BC Centre for
Palliative Care

Facilitating Equitable Access to Palliative and End-Of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025)

Insights Specific to:

People Living with a
Life-Limiting Illness and
Experiencing Unstable
Housing or Homelessness

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Knowledge Exchange Overview

In Spring 2025, the BC Centre for Palliative Care on behalf of the BC Palliative Care Research Collaborative hosted a three-part virtual **Knowledge Exchange Series** on *facilitating equitable access to palliative and end-of-life care for underserved populations in BC*.

Shaped by research, expert insights, and lived experiences, the series aimed to advance an equity-informed approach to palliative care by sharing stories, highlighting promising practices, strengthening connections between health and community systems, and identifying future directions for policy, practice, and research.

Discussions and activities focused on twelve underserved population groups with limited access to essential palliative and end-of life care services.

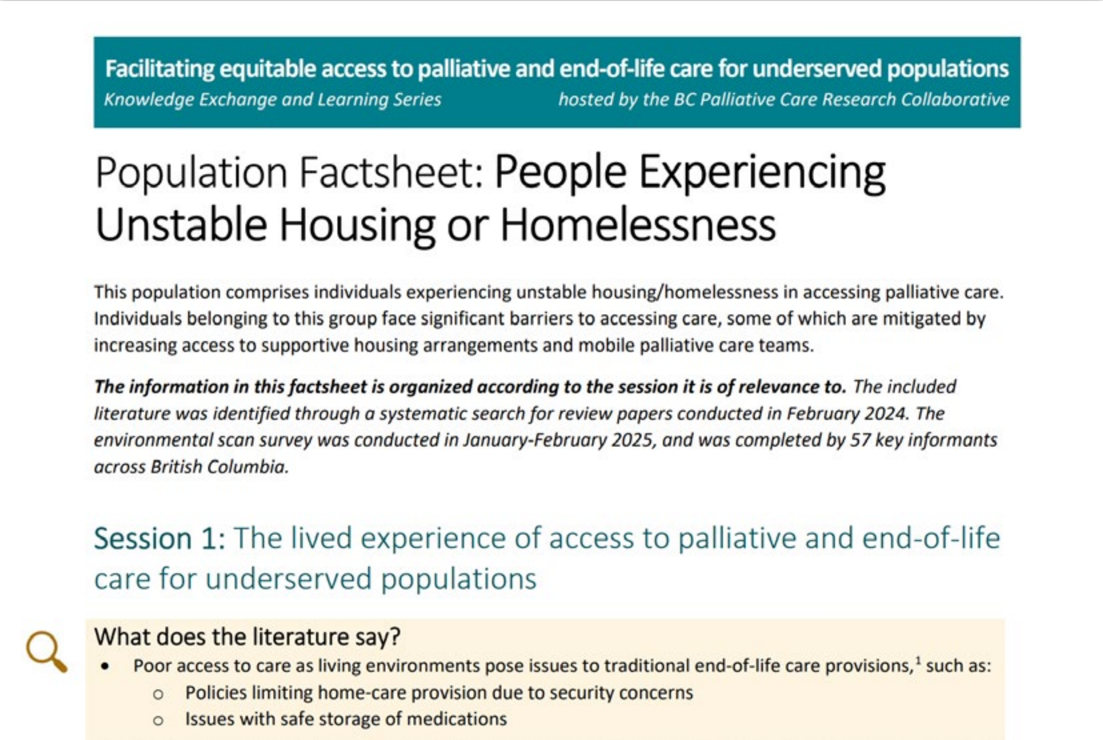
Read the full Summary Report here.

Insights Specific to People Living with a Life-limiting Illness and Experiencing Unstable Housing or Homelessness

Insights from the Literature and Key Informants

To inform discussions about **people living with a life-limiting illness and experiencing unstable housing or homelessness** during the Knowledge Exchange sessions, a population fact sheet was developed. The fact sheet summarizes key themes from a literature review and insights gathered from key informants through an online survey—highlighting experiences, opportunities, facilitators, and barriers to care.

View the population fact sheet here. A preview is shown below.



Facilitating equitable access to palliative and end-of-life care for underserved populations
Knowledge Exchange and Learning Series *hosted by the BC Palliative Care Research Collaborative*

Population Factsheet: People Experiencing Unstable Housing or Homelessness

This population comprises individuals experiencing unstable housing/homelessness in accessing palliative care. Individuals belonging to this group face significant barriers to accessing care, some of which are mitigated by increasing access to supportive housing arrangements and mobile palliative care teams.

The information in this factsheet is organized according to the session it is of relevance to. *The included literature was identified through a systematic search for review papers conducted in February 2024. The environmental scan survey was conducted in January-February 2025, and was completed by 57 key informants across British Columbia.*

Session 1: The lived experience of access to palliative and end-of-life care for underserved populations

What does the literature say?

- Poor access to care as living environments pose issues to traditional end-of-life care provisions,[1] such as:
  - Policies limiting home-care provision due to security concerns
  - Issues with safe storage of medications

Insights from the Knowledge Exchange Series

Key barriers, potential solutions and recommended actions that emerged from discussions on improving palliative and end-of-life care access for *people living with a life-limiting illness and experiencing unstable housing or homelessness.*

Insights Specific to People Living with a Life-limiting Illness and Experiencing Unstable Housing or Homelessness

Barriers

- **No safe spaces:** Clinician safety rules prevent providers from delivering care in places like encampments or trailer parks, limiting care options and delivery.
- **Inadequate follow-up care after discharge:** Patients who are unhoused and who have complex conditions often can't easily access follow-up care. Without stable housing, discharge planning becomes a major challenge—raising ethical concerns about discharging patients back into homelessness.
- **Communication gaps:** Difficulties staying in touch with patients—due to lack of phones or contact—delay care and reduce choice and comfort.
- **Limited care inclusion:** It's hard to involve all the people a patient wants (friends/family) in their care.
- **Distrust in systems:** Some patients avoid care due to past negative experiences or lack of trust in institutions.
- **Missing ID:** No ID or care card means people face difficulties in accessing essential services, blocking entry into care systems.

Solutions

- **Create safe care spaces:** Establish safe places to provide care that meet people where they are, such as at existing shelters or drop-in community health centres. Consider where the person can access treatment or a secure place that is closer to where their existing supports already sit.
- **Upskill volunteers/providers:** Provide training on harm reduction and trauma-informed palliative care.
- **Raise awareness of hospice:** Educate communities on hospices and palliative care and integrate social, clinical, and community care to reduce silos. This is particularly important amidst growing concern that underserved populations may find it easier to access Medical Assistance in Dying (MAiD) than the essential supports they truly need.
- **Bring care to the patient:** Meeting people where they are—including integrating pets and chosen family—builds trust.
- **Build community trust:** Strengthen local presence through health organization partnerships, patient navigators, and welcoming spaces like care cafés.
- **Promote inclusive housing:** Speak with local MLAs about what inclusive housing could look like, going beyond traditional models like nuclear family homes. Advocate for supportive, care-integrated housing models that reflect diverse needs.
- **Work around ID barriers:** Use temporary Personal Health Numbers so that people without ID can still access timely palliative care.

Recommended Action

Strict safety rules often block access to care in non-traditional living settings. We must create flexible, safe care spaces near existing supports to ensure dignity and continuity for those using substances or without housing, while maintaining safety for clinicians.

Insights from the Knowledge Exchange Series

After the Knowledge Exchange Series, participants completed a survey to prioritize the most important research questions and promising solutions for each underserved population.

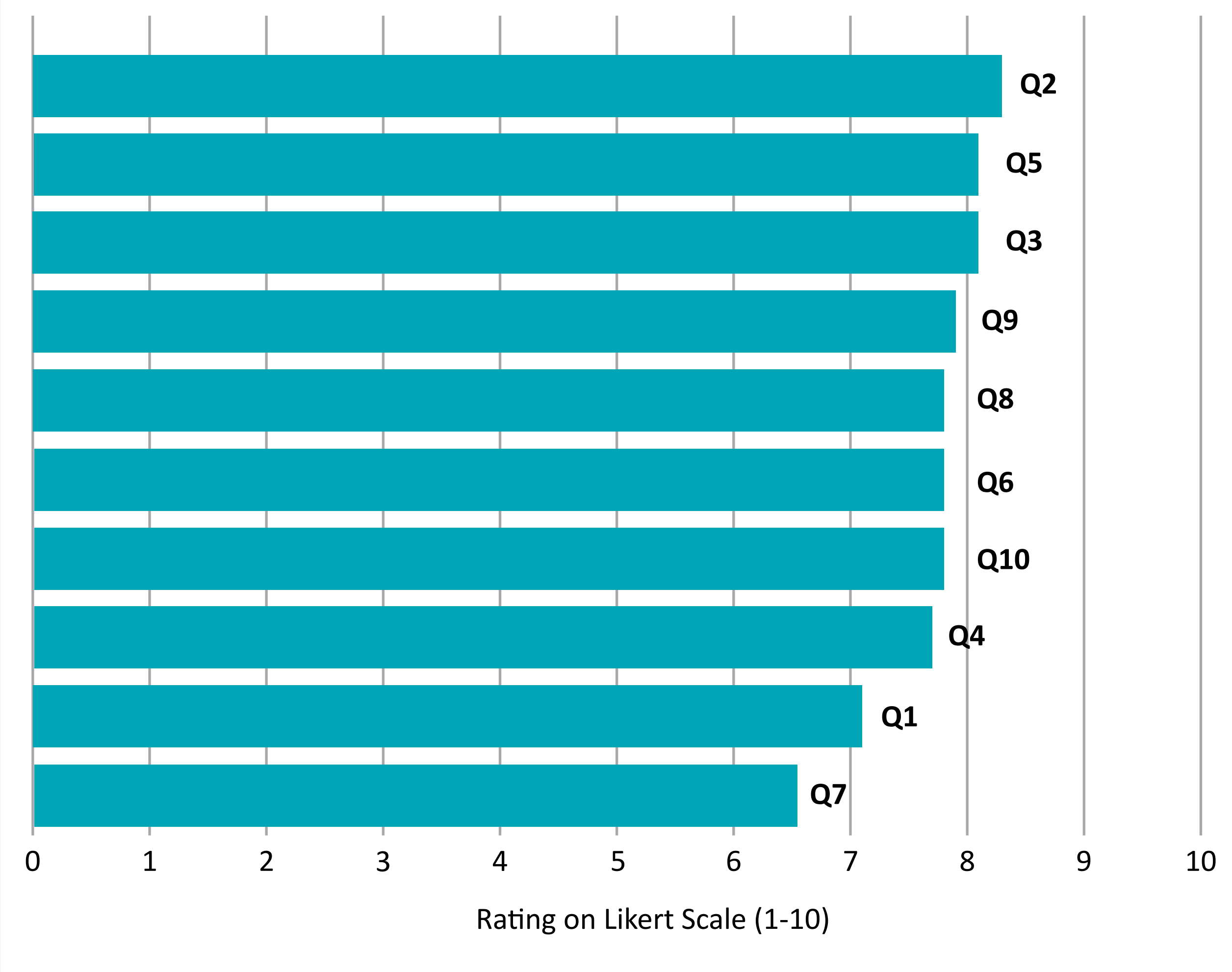
Top three rated research questions and promising solutions for *people living with a life-limiting illness and experiencing unstable housing or homelessness.*

	Top 3 Questions to Answer	Top 3 Solutions to Consider
1	**Education/Training** How can we strengthen staff education in de-escalation and trauma-informed care? How can we reduce stigma and stigmatizing language?	**System/Program Planning** Cultivating accessible, safe spaces to meet the population where they are.
2	**Research** How can we identify patients in need of care in order to better engage and support them?	**Education/Training** Education for staff on cultural differences, differences in communication, and history of trauma.
3	**Practice/Care** How can we better understand the needs and goals of this population?	**Education/Training** Education for patients around system navigation and palliative care literacy.

The average importance rating for each priority research question related to *people living with a life-limiting illness and experiencing unstable housing or homelessness.*

Priority Research Questions: What do you want to know or solve? *(Session 3 Breakout 1)*

Question		Average Rating
1	System/program planning: How can we address transportation barriers that inhibit someone's access to healthcare appointments and services? Are virtual appointments effective for addressing these issues?	**7.1**
2	Education/training: How can we strengthen staff education in de-escalation and trauma-informed care? How can we reduce stigma and stigmatizing language? *(Highest Rated)*	**8.3**
3	Practice/care: How can we better understand the needs and goals of this population?	**8.1**
4	Research: What does good care look like for the unhoused population and how do we measure it? Can we develop meaningful metrics to monitor and track improvements in care for this population?	**7.7**
5	Research: How can we identify patients in need of care in order to better engage and support them?	**8.1**
6	Practice/care: How can we navigate dual needs of advance care planning and immediate housing needs, especially when communicating with individuals facing housing instability?	**7.8**
7	Community engagement: How can community settings (such as libraries) be used to support this population?	**6.5**
8	Research: What strategies can be used to gather meaningful information about this population and foster a deeper understanding of their lived experiences to inform more responsive and effective care?	**7.8**
9	Education/training: What innovative ideas or projects are being used—or could be developed—to expand access to palliative care for people who are vulnerably housed or unhoused? How can knowledge sharing support the spread and adaptation of these approaches?	**7.9**
10	Research: Where are sources of funding for projects related to improving access to palliative care by clients who are unhoused or vulnerably housed?	**7.8**


Q2
Q5
Q3
Q9
Q8
Q6
Q10
Q4
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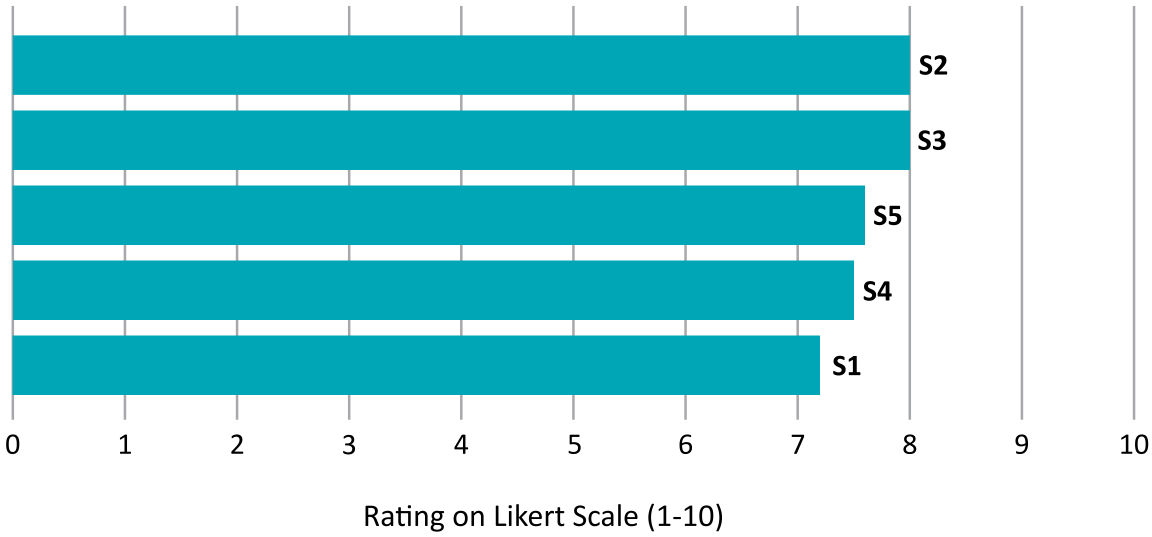
10
Rating on Likert Scale (1-10)

The average importance rating for each priority promising solution related to *people living with a life-limiting illness and experiencing unstable housing or homelessness.*

Priority Research Solutions: What can be done right now and by who? *(Session 3 Breakout 2)*

Solution		Average Rating
1	Education/training: Knowledge sharing of innovative ideas (for example, BCCPC could host sessions).	**7.2**
2	System/program planning: Cultivating accessible, safe spaces to meet the population where they are. *(Highest Rated)*	**8.0**
3	Education/training: Education for staff on cultural differences, differences in communication, and history of trauma.	**8.0**
4	Community engagement: Building community capacity by learning who is a part of these communities and having advance care planning and serious illness conversations with them; investing in their community's development.	**7.5**
5	Education/training: Education for patients around system navigation and palliative care literacy.	**7.6**



For similar insights on other underserved populations, visit the BC Centre for Palliative Care website here.

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Advancing palliative care through best practices, innovation and collaboration.

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