**Notes – Speaker – The Loughton Practice – PPG – Feb 3 2020**

**SPEAKER – Michele Tavarone, Social Worker at St Clare Hospice**

(Sally Muylders, Community Engagement Manager, is unable to be present, but they have been working together on the Bereavement Café model.)

Michele gave a very full and clear account of the current and developing work of the hospice. Michele is part of the *Patients and Families Support Service at the Hospice* – together with Sally, and the Chaplain.

This provision serves West Essex (including Loughton and Epping Forest) - and enables symptom management and general care – and concerns about death. 130 staff in this service and 500 volunteers. Provision would not work without them – many have had some involvement in the service first.

*There are various Departments providing services.*

*In-patient unit* - 8 bedded – (covers West Essex and E Herts). Most people want to stay at home anyway. The main aim is to support people at home – with whatever specialist services are needed. All staff are trained in palliative care and clinically trained as appropriate. (They do not have ‘Macmillan Nurses – but they do have the equivalent obviously).

Thy have been developing more recently the *‘Compassionate Neighbours’* scheme – have 100 now – (leaflet available outlining main points of this scheme). Sally had worked previously with the founders of this scheme.

Someone elderly, or frail – or with some need – can apply for this support and careful matching is done to pair up people.

There is the *‘Hospice at Home’* provision – an agency provision but managed by the Hospice. It helps to provide care by day and night when necessary - includes domiciliary care staff.

There is ‘Day Care’ provision too – varied.

*‘Café Clare’ –* now open to everyone. Enables people to mingle – from whatever context.

There is now work with the bereaved – very limited until last year. They wanted to serve the wider community – not much provision available locally generally.

Sally and Michele wanted to look at different models of care. – and looked at the *‘Bereavement Café’ model.* They decided that that was something worth developing and there are now 7 running in the area – (and there are ‘Death Cafes’ as well).

The *Bereavement Café* is a social place to which like-minded people can come and have ‘permission’ to talk about bereavement in all its many aspects. People often face unresolved issues – and may lose confidence – and all of that is not good for peoples’ mental health. It provides safe spaces to help with this.

One of our members is one of the volunteers who run this provision (which open for about 2 hours) – and works with about 25 such volunteers (facilitators) - who ‘drop-in’ to help.

They act like hosts at a party to help to ease peoples’ way in – to engage and support them, but they work to encourage social contacts – it is definitely not a dependency model.

*They are located as follows: -*

At St Clare’s every Fri. pm – 15 first time and 40 the following time – (as there are transport issues at St Clares this happens at the Playhouse in Harlow).

And these operate every month - 1 in Theydon Bois; I in Abridge; 1 in Ongar; 1 in Dunmow; and 1 is due to open shortly in Loughton)

The aim is to encourage people to take other people, and for them to develop further. The spaces are set up to maximise conversations and to encourage everyone to talk.

There were then several questions and some more general discussion. And mention was made of various groups and types of support.

There was a group for the young bereaved (18-21)

Michele left some leaflets about various aspects of the services offered – and mentioned the website – www.st.clares.org.uk

They spend quite a lot of time finding volunteers and locations for groups and look at developing more specific groups as needs are perceived.

Concern is to provide a good quality of experience – which is badly needed. The Hospice is trying to lead the way in this.

How are people referred? People can phone - or someone can phone for them – and find out how to go about accessing services.

The Hospice works with those with neurological conditions, etc. Referral can be made about these to the Hospice.

The GPs are part of the system of provision – and there are ‘Gold Service’ meetings to review patients’ needs – (first Monday of the month)

Hospices receive 700/0 funding and have to raise the rest of the funds themselves – which provides autonomy - but is hard work.

St Clare’s does receive good support from charitable donations – which is very encouraging.

Additional point made - *Loughton Voluntary Care* – had been involved in setting up a variety of support groups. A member of the group explained how she had set up a group in Loughton, of about 8/10 people, and started talking about things in common.