

e) positive staff experiences; f) identified areas for service improvement.

**Conclusion** Persuasive evidence from the evaluation resulted in the service being commissioned. The report offers recommendations for adult hospices aspiring to develop young adult palliative care services.

**How innovative or of interest is the abstract?** To our knowledge this is the first young adult short break service in a UK adult hospice.

0-06

### BEREAVEMENT PANDEMIC: DEVELOPING A MULTI-INTERVENTION MODEL FOR WELLBEING IN CARE HOME COMMUNITIES

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The pandemic has had a devastating impact on people in care home communities. At the peak in 2020, deaths in care homes rose by 159% (Healthwatch Suffolk, 2021). The Healthwatch Suffolk report indicates several areas for improvement in the support of bereaved people: 58% of family members related to a person who died in a care home were not present at death and of all people who were bereaved during this period, those bereaved of someone who died in a care home were least likely to be offered bereavement support (14% compared with 63% of those bereaved of someone who died in hospice). As well as people in care homes being less likely to have access to bereavement support, we also know that COVID deaths were often traumatic, potentially leading to a need for greater bereavement support (Spurio, 2021. *Psychiatr Danub.* 33,S.9:102).

This project addresses this inequity, embedding care home support into the hospice's open access bereavement services, in line with the ICS's commitment to ensure that 'people bereaved [should] have the support they need to cope with trauma and loss' (Healthwatch Suffolk, 2021). A multi-disciplinary model has been developed involving psychological services, chaplaincy services, community connectors and hospice neighbours. A targeted range of interventions is being delivered within care homes, focussing on:

- People that are the significant others of a person who died.
- Bereaved residents including those whose peer has died.
- Residents approaching the end of their lives and their significant others.
- Care home staff.

The initial pilot roll-out covers 3 care homes. Bespoke assessment tools have been developed in order to measure the impact of each of the interventions and the project as a whole. This paper outlines project design, key parameters and pilot data and will show how the reflexivity built into the design enables a continual process of service development.

0-07

### IMPROVING ACCESS TO FINANCIAL SUPPORT FOR INDIVIDUALS NEARING THE END OF LIFE

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**Background** Fast-tracked access to financial support for those with less than 6 months to live was first introduced in 1990. In the following years, this process was applied to new benefits without any review (All-party Parliamentary Group for Terminal Illness, 2019). In 2019, an evaluation into this fast-tracked process was announced, with the intention of reviewing the criteria and improving implementation of this policy.

**Aims** Improve access to financial support for those nearing the end of life, regardless of their age or health condition; raise awareness of the financial support available for those nearing the end of life and their treating clinicians who provide medical evidence; integrate welfare support into the wider picture of health and social care.

**Methods** Evaluation – national survey of clinicians; comparison of international welfare systems; audit of medical evidence provided by clinicians to support fast-tracked claims; engagement sessions with clinicians, key medical organisations, end of life charities and individuals nearing the end of life or affected by terminal conditions; review of organisation's performance and process. Internal review of results culminated in new policy approach.

**Results** Legislation came into force on 4th April 2022 for two benefits to adopt a 12-month, end of life approach in place of the 6-month rule (The Universal Credit and Employment and Support Allowance (Terminal Illness) (Amendment) Regulations 2022). A Bill has been introduced to extend this change across the remaining benefits (Social Security (Special Rules for End of Life) Bill [HL] 2022-23). Guidance has been created for clinicians (Department for Work and Pensions, 2022), to support the provision of medical evidence whilst two sets of rules exist in the welfare system. Work continues to refine and optimise the fast-track application process.

**Conclusion** The adoption of the 12-month, end of life approach, aligns the welfare system with the definition of 'end of life' used in the NHS (NHS. What end of life care involves [Internet]; 2022). It is vital to use this opportunity to raise awareness across the palliative care community to ensure financial support is brought to mind when clinicians take a holistic approach to supporting patients who are nearing the end of life.

0-08

### THE IMPACT OF FEAR OF FAILURE ON PHYSICIAN AND NURSE CONFIDENCE AND COMFORTABLENESS IN DELIVERING END-OF-LIFE CARE

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**Background** Only one systematic review has examined the emotions and psychological processes that clinicians experience, when providing end-of-life care to patients. The authors of this review highlighted how emotions of fear, and a sense of personal and professional failure may influence interactions between clinicians and patients. Very few empirical studies have measured the impact of psychological processes on the delivery of end-of-life care.

**Aims** To investigate whether fear of failure (FOF) influences physician and nurse confidence and comfortableness in delivering end-of-life care.