

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.

### 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 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.

### 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 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.

**Conclusions** The levels of attendance at and participation within the ECHO sessions highlights the growing recognition of the need for multi-professional responses to the challenges of supporting people experiencing homelessness towards the end of life. There is an appetite to continue this network to maintain the momentum generated and to facilitate the creation of inter-professional relationships and connections to understand and improve palliative care for people experiencing homelessness.

**P-205** **END OF LIFE CARE EDUCATION FOR ORGANISATIONS SUPPORTING HOMELESSNESS**

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**Background** Complex and chronic comorbidities, as well as higher rates of mortality amongst the younger population are often experienced more within the homeless community. Due to a combination of complex factors, homeless people often have limited access to health care including palliative care. Providing support that fits the needs of the homeless is a challenge for both healthcare and homeless support providers. **Objectives** Developments were initially made between two local charities (one being a homelessness organisation and the other a hospice) to scope delivering end of life care education to homelessness sectors as a collaborative approach. As an increasing part of their work is in supporting the delivery of palliative care with their homeless clients, further correspondence was made with the Advance Care Planning Team & the Community Specialist Palliative Care Team to facilitate a training programme for local homelessness sectors.

**Results** This collaborative approach to education formed a bespoke tailored programme, supporting those delivering palliative care in the homelessness and hostel communities. Feedback has been excellent with most participants agreeing that they can utilise skills in their practice to improve user experience. This project has been recognised by local commissioners as an excellent resource and example of great collaboration between organisations. Since November 2022 there have been 3 cohorts of education sessions, with each cohort being 3 and a half days long and attended by 108 people. All respondents except one (with no reason why declared) said that they would 'recommend the sessions to colleagues.'

**Sustainability** The sessions offer a rolling programme that can be used across all sectors of the homelessness community. Creating key champions, the focus is on supportive tools and strategies for those delivering palliative care in the homelessness communities, potentially improving user experience, preventing hospital admissions for some, and enhancing end of life care.

**P-206** **DEVELOPING A PALLIATIVE CARE OUTREACH SERVICE TO SUPPORT HOMELESS HOSTEL RESIDENTS AND STAFF**

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**Background** There are many recognised challenges for people experiencing homelessness in accessing palliative and end of life care services, despite a high burden of complex needs among this population. These challenges include navigating complex healthcare systems, managing unstable housing situations, and previous negative experiences with healthcare services (Schulman, Hudson, Low, et al. *Palliat Med.* 2018; 32 (1): 36–45). Health needs among this patient group often include drug and/or alcohol dependence and mental health problems in association with physical health issues (known as 'tri-morbidity') (Himsworth, Paudyal, Sargeant. *Br J Gen Pract.* 2020; 70(695): e406–e411). Prognosis may be uncertain and professionals working with those experiencing homelessness may not have the appropriate training to identify those who are approaching the end of life (Marie Curie. Care for people experiencing homelessness in palliative care. [Internet]).

**Aims** The aim of this service evaluation is to describe and evaluate an outreach service established at a hospice in London to support residents and members of staff at two local homeless hostels.

**Methods** The hospice homelessness group is a team of cross-department staff members who collaboratively developed an outreach programme with the aim to improve the quality of palliative and end of life care provided to patients experiencing homelessness in our local community. The work primarily focused on two homeless hostels, and included direct clinical care, informal 'pre-referral' support regarding patients hesitant to be formally referred, regular MDT attendance, community outreach work with hostel staff and residents and an education programme for hostel staff. This service evaluation will outline the results of qualitative and quantitative feedback from hostel residents and staff members.

**Results** The results of this project will be presented as an evaluation of our service on behalf of patients and members of staff.

**Conclusions** The hospice outreach programme will continue to be developed in light of feedback obtained. Further conclusions will follow depending on the results of the service evaluation.

**P-207** **HOSPISCARE HOMELESS COMMUNITY PROJECT – ENSURING OUR DOORS ARE OPEN TO OUR LOCAL COMMUNITY**

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10.1136/spcare-2023-HUNC.227

**Background** Exeter has a larger homelessness problem proportionally than Birmingham or Manchester with a ratio of 0.65 per 1000 households (Office for National Statistics, 2017), with the amount of rough sleepers being 25th city in the country (Ministry of Housing, Communities and Local Government, 2019). 73% of the homeless community have a physical health problem, alongside a reduced mortality age in comparison to the national average. Hospiscare, with grant funding, focused resource on building relationships with St Petrocks, our local homelessness charity, and together developed a pathway of care for this population.

**Aims** To ensure the local population living within the homeless community were aware of the accessibility of support