



**Background:** Homeless services staff are highly skilled in working with people with complex trauma, challenging behaviour, mental health problems and addictions. This staff group often support people with severe physical ill health and high care needs throughout their lives and at death, either due to deteriorating health or a sudden death. There is a need to support staff to meet the palliative care needs of homeless individuals even if residents won't engage with services directly.

**Aim:** We used it to create a safe environment for homeless services workers to come together to share learning, good practice and reflection on their role and palliative care.



- What is palliative care /end of life care/deteriorating health?
- What happens when someone is dying? What can I do?!
- What is the Homeless Palliative Care Toolkit?
- How do I start conversations about end of life care, or not!?
- What are the signs of advanced liver disease?
- Who looks after me?

- St Columba's & Marie Curie CNS
- GP Pathway Homeless Team, London
- Doctor, Strathcarron & St Columba's Hospices
- Liver Disease Nurse Practitioner
- St Columba's Hospice counsellor
- Community Nurses
- Social Worker

## Benefits reported Homeless Service Staff

"The ECHO sessions were very insightful and brought staff from all areas together."

Found the discussions really helpful and the input from GPs, liked the tool kit and also highlighted the necessity for joint working"

"It was good to learn from different services on their approach when talking to services users/patients."

"I found them all useful with the last one on who looks after me most relevant at the unit I currently work in. It was all useful particularly to provide me with the confidence to start conversations about dying".

## Challenges for homeless services workers identified from ECHO sessions

- 'Deteriorating health' is a more appropriate term than 'palliative care'.
- Whose role is it to identify deteriorating health in this population?
- Lack of integrated services (3rd sector, palliative, health & social services).
- Predicting death is difficult (deterioration or overdose?).
- Discussing death & dying with traumatised people is challenging.
- A different approached to ACP is needed - Parallel Planning.