

Groundswell

Out of homelessness

**Solutions to homelessness come
from the people with experience of
homelessness!**



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Care Navigator

It's Miles, I do a lot of volunteering work around the topics of homelessness, addiction and how we make the distinction between telling people what they need and truly supporting them in critical times through difficult systems of help.



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Hi I'm Karen,
A Volunteer Community
Reporter for Groundswell
"Listen up hub" project.
I report on homelessness and
health inequalities, sharing my
own lived experiences and
that of others.
I tell stories of those who have
faced injustices and research
topics that need to be brought
to the forefront for the
decision makers to hear

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Partnership work

“Groundswell are the stitches that keep homeless and health professionals working together”.

HHPA Client



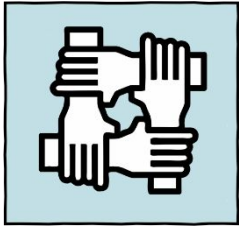
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What do we do?

- Delivering one-to-one engagements to enable people experiencing homelessness to access the healthcare they need.
- Providing holistic support for health needs of people experiencing homelessness.
- Providing health support in hostels.
- Creating a platform for people with lived experience to express their health needs and advise policy makers.



How do we do?

- We work with different types of homelessness accommodations to make sure the different needs of our clients are met.
- We enable people experiencing homelessness to take more control of their lives, have a greater influence on services.
- We value the experience and skills people gain through their lives.
- We take an asset-based approach - starting with the skills, experiences and knowledge that someone already has gained.

Groundswell: Supporting end of life client



- Nearly a third of the deaths of people experiencing homelessness identified from the records were in the London region.
- People are more likely to die young, with an average age of death of **47 years old** and even lower for women experiencing homelessness at **43**, compared to 77 for the general population, (74 for men and 80 for women).
- Homelessness among older populations is becoming increasingly widespread across the world
- It is associated with an aging population, and other compounding factors such as poverty, rising inequality, and housing costs.



- Among the homeless population, older housed people with past experiences of homelessness are at an increased risk of mortality. This concurs with the general homeless population, who experience extremely poor health with excessive mobility and mortality relative to the population.
- The most frequently reported presentations include alcohol and drug dependence as well as mental illness. Moreover, geriatric conditions such as functional, cognitive, and sensory impairments and frailty are common in the aging homeless population.
- Generally, anyone above the age of 50 with a prolonged experience of homelessness is considered to be vulnerable to many of the physical and psychological health problems associated with older age.



End of life / palliative care for people experiencing homelessness

What do you need to consider when supporting someone experiencing homelessness who has a end of life, palliative diagnosis?

Case study

- Jerzy was a 57-year-old Lithuanian gentleman who was rough sleeping in Westminster. He was alcohol dependant and had poor physical health.
- Jerzy's mobility was very poor. Unable to walk independently.
- Jerzy did not have recourse to public funds in the UK. (Meaning he could not apply for benefits). We had to address his poor physical health while he was sleeping in a park in Westminster.
- Jerzy could not speak English.
- Jerzy was diagnosed with cancer of the throat with a life expectancy of 6 months.

Groups discussion:

In your groups, we would like you to think about the practical and emotional wellbeing needs for the client.

Practical needs:	Emotional needs.

Practical needs:

- **The stages of the end of life care pathway are:**
- Discussions as end of life approaches
- Assessment, care planning and review
- Coordination of care
- Care in the last days of life
- Care for the family after the death



Emotional and psychological wellbeing needs:

- **TIME** - is the most precious thing we can give someone
- **CONNECTION** to help build a relationship.
- **INTERACTION** to help build social skills.
- **EMPATHY** to show someone cares.
- **BREATHING TECHNIQUES** to help with anxiety and promote calm.
- **INSPIRATION** gives a desire to try new stuff.
- **PURPOSE OF BEING** to build self worth.
- **SELF-ESTEEM** to build confidence.
- **INCLUSION** to feel part of.
- **MENTAL STIMULATION** having something to look forward to.
- **PHYSICAL EXERCISE** releases Dopamine.
- **AT ONE WITH NATURE** releases Endorphins.



Group discussion

Practical needs:	Emotional needs:
Apply for Settled Status.	Family support
Source suitable accommodation	Professional philological support.
Alcohol support services.	Social networks / friends.
Care act assessment / adult social services	End of Life plan. (What does Jerzy wants)
Navigation of multiple services.	Emotional support in his own language.
Palliative care plan.	
Occupational Therapy assessment	

Outcome with Jerzy

- Jerzy was referred to an immigration team based at a day centre in Westminster. Using NHS records, we were able to apply for Settled Status. This resulted in Jerzy being able to make a Universal Credit and Housing Benefit claim.
- Jerzy was initially placed in a hostel in Westminster with 24hour support.
- However, his care needs increased. A referral was made to Adult Social Services. Careers were put in place to support with shopping, cleaning and bathing.
- Jerzy stopped drinking alcohol, however started to use heroin to help manage his pain.
- Jerzy was being supported by multiple support services, which resulted in the need for clear leadership of his care, managing who was responsible for what.
- Jerzy's care was to be moved from primary care support to palliative support teams.
- Jerzy was very frail, and forgetful. Groundswell peers and care-navigator supported with regular collection and delivery of medication.

Outcome with Jerzy

- Jerzy's wishes were for him to have his own flat so his mother could visit from Lithuania. A flat was found and Jerzy moved in with a once-a-day package of care. Jerzy had never managed his own tenancy; he required floating support to help with maintaining his tenancy.
- Jerzy needed psychological support due to his palliative diagnosis. Our in-house Psychologist visited Jerzy weekly.
- Jerzy became overwhelmed with the number of different support workers he had from different services. He began to disengage.
- Jerzy started to have 'friends' stay at his flat. There was a fear of predation and evidence his medication was being stolen. Referral to Adult safeguarding was made. A safe was purchased for Jerzy to store his medication and valuables.
- Jerzy's mother was provided support for her to travel to the UK on 3 occasions prior to his death. Jerzy's wish was to pass away in his flat with his mother, and not a hospital or hospice.
- Jerzy was taken to hospital, as the pain he was experiencing could not be managed while he was at home. Jerzy passed away with his mother at his bedside.

Useful links


- <https://groundswell.org.uk/wp-content/uploads/2020/10/Supporting-staff-when-a-client-dies-to-ol-kit.pdf>
- <http://www.homelesspalliativecare.com/>
- https://www.mungos.org/service_model/palliative-care/
- <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/proving-good-quality-care/homeless-people>
- <https://groundswell.org.uk/wp-content/uploads/2021/09/Westminster-Palliative-Care-information-sheet.pdf>

Q&A

Thank You



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 www.groundswell.org.uk

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