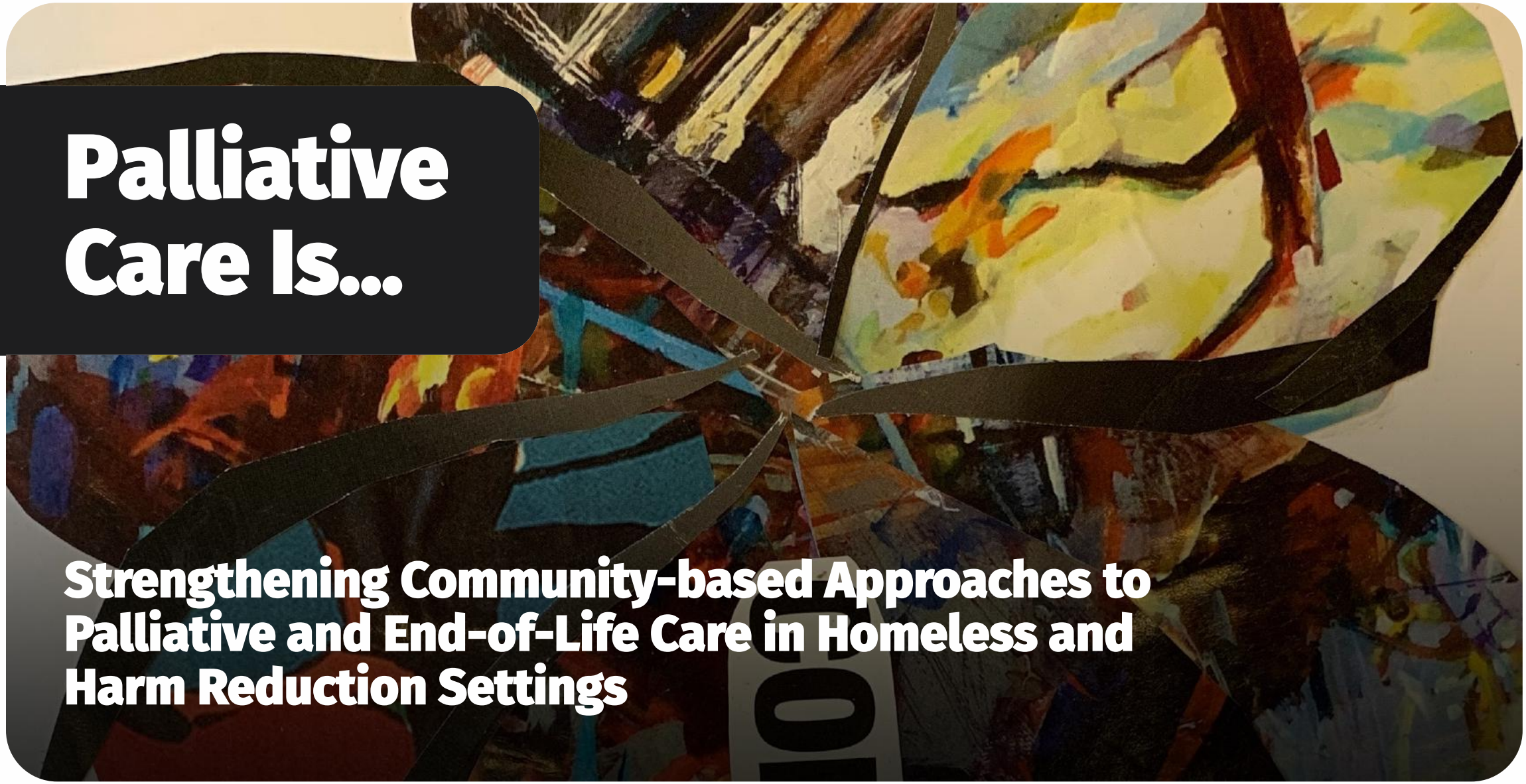
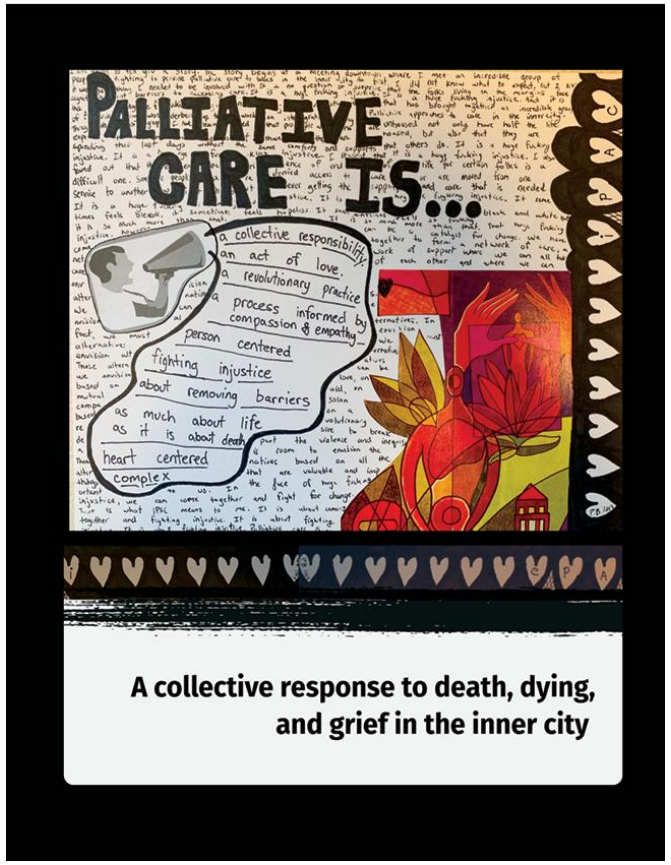
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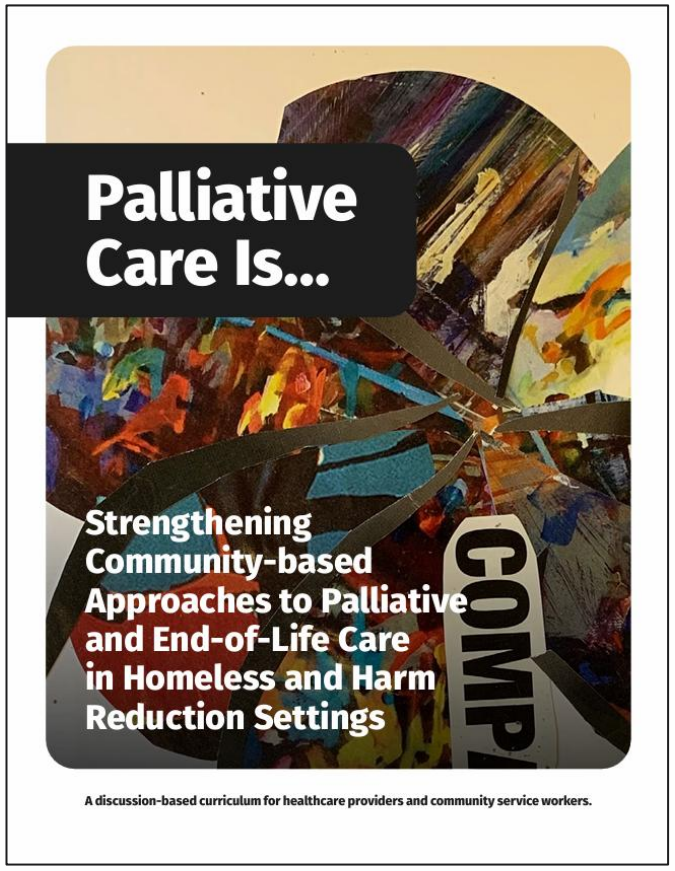


Strengthening Community-based Approaches to Palliative and End-of-Life Care in Homeless and Harm Reduction Settings

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The Resource Guide and Curriculum





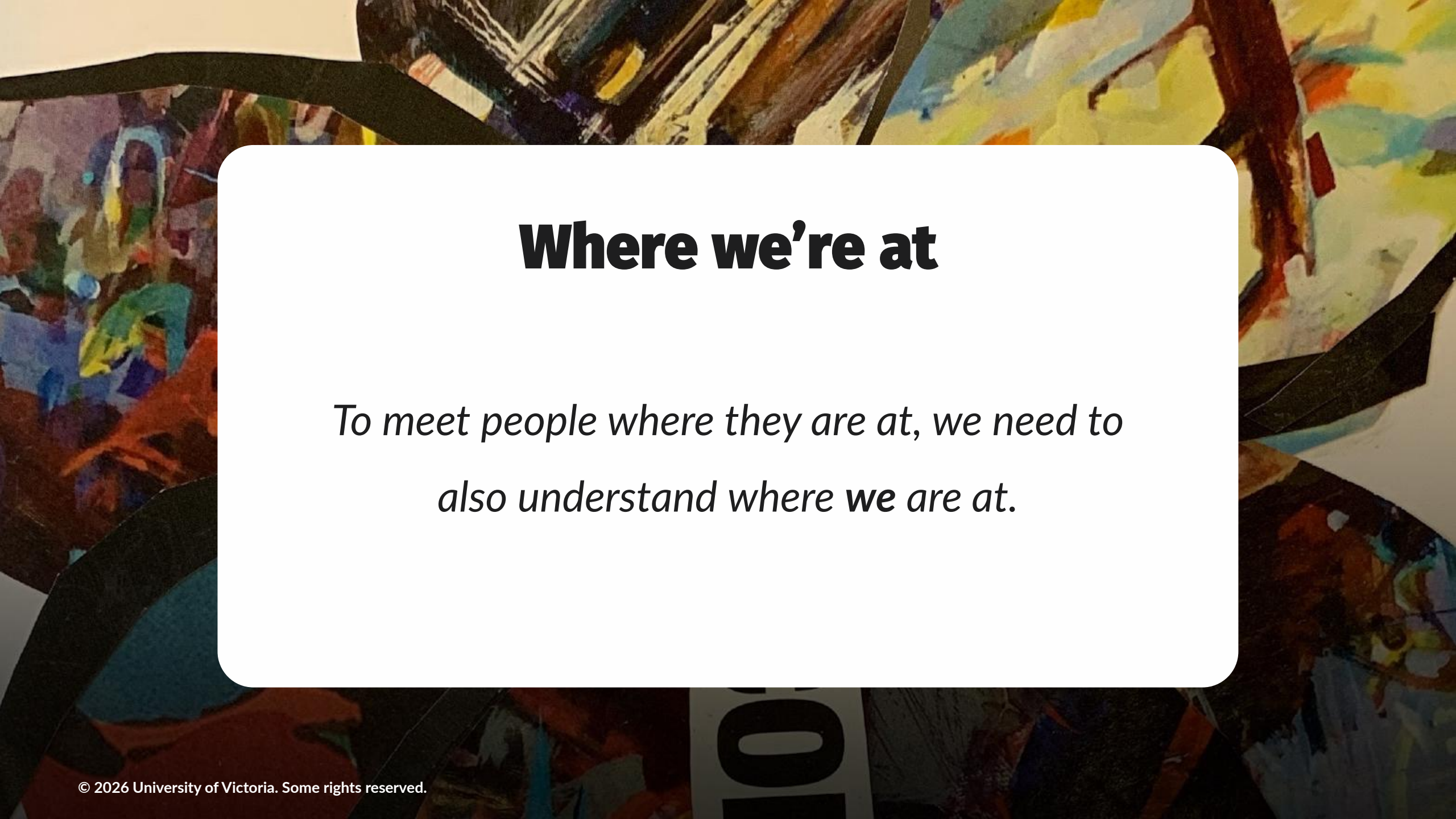
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This curriculum was developed through the *Palliative Approaches to Care in Aging and Community Health* Research Program at the University of Victoria led by Dr. Kelli Stajduhar.

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Where we're at

*To meet people where they are at, we need to also understand where **we** are at.*

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A Palliative Approach to Care in Homeless and Harm Reduction Settings

Corresponds to Chapters 1 & 2 in the *Palliative Care Is... A collective response to death, dying, and grief* Resource Guide.

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Homelessness, Health, and Serious Illness

- **Determinants of Health:** factors that shape health, beyond biology and genetics
- More poor factors ***(health inequalities)*** = more likely to:
  - develop serious illnesses
  - have illnesses go undiagnosed or untreated
  - have poorer health outcomes

Being Homeless → Poorer Health



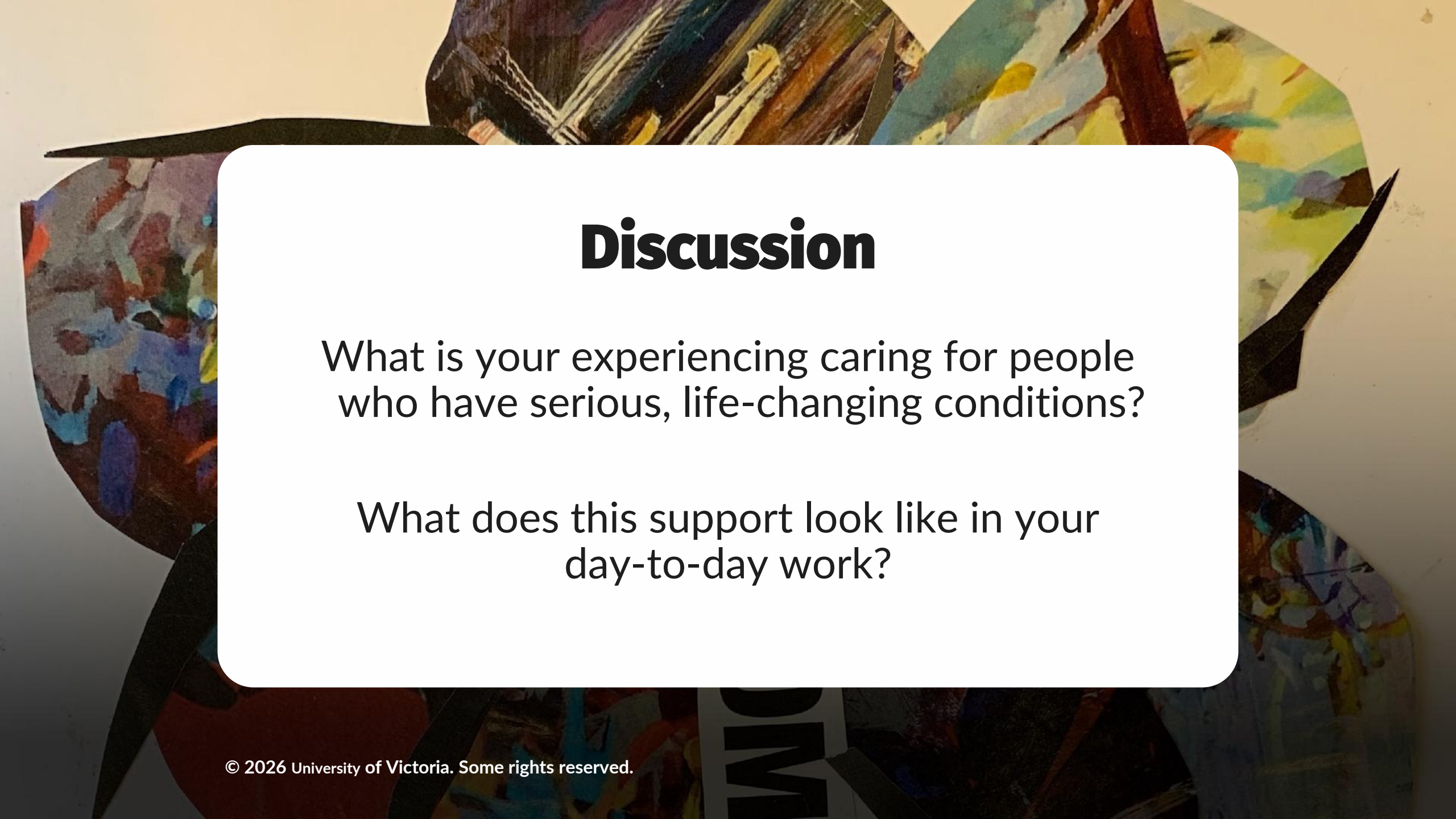
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Homelessness is a life-limiting condition.

And life-limiting conditions should be supported with a palliative approach to care.



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Discussion

What is your experiencing caring for people who have serious, life-changing conditions?

What does this support look like in your day-to-day work?

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Why a Palliative Approach to Care matters...

In homeless and harm reduction settings illness, death and dying are all around us in, but rarely planned for.

- Many deaths are preventable (preventable illness can become life-threatening in these contexts)
- Serious illness is recognized too late
- Workers experience repeated loss with little support
- Conversations about death and dying rarely happen (unless it's a crisis)



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What is Palliative Approach to Care?

- Begins early (not just in the final days of life)
- Focuses on quality of life, dignity, and comfort
- Supports the whole person: physical, emotional, social, spiritual, and cultural wellbeing
- Guided by the person's priorities, goals, and wishes
- Can happen anywhere (not just hospitals or hospices)



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A Palliative Approach & Harm Reduction

- Both approaches start from the understanding that people deserve dignity, compassion, and care regardless of where they're at in life.
- Both approaches share similar values:
  - Meet people where they're at
  - Person-directed care
  - Respect autonomy and self-determination
  - Build trusting relationships
  - Reduce suffering
  - Focus on quality of life



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Your Role in the Circle of Support and Care

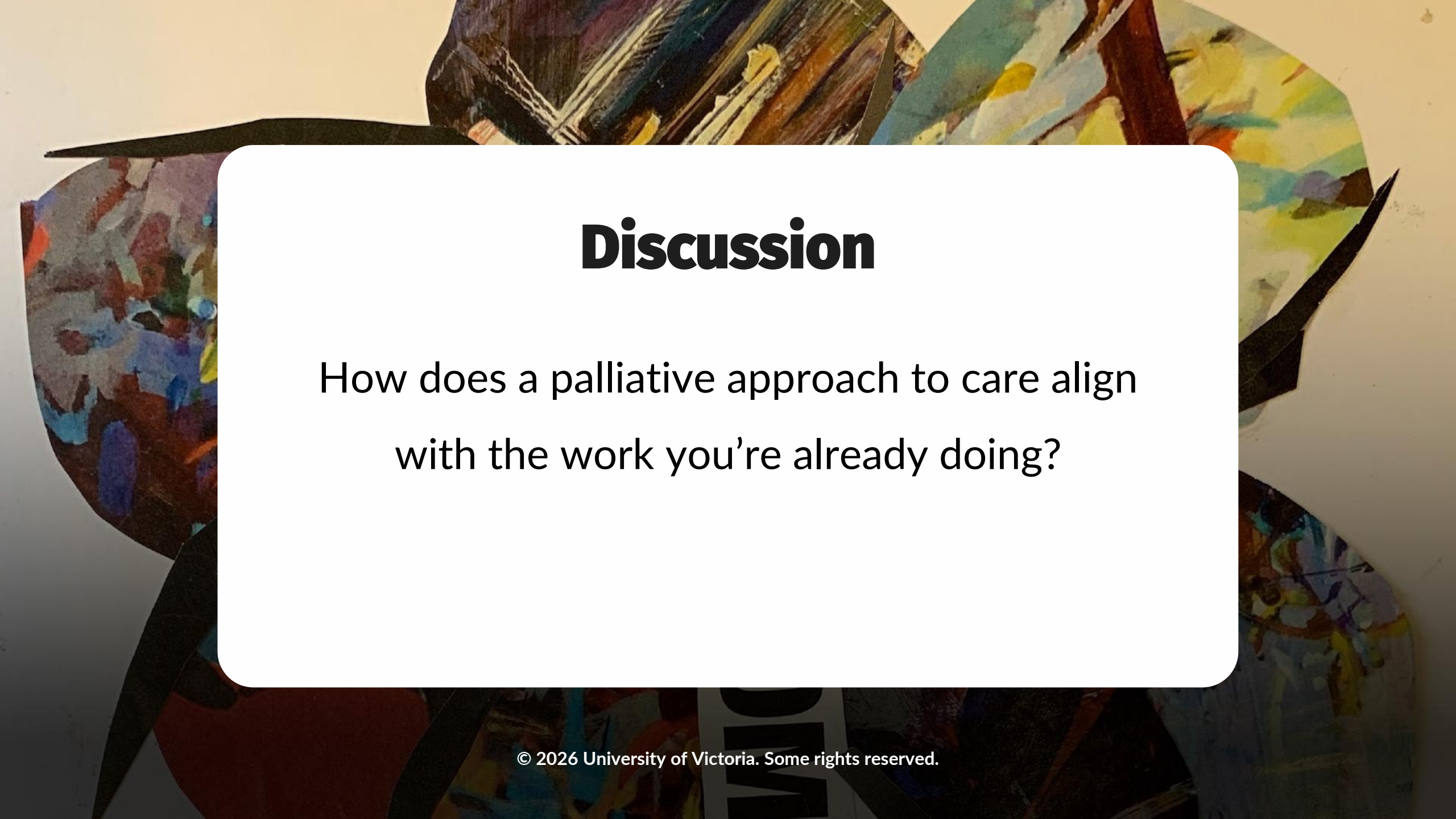


- You are providing a palliative approach to care when you are:
  - Helping people access housing, food, and income
  - Accompanying people to appointments
  - Listening and talking about health concerns
  - Building trusting relationships
  - Advocating within complex systems
  - Connecting people to additional supports
  - Working alongside healthcare providers

You are part of the circle of care

(and you deserve support too)

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Discussion

How does a palliative approach to care align with the work you're already doing?

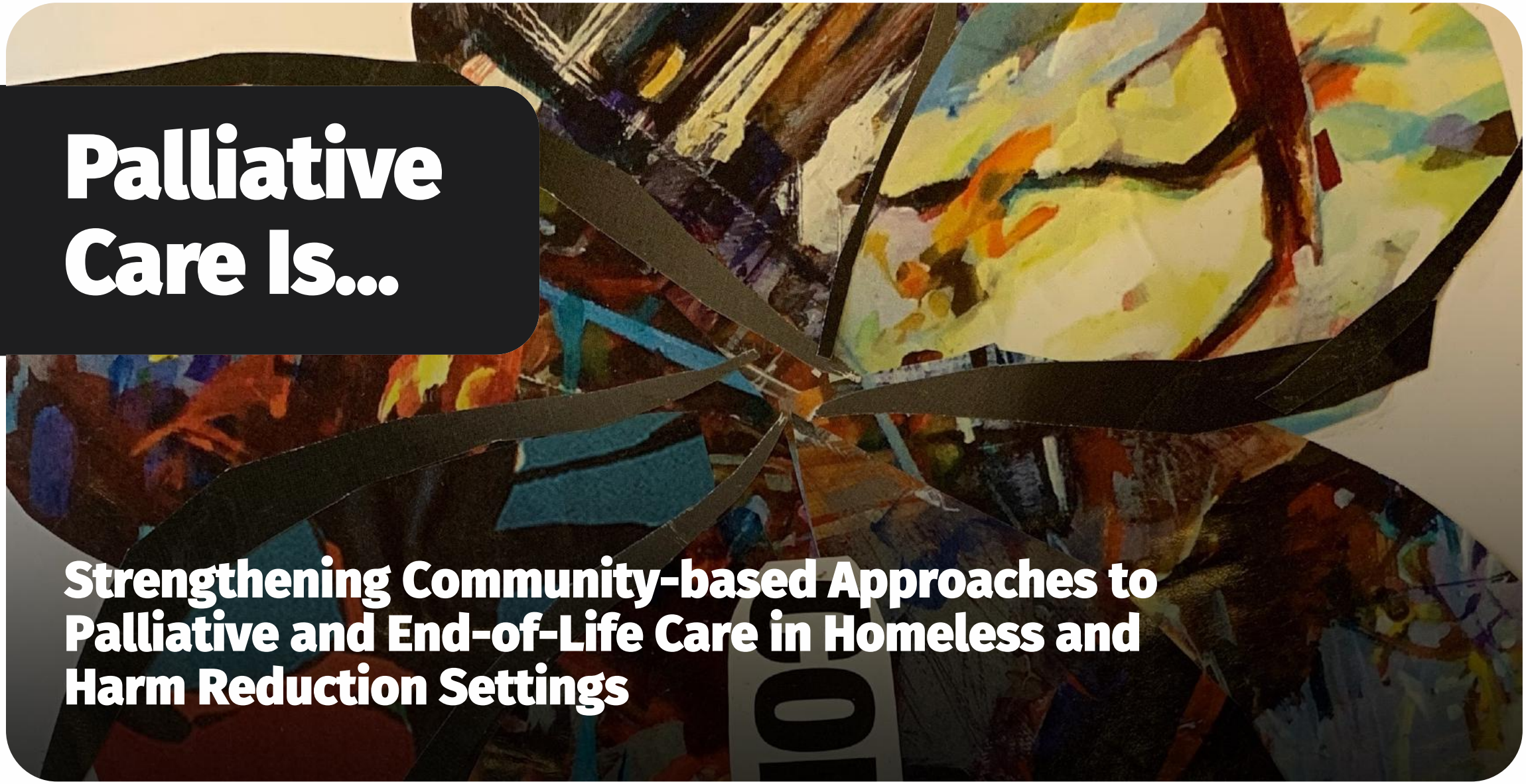
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Review the Resource Guide:

Palliative Care Is...A collective response to death, dying, and grief in the inner city

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Palliative Care Is...

Strengthening Community-based Approaches to Palliative and End-of-Life Care in Homeless and Harm Reduction Settings

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01

Recognizing When Someone is Seriously Ill

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Recognizing When Someone is Seriously Ill

Trust your gut!

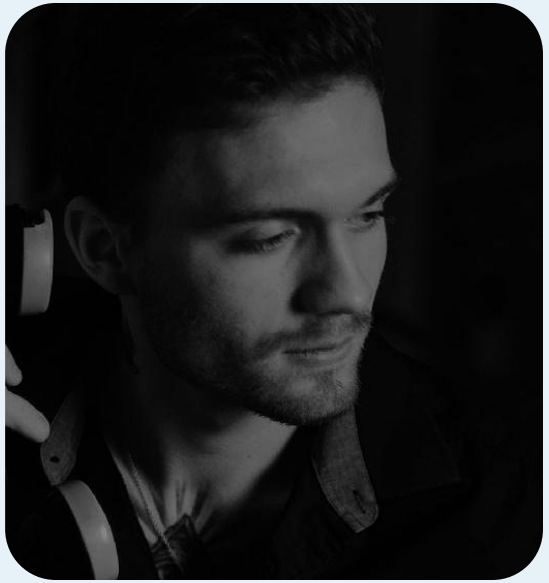
If something feels wrong, it might be worth asking about

- Illness and dying often follow patterns that can be recognized
  - Sudden
  - Steady
  - Roller coaster
  - Slow
- Early recognition helps both workers and the people they support understand what's going on and plan ahead.
- Being identified as needing a palliative approach can open doors for additional supports (like food, housing, pain relief, and other quality-of-life resources)

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Case Scenario

James' Story



James is a 52-year-old man who has been living in a shelter for the past few months. He has a long history of alcohol use and was recently hospitalized for a severe infection in his leg. Since being discharged, you've noticed some changes. He used to be social, sitting outside and chatting with others, but lately, he's been staying in his room more. He looks thinner, is coughing a lot, and seems confused at times. He says he's just tired, but something doesn't seem right.

Discussion Questions:

- What signs might tell you that someone like James is getting sicker?
- If James went to the emergency room today, what do you think would happen?
- What challenges might James face when trying to access care?

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02



Talking About Hard Things

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Talking About Hard Things

You gotta talk about it!

- Workers are often the only trusted people in someone's life, and their words can make a huge difference.
- Talking about illness or death can open the door to care planning, symptom management, and less fear.
- Listening for natural prompts and meeting people where they're at builds trust.
- Conversations don't have to be perfect; they just need to start.

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Case Scenario

Arielle's Story

Arielle is in her early 40s and staying at a women's shelter. She is a sex worker, has a history of substance use, and recently mentioned she was feeling "off." You've known her for awhile and she's usually sharp, funny, and active—but lately she seems more tired. She told you she's been in and out of hospital and isn't sure what the doctors are saying. She waved it off, but you're still thinking about it.



Discussion Questions:

- What changes made you feel like something might be going on with their health?
- When you're unsure how to start the conversation, what stops you? What's helped you push through and start talking anyway?
- What might happen if no one talks to her about what's going on? What could happen if someone does?

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03



Planning for the Future

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Planning for the Future

Talking about death can't change what's already happened... but it can change what happens next

- Planning ahead can ease moral distress for workers and ensure people's wishes are known and respected.
- Without a plan, decisions often fall to systems that don't know the person.
- Many workers are already doing "future planning" in informal ways
- Advance care planning gives people more control over their future, especially if they become too sick to speak for themselves.
- Recognizing chosen family, documenting wishes, and clarifying who should make decisions are essential parts of advance care planning.

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Case Scenario

Tasha's Story

Tasha is 38 and has been living in an encampment for the past year. She uses opioids and occasionally accesses the drop-in where you work. She's told you she's scared of hospitals because of how she's been treated in the past. Lately, you've noticed she's coughing more and seems more tired. One day, she says offhandedly, "If I ever end up in a coma or something, don't let them do anything weird to me."



Discussion Questions:

- What might be some follow-up questions you could ask Tasha?
- If you have heard someone say something similar in the past, what did you do or wish you had done?
- Did you notice any opportunity for support or planning here?

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04

Getting More Support



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Getting More Support

The support you're already giving IS a palliative approach to care

- Workers are already providing social, emotional, and even health-related support *(that is palliative care!)*
- A palliative approach to care is collective and includes community care, health care, and everyone in between.
- Early collaboration between workers, families, and health providers can prevent suffering and keep people in their communities longer.
- Supporting someone who is ill is hard work and burnout is real. Caregivers need to know they are supported and how to access that support.

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Case Scenario

Marc's Story



Marc is 59, living in supportive housing, and dealing with advanced liver disease. He trusts you, but he's stopped going to see a doctor because he says he feels judged every time. He's getting thinner, spending more time in his room, and says, "I just want to stay home, with my dog and my people." You've helped him get meals and rides to appointments before, but now it feels like he might need more support. You're not sure who else is in the picture or how much longer he'll be able to stay on his own.

Discussion Questions:

- What stands out to you? What makes you concerned?
- If you were supporting Marc, what would be your first step? What would you want to know?
- Have you supported someone like Marc before? What did you learn from that experience?

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05

Grief & Resistance



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Grief & Resistance

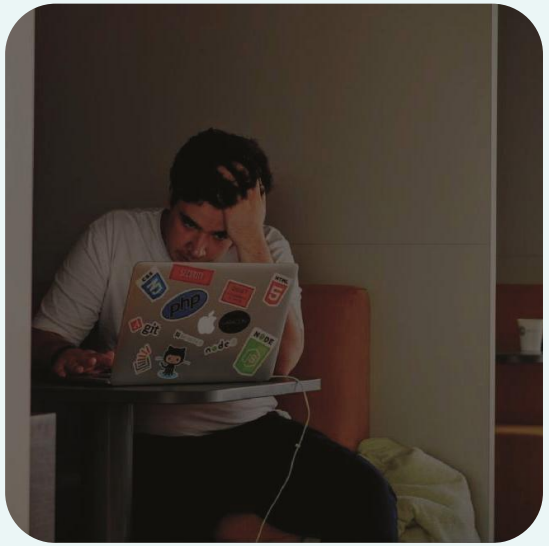
Grief is not yours to carry alone.

- Grief in this work is not personal failure. It's a response to relentless loss and structural violence.
- Grief isn't just emotional. It impacts health, decision-making, and our ability to keep showing up.
- Recognizing grief helps prevent burnout, isolation, and moral injury.
- Workers need *collective*–not just individual– ways of grieving and healing.

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Case Scenario

Ryan's Story

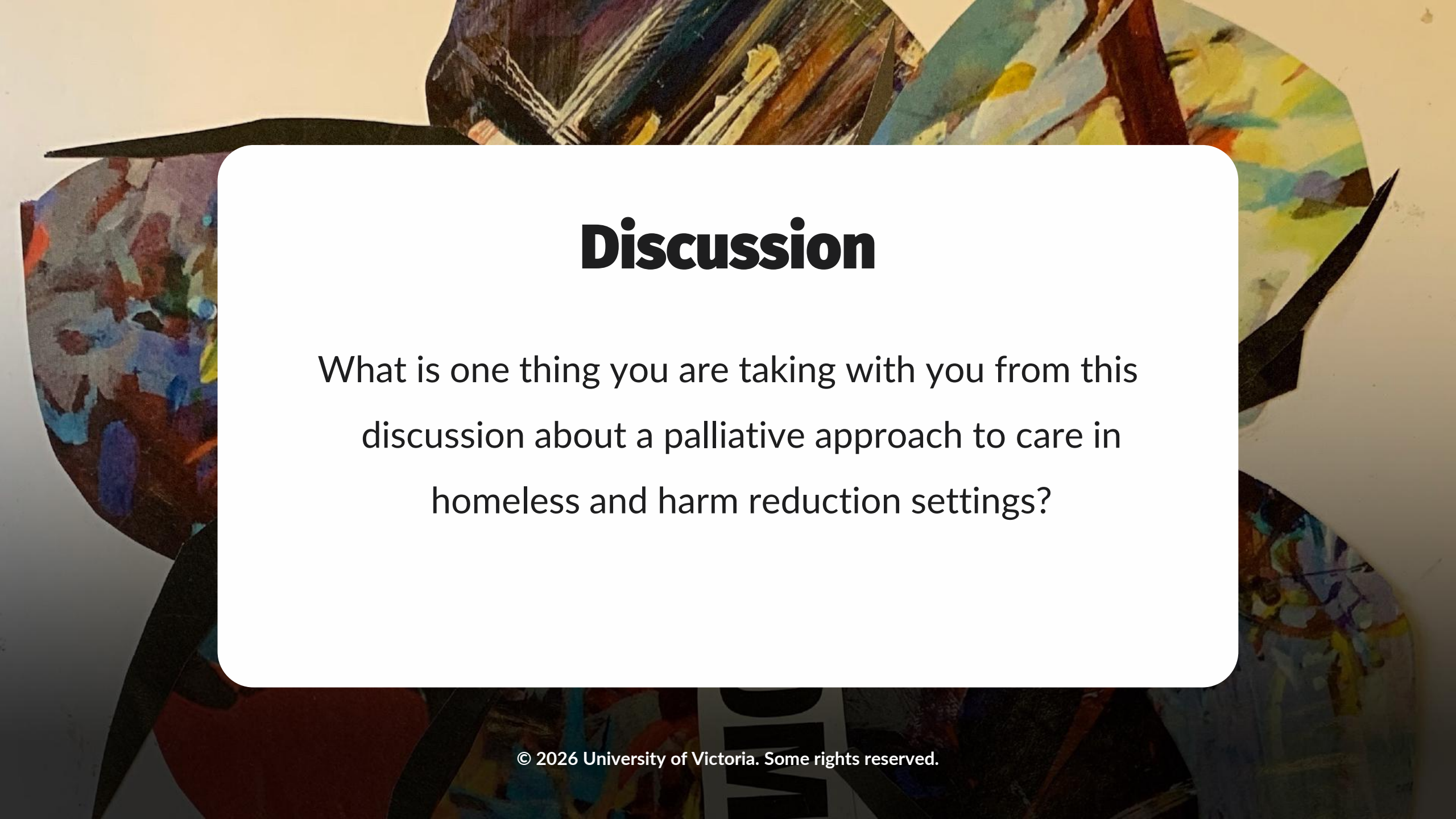


Ryan has been working as a support worker at a women's shelter for about a year now. A resident they were close to died suddenly in hospital. Ryan wasn't notified and is haunted by the feeling they didn't do enough. They haven't told their team because they're worried it would make them seem "too attached" or that it is not an appropriate way to respond in their role.

Discussion Questions:

- How do you feel about Ryan's situation?
- Have you ever been excluded from the grieving process?
- How could the workplace better support people who are grieving?

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Discussion

What is one thing you are taking with you from this discussion about a palliative approach to care in homeless and harm reduction settings?

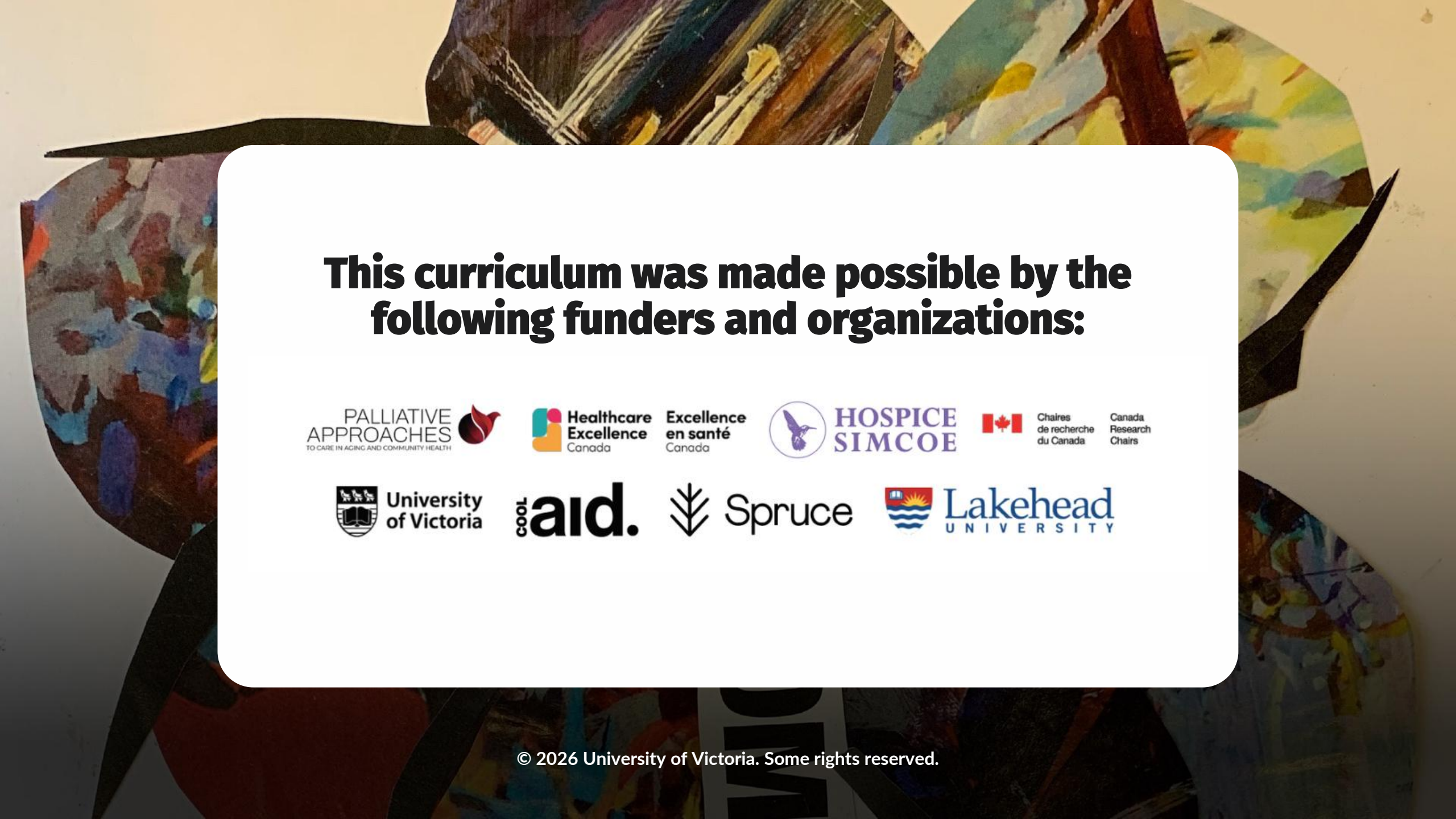
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