this; (2) the need for regular communication; (3) enhanced mental health support.

O-22 THE IMPACT OF A NEW CHILDREN'S PALLIATIVE CARE SERVICE ON PLACE OF DEATH: GIVING FAMILIES CHOICES

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Background Although the North East, North Cumbria region has an active paediatric palliative care network, until recently the region lacked a dedicated palliative care service covering all localities and settings.

Supporting choice in place of death is a core principle of palliative care (National Institute for Health and Care Excellence. End of life care for infants, children and young people, Guidance NG61, 2016, rev. 2019; National Palliative and End of Life Partnership, 2021; Siden, Miller, Straatman, et al., 2008; Wolff, Robert, Sommerer, et al., 2010), however, data for the region demonstrated that very few children with non-malignant conditions received end of life care at home (Gibson-Smith, Jarvis, Fraser, online first 2020). In 2021 a new regional children's palliative care service was launched, funded by specialist commissioning. We report on the early impact of the service relating to place of death.

Aims and Methods The service aims to improve families' experience by providing choice in place of death through:

- Assisting local paediatric teams with advice and practical help.
- Supporting families with visits and telephone contact.
- Facilitating decision-making and advance care planning.

Robust evaluation has been built into the service from the outset including collection of family and professional feedback. **Results** In the first six months of the project, the service received over 50 referrals. The palliative care team supported 11 children with end-of-life care and 100% died in their preferred setting. Six children received end-of-life care at home and the team facilitated five rapid transfers. Feedback from professionals and families highlighted the impact of the new service on enabling end-of-life care in community settings. The service supported children from every part of the region working alongside teams from all the four hospices and many children's clinical teams in the region. Locality debriefs following a child's death consolidated learning and continue to build relationships with local partners.

Conclusion We present evidence that the new children's palliative care service has successfully enabled children to receive consistent end-of-life care across all settings in the region, thus facilitating greater choice for families.

O-23 VIEWS AND EXPERIENCES OF YOUNG PEOPLE, PARENTS/CARERS AND PROFESSIONALS OF ADVANCE CARE PLANNING

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Background Advance care planning (ACP) for adults has been widely practised in the United States, Canada, Australia, and New Zealand and has been embedded in the United Kingdom (UK) since 2005 (Dixon & Knapp, 2020; Stein & Fineberg, 2013; Hughes, O'Brien, Flynn, et al., 2018; Hayhoe, Howe, Gillick, et al., 2011). Approximately 99,000 children and young people in the UK have a life-limiting or life-threatening condition and may benefit from ACP (Fraser, Gibson-Smith, Jarvis, et al., 2020). However, little is understood about engaging young people in their own ACP from the different perspectives of those involved in the process.

Aim(s) To explore the views and experiences of young people, their parents/carers and healthcare professionals in the advance care planning process. Objectives were to explore both optimal timing of ACP discussions and facilitators and barriers to engaging young people in their care planning.

Methods A qualitative multiple case study research design was used to recruit participants, with young people as the unit of analysis. Data were collected using semi-structured interviews and analysed using thematic analysis and critical discourse analysis.

Results Views and experiences were mixed across the case studies. ACP should be initiated when young people are in their mid-teens, their condition is stable, and prior to transition to adult care. Facilitators to engagement were reported to be age- and developmentally-appropriate communication, relationships developed prior to initiating ACP, and support for everyone in the process. Perceived hierarchies of power and potential for disjointed communication and relationships can lead to misperception of ACP, resulting in barriers to engaging young people and negative experiences of the process.

Conclusions Exploration and understanding of views and experiences of different, concurrent participant groups has relevance for policy and practice. Understanding optimal timing of ACP discussions and the pivotal roles of communication, relationships, and organisational structure and culture, can create facilitators or barriers to engaging young people, in their own care planning.

This study was completed as a PhD, which was funded by Edge Hill University. There are no conflicts of interest.

Poster Presentations

Inequalities of access

P-1 A POPULATION HEALTH APPROACH TO QUANTIFYING HEALTH INEQUALITIES IN HOSPICE CARE

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Quantifying key elements of hospice care at primary care network level enables more targeted and clear discussions within the emerging Integrated Care Systems. Population health management creates a prime opportunity for hospices, particularly combining specialist care with community development activities. The combination of these factors creates possibly one of the best opportunities for hospices to engage and tackle health inequalities relating to access to palliative care.

One of the concerns regarding widening access is the strain on hospice resources. This was cited as one of the main barriers to developing services for people with dementia (Hodges, 2019). The first phase of the development of a Specialist Palliative Care Modelling tool (Hodges, 2021) is complete. Phase 2 is using a variety of demographic and socio-economic data sets that can be applied to the tool to attempt to quantify the resources required to widen access. Research by Sleeman et al (2016) and Tobin et al (2021) outlines the challenges of the inequality of access to hospice care. Combining this knowledge with local data from the Indices of Multiple Deprivation, public health data and local intelligence should start to create the ability to weight the demand for hospice care depending on key data sets. Working with a range of healthcare professionals this next phase of development will start to contribute to commissioning discussions by taking into account unmet need, particularly in relation to seldom heard communities. Once quantified, discussions regarding models of care, integration with other services and the best way of supporting a variety of different groups of people can take place in a more insightful way. The tool itself is useful as part of the development of services but, with the Phase 2 development, should always be used alongside the views of people who may wish to access services.

P-2 ABSTRACT WITHDRAWN

P-3 A REFLECTIVE REVIEW OF REFERRALS BY ETHNICITY CONSIDERING LOCAL DEMOGRAPHICS

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Background National work identifies risk of poorer access to palliative care services for people from ethnic minorities (Calanzani, Koffman, Higginson, 2013; Dixon, King, Matosevic et al., 2015) .

We provide hospice beds and 24/7 community specialist palliative care support to three neighbouring boroughs with widely differing demographics. Low referrals of people from ethnic minorities have traditionally been attributed to our more diverse communities being younger.

Aims

- Identify our most ethnically diverse borough and determine whether referrals to our services reflect that diversity.
- Include consideration of public health data for mortality/age/ social deprivation which could contribute to any identified disparity in ethnic representation.

Methods Local census data (2011) (Office for National Statistics) for each borough was reviewed by ethnicity. For the most diverse borough, referrals to hospice services were reviewed for Jan. 2019 – Dec. 2020. These were categorised and compared with local census data. Public health data, including age, mortality and social deprivation, was also reviewed to contextualise the borough and its likely palliative care need.

Results From the census, our most ethnically diverse borough had a 42% non-white population, compared to our least diverse borough with a 6% non-white population. Hospice

referrals from our most ethnically diverse borough were lower than expected for size, compared with our other boroughs.

Referrals by ethnicity:

2019 – Black 6% (22), Asian 8% (27), Mixed 2% (7), White 84% (295), Other 0% (1)

2020 – Black 7% (29), Asian 9% (39), Mixed 1% (3), White 82% (343), Other 1% (4)

i.e. there was a small increase in % referrals for people from ethnic minority backgrounds from 2019 (16%) to 2020 (18%).

Census data identified a younger borough population, but with more social deprivation and higher all-cause mortality.

Conclusion Taking common variables that may influence referral to our service into consideration, we learned that despite the younger age profile, this borough has significant health needs, not reflected in our referral rates, especially for people from ethnic minorities.

P-4 SOCH – SOUTH ASIAN OPINIONS AND CARE NEEDS: HELPING PEOPLE TO THINK ABOUT THEIR FUTURE CARE WISHES

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Background In 2019 Compton Care completed a study (CCUES) to understand the views and opinions of the South Asian community. Four key themes were identified relating to cultural barriers and access to palliative care services:

1. Communication.
2. Lack of understanding of services.
3. Stigma.
4. Intergenerational differences and conflict.

Aims and Methods The SOCH project aimed to produce materials to support and encourage conversations regarding advance care planning (ACP) within the South Asian community. Existing resources were limited. It was identified that creating culturally sensitive resources would help with communication and raise awareness. To support project delivery, a South Asian Community Engagement Worker was employed to engage with the South Asian community to start conversations on advance care planning.

The project steering group worked with our 'Expert Advisory Group' which included local partners and key stakeholders, to review our localised ACP documentation and to contribute towards the development of culturally sensitive materials:

ACP short film Produced to improve understanding of ACP, encouraging conversations about future care planning and communicating wishes with loved ones. The film has actors speaking in four South Asian languages, with subtitles in English.

ACP documents (My Care & Me): Translated into Punjabi, Gujarati, Urdu, Hindi and Bengali. Helping patients and their families understand ACP in their own language.

Bereavement support Compton Care bereavement leaflets translated into the three main South Asian languages.

Outcomes These resources are used as part of a suite of tools used with patients and families in Wolverhampton. Compton Care clinicians and our BAME Support Worker utilise these culturally sensitive resources to raise awareness, support