who play an increasing role in the families of children with life-limiting conditions.

Aim To explore how grandparents experience the death of a grandchild who died from a life-limiting condition.

Methods A purposive sampling technique was used to recruit participants who: (i) identified themselves as fulfilling a grandparenting role; (ii) were bereaved for between six and 24 months; (iii) had a grandchild that died from a life-limiting condition. Grandparents who were the principal carers of the deceased grandchild were excluded.

Semi-structured, individual, face-to-face interviews were conducted in participants own homes. Field notes were taken during and immediately following the interviews.

Findings Seven individuals participated in this study. Findings indicated a number of contextual factors that affect the experience of bereaved grandparents, including intergenerational bonds, identity and perceived changes in role following the death of their grandchild. Bearing witness to the suffering of their child and an inability to 'make things better' were recurrent themes. The essence of grandparents' experiences was interpreted as focusing on fulfilling a parenting role to their child.

Conclusions and implications The research identified that primary motivation of grandparental support stems from their role as a parent, and not as a grandparent.

The breadth of pain experienced by grandparents is complicated by the multigenerational positions they occupy within the family. The transition from before to after death exacerbated the experience of pain. The findings from this study suggest the development of practice to better understand and support grandparents of children with a life-limiting condition during life, in addition to bereavement support.

0-23 WORKPLACE SUPPORT – A BEREAVEMENT TOOLKIT

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For Dying Matters Awareness week in 2015, the hospice held a workshop for employers across the local area. Attended by a range of large and small employers, it was clear that there were significant differences in the way they manage terminal illness and bereavement as it presents in the workplace.

Recognising a need to equip managers to handle difficult conversations and offer support, we partnered with an employee benefits company to address the need. Keen to reach out to all UK employers with whom they provide solutions, they agreed to jointly develop an online resource aimed specifically at all UK line managers.

The interactive toolkit covers topics including;

- What is bereavement?
- Working through bereavement
- Bereavement in the workplace
- Supporting a bereaved colleague
- Support if a colleague dies.

The toolkit offers information on the effects of grief and bereavement and the impact this may have on employees' work.

It also provides advice on understanding challenges a bereaved colleague will face and dealing with practicalities. With accessible and clear guidance for each topic, the toolkit is designed to help line managers feel in control when managing death and bereavement in their teams.

Both organisations have actively championed the use of the tool via television, radio, newspapers and magazines and have had articles printed and online coverage. Social media has been very active and it is clear that the tool has been a great success.

With around 20% of our patients being of working age, the importance and impact of the workplace to our work needs to be recognised and we are currently in discussion with the Compassionate Employers Programme about furthering this initiative. Meanwhile, many business leaders have been contacting us via the website, so the potential for this toolkit and the partnership working is exciting.

0-24 RELATIVES AND FRIENDS THROUGH TRAUMA: A SUPPORT GROUP FOR ADULTS BEREAVED BY SUICIDE

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The Hospice Family Support Team, working in partnership with Bereavement Support South Worcestershire, developed and facilitated a bereavement group for adults bereaved by suicide. An increase in referrals for this client group indicated the need for support within this specialist area and the first 'Relatives and Friends Through Trauma Group' was developed.

Suicide is not an area of work that a Hospice would usually be involved with and the prospect felt challenging. However, partnership working with a commissioned bereavement service, hosted by the hospice enabled the team to explore working with bereaved people following sudden and traumatic death, and to build on their existing skills.

The first 'Relatives and Friends through Trauma' (RAFTT) was attended by eight clients, and facilitated by two members of staff and one volunteer. It ran weekly for eight sessions. The objective was to enable individuals to tell their stories, express their grief and to develop a sense of community and support within the group.

Clients were apprehensive, but they shared stories and experiences, and developed a strong and empathic connexion with each other. It was a powerful process to witness. Everyone had the choice to share when they felt able; the compassion, strength, honesty, pain, despair and sadness were palpable.

Support for the team was crucial. De-briefs following each group meeting enabled facilitators to explore how the session had impacted on them. Supervision was also provided on a regular basis.

The group now meets socially. There is potential for them to invite future RAFTT groups to join them, and to develop an independent community support group. They have been filmed talking about their experience of the group in order to encourage others to seek support. Following on from the success of RAFTT, a group for children bereaved by suicide is now under consideration.

Poster Presentations

Bereavement

P-1 SUPPORTING PATIENTS, BEREAVED RELATIVES, AND THE CLINICAL TEAM: A NEW ROLE TO BRIDGE THE GAP

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Introduction Recent changes in the daily running of the inpatient unit have increased bed occupancy from 79%–90%. This is of great benefit to patients and families but had an impact on the daily workload: resulting in no designated person being available to meet the increased number of newly bereaved relatives returning to collect paperwork and belongings after death.

Aim

- To offer a set appointment for bereaved relatives to collect the Medical Certificate of Cause of Death (MCCD) and receive support.
- For this appointment to be conducted by a nurse who had been involved in the care of the patient from pre-admission to death.

Approach A new band 4 role was created for a clinical support worker (CSW). The CSW works in partnership with the patients, clinical team and families. This involves meeting the patients, prior admission and being involved in care during admission and conducting set appointments daily for relatives to return to collect the MCCD. At these appointments an opportunity to view the body is offered, advice is given about how to proceed with the funeral arrangements and return equipment. The role offers career progression for assistant nurses, streamlines the daily running of the unit, and ensures bereavement support is given early in the bereavement.

Evaluation A telephone poll of four other hospices in the area established that this is a more comprehensive approach than offered by similar hospices. Relatives' evaluations of the process are captured by feedback slips: comments have endorsed the value of the time spent with the CSW. This process has potential to positively affect bereavement.

Conclusion The CSW role means that relatives are supported by a nurse who has been involved throughout their hospice experience. This approach could be adopted by other hospices to offer career progression and an experience for relatives.

P-2 USING ART THERAPY TO EXPLORE BEREAVEMENT AND DEVELOP PERSONAL UNDERSTANDING

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The Starlight Centre at the Peace Hospice Care has a focus on supporting people through their end-of-life experience and aims to enhance a person's full potential through rehabilitation programmes and promoting wellbeing. It also supports people through the provision of counselling; both pre- and post-bereavement. The team is multi-professional and the clients have a host of needs, come from diverse backgrounds and are of varying ages.

Two streams; that of art psychotherapy and bereavement counselling combined to set up a closed group where participants

could, through art work, build new relationships and share and explore the impact of lost relationships. It was hoped that there would be a potential for relationships formed to continue beyond the life of the formal group. Worden's four tasks of grieving were used to inform the aims and objectives for the group.

The pilot group was small (three clients, one dropped out just before the start of that group and another could not commit to the six sessions) and were recruited following an assessment which included drawing a picture of a bridge. The focus was less on artistic skills but more on the meaning of the imagery used, the feelings evoked by the imagery and the opportunity to verbally express and share their thoughts and feelings.

At the end of the six sessions, clients reviewed their work and analysed their journey in an hour long session with a 'bereavement' counsellor.

The group was managed throughout by the art psychotherapist and the bereavement counsellor.

P-3 THE POTENTIALS OF REGIONAL BEREAVEMENT ALLIANCES FOR PROMOTING BEST PRACTICE IN BEREAVEMENT CARE

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The Hertfordshire and Bedfordshire Bereavement Alliance is a coalition of bereavement service providers working across the NHS, private and charitable sectors to promote best practice in bereavement support provision.

The group are accountable to our local End of Life Care Network Specialist Palliative Clinical Care Group – (NSPCCG) and as a pilot, sitting as a regional group of the newly formed National Bereavement Alliance (NBA).

It is envisaged that such regional groups could be nationally formalised, under the National Bereavement Alliance, enhancing community engagement in line with initiatives such as the Ambitions for End of Life Care (2015) and the Compassionate City Charter (2015).

The Hertfordshire and Bedfordshire Bereavement Alliance have adopted the Bereavement Care Service Standards (2014) as a work plan framework focussing on the seven work streams;

Planning For the Alliance to actively consider the needs of the bereaved population in Hertfordshire and Bedfordshire.

Awareness and access For the Alliance to support services and bereaved individuals with clear information on resources and signposting through a mapping exercise and production of a local resources directory.

Assessment For the Alliance to continue to support the development of an assessment tool that can be used by services and bereaved individuals in support of best practice.

Support and supervision For the Alliance to encourage and promote access to regular support and supervision for staff and volunteers in bereavement service provider organisations.

Education and training For the Alliance to continue the rollout of its education packages to enable access to bereavement training and development for staff and volunteers working with bereaved individuals.

Resources For the Alliance to support bereavement services in accessing appropriate resources for providing bereavement care.

Monitoring and evaluation For the Alliance to review and monitor its performance and support its member organisations to do so, thereby encouraging developments in bereavement services.