

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

Susan Worley. *Fairhavens Hospice, Southend, UK*

10.1136/spcare-2023-HUNC.37

**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, 4<sup>th</sup> 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.