



# Dealing with death in the homeless sector



Quotations and questions relating to death and  
trauma in the homeless sector

A discussion document

Prepared by Richard Lakeman © 2010

# Dealing with Death in the Homeless Sector



## Background

“Working with people to improve their health, welfare and wellbeing can be exceptionally rewarding. These rewards can be even greater when working with vulnerable people or those who for complex reasons have not been reached or helped by mainstream services. One can make a great difference to those who find themselves homeless or disconnected from other natural and health sustaining supports. Our hopes and dreams for people’s recovery, or to improve their situation are often realized and this is wonderful. However, sometimes they are not, and few events wound and damage our professional esteem than the death of a service user whom we hoped to help and could not. Such events, and more particularly, the ways they can wound and adversely effect the worker are rarely discussed. This project stemmed from a personal interest in how people deal with traumatizing aspects of work.. I undertook a study exploring the processes



involved in dealing with the death of service users, and this package of resources (video, slides and discussion documents) is a way of sharing some of the findings. I hope that the direct quotes of people from the homeless sector and the questions posed in this document will stimulate discussion, assist in service improvement and help people cope with the death of service users so they can maintain hope, move on and continue to provide a necessary and good service to people without being harmed in the process.”

Dr Richard Lakeman (Dublin City University)



## How to use these resources

You are free to use these resources as you wish but strongly advised not to embark on this journey alone. Consider watching the video first, ‘Expecting the Unexpected’, in which homeless sector workers talk directly about their experiences; perhaps read the research reports, and then considering the questions posed in this document. You may wish to do this as a group, or discuss the questions raised with a supervisor.

The video and other resources are available at [www.working4recovery.com](http://www.working4recovery.com)



## Acknowledgments

This resource is a product of a collaboration between Dr Richard Lakeman and Dr Evelyn Gordon of Dublin City University and numerous people who work in the homeless sector in Ireland including the initial research participants (quoted throughout, but whose identities remain anonymous), their employers, and advisory group who generously gifted their time (Ciaran Maquire, Erin Nugent, Jimmy Goulding, Grainne Lynch, Barbara Corcoran, Niamh Cullen, Susie O’Keeffe, Anthony Bagnall and Stephen Doyle). This project has been supported by the Homeless Agency and a grant from ESB ElectricAid Ireland.

The research on which this discussion document is based has been published in various forums including:

- Lakeman, R. (inprint). How Homeless Sector Workers Deal with the Death of Service Users: A Grounded Theory Study *Death Studies, Accepted Sep 2010*.
- Lakeman, R. (2010). Maintaining wellbeing when a service user dies. *The British Journal of Wellbeing*, 1(2), 28-33.



# Dealing with Death in the Homeless Sector



Expecting the unexpected:  
Recognising that people are at risk

Being homeless often carries risk of health problems, trauma, and even death. The awareness of the danger that service users confront may be something that develops slowly over time, or abruptly when a service user is actually harmed. That service users may be harmed or die is not something that many helpers anticipate or think about when they begin employment. People usually come to work hoping and expecting to help people and make a positive difference to their lives. Harm befalling service users can conflict with the agencies and worker's hopes, expectations and good intentions.

"A lot of clients are ill, chaotic, consistently sleeping rough in the city centre, maybe overdosing quite regularly, and have quite serious health concerns. There is an expectation that something might happen, they might pass away. Often people who have maintained a degree of stability and appear to be doing quite well... they will be the people who will pass away suddenly. **In one sense it is always the clients that you don't expect.**"

"I got the phone call that morning to say that he had been found dead and he was the last person I would have expected to be told, four other people came into my head, so I think for everyone it was such a shock of all the people to find that morning."



"When I went into housing support where there were very chronic drinkers... I looked at them and thought... they can't sustain this for much longer... they were in their fifties... I realise they were going to die... it was just a matter of when."

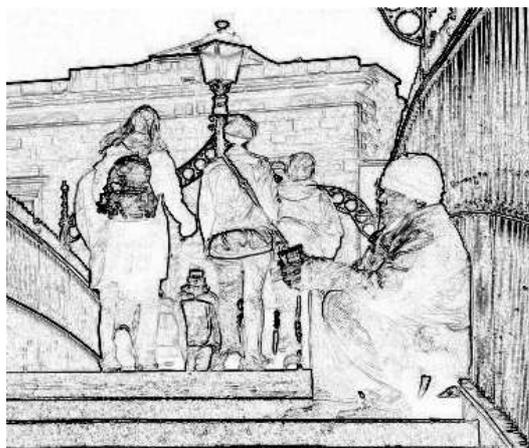


"The whole idea is to get them stable... prove to the social workers they can look after their kids... and get them housed... that is the aim... with children in the mix it is a very different ball game... our first priority is to protect."



## Questions

- When did you first develop an awareness that homeless people were at risk of harm or death?
- What responsibilities or duties do agencies and workers who come into contact with homeless people have to protect them or prevent harm?
- How should homeless sector workers respond to identified risks of harm to service users?



"Quite soon after I started, I discovered somebody who had passed away... I had never done this kind of work before... I thought it was part and parcel of the job!"

- Most services for homeless people recognise the person's agency, right to choice, and responsibility for their own behavior. Nevertheless they attempt to influence the person to make good, life affirming choices. Describe an occasion in which these agendas have conflicted.

# Dealing with Death in the Homeless Sector



## Encountering death

“If you know someone is dying, you work with them through it... there is a resolution, they may be ready to die, you can accept it more easily... It is almost like you deal with the loss before the person dies... gradually... coping with various aspects of it. Whereas with sudden death... there is the element of surprise and you don't have the opportunity of dealing with it in the same way and over a period of time... it is just more immediate... because you work in crisis services, there are other clients that you are working with and you have to deal with it all quite quickly.”



“I was at home and received a phone call from the police. That was when I discovered I was named as next of kin and I had to go down to the morgue and identify the body.”



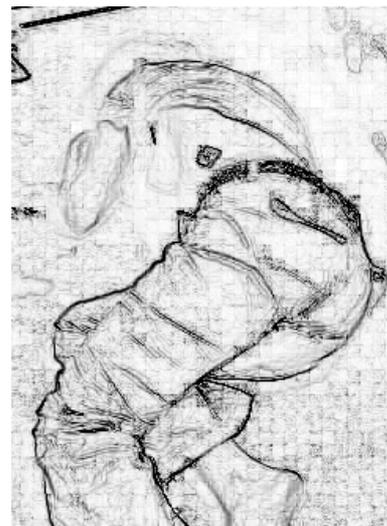
“... She was HIV positive... she also had Hepatitis C and was a chronic drinker as well. She deteriorated slowly... it was sad but we all knew it was a matter of time... she did die in hospital and we took comfort knowing that she was no longer in pain”



Death may be encountered in different ways. In some settings workers may nurse or accompany people as they negotiate a terminal illness or strive for a good death. For others death is anything but good. Accidental, traumatic or death through self injury (suicide or overdose) can be highly traumatic for those involved. Discovering or witnessing a body, can be shocking and difficult. Encounters with death may also be indirect. The news of death may be shared by colleagues, authorities or other service users and the way that death is shared can affect people differently.

### Questions

- How might different ways of encountering death affect you?
- How might the cause of death make a difference to your emotional response?
- What are some of your own fears about death and dying?
- How ought the news about the death of a service user be shared with colleagues and others?
- Would you wish to be contacted out of working hours if a service user you had been working with died?



“Some would be horrific deaths... A couple of weeks ago we were told about someone that I knew very well for almost four years... She received an awful beating and died from her injuries.”

# Dealing with Death in the Homeless Sector



## Responding to Death: Dealing with Emotions



“I tend to block those things out... I block most of it... but I can't block everything out... you put it in a box... the only problem is that there are so many boxes... you can only block out so much... The faces of people who have died keep coming back to me regularly... I know for me it is a sign that the box is not closed. It is not working”

There is no correct or even predictable emotional response to encountering death. Responses depend on such factors as the nature of the relationship the worker has with a service user, how death is encountered, and personal factors such as vulnerability because of accumulated stress, losses or identification with the service user. People often report responding with shock initially but the whole gamut of emotional responses can occur as people mentally revisit the experience and attempt to make sense of it. People are sometimes surprised that strong emotions may be triggered days, weeks or months later. Attempts to block out traumatic memories or painful emotions may be helpful or work initially, but over time such strategies can create problems.

### Questions

- What emotional responses have you experienced as a consequence of loss?
- What emotions do you feel uncomfortable experiencing or that you consider might get in the way of the job you do?
- What thoughts might you have about the person, your service or yourself that might make a difference to how you respond to the death of a service user?

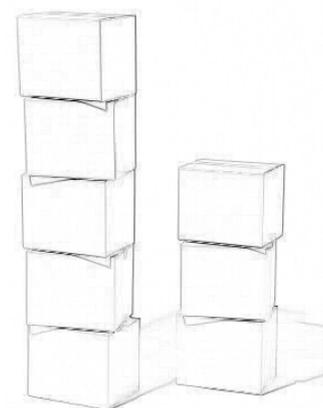
“My own personal response has always been different depending on the client, how fond I was of them, how well I knew them, how closely I had been working with them and stuff like that”



“It is always a shock... I feel numb but energised... I go into autopilot and do what needs to be done. It isn't until later... sometimes much later that I will be effected emotionally”



“It is almost easier when a friend or family member dies... you know what to do and where to park it”



# Dealing with Death in the Homeless Sector



## Responding to Death: Tasks and Procedures

Sometimes it is difficult to know what to do or how to respond in situations involving trauma or death of service users. Clear procedures can assist in navigating the right course of action. People take some comfort from doing what needs to be done, for example ascertaining what the facts of the situation are, and if appropriate securing the scene, notifying managers and authorities, completing reports and addressing the fears, concerns and wellbeing of others. Having clear procedures appear particularly useful in the early stages of dealing with trauma and death as people (both workers and service users) may be in shock. Latter, policy might address how a death is marked, the availability of counseling or debriefing and how events are reviewed to learn from the experience.



“I wasn't sure exactly what the procedure was because I was in shock, I didn't really know what to do, if there was some kind of procedure in place I might have followed things better or been a bit more prepared.”

### Questions

- What are the steps that you need to take in your service should a service user be found dead?
- What procedures are in place (or ought to be) to ensure that traumatic incidents are reviewed so that where possible future events can be prevented or handled better?
- What components ought to be in a policy relating to service user death or trauma?
- Consider a timeline. When would be the best time(s) after a traumatic event to offer such services as counseling / debriefing or review the incident / event in detail?

“You go into auto pilot at the time... well I do, everyone is different... I go into complete auto pilot, I just do what needs to be done and then it is after that I begin to think... you ring the emergency services, the Guards have to be contacted, you ID the body, all that kind of stuff... incident report forms, call the manager on call or whatever and that is no problem because I almost go on adrenaline....you go into fight mode I guess and then it is after that that you crash.”



“You always have a manager in call that responds immediately... just for example to make sure that staff are OK and the customers are alright... So we would go through the procedures... and then we have a staff counsellor... What I usually find however, is that when something like that happens... people aren't ready to talk about it yet... so you do a little bit at the beginning and then follow it up latter.”

# Dealing with Death in the Homeless Sector



## Marking Death

Every culture has particular rites, rituals and practices associated with dying and death. These often provide a means for family and friends to work through their grief and memorialise the life of the deceased. The role of the professional or homeless sector worker in relation to such rituals as funerals and wakes can be ambiguous. They may be excluded from participation or such rituals do not always allow them to give voice to conflicted thoughts, feelings or to share their intimate and privileged knowledge of the service user. Nevertheless, marking death, and doing so respectfully appears important and homeless sector workers must find ways to do this individually and collectively.

“We have a garden and we have a tree in the memory of a person, I think it was a brilliant idea. And the good thing was when we did a memorial service so everyone went so it was kind of dedicated time”



“Now that day that he got knocked down he had walked out of the hostel, after me showering him and shaving him and getting him ready... In less than 10 minutes he was dead... So that kind of rocked me, plus the fact that he was elderly and he was well liked... I made a conscious decision that I wouldn't attend the funeral... that was a conscious decision that I made that day because I felt that I could be attending funerals forever... So that was a safety wall that I put up myself.”



“I think if a resident dies who is particularly associated with this project then it should be marked by attending the funeral or some contact with the family, yes most definitely and I would feel quite strongly about that... I think it is quite important for family members...a comfort for them to know that there was someone looking after them or taking care of them... Or even if they want to blame someone...”



“One client of mine... I had known for years... she died on the streets... of a heroin overdose... when she died the family wanted a lot of contact with me, they wanted to know what she was like as a person... because they didn't know. I found that quite strange. That was one incident where I was actually quite involved with the family in terms of the funeral...”

### Questions

- How do you expect to mark death personally and as a service?
- Would you wish to attend the funeral or wake of a former service user?

“What I would do then is I would go to their room, or what was their room, when it was all sorted and stuff and probably say... not probably, I then have a little chat and say, 'goodbye, good luck, you are on your journey now and I am on mine.’”



“I looked at Gemma just to say goodbye, it sounds a bit corny like, I blessed myself and said, God bless.”

# Dealing with Death in the Homeless Sector



## Recognising and Responding to Vulnerability: Looking after each other

Death does impact on workers in sometimes quite profound ways. Death may constitute a crisis which can lead to break down or growth. The vulnerability of service users to exacerbation of risk taking behaviour is well known but the dangers to workers are less clear. Regular exposure to trauma and death, either directly or through the stories told by others can make one vulnerable to extreme responses or poor mental health. Many factors can make one more vulnerable. For example, people may have high hopes for service users, and death can shatter hope. When people lose hope or enthusiasm for service users this may be a sign of 'burnout'.

It is inevitable that people will feel warmer towards some service users or identify with them which can make their loss more difficult. Personal losses and stress e.g. bereavement, miscarriage, the anniversary of a death or traumatic event, as well as the accumulation of stress can make one emotionally vulnerable. Various strategies can be helpful, such as maintaining separate and positive personal lives, engaging in personal counseling to address unresolved personal issues, clinical supervision (a form of practice review derived from psychotherapy that deals particularly with the emotional labour of work), utilising formal and informal support networks, and being sensitive to the vulnerability of colleagues.



"I think there is a degree of awareness, being aware of the other professionals you are working with, how vulnerable they are at any given time. And if you work very closely with people I think you know certain professionals have stronger relationships with individuals they work with at certain times in lots of different ways and certain professionals are more vulnerable at any given time."

### Questions

- What do you do to maintain your mental health and wellbeing?
- Whom do you talk to about your thoughts and feelings relating to traumatic events that occur at work?
- What personal issues do you have that may impact on how you deal with the death of a service user?
- What is the difference between reviewing an incident, debriefing and clinical supervision? What and whose needs are served by these different practices?

"Very often after particular clients have passed away, different people I know from different services who would have been more strongly involved in working with that person, they often just go for a cup of coffee and have a chat and it is very much a reflection but it is very informal."



"I go to clinical supervision and I have been doing that for two years... I have been speaking to everyone on the team about it, lads this is brilliant. They understand that management have a certain role and a certain duty or responsibility... but I prefer to go to the clinical supervision because I talk about feelings, how that affects me."



"I am lucky because I have clinical supervision, to avoid that burnout... I am in the front (coming up to 4 years) and a new girl asked... 'how have you lasted so long?'... and I was saying about clinical supervision... it ...challenges me... helps me recognise certain things if I am not seeing them and we work through things...that is what gives me my motivation... and helps me to stay on track."



"What I do for myself, I go to the gym and the Jacuzzi and swim and I have my friends and I try to accept it in a way... I have talked to my colleagues... what helps them to restore themselves... most people don't watch scary things, they watch comedies and stuff like that. They go maybe to the theatre and watch less TV and read less papers like crime... they read more positive stuff. That helps them to restore"

# Dealing with Death in the Homeless Sector



## Positively framing death in the homeless sector



“...there is nothing more I can do for that person now but the living still need to be looked after. I am fairly confident now and quick at moving on straight away... It is an acceptance, this is part of life and that is it.”

Working in the homeless sector can be challenging, sometimes traumatic, but it can also be immensely rewarding. The processes of being prepared, responding to death, marking death and dealing with the emotional impact of death and trauma can help people work through trying experiences, maintain enthusiasm for their work and compassion for service users. People who appear to emerge from encounters with death and trauma apparently undamaged, avoiding signs of post traumatic stress tend also to have particular helpful ways of viewing their roles and relationships with service users. They are assisted by maintaining clear professional boundaries... walking the difficult line between being friends and being friendly, accepting service user decisions even if they are not good. Even when death may appear senseless and unjust they find ways of extracting some good from it by striving to better for others. They also tend to have particular views of death, and find ways to deal with, rather than suppress or become preoccupied with emotional material and conflicted thoughts. The result is a positive frame... the preservation of images and memories... and the capacity to move on.

### Signs of being adversely affected by trauma

Have you at any time in your work had or heard about an experience of a service user that was so frightening, horrible, or upsetting that, in the past month, you...

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

In a survey of a group of homeless sector workers (n=36) undertaken by Richard Lakeman in October 2010, 44% of people responded positively to one or more of the above questions.

It is quite usual to be affected by exposure to trauma and death. However, if these effects persist for a long time or interfere with one's life then it may be a sign that the trauma is not being dealt with well. If you answered yes to any of these questions it may be worth considering obtaining personal supervision or counselling.

“He got the best service that we could possibly give him here... we kind of went above and beyond a lot of the times... He was happy, he had his own apartment, he had his own pictures up in his own apartment, he could lie down and watch whatever he wanted on TV all day long, which he often chose to do.”

### Questions

- What does it mean to successfully work through the death of a service user?
- What good can come of a traumatic death?
- At what point should one receive competent professional help to deal with workplace trauma?
- What beliefs about your work and your relationships with service users sustain you through difficult periods?