

Hostel Challenges: Frailty, Multimorbidity and Palliative Care

Dr Caroline Shulman

GP in Homeless and Inclusion Health

Honorary Senior Lecturer UCL, Pathway Research Fellow

Caroline.Shulman1@nhs.net

@carolineshulman 



Today's Talk

- Homelessness and Frailty, Multimorbidity and Palliative care: evidence from 2 different research projects
- Dying as a homeless person
- Challenges for hostels
- Reflections and recommendations

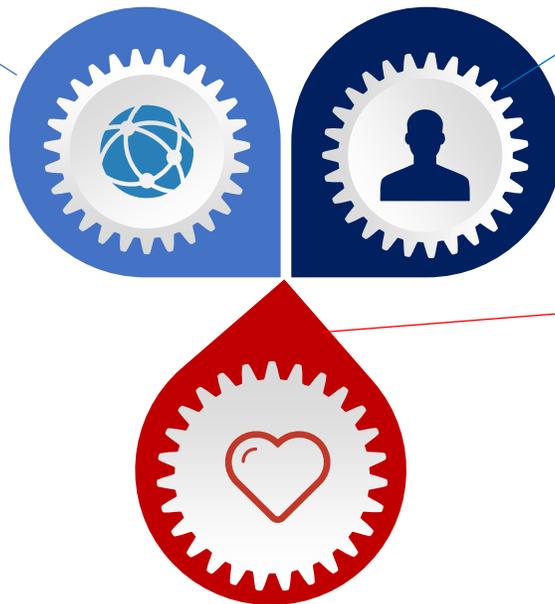


Homelessness is a Health Issue

Complex needs & Tri-morbidity

Substance Misuse

> 60% history of substance misuse



Mental Health

70% reach criteria for personality disorder
25-50% dual diagnosis
Psychotic disorders 15x higher

Physical Health

>80% at least 1 health problem,
20% > 3 health problems

Hepatitis C – 50 x higher
TB – 34 x higher
Heart disease 6x higher
Stroke 5x higher
Epilepsy 12x higher

High rates of multimorbidity and early onset frailty

St Mungos (2010), Homelessness, it makes you sick, Homeless Link Research (n = 700)

Suzanne Fitzpatrick et al (2010) Census survey multiple exclusion homelessness in the UK (n= 1268)

Story, A. (2013) Slopes and cliffs: comparative morbidity of housed and homeless people. The Lancet. Nov 29. Volume 382. Special issue. S1-S105

Hostel Study: Frailty and Geriatric Conditions

- 42 bedded hostel: single homeless people aged over 30, history of rough sleeping
- 33 out of 40 eligible people participated (82%)
- Average age: 55
- Geriatric conditions:
 - > 50% : Falls, Mobility problems, Low grip strength & Visual problems
 - Cognitive impairment 45%, Malnutrition 39% and Urinary Incontinence in 30%
- Frailty:
 - *Reduced strength; Reduced walking speed (gait speed); Fatigue (self-reported exhaustion); Low physical activity; Unintentional weight loss*
 - 55% frail (3 or more of above), 39% pre-frail (1 or 2 of above), Average 2.6/5
 - Equivalent to 89 year olds in general population
- Multimorbidity:
 - Everyone had 2 or more long term conditions
 - Average number of long-term conditions per person > 7
- Degree of vulnerability should be considered similar to nursing home residents



Life Expectancy

Office of National
Statistics: 2018

726 deaths in UK (Street
and emergency
shelters)

Mean age:

45 for men (88%)

43 for women (12%)

40% related to drug
poisoning

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2018>

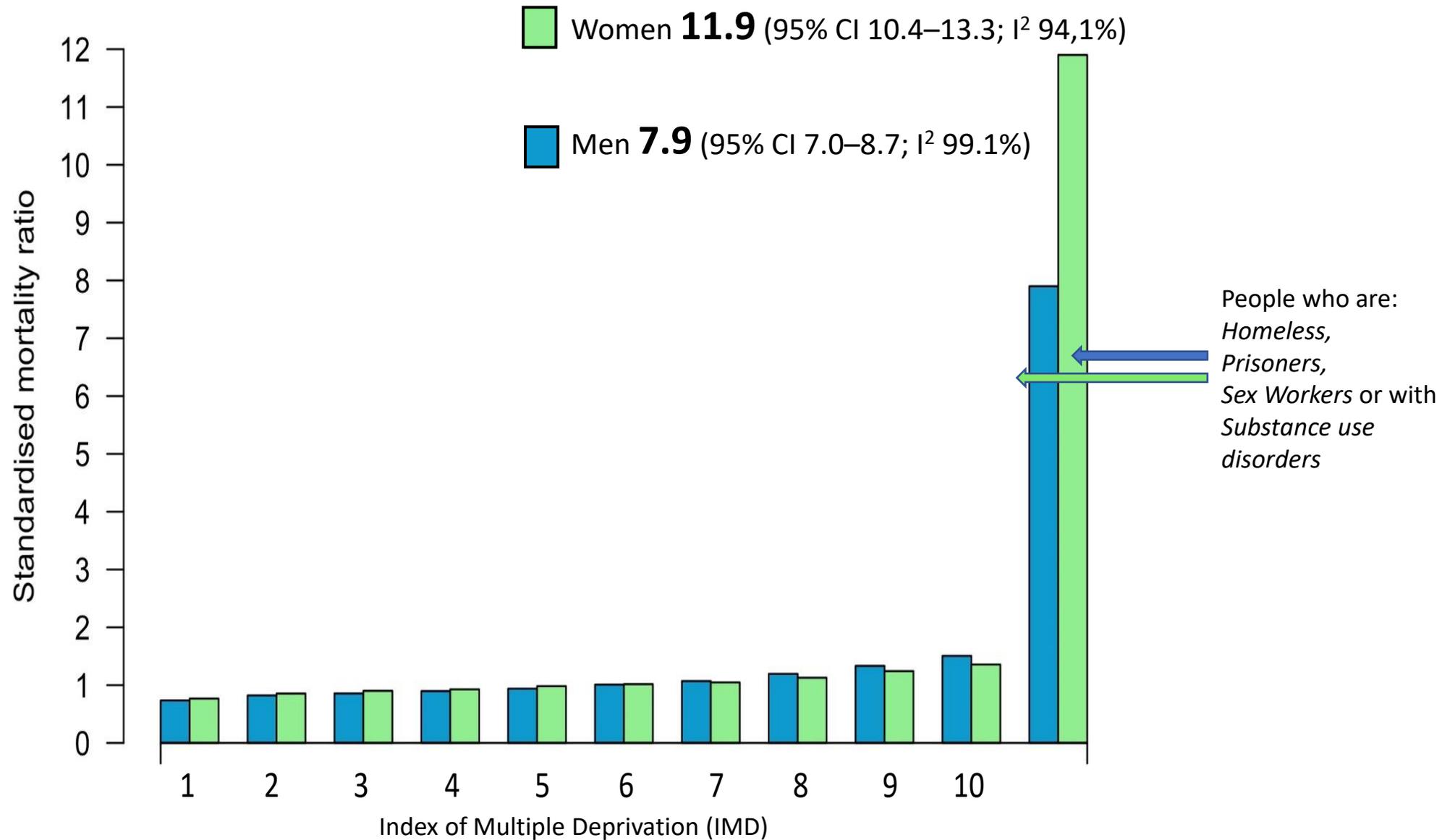
Homeless deaths rose by a record 22% last year, says ONS report

**Charities demand action after estimated 726 homeless people die
in England and Wales**



▲ Jon Sparkes from Crisis said homeless people 'should not be dying unnoticed and unaccounted for'. Photograph: Yui Mok/PA

Homeless people are dying young



Dying as a homeless person

**Deaths are often sudden, untimely and undignified, with access to palliative care being very unusual
*(Crisis report 2012)***



Gemma (28)



Nick (52)



File on 4: Dying on the streets



Palliative care research

What are the challenges to palliative care for people who are homeless in London, and what could be done to improve care for this group?



Challenges for hostel Staff

*When I first came into this I thought this is about recovery, it's not. I mean ... realistically ... it can't be. And it isn't. Very few people recover. **Specialist homelessness nurse***

*Most care homes are for people with dementia who are older; it's just, it's our patients just don't fit any of these like rigid things....the care homes themselves are like 'what?! 'We don't want this 29 year old"... you know?
Specialist homelessness nurse*

Challenges for hostel staff

Social services say 'they're still drinking, so we're not going to give them a package of care'. Even if they're drinking, they still need to get in and out of a bath, or use a commode. Their drinking doesn't mean they're not entitled to services. **Drug and alcohol worker**

"At least three times a shift we check she's okay. It's hard... particularly on weekends and nights when we only have two staff... it's a big hostel [60 residents]... this isn't an appropriate environment, but it's the best we have" **Hostel staff**

Challenges for hostel staff



- Homelessness services role is to support people into recovery
- Hostels are designed to provide temporary accommodation
- Staff left to support people with increasing complexity, with limited resources
- Staff go way over and above their role and often have difficulty accessing adequate social services & medical support
- Lack of alternative places of care with high care and support needs due to
 - Young age
 - Substance misuse
 - Mental health / behavioural difficulties

Overcoming the challenges



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Recommendations:

What's needed to address the inequity in care for people experiencing homelessness

- Clinical practice – everyone's responsibility

- Trauma informed, holistic, person-centred care where people are, eg in-reach into hostels, by: primary care, mental health practitioners / psychiatrists, substance use practitioners, palliative care
 - Proactive Identification of under-recognized needs: frailty, palliative care, cognitive impairment, poor nutrition, incontinence, poor vision, mental illness, autistic spectrum, ADHD
 - MDT approach including undertaking functional assessments to help facilitate appropriate (social care) support
 - Advance care planning exploring insights and what 'living well' means
- Better support for hostel staff and other homelessness providers

- Policy

- Whole person commissioning for homelessness nationally and locally: including physical and mental health, social care, public health & housing
- Need for alternative places of care with more wraparound support
- Choice in place of care, and care in place of choice



*Listen to and involve
people with lived
experience*

With thanks to:

Staff and residents working in Hostels and Day centres

Pathway: Dr Rafi Rogans-Watson, Dr Nigel Hewett, Julian Daley

Marie Curie Palliative Care Research Department, UCL: Dr Briony Hudson, Professor Paddy Stone

St Mungo's: Niamh Brophy & Peter Kennedy

UCL collaborative centre for Inclusion Health: Dan Lewer

The Oak Foundation

Caroline.Shulman1@nhs.net
R.roganswatson@nhs.net
Briony.Hudson@mariecurie.org.uk



@carolineshulman
@Rafirw
@brionyhudson



Useful Resources

Homeless Link to find out about homeless hostels and day centers in your area

<http://www.homeless.org.uk>

Homeless Palliative Care Toolkit www.homelesspalliativecare.com

Faculty of Homeless and inclusion health: Join for free – Standards for providers and commissioners, publications, network, local meetings:

<http://www.pathway.org.uk/faculty/>

Advocating for homeless people around GP registration

<https://www.healthylondon.org/homeless/healthcare-cards>

Reporting a rough sleeper:

<http://www.streetlink.org.uk>



Our publications & contributions

- R. Rogans-Watson, C. Shulman, D. Lewer, M. Armstrong, B. Hudson Premature frailty, geriatric conditions and multimorbidity among people experiencing homelessness: a cross-sectional observational study in a London hostel, *Housing, Care and support* <http://dx.doi.org/10.1108/HCS-05-2020-0007>
- Shulman C, Hudson BF, Low J, Hewett N, Daley J, Kennedy P, et al. End-of-life care for homeless people: A qualitative analysis exploring the challenges to access and provision of palliative care. *Palliative Medicine*. 2017;0(0):0269216317717101.
- Hudson BF, Shulman C, Low J, Hewett N, Daley J, Kennedy P, et al. (2017) Challenges to discussing palliative care with people experiencing homelessness: a qualitative study. *BMJ Open* 2017;7:e017502. doi: 10.1136/bmjopen-2017-017502
- Shulman, C., Hudson, B.F, Brophy, N., Kennedy, N., & Stone, P (2018). Evaluation of training on palliative care for staff working within a homeless. *Nurse Education Today* Sep 29;71:135-144. doi: 10.1016/j.nedt.2018.09.022.
- Hudson BF, Flemming K, Shulman C, Candy B. Challenges to access and provision of palliative care for people who are homeless: a systematic review of qualitative research. *BMC Palliative Care*. 2016;15(1):96.
- CQC & Faculty of Homeless and Inclusion Health (2017). A Second Class Ending. Exploring the barriers and championing outstanding end of life care for people who are homeless
- VCSE Health and Wellbeing Alliance (2018). Care Committed to Me. Delivering high quality, personalised palliative and end of life care for Gypsies and Travellers, LGBT people and people experiencing homelessness.