Abstract O-27 Table 1

Rank	Inpatients	% of patients received	Outpatients	% of patients received
1	Mobility	73	Exercise programme	71
2	Transfer practice	55	Mobility	47
3	Equipment/aid provision	48	Breathlessness management	36
4	Exercise programme	45	Fatigue management	18
5	Stairs practice	30	Equipment/aid provision	16

Conclusion Within UK hospice rehabilitation services, greater therapy input is typically provided to inpatients as compared to outpatients within each episode of care. The type of therapy intervention also appears to be setting dependant, with inpatient therapy focusing on basic mobility and other functional tasks and outpatient therapy on exercise and supported self-management.

Poster presentations

Bereavement, loss and grief

P-1 'REMEMBERING DOESN'T HAVE TO BE SAD': GRANT FUNDED HOSPICE ACTIVITY DAYS AND WEEKENDS FOR TEENAGERS, CHILDREN AND FAMILIES

Sarah Wardell, Sarah Popplestone-Helm. *St Richard's Hospice, Worcester, UK*

10.1136/bmjspcare-2017-hospice.28

The need for bereavement support in adult hospices for bereaved children and young people continues to grow. The hospice family support service has recorded an increase of 232% over a two year period in referrals for bereavement group support for families bereaved by expected, sudden and unexpected death within the local community. A new way of managing this increase in referrals was developed and has been trialled over a two year period. Teenage Activity Days and Children and Family Activity Weekends have been developed, offering additional support options for bereaved families. The aims of these groups are to improve emotional wellbeing, improve family relationships and enable families to learn positive coping strategies. These innovative groups provide an alternative means of support. The Teenage Activity Day addresses the gap previously present in group support for teenagers, focusing on developing communication with others through outdoor group activities whilst telling their story. The Children and Family Activity Weekend enables younger children to attend with a parent or carer who remains with them throughout the weekend; working on communication between the child/ren and parent/carers building their relationship following the bereavement, this also includes team building exercises such as climbing and kayaking in an outdoor arena. Following a pilot of both events in 2016, a bid was submitted to the small grants section of the BBC Children In Need fund to cover four more events in 2017 – this was successful and funding was secured. The first weekend in 2017 has taken place, demonstrating benefit for the whole family. Feedback

has been very positive: 'It was awesome' 'I don't feel as shy now; I've met other children who feel the same as me' 'Remembering doesn't have to be sad' These one-off events for families promote communication and relationship building within the family whilst addressing the key issues surrounding the bereavement.

P-2 BRIDGING THE GAP – CREATION OF A LIFESPAN BEREAVEMENT SERVICE

Jane Hazeldine. *Earl Mountbatten Hospice, Isle of Wight, UK*

10.1136/bmjspcare-2017-hospice.29

The gap Together with our partners, the CCG and the LA, we recognised a need for open access children's bereavement services which offered wide-ranging and well-tailored support to bereaved children and their families. A significant gap also existed in professional support for parents of bereaved children.

The Service The broad-based service we developed encompasses art, drama and music therapy alongside traditional talking and family therapy. These now link seamlessly with hospice-run adult bereavement services to offer a single, life-span, open-access service for any bereaved child or family member. We now offer groups where psychologists, music therapists and community artists provide monthly individual and group sessions for children and their families and weekly groups for children where they can access art, drama and music, and meet other children in a similar position. We operate responsively and liaise with parents, teachers and mental health services and gather service-user feedback to monitor quality.

Outcomes and Demand We have noticed a significant and increasing demand for these new services. Our referrals have increased significantly and these also now come from a greater variety of sources as more schools and external services become aware. Results show that services of this type are important and necessary and that there is significant demand for such a responsive, multi-faceted and well-resourced project. In particular we are finding that the lack of service boundaries and the seamless linkages across traditional age barriers are very well evaluated. We will continue to expand the service in line with demand and are proud of what we have achieved. We will be highlighting the process and challenges of service setup and explain how partnership working has been vital to success. Results of our ongoing evaluation will also be presented.

P-3 THE BEREAVEMENT JOURNEY: MAKING THE RIGHT CONNEXIONS

Julia Russell, Rebecca Trower, Anne Cullen. *Princess Alice Hospice, Surrey, UK*

10.1136/bmjspcare-2017-hospice.30

Background This poster presents a hospice project to improve support for bereaved people, through an integrated approach across Bereavement, Fundraising and Communications departments.

Aims User feedback, evaluations and research showed that: People needed more continuity of support in early bereavement. We need to make it easier for people to access information about commemorating their loved one, though physical

or digital memorials, personal challenges or events. We could enhance our care and use of resources by improving coordination between Bereavement and Fundraising.

Methods A cross-departmental project group reviewed existing communication materials and processes and mapped out a coordinated 'Bereavement Journey', consisting of seven stages, or points of contact, during the first year of bereavement. Wherever appropriate, stages combine communications about bereavement support and fundraising activities and are sequenced to produce a natural flow. Recipients are invited to indicate their preferences so that communications can be tailored to individual needs and choices. Cards, letters and leaflets were revised and new materials developed, with an appealing, consistent and readily recognisable design. A comprehensive programme of briefing and training was undertaken to prepare for the launch of the new approach.

Results Informal feedback from bereaved people has been that they welcome the continuity of support throughout their personal 'Bereavement Journey' and find the materials relevant and appealing. Adopting a cross-departmental approach has improved understanding and confidence between employees and volunteers in our Clinical, Bereavement and Fundraising departments. Formal evaluation of the project will include a customised VOICES survey.

Conclusions This project has enabled us to: Offer timely support to bereaved people throughout their personal bereavement journey. Improve access to information about opportunities for commemorating loved ones through different forms of in memoriam donation and fundraising. Use our resources more efficiently and effectively.

P-4 REMEMBER- REFLECT – TOGETHER

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10.1136/bmjspcare-2017-hospice.31

Introduction The brand of St Catherine's Hospice is well known and well-loved across Central Lancashire. It is one of the charity's most valuable assets – garnering trust, respect and warmth. We wanted to harness its potential to develop our charity's personality further in the hearts and minds of our community, specifically in relation to the support we provide following bereavement.

Aims The Department of Health's End of Life Care Strategy (2008) recognises that bereavement support is a fundamental aspect of end of life care. Just as people associate the St Catherine's Hospice butterfly with our fundamental values of care, compassion and commitment, we wanted to create a meaningful logo which reflected our vision where no-one faces bereavement alone. Our mission is to provide positive opportunities for remembrance, where people not only feel connected with St Catherine's but also with each other. By creating an accessible visual for use on materials relating to our remembrance activities, we hoped to reinforce the message that there are many ways people can join with us to remember their loved ones.

Method The inspiration for the logo came from a Memory Tree which has been used successfully at our Remembrance Evenings, upon which people hang leaves containing dedications. The tree symbolises St Catherine's branching out into our community. It also mirrors the nature found in St Catherine's Park – the grounds of the hospice which we have

successfully opened up to the wider community. The words 'Remember, Reflect' highlight what we are inviting people to do, while 'Together' builds a sense of community and ownership.

Evaluation We plan to conduct a questionnaire with attendees of our Moonlight and Memories Walk on July 1st to find out their impressions of the logo and the impact – or not – it had.

P-5 A SERVICE EVALUATION OF THE ISLINGTON BEREAVEMENT SERVICE

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10.1136/bmjspcare-2017-hospice.32

The Islington Bereavement Service is an innovative, community response to bereavement, recently winning the National Council for Palliative Care's Bereavement Project of the Year (2017). Based on Allan Kellehear's Compassionate Communities model it 'draws on existing human and material resources in the community to enhance self-help and social support'. St Joseph's Hospice has modelled a bereavement project providing support for and by local people. Volunteers are trained and supported to deal with complex bereavement in one of the most unequal boroughs in the UK. There is a growing realisation that joint partnerships between public service providers and local communities can have a significant impact on complex psycho-social issues, this service offers a community solution to a budget cutting environment. A service evaluation was performed to assess effectiveness by analysing how the service impacts on bereaved community members and volunteers. Questionnaires were administered to bereaved community members (n=10) before and after support to assess whether support affected their wellbeing, vulnerability in coping with grief and loneliness. The questionnaire consists of: the Warwick Edinburgh Mental Wellbeing Scale, the Attitude to Grief Scale, the UCLA Three-item Loneliness Scale and cost effectiveness questions. To evaluate the impact the service has on its volunteers, three focus groups were conducted (n=11). Transcripts were analysed using inductive thematic analysis. Wellbeing significantly improved after support. After receiving support, there was no statistically significant difference in loneliness and vulnerability, however, the absolute number of 'lonely' community members and community members with a 'severe' level of vulnerability decreased. Three main themes emerged from the data: positive experience of volunteering for Islington Bereavement Service, challenges of the bereavement support volunteer role and the importance of bereavement support. Results suggest the service has a positive impact on both community members and volunteers. Limitations of the study and potential implications to the service are discussed.

P-6 GP LISTENING PROJECT: HOSPICE VOLUNTEERS ARE BASED IN A HEALTHCARE CENTRE TO LISTEN TO THE BEREAVED

Jutta Maria Widlake. *St Luke's Hospice Plymouth, UK*

10.1136/bmjspcare-2017-hospice.33