

Investigating the Need for Palliative Care among People who are Homeless in Scotland



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Background

A scoping exercise assessed the need for palliative care among people who are homeless in Scotland.

Homeless = *no suitable accommodation to live in – includes those living in emergency or temporary accommodation (such as hostels, temporary flats and refuges) and ‘sofa surfing’. Rough sleeping is where people do not have appropriate shelter of any kind.*

Method

Multiple sources of homelessness data were examined to estimate the number of homeless people in Scotland. Literature review looked at morbidity, mortality, palliative care needs, homeless people’s views on palliative care and barriers to access among this group.

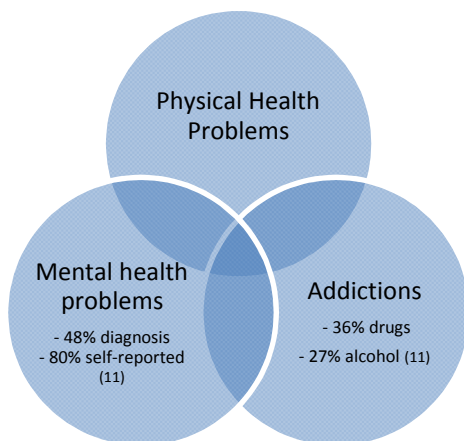
Results

Number of homeless applications to local authorities 2016/17 (1)

Scotland	34,100	Ayrshire (North, South & East)	2,046
Glasgow City	5,377	South Lanarkshire	2,006
City of Edinburgh	3,352	North Lanarkshire	1,892
Fife	2,441	Aberdeen City	1,375
Forth Valley (Stirling, Falkirk, Clackmannan)	2,226	West Dunbartonshire	1,135

True number of homeless people is likely to be around double this

Concept of Tri-morbidity (5)



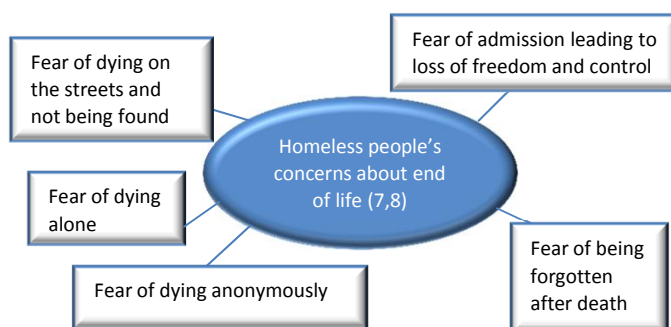
Homelessness is often not just a housing issue but an indicator of multiple severe disadvantage and complex need (6)

Homelessness is an independent risk factor for mortality (4)

- Average age of death for homeless is 47, homeless women 43 (2)
- Standardised mortality ratios are between 3.5 – 4.4 that of the general population (3-4)

Challenges of providing palliative care to people who are homeless

Complex Trauma
Uncertain diagnosis & prognosis
Mental Health
Addictions
Service issues
Lack of options



Homeless people have significantly worse symptoms at end of life than other end of life populations (10)

What do homeless people want from palliative care? (7,9)

Staff having time to talk	Staff availability and continuity
Self determination	Having their wishes respected
Psychosocial care more important than physical care	Attention paid to their life story and psychological needs
Development of trusting relationships	Individualised care in a familiar environment
Staff taking the initiative and reaching out	Freedom and control

Conclusion

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.

[1] National Statistics. (2017). *Homelessness in Scotland: Bi-Annual Update*; (2) Thomas, B. (2012). *Homelessness kills: an analysis of the mortality of homeless people in early twenty-first century England*; Nusseider et al (2013). (3) Mortality and life expectancy in homeless men and women in Rotterdam: 2001-2010. *PLoS ONE*, 8(10), e73979; (4) Morrison, D.S. (2009). Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *International Journal of Epidemiology*, 38(3), pp.877-883; (5) Shulman, C. et al (2018). End-of-life care for homeless people: a qualitative analysis exploring the challenges to access and provision of palliative care. *Palliative Medicine*, 32(1), pp.36-45; (6) Hetherington, K. and Hamlet, N. (2015). *Scottish Public Health Network: restoring the Public Health response to homelessness in Scotland*; (7) Song, J. et al (2007a). Dying on the streets: homeless persons' concerns and desires about end of life care. *Journal of General Internal Medicine*, 22(4), pp. 435-441. (8) Song, J. et al (2007b). Experiences with and attitudes towards death and dying among homeless persons. *Journal of General Internal Medicine*, 22(4), pp. 427 – 434. (9) Klop, H.T. et al (2018). The view of homeless people and healthcare professionals on palliative care and the desirability of setting up a consultation service: a focus group study. *Journal of Pain and Symptom Management*, 56(3), pp.327-336. (10) Tobey, M et al (2017). Homeless individuals approaching the end of life: symptoms and attitudes. *Journal of Pain and Symptom Management*, 53(4), pp.738-744; (11) Homeless Link, (2014). *The unhealthy state of homelessness: health audit results*