions. April 2020. When the pandemic hit we opened a number of localised bereavement Facebook Groups that allowed people to connect with others online and talk openly about their grief.

We received funding from the national lottery to set up a bereavement helpline to support the local community.