Palliative Care and Homelessness

19th February 2026

Homelessness Palliative Care Network

Developing the Intervention to optiMise Palliative caRe for peOple with liVed Experience of homelessness (IMPROVE)

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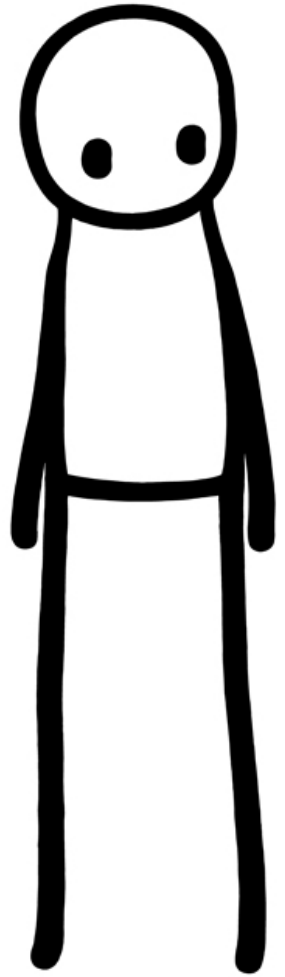
Palliative care

Homelessness Palliative Care Network

A holistic multidisciplinary approach in the care and support of people with a life limiting condition and advanced ill health

It aims to prevent and relieve suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychosocial or spiritual.

Palliative care is not just for the end of life and can occur alongside active treatment



What is palliative care access like for people experiencing homelessness?

Access to palliative care?

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KEY FINDINGS FROM RESEARCH

Access to palliative care services for people experiencing homelessness is rare

Lack of identification: complexity, young age, uncertainty, lack of referral to peolc services

Recovery focus of services
Many people remain in hostels as health deteriorates

Hostel staff isolated & unsupported,
Inflexibility of services, barriers to exploring wishes

RECOMMENDATIONS

A shift in focus - earlier recognition
Consider framing of palliative care (concern re “deteriorating health/ advanced ill health”)

Multi-agency working - a broader approach, accounting for marginalization and trauma

Choice in place of care & care in place of choice and support for staff and systems to achieve this

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Pathway

Homelessness Palliative Care Network HPCN

University of York

University of Leeds

Marie Curie

NIHR | National Institute for Health and Care Research

Groundswell Out of homelessness

UCL Psychiatry

To increase knowledge	To increase support and integration	To reduce burnout	To improve patient care

Programme has 8 core sessions covering:

Short **video presentations** from practitioners and people with lived experience with discussion points

Resources to support discussions and further thinking

- Opportunities for participants to **bring cases** for discussion to help frame conversations

EVALUATION SITES

Homelessness Palliative Care Network

HPCN

Introductions by site:

- North East London
- South Camden and Islington
- Kingston and Richmond
- Sheffield
- Oxford
- Wolverhampton
- St Albans
- Hereford
- Leeds
- Nottingham

To get involved contact
Samantha.Dorney-Smith@ucl.ac.uk

Resources

Homelessness Palliative Care Network

Join the Homeless Palliative Care Network

Explore www.homelesspalliativecare.com

Get in touch with any questions

Briony.Hudson@mariecurie.org.uk
Samantha.Dorney-Smith@UCL.ac.uk

A specialist palliative care service for people experiencing homelessness in Leeds.

Nicky Hibbert
Nurse Consultant
Homeless Link Webinar

St. Gemma's Hospice

A Specialist Palliative Care Service?

Service, Purpose and Context;
Focuses on providing equitable palliative care for those that face healthcare access barriers.

Flexible service Delivery;
Delivers adaptable care in clinical and non-clinical environments like hostels, day centres, street settings to build trust and engagement.

Holistic care model;
Integrates specialist roles, partnerships, peer navigator and social determinants to improve end of life dignity for marginalised people.

St. Gemma's Hospice

Importance of specialist palliative care for marginalised groups.

Addressing health disparities;
Ensuring equitable access to high quality palliative care for people that are often excluded.

Early recognition and crisis management;
Identifying deterioration sooner and preventing avoidable emergencies/hospital admissions.

Emotional support;
Providing compassionate, non-judgemental support, trauma informed support.

Communication;
Improving co-ordination across services and ensuring peoples wishes are heard and respected.

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St. Gemma's Hospice

Multi agency collaboration

Collaborative partnerships;
Collaboration across homelessness, healthcare and support services creates unified, person-centred care that reduces gaps, improves continuity and ensures people receive the right support at the right time.

Joint visits and trust building;
Joint visits fosters trust with individuals, support knowledge exchange between teams offering a united reassuring presence – particularly important for people that may be wary of services.

Training and mutual insights;
Shared training and cross sector learning builds stronger working relationships, increases understanding of each other's roles and creates a shared appreciation of the unique challenges faced across sectors.

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Key successes to the service

Improved access to care;
The service has enhanced access for those facing barriers to traditional palliative care services.

Preferred place of care and death;
Supported individuals to be cared for and die in their preferred place, through supportive conversations, care planning and advocacy.

Multi agency collaboration;
Collaboration across services has reduced care fragmentation and has built stronger safety nets for vulnerable individuals.

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Challenges

Funding constraints;
Affecting growth and long-term sustainability.

Capacity within a small team;
High demand and complex needs place pressure on a small specialist workforce.

Limited access to appropriate care settings;
At times not eligible for hospice admission as not actively dying or requiring specialist symptom management. Nursing home placements are often unsuitable particularly for younger adults with complex needs. At times it is difficult to support people in temporary accommodation or hostels as they are not designed to support individuals at the end of life.

St. Gemma's Hospice

Thank you

Contact details: nickyhibbert@st-gemma.co.uk

St. Gemma's Hospice

The Whitechapel Centre

SHAP

Aigburth Drive

Harm Reduction Service

Outline of the service

- Service provided jointly with SHAP
- Accommodation based service (27 rooms)
- Harm reduction approach for service users who remain alcohol dependent
- Pre contemplative support
- Allocated key worker for each client
- Operating 24/7


Harm Reduction
Vitamins
Own space
Safe enviroment/ managed risk
Spaced out drinking
Increased water intake
Medication support
Healthy meals
Provide diversion to reduce alcohol/drug use
Support to access specialist services
Activities

End of Life Journey

- How it began
- Initial concerns.
- Who was involved
- Different types of EOL

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Lessons Learnt

- Clients choice
- Partnership work
- Challenging preconceived ideas
- The little touches

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Taking Care of

Staff

- Reflective practise
- One – One support if required
- Debrief
- Preparation work

Clients

- Finding a balance when sharing information.
- Understanding
- Digniity

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Rewards

- Homeless Link Award
- Improve film project
- Podcast
- End of Life Liver project

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