

particularly with other health care providers, to reach Black, Asian and other ethnic minority communities.

**P-89** **PALLIATIVE AND END OF LIFE CARE EXPERIENCES OF PEOPLE OF AFRICAN AND CARIBBEAN DESCENT DURING COVID-19 (PEACE)**

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**What we knew** People of African and Caribbean descent are less likely to access palliative and end of life care. It is unclear why they are so poorly served by our services and how COVID-19 has exacerbated this.

**What we wanted to know** We sought bereaved relatives', health and social care professionals' and community workers' views on experiences of and barriers to palliative and end of life care and suggestions for improvement.

**Methods** Public recruitment was utilised. Over 150 diverse organisations throughout the UK were contacted. Qualitative semi-structured interviews were conducted with a diverse sample of 26 bereaved relatives and 13 professionals.

**Findings** There were three key themes:

1. Representation, encompassing discrimination and racism.
2. Personalisation, including culture and the impact of COVID-19.
3. Awareness and Access, including support before and after death and communication and involvement in decision-making.

**Participants recommend services should**

**Represent**

- Identify and acknowledge racism and discrimination in palliative care provision.
- Ensure better representation of African and Caribbean communities within services and in public facing material.

**Personalise**

Adapt services to ensure they are culturally and religiously competent:

- Recognise diversity in cultural and religious needs.
- Challenge racial and cultural stereotypes.
- Enable equitable remote engagement.

**Ensure awareness and education**

- Better integrate services within communities by working with faith/community leaders.
- Raise awareness of the value of palliative care services in all communities.
- Provide training/education for professionals to build confidence and competence.

**Conclusion** Palliative care was perceived as inadequate during the pandemic. Inequities in care provision were exacerbated, to the detriment of people of African and Caribbean descent who were disproportionately and uniquely effected. Palliative care services and local communities could and should learn from each other, to enhance equitable access to appropriate care for all. Significant investment in services and communities may be required.

**P-90** **ADDRESSING HEALTH INEQUALITIES: IMPLEMENTATION OF AN ETHNIC MINORITY SUPPORT WORKER PROJECT**

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**Introduction** Compton Care's Clinical Services Strategy identified the need to engage with patients and families from Ethnic Minority communities to address health inequalities. This project is being delivered in partnership with Royal Wolverhampton Trust (RWT), to improve support to patients with complex and incurable conditions from Ethnic Minority communities.

**Aim** This project aims to provide a key link for patients/families to help navigate the health system and access care and support.

**Methods** Funding was secured from NHS Charities Together. Funding is being used to provide further reach and extend Compton's palliative care services into a larger population of Wolverhampton's community, helping to address some of the inequalities of care experienced by people from ethnically diverse backgrounds (Szczepura, 2005. *Postgraduate Medical Journal*. 81: 141). An Ethnic Minority Support Worker was employed in March 2022, taking referrals from Royal Wolverhampton Trust Community Nurses and Compton teams. Evaluation is via a patient/family member completed electronic form and asks for self-rating how they feel their needs were met in areas including information delivery and access to services.

**Results** The support worker has signposted to external services, referred to Compton services, facilitated family discussions, given emotional support and practical help (e.g., finances, accessing social care). At present 21 individuals have received support. By identifying and contacting patients early in their diagnosis, we maximise the amount of support which can be offered. Creation of an electronic system has supported the rapid identification of potential patients and family members. This has run for 7 days and already 10 patients have been flagged and will be onboarded to the service. None of these individuals were aware that Compton could assist them with their needs.

**Discussion** The project has recently started and is already having an impact. Further collection of broader activity data and completion of case studies during the remainder of the project will contribute to a fuller picture.

**P-91** **FAITH AND CULTURE AT END OF LIFE – AN INNOVATIVE APPROACH TO TRAINING**

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Conversations about spirituality, culture and faith may generate anxiety in health and social care professionals, due to a lack of knowledge or cultural understanding (Choudry, Latif & Warburton, 2018. *Clin Med*. 18: 23). The local population comprises a significantly lower representation of both ethnic minority groups and religious groups than the national average despite a doubling of ethnic minority populations over the last decade (Office for National Statistics, 2019). Locally, a new end of life strategy has been implemented with the aim of

ensuring that staff are prepared to care (Northern Lincolnshire End of Life Partnership, 2021).

**Aims** To implement an innovative approach to training to increase knowledge and understanding of cultural and faith issues at end of life across health and social care that met needs of approximately 3000 professionals.

A consistent and sustainable approach to training was adopted using Health Education England's 'End of Life Learning Outcomes' (2019). We brought together a diverse range of local faith leaders for a roundtable discussion of the experience of death and dying from their different point of views with a focus on how health and social care professionals could enhance patients' end of life experiences (Loike, Gillick, Mayer, et al., 2010. *J Palliat Med.* 13: 1267). This discussion was filmed in the format of a training video as a resource for all health and social care professionals. Adopting this innovative approach maximised the opportunity for learning from a diverse range of religious and non-religious groups. The training video is integrated into the bespoke Northern Lincolnshire End of Life Learning Pathway that was launched in April 2022 and forms part of demonstrating competency in meeting faith and cultural needs at end of life.

**P-92** **BREAKING BARRIERS: INCREASING ACCESSIBILITY TO CHESHIRE HOSPICES FOR THE LGBTQ+ COMMUNITY**

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Despite legal responsibilities to eliminate discrimination, heteronormative assumptions, marginalisation and staff lacking knowledge around LGBTQ+ issues have meant LGBTQ+ people report being more dissatisfied with health services than cisgender and heterosexual service users (Hudson-Sharp & Metcalf, 2016; Government Equalities Office, 2018). Indirect actions of health services exacerbate ongoing issues; with services failing to recognise a patient's partner and overlooking the importance of asking about sexual orientation and gender (Somerville, 2015).

Due to lasting implications of past legislation criminalising LGBTQ+ identities, disclosing information around gender and sexuality may prompt intense anxiety for patients (Bristowe, Hodson, Wee, et al., 2018. *Palliat Med.* 32: 23). There is a need to equip services to manage these worries and overcome knowledge gaps in order to offer high quality care for patients and loved ones in their entirety (Hospice UK, 2021).

**Aim(s)** To improve LGBTQ+ patients' experiences of end of life care by:

1. Increasing hospice staff knowledge of LGBTQ+ issues and terminology.
2. Building connections with LGBTQ+ people in the community.
3. Ensuring all written and visual materials are inclusive.
4. Establishing LGBTQ+ staff champions.

**Methods** The Masonic Charitable Foundation grant enabled the hiring of an LGBTQ+ Facilitator across three hospices. To facilitate project aims, the facilitator has/continues to:

- Create a staff training package.
- Make recommendations for policy/resource amendments.
- Create and recruit LGBTQ+ Champion roles.
- Build connections with local LGBTQ+ community groups.

- Obtain Navajo Charter Mark for each hospice.

**Training evaluation:** questionnaire work to assess the knowledge, skills and confidence of staff supporting LGBTQ+ individuals pre-training and post-training.

**Results** Intended outcomes include:

- Improved access to end of life care for LGBTQ+ individuals.
- Improved staff confidence and ability to effectively support LGBTQ+ patients and loved ones.
- Increased organisational awareness and action for inclusive practice and policy.

**Conclusions** Although regularly considered as one group, lesbian, gay, bisexual and transgender people are diverse and have varied and distinct needs. It is essential hospices recognise this and are equipped to respond to these needs.

**P-93** **NEURODIVERGENT GRIEF: WORKING TOGETHER TO SUPPORT PRE AND POST BEREAVED CHILDREN AND YOUNG PEOPLE**

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**Background** Over the past three years the Child and Adolescent Bereavement Service (CABS) at Harlington Hospice has increased referral pathways by extending partnerships with the Integrated Care System, schools, Social Services, CAMHS and healthcare professionals. This joint approach to working has identified significant gaps in bereavement support for clients with a neurodiversity diagnosis, especially for those with more challenging grief responses where families and schools struggle to understand and manage the impact of death and dying.

**Aims** Our aim is to provide evidence-based creative therapy support for neurodivergent bereaved clients who are isolated in their grieving processes. We also run a monthly themed psychoeducation group for parents/carers who struggle to manage and understand the more challenging aspects of neurodiverse grief.

**Methods** We are well placed to provide creative therapies (drama and art psychotherapy), where non-verbal and sensory means of communication are used with thorough assessment processes, evaluations, family interventions, psychoeducation, social stories and sensory tool kits.

**Results** By working in partnership, the service saw a 26% increase in referrals for neurodiverse clients in 2021, this continues to rise. Schools and healthcare professionals reported increasing ability to talk about death and dying and reported positive differences in behaviour and engagement. Parents and carers attending psychoeducation groups reported increased confidence with new strategies in coping with their children's reactions to grief and loss.

**Conclusion** Promoting the service with multiple key partnerships has significantly increased pathways for referrals for neurodiverse clients. Collaborative working has elevated awareness, enabled service growth and led to new learnings for the CABS team and the wider network involved. We recognise that partnership working has reduced pressure on additional services and has led to a more inclusive provision of bereavement therapy for neurodiverse children and young people.