### Abstracts

**P-249 ENTERING A PERSON’S WORLD RATHER THAN EXPECTING THEM TO ENTER OURS WHEN ADDRESSING PALLIATIVE CARE**

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**Background** National and local research studies highlight the negative impact of social isolation, especially in remote areas of high economic and social deprivation (Marmot, 2010). Vulnerable groups e.g. the terminally ill, carers and the bereaved cannot always access mainstream support networks (Steptoe et al., 2013) and can benefit more from accessible, culturally appropriate and varied support supplied within resourceful bereavement hubs in their local community (Social isolation: annual report of the Director Of Public Health For Wirral, 2012–2013).

**Aims** To develop multi-disciplinary bereavement hubs within isolated communities that provide tailor-made palliative care for pre/post bereavement. This support will embrace cultural diversity, encouraging self-sustaining provision, empowerment and resilience for terminally ill patients and their carers, friends and family, particularly focussing on the more vulnerable in society e.g. young carers. The project aims to lessen social isolation, increase social capital, and address the public health Five Ways To Wellbeing module.

**Methods** Review literature. Research local/national need. Feedback analysis. Internal consultation. Consultation with relevant local organisations. Funding applications. Secure premises. Recruit and train specialist hub volunteers to provide practical, spiritual and social support. Liaise with other agencies to collaborate. Assessment and personal goal planning. Continuous service review and evaluation, SystmOne reports of service, Core outcomes and individual evaluation questionnaires.

**Results** Increased coping skills, wellbeing and mental health measured by Core 34 psychological assessment. Greater social activity and increased peer support verified by group activity registers and regular evaluation. Increased referrals and access to service for isolated young carers. Improved multi-agency working. 36 volunteers trained to offer model of support. Increased education regarding self-care achieved by personal goal planning.

**Conclusion** Evaluation of the pilot hub showed substantial increase in social activity, peer support, resilience and access to local provision aided by increased multi-agency working. It is beneficial for service users and cost-effective for hospice provision. Also, we saw additional coping strategies and autonomy within families, resulting in an improvement in wellbeing.

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**P-250 DEVELOPING A SUCCESSFUL BEREAVEMENT DROP-IN GROUP**

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Kirkwood’s Bereavement Drop-in has evolved in recent years to its current successful model. Held every two weeks, on average 45 people attend. The Drop-in has been effective, in part due to its informal and relaxed feel. It is arranged in a ‘cafe’-like style which gives us the ability to split people into smaller groups to help people feel more at ease and less intimidated. Although the Drop-in may feel informal, each session is structured and is set around ‘themes’. An example might be ‘adjustment and change’, ‘Making sense of my grief’ etc.

Themes are discussed with a volunteer support worker or core staff member available to ‘steer’ the conversation. Peer support is very evident where members feel able to share personal stories – which are obviously encouraged. Halfway through the session, the group is split in order to offer a larger ‘structured therapy group’. This group is facilitated by a core team counsellor and a volunteer counsellor.

In an attempt to manage numbers and to encourage people who are newly bereaved we set up a ‘new to service’ group. This is specifically for people who are newly bereaved or have had a more recent bereavement. It was evident that these people are clearly at a different ‘stage’ of grieving and they felt intimidated by the large group – who were clearly ‘further on’ in their grieving process. We offer five sessions in this group as a ‘holding’ and ‘normalising’ support.

Feedback for the drop-in session has been positive, and has been an excellent way of engaging the local bereaved community. There is future scope to expand the drop-in event to address isolation and loneliness. Currently, the possibility of an outreach service is being scoped, in order to reach further areas in Kirklees which could possibly involve other members of the hospice multidisciplinary team such as social workers.

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**Workplace Business and Culture**

**P-251 SOCIAL VALUE – WHY IS MEASURING IMPACT IMPORTANT TO HOSPICES?**

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**Background** Commissioners of public services should already take account of evidence impact where appropriate as part of their evaluation when commissioning services. We believe that we should evidence our impact and value for money and be in a stronger position to deliver more to our community i.e.
Hospices are being challenged by changing demographics. Originating from a response to cancer, hospices have struggled to significantly shift their narrative. This abstract relates to doctoral research exploring hospices’ response to dementia from an organisational theoretical lens. The research highlighted a model of institutional change (Greenwood, Suddaby & Hinings, 2002) which can be applied, beyond dementia, to the challenges hospices currently face.

The model identifies stages of institutional change that potentially take an institutionalised organisational field (e.g. hospices) from their existing narrative through ‘de-institutionalisation’ to being ‘re-institutionalised’ with a new, compelling narrative. The stages in-between are critical in creating the confidence for organisations to introduce significant change. The research highlights that in response to dementia (and other non-malignant diseases) key stages of institutional change have not taken place – in particular ‘technical viability’ (Greenwood, Suddaby & Hinings, 2002; Hodges & Read, 2018).

Technical viability is what moves thinking from an idea to a fully formed argument that gains moral and practical legitimacy. A case study on institutional change by Greenwood, Suddaby & Hinings (2002) highlighted a key ingredient being organisational failure. Hospices have not, up until now, failed. The imperative for change has never been greater not only are the changing demographics challenging hospices so are the economic conditions.

Whatever the future holds for hospices, the theoretical lens of organisational institutionalism adds useful concepts that would help practically. The research in relation to dementia concludes:

- There needs to be a national conversation on the future of hospice care and Hospice UK are doing this;
- There needs to be a review, using institutional change models as to why other ‘external jolts’ haven’t created a significant movement wide shift and;
- There needs to be training on institutional change including understanding the social context in which each hospice operates, being part of a movement, and also the essential need for the technical viability of any proposed models.