a starting point to discuss care tailored to patients’ wishes. The Good Death Questionnaire can help assess these diverse perspectives. This questionnaire consists of 15 items that represent patients’ wishes on what a good death is. Unfortunately, the Indonesian version of the questionnaire has not yet been available.

Aims We aimed to conduct a cross-cultural validation of the Good Death questionnaire in the Indonesian language.

Methods Our study context was the Minangkabau community, a matrilineal, communal, and Islamic community in West Sumatera, Indonesia. First, we translated the Good Death questionnaire into Indonesian, then translated it back into English. Seventy-one participants, consisting of patients and families, doctors and nurses, and community leaders, filled out the Indonesian version of the Good Death questionnaire. Afterward, we conducted semi-structured interviews to explore their responses to the questionnaire.

Results Participants agreed on most items in the Good Death questionnaire. However, some conflicting perspective occurs on items that give the impression that patients could decide on their death, for example, the time or place of death. Such wishes were considered ‘overruling God’s will’ and, therefore, in a culture with a strong Islamic religion, were less acceptable.

Conclusions The Good Death questionnaire could be validated in Indonesian with some revisions tailored to the cultural and religious context.

Impact An Indonesian version of the Good Death questionnaire is practical and beneficial for palliative care services, education, and research.

REFERENCE

EMPOWERMENT AND EDUCATION FOR FAMILY CARERS SUPPORTING SOMEONE AT END-OF-LIFE: AN EVALUATION OF HOSPICE-LED COMMUNITY SESSIONS

Introduction Family carers supporting a person through the last year of life have specific concerns, including living with anticipatory grief, understanding stages of dying and practical responsibilities post death. Hospice staff are ideally situated to enable carers to understand the emotional and practical aspects of end-of-life.

Aims Responding to community need LOROS hospice education team developed a bespoke family carers empowerment and education training package. The project was designed in collaboration with carers and a stakeholder group of carers organisations. Evaluation is ongoing to access the feasibility, utility and scalability of the project.

Methods Using the plan, do, check, act model, five family carers and the stakeholder group were consulted to identify carers needs. Grounded in the literature and this data, the hospice education team developed an eight-hour training package. The training was run over four two-hour sessions at a care worker education training package. The project was designed in collaboration with carers and a stakeholder group of carers organisations. Evaluation is ongoing to assess the feasibility, utility and scalability of the project.

Methods Using the plan, do, check, act model, five family carers and the stakeholder group were consulted to identify carers needs. Grounded in the literature and this data, the hospice education team developed an eight-hour training package. The training was run over four two-hour sessions at a community hall in Leicester. This presentation will summarise the full delivery and evaluation cycle, including next steps.