

# Communication let me down..

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...and I'm left here.

LEIGH ANDREWS

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Speech and Language Therapist

ChgCommCIC



# ChgCommCIC

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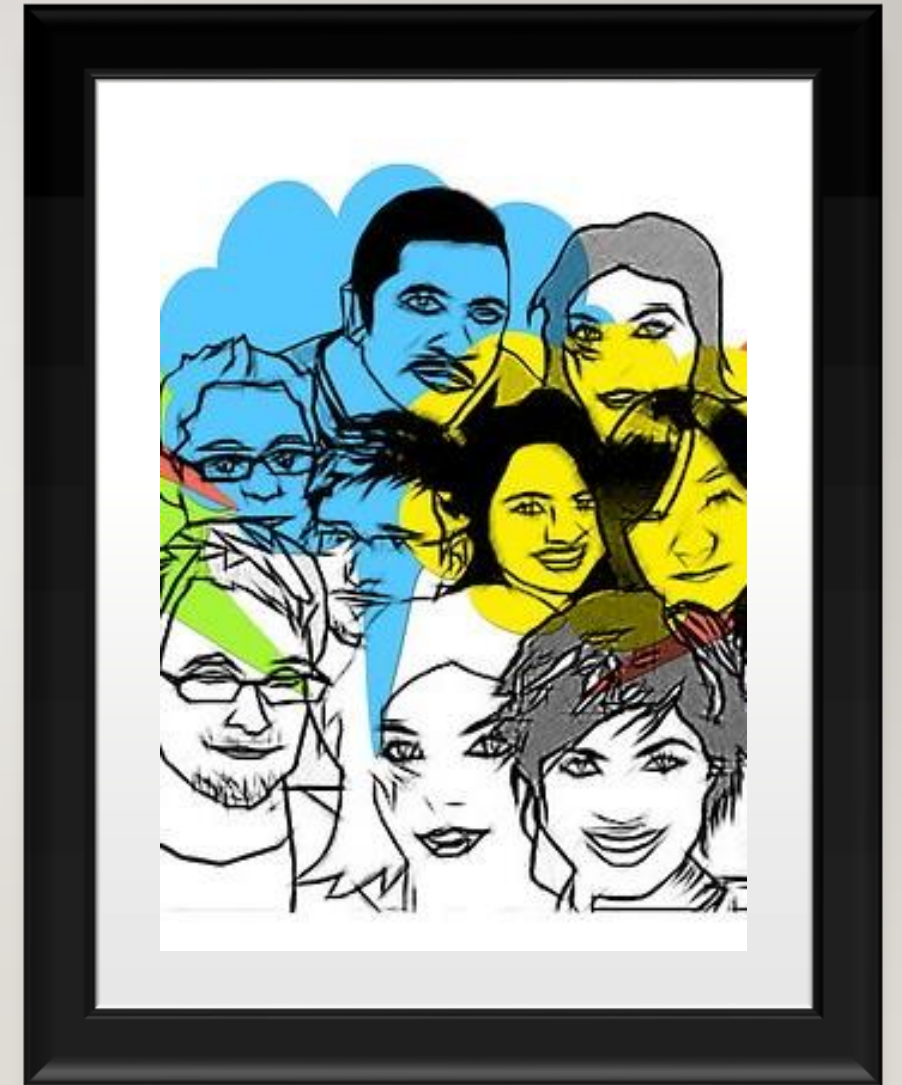
- AKA Change Communication.
- We help people talk and listen.
- Only SLT working in homelessness sector.

# The homelessness sector.

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We talk. A lot.

All approaches are verbally mediated.



# Example

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## Accommodation interview

If you were to be accepted to live here, what sort of support would you like from us?

## SLT view

- Subordinate clause
- Need to hold 'if' part in mind to answer.
- What does 'support' mean?
- Abstract – imagined future.
- Lots of words to process.
- What else is going on?

# Are people experiencing street homeless at greater risk of communication needs?

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- Acquired brain injury - 48% (Oddy et al, 2012)
- Autism - 12% (Churchyard et al, 2018)
- Mental health difficulties – 50% (CHAIN, 2015)
- Prison history – 35% (CHAIN, 2018)
- Care history – 10% (CHAIN, 2018)

**All** linked with communication needs.

Communication training in the sector generally at the ‘counselling skills’ end.

“You all talk too f\*\*\*\*\* much.”

Communication is a barrier to accessing healthcare – experts by experience in Luchenski et al (2018).

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“I have questions, but the staff keep talking and I forget them.”

“I don’t understand and I don’t want to be rude.”

“I try to be professional, but get it wrong.”

“Noone listens.”



# Data

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- Secondary analysis of data routinely collected by street outreach teams in London from 1 April – 30 June 2013.
- 513 participants
- All UK nationals
- 89% men, 11% women
- Average age = 46
- Reading, writing and spoken English ability as recorded by homeless staff in contact with individuals.



# Health warning

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- Our communication needs data was crude.
- Completed by non-clinicians based on informal assessments carried out in 'live' environments as part of their usual work.
- Lots of data missing (between 41% to 86%) which is a concern in light of the research results.
- Where staff recorded communication need as 'don't know' did they mean:
  - they didn't feel qualified to draw a conclusion **or**
  - they believed there was a need, but couldn't make up their mind about it's extent?

# What we found

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- 74% of new rough sleepers were recorded as having some level of communication need.
- 42% of long term rough sleepers had communication need.
- 71% of people supported by the brain injury project had a communication need.
- Where data existed staff were far more likely to record spoken language **abilities** as being high compared to reading or writing, but...
- We know that spoken language ability underpins literacy so is the above assessment correct?

(10% of UK population experience persistent communication need).



Was there a link to anything else?

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A small positive correlation between length of time rough sleeping and complex needs for those with SLCN, but not for those without ( $r=0.322$ ,  $p=.29$ ,  $n=46$ ).



# That's lovely, but what does it mean?

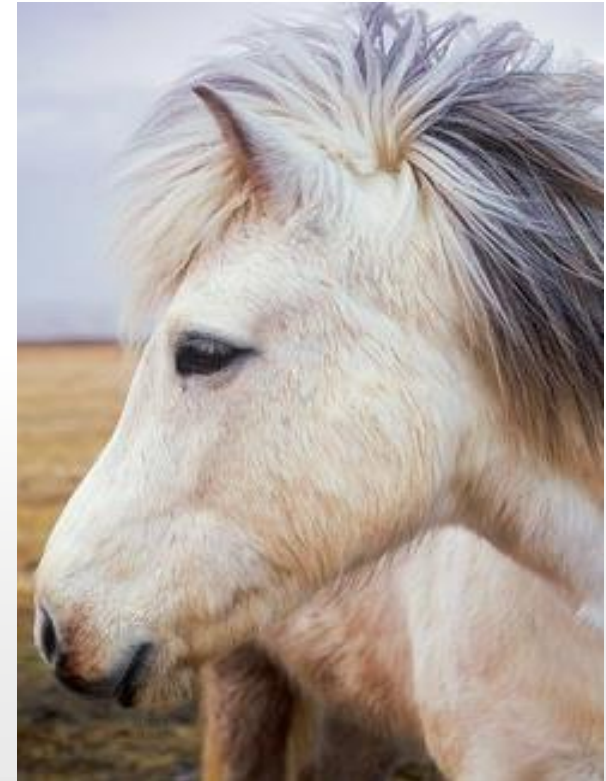
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- Hugo: using night shelter. No benefits and in poor health.
- Serious legal matter – attended 2 appointments with solicitor then missed 6.
- About to be evicted as legal matter had to be resolved to address homelessness, but concerns about capacity.
- Met SLT who found Hugo had a range of communication needs.
- Hugo agreed to SLT facilitating a meeting with the solicitor.
- Legal matter fully resolved, benefits in payment, and long term accommodation offered.
- Communication needs along with recommendations flagged to GP.

# Communication First approach needed?

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Have we been putting the cart before the horse?



Thanks for listening

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