

P-5 DEVELOPING A SERVICE TO SUPPORT FAMILIES TO PREPARE THEIR CHILDREN FOR THE DEATH OF A PARENT

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10.1136/bmjspcare-2018-hospiceabs.30

Background It was identified that parents didn't know how to begin conversations about death and dying with their children and they were often overlooked by professionals concerned about getting it wrong. This resulted regularly in patients with young children coming into an inpatient hospice for terminal care with children unprepared for their death, leading to concerns about the longer term effects on the mental health and resilience of these children in the future (Crook & Eliot, 1980).

An in-house service to provide bespoke family-centred pre-bereavement support for families where a parent or significant adult had received a terminal diagnosis was developed. It was acknowledged that not all children need complex or long term interventions (Kennedy, McIntyre, Worth *et al.*, 2008). A dedicated children/families support worker was recruited.

Aim To evaluate the service which was piloted over six months.

Method Interventions with children included individual one-to-one support, making worry dolls and memory boxes plus liaison with schools and other services. Adult interventions involved advising and supporting parents about the language and timing of conversations, need for honesty and helping with letter writing and mummy diaries.

Results 50 children were supported during the pilot. Most of the interventions occurred at home whilst the parent was still well. When the time came for admission to the inpatient unit the family were prepared and familiar with the service and the staff. Feedback was exceptionally positive: 'It was important for us to know that L was there to hold our hand when we need it'. Twenty-four children were discharged from the service and six accepted onward referral to local children's bereavement services.

Conclusion Parents felt empowered to provide their children with age appropriate, timely information. Children were well adjusted to the death of the adult and there was less need for conventional bereavement services in the period immediately after death.

P-6 MUDDY FOOTPRINTS. GRIEF IN THE FOREST

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10.1136/bmjspcare-2018-hospiceabs.31

Muddy Footprints, funded by Children in Need, is an innovative new model based on the principles of social learning; supporting children and their families who have experienced parental bereavement. Run in partnership with a local forest school, Muddy Footprints aims to be an inclusive and easy to access therapeutic approach. In opposition to methodologies which separate bereaved children from their remaining parent, this model keeps the remaining family together. The day takes place in the naturally therapeutic environment of the woods and allows parentally bereaved families to come together and share their stories, reducing isolation and normalising their experience.

The day starts around the campfire where families introduce themselves, and name the person they have come to remember. A range of woodland craft activities designed to offer remembrance tools, such as lantern making, are available for families throughout the day. However the true magic happens when the children create their own activities; either with their new group of friends, digging a remembrance island into the mud or building a den; just their own family, swinging in a hammock, or cooking in the mud kitchen; or taking some time on their own to sit under a tree or toast a marshmallow. This non-directive approach allows the children to both access and shape the support that best meets their needs.

The adults talk about how relaxing the day is, which as a bereaved and therefore often single parent is very precious. All family members report the value of having protected time together to re-group, talk and play, away from the day-to-day pressures and distractions of life, and the children talk about making friends with others who understand. But by far, the main comment we receive at the end of the day is 'I want to come back again'!

P-7 THE ATLAS PROGRAMME FOR SCHOOLS: SUPPORTING CHILDREN TO NAVIGATE THEIR WAY THROUGH BEREAVEMENT

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10.1136/bmjspcare-2018-hospiceabs.32

By the age of 16, almost eight out of 10 young people have experienced the death of a close friend or relative. The negative impact of unresolved childhood bereavement may reduce academic achievement, increase risk of offending behaviour, teenage pregnancy and developing mental health difficulties (Ribbens McCarthy with Jessop, 2005; Akerman & Statham, 2014).

Bereaved young people may find it difficult to talk to anyone about their experiences. With children spending over six hours a day in school, schools are a key source of support, constancy and consistency when families experience the turbulence of bereavement.

A common theme in the research literature is that there are a wide range of outcomes for children who have experienced a close bereavement. All children and families are unique and have different experiences of bereavement and grief, and responses to them. A qualitative study (Abdelnoor & Hollins, 2004) found that while some children took a 'restorative approach' to school life, preferring to deal with loss-related issues elsewhere, others described chaos and distress in school following the bereavement. It is essential therefore that staff working within schools are confident in supporting bereaved young people and understand how bereavement impacts at different stages of the lifecycle.

This paper discusses the initial outcomes from the ATLAS programme, established in 2017 to help schools support pupils as they navigate their way through their experiences of bereavement. Atlas aims to:

- Raise awareness of the extent and effects of bereavement on young people
- Support schools in the Wolverhampton area to develop effective bereavement policy and practice

- Equip staff with the knowledge, skills and confidence to support bereaved children
- Support achievement of national policy ambitions, including Ambition 6 'Each Community Is Prepared To Help'
- Provide focused training for early career teachers.

The paper also includes a critical discussion of the role of different stakeholders.

P-8 **YOUTH PLAYS – USING ART AND DRAMA WITH BEREAVED TEENAGERS WHO WOULDN'T OTHERWISE ENGAGE**

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10.1136/bmjspcare-2018-hospiceabs.33

Background The intention was to connect with young people who wouldn't engage with a therapeutic group using drama and art. All felt very isolated, different to their peers and alone in grief after bereavements and significant losses (Di Ciacco, 2008).

I recognised there could be benefit from a group experience. However, I found that they were too avoidant or emotionally fragile to engage with the usual psychotherapeutic group that we hold (Dowdney, 2000).

Aims (i) To connect this group by putting on two short plays that were about loss and bereavement; (ii) To build confidence and resilience by handing over control of the plays and give them creative freedom and choice; (iii) To engage with the wider community and their peers.

Method With the support of a local theatre director, we sourced some short youth plays that would facilitate talking and thinking about loss and bereavement by sharing the characters' experiences in the plays. This would help the young people by externalising their feelings and putting themselves into the shoes of the characters (Curtis, 1999).

The young people chose their roles e.g. to act, as stage manager, to make props or be sound technicians. This gave the young people a voice and purpose within the group. We managed to get local media students to join the group to evidence the process using video and photographs and help by giving confidence and self-worth.

Conclusion The group were anxious about meeting expectations and how they would share experiences with strangers. By sharing and participating together, giving them control and allowing choice, the group started to form bonds. The group took risks, made suggestions and felt accepted. Six out of six children reported it helpful being with others that had experienced similar issues, one didn't know. Five out of six children felt more confident after the youth plays.

P-9 **'LOST VOICES' AN EVALUATION OF MARIE CURIE WEST MIDLAND CHILDREN AND YOUNG PERSONS' SERVICES**

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10.1136/bmjspcare-2018-hospiceabs.34

Background Since 2015 referrals to the children and young persons' counselling service at Marie Curie Hospice West Midlands have increased by 136%. The complexities of the cases between 2017–2018 have also doubled, which we have found

has been primarily due to an increase in mental health concerns with children.

At the British Association for Counselling and Psychotherapy (BACP) Young Persons' conference 2018 it was reported that 15% of young peoples' psychological disorders derive from unresolved grief. Current models of best practice suggest that we need to provide a service that supports the young person, their parents and the community in helping children work through their grief and life experiences in a way that is flexible and creative.

Aim The aim of the evaluation was to ascertain what the profile of children's counselling services within the hospice is and what role the children's bereavement service has in supporting children with mental health conditions work through their grief.

Methods We completed the evaluation by reviewing clinical documents and comparing them to policy.

Results We found that a common misconception was that the children's bereavement service offers time-limited, programmed counselling appointments for children to address their grief. We established that there was also a service gap for children with mental health conditions who are experiencing loss and grief. The current systems are not meeting their needs in a timely manner. Finally, there is an identified increasing need for children with complex needs to access specialist grief counselling.

Recommendations We recommended expanding the children's bereavement service by training volunteers and employing another part time counsellor. This will enable the team to deliver training in schools and work more closely with community services in supporting children during their grieving process.

P-10 **SIDE BY SIDE – A JOURNEY THROUGH GRIEF TOGETHER**

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10.1136/bmjspcare-2018-hospiceabs.35

Background NICE standards require that 'people closely affected by a death are communicated with in a sensitive way and are offered immediate and ongoing bereavement, emotional and spiritual support appropriate to their needs and preferences' (NICE, 2011). Consequently, significant attention is being paid to the nature and type of bereavement support and services offered within and across organisations and communities.

Bereavement is not, in itself, an illness and the majority of people affected will experience 'normal'/'uncomplicated' bereavement (Shear, Simon, Wall, *et al.*, 2011; Mancini, Bonanno & Sinan, 2014). Most of those who are bereaved (circa 60%) deal with their grief with the support of family and friends and a further 30% may need additional support (e.g. peer support/volunteer led groups). Only 10% are at risk of a more complicated grief reaction and may need referral to mental health professionals (op. cit.).

The Bereavement Care Service Standards (Bereavement Services Association & Cruse Bereavement Care, 2013) include the need for providers to 'address the needs of the client group/community they serve in the most appropriate way' and 'to ensure that those delivering support... have the skills, knowledge, training, supervision and support relevant to their role'.