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 religions or 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.

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**P-204** 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 provide 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.

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**P-203** 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, ensures 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 care 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. Anonymouse 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.