











Homecare workers providing end-of-life care for people with dementia

Lesley Williamson, NIHR Dementia Research Fellow Home Care Research Forum, September 2025

#PALLDEMhomecare #WorldAlzheimersMonth

Is dementia a terminal condition?













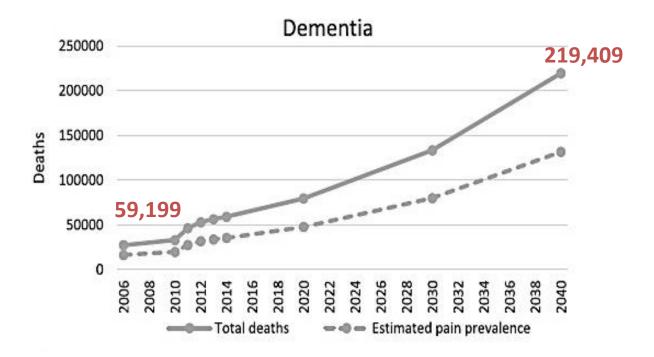


Fig 2: Number of people with dementia estimated to require palliative care from 2006 to 2040

(Solid lines represent total estimate, Dotted lines represent estimates of pain prevalence)











- 40% would benefit from palliative care¹
- Projected to increase substantially by 2040²

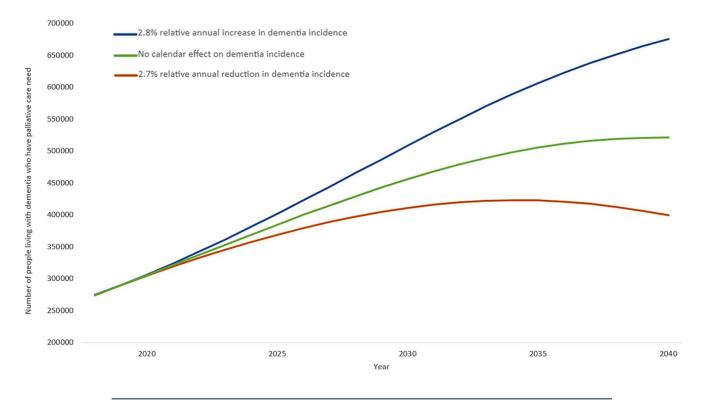


Fig 1: The projected number of people living with dementia in England and Wales who have palliative care need²











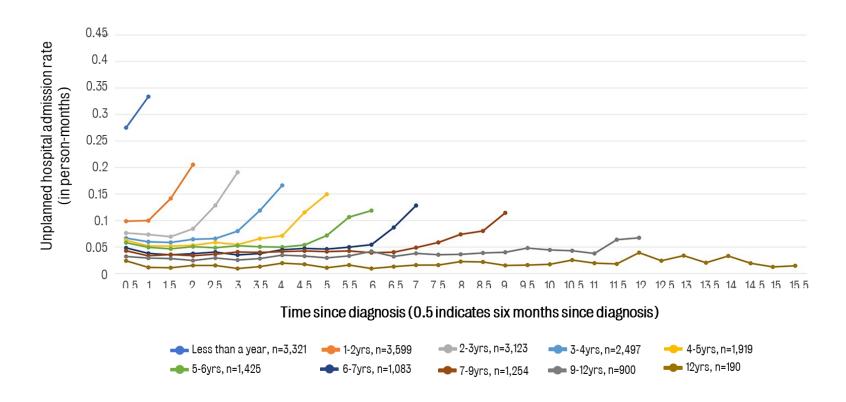


Fig 4: Unplanned hospital admission rates for people who died with dementia (n = 12,667) by duration of survival after diagnosis

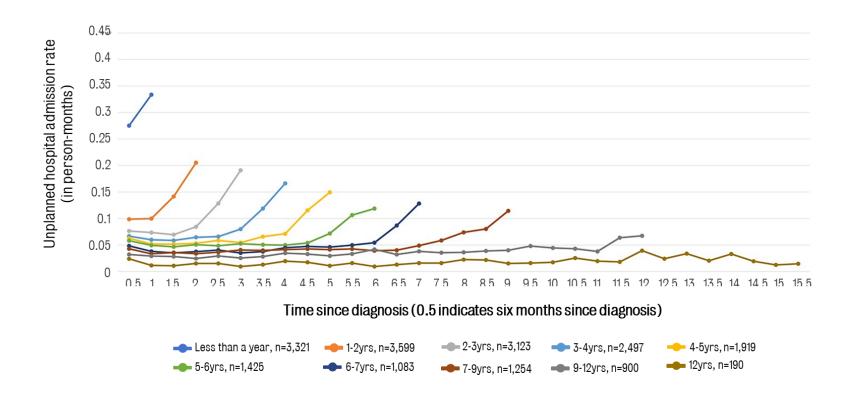












20%
last six months
of life in hospital











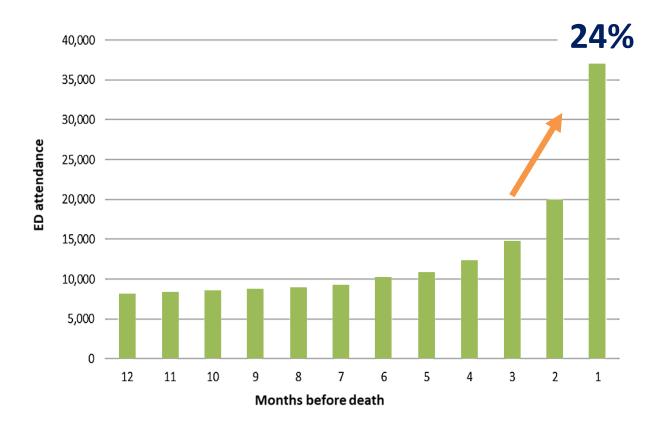


Fig 5: The number of emergency department attendances in the last year of life among people with dementia

(n=154,508 ED visits)

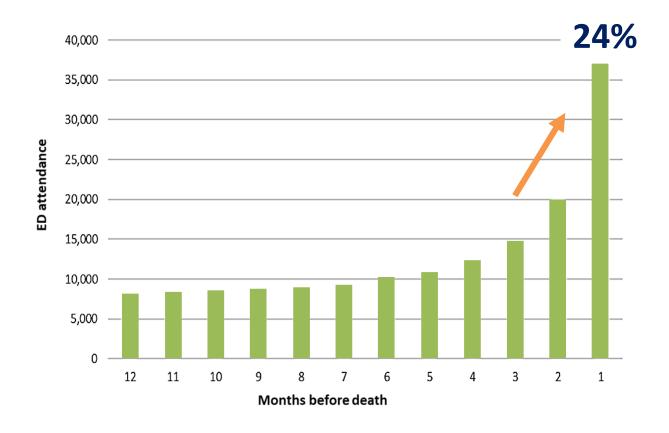












83% will visit the ED in the last year of life











"Hospital isn't any place for someone with dementia. We need to be in our own environment.

...because you go in the hospital, you don't come out at the same level as you were when you went in. I have seen it with so, so many of my friends.

Just the noise, the lack of routine, lack of knowledge, lack of understanding, makes it just an alien environment."

Person with dementia













"...we were [in the emergency department] all day basically, waiting around for this, that and the other... we had nothing to eat, nothing to drink.

...I just remember it as a totally miserable day, when there was nobody, nobody sort of taking care of us."

Bereaved caregiver













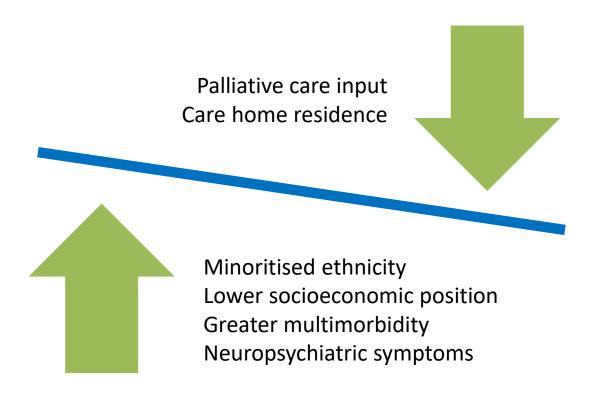


Fig 1: Factors associated with the likelihood of attending the emergency department towards the end of life









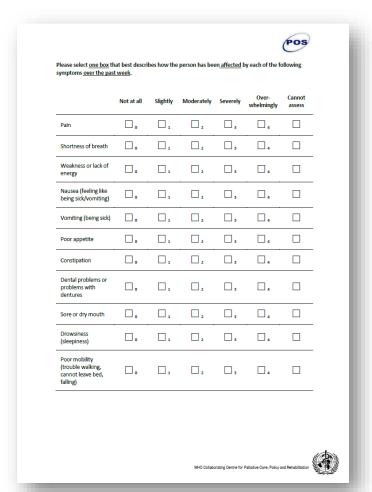


- 90,000 people with dementia live at home and receive formal social care¹
- Including homecare workers
- Under-supported, under-trained and under-appreciated²

Specific challenges:

- Limited information³
- Role ambiguity³
- Negotiating family expectations⁴
- Disempowered to advocate for their clients⁴

What could help?







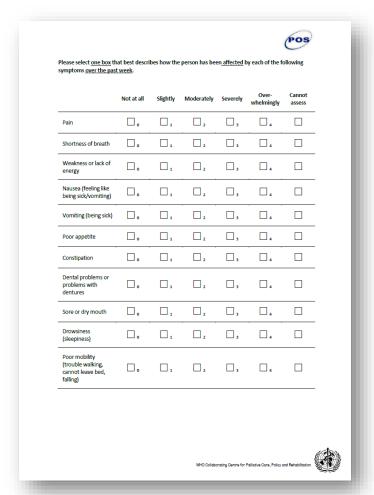






- Integrated Palliative care Outcome Scale for Dementia (IPOS-Dem)¹
- Holistic assessment of needs and concerns
- Physical, psychological, social and spiritual
- Acceptable in care homes^{1,2}
- Facilitates best practice in delivering person-centred care

What could help?









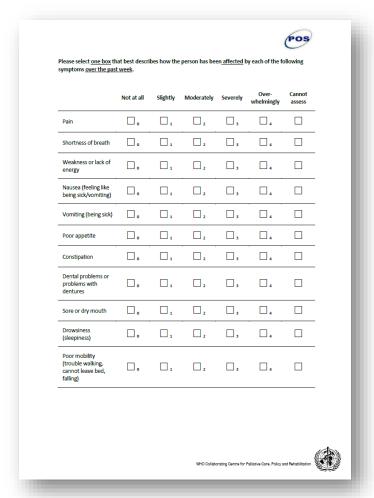




Specific challenges:

- Limited information
- Role ambiguity
- Negotiating family expectations
- Disempowered to advocate for their clients

What could help?













Specific challenges:

- ✓ Provides more information
- ✓ Informs person-centred care
- ✓ Facilitates shared decision-making¹
- ✓ Promotes communication between practitioners²

How many innovations fail in health and social care?













Aim: To explore, as a proof of concept, the *implementation* of the IPOS-Dem in homecare settings.

Objectives:

- 1. To test the implementation of the IPOS-Dem by homecare workers
- 2. To garner support for homecare workers providing end-of-life care to people with dementia















WORKSTREAM 3: Stakeholder engagement

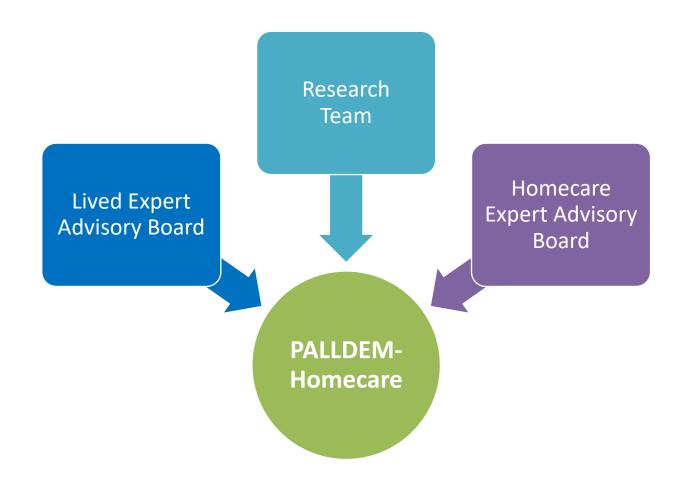
























- Scoping review in progress
- **Objectives:** To find out what evidence there is on:
 - 1) interventions to support homecare workers provide palliative and end-of-life care
 - 2) the contextual factors that may affect whether an intervention is used or not













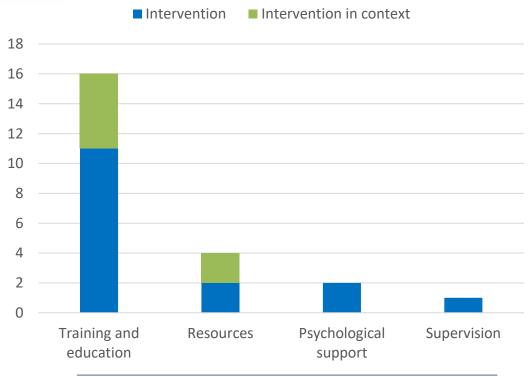


Fig 1: Intervention types (n=22)

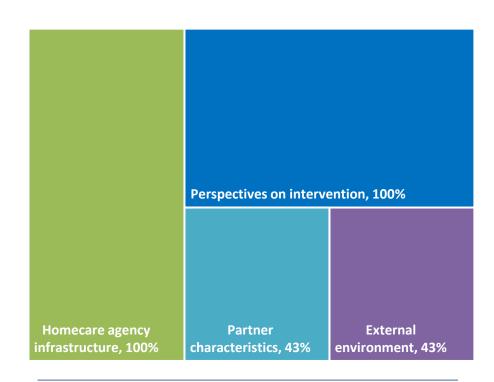


Fig 2: PRISM domains (% of papers; *n*=7)













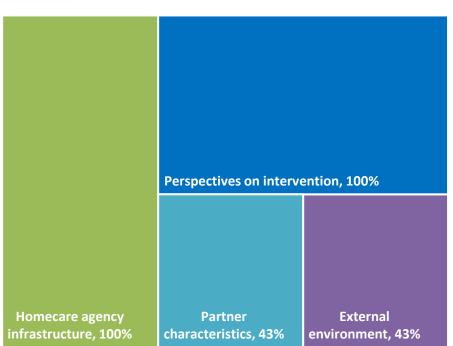


Fig 2: PRISM domains (% of papers; *n*=7)













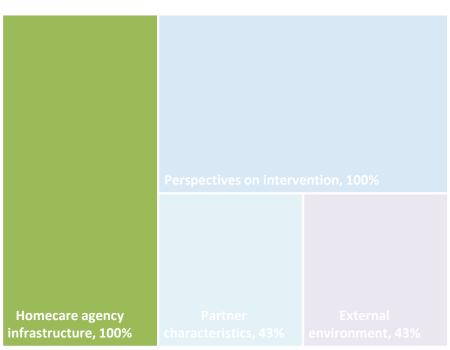


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Homecare agency infrastructure:

- Culture (learning and staff development)
- Procedures (multi-agency working, peer support)
- Need for resources (scripts, checklists)
- Workforce (workload, shift patterns, turnover, inconsistent management, limited role flexibility)













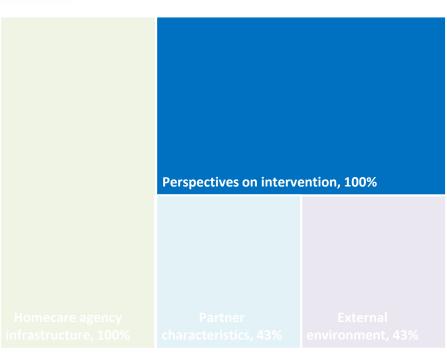


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Perspectives on intervention:

- Homecare workers:
 - Risk of added burden of work
 - Positive features (feasible, relevance to role, engaging with other professionals)
 - Differences between homecare workers
- Clients:
 - Positive; more support
 - Careful messaging













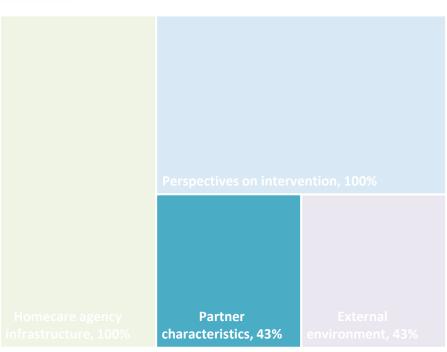


Fig 2: PRISM domains (% of papers; *n*=7)

Partner characteristics:

- Homecare workers:
 - Job satisfaction, stress or burnout
 - Previous educational experience
 - Differences between homecare workers
- Homecare managers:
 - Supportive
- Clients:
 - Medical conditions
 - Cultural differences













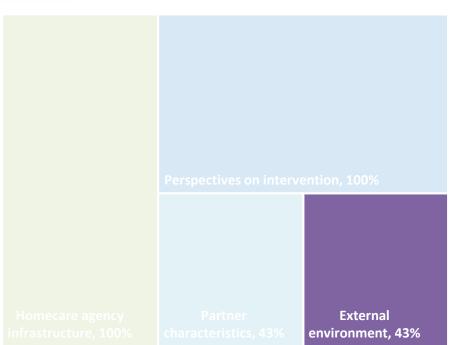


Fig 2: PRISM domains (% of papers; *n*=7)

External environment:

- General financial and staffing constraints
- Limited accredited training
- Limited scope of practice













Limited evidence on how we can implement interventions to support homecare workers:

- External environment
- Characteristics of managers and families
- Perspectives of managers, clients and families

What we do know:

- Tailor to different levels of experience and expertise among homecare workers
- Clear messaging about relevance, feasibility and purpose mitigate burden
- Clear messaging for clients and families
- Prepare for limited infrastructure and availability of staff to engage

What's next?

You're invited to join us!











- Homecare Expert Advisory Board: 2 homecare workers to join the Board (4hrs over 2yrs; £40 gift)
- Workshops: Express interest (not yet open to recruitment)
- Implementation trial: Express interest (not yet open to recruitment)
- **Engagement opportunities:** Support activities and events, in any way you choose (e.g. webinars, short articles, blogs, talking heads, public outreach events, etc.)



Interested to know more or just stay connected?

Email: <u>Lesley.Williamson@kcl.ac.uk</u>



Acknowledgements











- Funders, Marie Curie and Alzheimer's Society (Grant Ref. MC-24-017)
- Project collaborator, Home Instead Wandsworth, Lambeth & Dulwich
- **Co-lead,** Professor Catherine Evans
- Co-applicants, Ms Mair Graham, Dr Clare Ellis-Smith, Dr Abigail Burgess,
 Dr Monica Leverton, and Professor Katherine Sleeman
- Other colleagues: Dr Emel Yorganci, Dr Cat Forward













THANKS FOR LISTENING

<u>Lesley.Williamson@kcl.ac.uk</u>

@LEWilliamson19

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IMPACT CENTRE FOR PALLIATIVE AND END OF LIFE CARE





- Aims to improve outcomes for people affected by dying, death and bereavement by bridging the gap between evidence and practice.
- Survey to understand the current needs, challenges and priorities across the health and social care system.
- Need to hear from social care practitioners to understand how the Impact Centre can best support the sector in providing palliative and end-of-life care.
- For more information on Impact Centre: https://shorturl.at/TQVKI



ACCESS SURVEY
(https://shorturl.at/4pr5J)