

carers would have liked to have learnt about the topic, and sensitive ways to present this for potentially co-present patients. Transcripts were analysed using content analysis, and validation sought from the Carer Advisory Group (CAG) and Study Advisory Group (SAG: includes clinical experts). Follow-on workshops with current carers and patients reviewed resulting draft webpages on this topic for utility and sensitivity.

Results Carers learning preferences for 'What to expect in the future' included support with: coping with symptom changes as a patient's condition worsened, discussing 'the future' with others, accessing care and support, administrative tasks (e.g. death registration), and bereavement. Findings were validated by the CAG and SAG. Current carers and patients provided valuable feedback on drafted webpages.

Conclusion Co-developed webpages on the topic of 'What to expect in the future' covered subjects bereaved carers identified as important to learn about. Their utility and sensitivity was confirmed by current carers and patients. Follow-on work is testing the prototype website with carers, patients and health care professionals to enable refinement.

P-83 CARRY ON CARING: STRUCTURED CARER SUPPORT

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Background The multi-professional team identified the need to provide a more structured programme of support for carers.

Aim To provide a bespoke programme of support and advice to carers of patients from any services provided across the organisation, based on requirements following individual holistic assessment. This would be delivered either in a group setting or individually as appropriate.

Methods Carers were identified and the carers programme was explained to them with an invitation to attend for a personal carer's assessment. The programme is co-ordinated by the Day Services Sister.

A five-week programme is implemented, with approximately six carers attending one day a week for five consecutive weeks. Carers from patients on the inpatient unit were often unable to complete the programme but were encouraged to attend when possible. Carers accessed therapy services, social worker was available for support and advice, catering staff provided information about nourishing the whole person. Hand massage and anxiety management sessions were provided as is lunch. Care shifts were provided for patients at home by Queenscourt at Home thus enabling the carers to attend.

Conclusion Evaluations have exceeded expectations. We expected carers to be disappointed when the programme ended, however, many of them have formed support groups of their own and arranged to meet regularly. Carers feel empowered with more knowledge and skills, and many realise that taking time out for themselves should be seen as a necessity and not a guilty pleasure. Other comments include 'don't feel so alone any more' and 'I feel well cared for myself'. We will continue to run the programme and adapt it as necessary according to evaluations.

P-84 THE EXPERIENCE OF HOME CARE WORKERS – A HERMENEUTIC REVIEW

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Background The systematic review examined what is the experience of home care workers caring for people with palliative and end of life care needs living at home.

Methods The review was conducted using a hermeneutic approach. The databases CINAHL, PUBMED, Social Care Online and Social Services Abstracts were searched, literature searching completed in September 2018. 1636 papers were screened by title, 424 screened by abstract with 21 studies meeting the inclusion and exclusion criteria. All included studies were appraised for quality using a critical appraisal tool.

Results Ten themes arose from the synthesis. This workforce is largely female, and financially vulnerable with a lack of employment benefits. Their working environment can be extremely challenging due to limited time to deliver care to patients and families with complex and changing needs. Management and organisational support is limited. Grief and burn-out is also experienced by home care workers. There is also a lack of access to education, the literature provides no clarity in the type of education and training that is required or how this could be better accessed by home care workers. Despite this, home care workers perspective on their role demonstrates a strong sense of reward in delivering personal care and emotional support.

Conclusion This hermeneutic review demonstrates there is a need to further understand what the education and support needs of home care workers caring for people with palliative care needs in the community are.

P-85 MENTAL HEALTH FIRST AID FOR HOSPICE EMPLOYEES

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Background One in three of the UK workforce have been diagnosed with a mental health condition at some point in their lives with around 10 million people experiencing a mental health issue each year in the UK. Confidence in employees to discuss mental health difficulties within the workplace is low and staff need avenues to feel confident to discuss their mental health. This is compounded by the known emotional burden that hospice staff face in their work.

Aim To provide hospice staff with a named mental health first aider to support staff in identifying and discussing mental health issues bringing balance between physical and mental health.

Method Dedicated mental health first aider within the hospice workplace who is available to provide mental health first aid support through a dedicated email contact and one-to-one sessions, for all staff to attend.

Results In the first nine months since the introduction of a mental first aider within a hospice setting, a number of staff have reached out for support. Verbal feedback in all cases has been in a positive response to having the opportunity to discuss mental health issues within the workplace.