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### CHILDREN AND YOUNG PEOPLE (CYP) SUPPORT WORKER: A CHILDREN IN NEED SUPPORTED PROJECT – THE FIRST FEW MONTHS

Jenny Warren, Louise Greenaway, Lusia Coombes. *Compton Care, Wolverhampton, UK*

10.1136/spcare-2023-HUNC.31

Compton Care were successfully awarded funding from Children In Need to fund a 3-year project starting December 2022. There is little support locally for children and young people and this funding allows Compton Care to further extend its support to the community. The main objectives for the project are to reduce social isolation for children and young people experiencing bereavement and to support the families of those children and young people in talking about death, dying and grief.

The support worker offers 1:1 support or group sessions at the hospice, off site and even in school if the young person wishes it – wherever they feel most comfortable, adding to our existing child and adult counselling services. The CYP support worker has devised and runs a calendar of events for the year such as a giant Easter Egg hunt in the extensive hospice grounds and meaningful opportunities to engage around key dates such as Father's Day, Mother's Day etc. Families are invited to be part of creative, fun and engaging wellbeing activities and local charities and organisations support with opportunities such as football training. We recognise the differing needs in ages and abilities, adapting as needed, however, often the older kids wish to be part of the 'organising' of events alongside the support worker, further empowering them and encouraging confidence building.

So far outcomes and feedback have been positive with around 32 children and young people affected by having loved ones needing palliative or end of life care supported by the service to date along with their families. As the project has progressed we have recruited two volunteers to support the running of events and we anticipate that the number of families we support will continue to increase which will provide further peer support for the children and young people.

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### PARENTING COURSE – SUPPORTING YOUR CHILD THROUGH LOSS AND GRIEF

Sally Roberts, Karen Ward. *Birmingham Hospice, Birmingham, UK*

10.1136/spcare-2023-HUNC.32

**Background** The ethos of our service for supporting children when someone is dying or has died is not only to provide 1:1 and peer group support but also to upskill schools and parents/guardians in their needs as a grieving child. We were not aware of any other local services that provided this education.

**Aim** Our aim was to produce and present a Parents' Course that provides information on all aspects of a child's journey through grief. We acknowledge that a child's grief changes over time and parents need to have insight and knowledge to help their child and to recognise when they may need more professional help. At the end of the course we want parents to feel more confident and be able to not just understand why children grieve but also have some practical insight and skills into how to help them. This is aimed at both pre and post bereavement.

**Methods** To offer a six session course at monthly intervals. Each session would cover a specific aspect of a child's grief journey: Session 1 – How do children grieve. Session 2 – How childhood development impacts on grief. Session 3 – How to communicate with your child to discuss their feelings. Session 4 – Inner child and their spiritual beliefs. Session 5 – The importance of capturing memories. Session 6 – Review of the course and self care.

**Results** Five parents have regularly attended the pilot course which commenced earlier this year. Sharing in group. Positive feedback. Parents' connections. Resource provided.

**Conclusion** The course still has two sessions to complete and at this time we will provide a handbook to accompany the course, also asking for them to complete an evaluation. Parents have engaged fully and shared verbal feedback of how they are feeling more competent to navigate their child's new behaviour.

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### 'LITTLE GEM' – A BOOKLET TO FACILITATE UNDERSTANDING, COMMUNICATION AND SUPPORT FOR FAMILIES FOLLOWING BEREAVEMENT

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

10.1136/spcare-2023-HUNC.33

**Background** Our extensive experience over numerous clinical assessments and repeated enquiries highlighted that family members have differing needs and grieve in varying ways following a bereavement. Research supported this, indicating a potential negative impact on communication and relationships within families (Worden. Children and grief: when a parent died. 1996; Walsh, McGoldrick. Living beyond loss: death in the family. 2004; Christ. Healing children's grief: surviving a parent's death from cancer. 2000). We sought funding from Children in Need to develop a booklet for families to gain helpful insight into the grieving process of a child and advice on how to begin conversations around death and dying.

**Aims** To write and produce a booklet to support parents/carers who have a child under 12 who has been recently bereaved; collecting and evaluating qualitative feedback from families and professionals on its use and effectiveness.

**Methods** Research of a number of existing publications found literature was either aimed at the adult or the child. We designed a double-fronted booklet to merge these needs allowing both adult and child to gain an understanding of crucial aspects around death and dying and make sense of their shared experience, introducing a character called 'Little Gem' as a guide for the child. Gathering feedback from professionals and families on the draft version, we incorporated this along with input from illustrators and graphic designers to produce both the character 'Little Gem' and the final booklet. Themes include: a child's developmental understanding of death; their reactions to grief; knowledge around practicalities such as funerals; and broaching difficult subjects, for example the manner of death.

**Outcomes** An evidence based, collaboratively developed booklet is now utilised in response to enquiries from families and professionals or offered when deemed clinically appropriate during an assessment. Initial qualitative feedback has been overwhelmingly positive. A limited print run allows for amendments following further evaluation.

**Conclusion** Evaluation of efficacy will determine the organisation's continued investment. Plans are in place to develop additional bereavement resources for teenagers.

**P-12 TEENS BEREAVEMENT GROUP**

Julia Davidson, Donna Oakes, Tessa Stacey. *Dorothy House Hospice, Winsley, UK*

10.1136/spcare-2023-HUNC.34

**Background** Current estimates are that a parent of children under 16 dies every 22 minutes in the United Kingdom, equating to around 111 children being bereaved of a parent every day. Bereaved children/adolescents often experience feelings of loneliness and isolation because of limited support and understanding within their communities, mental health services, schools, and sometimes their families. This can lead to feeling disconnected within themselves, it also prevents them from connecting with others. Bereaved children/adolescents are more vulnerable to, among other things, bullying, low self-esteem, poor school attainment and mental health problems including a heightened risk of suicide ideation. Regular service evaluation and user feedback/family requests identified the need for a support group for parentally bereaved children/adolescents.

**Aims** Offering a space where children/adolescents (11–18) can be themselves without judgement/having to pretend. Building confidence and self-esteem, establish a bigger sense of agency in their lives, learn to trust and connect with others. Providing a space for peer-support/sharing experiences where they can feel less isolated and be heard and understood. Understand their own experience of bereavement/grieving.

**Methods** Service evaluation, feedback/needs analysis. Therapeutic group work and activities.

**Results** We saw a rise in: Confidence; Being able to be themselves; Connecting to peers; Engagement with activities/pushing beyond comfort-zone; Connection with the outside world and people; Exploring feelings and coping with pain/grief in a more manageable way.

Due to the successes we saw with the group we also realised the gaps there are in support offered for bereaved children/adolescents. As a result we:

- Opened the group up for a wider age range (8–18).
- Are in the process of starting up more groups to capture all ages.
- Have also opened the group up to pre-bereaved children/adolescents.
- Are setting up a mentorship programme, for ages 18+.
- Are rolling out a schools' programme.
- Are involved in a manifesto.

**Conclusion** This is an ongoing project with continuing needs assessment and potential to grow.

**P-13 HAND CASTING BENEFITS TO PATIENTS, FAMILIES AND STAFF**

Sally Roberts. *Birmingham Hospice, Birmingham, UK*

10.1136/spcare-2023-HUNC.35

**Background** End of life can be difficult enough to navigate, and as a team we recognised an opportunity to provide a

meaningful activity for our patients and their loved ones. Enabling staff to offer a non-clinical experience for their patients. **Aims** Memory making at end of life can create light during an often distressing time, giving opportunities for loved ones to both have a therapeutic experience as well as leave their loved one with a tangible gift to treasure after their death. Giving staff an opportunity to offer patients this activity at end of their life, encouraging special conversations throughout the process.

**Methods** Training given to Children's Team, development of leaflets and resources sourced to fit in line with budget to establish casting service. Then training rolled out to multiple teams covering nurses, social workers, family support workers and health care assistants. Training included the importance of good communication to empower staff to feel more confident when supporting a palliative patient and family.

**Results** Within the first 12 months 22 staff were trained internally and more than one hundred casts have been made for patients and their families within the hospice and community. Staff reported feeling relieved to offer something non-clinical at the end of a patient's life. Patients thanked us for supporting them to leave a legacy and families thanked us for their gift.

**Conclusion** When a loved one dies, we often miss everything about that person. Patients were given the opportunity to create beautiful memories with their loved ones, helping them to process the loss and better enable open conversations together. Staff were able to offer a positive experience for their patients and used it as a tool to open conversations resulting in a tangible keepsake that can stay in a family forever. Training continues to be rolled out and the service continues to grow.

**P-14 BLACKBIRD – A THERAPEUTIC VOICE RECORDING PROJECT FOR PALLIATIVE PATIENTS**

Justine Robinson. *Pilgrims Hospices, Canterbury, UK*

10.1136/spcare-2023-HUNC.36

**Background** Legacy activities are a valuable part of supporting people to 'live until they die'; they can help give a sense of control and increase perceptions of meaning which may address spiritual and psychosocial distress (Sadler-Gerhardt & Hollenbach. Legacy work: Helping clients with life-threatening illness to preserve memories, beliefs, and values for loved ones. 2011). Using the basic premise of dignity therapy we record memories, lessons learned in life, also hopes and dreams for loved ones in the future (Montross-Thomas, Irwin, Meier, et al. BMC Palliat Care. 2015, 14:44). The project has been co-designed with two bereaved parents whose son died in the hospice, they realised they had no recordings of his voice, but do have memories of him playing Blackbird on his guitar, a song that had significance to their family.

**Aims** Erikson suggests a person's last developmental task is to reflect on their past, in order to find integration and wholeness (Scheck. Stages of psychosocial development according to Erik Erikson. 2014). This project aims to offer people the chance to engage in this process whilst leaving a tangible item for their loved ones.

**Methods** Patients are made aware of the project via brochures and staff members. They are supported to prepare what they wish to record, and recording sessions then take place. The recordings are transferred onto blackbird-shaped USB sticks