

Being Homeless at the End of Life

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Outline

- ▶ Poll - what service do you work in?
- ▶ Homelessness in Scotland
- ▶ Palliative care
- ▶ Barriers to accessing support
- ▶ Loss and Bereavement in homelessness
- ▶ Deaths in homeless projects/hostels
- ▶ What can be done to make things better?
- ▶ Resources
- ▶ *Report 'Dying in the Cold'*
- ▶ *Policy context*
- ▶ Questions/discussion

Who is homeless in Scotland?

- ▶ Definitions
- ▶ How many people were homeless in Scotland in 2019-2020?
- ▶ 31,300 - Number of households who applied to local authorities for homelessness support that were assessed as homeless ⁽¹⁾
- ▶ 35,600 - Number of adults in those households ⁽¹⁾
- ▶ 15,700 - Number of children in those households ⁽¹⁾
- ▶ 51,300 - Total number of people in those households ⁽¹⁾
- ▶ 60-70,000 - Estimated total number of homeless people in Scotland ⁽²⁾

Homelessness is often not just a housing issue but an indicator of multiple severe disadvantage and complex needs ⁽³⁾

Why are we thinking about death in people experiencing homelessness?

- ▶ Worse health than general population
- ▶ 80% have at least one physical health problem ⁽⁴⁾
- ▶ Higher rates of mortality ⁽²⁾
- ▶ Over 200 people die in Scotland each year while homeless ⁽⁵⁾
- ▶ Scotland has the highest rate of homeless deaths in the UK, almost three times that of England and more than three times that of Wales ⁽⁵⁾
- ▶ Average age of death of people experiencing homelessness in Scotland?
 - ▶ 39 for women and 43 for men ⁽⁵⁾

Condition	Prevalence in homeless compared to general population ^(6,7)
Heart Disease	6x
Stroke	5x
Cancer	4x
Diabetes	2x
Hepatitis	29x
Chronic respiratory problems	2x
Epilepsy	12x

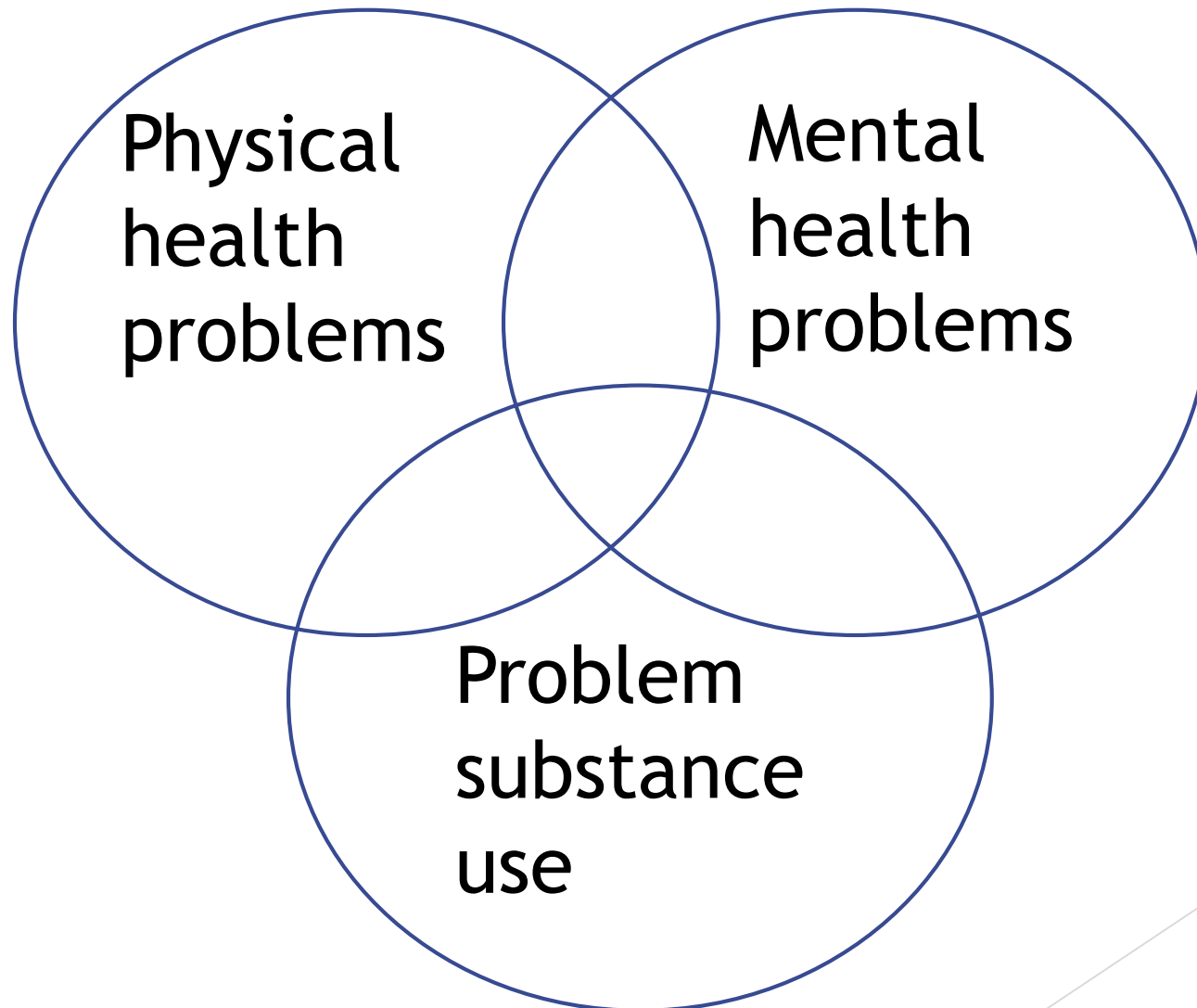
Palliative Care

- ▶ Palliative care is care provided for people with a life-limiting condition aiming to improve their quality of life
- ▶ Holistic approach - looking at meeting:
 - ▶ PHYSICAL NEEDS
 - ▶ PHYSIOLOGICAL NEEDS
 - ▶ SOCIAL/CULTURAL NEEDS
 - ▶ SPIRITUAL NEEDS
- ▶ Supporting families/friends/care-givers
- ▶ Emphasis on quality of life, planning
- ▶ Supporting people to die well, but also to live well until they die

Palliative Care and Homelessness

- ▶ People experiencing homelessness have complex palliative care needs
- ▶ They have significant worse symptoms at end of life than other end of life groups ⁽⁸⁾
- ▶ Yet those experiencing homelessness:
 - ▶ Have poorer access to quality palliative care,
 - ▶ Have worse outcomes
 - ▶ Often die without accessing end of life care ⁽⁹⁻¹²⁾
- ▶ People whose health is of concern ^(13,14)
- ▶ Parallel planning approach ^(13,14)

Barriers to accessing support -Tri-morbidity ⁽¹⁴⁾



Barriers to accessing support - Complex trauma

- ▶ Adverse childhood experiences/complex trauma/homelessness
- ▶ 85% UK-born people with multiple exclusion homelessness have experienced childhood trauma and/or exclusion ⁽¹⁹⁾
- ▶ PTSD common ⁽²⁰⁾
- ▶ Trauma affects symptoms ⁽²¹⁾
- ▶ **Trauma significantly impacts ability to access and benefit from services** ⁽²¹⁾

Barriers to accessing support - Service Issues

- ▶ Lack of awareness
- ▶ Need for additional flexibility & assertive follow up
- ▶ Continuity of care difficult
- ▶ Multiple agencies -fragmented care
- ▶ People experiencing homelessness often socially isolated
- ▶ Lack of options at end of life

Security

Community

Identity

Hope

Privacy

Job

Home

Family

Finances

Choices

Homelessness = Loss

Health

Being part of society

Belongings

Self-esteem

Friends

‘Normal’ life

Dignity



Bereavement

- ▶ Significant contributory factor in people becoming homeless ⁽¹⁵⁾
- ▶ Often experience the deaths of others around them ⁽¹⁶⁾
- ▶ Many frequently think about death ⁽¹⁶⁾
- ▶ Often shocking, distressing deaths ⁽¹⁶⁾
- ▶ Often sudden deaths ⁽¹⁷⁾
- ▶ Often deaths experienced when the person is young ⁽¹⁶⁾
- ▶ May deal with them in less healthy ways ⁽¹⁷⁾
- ▶ Increased risk of depression, loneliness, isolation and suicidal thoughts ⁽¹⁸⁾

Deaths in homeless projects/settings

- ▶ Often retraumatising for other clients ⁽¹⁷⁾
- ▶ Police involvement, investigations
- ▶ People working in the homeless sector are often exposed to the deaths of those they care for, sometimes in difficult circumstances ⁽²²⁾
- ▶ High risk of secondary trauma and burnout ⁽²³⁾
- ▶ Guilt, could we have done more?
- ▶ Reluctance to have planned palliative care on site

What helps?

- ▶ Recognising the issues
- ▶ Bereavement Support
 - ▶ Informal support
 - ▶ Benefit to people experiencing homelessness
 - ▶ Benefit to staff
 - ▶ Adequate support and supervision
- ▶ Proactive approach

What is being done?

- ▶ Projects in England
 - ▶ Hostel support workers - trained in bereavement support skills
 - ▶ Service users - trained in bereavement support
 - ▶ Hospice bereavement counsellors going into hostels/homeless projects
 - ▶ Volunteers
- ▶ Memorials
- ▶ How can we make things better in Scotland?

Resources

- ▶ Toolkit ⁽¹³⁾
 - ▶ www.homelesspalliativecare.com
- ▶ Homelessness and EOL care pack ⁽¹⁷⁾ - section on bereavement
 - ▶ www.mariecurie.org.uk/globalassets/media/documents/commissioning-our-services/current-partnerships/homeless_report.pdf
- ▶ Dying in the cold
 - ▶ <https://www.mariecurie.org.uk/policy/publications#:~:text=Dying%20in%20the%20Cold%3B%20Being,and%20end%20of%20life%20care>

Homelessness in Scottish policy

- ▶ Commitments/priorities in Programme for Government 2021-22 included:
 - ▶ Investing additional £50m over Parliament to tackle homelessness (£12m this year)
 - ▶ Homelessness prevention
 - ▶ Inclusion of alcohol and substance misuse support in National Care Service
- ▶ Bereavement recognised as a cause of homelessness
- ▶ Pandemic response

Dying in the Cold; Recommendations

1. Scottish Government and Health and Social Care Partnerships to support improved access and provision of palliative and end-of-life care for people experiencing homelessness and terminal illness
2. Palliative care training to be made available for those delivering homelessness services to help identify people who could benefit from palliative care much earlier
3. More tailored bereavement support for both those experiencing homelessness, and homelessness service staff who are often exposed to deaths of those they care for, sometimes in difficult circumstances

The importance of frontline organisations in bereavement



We are open to partnership opportunities. For further information/questions about our work please contact:

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