Abstracts

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 overwhelmingly positive. 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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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

P-5 A SERVICE EVALUATION OF THE INSINGTON BEREAVEMENT SERVICE
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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
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