

Improving Palliative Care for People who are Homeless in Scotland – Possible Solutions

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Background

There is need to consider how palliative care services can be more accessible and responsive to the needs of people who are homeless in Scotland.

Method

Review of published and grey literature, online searches and networking identified ongoing projects and services providing palliative care for homeless people in developed countries worldwide. These were examined, looking for examples of good practice and consideration made of transferability to the Scottish context.

Results

Eleven types of projects were identified aiming to improve palliative care for people who are homeless.

- Palliative Care beds within homeless hostel settings
- Palliative Care outreach teams
- Palliative Care CNS for people who are homeless
- Palliative Care Co-ordinator role
- Specialist GP-based services
- Hospital in-reach services
- Specialist Hospices
- Hospice Houses
- Education and support of staff working with the homeless
- Bereavement support
- Respite/intermediate care beds

Discussion

One solution is unlikely to meet all the palliative care needs of people who are homeless in Scotland with combinations of different services ideal. Thought needs to be given to providing culturally appropriate care and this is often best done in conjunction with homeless and inclusion health services who have a lot of experience in meeting the complex needs of this group.



Recommendations for Meeting the Palliative Care Needs of People who are Homeless in Scotland

There is need for greater awareness of the palliative care needs of people who are homeless by those working in both homeless health and palliative care in Scotland.

There are two specialist GP Practice for people who are homeless in Scotland – in Glasgow and Edinburgh. Neither have palliative care registers and regular palliative care MDTs. This would be a good initial step in recognising and addressing the palliative care needs of people who are homeless. Work has begun on this in Edinburgh. Local palliative care teams have a role in supporting this work.

A number of hospices in England have CNSs with a special interest in working with homeless people (1-4). This may involve visiting drop-in centres and hostels, creating links and supporting staff working in homeless hostels and projects and attending rough sleepers meetings alongside face to face work supporting people who are homeless. This is something that could be explored in Scotland.

In North America there are a number of palliative care outreach teams consisting of nurses and doctors who go out to provide palliative care for people who are homeless where they are (5-7). Assertive outreach has been shown to be effective in reaching and engaging with this group (8). Any CNS role/project should ensure it has an outreach component as it is shown that this is valued by homeless people as they are unlikely to approach health professionals spontaneously (9).

A number of projects have provided education and support to homelessness staff around palliative care (2,4,10). This increases confidence in identifying people with palliative care needs, advocating for these to be met and enabling people to remain in hostels at the end-of-life (if this is their preference). However, education is most effective when accompanied by ongoing support from a palliative care worker rather than just education alone.

The provision of community palliative care beds within a homeless hostel setting would increase options for homeless people with palliative care needs. This has developed organically elsewhere following the provision of training and support to homeless hostel staff by a palliative care CNS (4). This provision could be extended to provide medical respite/intermediate care beds which would be helpful in those with deteriorating health and uncertain trajectories (11).

Homeless people have a high frequency of A+E attendances and acute hospital admissions (12). This can be a good time to identify homeless people with palliative care needs and deteriorating health. Any palliative care worker should liaise with secondary care colleagues likely to encounter homeless people with palliative care needs. Establishing a Pathways team providing in-reach into acute hospitals would have benefits for many homeless people, including those with palliative care needs (13).

Complex loss is integral to homelessness and providing bereavement support would be beneficial (14). It would be worth exploring what organisations and charities could partner in this.

How homeless people with palliative care needs can best be identified and supported requires further research. Any project should gather local data to improve the evidence base and inform future advocacy.

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