volunteer 'carer companion' role to support carers both before and during bereavement.

P-21

## **EVALUATING THE USE OF THE CARERS SUPPORT NEEDS** ASSESSMENT TOOL (CSNAT): A PILOT STUDY

Briony Townshend, Sandra Lawless. St Francis Hospice, Romford, UK

10.1136/bmjspcare-2016-001245.45

Aim and objective To assess feasibility, acceptability and benefits of using the Carers Support Needs Assessment Tool (CSNAT) in a Day Therapy Unit (DTU) in a hospice setting.

Background The CSNAT is an evidence-based copyright tool designed by Dr G. Ewing and Prof. G. Grande which was introduced to the social work team on a study day organised by Hospice UK. It is designed to assess carers' needs in supporting a family member/friend at home towards the end-of-life. It uses a person-centred approach; providing carers with the opportunity to take control in considering, expressing and prioritising need ultimately enabling the development of a shared action plan to support carers. It was identified that this tool dovetailed well with the current practice in undertaking an assessment in the DTU whilst giving the opportunity to undertake a more holistic assessment.

Method A six-month pilot commenced September 2015 in the DTU. A total of 36 carers were assessed using the CSNAT, adhering to the 14 support domains. There was representation of carers across Barking and Dagenham (B&D), Havering, Brentwood and Redbridge boroughs.

Results Overview of the findings showed 100% of B&D carers, 88% of Havering carers, 86% of Brentwood carers and 63% of Redbridge carers had needs. Concerns from carers were raised regarding illness progression, future symptoms and where to seek help if circumstances changed. Carers were able to prioritise need and demonstrate how they were managing them.

Conclusion This pilot study showed that the CSNAT is feasible and acceptable by carers with identified benefits, including carers knew they had been assessed; it promoted carers' autonomy and choice and enabled the development of action plans to provide support and timely signposting.

Implication CSNAT is being used routinely in the DTU and consideration will be made to use it within the inpatient unit and community services.

## Communities

P-22

DEVELOPING AND IMPLEMENTING A COMMUNITY-BASED PROSTATE CANCER AWARENESS CAMPAIGN FOR HARD-TO-REACH MEN

Roger Wheelwright. John Taylor Hospice, Birmingham, UK

10.1136/bmjspcare-2016-001245.46

Introduction Black men in the UK have substantially greater risk of developing prostate cancer (PCa) compared with white men (PCUK, 2013). This initiative aims to raise awareness of these risks and signpost this group of men to appropriate services that are available. We aim to explain this risk in a clear way that men can relate to and understand their risk.

Method This proactive project will build upon and develop initiatives with key members of the Black and African Caribbean (AC) community through the Benjamin's Brothers project at John Taylor Hospice, a concept set up with the local community, including religious and community leaders, carers and prostate cancer survivors, with clinical support from primary and secondary care.

Results Recruitment of 'health activists' to support and enable men and their families to live longer with PCa in the community closer to their homes offers many benefits, including:

- Improved access to advice and support to equip men and their families with the knowledge, understanding and support to self-manage their health
- Provide men and their families with a point of contact within the community who can signpost them to the appropriate services, act as a liaison between the multifaceted multidisciplinary team across primary and secondary care setting
- By providing support and education to the GPs who monitor these men in the community setting, to enable men to have access to advice and support
- Offer a new way of working and enhances the way information and support is disseminated through these communities.

Discussion The aim of the post is to:

- Offer advice and support to men of AC Heritage
- Enable those with PCa to lead as full a life as possible, taking the whole family context into account.

This gold standard ambition for people, designed with health economics in mind envisages a change to the PCa survivorship landscape.

P-23

## ORAL HISTORY PROJECT - ST RICHARD'S HOSPICE, **30 YEARS OF MEMORIES**

Tricia Cavell, Helen Griffee. St Richard's Hospice, Worcester, UK

10.1136/bmjspcare-2016-001245.47

In 2014 at the 30th anniversary celebrations for St Richard's Hospice there was an overwhelming feeling from those present that the memories and experiences of those involved in the foundation of the hospice should be recorded for prosperity before it is too late. The project 'St Richard's Hospice Voices' has collected digital recordings, photos and documents charting the creation of the hospice from kitchen table to the present building and services offered to date. The project has been funded by the Heritage Lottery (HLF) as it is considered this project is 'of immeasurable heritage value' and the HLF were pleased to support the capturing of evidence for 'moments in history when palliative care changed dramatically with the emergence of the hospice movement in the UK'. Lord Howard supported the application stating 'the hospice movement has grown significantly over a 50 year period and we are fortunate to have many of their original founders still available, however, this scenario is a changing one and it is becoming increasingly important to capture their memories and thoughts as a record for in perpetuity'.

The full interview recordings are to be archived at the Worcestershire Record Office at the Hive (part of the national archive) providing researchers of the future a snapshot of the changing face of palliative care between 1984 and 2015. All the recordings and photographs are on the hospice website.