Farleigh Helpers, Online and Telephone Friendship and Support Service in Mid-Essex for Anyone Who May Be Ill, Lonely, Bereaved or Isolated

Deborah Dumo. Farleigh Hospice, Chelmsford, UK

Background Social isolation and loneliness are increasingly being recognised as a priority public health problem and policy issue for older people (World Health Organization. Social isolation and loneliness [internet]). The effect of social isolation and loneliness on mortality is comparable to that of other risk factors such as smoking, obesity, and physical inactivity (World Health Organization. Social isolation and loneliness [internet]). Although research evidence is scarce, befriending appears to have a positive effect on the health of both voluntary befrienders and befriendedees. The increased complexity of our clinical teams’ cases and referrals for internal services identified a need for additional support to benefit those requiring regular, non-clinical support.

Aims To offer a service to support internal pre and post bereavement clients, family support referrals, clinical teams and wider healthcare providers and increase access and awareness of our services for those in the wider community.


Results Referrals from internal, external and self-referral sources, 92 service users successfully supported since the inception of the service. Service users reported loneliness scores as having reduced by 23% and feelings of isolation to have reduced by 35% following intervention. Service users also rated their satisfaction with the service as 4.91/5. The service has grown from three to 13 volunteers, all of whom report high levels of satisfaction with their role, also scoring at 4.91/5.

Conclusion This small, successful service has augmented the existing clinical support offered to people in our catchment area, reducing feelings of loneliness and isolation. The internal referrals demonstrate how it has supported the clinical teams leading to future plans to extend the service to further support internal services and expand our offering in the wider community.

Collaborative Working: A New Hospice Located Memory Café for People with Dementia and their Carers – An Opportunity to Open Up Conversations about Death and Dying and Hospice Services

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Background Following a session provided by the hospice at a council event for carers of people with dementia, it was clear that hospice services were greatly misunderstood. It was agreed that we should work collaboratively to better support people living with dementia and their carers.

Methodology Quality Improvement: Rapid improvement and Plan Do Study Act (PDSA).

Phases:
1. Planning, volunteer training.
2. Implementation, relationship building, additional hospice led therapy sessions e.g. Jabadao.
3. Preliminary conversational feedback and evaluation.
4. Drop-in hospice information sessions/use of outdoor space/ adapted Tai chi and yoga.
5. Structured feedback and evaluation.
Results 30–40 people attending each month. Volunteers and people attending have been hugely positive and tell us the sessions provide a gentle introduction to the hospice. Many welcome using outdoor space in the summer.

Comments include: “Concerned for the future and outgrowing the space as the sessions are so popular”; “Thoroughly delighted with our first six months. We are learning that singing and music are an essential element”; “Some enjoy lunch afterwards. Not always so easy for them elsewhere”; “Carers benefit from having the opportunity to speak to other carers and volunteers”; “Feels safe, felt hugged by the experience”.

Conclusion These session are very popular and the venue has not put people off attending. It has created an opportunity for people to see and feel the hospice environment, creating opportunities for people to gain better access to our services.

Background The public health call for public engagement around death, dying and loss has led to initiatives around community engagement to encourage greater community involvement in end of life. One part of this is public education and death literacy, the idea that we must generate knowledge, skills and confidence for people about the end of life. While there are many opportunities, this can also create a risk of only sharing knowledge that we know of as institutions, which may reproduce inequality or significant knowledge gaps.

Aims This presentation will outline how at St Christopher’s we are supporting a type of learning experience and opportunity for members of the public that focuses on people with lived experience generating and sharing knowledge, and community members deciding what knowledge and skills they’d like to share and acquire.

Methods We have focused on using Community Development methods and strengths-based approaches to death literacy, including reframing public education into community learning and development opportunities. Our methods focus on peer-peer learning and exchange, and the assumption people have knowledge to share, rather than possess a knowledge deficit. We work in community settings with people with lived experience who become peer learning facilitators and engage in equitable exchanges based on reciprocity rather than hierarchy, to attempt to redress the balance of knowledge about the end of life and inequities of knowledge that exist. This also benefits St Christopher’s as we reflect on greater change and challenge we must enact.

Results To date the learning courses, workshops and initiatives have created an opportunity for hundreds of people to explore death, dying and loss and to develop skills, confidence and capacity. This includes young people, people receiving support from local charity and voluntary sector, for example, people with learning disabilities, and different faith groups.