



**HOUSING
JUSTICE**

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BEING TRAUMA-INFORMED: A GUIDE FOR COMMUNAL NIGHT SHELTERS

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ABOUT TRAUMA-INFORMED PRACTICE

Trauma-informed practice, commonly referred to as trauma-informed care (TIC), is an approach that is increasingly adopted by organisations working across the housing, health, care, education and criminal justice sectors. It is an approach which recognises the widespread prevalence of trauma, particularly amongst vulnerable populations, and uses this understanding to shape the way that services are designed and delivered. Organisations adopting TIC also recognise that their staff and volunteers can have experiences of trauma, which may have occurred in the workplace.

TIC is not a specific intervention but a set of principles which can be applied to different programs, services and organisations. Each organisation will apply the principles in different ways to suit their specific context. Being trauma-informed is described as a journey of continuous development, rather than a destination.



COMMUNAL NIGHT SHELTER SETTINGS

There is limited evidence available as to how communal night shelter services can implement TIC. These services have unique factors which make the application of TIC less straightforward than other types of supported housing services. These include:

- Shared living, sleeping and support environments
- Temporary/rolling circuits with buildings not owned by the support provider
- Fewer paid staff and reliance on volunteers
- Emergency/time-limited service which can impact the capacity for support
- Limited funding for capacity building and service development

On the face of it, many of these elements of shelter models could be deemed to contradict the principles of TIC, which emphasises the need to provide physical and psychological safety. However, the aim of TIC is to apply the principles whatever the context, to make improvements where possible, and inform decision making for future planning and development of the service.

Despite the challenging aspects of delivering communal shelters, there are other things about these types of services which do align well with the ethos of TIC. These include lower barriers for service access, an emphasis on hospitality and the importance of, and the creation of community amongst guests, and between guests and staff.

[Learning from the pandemic](#) has shown the impact that secure, single-room accommodation can have on how people accessing shelters feel when there. While single-occupancy shelters are therefore considered the best model for emergency accommodation provision, communal shelters play a vital role in a currently under-resourced homelessness system. They are often the only option available to people who would otherwise be sleeping rough. It is therefore essential that shelters are as trauma-informed as possible to increase their inclusivity and ensure safety for those who use and work in them.

Being trauma-informed is an intentional approach. Ideally services would be designed in line with TIC from the outset, but the reality is most have been operating for many years and need to reflect on, and make changes to their policies, procedures and practices. Continually reflecting on existing practice, including asking why things happen the way they do and if they can/should be done any differently, is an important part of the process.

IMPLEMENTING A TRAUMA-INFORMED APPROACH

Although many homelessness organisations have trained their staff to understand trauma, [research](#) has shown that this has not often translated to a change in practice. To support homelessness services to implement TIC, Homeless Link developed a downloadable and interactive [framework](#) that sets out how the principles can be put into practice.

The onus for implementation does not sit only with frontline practitioners in their support delivery. For the approach to be truly effective, organisations must take steps to embed the principles throughout their policies and procedures, including for management and support of staff, and in their leadership and governance. Homeless Link’s framework breaks implementation down into these three levels against each of the principles.

This guide does not duplicate the in-depth content of the framework and instead summarises each of the principles along with practical tips and case studies from communal shelter providers.

PRINCIPLES OF TRAUMA-INFORMED PRACTICE:



Homeless Link (2024) Being trauma-informed: a practice development framework

Combining different TIC principles that exist in literature, this diagram outlines the underlying principles and steps a service or organisation can take for implementation. The first step is to ground the practice in an awareness and understanding of trauma. Knowledge of trauma is then used to inform policies, procedures and practices with an aim of building physical and psychological safety for clients and staff (step 2) and once people feel safe, to enable them to take more control through empowerment and collaboration (step 3). These steps may happen in tandem with each other.

The overarching aim of TIC is to design and deliver services which respond to trauma, reduce the likelihood of trauma occurring within the service, and resist retraumatisation. Retraumatisation is where an individual is triggered to remember/re-experience previous traumas. This can be caused by situations or people which feel unsafe or disempowering. Although often unintentional, this can occur in services that are there to help unless attention is given to prevent this.

TRAUMA AWARENESS

The first stage of implementing TIC is to upskill staff and volunteers with an understanding of trauma and what effect this can have – including understanding symptoms. Training might cover the biological, psychological and social impact of trauma and how this may lead to a person experiencing homelessness and other interconnected needs. Trauma awareness enables staff to collectively view and understand presenting needs and behaviours, as well as understanding their own emotional experiences. This enables staff to think and act differently.

Some organisations have trained everyone, from trustees to volunteers, to ensure a shared understanding. Peer reflection, support and ongoing learning opportunities can keep an awareness of trauma alive in services. Organisations should also train their staff and managers to understand and recognise the trauma and adversity that can be experienced by people working in services.

TRAUMA AWARENESS IN PRACTICE

Trauma is the individual experience to an adverse or harmful event, not the event itself. It is therefore difficult to know whether, and to what extent, people are affected by trauma but there is significant evidence to show high prevalence of trauma amongst people experiencing homelessness, especially women and those facing multiple disadvantage. Services do not need to know someone's trauma history in order to provide effective support and not working in a trauma-informed way is more harmful than universally adopting the approach.

Communal night shelters are only often accessible to people with low-medium support needs, as they may be deemed unsuitable environments for those with higher needs (due to staffing levels and the potential risks to others). However, over time, higher and trauma-related needs may emerge. This may be because people feel more safe and able to be themselves or because the environment is triggering to them. Communal shelters also offer much needed support to non-UK nationals who may be refugees and asylum seekers, many of whom have experienced significant trauma.

CASE STUDIES

Maidstone Churches Night Shelter has trained its staff in Adverse Childhood Experiences (ACEs) to better understand the long-term impact of early trauma on those they support. The training has helped the team adopt a more compassionate, trauma-informed approach, shaping everyday interactions and strengthening support for guests. This shared understanding is now embedded in the shelter's culture and is seen as a vital part of delivering effective, person-centred care.

Emmanuel House ensures their staff receive appropriate training and support to maintain a safe and supportive environment. This includes skilling staff in de-escalation techniques and crisis management, to handle incidents calmly and effectively. Staff are offered debriefing sessions with management either directly after an incident, or the following day, to reflect on challenges and receive support.

Catching Lives recruit staff with skills and values which align with TIC. An experienced Shelter Coordinator offers consistency and containment in the calm delivery of policies and procedures, including around incident management. Wider shelter staff are recruited for the values and attitudes they would bring to the role, and demonstration of empathy towards shelter guests and their potential behaviours. The recruitment has built a team demonstrating respect to clients and whose first instinct is to de-escalate.

TOP TIPS:

- ✓ Ensure staff and volunteers are trained to understand trauma and its symptoms, including for different groups who are more likely to have been exposed such as women, asylum seekers and refugees, and people with complex needs. Also train staff in knowledge and skills relating to people experiencing mental ill-health.
- ✓ Connect with local agencies that can offer training and support for clients, staff and volunteers and utilise other available resources and training. There are also lots of free resources online.
- ✓ Seek to separate out what someone tells you about their past and their support needs, from their behaviours. Take a personalised approach and be mindful of judgements and biases.
- ✓ Recognise the importance of relationships as a key enabler to help people recover from trauma. Create a culture in which connectivity is valued between, and within, clients and staff groups.
- ✓ Ensure management and leaders are trained to understand the trauma and distress staff may experience at work, and how to offer appropriate support.

USEFUL RESOURCES:

- [Being trauma-informed framework \(p.5, 11-13\)](#)
- [Trauma and homelessness e-learning for night shelters](#)
- [Supporting staff wellbeing in homelessness services](#)
- [Staff wellbeing podcast \(series 2\)](#)
- [Reflective Practice guidance](#)
- [Further information and training from Homeless Link](#)
- [Learning and Resources - BHT Sussex](#) - Training series: Supporting People Multiple Complex Needs

PSYCHOLOGICAL SAFETY

When an individual experiences trauma, they will most likely experience a loss of physical and psychological safety. This can influence how people think and feel about the world. People may feel unsafe in their daily life whether there is a real or perceived threat, which can impact how they relate to others, support and people in positions of authority.

Verbal and non-verbal communication is the bedrock of how we relate to one another, and makes a significant difference in how people accessing the service will feel, which in turn may influence how they act. It is therefore essential for staff and volunteers to be mindful of their verbal and non-verbal communication. These can make the difference between how welcome someone feels in the service and how much connection and trust can be formed.

Many services may use specific phrases and words to describe the way they work and the people they work with, and this terminology may unintentionally be stigmatising. For example an individual may be labelled as a 'rough sleeper' or 'drug user', and their behaviour as 'non-engaging' or 'challenging'. The way that particular procedures are described, or the way they are carried out, may further disempower those accessing support through othering them, or reinforcing a power imbalance. This can include, for example, carrying out 'needs' and 'risk' 'assessments' which ask people to provide lots of exposing/sensitive information to someone they do not know well who has the authority to provide or refuse them something they need.

PSYCHOLOGICALLY SAFE CONVERSATIONS AND RELATIONSHIPS

Services implementing TIC should seek to consistently provide safety through relationships underpinned by connection, trustworthiness and transparency. Practices should seek to make people feel included, and offer clarity around what they can expect from the service and what is expected from them. Building relationships with people before they come into the shelter, where possible, is a positive way of beginning the work.



CASE STUDIES

Catching Lives engages people during the day to build rapport and assess their risk for the shelter. The Shelter Coordinator speaks to each person about safety, risk and triggers to see what coping strategies might be needed and how staff can support. They aim to manage expectations about the type of service, by asking people to reflect on how they will cope in a communal setting with issues such as noise and getting up by a fixed time. If people decline a shelter space, they know they can change their mind.

NEWway assign a caseworker to each guest which reduces the number of times they need to retell their story. Guests can stay with the service for at least 28 days, enabling them to get used to different venues and build relationships with different volunteers.

At Off The Streets communal shelter, staff supported guests to complete a trigger assessment when they arrived. This process not only supports guests to better understand and communicate their own triggers, but also helps staff and volunteers respond with empathy and awareness. By sharing this insight across the team, the shelter creates a safer, more predictable environment for everyone. The trigger assessment supports psychological safety by reducing the risk of re-traumatisation, while building trust and mutual understanding between guests and the team. It's a key part of creating a calm, respectful, and informed communal space.



MANAGING RISK IN A TRAUMA-INFORMED WAY

One of the key challenges faced by communal shelter providers is how to balance the choices and needs of each individual with the possible risks their behaviour might pose to others. Blanket policies and procedures (e.g. bag searches, metal detectors, breathalysing etc) may be used with an intention of keeping people safe but which may adversely impact how safe and trusted people feel in relation to the organisation.

Use of intrusive or institutional risk management interventions does not take into account individual circumstances, needs and behaviours which are often symptoms or responses to trauma. They may be triggering (for example if someone has previously been in a mental health ward, prison or detention centre) and characterise a significant power imbalance between those providing and using the service.

Whilst all shelters are different, and must establish procedures that works best for them, a trauma-informed approach to risk assessment and management is instead relational and dynamic. This means being truly person-centred and considering each individual, at different points in time, and in relation to others in the service.

In practice this may mean not making a judgement to include or exclude someone based on something they have done, for example if they have used alcohol. Instead, a TIC service would seek to spend time with the person before they access the shelter to understand whether they use any substances and how this effects them. Whilst in the shelter, staff would observe whether they are behaving in a way which negatively impacts others. A decision about whether the person can stay will be based on their behaviour not just on the fact they have used alcohol before coming into the service.

Before someone is offered a place at the shelter, wherever possible, take time to understand what they need but be mindful of how much information is really required, and when it is asked. Asking people about how they may feel and react in different scenarios (e.g. sleeping in a room with many others, if someone is snoring loudly, if people have a disagreement) can help the service, and them, prepare for potential challenges. Asking them about what they could do in times of distress to help themselves, and what they may need from staff and volunteers, is a relational approach to assessing and managing risk. Where people are with the service for a while, ensure there are ongoing conversations which review how people are feeling and what is needed for them and others to be safe. Working alongside people to identify solutions, and following through with what is agreed, enables people to feel in control and safe.

Conversations and procedures about 'risk' can instead always be framed around 'safety', in a non-blaming way, by being open about the need to keep the individual, other clients and staff/volunteers safe.

CASE STUDY

Although InHope's night shelter offers single occupancy, as opposed to communal, sleeping spaces, the changes they have made to one of their risk management policies is an excellent example of amending policies and procedures to align with a more trauma-informed approach.

InHope historically had CCTV installed in bedrooms to manage safety and risks. This was felt to be particularly pertinent for safeguarding high risk clients e.g. those who self-harm, use substances etc, allowing staff to respond quickly to emergencies. This was also introduced as an additional measure to support staff and client safety, as the shelter was predominantly run by volunteers.

Through the process of achieving Housing Justice's Quality Mark Accreditation, they deepened their commitment to TIC and recognised that use of bedroom CCTV could be counterproductive to fostering a sense of safety, dignity and trust. They recognised that constant surveillance in personal spaces may feel invasive and disempowering and limits client control over their personal space.

They set out to remove the use of CCTV in bedrooms and to strengthen other safety measures. This has included:

- Training staff to recognise signs of distress/risks and how to have proactive conversations with clients;
- Offering relationship-based support to improve engagement and establish mutual expectations around safety; ensuring open communication about how to balance support and accountability;
- Proactive risk management to identify key risks, provide clients with emergency contact options and liaise regularly with external agencies involved in the individual's support;
- Close monitoring of vulnerable individuals at risk through structured, enhanced and relational welfare checks which are tailored to meet individual need
- Systematic logging of incidents and welfare checks carried out, and multi-agency collaboration and referrals;
- Ongoing review and feedback through staff reflective practice and reviews and enabling clients to share their concerns and suggestions via a client forum. Policies, procedures and practices are adapted, as needed, to ensure continued safety and trust.

A more proactive engagement approach to support and safety management has mitigated the concerns initially felt by some staff. Culturally, it has also shifted the ethos of the service from one where individuals were being monitored/watched by staff, to that where staff and clients work together to create safety.

Where specific policies do need to exist (e.g. alcohol and drugs cannot be used in this space, someone cannot stay if they are abusive towards others) or a decision is made to use particular methods of reducing risk, ensure these are clearly communicated and understood. Recognise that some people may need these explained more than once and provide information in different formats where necessary (see the section on diversity below).

Homelessness services work with vulnerable and traumatised people who may not always behave the way they are expected to, but who are often held to higher levels of accountability than those not experiencing homelessness. Quite often, ‘challenging’ behaviours are coping strategies or ways of releasing emotion in difficult and triggering situations (e.g. feeling disempowered, not having your needs met, being triggered).

If someone has behaved in a way which has put themselves or others at risk, carefully consider whether this can be managed via temporary exclusion, rather than permanent ban (and of course involve the authorities where needed). Temporary exclusions enable the risk to be managed in the moment, but also provide people with an opportunity to learn; identifying and putting into practice, different ways of coping.

CASE STUDY

The Museum of Homelessness take a trauma-informed approach to identifying, managing and responding to possible risks. When people arrive at the shelter there is a relaxed sign in process in which minimal information is collected (name, phone number) and where a discussion is had about what needs MoH may need to meet for example, what will be the best support if the person is unwell or distressed, as well as what else is required such as any allergies, access requirements etc. Through this conversation they are often able to gather a lot of information about the person and their broader support needs, in a way which is collaborative and consensual. They also ask whether there is anything else they should know about what the person will need in the space. Through this conversation the person is able to be in control of their safety and how they would like their needs to be met, which means a safer environment for everyone.

Whilst alcohol and drug use is not allowed on site (and this is transparently explained because of individuals being in different stages of recovery), people are still able to come to the shelter having used, if they are observed to be in control and not causing harm and distress to others. Decisions to ask someone to leave are carried out on a case by case, moment by moment, basis. They are able to take this approach because the staff are well trained, supported and skilled in working with people and their symptoms of trauma.

RECOGNISING AND RESPONDING TO DIVERSITY

Offering inclusive services which respond to diverse needs, such as a person's culture, ethnicity, gender and sexual identity, also increases how safe people will feel. Policies and procedures, relating to those accessing and working in services, should be designed through a trauma-informed and EDI lens.

CASE STUDIES

The Outside Project is a specialist LGBTQ+ shelter who are sensitive to the various needs of people from these communities. They carry out a number of activities to help their residents feel connected to broader LGBTQ+ histories and communities. They are open-minded about how residents present around their gender and avoiding any stereotypes around how people should dress or behave based on their identified gender. As a team they discuss and troubleshoot systemic issues faced by their residents because of their gender and sexual identities.

Glass Door Homeless Charity have taken a number of steps to improve inclusivity of their service for different groups. Their Welcome Pack includes a statement on EDI and their Guest Equality and Diversity policy, which underpins their work, includes protected characteristics as set out in the Equality Act, as well as others they have included e.g. social class and language. Their guest induction includes a clear statement: "This is an inclusive space. Everyone is welcome here and so are you." Changes to practice include:

For non-English speakers:

- offer unlimited phone-based interpretation services to enable staff and clients to communicate effectively
- annual review of most commonly spoken languages and subsequent translate (via a pool of volunteers) key materials such as welcome packs, warning and exclusion notices, maps, complaint leaflets
- actively seeking to recruit multilingual staff, asking about language skills in every interview, as well as prioritising shortlisting and hiring of individuals with lived experience of homelessness, immigration issues, or similar vulnerabilities

For people with disabilities and learning needs:

- ensuring all printed materials are formatted in line with the British Dyslexia Association's style guide
- designing custom routes to access the shelter circuit for wheelchair users, and allowing service animals

For women:

- A women's only shelter circuit, staffed only by women
- Where volunteers are male, they provide non-guest facing support before 9pm
- Lower staff-to-guest ratios on their women only shelter circuit
- Increased casework capacity, including a specialist multiple disadvantage caseworker
- A dedicated women-only casework drop-in which has improved engagement and enabled positive move on outcomes
- Specialist training for all staff (regardless of which circuit they work on) around supporting women experiencing multiple disadvantage

For people from the LGBTQ+ community:

- Treating all guests, staff and volunteers in line with their chosen identity
- Staff can wear a pride lanyard if they are happy to, signalling they are a safe person to approach
- The Guest Equality and Diversity policy and includes substantial content on inclusion of trans guests including explaining relevant laws, terms and dispute resolution.



PSYCHOLOGICAL SAFETY OF STAFF

Reflective Practice, at all levels, and debriefing after serious incidents, are important methods of enabling staff to process their emotional experiences at work. It can also prevent the forming of unconscious strategies which may unintentionally cause more harm in the long-run.



CASE STUDIES

At NEWway, staff and volunteers are provided clear guidelines about the boundaries of their roles. Open communication is encouraged and there is no lone-working. Any issues that arise are dealt with quickly to prevent escalation. A group chat for church shelter coordinators enables them to air issues, concerns and celebrations so that they can collectively network and support each other.

At UnityMK, looking after staff and volunteers is central to their trauma-informed approach. Volunteers are regularly updated on positive guest move-ons, helping them feel connected, appreciated, and part of each person's journey. End-of-season meals or activities, supported by a small fund, provide space for teams to reflect and celebrate together. A volunteer thank-you event, featuring certificates and guest stories, recognises the emotional commitment volunteers make. These practices promote psychological safety, prioritise wellbeing, and foster a supportive, reflective environment for everyone involved.

At A Bed 4 The Night (AB4N) Reading, staff wellbeing is a clear priority. Regular Monday check-ins offer space for reflection, peer support, and processing the emotional demands of the work – helping staff feel psychologically safe and supported. Trustees remain actively involved, offering informal support and stepping in when needed. This has included arranging counselling for staff facing ongoing emotional strain, recognising that support needs to address both immediate challenges and long-term pressures. Through regular supervision and responsive leadership, AB4N fosters a supportive working environment with structures in place to promote wellbeing and sustain staff in demanding roles.

TOP TIPS:

- ✔ Consider how and when people are booked into the service to enable them to connect with staff and other clients in a more relaxed way. This might include early book ins for new clients where time can be dedicated to rapport building, and opportunities for guests to get to know each other before sleeping.
- ✔ Be thoughtful about when and how assessments are carried out. Take time to consider the balance between gathering the information that is needed at different stages of someone's time with your service and the relationship established between the client and staff.
- ✔ Ensure there are diverse and adequate levels of staff and volunteers who can take time to build effective connections with people.
- ✔ Upskill staff to understand and respond to diverse needs and how to carefully challenge discriminatory behaviour.
- ✔ Review policies and procedures to ensure they align with TIC principles, and where possible, in consultation or collaboration with people accessing and working in the service.
- ✔ Be transparent about the policies and procedures that exist in the service and why the rules that exist are required. Be predictable and consistent in carrying out what is said and agreed.
- ✔ Be transparent about what the service can and can't do, including managing expectations with regards to move on and support from other services.
- ✔ Provide accessible and varied ways of providing feedback e.g. surveys in different languages.
- ✔ Prepare staff and volunteers for what they can expect to encounter in working with people accessing the service.
- ✔ Ensure handovers, information sharing and debriefing procedures are in place to safely manage the communication of information that increases safety
- ✔ Ensure staff and volunteers are enabled to hold consistent and safe boundaries, including how to respond to difficult information or incidents, and knowing who is responsible for safeguarding.

USEFUL RESOURCES:

- [Being trauma-informed framework \(p.18-31\)](#)
- [Podcast: Relationship-based approaches to support \(series 1\)](#)
- [Trauma-informed language](#)
- [Trauma-informed approach to data collection and management](#)
- [Psychologically-informed management](#)

RESOURCES ON EDI AND INCLUSIVE PRACTICE

- [The Equality Act and homelessness services](#)
- [EDI assessment tool](#)
- [Anti-racism in services](#)
- [Promoting inclusion in services](#)
- [Language and EDI](#)

RESOURCES ON SUPPORTING DIFFERENT GROUPS EXPERIENCING HOMELESSNESS

- [Supporting women](#)
- [Supporting young people](#)
- [Supporting LGBTQ+ guidance and podcast \(series 7\)](#)
- [Providing trans-inclusive services](#)
- [Supporting non-UK nationals](#)
- [Supporting Survivors of Human Trafficking and Slavery](#)
- [Supporting people with speech, language and communication needs](#)
- [Supporting people with learning disabilities and autism](#)

PHYSICAL SAFETY

Safety in the physical environment is essential to enabling clients, staff and others accessing the service to feel psychologically safe. Ideally, buildings would be designed to maximise a sense of safety so this principle can be particularly difficult for communal night shelters, especially those using temporary spaces and rotating circuits.

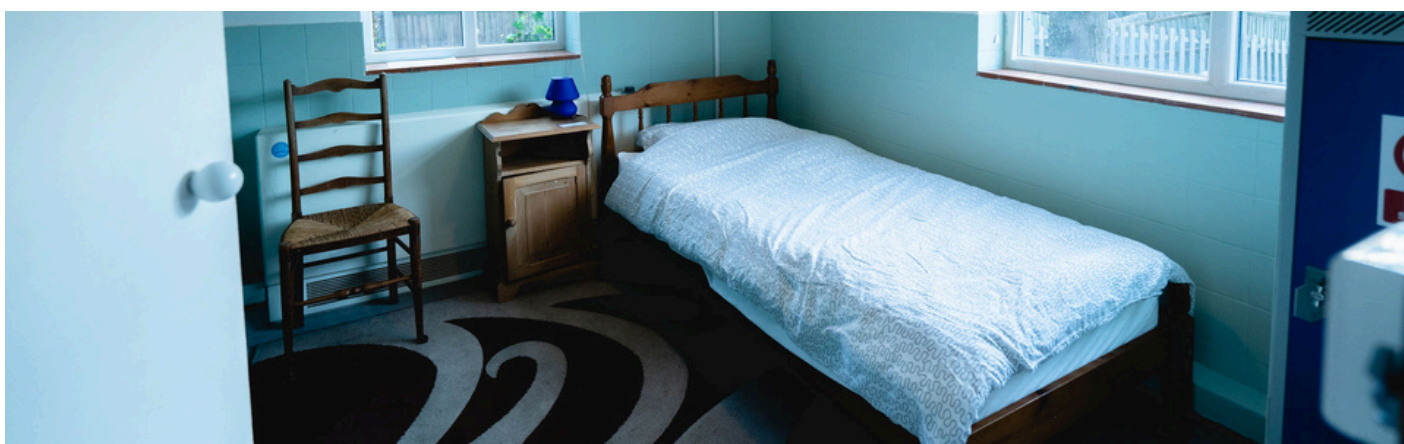
Steps should be taken to create a physical environment which is safe and predictable, with supporting policies and procedures and effective ways of responding to, and learning from, incidents.

CASE STUDIES

Glass Door Homeless Charity have minimum venue standards and practices in place across the 21 different venues utilised in their three night shelter circuits. Each venue serves as a temporary shelter space, with the team unable to make permanent moderations to the venues used. To maintain consistency they ensure that there is 2m square communal dining and sleeping spaces per guest, as well as space for staff. They do not prescribe exact sleeping locations, allowing them to choose their own spot with staff only intervening if a fire exit is blocked or there are disputes amongst guests.

They also ensure each venue has a mandatory “third space” (2m square) which is a small separate room assigned on a night by night basis for an individual that requires a single room. This space is not publicised to guests but can be used by staff, at their discretion, to meet specific needs. This may include medical isolation for guests who are unwell, a safe space for those with particular vulnerabilities or where they face a heightened risk from others.

Emmanuel House recognises the importance of communal spaces in fostering a sense of belonging and social connection. Their shelter has a communal dining area with a TV, DVDs, colouring and quiz books to encourage relaxation and engagement.



TOP TIPS:

- ✔ Consider how physical space can be divided into different areas/zones for sleeping, eating, socialising etc.
- ✔ Use warm lighting, music, plants in social areas to create positive and calming atmospheres.
- ✔ Create welcoming reception spaces where people can meet and greet staff and volunteers. Have clear and streamlined processes for booking people into the service.
- ✔ Ensure there are adequate levels of staffing, accessible to people when they need them.
- ✔ Encourage and enable staff, volunteers and guests to eat and spend time with one another.
- ✔ Take time to inform people about the physical layout of the service, including entrances and exits, how the building is secured at night, and information about use of the space e.g. bed times, accessing refreshments, where staff will be etc
- ✔ Where possible, prepare people to understand the communal space before they enter the service and help them to consider how they may be affected by, and respond to, different situations.
- ✔ Where possible, offer people a choice of where to sleep and spend their time. Seek to offer people as much privacy and dignity as possible.
- ✔ Provide quiet and breakout spaces to cater for different needs and patterns, for private conversations and support and to allow de-escalation to take place outside of the main room.
- ✔ Consider where discreet entrances (or different entrance times) and spaces can be created for more vulnerable people who may feel unsafe in busy and noisy environment, this includes separate sleeping spaces for men and women.
- ✔ Ensure the environment is secure at night, but enable people to leave if they want to.
- ✔ Ensure there is adherence to statutory duties e.g. around health and safety and safeguarding.
- ✔ Ensure there are clear policies, procedures and training for staff and volunteer personal safety including in relation to health and safety, lone working, managing incidents and taking breaks.

USEFUL RESOURCES:

- [Being trauma-informed framework \(p.32-34\)](#)
- [Psychologically Informed Environments toolkit \(p.5-7\)](#)
- [Night Shelter Transformation case studies](#)
- [Trauma Informed Design Case Study : Hope Street \(One Small Thing\)](#)

(RE)BUILDING CONTROL

Events which lead to trauma often include someone losing control or having their boundaries violated. A sense of loss of control, and self-esteem, is a common impact of trauma and regaining this is vital to enable people to recover.

Services can help people to regain control and build self-esteem through listening, hearing and believing them and by enabling them to make decisions and have choice. Approaches like strengths-based practice, which focusses on people's strengths, goals and aspirations can help people to focus on the future and utilise the knowledge and skills they have developed throughout their lives, regardless of their current situation.

Working in partnership with people, and fostering networks of peer support, further promotes the message that everyone has valuable personal expertise and knowledge to share. People should, where possible, play an active role in shaping the support they receive and the services they access so that an inevitable power imbalance is reduced. There are various ways in which people can be given opportunities to shape the support available in the service; from deciding what they want to eat to making decisions about how money is spent for activities.



CASE STUDIES

NEWway offer a variety of activities and opportunities for people accessing their services to have a sense of belonging and purpose. This includes offering space for guests to cook their own food together, hosting day trips, and enabling people to spend time outside together.

Some organisations proactively help people to understand the space before they come into the service. For example, InHope show prospective residents a video of the inside of the building so they know what to expect. Similarly, Catching Lives provide an information sheet, including photos, about the shelter circuit so that people can make informed decision about accepting a place. They can see which venues might be more challenging e.g. because they're smaller or don't have a side room or a comfy seating area. People confirm they want their place each day which encourages them to make a conscious decision about whether they would like to use the shelter. In response to requests made by guests, they also make other changes where possible. This has included amending the arrival time at one venue to enable guests to get there following attendance at another local drop-in that day.

Emmanuel House's base their approach on a principle that residents should have autonomy over their own journey and should be supported to recognise and build upon their individual skills and resilience. Residents are encouraged to take ownership of their progress and are offered flexible support so they can choose how to engage. People are actively involved in shaping the way the shelter operates with feedback being gathered through informal conversations. Their input has led to positive changes to the way the shelter operates including room dividers to create more privacy and batch-cooked meals to enable choice and healthier eating options.



TOP TIPS:

- ✔ Offer choice even when there are limited choices. For example how people are offered refreshments, food, how to spend their time, what time they go to bed etc.
- ✔ Seek to enable people to meet their basic requirements without this being gatekept by staff.
- ✔ Offering different spaces allows people to choose how and where they spend their time
- ✔ Provide information in different languages and in different ways to enable and ensure understanding.
- ✔ Empower people through support and advice available, including before people come to the shelter.
- ✔ Seek to have drop-ins from other services (e.g. health, housing, job support, hairdressing, podiatry, meaningful activities) to help people meet their needs and build their knowledge and skills.
- ✔ Recruit volunteers and staff with lived experience, but ensure they are supported well to carry out their roles and manage any personal and professional challenges that arise.
- ✔ Be transparent about what the service can and can't do, including managing expectations with regards to move on and support from other services.
- ✔ Provide accessible and varied ways of involving people in the shaping of the service and providing feedback e.g. surveys in different languages.
- ✔ Train staff in approaches like strengths-based practice, motivational interviewing, and person-centred support.

USEFUL RESOURCES:

- [Being trauma-informed framework \(p.36-41\)](#)
- [Strengths-based practice toolkit](#)
- [Co-production toolkit](#)
- [Involving and recruiting people with lived experience](#)
- [Podcast: Rebuilding control in a day centre \(series 1, episode 5\)](#)
- [Co-production Guidance – Expert Link](#)



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