

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

which can be given to patients or family members after death. The project is occupational therapy led, with expert volunteers supporting the team.

Results The Blackbird Project was launched in 2019 but was limited by COVID-19 restrictions and could only take place on our inpatient units. Since 2022 we have been able to offer home visits and outpatient appointments to increase our reach. We have completed more than 100 recordings. Qualitative data from participants and bereaved relatives show high satisfaction with the service. At the end of 2022 we delivered training to another hospice who have adopted the Blackbird Project and are ready to launch in Spring 2023.

P-15 DIGNITY BOXES: QUALITY CARE BEYOND DEATH

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Background Care after death, for both the patient and their family is vital to maintain the same dignity and respect, observed whilst the patient was alive (Wilson, Laverty, Mann et al. *Care after death*. 2022, 4th ed.). This is something hospices do so well, however, there was one aspect where I felt we fell short of this. I and other nurses felt uncomfortable when returning belongings of loved ones to relatives, in a plastic bag. We felt both patients and relatives deserved a more dignified handover of patient property; herein formed the idea of cardboard dignity boxes. Researching online, I found evidence of relatives sharing the same concern, with some describing the return of their relative's belongings in plastic bags as heart-breaking. Additionally, this concept aligns with the government pledge to tackle avoidable plastic waste by 2042 (GOV.UK, 2021). Worldwide plastic bag use totals 500 billion every year (World Health Organization: Regional Office for the Eastern Mediterranean, 2018).

Aim To introduce a presentation box for patients' belongings returned to relatives, to maintain dignified care.

Method Online research was conducted to source suitable design, with several options sent out to all care team members to vote upon. All options were flat packed to facilitate ease of storage. The team majority chose a tasteful A4 box design with photo frame attachment and printed ribbon seal; this was sent to fundraising to acquire.

Conclusion We will now be able to continue to deliver respectful patient and family care, from the start of their journey with the hospice, to the end.

P-16 OUT OF THE COUNSELLING ROOM AND INTO THE FOREST. GROUP BEREAVEMENT FOREST THERAPY

Helen Wilkinson. *East Cheshire Hospice, Macclesfield, UK*

10.1136/spcare-2023-HUNC.38

Background Following COVID-19, there was no 'rush' as anticipated for indoor therapy groups. Face to face; one to one bereavement counselling was a preferred choice. The Bereavement Care Service Standards (Bereavement Services Association & Cruse Bereavement Care, 2014) highlight the importance of having plans in place to address clients' bereavement needs appropriately. According to Cooley et al.,

mental health practitioners 'have begun to harness nature's restorative capacity by... taking talking therapies outdoors' (Clin Psychol Rev. 2020; 77:101841). Research indicates the health benefits of forest therapy (Rajoo, Karam & Abdullah. *Urban Forest & Urban Green*. 2020; 54:126744). Spending time in nature can nurture our physical, emotional and spiritual existence (Conn. *The Humanistic Psychologist*. 1998; 26: 179–198).

Aims To pilot a small 'walk and talk' counselling therapy group (6–8 bereaved clients) in a local forest to establish if a therapeutic forest group is worth growing and developing.

Method Eight self-referred clients completed an initial consultation. Six were recruited. CORE-10 (Clinical Outcomes in Routine Evaluation) tool was used to assess clients' general wellbeing pre and post intervention. Six clients attended the group; recently bereaved (3 months) to a longer time frame (3 years). All had close spousal or parental bereavements.

Six-weeks of group forest therapy. 1.5 hours duration, at the same time each week using a risk assessed route. Being within the forest plus contracted 'conditions' of therapy, held safe space, along with two experienced bereavement counsellors. Processing rich insights from mother nature's metaphor aided and enabled clients' unique understanding of grief. Immediately before and after the group activity took place, CORE-10 outcome measures were captured from clients. A feedback survey followed.

Results Six clients participated. Two completed the entire programme. Five attended most (five) sessions. Reduced CORE 10 scores demonstrated the group feeling an improvement by 36.8% compared with the outset. (Data gained from all but one client's compatible scores). There were positive verbal 'check outs'. Questionnaire analysis in progress.

Conclusion Positive feedback and early indications from the analysis suggest this pilot could be developed to benefit future counselling groups.

P-17 COMPASSIONATE NEIGHBOURS – SUPPORTING BEREAVEMENT THROUGH MUTUAL CONNECTIONS

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10.1136/spcare-2023-HUNC.39

Background Greenwich & Bexley Community Hospice has been running a Compassionate Neighbours programme since 2018. Over the past five years, more than 270 people have been trained as Compassionate Neighbours; more than 430 'Community Members' (CMs) have been referred for an introduction; and more than 250 pairs of people have been introduced to each other. Many of our volunteers continue their relationships with extended families or friends of the community member they visited after the death of their community member – which is supported and encouraged where it is wanted – and this is an area we have sought to understand further.

Aims To explore the extent to which Compassionate Neighbours provide elements of informal therapeutic support to those who have been bereaved – an extension to the programme's focus of supporting those at risk of loneliness/social isolation – and the extent to which this complements our existing bereavement support offer.