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.

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 Development 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.

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.

Developing a Palliative Care Outreach Service to Support Homeless Hostel Residents and Staff

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Ending Life Care Education for Organisations Supporting Homelessness

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Hospiscare Homeless Community Project – Ensuring Our Doors Are Open to Our Local Community

Ann Rhys, Hospiscare, Exeter, UK

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