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

**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 time-frame 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. 2009) 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. 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 is invaluable. “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.

**Abstract Withdrawn**