

play a pivotal aspect of end of life care and that their own knowledge could be better in addressing these factors. An educational initiative called Bridging the Gap was established with two distinct arms (community and medical staff) to improve communication and decision making at end of life care in NMUH and its local area.

Methods and results In the first phase of the community arm, religious, spiritual, cultural and social care leaders from the local community were invited to a pilot session and two workshops. Here, they were introduced the medical, moral and ethical considerations that doctors and other medical staff contend with when providing end of life care. 37 leaders from 13 distinct groups attended these events and there was an improvement in participants' confidence and familiarity towards DNAR, ACP and end of life care discussions.

In the medical staff arm a workshop was arranged for NMUH staff and community palliative care teams, where the Greek, African & Caribbean and Muslim perspectives towards end of life care were explored and practical steps of how to manage their specific needs were discussed. Confidence rating of participants in managing these perspectives improved from 2.68/5 to 4.47/5.

Conclusions In the community arm, different approaches need to be employed to engage hard to reach leaders whilst simultaneously arranging seminars and forums to disseminate information to the wider public via established contacts from the previous workshops. For the medical staff arm there are more perspectives prevalent (Jewish, Turkish, Eastern European) in the local area that need to be explored via future workshops.

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7 WORK STRESSORS FACED BY HEALTH PROFESSIONALS WORKING WITH CHILDREN WITH PALLIATIVE CARE NEEDS: MULTIPLE CASE STUDY APPROACH FROM JORDAN

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Background A broad overview of the existing literature reveals that nurses often feel inadequately trained or prepared in terms of the communication skills needed to deal with the difficult situations. The purpose of the current study was to explore the experience of communication in the care of children with palliative care needs, from the perspective of physicians, nurses, and mothers in Jordan.

Methods This study employed a collective qualitative case study approach. It was conducted in three paediatric units in a Jordanian hospital. Each case comprised a child aged 1–12 years, their most involved family carer (mothers), physician(s) and nurse(s). Two data collection methods were employed: participant observation and semi-structured interviews with three categories of participants: mothers, physicians, and the nurses who cared for the children that participated in this study.

Results The study was based on 15 cases, with a total of 197 observational hours and 60 interviews (conducted with 15 mothers, 12 physicians and 21 nurses). The findings indicate that the healthcare professionals struggled to communicate with families of children with life-limiting or life-threatening conditions. For instance, many found it difficult to

communicate with parents when delivering an initial diagnosis, when the child's health deteriorated, or if the child's death was imminent. Doctors also reported feeling blamed for the ineffectiveness of treatment plans and cited this as their primary difficulty. Nurses also revealed that work pressure often limited their ability to provide optimum patient care and to communicate effectively with patients and their families. Other nurses reported difficulty in offering emotional support.

Conclusions The continuous education and specialised training for professionals, which provides staff with specialised communication skills and emotional support for children and parents is imperative in improving the clinical practice in the health-care settings with limited access to specialist palliative care.

8 'HE MATTERED AS A HUMAN BEING': PALLIATIVE HEALTHCARE PROFESSIONALS EXPERIENCES AND VIEWS ON PALLIATIVE CARE DELIVERY TO THE HOMELESS

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Background International evidence suggests there are barriers to homeless patients accessing healthcare, including palliative services, despite poor health outcomes and the average age of mortality in the UK homeless being 30 years younger than the mainstream population. The literature calls for in-reach palliative services to hostels, shelters and the streets to meet the palliative need. These conclusions arise from research with homeless staff, but the perceptions of palliative healthcare professionals had not been explored to see if this is achievable in practice.

Method A novel peer-reviewed online survey allowing quantitative and qualitative responses was distributed to 227 adult hospices listed with Hospice UK. Any palliative health professional working within these services was eligible to participate.

Results 129 palliative healthcare professionals responded. Participants included consultants, speciality doctors, nurses, clinical nurse specialists, social workers, physiotherapists, occupational therapists and counsellors. All 12 regions of the UK were represented. There was a wealth of palliative experience (two thirds had over 10 years' experience) but minimal training in palliative care specifically for people experiencing homelessness. Notable challenges to supporting this group included difficulty engaging community services (e.g. GP registration, safe provision of controlled medications), difficulties over discharge destinations from hospices if not an end-of-life admission, and challenging client behaviour. Respondents felt palliative care should extend support to this population through supporting homeless services as well as engaging the multi-disciplinary team. This may require flexibility to established referral pathways and ways of accessing palliative care.

Conclusion Flexibility and collaboration with homeless organisations and multi-disciplinary health care teams is imperative to ensure equitable palliative delivery to homeless populations. More training and education is needed for palliative care workers to understand caring for this population and for homeless staff to understand palliative care services. Further research is needed to understand how to achieve this care delivery in practice.