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

<table>
<thead>
<tr>
<th>Number of homeless applications to local authorities 2016/17 (1)</th>
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<tbody>
<tr>
<td>Scotland</td>
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<tr>
<td>Glasgow City</td>
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<tr>
<td>City of Edinburgh</td>
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<tr>
<td>Fife</td>
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<tr>
<td>Forth Valley (Stirling, Falkirk, Clackmannan)</td>
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</tbody>
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**True number of homeless people is likely to be around double this**

**Concept of Tri-morbidity (5)**

- **Physical Health Problems**
- **Mental Health Problems**
  - 48% diagnosis
  - 80% self-reported (11)
- **Addictions**
  - 36% drugs
  - 27% alcohol (11)

**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

**Fear of dying on the streets and not being found**
- Homeless people’s concerns about end of life (7,8)
- Fear of dying alone
- Fear of dying anonymously
- Fear of being forgotten after death

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

<table>
<thead>
<tr>
<th>What do homeless people want from palliative care? (7,9)</th>
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</thead>
<tbody>
<tr>
<td>Staff having time to talk</td>
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<tr>
<td>Self determination</td>
</tr>
<tr>
<td>Psychosocial care more important than physical care</td>
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<tr>
<td>Development of trusting relationships</td>
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<td>Staff taking the initiative and reaching out</td>
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</table>

**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.