

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

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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

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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.