2017, the hospice trained six of its staff as restorative facilitators. Those chosen were skilled up to an accredited level to help individuals or teams find their way out of conflict without following a formal grievance procedure.

What do our restorative facilitators do? Our restorative facilitators act as:

- an advisor – support individuals and help them to work out their options;
- a coach – help individuals practise how to frame their argument;
- a facilitator – help to facilitate a conversation where there is tension and conflict.

Outcomes The hospice's restorative facilitators work across the organisation, and this has led to a more positive, supportive culture. There have been no formal grievances undertaken since 2016 and feedback suggests that restorative practice has played a significant part in achieving this. Time has been saved and the hospice now has empowered managers and a happier more productive workforce whereby issues are discussed as and when they arise and staff are enabled to have direct, honest conversations with each other without fear of retribution.

Conclusions Restorative practice supports emotionally intelligent leadership, reduces formal grievances between staff and ultimately supports a positive organisational culture which has the potential to increase productivity and happiness at work.

P-78 FEASIBILITY OF AN ONLINE TOOLKIT TO GUIDE IMPLEMENTATION OF THE CARER SUPPORT NEEDS ASSESSMENT TOOL

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Background The Carer Support Needs Assessment Tool (CSNAT) intervention identifies and addresses the support needs of family carers. This carer-centred approach involves a change in practice from a practitioner to carer-led process of assessment and support. Training is needed to help practitioners transition to this new way of working, and implementation support is required at an organisational level (Austin, Ewing & Grande, 2017; Diffin, Ewing, Harvey & Grande, 2018; Diffin, Ewing, Harvey & Grande, 2018). An online training and implementation toolkit was therefore developed to provide accessible and structured guidance on how to implement and embed the CSNAT intervention.

Aim To explore the feasibility and acceptability of delivering implementation training through an online format.

Methods The online toolkit has two learning components: (1) Individual: knowledge for practitioners to use the intervention, (2) Organisational: to assist a project team to plan, pilot and sustain implementation. Five UK palliative care services participated; 2–4 practitioners from each completed the toolkit. Online survey administered upon completion of each learning component for feedback on content, followed by telephone interview.

Results Fifteen practitioners completed 'Learning component 1' survey, 14 completed 'Learning component 2' survey, and 13 were interviewed. Feedback on content was positive. The most enjoyable aspects were the practical examples and the key steps to implementation being clearly detailed. The suitability

of online learning was influenced by resource availability, the nature/size of the team, and individual learning styles. Variation in location of completion (work/home or both) was partly explained by availability of IT equipment, space, and time within the organisation. Whilst the majority of participants saw the value of online learning, some preferred face-to-face delivery, and so blended learning to include group discussions was deemed appropriate.

Conclusions Whilst online learning is welcomed by practitioners, organisations need to give it the same priority as attendance at face-to-face workshops and ensure sufficient resources are available to enable completion. Blended learning may help accommodate different learning preferences.

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P-79 LESSONS FOR COMPREHENSIVE, PERSON-CENTRED CARER ASSESSMENT AND SUPPORT FROM THE CSNAT INTERVENTION

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Background The Carer Support Needs Assessment Tool (CSNAT) intervention comprises an evidence-based comprehensive tool incorporated into a person-centred process of assessment and support for carers of people with life-limiting conditions. It was developed from a programme of research, subsequently implemented across practice settings (community, hospital, hospice). The CSNAT's impact nationally and internationally is substantial: 87 UK services are licensed to use the intervention, the tool has been translated into 13 languages, and is used in 27 countries.

Aim To draw on the CSNAT intervention programme of research to illustrate why carer assessment needs to be comprehensive and person-centred, how this represents a change in practice, what difference it makes, and how this change in practice can be implemented.

Methods/results We will draw on three aspects of the research programme:

1. An overview of development, validation and initial implementation of the CSNAT: a qualitative study with 75 bereaved carers (01/2008–12/2008) identified the 14 support need domains that constitute the CSNAT; a survey of 225 current carers (04/2009–06/2010) established CSNAT's content and criterion validity; implementation studies with 29 practitioners in two hospices (08/2010–12/2010; 01/2011–04/2012) identified use of the CSNAT as a significant change in practice and the importance of adopting a person-centred approach.
2. Two cluster randomised control trials of the CSNAT intervention (UK: n=681 carers; 05/2012–11/2014); (Australia: n=322 carers; 03/2012–02/2014) showed a reduction in caregiver strain in current carers, and lower early grief and better physical/mental health in bereavement.
3. A national implementation study in 36 organisations (11/2013–09/2014) and a hospice case study (11/2015–12/2016) provided key insights into practitioners' training needs and vital organisational structures/processes needed to embed the intervention in practice, to underpin a CSNAT intervention Training and Implementation Toolkit.

Conclusion This paper identifies the evidence base for the CSNAT intervention and lessons learnt about delivery of comprehensive, person-centred carer assessment and support for family carers.

P-80 USING PROJECT ECHO™ TO SUPPORT COMPREHENSIVE PERSON-CENTRED CARER ASSESSMENT AND SUPPORT IN HOSPICES

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Background Barriers and facilitators to implementation of comprehensive person-centred assessment and support within palliative care have been identified (Ewing & Grande, 2018). To address the challenges, an online toolkit was developed to provide organisations with structured implementation guidance for the Carer Support Needs Assessment Tool (CSNAT) intervention. However, feedback from practitioners undertaking previous face-to-face CSNAT intervention training and from online toolkit participants highlighted the benefits from follow-up support calls with the opportunity to ask questions and problem solve with their peers, the opportunity to build networks with other organisations completing the training, and having a point of contact to ask questions (Diffin, Ewing, Rowland, Grande, 2018). Currently there is no method for providing this additional support. Project ECHO™ (Extension for Community Healthcare Outcomes) is a tele-mentoring programme which uses video-conferencing to deliver best practice guidance and education from specialists, and case-based learning with opportunities for questions and discussion with peers, and therefore could overcome this gap.

Aim To identify if Project ECHO™ could be used to establish a community of practice and support implementation of the CSNAT intervention.

Methods and results We will draw on the CSNAT implementation evidence base to illustrate the importance of supporting practitioners to gain knowledge about how to use the CSNAT in practice, and enhance their confidence in carrying out assessments. In addition, we will reflect on the implementation support needed at an organisational level, to include practical guidance and opportunities for peer support. In turn, we will highlight how Project ECHO™ could be used to help overcome identified gaps in support through reflection on the core benefits of this methodology to include a curriculum identified by the network participants themselves, case-based learning, and the ability to join remotely.

Conclusion This paper identifies how Project ECHO™ could be utilised to establish a community of practice to support implementation and embedding of comprehensive person-centred assessment and support for family carers into everyday practice.

P-81 SUPPORT NEEDS OF INFORMAL CARERS OF PATIENTS WITH COPD AND IMPLICATIONS FOR IMPROVING CARER SUPPORT

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Introduction Informal carers play a key supportive role for patients with Chronic Obstructive Pulmonary Disease. The care they provide also plays a vital role in relieving pressure on health and social services. However, caring can have a considerable impact on health and wellbeing and carers may have unidentified support needs that could be a target for intervention. Literature on the support needs of these carers has not been fully synthesized, and our knowledge of the comprehensiveness of the Carer Support Needs Assessment Tool (CSNAT) for these carers is limited.

Methods English language studies published between 1997–2017 were identified against predetermined inclusion/exclusion criteria through searches of MEDLINE, CINAHL, EMBASE, CDSR, ASSIA, PsycINFO and Scopus. Further studies were identified through searching reference lists and citations of included papers. Papers were critically appraised and data extracted and synthesised by two reviewers. Identified needs were mapped to CSNAT items.

Results 24 studies were included. Results suggest that carers have support needs in a range of domains including physical, social, psychological and spiritual. Many of these needs are unmet. Particular areas of concern relate to: prolonged social isolation, accessing services, emotional support and information needs.

Findings also suggest additional CSNAT items may be required in order to encompass the full range of needs of this group, particularly relating to difficulties within patient-carer relationships and carer-clinician relationships.

Conclusion Based on this review, there is evidence to suggest that COPD carers would benefit from identification and response to their support needs by healthcare professionals but to enable this the CSNAT requires additional items. Future planned work will develop these items with COPD carers.

P-82 WHAT CARERS OF PEOPLE LIVING WITH BREATHLESSNESS WANT TO LEARN ABOUT 'WHAT TO EXPECT IN THE FUTURE'

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Introduction Breathlessness is distressing and disabling, and common in advanced cancer and non-cancer conditions. Informal carers (family members/friends) provide unpaid support, but many lack knowledge and confidence in caring, experiencing anxiety, uncertainty, and helplessness when faced with breathlessness. The Learning about Breathlessness programme (LaB) is addressing this.

LaB1 identified six topics carers want to learn about breathlessness (Farquhar, Penfold, Benson, Lovick *et al.*, 2017). LaB2 is working with carers, patients and healthcare professionals to co-develop and test a prototype web-based educational intervention for carers on breathlessness. Content for five of the six topics was developed, but additional work was needed for the sixth topic, 'What to expect in the future', to ensure utility and sensitivity.

Methods Two disease-specific focus groups and six interviews were conducted with bereaved carers of people with breathlessness due to cancer or chronic obstructive pulmonary disease (COPD) (n=12). Data were sought on what