

In 2015 two hospices and the Hermitage Charitable Trust successfully bid for Big Local Lottery funding to create a Supportive Care Centre opening in September 2015.

Funding enabled a local facility for the hospices and selected partners to increase local engagement and confidence in matters concerning death, dying and bereavement; building on and integrating local formal and informal support networks.

The centre acts as a local base for community engagement facilitating care and support closer to home. Being an outpost for traditional hospice services is secondary to the main vision, which aims to encourage people to talk openly about dying, death and bereavement, make plans for end-of-life and enable a Compassionate Communities approach to end of life care.

It is intended that the centre becomes first point of contact for those seeking advice and support on matters to do with end-of-life care. New and innovative ways of partnership working is central to our philosophy. Bereavement and Dementia Help Points run with local partners. A Carers' Help Point launched April 2016. Objectives include:

- Increased collaborative working
- Increased advance care planning
- Helping people remain at home at end of life
- Improved carer support
- Increased uptake of services and support
- Reduced social isolation
- Increased volunteering opportunities.

Evaluation will be qualitative and quantitative. Sustainability is dependent on local support and the hospices' strategic support based on evaluation of impact.

### P-33 RADIOTHON – CHANGING AN INTERNAL RECORD

Lauren Kemp. *Helen and Douglas House, Oxford, UK*

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This poster seeks to explore the positive impact of a fundraising 'Radiothon' on internal and external relationships within and beyond a hospice for children and young adults. We learnt a great deal about people, partnerships and potential which would be worth sharing with others.

The Radiothon was much like telethons such as 'Children In Need' where entertainment is aired between short pieces of information about and requests for funds for a charitable cause. Our Radiothon was a partnership with a local radio station which gave us two full days of air time. The initial objective was to fundraise £20,000 through donations, as well as to raise awareness and partnerships within the local community.

When established, the hospice received a large amount of initial support from the community. As a result, the hospice has only begun to put significant investment into fundraising activities over the last 12 years. Interactions between the fundraising team (especially activities) and care teams has been limited, perhaps particularly because of the sensitive circumstances that surround those who use the hospices.

The Radiothon was presented live from one of our hospices with recorded interviews and calls to donate between entertainment. Interviews were with as many different staff and families as possible, to ensure that we gave the audience a full idea of all that we do.

The result in terms of financials was nearly double the initial target. In addition, awareness raised and community partnerships

developed were excellent. More interesting and significant, perhaps, was the internal impact. Both fundraisers and care teams saw a real positive reaction from guests and families that had been involved. There was increased understanding between fundraising and care teams; we uncovered benefits for greater collaborative working. The overall impact of the Radiothon was greater (long term, wider reaching) than initially anticipated.

### P-34 IF DEATH CAFES ARE THE ANSWER, WHAT IS THE QUESTION?

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**Background** Death Cafes are seen as an increasingly important element of current approaches to improve public awareness of death. We address the question of diversity in Death Cafes and question the presumed inclusivity of current approaches.

**Methods** Four Death Cafes in three geographical areas were selected as the focus for the study. The Death Cafes took place in a town hall, a university students' union, a hospice and a pizzeria. Observational, website, social media and text analysis were used. Data collected included the method and language used to publicise the event; venue; demographics of attendees; reason for attendance; and a summary of the issues and topics discussed.

**Key findings** In spite of using a diversity of venues, the majority of attendees at all the Death Cafes were female professionals with a health/social care background. A wide range of issues were discussed: bereavement support needs were common themes in all events. Attendees valued the opportunity to network and engage with local services.

**Future directions** The Death Cafes attracted a relatively unrepresentative proportion of the local community. If they are to become more open and accessible it is necessary that consideration be given to aspects such as location, timing, publicity, style, facilitation and "ownership". Unobtrusive observation offered an effective means of evaluating subtle nuances in such events as well as capturing unmet support needs. The presentation will consider the future possibilities and limitations surrounding the Death Cafe concept.

### P-35 FROM FRAILTY TO COMMUNITY RESILIENCE – MAKING A PUBLIC HEALTH APPROACH TO END-OF-LIFE CARE A REALITY

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Compassionate Communities – Reach Out is a pilot project in Northern Ireland funded by the local commissioning group. Using a public health approach it recognises that communities have the skills, knowledge, expertise and a role to play in end-of-life care.

Modern palliative care has been criticised with some arguing that it has led to the development of a model of care which relies heavily on medical expertise and sits within a framework more aligned with curative outcomes that are not achievable in palliative or end-of-life patients.

The project aims to build capacity within communities to support those living with advanced illness and frailty to reduce social

isolation and to enable people to remain living at home and connected to their communities.

At its heart is a network of trained Compassionate Neighbours who provide weekly contact to people who have become isolated as a result of illness. Volunteer involvement is geared towards providing companionship and encouraging the person out of the house. It might be as simple as going for a cup of tea, enjoying a shared interest, doing a bit of shopping or a trip to the local community centre.

The project will be independently evaluated in terms of its impact on the health and well-being of volunteers, clients and carers and the need for primary health care services.

Compassionate Communities – Reach Out recognises that end-of-life care is a social as well as a medical issue and seeks to expand our model of health care to include communities as genuine partners – not simply as targets of service provision.

**P-36 BRUMYODO – A BIRMINGHAM DYING MATTERS COMMUNITY**

Sharon Hudson, Carrie Weeks, Frances Glover, Anna Locke, Laura Tooley, Sarah Mitchell, Laura Smith. *BrumYODO, Birmingham, UK*

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BrumYODO is a social movement which emerged over a belief and commitment to achieving better dying in Birmingham. We are a collective of undertakers, artists, craftivists, hospices, doctors, nurses and citizens of Birmingham. For Dying Matters Week we planned and delivered a huge range of activities to engage our community in conversation about death and dying- with the message that talking about it won't make it happen (as Ellie our celebrant says. Just like eating lettuce won't make you thinner).

Our social media campaign, run with good will and energy, has generated passion, networks and the #BigConversation with a reach of thousands. Events included, five death cafes, a pop-up shop with multiple contributors, coffin design, storytelling, philosophy and a Death Disco. Images and creativity have threaded with practical sessions – engaging hearts and minds. We have filmed events to create a film to share in GP surgeries and primary care. We are true grassroots collaboration and the networks we have created will be sustained well into our future.

## Creative Arts, Therapies and Wellbeing

**P-37 HAND IN HAND TOGETHER FOREVER**

Gwen Lowe, David Pratt. *The Myton Hospices, Warwick, UK*

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We began making hand casts approximately two years ago after a patient came through our doors asking if this was at all possible, as her daughter still wanted the opportunity to be able to hold her mother's hand after she had died.

The process is not just about making an impression of their hand, it is symbolic of who they are, as the hand can be the most tactile and intimate part of the body.

Patients who come to us for a hand cast all have huge strength of spirit and character. They come at a time when their lives are being tested beyond their control.

The process is fairly straight forward for patients to do, with each cast taking approximately 20 minutes. We use alginate powder for the mould as it is safe to use and allows for a certain amount of flexibility. Patients (and their family if desired) then place their hand into the mould for approximately two-three minutes. The mould is then ready for the plaster of Paris.

After two-three hours we can remove the mould. The cast is finely detailed showing veins, lines, even body hair can be detected. We have even had couples asking if engagement and wedding rings can remain on as they are often key to the finished result.

Patients come with their own reasons for having a hand cast. They capture that moment in time and create that special memory to cherish for years to come. This service can be important to patients and families as they prepare to say goodbye. One of our patients said "It has helped me emotionally - knowing that my hand will still be there for my husband to hold, even when I'm no longer around".

**P-38 THE 'ART BAG' PROJECT – ENABLING HOSPICE COMMUNITIES TO 'CONNECT, CONTEMPLATE AND CREATE'**

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10.1136/bmjspcare-2016-001245.62

**Aim**

- To provide an accessible creative activity for hospices and the wider communities
- To raise awareness of the benefits of therapeutic arts
- To reduce stigma attached to hospices
- To provide an opportunity for participants to 'leave a mark' and to feel connected to others.

**Method** The project is a large collaborative initiative uniting two hospices together, through one activity. Since the launch, in October 2015, over 500 bags have been distributed. Each bag is filled with the same simple, creative activity, 2015/6 weaving. The bag may be completed at the hospice or taken away. Each bag provides the opportunity to 'connect, contemplate and create', fostering enjoyment and relaxation and promoting wellbeing. Participants are offered the opportunity to contribute completed artworks to an end of project exhibition.

The project 2015/16 culminated in an exhibition in Space2gallery, (in a local museum). Over 210 artworks were in the exhibition. Group 'tasters' were then held at the gallery to raise awareness and increase understanding of hospice services.

**Impact** Each bag included a feedback card. Over 50 were returned and were displayed in the exhibition. 100% were positive and demonstrated the range of people accessing the project.

'By making this circle of life I call it. I think I turned a corner and I now realise my daughter is happy now, and I feel she is at peace'

'Participating in the art bag project re-connected me with how calming + satisfying it is to sit quietly + create something with my hands'

'Very good way of bringing you into the here and now. Very soothing'