June 2020. We opened our bereavement helpline, which is run by staff and volunteers. May 2020. We took our bereavement cafes online and facilitated four zoom cafes. 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.

P-06 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. 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 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. 1999) are a high predictor of positive outcomes.

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.

P-07 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.”

“We will do 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.

P-08 ABSTRACT WITHDRAWN