

Talking about health - effective and accessible communications

This supports the information in [this film](#)

Frame conversations in human rights

Example: In terms of registering for a GP, you could explain that **everyone has the right to good health** and to access healthcare. They do not need a fixed address and their immigration status does not matter.

Give information

Example: Provide **information to read** (leaflets, posters around the service). Have someone on hand to **talk things through** and **reinforce messages** – nothing replaces human relationships and connection.

Groundswell have [free, coproduced resources](#) on our Resources Hub.

Respect views, opinions and differences

When we talk about health, **everything is a choice**. Recognise circumstances, for example trying to get someone to stop or start doing something is difficult. There is often already a power dynamic. The feeling that they have been ‘told off’ can be triggering for some and people will shut down.

Example: Instead of telling a client to ‘stop smoking’, you could say: *“I know stopping smoking is a big challenge, it may have become part of your daily routine for decades. If you're not yet ready to quit completely, could we work together to see how you could cut down the number of cigarettes smoked each day?”*

Focus on cause and effect - what’s the benefit?

Example: Instead of telling a client where and when they are getting a vaccine, you could say, *“Let me tell you a bit more about the flu vaccine, that the local nurses are offering tomorrow. By having the flu vaccine this winter, it reduces your risk of serious illness and passing it onto people who are also at risk of serious illness.”*

Think about your language and communication

Example: There are many NHS targets to 'engage' the 'hard to reach' or 'increase uptake' – this is not **person centred**, it needs to be about a person's health and the **benefits** to them, their community, peers and loved ones.

The person isn't hard to reach, it is normally a service that is hard to access.

Recognise people's circumstances

We know the typical solutions for managing or preventing health conditions might not work if you're experiencing homelessness. It's even more challenging while managing addiction, not having your own place to call home or control over what, and how, food is cooked. **Health is not always going to be a priority.**

Example: Day centres can be cooking meals on mass for 100+ people using donated items, but these foods may not be suitable if you're diabetic or have an issue like coeliac disease. Also, advice to manage mental health like "paint your room a pastel colour" are not practical. It's better to **give people the power** and encourage them to consider what they can **control or change**.

Scaremongering doesn't work

Lots of numbers and data is overwhelming and alienating. However, **simple statistics can work**, but only when used in a positive way.

Example: *"Did you know that only 2 in 100 people who use bowel screening need further tests? The test is about prevention, and it gives you peace of mind."*

Don't forget the phrase: "Can we talk about this?"

Remember to act in a human and personal way. Explain why it may be difficult to talk about health, listen and build trust.

Please note, for consistency and brevity we use the term clients in these resources. This refers to anyone experiencing homelessness who may be in attendance at a health promotion session. Other terms may include residents, guests, beneficiaries, individuals or service users. We encourage you to use people's names and ask their preference when you are working face to face.



www.groundswell.org.uk
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