

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 sessions 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.

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KNOWLEDGE IS POWER? WHY COMMUNITY-CENTRIC LEARNING AND EXPLORATION OF DEATH, DYING AND LOSS COULD HELP TACKLE INEQUALITIES IN DEATH SYSTEMS

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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.

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'THE GRIEFCASE': CREATING OPPORTUNITIES WITHIN COMMUNITIES TO TALK ABOUT DEATH AND DYING, USING TOOLS DESIGNED TO OPEN DISCUSSION

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Background Globally the phrase 'death literacy' is becoming increasingly recognised, defined as 'knowledge about and understanding of the death system' (Primary Health Tasmania. Learning about death literacy, with Dr Kerrie Noonan. [internet]). Greater awareness about death and dying has been shown to reduce anxieties and enable a better experience around death. However, we struggle to engage with communities in a meaningful way to be a more death literate society (Sallnow, Smith, Ahmedzai, et al. *Lancet*. 2022; 399(10327):837–884). The Griefcase is an initiative inspired by the 'death-positive movement' (Koksvik & Richards. *Mortality*. 2023; 28(3): 349–366). It aims to facilitate thought-provoking conversations about death and dying. This includes both practical and emotional aspects at end-of-life, encouraging decisions to be made sooner rather than later (Marie Curie et al. *Creating a death literate society*. 2022). We created a 'toolkit' which is contained within the 'Griefcase', a physical case. Bespoke Griefcases include kin-aesthetic activities and cue cards to help encourage conversations and learning about end-of-life matters. These sessions are held in physical spaces called 'Departure Lounges', using the analogy of travel, connection and change to initiate engagement.

Aim To create, evaluate and refine an accessible bespoke toolkit for groups to use, encouraging death literacy learning including health (Mitchell, Nyatanga, Lillyman, et al. *Int J Palliat Nurs*. 2021; 27(7):352–360) and education settings.

Methods Phase 1 (Nov 2022 – Feb 2023). Stakeholder consultation, literature review. Phase 2 (Feb 2022). Pilot initial session using hospice workforce, collation of feedback. Phase 3 (April 2023 – May 2023). Second pilot involving staff, patients and their loved ones, collation of feedback. Phase 4 (July 2023 – ongoing). Six-month pilot with the community.

Results 25 people attending. Mode of delivery – face-to-face at hospice. Patients = 3, family member = 2, staff = 10, volunteers = 10. Evaluation forms (12 completed) with initial findings of (i) Increased confidence in conversations around death and dying (ii) Increased confidence in discussing practical issues sooner, (iii) Awareness of choices.

Conclusions Creating opportunities to engage communities' interest in death literacy (Noonan, Horsfall, Leonard, et al. *Prog Palliat Care*. 2016; 24(1): 31–35) will build capacity for both future caring and prevention of inappropriate treatment by building confidence in communities to make informed choices.

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THE MAKING MEMORIES AND LASTING LEGACIES (MMELL) PROGRAMME: A PERSONALISED AND ART-BASED APPROACH TO MORE MEANINGFUL ADVANCE CARE PLANNING DISCUSSIONS

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