Mental Capacity and Safeguarding training is mandatory for most staff and yet human rights, which are the foundation for both, has been overlooked.

To meet this gap in practice, Sue Ryder worked with the British Institute of Human Rights to develop a Practitioners Guide. Following the learning from the demise of the Liverpool Care Pathway, a grant was secured from the Burdett Trust for Nursing to deliver a three year training programme.

**Aim**

To educate and empower the workforce to feel more confident in embracing human rights as an integral component to end of life care, by building on existing knowledge and experience, increasing awareness of how human rights can be used to aid decision making and ensure human rights values are at the heart of personalised care.

**Methods**

Sue Ryder is delivering a three tiered training programme: half day workshops for the non-registered workforce; 1 day workshops for the registered workforce; two-day workshops for train the trainers to enable sustainability. Nottingham Centre for the Advancement of Research in End of Life Care will evaluate the training using a longitudinal mixed methods design, using pre and post training confidence questionnaires and interviews.

**Results**

We have delivered four workshops and educated 49 practitioners to May. A further 26 workshops are planned. We project to have educated 444 practitioners, including 24 trainers, by the end of 2017. Qualitative feedback has been overwhelmingly positive.

**Conclusion**

Everyone working in end of life care should understand their human rights responsibilities in order to deliver personalised care. The Sue Ryder training programme will increase practitioners understanding and confidence to fulfil their duty.

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**P-152 THE LEGACY OF THE NORTHERN IRELAND CONFLICT IN PALLIATIVE CARE**

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**Background**

Understanding the impact of the Northern Ireland ‘Troubles’/‘conflict’ on a particular area of health care – palliative care – which has received little, if any, previous research focus. The research was carried out for a dissertation submitted in partial fulfilment for the degree of Master of Philosophy.

**Aim(s)**

To investigate how the legacy of the Northern Ireland conflict may be encountered by professionals providing palliative care – to those they are caring for who may have been directly/indirectly affected (victims/survivors) and those involved in inflicting damage, death and/or injury. To investigate how the distinct context of Northern Ireland has impacted on palliative care practice.

**Method**

Interviews were carried out with nine professionals with experience and interest in the provision of support to people with palliative care needs. Participants reflected experience across a wide geography of Northern Ireland including the region’s two major cities, four of the region’s five health and social care trust areas, and four of the five inpatient hospice facilities. Participants included: three nurses; two doctors; a social worker; a chaplain; a complementary therapist and a welfare officer.

**Results**

This research opened up a dialogue between the disciplines of peacebuilding and palliative care. The language of legacy, narrative, life story and peacebuilding is one which the palliative care community understands.

The impact of the Troubles has had an effect on the delivery of palliative care, through the attitudes and influences on those who provide the care and those they care for.

**Conclusion**

The influences of the religious divide, the silencing, and the traumas of the past are not something that the care-giver is apart from – they are very much influenced by them. The sensitivities around the Catholic/Protestant divide, the silencing, and restricting opportunities to talk about ‘Troubles’-related trauma, could prevent people from having appropriate palliative care.

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**P-154 THE VALUE OF SILENCE IN END-OF-LIFE SPIRITUAL CARE: CONNEXION, COMPANIONSHIP, POTENTIAL FOR CHANGE**

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**Background**

At the end of life silence seems to take increasing prominence in encounters between professional caregivers, patients and their family members but its value as an element