

End of life care and homelessness – Early findings from a qualitative study

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BACKGROUND

Chronic homelessness is a growing problem associated with a high burden of premature deaths (1). Tri-morbidity: physical illness, mental health problems and substance misuse is common (2).

While some deaths are sudden, many result from chronic conditions, which often do not have a clear trajectory, such as complications of liver disease (3). Many deaths are therefore ‘unexpected’ and not planned for, but not surprising and result in crisis led hospital admissions.

There is uncertainty about how best to provide high quality care to this population as their health deteriorates (4).

INITIAL FINDINGS ...

LACK OF SERVICES AND CHOICES

There are **very few choices** for homeless people with advanced ill health:

- Lack of **individualized** care eg preferences for wet/dry/damp facilities.
- Limited services and support for people with **cognitive impairments** or **younger people** with high care needs.
- Lack of **specialised** palliative services



CHALLENGES OF ADVANCE CARE PLANNING

There is much **uncertainty and avoidance** around end of life issues for many reasons.

Participants were unsure about the **content and timing** of end of life discussions – when should conversations begin and who should start them?

Homeless people’s end of life wishes are often therefore **unknown**.

“I think for a long time we wondered how to approach it... we didn’t quite know how to talk about it, because he seemed to be always quite fine..... but obviously the prognosis meant something else” – Hostel key worker

RESEARCH AIMS

To find out what homeless people, those working to support them and experts by experience think about:

- 1) The support that is currently available for homeless people with advanced ill health.
- 2) What could be done to improve things for homeless people who are very ill and at risk of dying?

HOSTELS AS A PLACE OF DEATH?

Limited resources- Hostels have inadequate resources to comfortably support somebody with high care needs.

Need for specialist support - many hostel staff end up providing personal care for residents, which is outside of their remit. Hostel staff greatly value input from specialist nursing teams and the palliative care coordinator.

Recovery model - most hostels work towards recovery. Caring for a client who is at the end of their life puts particular strains on hostel staff and is outside of their comfort zone.

Planned death in a hostel?- mixed views were expressed about whether it would be possible to enable a resident to die in the hostel, if that was their wish.

SUGGESTIONS SO FAR....



More options- wet, dry, damp specialized facilities

More training and support for staff eg from palliative care coordinator

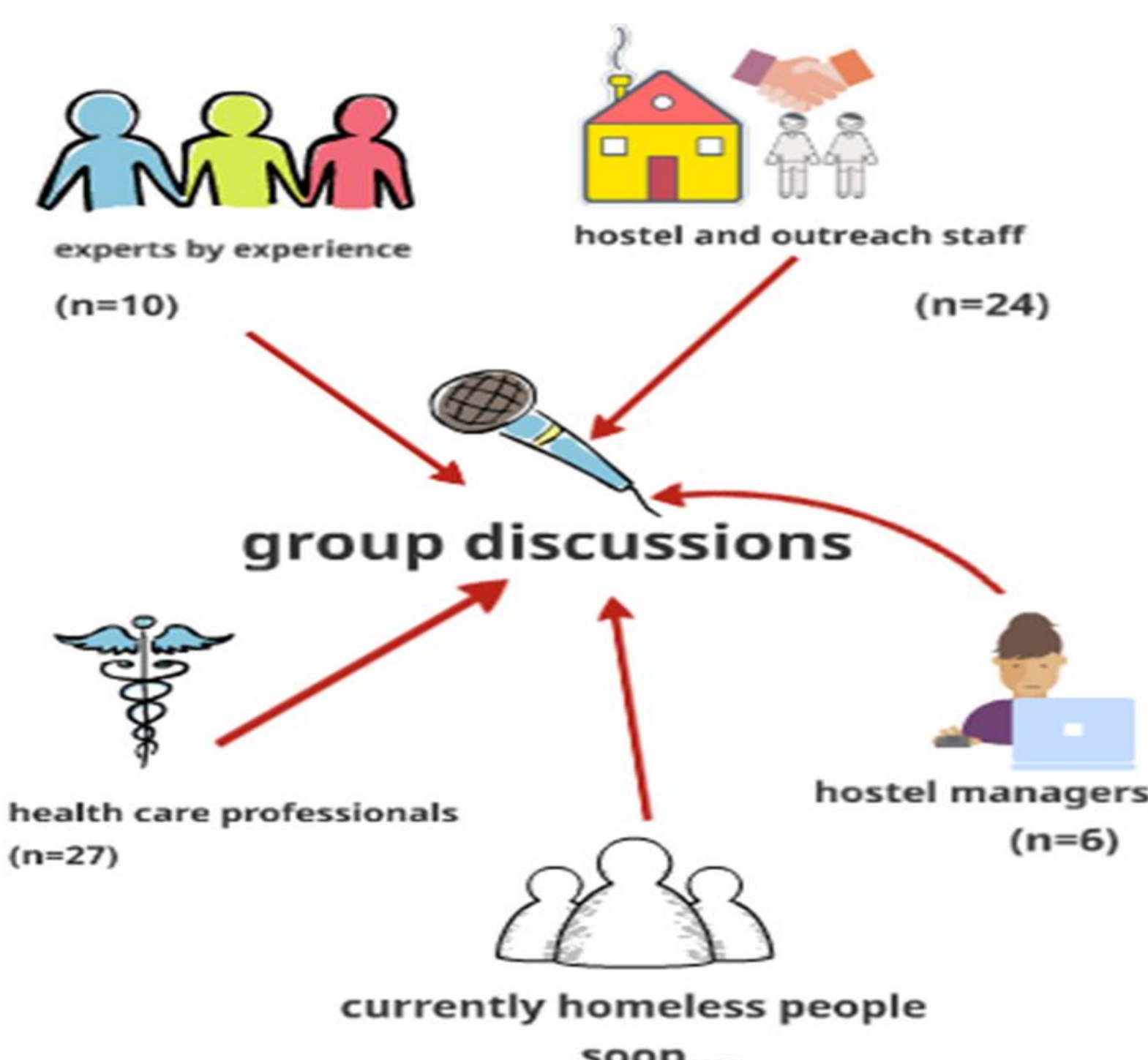


Greater integration of health & social care

Pan London commissioning



METHODS



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