

Day Services Practice Forum

Trauma-informed buildings





Homeless Link

How does trauma relate to homelessness and other disadvantage?

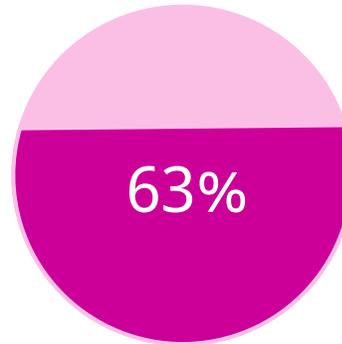


Prevalence of trauma

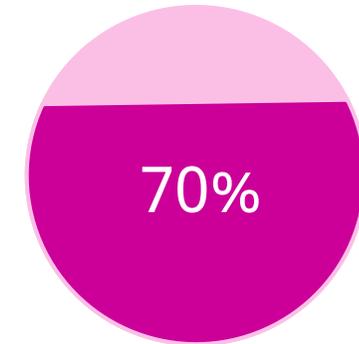
Research commissioned for Oasis Community Housing in October 2022 found that:



in touch with their services had experience of trauma



reported 4 or more traumatic experiences or trauma over a prolonged period of time



Nearly all respondents said that the trauma had an impact and 70% felt it had a significant impact on their life

Trauma and homelessness

Becoming homeless is a traumatic experience

Many people experiencing homelessness also have experienced previous trauma

Experiences whilst being homeless may also be traumatic

Trauma and homelessness are closely connected

Impact of trauma

Trauma impacts:

- **Brain/body** – autonomic nervous system, memory, threat perception, language and emotion
- **Psychology** – perceptions of relationships, trust, authority, self esteem
- **Social** – maladaptive coping strategies, engagement with people/services/systems

People can move forwards from trauma and make positive changes.





Homeless Link

Trauma Informed

A service that is trauma informed:

Realises

the impact of trauma and pathways for recovery

Recognises

The signs and symptoms

Responds

by fully integrating into policy, procedure, practice

Resists

re-traumatisation

Re-traumatisation

Re-traumatisation is a conscious or unconscious reminder of past trauma that results in a **re-experiencing** of the initial trauma event.

It can be **triggered** by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/ control/ safety) of the original trauma.



Re-traumatisation in services

Assessment and support planning can be re-traumatizing

Lack of trust – personal questions from a stranger

Having to repeat information about traumatic events

Trying to follow rules, attend appointments, achieve specific actions while struggling to cope

Being in a building that feels institutional, among strangers, CCTV, unfamiliar noise and smells



Trauma informed care

- How can the layout make people feel more in control?
- How can you involve people accessing services as well as staff and volunteers in design?



- How might the physical space may reflect past trauma?
- How might the atmosphere within the service trigger a trauma-response? How does the layout/flow impact this?

- How can the space be made as safe as possible for everyone?
- How does the space enable trust to build? People to engage at their own pace?



Homeless Link

Think of a place you DISLIKE going to. What do you see when you walk into the building? How does it make you feel?





Homeless Link

Think of a place you LIKE going to. What do you see when you walk into the building? How does it make you feel?

staff smiling
peaceful comfortable seating
welcomed free books calming
local library a nice view nice food
open bright natural light
clean and tidy - happy