

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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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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'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.

Conclusion The power of the project is its simplicity. It creates time and space for conversation about what has become a taboo subject in a non-threatening way. As such it has provided a model for future forms of engagement and in particular has contributed to the establishment of a support group for people affected by sudden loss such as death by accident or suicide.

P-62 IMPROVING SUPPORT AND UNDERSTANDING IN OUR COMMUNITY FOR PEOPLE AFFECTED BY A LIFE-LIMITING ILLNESS

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10.1136/bmjspcare-2017-hospice.89

Background Prospect Hospice strives for excellent end-of-life care for everyone. We also recognise that we cannot meet everyone with a life-limiting illness in our community. A key activity for us is to improve the recognition and understanding across Swindon of the importance of end-of-life care. After the National Council for Palliative Care launched the Dying Matters Dying Well Community Charter (DWCC) in 2015, we joined with local organisations to create our own Swindon Charter.

Aims To improve support and understanding for anyone affected by end-of-life care in the workplace.

Methods With partners, Healthwatch, the CCG, Great Western Hospital, Swindon Carers Centre and Swindon Borough Council we:

- Surveyed local people on what was important to them.
- Held a launch conference.
- Created print and social media activity and presentations.
- Created a set of offers and asks of local organisations.
- Promoted the Charter on the local authority-sponsored *My Care My Support* website.

• Undertook targeted engagement activity with employers to secure sign-up and implement the charter in their workplace.

Results In May 2016, nearly 90 people from local employers, health and social care organisations and community groups attended a launch conference to learn about our charter. We then targeted local employers to agree actions and activities to promote the Charter asking for commitment to two activities to make a difference, such as:

- Creating a Bereavement/Compassionate leave policy.
- Reviewing policies and procedures to reflect the aims of the Charter.
- Creating flexibility in the workplace and demonstrate how this was achieved.
- Signposting to useful external advice and the support the employer offers.
- Promoting the *My Care My Support* website.
- Nominating a single point of contact for key information.

Currently 17 organisations, with a combined reach of 12 000 people, have signed up to the Charter, implementing various changes across the workplace to make a real difference, and we have only just begun!

P-63 BUILDING COMPASSIONATE COMMUNITIES ACROSS LONDON AND THE SOUTH EAST

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10.1136/bmjspcare-2017-hospice.90

Background A London hospice has played an important part at successfully developing a Compassionate Community in their area. With significant funding it will be replicating the project, working with up to seven other hospices or similar organisations in and around London. Part of the success of the project has been to reach communities who do not traditionally access hospice care. We want to extend this opportunity to other hospices also committed to issues of increased reach and equity.

Aims Our aim is to build a wider network of Compassionate Neighbours who are supporting people in their local communities; we will test and learn whether the success of the original London project can be replicated in other areas, and which ingredients are vital for success. Our ultimate aim is to create a social movement establishing a network of Compassionate Communities across the country, starting in London.

Methods The hospice will train and mentor other hospices to replicate the project in their own area. It will draw on the skills of compassionate neighbours as well as project leads. Our evaluation of the programme will form the basis of plans for a national roll out and inform reciprocal learning with other organisations also involved in large scale use of volunteers to address societal issues.

Results Our learning will confirm whether replication of this project is possible. We will be evaluating the quality and quantity of social connexions on the part of project participants and their relationships in their local communities and with their local hospice. We should have early results available for the conference.

Conclusion This is an important project focused on upscaling a successful hospice initiative. It will provide insights into the role of community participation in end of life and how hospices can be part of that.

Creative arts and therapies

P-64 EVALUATION OF A HOSPICE-BASED DANCE PROGRAMME FOR PEOPLE WITH PARKINSON'S DISEASE

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10.1136/bmjspcare-2017-hospice.91

Introduction Published evidence suggests that dance may be of benefit to people with Parkinson's disease. Following a suggestion from a service-user, our hospice set up a pilot dance programme for people with Parkinson's disease comprising six fortnightly 1.5 hour dance classes over 12 weeks.

Aim To share our experience of setting up a hospice Parkinson's dance programme and evaluate the impact on participants.

Methods Parkinson's Disease Questionnaire (PDQ-39), a validated quality of life measure for Parkinson's disease was