



# Speech and language therapists working in homelessness settings

October 2024

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## Executive summary

This is a joint policy statement by the Royal College of Speech and Language Therapists and the Homelessness Clinical Excellence Network (CEN).

There are important links between homelessness and speech, language, and communication needs (SLCN). Those needs can affect the ability of people who communicate differently or with difficulty to access, engage with, and benefit from support services. Equally, if staff working in those services assume communication competence, do not recognise SLCN, and do not make reasonable adjustments (as in the Equality Act (2010) for disabled people), people experiencing homelessness may face additional barriers to services.

This policy statement is designed to highlight:

- the links between homelessness and SLCN;
- how people experiencing homelessness who communicate differently or with difficulty can be identified and appropriately supported; and
- the role of speech and language therapy in supporting both people experiencing homelessness and those working with them.

In addition to raising general awareness, we hope this policy statement will help to inform service planning and improvement in homelessness settings in relation to speech and language therapy.

Although designed for speech and language therapists (SLTs), social care service managers, and commissioners, we hope the statement will also be useful for all those working with and supporting people experiencing homelessness. It should also be noted that although in this statement we refer to English systems and law, its content is applicable across all jurisdictions in the United Kingdom.

## Introduction

People experiencing homelessness and/or using homelessness provision may face additional barriers in accessing, engaging with, and benefitting from services because of speech, language and communication needs (SLCN) and a lack of understanding of those needs amongst the professionals working with them.

The Royal College of Speech and Language Therapists (RCSLT) recognises the complex interplay between homelessness and SLCN. Given emerging data on the prevalence of homelessness in the UK and the associated challenges in addressing SLCN within this population, there is a critical need for comprehensive research and policy initiatives.

This policy statement highlights the vital role of speech and language therapists (SLTs) in settings that serve people experiencing homelessness and families.

Homelessness is a multifaceted issue that is not solely economic but also intersects with health, including physical, mental, and communication health. SLTs can play an integral role in improving the quality of life for people experiencing homelessness and families, removing barriers to social participation, and increasing their chances of securing stable housing and employment. However, staff working with people experiencing homelessness often lack awareness about SLCN, including its prevalence, and its impact on service engagement.

'Homelessness' is used to describe a wide range of experiences and contexts. It is important to note that it does not just affect rough sleepers. Rough sleeping may be the most publicly visible form of homelessness, but it represents less than 5% of people experiencing, or at risk of, homelessness. As highlighted by [Crisis](#), a far greater number of people are living in unsuitable or unsafe accommodation or are at imminent risk of homelessness, including over a quarter of a million children who were estimated by [Shelter](#) to be without a home in December 2023. Homelessness is, therefore, a situation that may be experienced by those using adult and/or children's speech and language therapy services.

Homelessness may, in fact, be hidden in child populations, not because it does not exist, but because it is rarely asked about. The impact of communication difficulties for children and their families may impact how they not only access services, but also implement support. To address significant health inequalities, asking about home stability, communication and literacy skills ensures understanding, access and signposting for all. Furthermore, children experiencing homelessness are more likely to present with mental health and behavioural issues due to anxiety and stress they have

experienced (Leng, 2017). These issues within often complex social, emotional and health landscapes mean children and their families experiencing homelessness may be unable to access the communication support they need.

People experiencing homelessness may have experienced difficult, stressful or traumatic events throughout their lives. So, it is important to recognise that for some people experiencing homelessness a trauma-informed approach may be needed.

This policy statement provides guidance on how homelessness services can improve engagement and remove barriers for those with SLCN. It also extends its recommendations to government entities, non-profit organisations, healthcare providers and other stakeholders involved in homelessness care and support services.

## Policy context

### Current Landscape

Recent studies have highlighted a significant rise in homelessness, with Shelter (2018) reporting that approximately 320,000 people are recorded as homeless in the UK. This figure fails to capture the entirety of the issue due to the phenomenon of hidden homelessness, such as sofa-surfing. Despite the increase in homelessness over the last decade (Fitzpatrick et al., 2019), there remains a scarcity of research specifically focusing on adult literacy, SLCN and homelessness. Yet, evidence from both the UK and the US suggests a prevalent issue of poor literacy among the homeless population (Barwick & Siegal, 1996; Dumoulin & Jones, 2014; Jones, 2019; Luby & Welch, 2006; Olisa et al., 2010).

The 2022 NICE guideline on integrated health and social care for people experiencing homelessness recognised that there may be ‘a wide range of possible speech, language and communication difficulties’ in the homeless population (NICE guideline, 2022). It also highlighted that health and social care staff working with people experiencing homelessness should take into account each person's communication and information needs and preferences, and their circumstances. This includes the need to provide extra support for people with low literacy levels or with speech, language and communication difficulties.

In England, NHS England has supported the practical implementation of that guidance in, for example, [urgent and emergency care settings](#).

NHS England has also developed the [Core20PLUS5](#) approach, with a different [version for children and young people](#), to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population requiring accelerated improvement in healthcare services, with the “PLUS” group including homelessness. Integrated Care Boards in England are focused on addressing health inequalities in these target groups. SLTs have a vital role to play in reducing health inequalities. The RCSLT has produced [two infographics](#) to demonstrate how they contribute to these focus areas.

### Understanding SLCN

SLCN encompasses a wide range of abilities and needs, which are crucial for effective communication in everyday life. This includes the physical ability to speak clearly and articulately, the cognitive ability to express and understand language, and the skills

necessary for meaningful interaction (O'Hare and Bremner, 2016; Murray and Chapey 2001; Tomasello 2008; Grice 1975).

The intersection of homelessness with SLCN presents unique challenges, including barriers to accessing healthcare and social services, that exacerbate the vulnerabilities faced by this population (Andrews and Botting, 2020).

## **Homelessness and communication needs**

There is a noted gap in understanding within the homelessness sector regarding the development, variance and support for communication skills. Andrews and Botting (2020) found that people experiencing homelessness are 17% more likely to have communication needs than the general population (based on those with SLCN data). These needs often present barriers to accessing healthcare and other services, with communication difficulties leading to significant health inequalities (Luchenski et al., 2018; Aldridge et al., 2019).

## **Current services and gaps**

Despite the recognised value of improving literacy and communication skills among the homeless population for enhancing confidence, employability, and social inclusion, many people do not meet the criteria for access to NHS speech and language therapy services under current guidelines. For example, SLCN are often not diagnosed in the homeless population and so any criteria that requires diagnosis precludes this group from accessing speech and language therapy. Some people experiencing homelessness may also meet exclusion criteria for access to services, for example, a requirement to be free of drugs or alcohol and/or mental illness. Outreach services, funded by central government and delivered by charitable organisations, along with homeless hostels, provide crucial support, but often lack staff with professional training in speech and language therapy.

## **Association with other risk factors**

SLCN is known to intersect with factors relevant to the rough sleeping population, such as mental health difficulties, brain injury, histories of imprisonment or care, autism, and learning disabilities (Botting et al. 2016; Struchen et al. 2008; Bryan 2004; McCool and Stevens 2011; Churchard et al., 2019; Oakes, P.M. & Davies, R.C. (2008)).

The prevalence of SLCN among the prison population and its association with juvenile offending further highlights the relevance of SLCN to vulnerable groups, including those experiencing homelessness (OLASS 2015; Bryan 2004; Hopkins et al. 2018).

## Policy recommendations

Delivering better lives for people experiencing homelessness who have SLCN is everybody's business. We all have a role to play. To help everyone play their part, the RCSLT is calling for:

### 1. Funding and resources allocation

**Government and budget holders** must ensure that there is adequate funding for SLTs' roles in homelessness settings to support identification of SLCN, the provision of support for people who communicate differently or with difficulty, and training of staff in homelessness settings on SLCN and how to accommodate them.

### 2. Training and professional development for SLTs

**Speech and language therapists** should undertake professional development opportunities, focusing on clinical competencies tailored to the context of homelessness. For some examples see Andrews: 2024.

### 3. Awareness and policy engagement

**All of us** should raise awareness among policymakers and the general public about the vital role of SLTs in addressing homelessness and the impact of SLCN.

**Commissioners** should commission speech and language therapy services tailored to the homeless population's needs, inspired by successful models in, for example, the youth justice sector and homeless health services.

**Decision-makers** should ensure the inclusion of SLCN considerations in strategic health plans, such as the NHS Long Term Plan, to decrease health inequalities experienced by rough sleepers.

### 4. Staffing and support infrastructure

**Commissioners and budget holders** should ensure a sufficient level of speech and language therapy staff are available in homelessness settings to ensure identification, intervention and training of the wider workforce to serve the homeless population with timely support for people with SLCN and those working with them.

### 5. Research, advocacy, and strategic initiatives

**All of us** should undertake research and advocacy to strengthen the evidence base for the impact of SLCN within the homelessness sector as a foundational step for effective



service design and delivery. As part of strategic initiatives, some way of flagging and recording housing and homelessness status, risk of homelessness, and SLCN should be found. For those working in statutory services, this could, for example, be SystemOne or RIO.

## **Best practice for commissioners**

### **Embedded SLTs and interdisciplinary approach**

Collaborative efforts between people experiencing homelessness, SLTs, social workers, healthcare professionals and community organisations are essential to provide holistic support for people with SLCN experiencing homelessness.

### **Research and advocacy**

Further research is necessary to understand the full extent of SLCN among the homeless population. SLTs, alongside other professionals, should advocate for increased resources and attention towards addressing SLCN in homelessness settings.

### **Resource allocation**

Funding and resources should be allocated to employ SLTs in shelters, day centres and other homelessness settings. This would ensure that SLCN services are accessible to those in need and the wider homeless workforce. Moreover, making resources available to research the impact of speech and language therapy on the homeless population is crucial. It will deepen our understanding of their specific communication barriers and facilitate the development of tailored interventions, ultimately enhancing their integration and opportunities in society.

### **Assessment and identification**

SLTs should assess the communication needs of people in homelessness settings, identifying specific challenges and formulating intervention plans to support them to communicate in the way that suits them best, to support settings to enable people to communicate effectively and meaningfully, and reintegrate into communities and workplaces.

### **Education and training**

SLTs should be involved in training staff and volunteers in homelessness settings to recognise and support people with SLCN.

## For speech and language therapists

- SLTs working with people experiencing homelessness must possess specialised skills, knowledge, and experience relevant to this group. They must demonstrate competency in addressing the complex SLCN often encountered in homelessness. For SLTs developing their expertise in this area, mentorship from a senior SLT with relevant experience is crucial. If such expertise is not available on-site, arrangements should be made to secure external support, ensuring adherence to clinical governance and professional development standards.
- Continuous professional development for SLTs, including attendance at speech and language therapy-specific training events, participation in Clinical Excellence Networks, and engagement in ongoing professional development activities are vital. Contributions and engagement with multi-professional conferences and seminars focusing on homelessness and health disparities are also encouraged, ensuring SLTs remain at the forefront of best practices in their field.
- Provide guidance for staff about identifying SLCN, discussing communication preferences, and making appropriate referrals for ongoing intervention.
- Provide timely assessment of SLCN for all users.
- Provide ongoing speech and language therapy intervention and handover following transfer to other settings or provisions.
- Engage in clinical research on the nature and impact of SLCN on users.
- Maintain a high level of knowledge and skill through CPD and peer review and engage in multi-professional teaching and education.
- Get involved in clinical governance, annual activity reporting and service audits.
- Support the development of competencies of SLTs and non-speech and language therapy staff working with the same group whilst also supporting speech and language therapy service provision in units with limited staffing.
- Attend and report activity within local and national homelessness networks.

- Participate in the homelessness peer review process and CQC inspections because some accommodation for people experiencing homelessness is CQC registered.
- Plan and engage in joint quality improvement and research projects.

## Benefits of providing speech and language therapy services in homelessness settings

- People experiencing homelessness often face barriers in accessing services due to communication differences or difficulties. SLTs can support them to communicate in the way that suits them best, enabling them to articulate their needs clearly and understand the support available to them.
- SLTs can also support staff working with people experiencing homelessness to improve how they communicate with people experiencing homelessness, including those who have communication differences or difficulties.
- Many jobs require effective communication skills. SLTs can work with people to improve these skills, increasing their employability and chances of exiting homelessness.
- Effective communication is also crucial for removing the barriers to social reintegration. SLTs can support people experiencing homelessness to engage with potential landlords, employers, and support services.
- Complex medical jargon can be a barrier to accessing healthcare. SLTs can help in simplifying this language and teach strategies for effective communication with healthcare providers.
- Many people experiencing homelessness may have conditions like traumatic brain injury, mental health issues, or substance abuse, which can affect how they communicate. SLTs can offer targeted interventions to support people to communicate in the way that suits them best.
- Removing the barriers people with SLCN face does not just benefit them. It benefits everyone. It helps to foster a more inclusive, equitable, and cohesive society. By supporting people with SLCN, we can help ensure that everyone can participate fully in society, access essential services, and live a life free from undue hardship. This, in turn, strengthens community bonds, reduces inequalities, and promotes a more just and healthy society for all.

## **Risks of not providing speech and language therapy services in homelessness settings**

### **Increased health disparities**

People with SLCN are at a higher risk of experiencing health inequalities. Without their communication difficulties or differences being recognised and accommodated, they may not be able to articulate their health concerns, follow medical advice, or adhere to treatment plans, leading to worsened health outcomes and unmet health needs.

### **Access to services**

SLCN can significantly affect the ability of people experiencing homelessness to access critical services. This includes difficulty engaging with housing support, healthcare, social services and legal assistance due to challenges in understanding and responding to complex information.

### **Social isolation and exclusion**

Communication barriers can exacerbate feelings of isolation and exclusion from society. This isolation can be particularly profound for people experiencing homelessness with SLCN, as it affects their ability to form and maintain relationships, engage in community activities or seek support.

### **Mental health issues**

The combination of homelessness and SLCN can lead to or exacerbate mental health issues such as anxiety, depression, and low self-esteem. The stress of not being understood or able to communicate effectively can contribute to a cycle of mental health challenges.

### **Vulnerability to exploitation and abuse**

People experiencing homelessness with SLCN are at an increased risk of exploitation and abuse. Communication difficulties may make it harder for them to articulate consent, understand situations of risk, or seek help, making them more vulnerable to exploitation.

## **Educational and employment barriers**

SLCN can limit opportunities for education and employment. Lack of access to educational support and communication challenges in job interviews or workplaces which do not recognise and accommodate for communication difficulty or difference can hinder people's ability to improve their socioeconomic status.

## **Interactions with the criminal justice system**

People with SLCN experiencing homelessness may face greater risks in their interactions with the criminal justice system. Communication barriers can lead to misunderstandings, inability to advocate for oneself and potentially unjust outcomes.

## **Challenges in advocacy and self-representation**

Without adequate support, people with SLCN may struggle to advocate for their needs or engage with processes designed to assist them, such as applying for housing or benefits, contributing to prolonged periods of homelessness.

## **Quality of life**

Overall, the absence of speech and language therapy services in homelessness settings can significantly impact people's quality of life, perpetuate cycles of homelessness, and lead to broader societal costs. Implementing accessible speech and language therapy services within these settings is crucial for addressing the holistic needs of people experiencing homelessness, promoting their well-being, and facilitating their integration into society, and ensuring that those working with the homeless population understand and can make adjustments for communication differences and difficulties.

## Key recommendations for homelessness settings

### Developing ways of identifying SLCN

Develop ways of identifying SLCN tailored to the context of homelessness.

### Mandatory completion of SLCN fields

Implement a policy requiring the compulsory completion of all SLCN-related fields within data recording systems (for example, in London, the CHAIN database). This measure will ensure that the presence of SLCN among people experiencing homelessness is accurately documented, facilitating targeted interventions, adjustments and support. This should be coupled with directives for services, especially those commissioned by governmental bodies, to prioritise the inclusion of this data.

### Outreach staff training

Provide training for outreach staff and those interacting directly with rough sleepers on the basics of SLCN and alternative communication methods.

### Training for database management

Train staff responsible for managing databases (e.g. CHAIN) to recognise signs of SLCN more sensitively. This includes systematic observation of reading/writing, spoken language abilities and other forms of communication. While this approach must be balanced to avoid overburdening services or causing discomfort to people, it can provide a more accurate picture of the prevalence of SLCN and its impact on homelessness.

### Review and adapt written materials

Audit and revise written materials provided to people accessing services, such as consent forms and accommodation agreements to ensure clarity and accessibility. Consider translating these documents into easy-to-read formats and ensuring compliance with the principles of the Accessible Information Standard (2015) to safeguard the communication rights of people with SLCN.

### Capacity assessment training

Educate homelessness service staff on the role of language and communication in assessing a person's capacity to make informed decisions, in line with the Mental



Capacity Act 2005. This training should emphasise the importance of understanding and respecting the language skills relevant to decision-making processes.

### **Leverage insights from other fields**

Draw on experiences and strategies from SLTs working in adjacent fields, such as youth justice and mental health to advocate for, design and sustain speech and language therapy services within homelessness settings. These fields offer valuable lessons on engaging with populations with high SLCN prevalence.

### **Integration of speech and language therapy services**

Promote the integration of speech and language therapy services into the array of health services provided to people experiencing homelessness. This includes direct speech and language therapy interventions, consultation and training for other professionals working within homelessness services. A holistic team approach is essential for the effective rehabilitation of people with SLCN in homelessness settings. SLTs should lead the education of people experiencing homelessness, their families and the wider support team on the importance and impact of speech and language therapy, fostering a collaborative and informed care environment.

## Case studies

### 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 as 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 speech and language support and they are now receiving regular speech and language therapy 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 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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## More information

For more information on speech and language therapists working in homelessness settings, please read [Leigh Andrews' article](#) in the Summer 2024 edition of the RCSLT Bulletin.

## Resources

- [Shelter](#)
- [Crisis](#)
- [Homeless Link](#)
- [NICE guideline: Integrated health and social care for people experiencing homelessness](#)
- [Centre for Homelessness Impact video on NICE guideline](#)
- [RCSLT resources on health inequalities](#)
- [Homelessness code of guidance for local authorities](#)
- [Royal Society for Public Health case study](#)

## Acknowledgements

The RCSLT is grateful to members of the Homelessness CEN for working with us on this policy statement. We owe particular thanks to Leigh Andrews for all her advice, input and support.

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The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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