

'As an anesthesiologist (who is often the first to have a goals of care discussion with a surgical patient) & also as a daughter of a father who died in an ICU w the support of #palliativecare, I think u... We need to be having these conversations'

And also prompting different perspectives on MAiD:

'...Hospice is what she needed! It already exists and would have had the same outcome ...'

Conclusions As more jurisdictions legalise assisted dying, stories such as Dr Juurlink's will increasingly enter public discourse. Assisted dying narratives can be used to promote broader conversations around death and dying. Twitter seems a receptive environment for narratives to be shared and discussed.

Communities and Community Engagement

P-15 BOSNIAN COMMUNITIES: UNDERSTANDING AND SUPPORTING THE REFUGEE EXPERIENCE OF END OF LIFE CARE

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Over 10,000 Bosnian refugees came to the UK, mainly in 1995, fleeing from war zones or concentration camps at the height of the holocaust. The Bosnian and Herzegovina UK Network (BHUKN) was set up in 1996 to represent this community, providing access to culturally appropriate psychological and social support. It was recognised by the Community that there were increasing numbers of traumatic deaths, with people experiencing poor outcomes.

The Community approached St Christopher's Hospice to support them to design a programme of education to enable volunteers to be able to support end of life care at home. St Christopher's Hospice approached Birmingham St Mary's Hospice to work in partnership. The QELCA model was agreed as an appropriate method to support the aims of the programme.

Aim To empower key members of the Bosnian community to provide emotional support and practical skills to those facing end of life to enable them to have the best possible experience.

A successful funding bid was submitted to Dunhill Medical. Two facilitators from Birmingham St Mary's Hospice were trained as QELCA facilitators and supported in the delivery of the programme by the Director of Education from St Christopher's Hospice. Five community development workers from the BHUKN attended the QELCA programme which included; setting objectives, practice placement, taught sessions, reflective practice and action planning.

Outcomes Together we have learned so much. Practice placements threw up organisational challenge and the model of educational delivery may have not given us the time to truly hear and understand the experiences of the Bosnian Community. QELCA supports a facilitation approach and has previously been used to support clinicians in practice, so may need some adaptation to be used in a Community Development context. We are looking forward to the opportunity to build relationships with the Community in the next stage of the programme.

P-16 THE EVOLUTION OF CULTURAL LINK WORKERS IN PALLIATIVE CARE IN THE MIDLANDS

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Background Research has shown that people from Black Asian Minority Ethnic (BAME) communities may access hospice palliative care services less often than other groups. Preventing factors could be lack of understanding of hospice services; accessibility; potentially the belief that the service is not appropriate for their cultural needs. BAME communities experience greater stigma attached to palliative and life-limiting conditions. Some hospices with large diverse demographic populations have responded by employing Cultural Link Workers (CLWs). A group of CLWs from three hospices (one adult, two children) in partnership with NHS have met in the Midlands since 2012.

Aims CLWs in the Midlands aim to:

- Raise awareness of hospice services within BAME communities;
- Identify gaps and actively support families from BAME communities to access culturally appropriate services;
- Promote understanding of BAME communities and varying cultural needs within the hospice; provide education and resources to health care professionals (HCPs).

Method CLWs have been assessing the impact of their roles by:

- Sharing information and good practice about their individual roles in their respective workplaces;
- Engaging with faith and BAME communities by attending and giving talks at community events, places of worship and holding information events at the hospices;
- Offering cultural and language support to patients and families.

Results

- Increase in patients/families accessing palliative care services and empowering them to make informed choices;
- Reducing stigma and myths around palliative and end of life care;
- Hospices being more aware of the need for diversity in their workplace.

Conclusion Communities and demographics in local populations are always changing and CLWs in palliative care settings continue to respond to these. Working together with other professionals to engage and make links within education, business, health and social care. The work of CLWs is essential and challenging. It enables HCPs to have confidence in delivering a patient-centred service.

P-17 UNDERSTANDING YOUNG PEOPLE'S EXPERIENCE OF HOSPICE CARE

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Background Following a review of how we heard the user voice at Keech Hospice Care, I began to question our involvement of young people in this. As a hospice providing care for both adults and children, we have children and