'As an anesthiologist (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

Sharon Hudson. *Birmingham St Mary's Hospice, Birmingham, UK*

10.1136/bmjspcare-2019-HUKNC.39

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 adaption 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

Anjana Vaja. *LOROS, Leicester, UK*

10.1136/bmjspcare-2019-HUKNC.40

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

Elaine Tolliday. *Keech Hospice Care, Luton, UK*

10.1136/bmjspcare-2019-HUKNC.41

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

young people accessing all areas of our service. My challenge was not knowing how to best hear their thoughts and opinions. I sought the support of the youth officer at our local council office who was keen to help and we were lucky enough to also get the support of the engagement manager from RCPCH (Royal College of Paediatrics and Child Health).

Aim To truly hear the voice of young people who accessed all areas of our services.

Method Colleagues from Central Beds. youth team and RCPCH set up a series of workshops, and using a range of engagement activities including young inspector, started to compile feedback on our services, environment, staff and their thoughts on future developments. They named their project 'KeechCan'.

Our role was to recruit young people which we did by writing letters, including it in our newsletters for families, putting it on social media and generally talking about it to young people and families. We recruited a mixture of patients, siblings and bereaved young people.

Outcome RCPCH provided a report at the end of the workshops with all the young people's feedback. It was presented by some of them at the last workshop to myself, care managers and the quality team. The feedback is insightful, thought provoking and at times challenging, but invaluable.

Conclusion We have encountered some challenges along the way, but it has been a hugely rewarding experience. We are now looking at how we continue and embed the young person's voice into policy and culture.

P-18

OUTSIDE THE MARGINS: PALLIATIVE AND END OF LIFE CARE EDUCATION FOR HOMELESS SUPPORT SERVICES

Gemma Allen, Claire Towns. *Mary Stevens Hospice, Stourbridge, UK*

10.1136/bmjspcare-2019-HUKNC.42

Background The Care Quality Commission report 'A different ending: addressing inequalities in end of life care' (2016) highlighted that homeless people with end of life care needs experience considerable barriers accessing palliative care. Mary Stevens Hospice developed a workshop for hostel workers, West Midlands Police, and Dudley Metropolitan, focused on palliative and end of life care.

Aim Develop relationship with hostel and other organisations, allowing better choice and access for people experiencing homelessness requiring palliative care support. One of the workshop's objectives was to recognise barriers homeless people experience in accessing palliative care and identify training needs for non-health care workers, with consideration of developing equitable pathways into hospice services.

Methods

- Community engagement with statutory and voluntary organisations, identifying ways of integrating services and upskilling non health care professionals;
- Develop partnerships and collaboration to better support people experiencing homelessness;
- Pilot education day facilitated.

Results Fourteen people attended the workshop, including community police, hostel support staff and outreach workers. Hospice received first referral and people signposted to services. A Dying Matters event recorded and filmed the stories, experiences, and wishes of homeless people relevant to

death, dying and bereavement. The workshop is being developed and adapted to deliver across hostels and refuges Autumn 2019. Hostel staff recognised five persons whose health a cause for concern. Police and hostel manager visited hospice, now planning hospice and hostel open days. A referrals and signposting database was implemented and workshop feedback evaluated.

Conclusion Attendees reported increased confidence having early, courageous conversations, discussing end of life concerns and priorities. There was recognition of the value of communities working together to better support homeless people approaching end of life. The workshop highlighted a lack of pathway for homeless people accessing services and a continuation of partnerships, nurturing relations between organisations is necessary to working toward removing barriers to palliative care.

P-19

BRIDGING THE GAP BETWEEN HOSPICE AND HOMELESS SERVICES

Alice Spearing. *St Richard's Hospice, Worcester, UK*

10.1136/bmjspcare-2019-HUKNC.43

Background Homelessness is increasing in Worcestershire, as it is nationally (*Worcestershire's Strategic Direction for Tackling Homelessness 2018–2021*). Homeless people have complex health needs and die 30 years younger than the general population (Webb, 2017). With a commitment to ensuring all those needing specialist palliative care have access, St Richard's Hospice explored the gap with homeless services.

Aims Build relationships with homeless services to increase communication and awareness: exchange specialist knowledge; support conversations around dying and end of life wishes and improve end of life for homeless people with specialist palliative care needs in Worcestershire.

Methods Multi-agency meeting: The hospice initiated a multi-agency meeting to bridge the communication and awareness gap between homeless services and hospice support. Local hostels, outreach providers and Police are represented. Hospice and partners explore ways to collaborate to improve access and awareness of end of life care.

Surveys: The hospice undertook an online survey to those working with the homeless community to explore palliative and bereavement training needs. We replicated the survey for hospice staff to identify training needs when supporting someone experiencing homelessness.

Results Multi-agency meetings: There is greater communication whereby services contact one another when necessary. As a result of the relationships, the hospice delivered a Dying Matters workshop for hostel staff and residents. Residents felt listened to, whilst hostel staff felt equipped to have conversations about end of life with residents.

Surveys: To fulfil the educational needs identified by the external survey, there are plans to use Extension of Community Healthcare Outcomes (ECHO™) and invite homelessness workers to information sessions and hospice tours. In response to the internal survey, we have held educational talks and information circulated in staff newsletters.

Conclusion St Richard's Hospice made progress in bridging the gap between hospice and homeless services by working alongside homeless partners to share specialist knowledge and build links collaboratively.