Conclusion Challenging the traditional ‘chaplaincy’ role, creating a new model of care to match the changes in the local communities and across the country, has been a huge transformation within the organisation. Our new Spiritual Care Specialist will ensure our organisation is fully inclusive, meeting the needs of all Rowcroft patients, relatives, carers, staff and volunteers.

P-235 EVOLUTION IN THE TEAM, REVOLUTION IN THE SERVICE

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10.1136/bmjspcare-2019-HUKNC.257

Background We are a family support team of 4.68 WTE paid staff made up of counsellors, a social worker, spiritual care co-ordinator, administrator and 25 volunteers. A new manager was appointed in late 2017 and found a team struggling under a long waiting list. Feedback from other teams in the hospice was frustration that family support was slow and unresponsive.

Aims Following a team away day in January 2018 we decided to re-focus our work to be:

- timely and appropriate;
- rehabilitative and empowering;
- efficiently supported and evaluated.

We had no specific numeric goals at this point, only to reduce our waiting list and become more responsive.

Method Taking a whole-system approach devised a plan which included major changes to:

- Team ethos;
- Assessment and referral processes;
- Communication and roles;
- Our counselling/service model;
- Recruitment and training;
- Evaluation and data collection.

Results After a year we achieved and have maintained:

- The elimination of our waiting list; clients are now allocated within days of being assessed unless they have very limited available time slots;
- Response to tasks and requests within two working days, usually within 24 hours;
- Positive outcomes demonstrated in self-reported evaluation and improved Core 10 scores.

Conclusion

- A whole team/whole system approach fostered a commitment to our aims and acceptance of the changes we needed to make, even when they were difficult;
- A short-term counselling model is appropriate in a hospice setting if supported by theoretical and practical training in how to deliver counselling in this way;
- The no-waiting approach means that the intervention is made when it is needed and can be most effective, and our outcome results show this;
- Our willingness to be flexible in the way we work with individual cases where specific need is demonstrated provides the team with confidence that we remain client centred within a rehabilitative model.

P-236 WIRRAL HOSPICE ST JOHN'S TEMPORARY VOLUNTEER BENEFITS ADVISOR SERVICE

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10.1136/bmjspcare-2019-HUKNC.258

Background The Wirral Hospice understands the need for expert benefits advice and guidance to assist and support patients and carers to maximise income and reduce hardship. We set up and audited a volunteer benefits advisor service at the hospice and its effectiveness over an 18-month period.

Aim The audit of a new temporary volunteers benefits advisor service (unpaid specialist advisor) via appointments with patients/carers and to assess benefit of specialist intervention.

Method Quantitative data collection. Via referrals, intervention and outcomes measures -Benefits correct, Benefits gain and Benefits overpayment, use of DS1500, and referral to third party agencies. The average number of referrals were 3–4 patients/carers PW during an 18 month period. Over 110+ patients took part.

Results

- The evidence showed that the service prompted a financial gain for many patients and carers, which was around 64%;
- Financial gain is not the only measure in value – patients/carers found reassurance that their benefit was correct. It gave the opportunity for some families to discuss future financial position if a person dies;
- The timely use of DS1500 was very important to avoid people missing out on their entitlement. 21% of patients were issued a DS1500 as they met criteria and were not receiving higher/enhanced rates of disability payment;
- 10% of patients/carer were referred on for complex issues requiring paid skilled benefit advisors.

Conclusion It was established that the benefit to patient/carers were considerable based on audit. The service needs to grow and move to a day time provision which would allow for the provision of benefits awareness sessions for staff and volunteers. We have agreed a four-hour weekly CAB provision at the hospice to start September 2019.

P-237 A SURVEY OF PSYCHOLOGICAL SUPPORT SERVICES IN UK HOSPICES: WHO, WHAT, WHERE AND HOW?

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10.1136/bmjspcare-2019-HUKNC.259

Background People receiving end-of-life care and their family carers can experience significant psychological distress (Wilson, Chochinov, Graham Skirko, Allard *et al.*, 2007; Galfin & Watkins, 2012; Braun, Mikulincer, Rydall, Walsh *et al.*, 2007; Grov, Dahl, Moum, Fosså, 2005). Psychological support is a fundamental aspect of the holistic care provided by hospices (NHS. Hospice care [Internet], 2017; NHS England, 2019). However, there are limited clinical guidelines in the UK on how hospices should deliver psychological support services (National Institute for Health and Care Excellence, 2017). No recent research has explored how psychological services are delivered in UK hospices on a national level. A nationwide

survey will highlight differences in practice and help focus future research.

Aims To increase understanding of the following aspects of psychological support services in UK hospices to help identify inequality and guide best practice development:

- Service organisation and structure;
- Types of psychological support available and who delivers them;
- Adequacy of and barriers to service provision.

Methods A 23-item online questionnaire developed for this study based on a literature review and related surveys (Atkin, Vickerstaff & Candy, 2017; Lawrie, Lloyd-Williams & Taylor, 2004; Lloyd-Williams, Friedman & Rudd, 1999; Price, Hotopf, Higginson, Monroe *et al.*, 2006; Russell & Fountain, 2018) and in consultation with experts in palliative medicine and psychological services. The questionnaire will be piloted at nine hospices.

Data collection: The questionnaire will be emailed to all 200 adult hospices in the UK and will be open for six weeks in Summer 2019. It should be completed by one staff member who is closely involved in the organisation and/or delivery of psychological services at each hospice.

Data analysis: Percentages will summarise quantitative responses and statistical tests will be performed to compare groups. Thematic content analysis will be applied to free text responses.

Results and conclusions The results of the survey will be analysed in Autumn 2019. By identifying any variation in services across the UK, as well as examples of, and barriers to, good practice, the results could inform efforts to achieve equality in service provision. The results may also inform development and implementation of psychological interventions tailored to the UK hospice setting.

Supporting Bereavement, Loss and Grief

P-238 WRITING IN BEREAVEMENT – DISCOVERING A NEW NARRATIVE

Sue Spong, Sandy Lawless. *Saint Francis Hospice, Romford, UK*

10.1136/bmjspcare-2019-HUKNC.260

Background We recognised the limitations of our bereavement groups, and were eager to explore grief at a deeper level through a creative medium, guided by national standards (Bereavement Care Service Standards, 2013).

Aims

- To write about our lives, feelings, thoughts, share our writing with others, reflect on past experiences, including service user feedback;
- For group members to discover a new tool allowing them to access their grief in a different way;
- Through group exercises members will discover a new narrative and a new source of meaning to their lives.

Methods Invitations were sent to bereaved people using hospice services. A closed group ran for six sessions, limited to six members and two facilitators, who participated to allow a collegiate approach.

Each session opened with a poem, brought by the group, allowing the group to reflect on their mood, for facilitators to

lead with greater sensitivity adapting to the group needs. Homework was set weekly providing the focus for the first half of the next session. The remainder of the session was used for written exercises using techniques of expressive writing.

Results Evaluation was mainly qualitative, measured by attendance and evaluation forms. Facilitators monitored and reflected weekly. On our first group, anticipated results were confirmed by user evaluation, which informed our next group. Facilitators witnessed aims met, promoting further writing groups, thus ensuring hospice bereavement support reaches a wider level of need.

Conclusions Conclusions and recommendations for the hospice bereavement service is to include this group as a regular service. We recognise the limitations of educational levels, however, skilful facilitation enables a generous group.

Using a different medium has proved to unlock the unspoken – *‘The course helped me to break out of a writing drought, and find courage and vocalise about my late wife.’*

P-239 I'M OVER HERE – A PLAY ABOUT LOVE, LOSS AND HONESTY

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10.1136/bmjspcare-2019-HUKNC.261

Background The play was a co-production between the Ardgowan Hospice Butterfly Service and Greenock Players Youth. It was inspired by true stories, in particular a young person's wish to make a difference and help children like she had been after the death of her father. It was funded thanks to the kind anonymous donation of a couple who had a relative supported by the Butterfly Service.

The young cast perform powerful stories, in the form of monologues, based on real case studies. In taking the child's point of view it communicates important messages to adults about how some of the language and terminology used when someone has died can cause upset and confusion. Some of the phrases that are known to have caused upset in real life are used in the play, i.e. *‘Your mum is in the sky’* and using the phrase *‘Passed away’* to a child who doesn't know it means death. The play demonstrates how they really feel when they have experienced grief.

The play aims to raise awareness of the needs of bereaved children and young people by giving age appropriate information and give them a chance to express their feelings and thoughts about death and dying. Bereaved children should have a voice and not be left as forgotten mourners. It also aims to make adults really think about the language and phrases they use with children. Attempts to protect children and young people from the truth can sometimes leave them confused and alone with their questions, fears and powerful feelings.

The play was initially screened at the Beacon Arts Centre in Greenock on 10 October 2018 to professionals who work with children, with very positive feedback. The play was filmed with the intention of it being used as a resource to help support children and young people dealing with grief and this is currently work-in-progress.