

Living and dying in a care home

The stories we can tell



IN PARTNERSHIP WITH

Edinburgh Napier
UNIVERSITY



Funding

Marie Curie Small Internal Research Grant MCSGS-23-204

Acknowledgements

With thanks to the residents, staff and families in Northwood House Care Home, Helensburgh and Preston House Care Home, Glenrothes, and RICH Voices at ENRICH Scotland, which is funded by the Chief Scientist Office. Thanks also to the members of our Steering and Public Engagement Group: David Ross, Dr Emma Carduff, Helen MacGregor, Libby Milton and Gordon and Lorries Mackie for PPI support with analysis.

Contents

Background information	4
Overview of report	5
Our research	5
The photographs and the stories behind them	7
Duncan, a care home resident, and his daughter Gaby	8
Heather, a Senior Carer	10
Martha, a care home resident	12
Helen (pseudonym), resident's daughter	14
Leanne, a Senior Carer	16
Summary of findings	18
Impact of research	19
Using this report	19

Background information

EACH of the 34,000 older people living in Scotland's care homes¹ has their own story to tell. Each person brings relationships, histories and experiences, and is at a stage of life that's an inevitable part of the human journey.

One in five people spend their final days in a care home. Most of the care provided in the last months, weeks, days and hours of life comes from social care nurses and care workers. Yet the experiences of those who live in, visit and work in care homes remain largely unknown, ignored or misunderstood.

As researchers from Edinburgh Napier University and the Clinical Lead of Marie Curie's Care Home Programme in Scotland, we worked with two care homes to test whether photovoice was a feasible and acceptable way to explore experiences from the perspectives of residents, relatives and staff². The participating care homes chose to include their real names. We explored

whether each care home could capture photographs that demonstrate living well until the end of life, including dying well. To support this, we provided participants with instamatic cameras.

The purpose of this report is to present the experiences of living and dying well in care homes, shared through photographs and personal reflections from residents, relatives and staff. It aims to highlight perspectives that are often unseen and deepen the understanding of palliative care and care around dying in care homes.

By highlighting these experiences, the report humanises care home life and challenges assumptions. It also supports conversations with health and social care providers, policymakers and other stakeholders. Ultimately, it provides insights to strengthen the Marie Curie Care Home Programme in Scotland and improve systemwide delivery of high-quality palliative and end of life care.

¹ <https://www.gov.scot/publications/care-home-data-review-full-report/> (Accessed August 2026)

² Richards N, Quinn S, Mitchell M, Carduff E, Gott M. The viability and appropriateness of using visual methods in end of life research to foreground the experiences of people affected by financial hardship and deprivation. *Palliative Medicine*. 2023;37(4):627-637. doi:10.1177/02692163221146590

Overview of report

THIS report outlines the questions that guided our research and the approach we used to explore them. We present a selection of images captured by people living in, visiting and working in two care homes, along with the stories they chose to share. We summarise the findings and we discuss how the insights are beginning to impact our work, and how they might be used by others. The project focuses on the experiences represented in the photographs rather than the photographic quality or narrative style. It aims to showcase perspectives that

are rarely seen or heard and highlight the range of emotional experiences that shape everyday life in care homes, including hope, sadness, frustration and comfort.

As you view the photographs and read reflections by the photographers and the conversations these sparked, we ask you to consider the lives lived within the care homes. At the end of the report, we have posed questions to prompt your thinking and suggestions for using the report in your own work.

Our research

We used the photovoice methodology, a participatory visual approach where participants take photographs to present their experiences, joys and challenges, and share these with practitioners, the wider public and policymakers.

What did we want to find out?

1. What is the feasibility and acceptability of using photovoice methodology to explore end of life experiences of care home communities?
2. What experiences of the last year of life does photovoice reveal within care home communities?
3. How can photographs and stories generated from this project be used to inform the work of the Marie Curie Care Home Programme in Scotland and engage key stakeholders?

How did we go about the research?

Through our networks, we selected two care homes who agreed to take part in the project. A resident, a family member and a member of staff from the two care homes participated in this study. They took photographs showcasing what living well until the end of life in a care home setting meant to them, and we interviewed them about their photographs. Each participant took ten photographs each and we worked with them to select photographs and interview quotes that they wanted to include in an exhibition to take place in each care home. In December 2025, we carried out a further stage of analysis with exhibition attendees and stakeholders in relation to the third research question.

What did we find out?

Each participant took ten photographs capturing different aspects of their everyday life within the care homes. Their images highlight personalised living spaces, moments of community, openness in discussing death and loss, the importance of relationships, and managing tensions in personalised care delivery in a communal setting.

Key themes from our analysis

The photographs revealed four broad themes and learnings with an emphasis on the social aspects of care rather than clinical, including:

- care around dying is unique to each person and relationship-centred
- the importance of being comforted in times of loss and sadness
- the necessity to value an individual's past, present and future
- the importance of personal space within a small community.

Key messages for stakeholders

Palliative care occurs across a spectrum and most people living in care homes fall into one of these stages³:

- living with a life-shortening condition (including long term conditions, advanced frailty +/- dementia)
- living with life shortening conditions and deteriorating health (can be weeks, months or years)
- care around dying – last few weeks, days or hours.

Achieving consistently high-quality palliative care and care around dying in care homes requires:

- valuing and recognising that time, knowledge and skills are needed to provide holistic palliative care and care around dying. This includes psychological, social, emotional, spiritual, fundamental physical and clinical care. Marie Curie advocates that palliative care and care around dying training should be mandatory for care home staff, to support them in their role
- a National Care Home contract that provides sufficient staffing levels to allow time to provide holistic care across the spectrum of palliative care and throughout a potentially long and uncertain period of dying
- recognition that moving to a care home is a major life transition and can be at a life stage when a person has experienced multiple losses
- recognition of the ethical complexities and the demanding emotional, relationship-centred care provided in care homes, requiring organisational support for the emotional well-being of staff
- a celebration of the joys and achievements of the palliative care that improves the quality of life provided in care homes
- consistent integration of care homes into the wider system to enable proactive clinical care in residents' preferred place of care and help prevent unwanted hospital admissions. This includes digital integration and is in line with the Scottish Government's priority of ensuring that health and care is accessible, seamless and equitable across settings, and that people are able to access more services and support in the community, as set out in the [Health and Social Care Service Renewal Framework \(2025-2035\)](#).

³ Spectrum of Palliative Care | Supportive and Palliative Care Tool (Accessed Aug 2026)

The photographs and the stories behind them

What follows is the selection of the photographs that were taken and the story the photographer wanted to tell with their images. This collection of photographs, and the stories behind them, gives us an insider view of life within two care homes.

The people who took the photographs

- **Duncan**, a care home resident
- **Gaby**, Duncan's daughter
- **Heather**, a Senior Carer
- **Martha**, a care home resident
- **Helen** care home resident's daughter
- **Leanne**, a Senior Carer

Duncan, care home resident, and his daughter Gaby

DUNCAN and his daughter both contributed photographs to the project and discussed them with us during their interview.

Duncan had struggled with moving into the care home, so the staff and his family worked hard to help him settle. They successfully helped him adjust and accept living in the care home. This involved helping Duncan celebrate his past joys and achievements, settle in the present and prepare for the future.



A professional pianist with his own YouTube channel, the photograph above shows Duncan at his keyboard in the care home. But despite his lifelong love of music and the best efforts of family and staff to hold onto this aspect of Duncan, his joy in his music was fading. He said *“The strange thing is I seldom enjoy playing now. If I don’t enjoy it, I don’t play.”*

Scan to visit Duncan’s YouTube channel



This QR code will take you to
<https://youtu.be/eSWnQX42gAs?si=2auXQ5omlGQ32Ehx>

People losing interest in activities that would have formally given them pleasure is a recognised part of living with life shortening illness and deteriorating health. Dying is a social process as well as a physical process, but this was difficult to navigate for Duncan.

As the quote below shows, Duncan was the last living member of his musical friendship group, and he was realistic about his own future.

“Guitar, bass player, piano player, drums... they are all dead. Every one of them, except me. I’m much, much, older and I never felt I would be, and I am not worried about that. I know I gauge the numbers. And I am just going to continue as best I can. I have problems in my lungs and speaking and breathing and then I will be 80 in a couple of months’ time (actually 90), so I am not doing bad. But it feels like this is where I am going to be when my time comes and I also feel that is not too far away now.”



Duncan had a yearning for his life before and beyond the care home. In this photograph above, he is looking out at a garden that he says he can now only access with help.

Despite the sadness that Duncan expressed, his daughter Gaby could also see positives in Duncan’s present life, particularly around new friendships, as expressed in the quote below.

“What I have learned, is that as you get older you don’t shut off. There is still that yearning to have connections regardless of what age you are. And I think now that my dad has got a few good friends in here, that’s made a significant difference to him, and it’s obviously similar to me in terms of seeing him happier.” – Gaby

While discussions about the photographs predominantly focused on social life and relationships, they opened the door to conversations around individual clinical needs and challenges as shown in the quote below.

“That’s one thing I would say, my dad occasionally has to go over to the Vale of Leven hospital to get oxygen. He struggles sometimes quite badly with breathing... so I would say he has been over about three times. He is usually in a few days... which is a shame.” – Gaby

Duncan, his daughter and the care home staff would all have preferred Duncan to have all the care he needed in the care home rather than going to hospital for clinical reasons, but the wider health and social care system prevented this.

Duncan became more settled over time, but he continued to experience some challenges with care home communal living.

“I’m spending my time looking after other patients who decide to get up, and they have (not got their) Zimmers...so I am sat here on the night watch.” – Duncan

But for Duncan, some of his anxieties related to living in a communal space were balanced by having his own private space to rest, as shown in the quote and photograph below.

“Dad likes a wee nap during the day, and I think just having the privacy of his room...he’s not under any restriction in here, which is good. He has that autonomy.” – Gaby



Duncan died peacefully in the care home, as were his wishes. He didn’t get to see the result of this project, but Gaby said, “I know he would have absolutely loved this, making a difference in such a positive way”.

Key messages from Duncan and Gaby

Duncan and Gaby’s reflections show how moving into a care home alongside declining health can involve deep emotional adjustment, fading interests and changing identity. Their photographs highlight sadness as well as the comfort found in new friendships and private space, while also showing gaps in clinical support in the wider system that led to unwanted hospital admissions.

Together, Duncan and Gaby’s story demonstrates how photovoice can surface the small but important details of living and dying well, offering insights for more person-centred emotional care and better integration between care homes and clinical services.

Heather, Senior Carer

HEATHER works in Northwood Care Home as a Senior Carer. In her interview, she spoke about the importance of good leadership in the care home. It creates a culture that gives residents a sense of meaning and promotes quality of life until the end.

“I think a good thing about this care home is the manager. Annette really goes out of her way to find different meaningful activities for the residents. Like we have ducklings, animals, ‘therapets’, and she sets up tea with a pony.” – Heather

This photograph shows a care home resident in the last week of her life, being comforted by the visit of a duckling, and made to feel included.

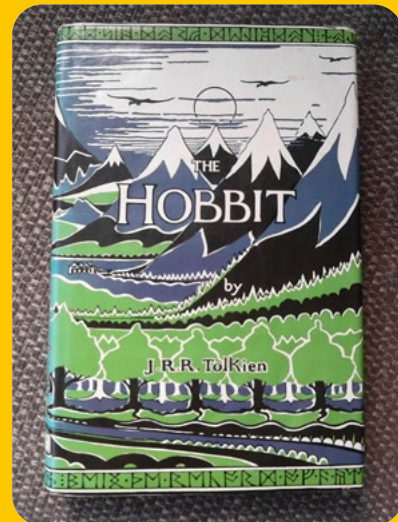


Heather works hard to lift people's spirits and looks for opportunities to do this, even when people have cognitive impairment and are at risk of being overlooked. Between 70 and 90% of people living in Scottish care homes have dementia⁵.



“It was amazing she got so many flowers... as soon as you have got colourful flowers in there it just makes you happy and uplifted. And they are always here as well. Say someone has a cognition issue, and they forget (the flowers) are there, then they look over, and they will see them again. It lasts.” – Heather

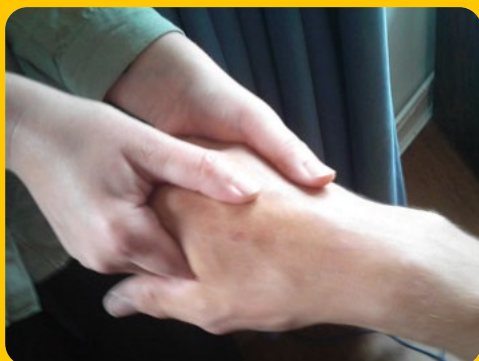
Heather uses her knowledge of each resident to find unique ways of connecting with them that bring peace and comfort. This creates interactions which are rewarding for residents but also for Heather herself. This is illustrated with her photograph of a book and the quote below about her experience with a resident who has a shared love of *The Hobbit*.



“If she [the resident] was awake during the night, I popped my head in to see her and I would read to her, and that was her favourite book. I love those books (the Hobbit), so I really made Gandalf really ‘wizard’ and she appreciated that. And when she had had enough of my voice, she would just say ‘that is enough now’.” – Heather

Heather's photographs showing hands touching and a gold locket point to the spiritual aspects of palliative care that can provide comfort.

⁵ Alzheimer Scotland: 'Delivering Fair Dementia Care for People with Advanced Dementia' report, 2019 (Accessed 23/6/2026)



“So, this is just a picture of a Christian locket with the Lord’s prayer on the back. A lot of people find comfort in religion in their daily lives, especially toward the end. People might want their Bible, they might want their Rosary, they might want the vicar or priest to come and do their last rights. And that is very important to people.” – Heather

Heather took a picture of medicines packets, as shown below. They’re an example of the types of medicines commonly prescribed in palliative care, to relieve symptoms such as pain and anxiety. In this case, the photograph reminded her of a resident whose symptoms weren’t managed well because the family were clear they did not want their family member to have any medication due to their beliefs.

“I don’t feel that person died well. ...It wasn’t nice, and you did almost need a hug after their personal care. It’s all about dying well and I don’t feel that person died well”.



This points to the complex ethical issues that can arise in care homes, the complex dynamics and communication issues between staff and families, and the toll that difficult deaths can have on care home staff.

Heather’s photographs are symbolic of the level of care and compassion in relationships, highlighting moments that promote quality of life and joy as well as showing the complexities of emotions around dying.

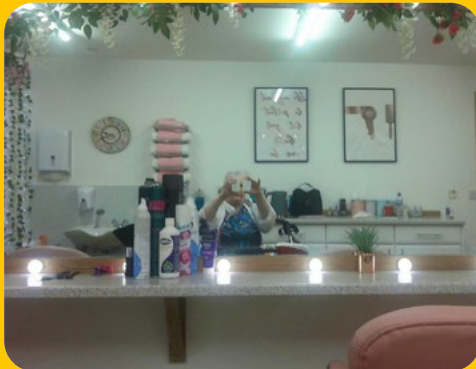
Key messages from Heather

Heather’s story shows how good leadership creates a culture where staff have time to offer comfort and support quality of life through meaningful activities, touch and spiritual care. Good leadership is also shown through taking responsibility for the emotional wellbeing of staff, in what can be distressing work.

Overall, Heather’s contribution shows how photovoice captures everyday moments of compassion and challenge, offering clear insights for important aspects of palliative care and care around dying that supports residents and staff in care homes. This is important learning for a sector facing a recruitment crisis and a high turnover of staff.

Martha

MARTHA, who lived in Preston House Care Home, was full of fun and curiosity. She took the photograph of herself, below, in the care homes' hairdressing salon. Martha wanted to be seen and acknowledged.



"The photograph of myself... I don't know what possessed me. I just suddenly... Taking a picture of myself taking a picture. Ah, well, aye, because when you look at it you could look down the line in it..." - Martha

In her interview about the photograph, Martha was asking, 'Do you see me?'

Martha didn't want to move into the care home, she said: *"I hated the idea of going into a care home before I came. If only I had known what it could really be like. The carers here are all wonderful, we feel safe with them, and I took a photo of Leanne, to show that. It's lovely to see my photos in the exhibition."*



"Well, Leanne looks as if she's watching over us, and she literally does". - Martha

The Preston House cat also gave Martha a sense of comfort and homeliness.

"Aye, she's a constant visitor to my room, she makes me smile. She cuddles up next to me... And reminds me of my own cat. I had to give her up, find a home for her when I came in here." - Martha



Martha had to give up her cat, but she also made new friends in the care home, although this was bittersweet. The median length of stay in a care home for people over 75 years old is around 14 months, so while Martha made new friends, she also lost them. This is another example of the emotions that people living and working in care homes need to navigate.



“You know, the people just disappear, and you don’t know what’s happened to them. Now, it would be nice for us to be able to say goodbye in our own way.” – Martha

“I would have loved to have gone {to the funeral}]... But I wasn’t given the opportunity, because I think maybe they were thinking maybe it would upset me... you know, but it’s all part of life. That’s the way I see it anyway. You know, you’re born, you live, you die. You know, it’s all part of life...” – Martha

In conversation, Martha said that she sees death as a normal part of life and that we need to be told about friends who die – no matter how sad. She said that if she was still living in her own home she would hear about the death of a friend or neighbour and that shouldn’t change because she now lives in a care home.

Key messages from Martha

Martha’s photos and reflections show her need to be seen, her surprise at feeling safe and cared for in the home, and the comfort she found in staff, the care home cat and new friendships. She also spoke openly about the sadness of friends dying and wanting honest communication and the chance to say goodbye. Her experience challenges fears about care homes and highlights the importance of openness around death and supporting residents through loss.

Helen, a care home resident's daughter

HELEN'S mum, who was living with advanced dementia, lived in Preston House Care Home. Helen took these photographs in the last few weeks of her mum's life and spoke with us about what each one meant to her.

Pictured below, staff gave Helen's mum a knitted doll named 'wee Helen.' The staff and her family knew it would comfort her and worked together to use it to ease any agitation. They named the doll 'wee Helen' because they knew it would help her feel reassured.



"I'd noticed my mum... When she's agitated, she picks and taps herself. But if you give her something to hold, so she has that reassurance... So, I knew a knitted doll with no moveable parts might do the job."

...It was Leanne [senior carer] that said to me, where's wee Helen, and I says, oh you mean... I said, oh here she is... I just took her home for a wash. So, she's (now called) wee Helen."

So, again, that's, mums got somebody to hold onto." - Helen

In her photographs, Helen also recognised the role the wider care team, including the domestic staff, played in caring for her mum and providing person-centred and relationship-centred care.



"Maureen [domestic care worker] is very important to mum's environment. Maureen likes to know people, and what was important to them before they came in. So, she's a gem."

She's very interested in what makes a person tick (and) realises it's not just about going around with the Hoover."

That's maintaining (mum's) dignity...and her environment, because she spends so much time in her room, that's even more important that it is as it should be. If you like something really neat and tidy and in a particular way, it's a source of agitation if it's not like that." - Helen

Helen's photographs of Maureen, and the way she spoke about her, highlight the often-overlooked role of a domestic care worker. Maureen shows how her role is far more than 'going around with the Hoover.' It's about supporting each person in the care home as individuals. Staff like Maureen play a key role in helping maintain what's important to each resident, preserving aspects of their identity that have been a part of their lives. This attention to personal detail appears to help ease residents' distress.

People with dementia may change and forget many things, but for them and their families, being included and remembered is a comfort, as is shown in Helen's photograph and comment below.

"(Mum) even made the [church] newsletter a couple of months ago. So, there's still that connection in the community, and my mum's not been forgotten." – Helen



Having your relative move into a care home can bring a mixture of emotions. Building up trusting relationships with staff is key to help family members cope with the change and feel confident in their care. This photograph of a packet of quavers, and the supporting quote, symbolises one of the many ways that Helen felt comforted in her role as a daughter and confident in the care being provided for her mum.



"And the quavers come down to the staff again. I came in one day and she had a packet. I thought well why not, so obviously, they are nice. I happened to mention it to CJ, just, oh Mum really enjoyed them. Came in next time and there were two packets in her wardrobe – so again, that's them listening being responsive and I'm thinking oh great!

Yes, if you think, it's just a packet of Quavers, isn't it, but it's so much more than that, isn't it, a simple bag of crisps.

It's comfort, for me, it's comfort and reassurance, that I can leave, and it's fine." – Helen

Key messages from Helen

Helen's photos show how every member of the care home team and families can work together to bring comfort in the last weeks of life. Including families as part of the care team helps build trust, supports continuity of care, and reassures family members. It also shows how thoughtful, responsive relationships matter deeply at the end of life.

Leanne, Senior Carer

LEANNE, a Senior Carer, uses her photographs to show how much care and effort the team put into supporting a good quality of life for residents and helping them hold onto a sense of self. This is a photograph of Martha having her nails painted turquoise, representing a feeling of community and normality.



“Everybody loves a wee bit of pampering. I suppose, it’s good to know, even though you’re in a care home, you can still get your hair done, and your nails, and just sort of, feel like yourself, as well”.

Below, Leanne reveals how person-centred care is enacted, giving examples of the ways staff work to keep people connected and part of the rhythm of daily life in the care home.

“We had one gentleman who, well he passed away, and we all took turns of going, like, so he was always with somebody, and we all took turns of going in, and reading his car magazines, because he loved his cars. And it’s things like that, we always find a way to do something, there’s always something for them to look forward to. We always find some way to accommodate everyone – you know if they’re in bed, or unable to get up”. – Leanne

But as well as focussing on the present, Leanne is also mindful of the need to think ahead. This includes arranging fun activities for residents to look forward to as well as the necessity of putting plans in place around dying, as she demonstrates with her photographs of posters advertising events in the care home, and the documentation they use to plan for future care.

In further comments below, Leanne talks about the importance of thinking ahead, even though these are tough conversations with families and residents.

“We do the sort of, anticipatory care plan [with the resident], so even if you’re not fully able to express, you know, your wishes anymore, [the resident] will know that we already have them. We’ve had that chat before, about what’s going to happen, and what she wants to do”.

– Leanne

“I’d say [to the family member], your mum’s health is getting a wee bit worse now and just want to get the plans in place for when the time does come. You know, so it’s not a nice conversation to have, like, asking if they’ve got a funeral sorted already, and things like that, uh-huh, it’s quite a tough one. But it needs done, better just to get it done, and sort of, set in paper, than wait until it’s too late”. – Leanne

Key messages from Leanne

Leanne’s photos show how staff members help residents feel like themselves through small acts of care and by keeping them connected to the interests that matter. They highlight the need to understand a person’s past to support their quality of life now, while proactively preparing for deteriorating health and the prospect of dying.



Summary of findings

- In presenting these findings, we're demonstrating that it's feasible and acceptable to ask people living in, working in and visiting care homes to take photographs on the topic of what living well until the end of life in a care home means to them. It's a small snapshot but there is potential for this research project to be expanded to gain a deeper and wider understanding of which care home practices are working and what continues to be challenging.
- Photovoice helps make people's everyday experiences visible and gives space to voices that are often overlooked in care homes.
- Photovoice has been shown to be a way to open conversations about what matters to people, including topics that may not otherwise have been spoken about.
- The experiences elicited through photovoice show that care home staff are supporting residents and their families through what is often a prolonged and uncertain period of dying, characterised by multiple losses and sadness, as well as many acts of kindness and care.
- The data analysis from the report highlights excellence in person centred care practice and the fundamental need for relationship centred care – involving residents, family and multidisciplinary care home staff.
- Care home staff provide 'intensive' person-centred and relationship-centred care, and their contributions need to be acknowledged and valued at a policy level and in care home contracts.
- Seeing and hearing the lives of people living in, working in and visiting care homes is a timely reminder of the need to remember the importance of palliative care that focuses on psychosocial and spiritual care and quality of life, as well as medical care at the end of life.
- Dying is a social process as well as a physical process and both are important and need attention and time.
- The exhibitions in December 2025 revealed how these photographs and stories can draw key stakeholders into meaningful conversations about palliative care and care around dying in care homes. They are already providing a useful resource within the Marie Curie Care Home Programme in Scotland for influencing and supporting system-wide delivery of consistently high palliative care and care around dying, with potential for further impact.

Impact of research

VISUALISING the experience of different people within care home communities is providing a new and meaningful way for people to express what matters to them and any challenges they experience. Through the Marie Curie Care Home Programme in Scotland, we are using the photographs and stories as a way of engaging with stakeholders, such as health and social care providers and policy makers, who ultimately make decisions around care.

To date, we've used the photographs and experiences from this research at conferences and in talks. This has helped to raise the profile of the role of the social

care workforce in delivering palliative care and care around dying. A poster about this work has won a prize at two conferences – the Scottish Partnership for Palliative Care annual conference 2025 and the Enabling Research in Care Homes Scotland biennial conference 2026, indicating that this work is effective in engaging audiences.

Further engagement opportunities are in the pipeline through the Marie Curie Scotland policy team and a workshop at the Scottish Care annual conference.

In the future, we hope this work can be used by a range of people and some suggestions for using this report are below.

Using this report

AFTER viewing the photographs and reading their reflections, we ask you to think about the lives they depict within the walls of the care homes, the people, the emotions, the experiences and the ways they confirm or disrupt your thinking.

- What is required to recognise, celebrate and support the unique significance and value of each individual person living in a care home?
- How do we foster a sense of emotional safety among residents, family and staff in the face of multiple losses and sadness?
- How do we support a person's quality of life by valuing the past, finding joy in the present and preparing for the future.
- How can alternatives to disruptive hospital care for the management of symptoms for care home residents be provided?

This report could be used by:

- workplaces, colleges or universities, as part of inductions or teaching tools for

health and social care staff

- NHS healthcare staff, AHPs and specialists in palliative care to prompt thinking about how they can support the care home sector
- care homeowners and providers, to help them consider how best to equip and support their staff to deliver the high-quality palliative care and care around dying they want to deliver
- health boards and health and social care partnerships as they consider how they work with the care home sector and their responsibilities toward strengthening and sustaining this essential workforce
- Scottish Government strategy and policy stakeholders to consider the level of resource required to deliver the full spectrum of holistic palliative care in care homes for those living with life shortening conditions, those who have deteriorating health and those who are dying. It would also aid decisions on appropriate staffing levels based on psychosocial and spiritual needs as well as clinical needs and functional abilities.

Dr Julie Watson

Clinical Lead Marie Curie Care Home Programme, Scotland

julie.watson@mariecurie.org.uk

Dr Geraldine Finnan

Lecturer in Nursing (Programme Lead) Edinburgh Napier University

g.finnan@napier.ac.uk

Dr Stephen Smith

Associate Professor (Nursing) Edinburgh Napier University

ste.smith@napier.ac.uk

September, 2026

Marie Curie is the UK's leading end of life charity.
Whoever you are, whatever your illness,
we're with you to the end.

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) Q445

