

Method Focused interviews with: Compassionate Neighbours; People who knew the person who died; Health and social care professionals who refer. Analysis of: programme referral data, and hospice's EPR (SystemOne) data.

Results The relationship between a Compassionate Neighbour, the person they were connected with and their wider support network can provide a unique way to support bereavement. Evidence of need for less 'formal' counselling support for some people. Evidence of appropriate signposting to bereavement services for those who may not otherwise have accessed support.

Conclusion Compassionate Neighbours are in a unique position to provide support due to their personal relationship with the deceased. CNs can be especially effective when referrals target those with pre-bereavement risk assessment needs. Compassionate Neighbours are a resource to increase the hospice's bereavement capacity. The programme has developed a community-led response to supporting those at the end of life, as well as the recently bereaved.

P-18 HOW COMPASSIONATE IS YOUR WORKPLACE? SUPPORTING LOCAL BUSINESSES TO BE COMPASSIONATE WORKPLACES

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Background The impact of the COVID-19 pandemic highlighted that many organisations needed to review their practices to support their workforce facing loss, grief and bereavement. The Chartered Institute of Personnel and Development states 'A compassionate approach is vital to remain connected, mentally healthy, and productive while we battle through the challenges we face at work and beyond' (The role of compassion in the workplace. 2020). Research highlights the importance of compassion in the workplace following a bereavement to ensure retention of staff and healthy mental wellbeing (Marie Curie, 2021; Hospice UK. Compassionate Employers workplace support [online]). It was recognised that developing training would be beneficial for organisations to support compassion in their workplace.

Aims To develop a training session that engages employers to support and guide their workforce during life's most difficult moments. To deliver the training to external organisations and businesses. To support a compassionate communities approach to improve end of life care and support to all.

Methods Training was developed using a multi-disciplinary approach, specifically to support and guide local business workforces by:

- Providing a framework to understand loss, grief, and the impact of bereavement.
- Developing empathetic conversations.
- Improving management of staff and colleagues with kindness.
- Promoting compassionate leadership culture.
- Providing resources for policies, wellbeing, and guidance.

Results Training is being delivered to a range of organisations. The responses and feedback provided after attending this has been very positive:

- 100% of participants agreed their knowledge about planning for end of life has increased.

- 100% of participants agreed their understanding of a compassionate approach in the workplace has increased.
- 100% of participants recommended that other organisations attend this training.

Conclusion 85 attendees from at least ten different workplaces have completed the training so far, with the unanimous message being that all workplaces should implement a compassionate approach to grief and bereavement. The outcome shows that hospices can effectively influence the workplace culture to become compassionate workplaces.

P-19 ABSTRACT WITHDRAWN

P-20 EYE MOVEMENT DESENSITISATION AND REPROCESSING

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Background Traumatic and sudden loss can result in trauma symptoms such as nightmares, flashbacks and avoidance. These symptoms can disrupt natural grief processes (Murray. *J EMDR Pract Res.* 2012, 6(4):187–91). Eye Movement Desensitisation and Reprocessing (EMDR) is an 8-phase evidence based therapy that addresses the past, present and future impact of traumatic memories (Shapiro. *Eye movement desensitization and reprocessing (EDMR) therapy: basic principles, protocols, and procedures.* 2018.) The Family Support Team regularly see clients with bereavement related trauma symptoms. NHS mental health services may be unable to respond in a timely way (Royal College of Psychiatry, 2020).

Aims To explore the provision of EMDR within a hospice setting.

Methods Sept. 2021- Aug. 2022. Two Family Support Counsellors trained to L4 in EMDR. Aug. 2022 to present. EMDR was delivered to bereaved clients experiencing symptoms of psychological trauma.

Results Since February 2022, 17 clients were assessed for EMDR. Ten completed active trauma processing (phases 1–8). Four are currently in phases 1–2 (history taking and preparation) and are likely to proceed to Phases 3–8, active trauma processing. Further, we have identified four clients with high levels of dissociation (Leeds, Madere, Coy. *J EMDR Pract Res.* 2022, 16(1):2022). In total 15 memories were processed with an average Subjective Unit of Disturbance (SUD) of 7.4 (On a scale of 0–10 where 10 is the highest disturbance possible). After EMDR processing this came down to an average of 0.7.

Conclusion Evaluation of EMDR shows a significant positive contribution to the wellbeing of bereaved clients. Client feedback was universally positive; "It really works doesn't it?" (Client, Jun. 2022). This was the case even where EMDR could not be delivered in time limited setting due to the presence of a high degree of dissociative symptoms. Systematic use of outcome measures and a planned piece of research would strengthen the evidence for the provision of EMDR.