



Communication first: people experiencing street homelessness

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Description

Change Communication provides speech and language therapy to people experiencing homelessness.

In March 2020 Jake (pseudonym) was accommodated via the Everyone In programme. This programme aimed to protect rough sleepers from the coronavirus pandemic by providing emergency accommodation and support. A charitable trust seeking to address isolation amongst people experiencing homelessness during the pandemic funded Change Communication to support people accommodated by the Everyone In programme. Jake's keyworker in the emergency accommodation contacted Change Communication to request help with Jake's communication difficulties. The Speech and Language Therapist (SLT) worked with Jake to identify the communication issues and used the findings to support other organisations to understand the extent and impact of these needs.

Context

Change Communication helps people experiencing homelessness, and the organisations that support them, talk, listen and achieve their goals. These goals may include working together on housing resettlement plans, understanding rights and responsibilities or being able to express needs clearly.

There is very little understanding within the homelessness sector of how communication skills develop, may be different or damaged during the life course and how they can be supported. However, people who are homeless are more likely to have communication needs than the general population (Andrews and Botting, 2020). Communication difficulties are a barrier to accessing healthcare with experts by experience stating services need to provide enough time to really listen, show patience and support meaningful participation in healthcare encounters (Luchenski et al, 2018). One third of homeless deaths are from causes that are amenable to treatment (Aldridge et al, 2019). Change Communication therefore aims to identify and support communication needs so that health inequalities are reduced amongst people experiencing homelessness. This includes highlighting the legal right to accessible communication from publicly funded health and social care services under the Accessible Information Standard.

Method

Project engagement

Change Communication introduced their work and provided communication awareness training to services taking part in the Everyone In programme. This facilitated appropriate referrals from support workers and helped support workers encourage clients to attend appointments. All clients and many support staff were unaware of the role of an SLT and so the SLT explained the service using relevant information, e.g. if a client had a brain injury the SLT outlined how this may affect communication.

Project flexibility

The SLT met clients in their emergency accommodation to complete assessments. This in-reach face to face model was welcomed by clients and support staff because it was easier for clients to attend appointments and less time consuming for staff. For the SLT it also provided a COVID risk assessed confidential space with staff support in case of any queries or difficulties.

Project delivery

Both informal observation and formal standardised assessments were used over one to six appointments as needed. Clients could attend with another person or support organisation if they wished. At times the SLT provided telephone advice or attended appointments at the request of services to facilitate communication about complex matters, e.g. during health assessments.

Outcomes

Jake attended four appointments with Change Communication. These appointments included assessment, reviewing results with Jake, providing Jake and support staff with strategies to increase effective communication, and a case closure meeting. Prior to accessing the emergency accommodation Jake had missed five appointments with a non-healthcare service because he had not understood what was happening in the meeting and did not feel he could ask questions.

A Care Act assessment was supported by the SLT following a request from the assessing Social Worker who recognised their duty under the Accessible Information Standard. This led to a fully informed assessment which identified a range of care needs.

Jake was referred to a wellbeing service. This service changed their usual method of introduction to the client following advice from the SLT. Usually a telephone call would be made in the first instance, but this deprives the client and staff of visual communication cues. Instead video was used to facilitate first contact and Jake immediately agreed to meet the service. Making these communication adaptations reduced inequity of access to the wellbeing service.

Jake has remained accommodated after an extensive period of street homelessness. Crisis (2021) state that preventing homelessness saves £9250 per person per year. Additionally, quality of life benefits were experienced by several clients in contact with the SLT service. Comments included meeting the SLT as “getting my day off to a good start”, being “encouraged” to hear positive things about their communication and feeling “charismatic” for a change.

The SLT clinical report outlined Jake's strengths and these findings were not consistent with a query over an alternative condition suggested by other organisations. This helped organisations focus on appropriate assessment, management and treatment. For the first time Jake was able to talk about his communication needs and how they made him feel. Whilst Jake still experienced difficult emotions about his communication, he had a better understanding of the situation and a range of support strategies that he utilised in multiple appointments with different services.

Key learning points

What worked well?

The provision of assessment, coaching and therapy with an SLT was of benefit to both Jake and the services supporting him.

What would you have done differently?

Appointments with the SLT were requested and provided on an ad hoc basis during this project. The SLT would now provide a regular weekly session on site so that relationships with staff and clients could be informally developed. Where this has been tried with other services it has led to better understanding of the role of SLTs, more inter-disciplinary working and connections with local NHS allied health services.

What future plans do you have?

Jake had no health diagnosis that would have allowed access to NHS SLT services under current criteria in the local area. Change Communication is contacting NHS SLTs and commissioners to explore how the speech language and communication needs of people who are homeless can be better identified and met by the NHS which, in turn, will support reductions in homelessness and health inequalities.

References

Aldridge R.W., Menezes D., Lewer D. *et al.* (2019) "Causes of death among homeless people: a population-based cross-sectional study of linked hospitalisation and mortality data in England", *Wellcome Open Research* 4:49 <https://doi.org/10.12688/wellcomeopenres.15151.1>

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