Network Recording Declaration

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

• This Data will be stored with password protection on the internet.
• This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

Your ongoing participation in this ECHO session is assumed to imply your agreement to the use of your data in this way.

If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
QI Hospice-Led Bereavement COVID-19 ECHO: Week 5

Research in Bereavement & Account of progress presentations
A national study of bereavement during the COVID-19 pandemic and the impact on bereavement services

Dr Lucy Selman, Senior Research Fellow, University of Bristol

Presentation at Hospice UK QI Bereavement Project, 15 March 2021
COVID-19 deaths worldwide, by continent (15 March)

- Mass bereavement on a scale rarely seen in recent history
- 2.65 million deaths due to COVID-19
- H1N1 flu pandemic (2009): 151,700-575,400 (Centers for Disease Control and Prevention, USA)
UK context

- c.125,000 deaths due to COVID-19 – in addition to c.600,000 usual deaths per year
- If each death leaves c.9 people bereaved (Verdery et al. PNAS 2020), estimate 6.4 million bereaved in the last year
- Many known risk factors for poor bereavement outcomes relevant in COVID-19 (Selman et al. JPSM 2020) e.g.
  - Poor communication between clinicians and relatives
  - Not being able to say goodbye
  - Patient dying while intubated
  - Perception that loved one did not receive emotional support at the end of life
  - Loss of social and community networks, living alone
  - Loss of income
- Many factors effect non-COVID-19 deaths as well as COVID-19 deaths
- Little known about bereavement experiences during the pandemic
Each death a person
Study aims and methods

1. Document the grief experiences, support needs and use of bereavement support by people bereaved during the COVID-19 pandemic
   - Longitudinal online survey of people bereaved since 16 March in the UK
   - Qualitative interviews with survey participants (cross-sectional after each survey round)

2. Understand the adaptations, challenges and innovation involved in delivering equitable bereavement support
   - Cross-sectional online survey of bereavement services; qualitative interviews with case study organisations

3. Inform end-of-life care processes and bereavement support during and beyond pandemic
Work package 2 now live: Online survey of UK bereavement service providers

• Open to managers/coordinators/bereavement care leads of voluntary/community sector (VCS) bereavement services in the UK
• One person per organisation or branch (e.g. of Cruse) to complete. Topics:
  ➢ The services you provide and how these have been affected by the pandemic
  ➢ How the pandemic has affected the demand and need for your services
  ➢ How the pandemic has affected staff and volunteers
  ➢ The challenges you face as an organisation (financial, non-financial)
  ➢ Examples of innovation and good practice

• Deadline 30 April 2021 – please help spread the word!

Please complete the survey at:
www.covidbereavement.com
Work package 1 – interim findings

- First survey round opened 26 August 2020, closed 5 January 2021 (n=c.710)
- Open to anyone bereaved in the UK since 16 March, of any cause
- Open and closed questions on end of life, grief experiences, bereavement service use and support needs
- Recruitment via bereavement and community organisations, social media, Good Grief Festival, national and local media coverage
- Follow-up: T2 = c.7 months post death; T3 = c.13 months post death

Interim findings from first 532 respondents released 27 November
Full report available to download at www.covidbereavement.com
Sample characteristics (n=532)

- **Person who died:** 60% parents, 17% male partners/husbands, 9% grandparents, 2% female partners/wives [14% had lost more than 1 person]
- **Place of death:** 55% hospital, 22% home, 15% care home, 5% hospice
- **Time since death:** Median = 5 months (Range: 2 days to 7 months 6 days)
- **Representation across socio-economic backgrounds (post-code data and deprivation indexes)**
- **Gender:** 91% female, 8% male, 1% other/prefer not to say
- **Ethnicity:** 17 participants (3%) from minority ethnic backgrounds
- **Age:** mean = 48.3 years (median = 49 years, range = 18 to 88)

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed COVID</td>
<td>213</td>
<td>40</td>
</tr>
<tr>
<td>Suspected COVID</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Cancer</td>
<td>105</td>
<td>20</td>
</tr>
<tr>
<td>Don't know</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Other (e.g. other long term conditions, heart attack, old age, accidents)</td>
<td>174</td>
<td>33</td>
</tr>
</tbody>
</table>
Experiences of care prior to/immediately after death

- **23% of respondents said they were ‘never’ involved** in decisions about the care of their loved one; 21% said they were ‘always’ involved
- **17% said they were not at all informed** about the approaching death; 33% said they were fully informed
- **36% felt not at all supported by healthcare professionals immediately after the death**; 26% very or fairly well supported
- **45% were not contacted by the hospital/care provider** after the death; 36% were contacted
- **51% were not provided with any information about bereavement support**; 21% were provided this information at the time of death; 15% during a follow up call

*Note: 12-21% stated ‘not relevant’ to these questions e.g. because not next of kin or no HCPs were involved*
Experiences of care (free-text data)

- Distress of being unable to say goodbye or be with their dying loved one; trauma of witnessing death remotely
- More positive care experiences: sense that staff were doing their best, showing compassion and kindness, flexible visiting arrangements, relatives feeling that they were kept well-informed
- Often associated with hospice or specialist palliative care involvement

*When the hospital wouldn’t let me in with my dad from the ambulance, that is the last time I saw him. It was a Friday and we couldn’t get to speak to anyone until the Tuesday. It was hard to get through, and once when I did the person just dropped into the conversation that dad had COVID-19. It was a shock. There was very little info. And no support and no contact.* (Bereaved daughter, PID_440)

*The hospice was amazing; such a breath of fresh air compared to other parts of the system. The people were lovely and the rules around visiting were much more relaxed. I got to spend some special time with [my wife] in her last four days.* (Bereaved husband, PID_391)
## End of life and bereavement experiences

<table>
<thead>
<tr>
<th>When your loved one died, did you experience any of the following?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to visit them prior to their death</td>
<td>295</td>
<td>55.5</td>
</tr>
<tr>
<td>Limited contact with them in last days of their life</td>
<td>315</td>
<td>59.2</td>
</tr>
<tr>
<td>Unable to say goodbye as I would have liked</td>
<td>355</td>
<td>66.7</td>
</tr>
<tr>
<td>Restricted funeral arrangements</td>
<td>499</td>
<td>93.8</td>
</tr>
<tr>
<td>Social isolation and loneliness</td>
<td>354</td>
<td>66.5</td>
</tr>
<tr>
<td>Limited contact with other close relatives or friends</td>
<td>430</td>
<td>80.8</td>
</tr>
</tbody>
</table>

- High to very high levels of these negative experiences

- 51% had 5 or 6 of these experiences
Associated factors

- Age, sex, religious beliefs of bereaved had little impact on problems experienced.

- Feeling involved and supported by healthcare professionals during end of life period associated with much lower levels of problems related to contact in the last days of life, being unable to say goodbye as they would have liked, visiting relatives prior to death and social isolation and loneliness (all P ≤ 0.005).

- Place of death: Compared with hospice and home deaths, hospital and care home deaths significantly associated with higher levels of problems related to contact in the last days of life, being unable to say goodbye as they would have liked and visiting relatives prior to death (all P < 0.001).
COVID-19 deaths

- COVID-19 deaths (confirmed or suspected) significantly associated with higher levels of all of these problems (all $p < 0.05$), except for restricted funeral arrangements

  - 70% of bereaved people whose loved one died of a confirmed COVID-19 infection had limited contact with them in the last days of life compared with 43% of cancer deaths ($P < 0.001$)

  - 85% were unable to say goodbye as they would have liked versus 39% for cancer deaths ($P < 0.001$)

  - 75% experienced social isolation and loneliness versus 63% for cancer deaths ($P = 0.003$)
COVID-19 deaths (free-text)

Additional stressors:

- Ongoing threat of the virus – fears of dying of COVID-19 or passing it on to vulnerable family members
- Public nature of death and bereavement
- Effects of self-isolation
- Anger and anxiety over how the pandemic is being handled
- Distress caused by other people questioning the seriousness of the pandemic and not observing social distancing rules

Not being able to visit, speak to or comfort mum in her dying hours will haunt me for the rest of my life.

My sister was still isolating so we could not see each other during the 11 days mum was in hospital... I have been left with anxiety, sleep issues, hypervigilance regarding anything COVID. I am experiencing flashbacks, nightmares and panic attacks and I am more frightened than I have ever been.

(Bereaved daughter, PID_028)
Grief responses: the AAG scale

• Vulnerability and resilience in grief were measured using the Adult Attitude to Grief Scale*

• Over half of participants demonstrated high or severe levels of overall vulnerability in grief (Severe = 28%, high = 24%, low = 48%)

• COVID-19 deaths associated with higher vulnerability in grief (P < 0.05)

• Hospital deaths associated with more overwhelming grief (P = 0.004) compared with other places of death

• More data available on bereavement outcomes after T2/T3

*Sim J, Machin L, Bartlam B. Identifying vulnerability in grief: psychometric properties of the Adult Attitude to Grief Scale. Quality of Life Research. 2014 May 1;23(4):1211-20
## Support needs

Please tell us how much help or support you have needed over last 3 months? | High or fairly high level of support needed
--- | ---
Dealing with my feelings about the way my loved one died | 62%
Expressing my feelings and feeling understood by others | 55%
Feelings of anxiety and depression | 55%
Feeling comforted and reassured | 53%
Loneliness and social isolation | 53%
Dealing with my feelings about being without my loved one | 51%
Regaining sense of purpose and meaning in life | 48%
Finding balance between grieving and other areas of life | 46%
Managing and maintaining my relationships with friends and family | 38%
Participating in work, leisure or other regular activities (e.g. shopping, housework) | 36%
Getting relevant information and advice e.g. legal, financial, available support | 24%
Practical tasks e.g. managing the funeral, registering the death, other paperwork etc. | 23%
Looking after myself/family e.g. getting food, medication, childcare | 16%
Types of support used

- Support by family or friends: 469 (83.2%)
- Online community support via written comments (e.g. Facebook group, online chat forum): 164 (30.8%)
- One-to-one support (e.g. individual counselling): 119 (22.4%)
- GP or other member of staff at the GP surgery: 83 (15.6%)
- Telephone helpline support (e.g. bereavement helpline): 70 (13.2%)
- No support used: 39 (7.3%)
- Informal support group (e.g. social group for bereaved people): 37 (7%)
- Other: 30 (5.6%)
- Bereavement support group (e.g. group discussions about bereavement guided by a facilitator; or group counselling): 23 (4.3%)
- Specialist mental health support: 14 (2.6%)

“Those from the Facebook group have made me feel less alone. They have offered advice from their own losses prior to mine. I have gained a friend of a similar age to me...It’s been a relief to have found her as we are going through the same emotions during our day to day challenges”. (Bereaved daughter)
Accessing support: family and friends

- Most accessing support of friends/family (n=469, 88%), but 41% reported difficulties:

  “I have not wanted any support from bereavement services because my family and friends provide me with enough support” (n=143, 27%)  
  “Friends or family have not been able to support me in the way that I wanted” (n=138, 26%)  
  “I have felt uncomfortable asking for help or support from friends or family” (n=105, 20%)

COVID-19 lockdown has used up empathy normally available from friends, family. Also just normal social interactions had stopped so it felt unreal my father had died, there was no one to tell. It almost felt like an irrelevant secret because everyone was dealing with the lockdown. (Bereaved daughter, PID_027)

As much as friends and family have tried, they will never really get it unless it happens to them. (Bereaved mother, PID_177)
Accessing support: bereavement services

• 60% had not tried to access support from bereavement services
• Of those who had sought support, 56% experienced difficulties accessing these services

➢ “I have felt uncomfortable asking for support from bereavement services”  (n=136, 26%)
➢ “I have not wanted any support from bereavement services because I don’t think it will help me” (n=96, 18%)
➢ “The support I wanted from bereavement services was not available to me”  (n=80, 15%)
➢ “I do not know how to get support from bereavement services”  (n=71, 13%)
Barriers to accessing bereavement services

Free text themes:
• Lack of locally available support – long waiting lists
• Lack of information about available support
• Telephone or online support not appealing/helpful
• Need COVID-specific support: unique grief issues
• Others more in need than me (perceptions of entitlement)

“There are specific and unusual circumstances related to loss of a loved one to COVID which I feel may affect grief experienced. Specialist support should be made available rather than just generic bereavement support.” (Bereaved daughter, PID_020)

“I am thinking about contacting a bereavement service for some support and I might do it, but feel a bit nervous.... losing my Mum at 85 after a long and happy life, and she didn't died of COVID, I feel a bit of a fraud needing help, when other people are going through much more trauma than I am” (Bereaved daughter, PID_490)
Conclusions

• Interim findings demonstrate exceptionally difficult sets of experiences associated with bereavement during the pandemic

• High level of disruption to end of life, death and mourning practices as well as social support networks

• COVID-19 deaths significantly associated with higher levels of problematic experiences

• Communication and support from HCPs at end of life is variable but important, impacts upon subsequent grief experiences and support needs

• Problems with accessing support from friends/family and bereavement services, with unmet needs for emotional support indicated
Recommendations

• Steps are taken to reduce trauma of negative death experiences e.g. improved communication by healthcare professionals, known point and method of contact, family involvement in decision-making
• Enable family visiting as far as possible
• Better support from health and social care professionals after a death, including information about bereavement services
• Increased public information about bereavement support options, including sign-posting by GPs
• Increased provision of and investment in bereavement services
• Flexible ‘support bubble’ arrangements for the recently bereaved
• Alternative ways of collective mourning and celebrations of life
Acknowledgements

Thanks to:

• Everyone who completed the survey for sharing their experiences
• Everyone who has helped disseminate the survey
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• Our collaborators/ advisory group members: Alison Penny, Dr. Anne Finucane, Dr. Emma Carduff, Dr. Linda Machin, Dr. Catriona Mayland, Prof. Bridget Johnston, Dr. Kirsten Smith, Dr. Audrey Roulston, Dr. Stephanie Sivell, Dr. Donna Wakefield
Further information

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Follow us on Twitter:
@Lucy_Selman
@NeenRover

Do you work in bereavement support in the voluntary/community sector?

- Do you want your organisation’s voice to be heard?
- Please help with a national survey to document the impact of the pandemic and influence policy and advocacy.

Only one person at each organisation needs to complete the survey – usually the manager, coordinator or bereavement care lead.

For more information and to complete the survey visit: www.covidbereavement.com

Survey closes 30 April 2021. Please share!
Account of Progress presentation & discussion

Andrea De Champs, Director Of Patient & Family Support, St Wilfrid’s Hospice
Account of Progress

St Wilfrid’s Community Bereavement Service

Andrea Dechamps, Director of Patient & Family Support
Quick recap – how we got to Oct 20

• Prior to Covid - adult bereavement support only for ‘hospice bereaved’
• 2018 bid to CCG for funding for extended bereavement service, jointly with 2 partner hospices - unsuccessful
• Covid - grabbing the moment!
• Difficulties identifying opportunities for joint working and therefore decision to go it alone from 1st May
• Quick transition to online delivery of support
• Recruitment of additional volunteers, assessors and supervisors (making the most of initial wave of goodwill)
• 48 bereaved individuals supported May to end Oct
Top concerns in Oct 20

• Sustainability – staff exhausted and volunteers dropping off
• Falling referrals – why and how to ensure we reach those who most need support
• How will we demonstrate we have made a difference

*Is it worth it, how do we carry on right now and what about the future?*
SMART Aim
To successfully extend the St Wilfrid's community bereavement service

- the community bereavement service = pilot established at the beginning of first lockdown / virtual time-limited counselling support and signposting

- **successful** = targets to be reached within timeframe – Nov 20 to April 21

- successful = target achieved for extension of reach – a further 36 people supported
• *successful* = for those people supported, reduction in vulnerability achieved across the domains ‘overwhelmed’, ‘controlled’ and resilient’ (Adult Attitude to Grief Scale)

• *successful* = responsive – from December onwards, response time of 8 working days between referral and first contact (unless good reasons why not achievable)
Our attempt at a DRIVER diagram …

Reaching out to transform end of life care
Primary drivers, secondary drivers, actions

- Referrals coming in (demand)
- Nimble marketing/awareness raising (i.e., depending on number of referrals and our ability to respond)
- Effective data collection re sources of referrals, numbers etc.
- Effective processing of referrals ready for clinical staff to respond

Develop better oversight of where we have advertised

Develop better understanding of sources of referrals to aid understanding of patterns for incoming referrals

Undertake various marketing initiatives (radio ad, local press etc)

Put robust systems in place for data collection re sources of referrals, numbers etc

Put robust systems in place for processing of referrals

Reaching out to transform end of life care
Referrals dealt with (response)

- Efficient and effective follow through for referrals (assessment, signposting/advice and 1-1 support)
- Effective data collection re referrals responded to, people supported
- Effective measurement of reduction in vulnerability
- Effective measurement of response times
- Effective gathering of feedback, effective process of review of feedback

Reaching out to transform end of life care
November

- Induction of new counsellor into post
- Focus on reviewing systems and process to ensure referrals can be dealt with effectively
  (primary driver – ‘response to referrals’)
- Building on systems already in place and adding as necessary

Reaching out to transform end of life care
December

- *Adult Attitude to Grief* outcome measure now in place with aim to demonstrate reduction in vulnerability.

- From 1\textsuperscript{st} December measuring target for responsiveness (maximum of 8 days between referral and first contact). Target reached for all apart from first 2 referrals when response time 9 days (but bear in mind that postholder only just started in post).

- Evaluation questionnaires signed off and will be in use for all those who have completed full set of counselling sessions.
January

Focus on initiatives to broaden awareness regarding the new project (primary driver - ‘referrals coming in / demand’):

- Work with hospice comms team to prep article for hospice newsletter which goes out to 30,000 support. Bereaved person identified who has finished their counselling through the project, prepared to be interviewed for the article & have their photo included.
- Review of road side banners advertising project
- Early plans for social media

Reaching out to transform end of life care
February

Continued focus on awareness raising, including:-
Link made with Chairman of Registered Care Association for East Sussex, Brighton & Hove. Led to opportunity to present at care home huddle, circulation of our information across 250 care homes, some further links to follow up

**Lesson learnt** - network like mad – you never know what it might lead to

Renewed contact with Chaplaincy/Pastoral Care Services Manager East Sussex Healthcare NHS Trust

**Reflection** – it can be bewildering to understand who’s who out there but never mind

*Reaching out to transform end of life care*
February (cont’d)

Focus on forward planning re future sustainability of project

- Case made for role of counsellor to be included in budget planning for 2021-22
- Above agreed by leadership team colleagues and CEO
- Now waiting for budget sign-off
- Feeling very confident
March

- Taking stock - evaluate success of improvement activity
- Focus back on primary driver ‘response to referrals’ with deep dive into referrals and follow through
- ? revision of SMART aim
My questions to you

- How we truly know we are making a difference? Could the same be achieved with a different type of support?

- How do we know that we are reaching the right people at the right time with the right type of support?

- How do we ensure and evidence fair access to the support?

- How to do more with less resource / how do we work smartly?
Account of Progress presentation & discussion

Linda Owens, Bereavement Service Coordinator, Dorothy House
Enhancing Virtual Bereavement Support at Dorothy House

Linda Owens, Ruthie Alexander Morgan and Tessa Stacey
Enhancing Virtual Bereavement Support

Virtual Information on Bereavement Evenings (VIBE)
Bereavement Online Peer Support (BOPS)
Virtual Friends in Grief (V-FIG)
Expand Virtual 1 to 1
Our Aims Statement

To facilitate connections between people, whose bereavement has been impacted by the pandemic, living within the Dorothy House catchment area to alleviate the isolation and loneliness inherent in grief.
Teens Group goes virtual

Delivery and dates for project agreed
Project info sent with rejigged bereavement letter
Additional staff hours agreed for project duration
Discussions re website presence
Initial sounding out with FIG Facilitators
Requested own Zoom account
BOP 1 sessions 1 to 3 completed
20 allocations for 1 to 1

Monthly Mindfulness Taster Sessions
Hit the ground running.

Expectations - QI's and ECHO's and how it fits in practice

Getting the word out!

Planning ahead

BOPS 1 participants selected - volunteers to ask existing clients and asking potential clients who were self referring for 1 to 1 support.

Dorothy House Webshite…..oops!

Hospice Service Review – internal politics and Lockdown 2

Getting volunteers on-board re virtual 1 to 1

Day to day running of the service alongside the project

**Inspired to restart Teens Group virtually (4 plus 4)**

**Inspired to offer Virtual Mindfulness Taster Session (7)**
60 days Jan/Feb 2021

Teens Group

- Project information being sent with Bereavement Letter
- Creation of Resources List for VIBE
- Final 3 sessions of BOPS 1 and the start of BOPS 2, Feedback forms sent and returned
- First & Second VIBEs 11th January & 22nd February. Feedback sent and returned.
- Community Engagement Officer sends flyers – potential 500,000
- New flyer designed as original deemed too wordy, slight alterations to bereavement letter
- Total of 47 participants including BOPS/VIBE/Teens Group/Allocations for 1 to 1.
Still little response from the flyer – changes made

VIBE – is it viable?

Ongoing hospice Service Review

Website improvements but still not fit for (our) purpose

Feedback forms - re design? So as to gather qualitative data, but feedback is positive

Unintended consequences from BOPS 2 – **Going it alone!**

Inspired to start weekly **Writing thro’ Grief** - 13 attended first session
FIG Corsham resumes virtually
Resume discussions with Carers Support Wiltshire
Presentation of Project to ‘One Survey, One Voice’ (RUH and beyond)
VIBE 3
BOPS 2 ends
BOPS 3 starts
Discussions/Planning for after the project ends
Increase in virtual 1 to 1’s

Teens Group
Bereaved Parents Peer Support Group

Writing thro’ Lockdown
Mindfulness Taster Sessions
Response from flyer still poor

Hospice Service Review – endings and new beginnings

Agreed a new BOPS……for parents who have lost an adult child April 6th from 7 till 8pm

What have we learnt - to listen to our participants to trust the process, to take chances - if we never make mistakes we never make discoveries. To be responsive to need where possible.

What next…..going forward….rethink VIBE. Consider further specific BOPS as above and be open to respond to need as it arises.

Writing Group to expand from 1 to 1.5 hours
Feedback BOPS – sent after session 1

Scale 1 = no expectation  5 = neutral expectation  10 = high expectation

To meet with others experiencing similar thoughts/feelings
To feel less isolated in my grief
To feel heard/understood
To share my story
To hear the stories of others
To feel less like I’m going mad
To feel hopeful

Other expectations (please state)

In considering your responses did session 1 meet your expectations?

Any other comments or suggestions
Is there anything you feel you have gained from participating in the group?

Can you think of anything that was particularly challenging or difficult?

Where might you have gone for support if this group was not available?

Do you have any other suggestions or ideas about the group?
VIBE – sent after the session.

Scale 1 = no expectation  5 = neutral expectation  10 = high expectation

What, if any, was your expectation of VIBE today?

1. To gain an understanding of grief and bereavement
2. To help me feel less isolated
3. To share my story and experiences
4. To hear the stories of and experiences of others
5. To feel less like ‘I’m going mad’
6. To feel hopeful
7. Other

In considering your responses did VIBE meet your expectations?

YES – in what way?

NO – Why not?

Any other comments/suggestions
Virtual Information on Bereavement Evening (VIBE)

If you are recently bereaved, come and join the Bereavement Team at one of our Virtual Information on Bereavement Evenings. The evening is an opportunity to explore and debunk some of the myths around grief and the team will provide information and resources and there will be an opportunity to ask questions. Being reassured that what we are experiencing, whilst unbearable at times, is the natural ‘ebb and flow’ of grief, so that we may feel less overwhelmed by thoughts and feelings.

Monthly 7.00 – 8.00pm on Zoom.
Bereavement Online Peer Support (BOPS)

We recognise that during these restricted times, without the usual rituals and presence of family and friends for support, the process of healing can feel delayed, as the isolation and loneliness inherent in grief feels all the more acute and intense. Therefore connection with others who understand through similar experience, can feel valuable and reassuring.

Our BOPS groups provide an opportunity for that connection by feeling both supported by and supportive of, others in the group. Each BOPS meets weekly for 6 sessions and is facilitated by members of the Bereavement Team.

**Every Monday, 2.30 – 4.00pm by Zoom.**

These events are free and are open to everyone. There is no need to have had a previous connection to our organisation. For further information and to book your place call us on 01225 721496 or email: bereavementsupportadmin@dorothyhouse-hospice.org.uk
Writing thro’ Lockdown

Online - Friday mornings at 10.30am on Zoom.

During the pandemic when many of us are feeling isolated and missing connection with others, we are inviting you to discover this new online writing space, a place where you can ‘drop in’ with paper and pen, your thoughts and a cuppa. Whether you’ve always kept a journal, and writing is a part of your life, or writing for wellbeing is entirely new for you and you’re a little hesitant, we’re excited to share this with you.

A writing theme will be offered each week in a relaxed, group setting, with time to chat and reflect. Please be reassured this is about the process of writing, not a ‘polished end product’, freely using your own words to explore as you wish. There will be opportunities, but no obligation, to share and please be reassured no previous writing experience is necessary.

* Witness your own thoughts and feelings through a variety of writing activities.

* Uncover surprises and memories, give clarity to thoughts and bring reassurance.

* Step back from the present, then return to it after writing.

* Hear other people’s stories of finding peace through writing.

In a time where many of us are feeling a sense of isolation and distance from others, we encourage you to join us and write your way towards springtime…..
Mindfulness Meditation sessions

These are one off sessions around an hour long and are held on Zoom from 7.00pm – 8.00pm.

They are an introduction to mindfulness meditation with an opportunity to practice this simple yet transformative technique.

FB page for weekly live mindfulness meditation, around 15 minutes, no previous experience necessary, simple practice focussing on the breath.

Mindfulness coach | Facebook
Walking Thro’ Grief

We invite you to a series of guided walks throughout the West Wiltshire countryside. A variety of gentle walks being offered fortnightly in the safety of an informal small group. Alongside the therapeutic benefits of walking we offer the opportunity for conversation and company, fully supported by members of our Bereavement team. Walks are suitable for all levels of fitness and there is always time to share a hot drink at the end. **Please contact us for current status of this group during lockdowns.**

These events are free and are open to everyone. There is no need to have had a previous connection to our organisation.

For further information and to book your place call us on 01225 721496 or email: bereavementsupportadmin@dorothyhouse-hospice.org.uk
Summary and close

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