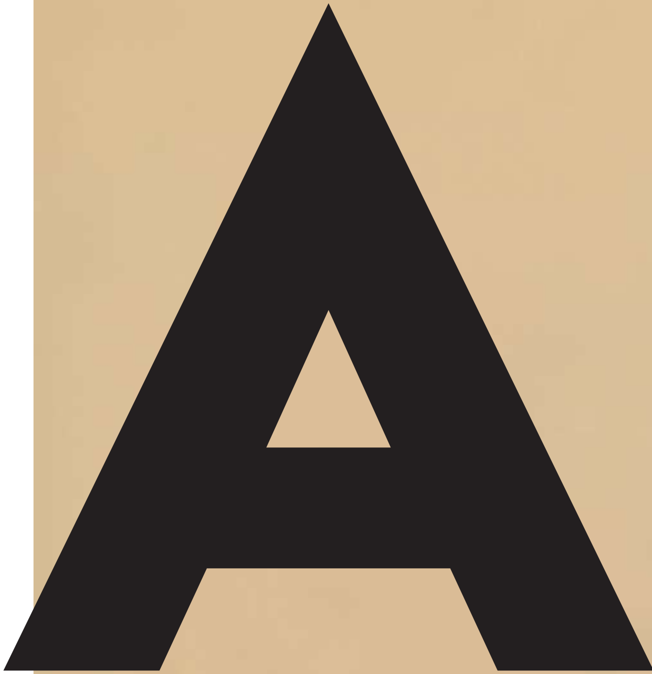
Trust and connection

Leigh Andrews *brings us close to a highly vulnerable group living with the impact of health inequalities*

ILLUSTRATIONS WRK



s SLTs working with people experiencing homelessness, we have a unique caseload. We rarely have a full case history available to us for the people we meet, and we may not be able to find out their first language. Sometimes we are not even sure of a person's identity.

Perhaps the only certainty when we meet someone who is sleeping on the streets is that they didn't start out there. What do we know about the causes of homelessness, and what is the role of SLTs in supporting individuals and addressing the health inequalities contributing to homelessness?

Health inequalities and homelessness

We know that the strongest predictor of adult homelessness is childhood poverty (Bramley and Fitzpatrick, 2018). It is always a surprise to me that the homelessness sector talks so little about class, when being poor and working class is a risk factor for homelessness. Lynn Evans wrote about the experience of working-class people becoming homeless in Birmingham in 2018, making clear the multiple challenges faced by the people she helps (Evans, 2018). This might include teenage experiences such as being in care, school exclusion and serious drug use which Bramley and Fitzpatrick identified as further risk factors for later homelessness. If you are an SLT working with children and young people, homelessness and inequalities are likely to be present in your work.

As in many other health-related areas, we also see a range of intersecting characteristics which, due to discrimination, make things worse for some groups than others (Chikwira, 2023). Being black or of a minoritized ethnic group in the UK leads to a disproportionate risk of homelessness compared to other groups (Bramley et al, 2022). Being female and on the streets has its own risks. Women sleeping rough may choose to hide away to avoid harm from others. This may mean street outreach services miss them and fail to offer vital support as a result (St Mungo's, 2018). Women living and sleeping on the streets have an average age of death of 43 (ONS, 2022).

LEIGH ANDREWS

Inverse care law

When training as an SLT I don't recall the 'inverse care law' being mentioned. Essentially, the inverse care law states that the more you need healthcare the less likely you are to get it (BMJ, 2020). That was shocking to me, but I see the lived reality of this for the people we work with every week. Our clients often tell us about the difficulties they faced at home and school as a child. This can be the start of a trajectory that moves onto school exclusion, being drawn into criminal activity, and drug or alcohol dependency. Relationships can be difficult to build and maintain, life may be itinerant, decent work hard to come by so creating any type of financial stability becomes impossible.

In these circumstances trying to access health services that work in rigid ways and with specific 'single issue' clinical criteria can be impossible. Health services may have very little understanding of the experiences of people who become homeless or the types of health problems they endure, so they fail to offer healthcare that meets those needs.

A formal clinical communication diagnosis is often impossible but providing care, understanding and help is not

Putting speech and language therapy in the picture

Speech and language therapy can be difficult to access due to health inequalities in just the same way as other types of healthcare. I worked in homelessness settings for 15 years before training as an SLT. Not once, in all that time, did I ever meet a SLT working with any of the people I supported. The Change Communication charity was created to try to meet that need while simultaneously helping the homelessness sector understand more about communication, and the communication sector understand more about homelessness. Along the way, we also wanted the NHS to recognize that people experiencing homelessness needed speech and language therapy as much as anyone else, and we would support them to develop services to that end.

It was quite ambitious stuff, but we have influenced NICE guidance; speech, language and communication difficulties are now recognised in NG 214 'Integrated health and social care for people experiencing homelessness'. Greater Manchester Mental Health Foundation Trust now employs the wonderful SLT Laura Cole to work alongside homelessness services in their area and provide therapy to their clients and patients. You can read about her work on **page 27**. Other locations are set to follow suit and we will support them on a speech and language therapy and homelessness journey too.

Speech and language therapy in practice

Lots of SLTs interested in my area of practice ask me about my 'average' day, or the kind of communication disorders we deal with, but it's not that straightforward in my world.

However, I can sum up my days and the things we deal with in three words:

- uncertainty
- creativity
- gratitude.

Because we may not know much about the person, their background or their language needs, we must be creative and ask: "What can I do to help end this person's homelessness? What communication difficulties do I, the client, and others experience when we interact, and what might help make those interactions be less stressful and more effective so that their homelessness can be understood, and accommodation and support identified?"

A formal standard clinical communication diagnosis is often impossible but providing care, understanding and help is not.

We work with people who have experienced rough sleeping and of the clients we work with will have sofa surfed or lived in temporary accommodation. We regularly visit clients living in hostels as well as prisons, hostels, day centres, public buildings and cafes.

They have generally had difficult early lives and experienced poverty, but that's not the case for everyone. Some may have worked in the past, and may be proud of their skills from that time.

Our clients are mainly aged over 25, and about 20% are female. About half the people we work with are living with addiction.

Building trust

Our clients have often, perhaps over years, had difficult experiences when they have approached services that are tasked to help them, so we remember and are grateful for any small trust they put in us. We may meet someone on the street and they tell us to eff off. They may trust us enough to meet for a few minutes. They may trust us to answer a question or two. They may trust us to change things a little today, or next week.

Our team is always grateful and overjoyed when people trust us enough to agree to meet us again. They may allow us to ask about their reading and writing, then feel comfortable with us sharing any support strategies with their hostel keyworker. They may agree that contacting their GP to flag concerns about eating and drinking is a good idea after we notice they cough when sipping from their beer can. They may even sit and let us ask the 40 questions on a form during a clinical assessment and be delighted when they get 100% right.

REFERENCES
For a full list of references visit: **rcslt.org/references**

What can you do?

SLTs can support people in all sorts of circumstances with communication and swallowing difficulties in positive, life enhancing ways, but it isn't always easy work. We must support each other to do this when things get tough, so I want to end with some more ideas for positive action you can take to tackle health inequalities.

- **Learn about the role of empathy in healthcare.** Empathy appears to be a protective factor for healthcare practitioners, patients appreciate it, and using it improves health outcomes (Howick et al, 2022).
- **Be curious about the origins of your practice and challenge your own thinking.** An example from my work is changing the words in the acronym 'SOAP' in case notes. Instead of Subjective and Objective to describe the reports from the patient and clinician respectively, we use Self and Observation to remove

the implication that patients describe things in emotional ways while clinicians are unaffected by bias.

- **Read the fantastic case studies and experiences shared in *Bulletin*** to understand more about the challenges people face in using our services and get top tips for improving access to care.
- **Use the RCSLT health inequalities self-audit tool** to help you get started: find out how SLT Rachel Clare used the tool on **page 28**.
- **Arrange a team meeting to discuss some of the key issues** you find interesting in *Bulletin*. Think about what you can do in the short and longer term to address health inequalities in your work.
- **Be creative:** speech and language therapy doesn't have to be just clinical assessment and diagnosis, it can be about care. How do I show this person I care? What do they care about, and can I help with that? I found 'Being Mortal' by Atwul Gawande helped me learn more about caring. How about starting a Caring Book Club to support your CPD?

I hope you find this health inequalities edition of *Bulletin* helpful, that it introduces new ways of thinking and energizes you to act. We are all human and deserve an equal chance to live our best lives. SLTs can contribute to that goal, improve services, and support their wellbeing and the wellbeing of their colleagues as they do so. Good luck!

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Leigh is the author of new book "'You all f…g talk too much": meeting communication needs in homelessness settings'.

GREATER MANCHESTER PROJECT

Laura Cole leads a pilot project to embed speech and language therapy in local homelessness services in Manchester.

I work with different teams that support people experiencing homelessness (PEH) who have a mental health condition and may also have drug and alcohol dependence. I also work closely with neuropsychology services to best understand the nature of people's difficulties.

Our teams aim to improve health as well has help people out of homelessness through improved engagement and harm reduction work. We follow an assertive outreach partnership model which includes advocacy and facilitating access to the appropriate services. Holistic recovery and safety plans are developed by recovery coordinator teams.

We recently worked with Alex*, who had previously been discharged from speech and language therapy support after a history of failing to attend appointments. The assertive outreach and partnership model helped Alex to engage with SLT support and they are now receiving regular SLT input.

The kind of conditions I come across most commonly are often cognitive difficulties that may be secondary to drug dependence, alcohol related brain damage and head injury. I also meet autistic people and those with a possible learning disability. For many people, conditions are sometimes suspected but not formally diagnosed. The majority have also experienced significant levels of trauma that impact on mental health. In terms of swallowing I meet people experiencing globus sensation and motility issues.

Part of my work is to train team members to adjust their communication. One social worker colleague told me: "Speech and language therapy input helped me understand X's comprehension difficulties, and that nods and gestures did not mean he understood. I found I changed my communication a lot when talking to him, I gave him more time, kept it more simple."

Training also helps teams deliver information accessibly such as using easy read and other support materials. A staff member told me: "I never would have thought about this until you started working with us," and was enabled to edit a safety plan to make it more visual to meet his client's literacy needs. Staff might develop easy read visual explanations and support to help people look after their health, such as using inhalers or taking medication and attending appointments.

Part of what we do is to support collaboration between patients and third sector services. For someone like Alex, our work can have an impact on care planning, therapeutic engagement and support planning. The speech and language therapy report on Alex is being used by the social worker as part of an application for accommodation. We hope to help people access support and ultimately, find a way to reduce homelessness.

**Alex is an anonymised name*

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