

**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**

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**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**

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**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**

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**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