



## What can you do... about end of life care for homeless people?

Homelessness continues to be a growing problem with an ongoing rise in statistics. Crisis, the national charity for homeless people, reports a 132% rise in figures since 2010. This figure relates specifically to those who are sleeping rough on the streets yet there are many definitions of homelessness and this adds to the complexity of reporting statistics. The media tend to equate homelessness with sleeping rough on the streets. In reality, homelessness includes those who are sleeping rough, squatting illegally, sofa surfing, living in bed and breakfast accommodation, hostels, women's refuges or other temporary accommodation, or those who are simply deemed to be unsuitably housed.

### Homelessness is a complex issue

The origins of homelessness are multifaceted and often deep-rooted and the routes into homelessness can be very diverse. Most episodes result from a combination of personal vulnerabilities, limitations of social housing and inadequacies of welfare administration and support. There are a number of well documented risk factors for homelessness. Risk factors are those attributes that have above-average prevalence in the homeless population. Some of the known risk factors are below:



(See [http://www.crisis.org.uk/data/files/publications/factfile\\_Full.pdf](http://www.crisis.org.uk/data/files/publications/factfile_Full.pdf))

### Homelessness creates complex health needs

Homeless people have complex health needs, often with tri-morbidity (combination of physical ill-health with mental ill-health and drug or alcohol misuse).

Homeless people are 50% more likely to have a mental health issue and are up to 15 times more likely to suffer from a serious psychosis. (See [http://www.crisis.org.uk/data/files/publications/Mental health literature review.pdf](http://www.crisis.org.uk/data/files/publications/Mental%20health%20literature%20review.pdf) ) They are five times more likely, than the housed population, to attend A+E, but also three times more likely to be admitted to hospital.

As an inpatient, they stay for an average of three times as long, probably because they are three times more unwell than the average housed person (Faculty for Homeless and Inclusion Health 2013).

### Homelessness kills

Homeless people are more likely to die young. The average age of death for a rough sleeper is 43 (women) and 47 (men).

When homeless people die, it is often not as a direct result of homelessness such as exposure in cold weather. It is most often because of liver disease, respiratory disease, blood borne infections such as HIV and Hepatitis, and alcohol and drug related complications.

Homeless people often do not live long enough to get cancer, or if they do, their reluctance to attend hospital for investigative procedures, means they often remain undiagnosed.

As homeless people often struggle with low self worth and have very low health aspirations, they are often reluctant to access primary care services and are rarely referred to specialist palliative care services.

Many have had negative encounters with healthcare professionals, too often characterised by 'suspicion, indifference and occasionally hostility, rather than dignity and respect'. (See p6 <http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf>)

In the day to day struggle for survival they often place a very low priority on health Furthermore, they have very little opportunity to shape their care and have been described as an 'hidden population' (see p3 [http://www.qni.org.uk/docs/EOL\\_Care\\_Homeless.pdf](http://www.qni.org.uk/docs/EOL_Care_Homeless.pdf)) who often report feeling invisible and who are overlooked when policies are being developed

### No Choice and No Voice?

Choice in end of life care has become a national priority in recent years. People now expect to have choices and, quite rightly, to be treated with dignity and respect. As a nation we are actively being encouraged to talk about our end of life preferences and to write down our priorities for end of life care.

However, people experiencing homelessness face a wide range of barriers that compromise choice and dignity not only in end of life care, but in their daily struggle for survival. Health care professionals are becoming increasingly aware that creative solutions are needed in order to meet the needs of the dying homeless. However, we do not really understand the specific and possibly unique needs of this vulnerable population of society.

### So what can we do?

In the face of such facts it is easy to feel despondent and overwhelmed. On a personal level one can feel helpless. Yet homelessness is a complex community problem that requires a community solution (p4 <http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf>)

As healthcare professionals we can do the following:

- Access the Queens Nursing Institute (QNI) extensive range of **Homeless Health Online Resources for professionals** at <https://www.qni.org.uk/explore-qni/homeless-health-programme/homeless-health-resources/>
- Read the range of homelessness **research and informative reports** available on the Crisis website at <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/>
- Access St Mungo's **Homelessness and End of Life Care** online resource pack at [http://www.mungos.org/endoflifecare/resources\\_section](http://www.mungos.org/endoflifecare/resources_section)
- Sign up for regular free **Homeless Health Newsletters** from the QNI at <https://www.qni.org.uk/explore-qni/homeless-health-programme/homeless-health-newsletters/>
- Download the **Homeless Health Assessment Tool** at <https://www.qni.org.uk/resources/guidance-health-assessment-tool-2015/>
- Let us resolve to be the healthcare professional to **treat those experiencing homelessness with dignity and respect**
- Let us remember that each person (experiencing homelessness) has history (literally His-Story). We do not know what that person has been through. Therefore let us **refrain from judging** and seek instead to **listen and understand**

As individual members of society we can do the following:

- **Become a Twitter follower** of homeless charities such as @shelter, @crisis\_uk and @StMungos to keep up to date with news and issues affecting people experiencing homelessness
- **Donate to homelessness charities** such as Crisis, St Mungos, Homeless Link or Shelter using one of the following links
  - <https://www.crisis.org.uk/get-involved/donate>
  - [http://www.mungos.org/how\\_you\\_can\\_help/make\\_a\\_donation/other\\_ways\\_donate/donate\\_text](http://www.mungos.org/how_you_can_help/make_a_donation/other_ways_donate/donate_text)
  - <https://england.shelter.org.uk/donate>
- **Become a homelessness e-campaigner** by signing up for St Mungo's campaign alerts and action updates at <http://e-activist.com/ea-action/action?ea.client.id=1902&ea.campaign.id=38351&ea.tracking.id=SMBsignpost>
- **Buy a BIG ISSUE** from the next homeless person you see
- **Save the STREETLINK telephone number** to your mobile phone 0300 500 0914 and ring them when you see a rough sleeper, The local outreach team will then go to the location to provide help (eg food, hot drink, sleeping bag or night shelter access)
- Buy a ticket to **see The Choir with No Name**, a choir of homeless people. It will be one of the most uplifting nights out you have ever had! <http://choirwithnoname.org/come-gig>

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