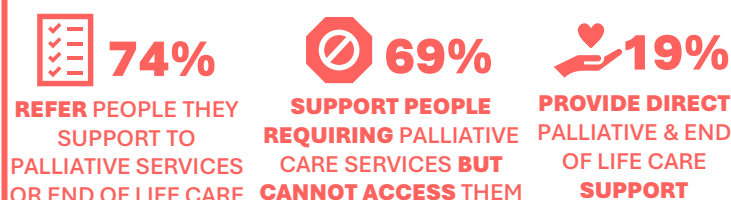


BACKGROUND

The Western Australia Alliance to End Homelessness (WAAEH) commissioned the Home2Health Research Team to explore the availability and accessibility of **disability, aged, and palliative care** services and supports for people experiencing homelessness. This project had three key components: (i) a desktop review of available services in Australia, and best practice examples internationally; (ii) a review of recent literature & evidence, and (iii) an online survey distributed to service providers, stakeholders, and individuals with a lived experience of homelessness. The survey aimed to gain insight and feedback on challenges faced by those without stable housing in accessing necessary supports and services across these three areas, and to inform solutions. The survey undertaken from April-May 2024 had 123 responses, including 12 individuals with lived experiences of homelessness.

Three snapshot reports have been developed to provide an overview of barriers, enablers, and recommendations to improve access to these services for people experiencing homelessness in the three focal areas of disability, aged, and palliative care. For this snapshot on **palliative care**, the research team have triangulated key evidence from the literature, reviewed salient policies in WA and nationally, reviewed available services and gaps; and drawn on the **59 relevant survey responses** (58 service providers, and one lived experience). Of the 58 service provider respondents:



WHAT IS PALLIATIVE CARE?

The International Association for Hospice & Palliative Care (2019) defines Palliative Care as “*the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life*”.¹ It is applicable throughout the course of an illness (according to the patient’s needs) and **is for people of any age with an illness that cannot be cured**.²

Palliative care includes:^{1,2}

- ◆ Prevention, early identification, and comprehensive assessment of needs.
- ◆ Management of illness, and associated psychological distress (incl. symptom relief, and disease modifying therapies and equipment)
- ◆ Support with spiritual, cultural, & social needs.
- ◆ Counselling and grief support
- ◆ Referrals to respite/hospice care
- ◆ Advanced care planning
- ◆ End-of-life and terminal care within the last few weeks (incl. bereavement care for family)

Palliative care neither intends to hasten nor postpone death, it affirms life and recognises dying as a natural and normal process.³ It aims to improve the quality of life of patients and their families in circumstances of a life-threatening illness that is incurable.

End-of-life care: Care provided to a patient with a life-limiting illness during the last stages of life when needs of the patient and their carers are increased.

Voluntary assisted dying (VAD) is considered separate to palliative care as an additional end-of-life choice (for those eligible). People can receive palliative care while considering or accessing VAD.^{4,5}

WHAT DOES THE LITERATURE & PUBLISHED EVIDENCE TELL US?

Experiencing homelessness is associated with extreme health inequities across a range of health conditions,⁶ and deterioration of both poor health and premature aging is often accelerated by the very circumstances of being homeless. As the average age of death for people who have experienced homelessness is around **three decades earlier** than that of the general population,^{6,7} thus, the need for palliative care and end of life support will often be at a comparatively younger age.

People experiencing homelessness face many barriers to accessing health care, particularly preventive health programs and screening.⁸ Thus are more likely to be diagnosed late in disease progression, reducing the window for palliative care supports,⁹ and opportunity to choose how and where they die (i.e., in a familiar environment, with family or care givers present).

Additionally, people experiencing homelessness lack alternative settings to participate in palliative care, with the homelessness services and accommodation that they are comfortable with not equipped to support someone who is approaching the end of life.¹⁰ However, a UK study found that providing hostel staff was beneficial in improving knowledge, confidence, openness, and work related stress for staff supporting people requiring palliative care,¹¹ thus this may provide opportunity for alternative palliative care settings for this group.

OF THE 58 SERVICE PROVIDERS TO RESPOND TO ANSWER QUESTIONS RELATING TO PALLIATIVE CARE:

 **34%**

AGREED THAT THERE WERE SUFFICIENT PALLIATIVE/END OF LIFE SUPPORTS IN THEIR REGION

 **6%**

AGREED THAT PALLIATIVE/END OF LIFE SUPPORTS WERE EASILY ACCESSIBLE

 **92%**

SUPPORTED PEOPLE AFFECTED BY EARLY ONSET FRAILITY (*premature aging*)

 **89%**

SUPPORTED PEOPLE AFFECTED BY BRAIN INJURY & COGNITIVE IMPAIRMENT

 **92%**

SUPPORTED PEOPLE THAT HAD BEEN EXCLUDED BY SERVICES DUE TO AOD USE

 **96%**

SUPPORTED PEOPLE WITH MISSING DOCUMENT (*e.g., missing ID or medical histories*)

BARRIERS TO PALLIATIVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

The following barriers have been compiled from examining the current literature and using feedback from survey respondents working in the homelessness, health, palliative and end of life care sectors, and people with lived experience. Awareness and understanding of such barriers are useful for homelessness, health, community organisations, and palliative and end of life care as challenges to be mindful of as they point to areas where additional support (or time) may be required, and speak to some of frustrations people experiencing homelessness may have previously encountered.

Suitability of Existing Palliative Care Services for People Experiencing Homelessness

- ◆ Stigma & poor understanding of homelessness amongst palliative care providers (*incl. lack of knowledge around addiction & mental health,⁹ reluctance to provide pain medication due to fear of adverse reactions,¹⁰ and cultural appropriateness¹²*).
- ◆ Home-based/in-reach palliative care services (such as Silverchain) not an option due to lack of accommodation.¹³
- ◆ Hospital-based palliative care often not ideal, with many having traumatic experiences associated with institutional environments,⁹ or having needs that cannot be supported in hospital such as lack of security or strict behavioural guidelines that exclude people requiring low-threshold support (*i.e., no active IVDU, no smoking*).¹⁰

Availability of Palliative Care Services & Support

There is an overall lack of available palliative care services, supports, and resources, particularly:

- ◆ No dedicated palliative services for people experiencing homelessness, those prematurely aging, or for Aboriginal and Torres Strait Islander peoples.
- ◆ Lack of supported accommodation options that could facilitate access to home-based palliative care.
- ◆ No longer-term hospice beds in WA.

Accessibility of Palliative Care Services

- ◆ No clear guidelines for providing palliative care for marginalised populations.
- ◆ Poor knowledge amongst homeless service providers of palliative care options, processes, and resources (*i.e., unaware of options to refer people to*).¹³
- ◆ Hospice/Palliative care units not accepting weekend admissions & lengthy referral processes, contributing to lack of critical time intervention opportunities.
- ◆ Lack of integration between aged care, primary care, and palliative care services.

Additional Challenges of Supporting People Experiencing Homelessness

- ◆ High rates of comorbidities and other competing needs taking priority over health.¹⁴
- ◆ Less likely to initiate or self-identify need for palliative care than general population, or to have family proactively encouraging this.⁸
- ◆ Late diagnosis reduces window for palliative services,⁹ or health deteriorating too quickly for applications/referrals to be actioned.
- ◆ Itinerancy making it difficult for services to gather required paperwork, complete referrals, plan ongoing care activities, and appointment attendance.¹³
- ◆ No regular GP/primary care engagement, thus unable to be referred into palliative and end of life services.
- ◆ Services/others familiar with the person may not recognise signs of dying or need for palliative care engagement.⁸
- ◆ Desire to remain separated from family of origin may lead to avoidance of palliative care out of fear of forced reconciliation.¹³
- ◆ Lack of support networks to make a plan with friends/family, & cost of legal representation prohibitive to advanced care planning.¹⁴

Additionally, a review by *Nous Group*¹⁴ found that advanced care planning **resources** lacked representation of diversity (including financial diversity) and that language used was exclusionary to priority groups.

As a palliative care doctor there are many challenges in assisting people experiencing homelessness who are also living with a terminal medical condition. Improving access to care, medications and treatment in a timely fashion means better allocation of resources. Time is of the essence for these vulnerable patients. - Homeless Service

When you are sick, homeless, and seeking support, it can be very difficult because of your ill health to access the care you need – Lived Experience of Homelessness

FACTORS THAT ENABLE ENGAGEMENT WITH PALLIATIVE CARE

While barriers to timely palliative care and support tend to dominate the literature and survey feedback, there are factors and examples that can improve access, including:

Relationships, Partnerships & Collaboration

- ◆ Forging and strengthening connections between frontline homelessness services and palliative care providers at a local level can facilitate streamlined provision of care,¹⁵ reduce role confusion and improve client outcomes.¹⁶
- ◆ Having hospital staff with both specific knowledge in caring for people experiencing homelessness, and ability to identify need and refer for palliative care.¹⁰
- ◆ Facilitate provision of healthcare by trusted providers wherever possible including training, education and knowledge for service staff to deliver palliative care.¹³

Easily Accessible Resources & Information

- ◆ There are good international examples of 'go to' resources for the homelessness sector about supporting people to access palliative care,¹⁷ and conversely, also good international examples of guidelines for upskilling clinicians and palliative care providers about supporting people who are experiencing homelessness.¹⁸
- ◆ Forms that are simple for the homeless service staff to complete (e.g., the Advance Care Directive).
- ◆ Training and education initiatives directed towards both providers and people experiencing homelessness.^{10, 12}

Palliative Care Services

- ◆ Services that have flexible models of care¹⁰ or have few barriers or exclusions that might preclude people experiencing homelessness (e.g., need for an address sobriety or to meet strict 'tick box' eligibility criteria).¹⁹
- ◆ Services with knowledgeable providers experienced with working with people experiencing homelessness and provide training to staff on circumstances, needs and areas of concern.¹⁹
- ◆ Services that are person-centred, trauma informed, and tailorable to the unique needs of people experiencing homelessness (i.e., dementia, family estrangement).¹⁰
- ◆ Hospital palliative care staff who are able to attend the ED and see people quickly.²⁰
- ◆ Culturally appropriate palliative and accommodation support, recognising that many people who are homeless are Aboriginal.¹²
- ◆ Sensitivity around determining who the 'surrogate decision makers' are and how they can be contacted at time of hospital admission to reduce lost time later in the consultation.¹⁰

Homelessness Services

- ◆ Homelessness services benefit where training on palliative care and resources are provided.¹¹
- ◆ There are evidence-based examples of street-based palliative outreach, provision of wrap-around supports, and system navigators.¹⁰
- ◆ Liaising with local specialist homeless health services for advice on palliative care needs and navigation.¹⁵
- ◆ Bereavement pathways to support for clients and staff of homeless health services.¹⁰

PROVIDING EFFECTIVE PALLIATIVE CARE & RESPECTING THE WISHES OF A PERSON EXPERIENCING HOMELESSNESS – A CASE STUDY

Background: "Peter" was a male in his early sixties who experienced extensive childhood trauma and had been rough sleeping for a decade prior to his diagnosis with metastatic colorectal cancer. Peter was reluctant to engage with homelessness services but was known to HHC's Street Health nurse. Due to his previous trauma, Peter found hospitals very overwhelming, and this shaped his wishes to not undergo surgery or cancer treatment. Instead, Peter wished to spend his remaining days where he felt comfortable, which for many years, had been sleeping in a park.

Support Provided: Honouring Peter's wishes, HHC supported him to access outpatient palliative care to provide medication to manage his symptoms and pain. This allowed him to continue to his regular routine of walking around the city. Peter was unable to access mainstream palliative care options due to his lack of a fixed address. Thus, the HHC Street Health nurse became his healthcare navigator, assisting him to attend appointments and access support, whilst simultaneously upskilling palliative care staff around the additional needs of someone experiencing homelessness, and the importance of respecting his wishes, even if fulfilling these was rendered more complex because he was homeless.

Having his palliative care journey care coordinated by a nurse from the homelessness sector and that he already knew him, meant that Peter felt safe to share his wishes, and his grief as he approached end of life. While Peter was reluctant to enter hospital palliative care, this became necessary six months after diagnosis due to his deteriorating health. The imperative for trauma sensitive care was advocated by HHC, and Peter was allocated a quiet single room near the end of a corridor and was free to leave the ward during the day to walk around the city. Due to his childhood trauma, Peter did not want to reconcile with family, nor want them to be notified of his death; a wish was that advocated for, and respected.

Outcome: Through the collaborative support provided by HHC and the hospital palliative care team, Peter passed away peacefully in accordance with his wishes. He died with the HHC nurse present, listening to music he loved. His wishes continued to be honoured after his death, with his ashes scattered at the beach, somewhere he had yearned to visit again before he died.

Note: not his real name.

HELPFUL INFORMATION, RESOURCES, & TRAINING AVAILABLE

STATE

- ◆ Palliative Care WA is the peak body in the state, and have a vast range on information on processes, services. Their website includes a [service finder](#), information on [advanced care planning](#) and [voluntary assisted dying](#), upcoming [events](#), community gatherings such as [death cafes](#), and information for [health professionals](#). However, none of these resources or services are specific to people experiencing homelessness or other vulnerable groups.
- ◆ The [WA end-of-life and palliative care education & training framework](#) for health professionals and other staff involved in caring for people with terminal illness in WA. Whilst not specific to people experiencing homelessness, this suite of resources and online training recognises that there are people from under-served populations that might have specific needs and identifies people experiencing homelessness under Domain 1: Principles of Practice.
- ◆ Department of Health's Maps of Specialist Palliative Services in [Perth](#) and across [WA](#).
- ◆ [Villa Pelletier](#) (Southern Cross Care) is an example of a residential aged care facility located in Perth that accommodates people experiencing homelessness aged over 65 years with health needs, that also provides palliative and end of life care services.

NATIONALLY

- ◆ [Palliative Care Australia](#) is the national peak body for palliative care, they outline standards for health professionals and aged care services. Specific resources include:
 - ◆ [Palliative care and homelessness report](#). Palliative Care Australia has recently released a summary report from forums held around Australia with homelessness services and palliative care services to identify challenges, current practice and areas for improvement in relation to palliative care access for people experiencing homelessness.
 - ◆ [National Palliative Care Standards](#) for Specialist Palliative Care Providers 2024, which includes a chapter on providing palliative care for people with diverse needs, including those experiencing homelessness. Additionally, Standard 2 and Standard 6 make specific mention of homelessness.
- ◆ CareSearch training module [on access to palliative care for people without safe and secure housing](#). Whilst the information is brief, it is significant progress that people experiencing homelessness are formally recognised as a priority group more likely to face barriers to accessing palliative care. Some suggestions for addressing barriers provided. This website more broadly has an extensive range of tools and information relevant to palliative care, death, and dying, including information/advice for people caring for or concerned about others who might be approaching end of life.
- ◆ The PalliAGED [website](#) has a range of resources specifically relating to people experiencing homelessness, including key practice-related issues, policy considerations, and relevant journal articles.
- ◆ Two examples of services specifically providing palliative care to people experiencing homelessness are [Montrose Aged Care Centre](#) (Salvation Army) in NSW and [James Barker House](#) (Salvation Army) in VIC.

INTERNATIONAL

- ◆ [UK Homeless Palliative Care Toolkit](#) – A comprehensive online toolkit developed in the UK to support staff in homelessness services (incl. accommodation and day centre settings) who work with people experiencing homelessness who have advanced ill-health. The toolkit was developed from extensive consultation and research with homelessness services (incl. from the [St Mungo's & Marie Curie Resource Kit](#)), and whilst developed in the UK context, is a very useful resource in the absence of any Australian alternative. The toolkit recognises that homelessness service staff are often understandably not equipped to recognise that someone has a terminal illness, and that later stage detection of conditions that shorten life is sadly common in homeless populations. However, this is a population that also often does not have family or close support networks to share concerns or wishes about advanced healthcare or dying. Toolkit topics include identifying clients of concern, communicating with clients about deteriorating health and their wishes, supporting clients to access support and palliative care, and the importance of self-care for homelessness service staff working with people approaching the end of life.
- ◆ [PEACH](#) is Canada's first mobile street & shelter palliative care intervention for people experiencing homelessness, delivering trauma-informed, relationship-centred medical care. The PEACH model offers 24/7 clinical care, the team includes palliative care physicians, a psychiatrist, nurses, peer workers, and health navigator. Enablers to the program's success include having sustainable funding, data collection & evaluation, telling stories of people supported, and having a dedicated team focussed on both palliative care and social determinants. Related publications and resources can be [found here](#).
- ◆ The US Health Care for the Homeless Clinicians' Network established a [guide for healthcare professionals](#) and homelessness services working with people requiring end of life care after recognising standard clinical guidelines failed to consider the unique challenges associated with homelessness. The imperative for all aspects of healthcare interactions to be trauma-informed is emphasised throughout. While the guide is most applicable to situations where individuals have already been diagnosed with a life-limiting illness, this document also raises broader issues including the impact of dying on other residents and staff in homelessness accommodation settings; reducing barriers to care access if someone has active substance use; and the added challenges of end-of-life care planning for people experiencing homelessness.

WHAT CURRENT POLICIES/STRATEGIES ARE RELEVANT FOR LEVERAGING IMPROVED ACCESS TO PALLIATIVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS?

Compared to some other countries, Australia lags in the recognition of people experiencing homelessness as a priority group at risk of inequitable access to palliative care and more broadly, to dying with dignity. Here, relevant state and national policies and strategies have been identified and reviewed, with a focus on noting touchpoints for advocacy for greater consideration of the needs of people experiencing homelessness.

STATE

- ◆ The [WA End of Life Care Strategy 2018-2028](#), under Priority 1: 'care is accessible to everyone, everywhere,' specifically mentions improving access to care for marginalised groups incl. people experiencing homelessness.
- ◆ The [Inquiry into Palliative Care in Western Australia 2020](#) discussed palliative care for 'specific groups', finding:
 - ◆ The [Joint Select Committee on End-of-Life Choices](#) failed to address the needs of specific groups including people experiencing homelessness (Finding 27).
 - ◆ WA Health needs to better measure unmet need of palliative care, including people who are accessing palliative care for the first time very late in their illness trajectory (Rec 18). Which is particularly relevant for this cohort. The [WA Government Response](#) noted that this recommendation was 'supported noting dependencies.'
 - ◆ Additionally, choice of care setting is highlighted throughout the Inquiry, including people's right to 'die at home' – with 75% of healthy people stating they would prefer to die at home; something not possible if homeless.²¹
- ◆ The [WA Sustainable Health Review 2019](#), Rec 9 is to achieve respectful and appropriate end-of-life care and choices. While no specific mention of homelessness is made within this recommendation, it highlights the need outreach models.

NATIONALLY

- ◆ The [Palliative Care Australia 2024 Federal Budget Submission](#) (Rec 5.6) seeks additional funding to improve care access for people experiencing homelessness by developing an education and program for staff at specialist homelessness services.
- ◆ The [National Palliative Care Strategy 2018](#), under guiding principle 4: *Care is Accessible*, there is specific mention of people who are experiencing homelessness as a currently under-served population.
- ◆ The [Royal Commission into Aged Care Quality and Safety 2021](#), while it does not specifically discuss palliative care and homelessness together, the Royal Commission does highlight:
 - ◆ That people experiencing homelessness are poorly serviced by current aged care systems due to a lack of integration between aged care and other support services.
 - ◆ that there is an urgent need to improve palliative care for younger people; *of which we know that people experiencing homelessness are dying much earlier than the general population.*
 - ◆ that individuals overwhelmingly prefer to remain living in their own home; *which is often not possible for those experiencing homelessness.*
 - ◆ that access to end-of-life care should be fair, equitable and non-discriminatory.
- ◆ The [Royal Australasian College of Physicians](#) recommends that training for all clinicians is required to overcome misconceptions and reluctance to refer and to provide appropriate end-of-life care to all patients in all settings. Places in which people experiencing homelessness are accommodated or familiar are not mentioned, yet there are positive examples in the UK, US, and Canada of palliative care provided to people in hostel and other homeless settings.

The incidence of chronic diseases associated with premature death are exceedingly high amongst people experiencing homelessness. Among patients supported by Homeless Healthcare (HHC) who accessed palliative care within the past five years, most were related to potentially preventable cancers (such as bowel, liver, and lung cancer), which are often detected late. Chronic kidney disease, emphysema, and neurological diseases (including dementia) are also more likely to occur at a younger age among people who are homeless compared to the general population. When diagnosed with a terminal condition, people experiencing homelessness are often younger and have more comorbidities than is seen in the general Australian population, thus may have more complex palliative care needs, but less family and social support networks around them as they approach end of life. - Dr Andrew Davies, Medical Director, HHC

There is a great need in these patients for palliative and supportive care (high morbidity and mortality) and increasing problem of homelessness. – Clinician, Palliative Care Service

Often people with disability have a palliative diagnosis not related to their disability and as a result NDIS, rightly, won't fund the increased support they require. – NDIS Service Provider

There are no low barrier services able to care for the complex needs of people experiencing homelessness. Needs can be complex with mental health, substance use, and trauma backgrounds - Aged Care Service Provider

RECOMMENDATIONS

The following recommendations are synthesised findings from the literature, evidence of ‘what works’ elsewhere, and suggestions from the sector survey. As noted by the Palliative Care Australia Service Development Guidelines, palliative care should be *strongly responsive to the needs, preferences and values of people, their families and carers*.²¹ This is to **enable people the right and autonomy to choose how and where their die**.

The harsh reality is that there are people living on WA streets with terminal illnesses or approaching end of life, and homelessness services lament the lack of accommodation options for people in this circumstance. Even if eligible for hospice care, this is sometimes not the wish of people who are street present, nor necessarily suitable where there is entrenched trauma. Compared to other Australian states and various places internationally, WA has fewer aged care accommodation and residential hospice options for people in homeless circumstances, and ‘at home’ palliative care services invariably exclude people without a home. Hence, we recommend that the WAAEH (and others in homeless sector where opportunity arises) incorporate these recommendations to improve palliative care for this population.

Furthermore, we propose that the WAAEH (or AAEP more broadly) develop a short position paper to align sector advocacy and engagements with other sectors. The [Public Health Association of Australia’s position papers](#) are an example of a statement of the key policy position of the peak body on various public health priority issues.

Improve the Accessibility & Availability of Palliative Care Services for People Experiencing Homelessness

- ◆ WAAEH to work with Palliative Care WA and other sector leaders (e.g., Cancer Council WA) to clarify referral options and pathways for people experiencing homelessness to access palliative care services and supports. Including reviewing eligibility criteria and alternative care options for those without a home.
- ◆ WAAEH to explore the scope and need for street-based palliative care outreach, and/or peer navigators alongside established homelessness primary care providers (e.g., HHC or Street Doctor).
- ◆ Establish a community of practice or equivalent to improve connections between homeless services, GPs, and palliative care providers to enhance referral processes, and foster sector collaboration. Explore possibility of affiliated sub-group within the established Australian Health, Housing, and Homelessness Network (A3HN) for national input and involvement.
- ◆ Make contact with Queensland University of Technology & Silverchain research team undertaking project on barriers to accessing palliative care at home and ensure homelessness adequately included.

Build Capacity of Health & Palliative Care Workforce to Support People Experiencing Homelessness

- ◆ Encourage Palliative Care Australia and WA Health to collaborate with the homelessness sector to develop a training module or guidance resource for health and palliative care workforce to increase understanding of the unique palliative care needs of people experiencing homelessness and strategies for engagement and reducing barriers.
- ◆ Disseminate this snapshot to all WA services providing palliative care in WA (e.g., Cancer Council WA, Silver Chain), seeking that they review their own practices and processes for gaining service access to ensure that people experiencing homelessness are not inadvertently excluded.
- ◆ Advocate with Palliative Care Australia and WA to improve consideration of the needs of people experiencing homelessness, in its information and resources for health professionals, carers/families and patients (incl. the critical importance of trauma informed and responsive palliative care).
- ◆ Encourage the Palliative Care WA CEO Roundtable to consider the impacts of homelessness on many of the policy, demand and service gap issues canvassed in its meetings.
- ◆ A3HN to advocate to Palliative Care Australia to ensure timely implementation of recommendations from its recent report on Palliative Care and Homelessness, to ensure its findings are actioned.

Strengthen WA Homeless Sector Workforce Capacity in Palliative Care

- ◆ Explore feasibility and funding options to adapt the Canadian PEACH program/peer navigator program for WA,²² who could not only support clients directly, but provide advice and support for homelessness services with navigating palliative/end of life services.
- ◆ Draw on learnings and resources from UK to upskills homeless service and accommodation staff around supporting clients who need palliative care or are approaching end of life.
- ◆ Support coal-face homeless sector workers to access training and capacity building opportunities to better advocate for their clients.
- ◆ WAAEH to work with Palliative Care WA to provide information and resources to homeless services, libraries, women’s refuges, and other services regularly accessed by people experiencing homelessness on palliative care, advanced care planning, end-of-life services and options. To increase knowledge that palliative care is not confined to hospice care, and that there are many free services/supports available.¹⁴
- ◆ Ensure sector lived experience involvement includes people or carers who can speak to the challenges of life threatening or terminal illness and homelessness.

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RECOMMENDATIONS CONTINUED

Strengthen WA Homeless Sector Workforce Capacity in Palliative Care

- ◆ Explore feasibility and funding options to adapt the Canadian PEACH program/peer navigator program for WA,²² who could not only support clients directly, but provide advice and support for homelessness services with navigating palliative/end of life services.
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- ◆ Ensure sector lived experience involvement includes people or carers who can speak to the challenges of life threatening or terminal illness and homelessness.

Advocacy to Increase Supportive Accommodation Options

- ◆ Advocate to government for supported aged care accommodation options for people who are homeless that have funding and capacity to also support people through to end of life.
- ◆ Advocate for additional funding for the Perth Medical Respite Centre (or a second service such as this) that can provide tailored support for people through palliative and end of life care (as some US respite centres do).
- ◆ Work with accommodation services to identify what additional support (incl. staffing) that would be needed to enable clients to receive 'in-home' palliative care services such as Silver Chain.
- ◆ Work with Office of Homelessness to identify ways to more rapidly get people with palliative care needs into public housing or supported accommodation, along with access to care coordination around their health, social and other needs.

Development of WAAEH Position Paper on Palliative Care for People Experiencing Homelessness

We propose that the following points be considered for inclusion in such a policy position:

- ◆ People experiencing homelessness should be afforded the same choices, dignity, and access to palliative or end of life care options that those with a home have.
- ◆ People experiencing homelessness may struggle with conventional end of life services and supports, and require access to trauma-informed and culturally appropriate care options with good understanding of homelessness.
- ◆ Many people experiencing homeless do not have close family or other social supports who can assist them navigating healthcare for terminal illnesses, accessing palliative care, or support them with decision making about their wishes. These roles can thus fall to homelessness services and their workforce, who themselves need support to assist clients in these circumstances.

ADDITIONALLY, FOR FRONTLINE HOMELESSNESS SERVICES:

- ◆ See **'useful resources'** page for examples of programs, training opportunities, guidebooks and other relevant information on homelessness and palliative care.
- ◆ **Continue advocating for your clients** - Document frustrations/obstacles, wins and success stories, services gaps & barriers regarding navigating disability services. We are always looking for advocacy-related issues and case study examples. Please send through to:
 - ◆ Our Home2Health Research Team: home2health@nd.edu.au
 - ◆ The WA Alliance to End Homelessness: info@waaeh.org.au

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