

**P-75 CO-DESIGNING AN ANTI-DISCRIMINATION TRAINING PROGRAMME FOR PALLIATIVE AND END OF LIFE CARE PROFESSIONALS**

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**Background** In January 2021, a social worker reported she had experienced religious discrimination from a family member of a patient. A further two recent cases of discrimination against staff had not been recorded or discussed at the weekly incidents meeting. It led to a conversation about how much staff were experiencing discrimination across the London Place without our knowledge. The hospice multidisciplinary team mobilised an anti-discrimination working group to drive change and increase staff support and safety. The working group co-designed a training programme incorporating real life scenarios and actors, to maximise session impact and learning.

**Aims**

1. To increase London Place staff's confidence to 80% in challenging discrimination in the workplace by May 2022.
2. To increase London Place staff's confidence to 80% in reporting discrimination in the workplace by May 2022.

**Methods** Utilising quality improvement methodology (Institute for Healthcare Improvement, 1991), the working group designed a survey which gathered baseline data and input from varying London Place staff grades. Responses helped to shape the training programme. A pilot session informed the working group of required adjustments following participant feedback. Seven training sessions were delivered in all via a mixture of face to face and online formats. Pre- and post-surveys were collected from participants to capture time series, quantitative, and qualitative data regarding staff confidence. Thematic and quantitative data analysis performed.

**Results** Aims of the project are on and exceeding target, overall staff confidence in reporting discrimination has risen to 83% and staff confidence in challenging discriminatory behaviour has risen to 80%. Process measure: number of discrimination incidents reported during training period. Outcome measures: pre- and post- training survey responses.

**Conclusion** Due to the success of the project, the organisation is adopting the locally developed anti-discrimination training as their standardised national training programme for anti-discrimination. Supporting their goal of becoming an 'anti-racist' organisation.

**P-76 SHOWING THE WAY. PALLIATIVE CARE IN HOMELESSNESS**

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In 2013 St. Luke's (Cheshire) Hospice opened its doors wider to capturing people experiencing homelessness because it was unwarranted to ignore this ailing vulnerable group. Tobin et al., (2021). *BMJ Support Palliat Care*.) suggested hospices were not fully inclusive, supported by Hospice UK (2021), although they cited St. Luke's as a 'trailblazer' for its homelessness service.

Homelessness exceeds its socio-economic or political problem as it impacts health and access to healthcare for an already marginalized group. The gaps within health and social

care are easy for people experiencing homelessness to slip through, little recognition is given to individuals with competing priorities such as addiction. There is poor understanding around how unwell people experiencing homelessness are and how this is experienced at a much younger age.

Rogans-Watson et al. study (2021. *Housing, Care and Support*. 23: 77 ), in a UK hostel, found that the average age of a 55year old person experiencing homelessness was comparative to an 89 year old within the average population. Their findings also highlighted premature frailty, multiple morbidities and geriatric conditions. Homeless Link (2014) suggest these conditions can lead to premature death with heavy symptom burden at end of life.

The aim of St. Luke's homelessness work is to increase access for palliative homeless individuals into services supporting them to live and die well. Methods used include case work by the homelessness lead, multi-agency meetings across Cheshire, teaching and training hostel staff, supporting hostel staff to manage someone very unwell, access to the 24 hour dedicated helplines at the hospices for the hostel staff, visits by hospice clinicians into the hostels and patient advocacy.

St Luke's (Cheshire) Hospice commissioned an external evaluation between 2016 and 2019 reporting the success of the service. The homelessness lead seeks feedback in multi-agency meetings across the county, all training is evaluated and quarterly reports are prepared for external funders. The service has now grown and encompasses East Cheshire Hospice and Hospice of the Good Shepherd (Chester) thus spreading itself across the whole of Cheshire. The lead remains flexible, seeking to ensure services fit patients rather than contrarily.

**P-77 USE OF A HOMELESS-PALLIATIVE CARE MDT TO IMPROVE ENGAGEMENT WITH END-OF-LIFE DISCUSSIONS AND CARE: A FOUR-YEAR RE-AUDIT CYCLE**

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**Background** People experiencing homelessness suffer significant morbidity and significantly higher standardised mortality rates compared to the general population (Aldridge, Story, Hwang, et al., 2018. *The Lancet*. 391:241). People experiencing homelessness worry about their death, dying alone and where they will die. Previous bad experiences of healthcare may also lead to fear that they will not be offered symptom control at the end of life (Song, Bartels, Ratner, et al., 2007. *J Gen Intern Med*. 22: 435; Ko, Kwak & Nelson-Becker, 2015. *Death Stud*. 39:422; Krakowsky, Gofine, Brown, et al., 2012. *Am J Hosp Palliat Med*. 30: 268). Engagement with palliative care of people experiencing homelessness is poor due to late recognition of ill-health, unpredictable disease trajectory and complex care (de Veer, Stringer, van Meijel, et al., 2018. *BMC Palliat Care*. 17).

**Aims** To observe whether the introduction of a Homeless-Palliative Care MDT could improve recognition, engagement and discussions of end of life care.

**Methods** A two-year audit (Audit 1: 2017-19) was carried out looking at deaths of people experiencing homelessness