Attendees felt that the interpreter briefing and debriefing was vital, and that nuanced education is needed. Healthcare workers lack the confidence to use interpreters, and some do not know how to access them. Telephone interpretation is easy to access, but can be the hardest to do well. Attendees greatly valued hearing about other people’s experiences as a way of learning.

**Conclusion** The study underscores the need for culturally safe education to improve communication through interpreters during end-of-life consultations. The next step is to develop and pilot the learning packages targeting medical students, internal medical trainees, and palliative care nurses.

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**P-200 HOW CAN PALLIATIVE CARE SERVICES/HOSPICE CARE AIM TO REACH ETHNIC MINORITY GROUPS?**

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10.1136/spcare-2023-HUNC.220

**Background** England’s population is becoming increasingly diverse (Care Quality Commission. People from black and minority ethnic communities: a different ending: addressing inequalities in end of life care, 2016). Comparisons between 2011 and 2021 censuses conducted by the Office for National Statistics showed an increase in almost all ethnic minority groups and religious groups (ONS. Ethnic group, England and Wales: Census 2021). However, there is great disparity in the amount of palliative care services reaching these communities (Johnson, J Palliat Med. 2013;16 (11):1329–34; Tobin, Rogers, Winterburn, et al. BMJ Support Palliat Care. 2021;12(2):142–51; Marie Curie. Improving access to palliative care services for people from Black, Asian and Minority Ethnic backgrounds in South East Cardif, 2014).

**Aims** Examining how comfortable hospice health care professionals (HCPs) are with treating a religious minority group of dying patients and exploring their confidence prior to and following a teaching session delivered on dying traditions in Christianity and Islam. Aiming to promote cultural diversity within a hospice in the South of England and the palliative services they provide.

**Methods** Literature review on distribution of palliative care services among ethnic minority groups. Organised a teaching session on dying traditions in Islam and Christianity for hospice HCPs and conducted a survey before and after teaching. Created an immersive cultural tradition of breaking Ramadan fast with Muslim individuals inside and outside the organisation to encourage conversations about different cultures. Establishing a forum by which we can brainstorm on ideas of how to better reach these communities.

**Results** 53% of hospice HCPs who took part in the survey thought palliative care services were not very good at reaching ethnic minority groups and 40% thought services were good but could be better. 53% said they felt uncomfortable caring for a dying patient that identified as Muslim before the educational talk, 40% said they were slightly comfortable and 7% said they were comfortable. After the spirituality in Islam talk, 66% said they were now very comfortable in caring for a dying Muslim patient and 34% were comfortable.

**Conclusion** The survey proved that the spirituality teaching was beneficial in gaining insight in how to better care for one minority group and opened our eyes to how we can expand on this to reach more minority groups.

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**P-201 USING ART TO CAPTURE WHAT LIVING AND DYING WELL LOOKS LIKE FOR OLDER SOUTH ASIAN LADIES AND ITS IMPACT ON THE WIDER COMMUNITY TO ENGAGE IN END OF LIFE CONVERSATIONS**

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The Birmingham Hospice worked alongside a group of 12 local South Asian ladies, to explore the themes and topics that were regarded as being important for this community, to ensure that they could age well and have a positive end of life experience. The first stage of the project was delivered in four workshops, using the methodology of No Barriers Here (nobarriershere.org) to creatively explore and capture themes that were viewed as being important. Information sharing and discussions also enabled the hospice to develop the participants’ awareness of choices they had about planning for their end of life, and also the services within the city that could support them as they approached older age. The topics discussed in the four workshops were themed around the following areas:

- Talking to friends, family and a GP about ageing and dying well.
- Planning for future care at older age.
- The financial and practical considerations that should be taken into account at older age.
- How to get friends and family support at older age.

The Birmingham Hospice worked in partnership with the Birmingham Ikon Gallery and the group of South Asian ladies on the second stage of the project, co-designing a photographic collection of images capturing key elements of ageing well and dying well that were identified in the workshops. The images were then displayed in a public exhibition in the Ikon Gallery, Birmingham. The exhibition was used as a tool for encouraging the wider community to engage in conversations about end of life planning.

The study is currently in progress and evaluations are to be completed to measure if the use of this methodology to promote more open conversations about end of life planning is successful.

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**P-202 EXPLORING EFFECTIVE AND PREFERRED END-OF-LIFE CARE PLANNING FOR PEOPLE WITH LEARNING DISABILITIES FROM MINORITISED ETHNIC GROUPS**

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**Background** The 2020 national review of deaths of people with learning disabilities (LeDeR) found that there are significant inequalities in the experiences of people with learning disabilities from minoritised ethnic groups compared to white
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British people, including earlier death. Also, within the general population, patients and families from minoritised ethnic groups are under-represented within palliative care services. Approaches to end-of-life care planning (EOLCP) are particularly culturally sensitive and diverse.

Aims To explore and understand the characteristics of effective and preferred EOLCP approaches and resources for people with learning disabilities from minoritised ethnic groups, their families and support staff.

Methods Focus groups and individual interviews were held with people with learning disabilities, family members, and support staff from minoritised ethnic groups. Data were analysed deductively using a framework matrix, organising and discussing the data in a visual way, thus enabling full-team involvement including four co-researchers with learning disabilities.

Results Study participants had a diverse range of ethnic backgrounds and nationalities. They expressed various perspectives on what EOLCP involves, when it should start, who should be involved, and how to do it. EOLCP was deemed very important as it was essential to respect the wishes of the person with a learning disability. Different cultural aspects were important to consider such as certain religious practices when someone approaches the end-of-life and different types of funerals depending on the person’s culture and ethnicity. The need for staff training in cultural awareness was highlighted, as was the importance of staff exploring the person’s culture and cultural needs rather than making assumptions.

Conclusions Including perspectives from minoritised ethnic groups are crucial to ensure that EOLCP interventions with people with learning disabilities are culturally sensitive and appropriate. Study findings will be used to inform a wider project developing an EOLCP toolkit for learning disability support staff.

THE ‘BOX OF ME’ PROJECT

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Background A Hospice UK report (Equality in hospice and end of life care: challenges and change. 2021) suggests that discriminatory views remain unchallenged within health and social care settings. There is a lack of training and knowledge surrounding LGBTQ+ care needs. Not addressing an individual’s holistic care needs within palliative care can be distressing and even traumatic to the LGBTQ+ community. Advance care planning (ACP) is important for the LGBTQ+ community and could be a way to relieve some of this distress (LGBT Foundation. Hidden figures: LGBT health Inequalities in the UK. 2020). It assists in making decisions about future care, ensuring that important people to you are involved in the decision making, and ensures that the correct name and gender is used in death (Hospice UK. ‘I just want to be me’: Trans and gender diverse communities access to and experience of palliative and end of life care. 2023).

Aims Empower the LGBTQ+ community to have difficult conversations early to reduce potential distress.

Methods A LGBTQ+ Palliative care coordinator (PCC) worked in partnership with a LGBTQ+ charity as part of a 12-month scoping project within a borough of Greater Manchester. During this partnership, the PCC worked closely with a group of volunteers. Experiences were shared with the PCC and discussions took place on how to improve their experiences. Future planning and tools to provide insight into their identity and their lives was important to the group. From this, the ‘Box of Me’ memory and ACP box was developed together to take back control when it comes to palliative and end of life care.

Results Since launching in December 2022, three ‘Box of Me’ workshops have taken place with sixteen participants. Anonymous feedback was submitted at the end of each workshop by all participants. All feedback was positive, and participants felt that the workshop was beneficial. Due to its success, future workshops will take place.

Conclusions Reducing barriers in organisations is reliant on a culture shift, but this will take time. In the meantime, we can empower the LGBTQ+ community to work to reduce potential distress within palliative and end of life care through ACP.

BUILDING CONNECTIONS AND CAPACITY AROUND PALLIATIVE CARE AND HOMELESSNESS – DEVELOPMENT OF AN ECHO NETWORK

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Background People experiencing homelessness have a high rate of multi-morbidity and age related conditions at a young age (Lewer, Aldridge, Menezes, et al. BMJ Open. 2019;9(4): e025192; Rogans-Watson, Shulman, Lewer et al. Housing, Care and Support. 2020), are at high risk of dying young, yet rarely access palliative care (Shulman, Hudson, Low, et al. Palliat Med. 2018;32(1):36–45; James, Flemming, Hodson, et al. BMJ Support Palliat Care. 2021; published online 03 May). There is clinical and research activity across the UK aimed at improving palliative care access for this group. However, no single network or mechanism exists through which interested and experienced people can connect, share ideas and best practice, generate research questions or support to improve care.

Aim To create an ECHO (Extension for Community Healthcare Outcomes) network open to all professional groups to promote shared learning and a multidisciplinary approach to the care received by those experiencing homelessness towards the end of their lives, and drive enthusiasm and connections for developing research and practice in this area.

Methods Development of an ECHO network around palliative care and homelessness. Creation of a curriculum and evaluation of attendance within each ECHO session.

Results As of May 2023, 218 people had attended at least one ECHO session. Different professional groups were represented, inclusion health and general nurses (n=77, 35%), doctors (n=32, 15%), social workers (n=17, 8%), academics (n=9, 4%) and homelessness staff (n=9, 4%). The participant set curriculum included; medications management and active addictions, addressing stigma around substance use, managing inflexibility in systems, connecting and engaging with people experiencing homelessness, supporting someone in temporary accommodation and safe hospital discharges.