

ECHO (Extension of Community Healthcare Outcomes) to improve young people's palliative care, Sept 2019 - Dec 2022.

**Aim(s)** Evaluate Project ECHO and associated National Transition Community of Practice (CoP) as a mechanism to transform palliative care for young people.

**Methods** Following expressions of interest, three ECHO Hubs were trained and a CoP established (year 1). Our appointed Evaluation Partner is analysing qualitative and quantitative evidence (obtained throughout) applying a logic model.

**Results** Work in progress; findings demonstrate enhanced knowledge, confidence and peer support. Key metrics:

- ECHO Immersion Training x3 Hubs (Dec 2019).
- 10 ECHO sessions per year x3.
- Quarterly Transition (Professional) meetings: *'Really helpful, a wealth of experience and enthusiasm...'*
- 141 CoP subscribers (March 2022).

**Conclusions** Children and young people's needs are diverse, complex and require a higher profile (NHS. The NHS long term plan. 2019). Initial findings reveal a positive contribution to learning and improved outcomes reflecting NICE Guidance (National Institute for Health and Care Excellence. [NG43], 2017; National Institute for Health and Care Excellence [NG213], 2022; National Institute for Health and Care Excellence. [NG61], 2019). Our Transition project addresses gaps in knowledge across the UK.

#### P-45 ADDRESSING AN UNMET NEED: PROVISION OF PRE- AND POST- BEREAVEMENT SUPPORT FOR CHILDREN AND YOUNG PEOPLE FROM A HOSPICE SETTING

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Hospices increasingly care for younger patients, many of whom have young children. The impact of the death of a significant person in a child's life can have lifelong repercussions. How a child is supported during this time has the opportunity to significantly change the outcome and impact on children's lives. Services available to children and young persons both pre- and post- bereavement are limited. Wirral Hospice St John's (WHSJ) completed a pilot project to address this unmet need, making a real difference to bereaved children's lives.

The psychosocial team at WHSJ undertook a scoping exercise to gain clarity into local service and support for children and young people who are anticipating or have experienced the death of an adult within their family. They aimed to understand the service gap for families who are supported by the hospice and partner palliative care providers. This work enabled a pilot project to create and deliver pre- and post-bereavement services to children and young persons whose family members access all arms of WHSJ services.

In 9 months, 41 families and 66 children were supported. Advice and support was given to professionals across health and education settings who are working with children experiencing the anticipated death of adults close to them. There has been demonstrable effective joint working led by WHSJ coordinating the input from national/local agencies. It has also been shown that placement in the hospice team has enabled strong connections with adult bereavement services and

spiritual care, delivering family bereavement support and remembrance events. Feedback from this pilot from parents, families and professionals has been overwhelmingly positive.

The identified need for this service within the system suggested by stakeholder engagement (families and professionals) has been confirmed by the success of this pilot project. This has enabled WHSJ to successfully recruit a Children and Young Persons lead working across all Wirral palliative care teams to deliver pre- and post- bereavement support.

#### P-46 DEVELOPING A PROCESS TO SUPPORT THE WELLBEING OF CHILDREN FACING THE DEATH OF A PARENT

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**Background** It is estimated that 1/29 children in the UK will experience parental death. Without support, there are profound long-term implications for the child's wellbeing. Our experience as a Hospital Specialist Palliative Care Team (in an acute adult hospital in the Northwest of England) was that children of parents with life-limiting illness were commonly not involved in important conversations about the healthcare needs of their parents, including the dying phase. Improving systems to proactively support bereaved children can improve their long-term wellbeing.

**Aim** To develop a new process with the Paediatric Liaison Service (PLS) to improve support for children with ill parents.

**Methods** We conducted a literature review and several meetings with senior nurses and the safeguarding team to agree the role of the Paediatric Liaison Service, identify referral criteria and clarify legal frameworks. We met with managers of a local charity focussing on the needs of young carers. We developed and implemented a hospital-wide digital referral form, to enable staff to refer children and families to the Paediatric Liaison Service. We developed the process for the Paediatric Liaison Service to notify school nurses of pupils who required support. We conducted staff education sessions to promote the service and gather feedback.

**Results** Our digital referral form is now operational, and we are improving this continually based on feedback. We received 8 referrals to the Paediatric Liaison Service in the first 3 months of launching the service. We have received positive feedback from school nurses who are grateful to be informed about pupils who are bereaved, as this helps them to provide support.

**Conclusion** Our new Paediatric Liaison Service has streamlined the referral process, which has improved the collaborative support we can provide to bereaved children. We plan further evaluation to explore how we can better integrate with other voluntary and community settings (e.g., hospice, charities, school health professionals).

#### P-47 BUILDING SUSTAINABILITY FROM THE BOTTOM UP: THE IMPORTANCE OF STRONG SYSTEM RELATIONSHIPS TO SUPPORT STRATEGIC SUCCESS

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