

people from the marginalised community, able to die away from hospital last year.

Conclusion Taking time to gain the confidence of people, who traditionally have not trusted those in authority, has meant that this service is now being used by the most marginalised of our population. The model could be used as a template for other hospices.

P-59 **COULD IMPLICIT BIAS AT THE POINT OF REFERRAL TO HOSPICE SERVICES BE ATTRIBUTING TO INEQUALITIES?**

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10.1136/bmjspcare-2017-hospice.86

Background In reviewing health inequalities it is not sufficient to simply focus on those most affected, instead there should be a whole systems approach to have the maximum effect upon the population (Marmot, 2010). Within such an approach 'the mechanisms giving rise to inequalities are still imperfectly understood' (Woodward & Kawachi, 2000). Further it has been suggested that evidence remains to be gathered on the effectiveness of interventions to reduce inequalities (Gottfredson, 2004), particularly within end of life care (EOLC) (Care Quality Commission, 2016).

Methodology To understand the mechanisms giving rise to inequalities in EOLC we utilised an adapted process map of the EOLC journey (Trebble et al., 2010). Within this map we highlighted pinpoints. Pinpoints are places within the journey where a clinician decides whether there is a referral to another service. At each pinpoint a patient profile was taken looking at their basic demographics (including disease and place of death) and index of multiple deprivation score.

Results The initial data review illustrated similarities across all the pinpoints with the exception of hospice care services that showed a significant increase in the number of patients classified within the 7–10 on the index of multiple deprivation and cancer diagnosis.

Further Research At present statistical analysis is on going into the differences between the pinpoints. At the same time a literature review sought to analyse if there was evidence of a similar anomaly within another healthcare setting; in which it was identified that implicit bias was a potential cause (Fitzgerald & Hurst, 2017). The next phase of the research looks to test, using an Implicit Association Test method, whether implicit bias is present in the EOLC journey and develop an intervention to remove it.

P-60 **ACTS OF KINDNESS AWARDS – A REWARD SCHEME TO INTRODUCE CHILDREN TO LATER AND END OF LIFE CARE**

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10.1136/bmjspcare-2017-hospice.87

'Public health approaches aim to be inclusive for all people and for all ages' (Abel et al., 2016).

Engaging with children can embed the idea of a compassionate community for later and end of life care from a young age thereby boosting emotional resilience and empowering the youngest members of the community to care for others in need. Many of the ideas for compassionate

community development with children and young people set out in Abel et al. (2016) focus on work to support schools and youth groups supporting bereaved children and young people. Ideas are also described for directly working with bereaved children. However, little is written about ways to engage with children who have not yet been affected by illness or bereavement directly. To address this, the Acts of Kindness award scheme has been piloted in a primary school class with children aged 7–9 years old. The children were tasked with completing 10 activities covering five areas:

- Understanding loss
- Supporting older people
- Helping someone who is ill
- Acting kindly
- Giving to their community.

The children choose their challenges.

On completion of 10 relevant activities, the children are awarded a certificate to show their achievement. This project encourages children to take action to further develop their understanding of loss and become compassionate engaged citizens. Selected challenges so far have included collecting food for the local food bank, visiting a care home to meet residents, writing a letter to someone that had recently lost a relative, and placing flowers on a grave. Evaluation will be qualitative, for example analysing the chosen activities and teacher reports, and quantitative, for example, the number of children completing the award. Ongoing, the intention is to expand the project to other primary schools in the area. Teachers have also shown an interest in younger children participating in the scheme.

P-61 **#MYLASTORDERS – 'DEATH CAFES' TO BUILD COMMUNITY AWARENESS OF END OF LIFE ISSUES**

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10.1136/bmjspcare-2017-hospice.88

Background As a reflection on how life, death and palliative care are perceived by the wider public, the chaplaincy department at UHMBT began experimenting with the idea of a 'death café' in late 2015. In early 2016 this became the central theme for the Trust for Dying Matters Week.

Aims This was to build on the results of the initial research, engage more widely with the public and see what further insights and lessons could be learnt.

Methods The project title was both memorable and social media friendly -#MyLastOrders. It then set about creating café settings in neutral venues, supplying of free coffee and cake and using questions from a project called Grave Talk. There was a fixed start and finish time, limited professional presence. People were seated in small groups in café style layout and given a set of cards with one question per card, told when to turn over the first card and then allowed to talk without further input from professionals.

Results The indirect nature of the questions combined with a neutral setting and the revived popularity of coffee shops as a relaxing place to go created the space in which profound and animated conversation took place. Many people made resolutions to engage families and other groups in the conversation that had started for them. New opportunities were opened up and it has now been extended to local 6th forms.