

# Compassion in Dying

**Addressing health inequalities  
through community-based  
approaches**

**Stacey Halls, Training & Outreach Manager  
Usha Grieve, Director of Partnerships and Information**

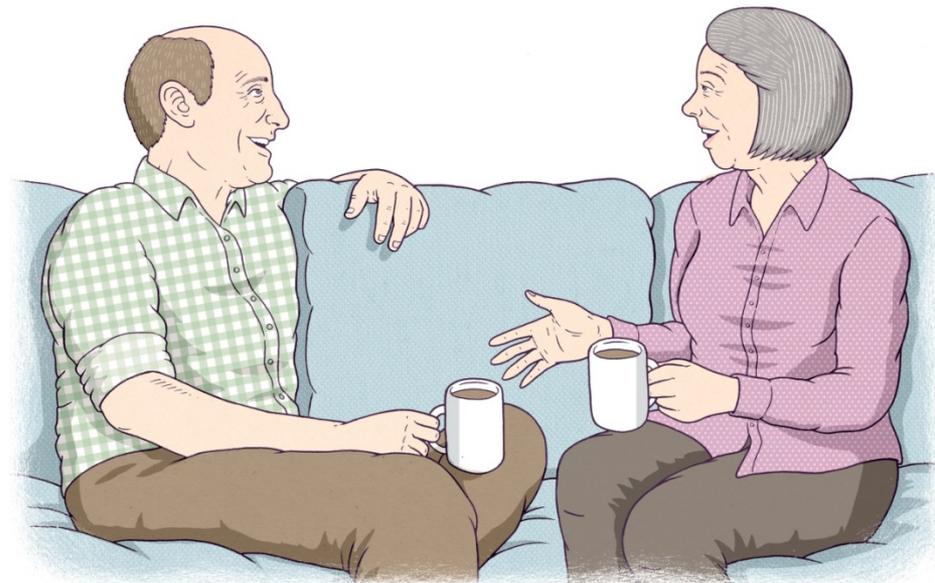
**Our vision is for a world in which everyone has access to the care and support that is right for them at the end of life.**

This means:

- access to expert information about end-of-life options;
- support to make informed choices;
- care that meets your needs.

# Compassion in Dying's Information & Support Services

- What do we do?
- How do we support people?
- Who do we support?



Why is our work important?

# Monitoring!

What did we learn?

## Evidencing need

- Why are particular groups not accessing our existing service?
- What are the barriers?
- Would they benefit?

## - Consultation

# What we did

- Identified that particular groups are rarely accessing or information and support services
- Is this particular to our service or a broader issue for these groups?



## What we did

- Launched consultation with voluntary sector organisations supporting diverse communities to best understand the existing barriers
- Developed models of engagement and support with community partners
- Big Lottery Silver Dreams fund
- Delivered with 7 regional Age UKs & Partnered with Jewish Care, Opening Doors London, Stonewall, Women's Health and Family Services, SubCo, the Woolf Institute, ILC

# Isolated older people

- Higher support needs
- Dementia
- Unable to meet needs through phone based support alone
- Digital exclusion
- Dedicated outreach with face-to-face support

## Lesbian, Gay, Bisexual & Trans\* people

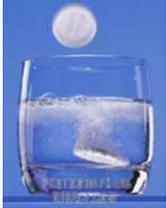
- Lower awareness of rights
- Historical exclusion/discrimination
- Trust gap and fear of disclosure
- Barriers when accessing mainstream services
- Open discussion and sharing stories
- Creation of dedicated resource with case studies

# Black, Asian & Minority Ethnic people

- Language
- Lack of understanding of religious and cultural considerations
- Explored two approaches:
  - 1) series of workshops with established groups - direct engagement with support from interpreters
  - 2) Training and support for staff and volunteers

## - Creative Approaches

# Advance Statement in practice



## Things I don't like:

- Effervescent pills.
- too much chilli in food
- hospital gowns as they are open at the back



## Things important to my care are:

I would like a female doctor for personal care. I like to use Johnson's baby shampoo and Dove soap.

When I am conscious, I do not mind having a male doctor, but I would prefer a female doctor. When I am unconscious, I like to have a female doctor. I do not want a man to touch my body.

I like to wear Attar - Arabian perfume.



I like to go to bed at: around 9-10pm

I like to get up at: 6am (depending on the season and when I have to pray)

## Discussion

**1)** What challenges do you face in reaching diverse communities and those groups not currently accessing your services?

- How might you begin to address this?

**2)** What projects, services or initiatives are being delivered in your organisations that enable you to reach diverse communities?

## Outcomes and learning

- Different people, different needs
- Timescales and funding
- Is it working? Co-production

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[www.compassionindying.org.uk](http://www.compassionindying.org.uk)

[www.MyDecisions.org.uk](http://www.MyDecisions.org.uk)

## INFORMATION LINE



**0800 999 2434**

Lines open 10am to 4pm, Monday to Friday



The Information Standard



Certified Member