

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

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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 'sculpt' (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**

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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. Developed and began delivering a programme of training and resources covering trauma and key topics in the field of bereavement and loss.

**Outcomes** A multi-skilled team using a trauma-informed approach, better equipped to meet the needs of more 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**

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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.

June 2020. We opened our bereavement helpline, which is run by staff and volunteers. May 2020. We took our bereavement cafés online and facilitated four zoom cafés. October 2020. Introduction of Listening Ear Service to provide one-to-one telephone support with a trained volunteer to people in the community who are bereaved and socially isolated. Introduced an extensive volunteer training programme.

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### INTEGRATED SOCIAL, EMOTIONAL, SPIRITUAL AND PSYCHOLOGICAL SUPPORT FOR WHOLE FAMILIES, PRE AND POST BEREAVEMENT

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10.1136/spcare-2023-HUNC.29

**Background** Quality palliative care encompasses holistic bereavement and pre-bereavement support for everyone important to the dying patient (Ambitions for Palliative and End of Life Care, 2021). Based on service user feedback, the Family Support Service was amalgamated from separate provisions for patients and loved ones, and incorporates a specialist offer for family therapy. Families can access holistic, systemic interventions in a purpose-built base within the hospice grounds and in the community.

**Aims** We provide accessible interventions throughout the bereavement journey. Unlike traditional models of counselling, families aren't required to wait for a pre-determined timeframe to access support; instead, our ethos is rooted in clinical research, which suggests that help at the point of request (Dryden. Single-session therapy: distinctive features. 2019) and extra-therapeutic factors (Asay, Lambert. pp. 351–357 *In*: Hubble, Duncan, Miller (eds). The heart and soul of change: what works in therapy. 1999) are a high predictor of positive outcomes.

**Methods** The service provides responsive, systemically-informed support to adults, children and young people, delivered by a team of highly trained practitioners, social workers and individual and family therapists. Alongside talking therapies, creative interventions, psychoeducation, mindfulness and age-appropriate resources aim to increase families' resilience and wellbeing. In addition to conventional therapy, family/peer group sessions and memory-making activities support those requiring lower level, non-formalised input; an estimated 80% of the bereaved population (Aoun, Breen, Howting et al. PLoS ONE. 2015;10(3): e0121101). As a new service, routine outcome measures are under review, though qualitative studies to date illustrate the need for holistic methods.

**Results** Families report that the responsive, family-led approach has proved beneficial:

*"The children adore spending happy time together and the support is very extensive and flexible. You've looked after us since the children's Daddy's deterioration and long after, and for this we are truly grateful."*

*"My children love coming here. It's a safe, warm environment where they feel able to express themselves."*

**Conclusions** The hospice offers a package of care in which patients and families can access holistic social, emotional, psychological and spiritual support, individually and as a whole family unit at the point of need. Families have indicated that such support is invaluable.

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### BEREAVEMENT POLICY TRAINING AND SUPPORT FOR EDUCATIONAL SETTINGS: A COLLABORATION BETWEEN THREE HOSPICES

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10.1136/spcare-2023-HUNC.30

**Background** A parent dies every 20 minutes in the UK leaving dependent children behind (Childhood Bereavement Network, 2022). This means that the majority of educational settings are supporting grieving children on a regular basis. Preventative measures for bereaved pupils can help reduce the risks of negative outcomes (Internal survey, 2021). The three local hospices are frequently contacted for advice and many teachers report feeling anxious about how to support bereaved children.

**Aims** To raise awareness of the importance of consistent and effective bereavement support in educational settings. Support educational settings to develop a bereavement policy. Increase educational settings' confidence in supporting bereaved children.

**Methods** An online survey completed by 25 schools; an unmet need was identified as only 20% reported having a bereavement policy (Childhood Bereavement UK. Summary research report: Improving bereavement support in schools. 2018). As a result, the three hospices worked in collaboration developing training for educational settings across Worcestershire. Delivered over two virtual workshops and attended by five settings, the training provided guidance on creating a bereavement policy and its benefits. It introduced the idea of having an educational bereavement lead. Topics covered included; perspectives of bereaved children, educational settings' responsibilities, introduction of bereavement leads and staff resilience.

**Results** The attendees completed an evaluation form and reported that the training has encouraged them to develop a bereavement policy and increased their confidence.

*"We will write a bereavement policy and feel more confident how to deal with situations that might arise."*

*"Makes you think out of the box."*

*"Needs to be more training around this subject."*

*"We will put a policy together specifically adapted for our setting."*

**Conclusions** The training was well received by the educational settings attending the workshops and evidenced that training in this area is needed. Further training sessions on the development of a bereavement policy in educational settings will be rolled out and will be offered both virtually and face-to-face.

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### ABSTRACT WITHDRAWN