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

Cheryl Scott, Sarah Walker. *St Catherine's Hospice, Lancashire, UK*

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

¹Harriet Duthie, ²Lourdes Colclough, ²Kathy Wiltshire. ¹Goldsmiths, University of London; ²Islington Bereavement Service

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

Background Bereaved people need to tell their story. Often they are bursting to do so. Yet families can't always listen; churches are often locked; bereavement and counselling services have waiting lists and GPs lack time to listen. This project seeks to give bereaved people a chance to tell their story. Hospice volunteers are based in a local healthcare centre (Beacon Medical Group, Plymouth). The project is inspired by the Community Chaplaincy Listening project (Scotland).

Aims The main aim is to offer bereaved people the opportunity to tell their story thus offering a social, cathartic or therapeutic experience. A subsequent aim is for St Luke's Hospice Plymouth to widen its reach. Hospice care is reaching out to people whose loved one was not known to the hospice; the death may have been accidental, suicidal or homicidal.

Methods GPs identify people for whom bereavement is an issue and introduce the service. The person self-refers via a brief form. The coordinator books people in to see trained listeners who are available on a set day per week offering four sessions each 1.5 hours long. The listener explains that the bereaved person decides how often they want to be seen and that just attending once may be helpful. The person is sent a feedback questionnaire.

Results Out of 12 potential referrers (GPs) three referred in the first month. Seven out of 12 sessions were utilised by six women and one man; one other didn't attend. Three lost their parent; four lost their spouse. All attended once and are aware they can return. One questionnaire has been returned evaluating the service as excellent across 10 domains.

Conclusion The pilot will be evaluated fully in October 2017.

P-7 ONE SIZE DOESN'T FIT ALL! – SUPPORTING PEOPLE THROUGH BEREAVEMENT

Jane Murray, Suzanne McCarthur, Ann Scanlon, Sarah Wells. *Marie Curie Hospice West Midlands, Solihull, UK*

10.1136/bmjspcare-2017-hospice.34

Background Grief is a normal response following a loss and not all people who are bereaved will need support or counselling [Graves, 2009]. Bereaved people approach their grief in a variety of different ways. Terry Martin and Kenneth Doka recognised that there are different patterns to grieving, these might or might not be related to male or female gender characteristics, and be more about coping strategies that a person develops. The traditional way of formally supporting people who have been bereaved is telephone support or face-to-face/one to-one counselling. Many people who are bereaved who consider support choose not to access these traditional services due to their own individual way of grieving; different coping strategies, and limited alternative support services available.

Results In response to the literature and requests from bereaved family members, Marie Curie Hospice, West Midlands has developed a broader range of bereavement support services that has scope to encompass individual ways of grieving. These include the traditional one-to-one support; family support sessions and remembrance services. In addition the Hospice Bereavement Support service also offers a hospice choir; a Walk and Talk group; a Men's Shed group, a Bereaved Social Group and a Children's Therapeutic Group. The broader range of support provides greater choice where people who have been bereaved can come together regardless of what point on the bereavement pathway they are on and meet others who are going through a

similar life event. The uptake of the new services has been positive, with activity continually increasing. More men are now accessing bereavement support services and with the on-going development of a volunteer team, we are now able to offer children the opportunity to meet together and share their own experiences in a safe environment.

P-8 DIGITAL COMMUNICATION AND SUPPORT- ONLINE BEREAVEMENT SUPPORT GROUP

Lynsey Lawson. *St Mary's Hospice, Ulverston, UK*

10.1136/bmjspcare-2017-hospice.35

Background Responding to emerging need. Whatever stage of the bereavement process you are in, you can always seek online support. Many choose this style of therapy because grieving about their loved ones happens from the privacy of their own homes. One post on Facebook or Twitter can take the place of fifty or more conversations. You may have dreaded the thought of telling people over and over again about a death or how you are coping and social media gives you the opportunity to tell people all at once. Why say it yourself when you can tweet a beautiful quote that says it for you? Our aim is to develop an online support group, which will be run by trained bereavement volunteers. The Group aims will be to provide:

- A chance for people to share their grief with other bereaved members.
- A place for people to talk about their loved ones without feeling unwelcome or uncomfortable.
- A safe place to post poetry, photographs, journals or articles about their loved one who has died.
- An opportunity for people to meet locals who can offer support, many times people who meet online and live in the same area often get together.
- A chance for people to feel less lonely in their grief.
- A place for people to learn coping skills, stress management techniques and ways to relax.
- Advice and information following bereavement.

Methods During initial assessment for bereavement support patients will be provided with a 'Online Bereavement Group' leaflet which will provide details including. How do I join the group? How might the group offer support? And Confidentiality and record keeping. Once a member of the group, patients will be supported by other online members and bereavement volunteers.

P-9 COMMUNICATING LOSS – A NEW APPROACH TO BREAKING BAD NEWS TO PATIENTS WITHIN A HOSPICE DAY UNIT

Sarah Holl, Jenny Hadley, Katherine Birch. *Compton Hospice, Wolverhampton, UK*

10.1136/bmjspcare-2017-hospice.36

Background Within our day unit, patients develop friendships with one another and telling them about the death of a former patient can be difficult and distressing. Up until recently, we typically told patients about the loss of a former patient on an individual basis. However, we were concerned about the way this was delivered and the impact this had on the individual and the group as a whole.