preliminary end of life care planning toolkit with separate resources for ‘illness planning’ and ‘funeral planning’, consisting of conversation pictures, pictorial choice cards and staff guidance. These will be trialled within learning disabilities services in autumn 2023.

Conclusion The active involvement of stakeholders, including 24 people with learning disabilities, was crucial to developing sensitive, appropriate and useful end of life care planning resources and guidance.

**PIECING IT TOGETHER: WORKSHOPS EXPLORING WHY DYING MATTERS WITH YOUNG, ETHNICALLY DIVERSE PEOPLE**

Christina Faull, Helen Cullinan, Jackie McBlain, Zoebria Islam, Vijay Umrao.
OROS Hospice, Leicester, UK; EAVA FM, Leicester, UK.

**Background** Our research has found that young people may have a pivotal role in helping their family navigate unfamiliar systems and many as interpreters but often feel excluded from any discussion of the impact of serious illness and death in their family. People in diverse ethnic communities often have little understanding about palliative care and hospices and consequently experience inequity of access to services and outcomes in end of life.

**Aims** We wanted to open up the conversation with young people about dying, including the concept of palliative care and what a hospice does.

**Methods** Two hour workshops were conducted in partnership with a community youth worker and a visual artist. Recruitment focussed in areas of Leicester and Loughborough with low white British population density. Participants shared and developed visual representation of their thoughts in response to ‘why does dying matter to me?’

**Findings** Forty-nine 13–25 year olds attended 9 workshops held in schools, the hospice and youth education project venues. The art they produced was of great diversity and focus including images of nature, fantasy, coffins, monuments, time and religion. Participants used vibrant colours to contrast with the black of death. Most students completed the evaluation form indicating they found the workshop useful and enjoyable. For some the workshop gave them more understanding of a hospice, and empowered them to voice their opinions and think more about life and death. The artwork, developed into pieces of a jigsaw, was pieced together and displayed at a public celebratory launch in Dying Matters Week 2023.

**Conclusions** Art-based workshops are a useful way to engage with young people and empower them to discuss their experiences and thoughts about dying and potentially enable a great community dialogue and understanding of access to hospice care.

**INTERSECTIONALITY AND PALLIATIVE CARE – A RAPID REVIEW**

Briony Hudson, Fiona Taylor, Devi Sagar, Rini Jones, Alison Penny, Ruth Ditscol, Dominic Carter, Sam Royston, Marie Curie, London, UK; University of Southampton, Southampton, UK; Childhood Bereavement Network and National Bereavement Alliance, London, UK; Formerly, Hospice UK, London, UK.

**Background** People with neurological conditions can find it difficult to communicate effectively through speech, and some have cognitive difficulties that make it challenging to process complex issues. A range of resources are available for developing Advance Care Plans (Healthcare Improvement Scotland, Anticipatory care planning toolkit; What Matters Conversations. What matters most charter; Planning ahead tool – hosted on Hospice UK website). Many of these require literacy and an ability to talk about and consider emotive issues through words. Talking Mats is a visual communication tool that can support these conversations in an accessible way (Stans, Dalemans, de Witte, et al.Tech. Disab. 2019; 30 (4):153–76).

**Aim** To find out how the ‘Thinking ahead’ Talking Mats resource can be used to support people with neurological conditions to have conversations about future plans.

**Methods** We trained 18 people to use Talking Mats through a foundation session, then a face-to-face simulation day using the ‘Thinking ahead’ resource. Sessions were planned with people with neurological conditions, and covered issues they prioritised. Participants were asked to have three Talking Mats conversations and provide feedback. They were invited to attend a focus group exploring the barriers and facilitators to using Talking Mats. Care Measures (Mercer, McConnachie, Maxwell, et al. Fam Pract. 2005;22(3):328–34) were completed after each session.

**Results** To date, 26 reflections have been returned. Care Measure results show high levels of engagement and involvement. Talking Mats (card or digital) has enabled people to see what they need to do in relation to planning ahead. Though emotional, this is useful and powerful. Barriers include professional gatekeeping around who should have these conversations (e.g. care and treatment). Further work is needed to explore the best ways to introduce Talking Mats.

**Conclusions** Initial feedback suggests that people with neurological conditions benefitted from using Talking Mats to plan ahead. Training is required to ensure professionals can use Talking Mats and hand over control to the person and their family.

**MAKING END OF LIFE PLANNING ACCESSIBLE – EVALUATING TALKING MATS TO SUPPORT ADVANCE CARE PLANNING WITH PEOPLE LIVING WITH NEUROLOGICAL CONDITIONS**

Sally Boa, Lois Cameron, Julie Mardon. Strathcarron Hospice, Denny, Stirlingshire, UK; Talking Mats, Stirling, UK; Scottish Simulation Centre, Larkert, UK.

**Background** People with neurological conditions can find it difficult to communicate effectively through speech, and some have cognitive difficulties that make it challenging to process complex issues. A range of resources are available for developing Advance Care Plans (Healthcare Improvement Scotland, Anticipatory care planning toolkit; What Matters Conversations. What matters most charter; Planning ahead tool – hosted on Hospice UK website). Many of these require literacy and an ability to talk about and consider emotive issues through words. Talking Mats is a visual communication tool that can support these conversations in an accessible way (Stans, Dalemans, de Witte, et al.Tech. Disab. 2019; 30 (4):153–76).

**Aim** To examine and map the type and focus of research exploring intersectionality and access to palliative care,
summarise existing literature and identify directions for future research.

Methods Five online databases were searched for qualitative and quantitative studies, published in the last 10 years that explicitly explored the impact of intersectionality between two or more characteristics for people accessing palliative or end of life care or advance care planning (ACP).

Results Seven eligible papers were identified. Evidence of intersectional impacts were found. Four studies explored the impact of intersectionality on access to and attitudes towards ACP (age and ethnicity; and sexuality, gender and age). Two explored intersectionality and access to care (age and sexual identity; ethnicity and gender), one investigated intersectionality (ethnicity and gender) and quality of care in the last year of life. Inconsistent operationalisations of intersectionality complicated the identification of eligible papers.

Conclusions There is limited evidence exploring the complicated interactions between the different elements of a person and their experiences towards the end of life. Studying intersectionality is complex and challenged by methodological issues and data limitations. A more robust definition of intersectionality, and an agreed theoretical framework will facilitate the sharing and translation of knowledge in this field. Improvements in the quantity and quality of data available, regarding characteristics linked to inequity would enable more nuanced analyses of intersectionality. Coproducing research and services with a diverse range of people could help identify intersections that defy existing analysis, and improve care and future research.

Parallel session 5.1: Channelling change; building confident communities and cultures

Wednesday 8 November 2023, 09:00 – 10:15

0-17 POWERFUL WHEN FRAGILE: HOW PEOPLE WITH LIVED EXPERIENCE OF Bereavement ARE CHANGING Bereavement SUPPORT FOR EVERYONE

Mary Hodgson, Jan Noble. St Christopher’s Hospice, London, UK

Background Lived experience is a powerful source of knowledge and action in society, giving its holder insight, knowledge and perspective, and often the motivation to change things or to help others. This experience can also be important in bridging a gap or redistributing power in designing new services and modelling new ways of working which work for people, and pay attention to the knowledge and strengths they have.

Aims This presentation will explore a co-production exercise in St Christopher’s Hospice using community action methods with people with bereavement experience. We will review some of the outcomes of working to co-delivery and some of the feedback received from those who took part.

Methods We used Community Action and co-production techniques working with people with bereavement experience over some months to create a new programme of community-based support for bereavement. We also trialled it and co-created the training with volunteers. We then supported the activity through to volunteer recruitment and delivery, creating a 1–1 matching system for those people who were in the first days of a post-death bereavement, and with carers, working pre-death to support them through the process.

Results We will report on the outcomes of the first year. In its first year the initiative has created a powerful form of peer support particularly focused at early bereavement which has helped people with early bereavement experiences, including them navigating to future support or turning down formal bereavement support offers. The training for volunteers has been very well evaluated by new volunteers, and focuses on experiential learning, future planning through to bereavement, and building confidence in real life situations.

0-18 EVALUATION OF THE SCHOOL Bereavement PROGRAMME IN NORTHERN IRELAND (PHASE 1 PILOT)

1Susannah Baines, 1Katarzyna Patynowska, 1Joan McEwan, 2Eleanor Ellerlie, 2Ann Scanlon, 1Christine Irvine, 1Austin Orr, 3Ashleigh Maynard, 3Megan Canning, 3Rachel Ward, 4Tracey McConnell, 2Giles Skerry, 1Marie Curie, London, UK; 2Cruse Bereavement Support, London, UK; 4School of Psychology, Queen’s University, Belfast, UK; 3School of Nursing and Midwifery, Queen’s University, Belfast, UK

Background Northern Ireland is one of the worst regions of the UK at acknowledging and talking about death and dying. This creates a barrier to children and young people impacted by a terminal illness receiving the care and support they need (Marie Curie. Creating a death literate society. The importance of boosting understanding and awareness of death, dying and bereavement in Northern Ireland. 2022). A recent report found that half of children in Northern Ireland have not received support from their school or college after a bereavement (The UK Commission on Bereavement. Bereavement is everyone’s business. 2022) Marie Curie partnered with Cruse to address this gap through a school bereavement teacher training programme.

Aim(s) The evaluation examined the impact of the training on the confidence and knowledge of the teaching staff, impact on pupils, changes in school policy and practice since the training, and the barriers and enablers of impact.

Methods We compared the 86 pre and 23 six-month post responses to assess the difference the training had and verified the results using a Mann-Whitney U test for significance. Eight qualitative interviews with teaching staff and trainers were analysed using thematic analysis.

Results The programme was attended by 96 teachers from primary and secondary schools across Northern Ireland. The training had several statistically significant impacts on teachers’ ability to support pupils affected by bereavement, including being able to recognise when a conversation around grief is needed (33% pre and 87% post training). It also increased their confidence, knowledge and ability to support pupils. Training broke down social taboos around talking about death and dying and there were examples of shared learning and changes to policy. Recommendations were made to extend the training to more teaching staff and inform the next stage of training.

Conclusions Evidence suggests that the school bereavement programme had positive outcomes for teaching staff and pupils by improved teachers’ confidence, creating an open