



Research  
Centre

## RESEARCH FOR BETTER HEALTH & CARE

Dying, Death, and Grief

# A palliative approach to care for non-healthcare workers supporting people who are homeless

We collaborated with workers to develop a training package and tools that will help them provide a palliative approach to care to people who are homeless.

## Key Considerations

Homelessness is a life-limiting and chronic health condition but because of societal stigma, negative judgement, discrimination and mistrust, people experiencing homelessness are often unable – or don't want – to access health care, including end-of-life services.

Addiction workers, shelter workers, peer workers and other workers who work with people who are homeless are able to build trusting relationships. They have the potential to help people get appropriate access to care. However, generally, they lack the knowledge to facilitate a palliative approach. This project developed a training package to help workers gain the necessary knowledge and tools.

## Project overview

A palliative approach to care provides earlier and ongoing care for people suffering from chronic and life-limiting illnesses. Because of societal stigma, negative judgement, discrimination and mistrust, people experiencing homelessness are often unable – or don't want – to access health care, including a palliative approach to care. However, they can have trusting relationships with addiction workers, shelter workers, peer workers and other workers who work with people who are homeless. Consequently, these workers could facilitate a palliative approach to care, but lack the knowledge to do so. To increase knowledge, we collaborated with workers to co-develop a training package and tools focused on a palliative approach to care.

## What did we do?

First, we wanted to find out from a variety of workers what their daily work is like and what already exists to help them learn about a palliative approach. We took 4 approaches to get this information:

- Conducted a survey of workers in 3 cities in Canada (Toronto, Calgary, Victoria)
- With their permission, we actively toured, observed and shadowed workers in their interactions with people who are homeless in their daily setting (this took place in Toronto and Calgary)
- We looked at what research that has already been done in this area had to say
- We attended a Town Hall in Calgary where members of the community gathered to discuss this issue

Next, we held a series of 4 workshops with workers in 3 Canadian cities (Toronto, Calgary, Victoria). These workshops invited workers to identify the topics they would find most useful in providing a palliative approach to care, and to identify the best ways of learning for their work conditions.

## What did we find?

We have developed an educational curriculum for social care workers working with homeless people on a palliative approach to care. A 3-part learning approach, based on the workers' preferred style of learning, has been used – (1) an introductory eLearning module, (2) an in-person workshop and (3) a website with information and resources for workers to access while on the job. The learning in all 3 parts is centred around a fictional narrative involving Stephen, a man experiencing homelessness, and Angela, a social worker helping Stephen. The workers' preferred areas for learning are indicated on the course map below.



We also identified the most appropriate method of providing the training in each part and for each topic.

## Innovative approach

Understanding that workers are experts in their daily work experiences and interacting with people who are homeless, we believed it was imperative that they were the ones who must guide this work. We took a co-development approach to creating the training package by working directly with workers who work with a homeless population every day. Many workers who were involved in this project have previous lived experience of what it means to be homeless.

Additionally, we know that Canada is a diverse country and local context can have a large impact on how people do their work. That is why a major focus of this project was to ensure that the developed curriculum is representative of different perspectives from across the country (Toronto, Calgary, Victoria).

### **IMPACT: How are we moving Knowledge to Action**

The project followed the Knowledge-as-Action (KAA) Framework using 6 different dimensions to ensure we are moving knowledge to action. Using the KAA framework and co-developing techniques, this project addressed the need for a training package and tools for palliative care and a palliative approach to care. We are working with organizations who have agreed to pilot the delivery of the curriculum across Canada.

### **Who are our collaborators?**

We worked with collaborators from 3 Canadian cities who are key stakeholders in palliative care for structurally vulnerable people. These stakeholders are providing input to this project as part of a steering committee:

- Dr. Naheed Dosani (Toronto)
- Dr. Simon Colgan (Calgary)
- Dr. Danica Gleave (Victoria)
- Dr. Sonya Jakubec (Calgary)
- Kristen Kvakic (Victoria)
- Ashely Mollison (Victoria)
- Dr. Kelli Stajduhar (Victoria)

We also collaborated with Janet Knighton of the SE Learning group for the design of the eLearning part of the training package.

### **About our researchers**

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### **About the SE Research Centre**

SE Health has made a strategic commitment to research – \$13 million over 13 years. The SE Research Centre conducts impact-oriented health services research and evaluation to synthesize, generate, translate, adapt and directly apply scientific evidence in the design, delivery and evaluation of person- and family-centred health and social care services.

At the SE Research Centre, we study the needs of people, their caregivers, and healthcare providers, to develop innovative solutions to tough health and social care problems. We generate research for better health and care.

The SE Research Centre has four fields of research and evaluation: Aging in Society; Dying, Death and Grief; Health and Care Experiences; and Models of Care Delivery.

We see possibilities everywhere.