Safety in the Health Care for the Homeless Settings: Consumer Perceptions and Advice

National Consumer Advisory Board
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Introduction

In order for health care providers to deliver meaningful, comprehensive care that is welcoming for people experiencing homelessness, they must understand what makes consumers feel safe. Service sites that are safe will increase access to services and facilitate more consistent engagement in care, resulting in better health outcomes and higher patient satisfaction.

Too often, individuals who experience homelessness are not included in making the decisions that impact their lives.[1] To strengthen consumers' voices in decision-making, the National Consumer Advisory Board (NCAB) of the National Health Care for the Homeless Council (NHCHC) periodically engages in Consumer Participation Outreach Surveys (CPOs). CPOs are community-based, peer-led, participatory research projects that seek to inform public policy, to influence practices at HCH projects and other service providers, and to inform the public about issues related to the experience of homelessness.

This CPO explores consumers' feelings of safety and addresses how HCH projects can create safer environments of care.

Background

Feeling safe is a complex experience. "Safety" involves not only the physical environment, but also emotional and psychological well-being, equally critical aspects of feeling safe.[2] Due to high rates of experience with violence and trauma, daily challenges to meet basic needs, strained relationships, and the high prevalence of behavioral health disorders, safety is particularly important for people experiencing homelessness.[3]

Health care providers often focus on the physical and clinical aspects of safety, while overlooking the emotional and psychological wellbeing of the individual.[4] However, a growing body of literature on trauma-informed care has expanded our understanding of safety within a more holistic approach to health care delivery.[5] Trauma-informed care is a strengths-based framework used to understand the impact of trauma and how to interact with survivors without re-traumatization. It does so by emphasizing both the physical and the emotional/psychological aspects of safety.[6] Trauma can have lasting effects on a person's sense of self, ability to self-regulate, ability to build healthy relationships, and perception of control and self-efficacy.

Homelessness itself is traumatic, the experiences that lead to losing one's housing are traumatic, and traumatic situations continue throughout the ongoing, unpredictable struggle to regain and maintain a physically and psychologically safe space to live and rest.[7] [8] The loss of social bonds that accompanies some traumas can damage further one's sense of trust, safety, security, and stability.[9]

The struggle to find safe spaces is exacerbated by persistent societal stigma and social attitudes and interactions towards people experiencing homelessness, which can lead people without homes into further physical and social isolation, intensifying trauma and disrupting safety.[10] People experiencing

homelessness feel degraded by larger society and can feel this way in interactions with service providers, reporting being disrespected and treated as "objects, stereotypes, or children." [11] [12] Negative experiences involving a lack of compassion or unethical behavior on the part of service providers can impact consumers' emotional states, their feelings towards health care workers, and their desires to engage in health care.

These factors may make it difficult to engage this population in care and may disrupt ongoing treatment.

The Survey

To examine whether consumers felt safe at HCH programs, NCAB created and administered the questionnaire that appears as the Appendix to this report. NCAB members, themselves consumers of HCH projects, received training on interviewing and conducted interviews with 537 people experiencing homelessness in Atlanta, Chicago, Houston, Los Angeles, Miami, and Worchester (additional interviews were conducted but excluded from the analysis in the data-cleaning process). Most surveys were administered at HCH health centers or outdoors in the immediate vicinity of neighboring service providers. All interviewees were currently homeless and had previously received services from an HCH program. Individuals' privacy and confidentiality were guaranteed and respected. NHCHC staff analyzed the responses and prepared this report.

Respondents composed a convenience sample of self-reporting individuals, many of whom were likely still engaged in care from an HCH project; the sample likely excluded some individuals who may not have engaged with an HCH project because it was unsafe for them. Some respondents may have been struggling with trauma, mental illness, and stressful situations common for people experiencing homelessness that could impact their interpretations and feelings. These results are nonetheless notable, particularly for what they reveal about what creates a sense of safety for HCH consumers.

Demographics

Table 1 presents the demographic data for the respondents of the survey. Some respondents also chose not to provide their demographic information, as seen in totals less than 537. These demographics are generally consistent with national profiles of the homeless population.

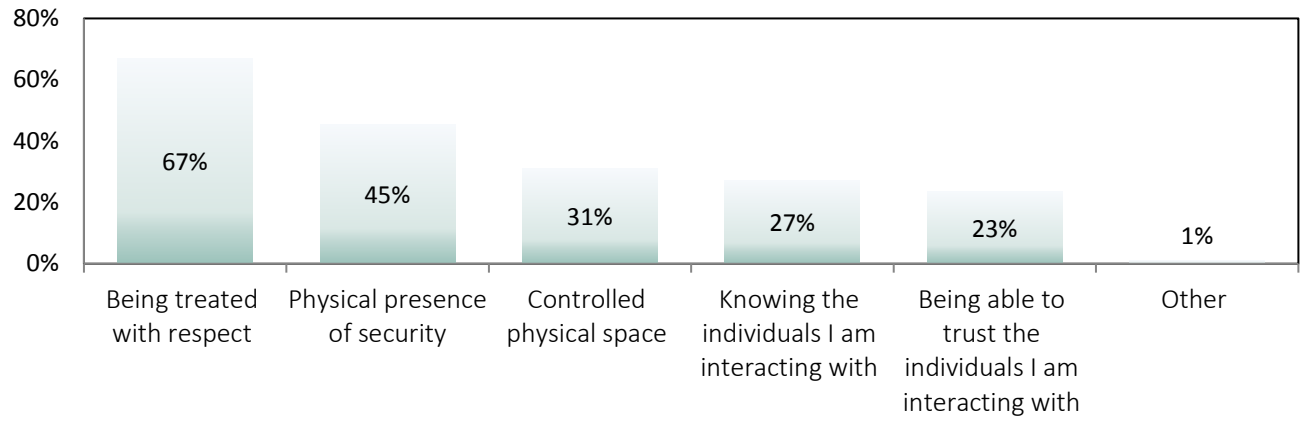
Table 1 – Demographics

Race/Ethnicity	N	Percent	Gender Identity	N	Percent	Age	N	Percent
African American	279	55%	Male	270	58%	18-30	85	16%
White	117	23%	Female	185	40%	31-50	237	45%
Hispanic/Latino	93	18%	Transgender Male	9	2%	51–84	204	39%
Native American	16	3%	Transgender Female	0	0%	Total	526	100%
Other	8	2%	Total	464	100%			
Asian/Pacific Islander	2	0.0%						
Total	515	101.%						

Factors that Promote Feeling Safe or Unsafe

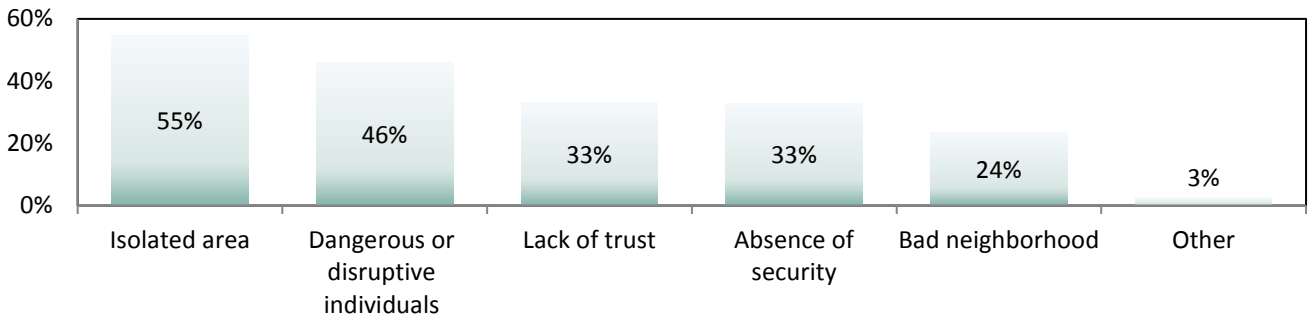
When asked about the most important factors in feeling safe at HCH sites, "being treated with respect" was the most frequent response by far. "The physical presence of security" and "a controlled physical space" were also common responses.

Figure 1: Most Important Factors in Feeling Safe at HCH Site



Conversely, when asked about the factors most important to feeling unsafe, being "located in an isolated area" was the response of half of the respondents, followed by the "presence of dangerous/disruptive individuals," a "lack of trust," and "absence of security."

Figure 2: Most Important Factors in Feeling Unsafe at HCH Site



Asked another way, respondents affirmed the importance of respectful treatment and security measures:

Figure 3: Feelings of Safety at the HCH Site

	Agree or Strongly Agree	Neutral	Disagree or Strongly Disagree	Not Applicable
Staff at the site treat me with respect	91%	7%	1%	0%
Security staff at the site make me feel safe	87%	11%	2%	0%
Staff are capable of calming down a tense situation	90%	16%	3%	1%
If a situation can't be calmed down by staff, police should be called in	91%	7%	3%	0%
Security barriers at the site make me feel safe	75%	19%	4%	1%
Security staff in uniform make me feel safe	80%	16%	4%	0%
Security carrying a weapon make me feel safe	61%	20%	17%	1%

These respondents generally feel safe in HCH environments.

Figure 4: How Often Do You Feel Safe…

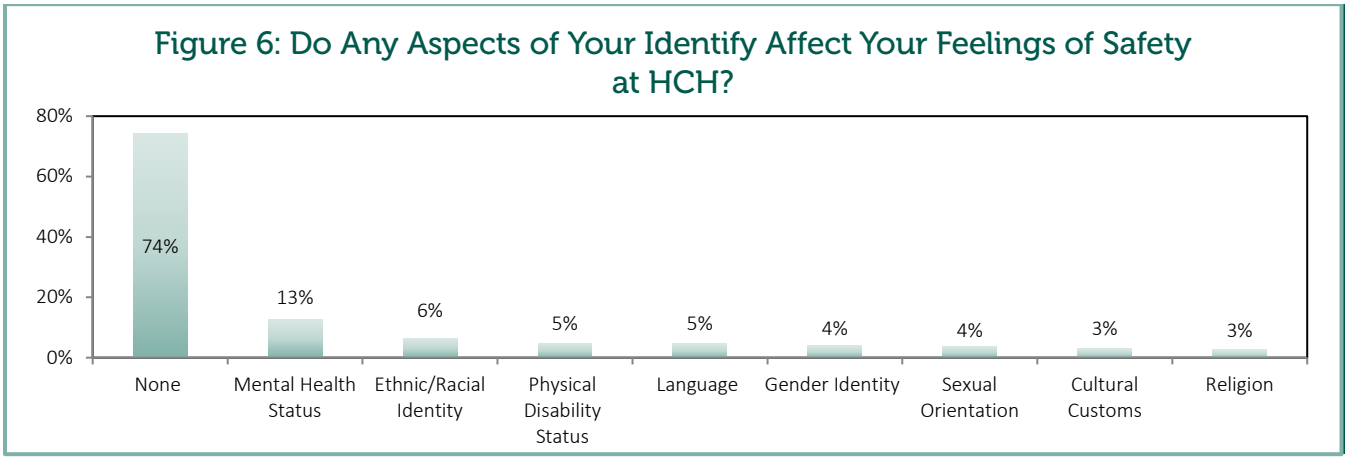
	Always	Most of the Time	Sometimes	Rarely	Never
With your provider	73%	21%	5%	1%	1%
In the waiting room	61%	32%	6%	1%	0%
In the surrounding area	45%	38%	14%	3%	1%

Respondents also felt that unsafe feelings did not have broad impacts on their access to care.

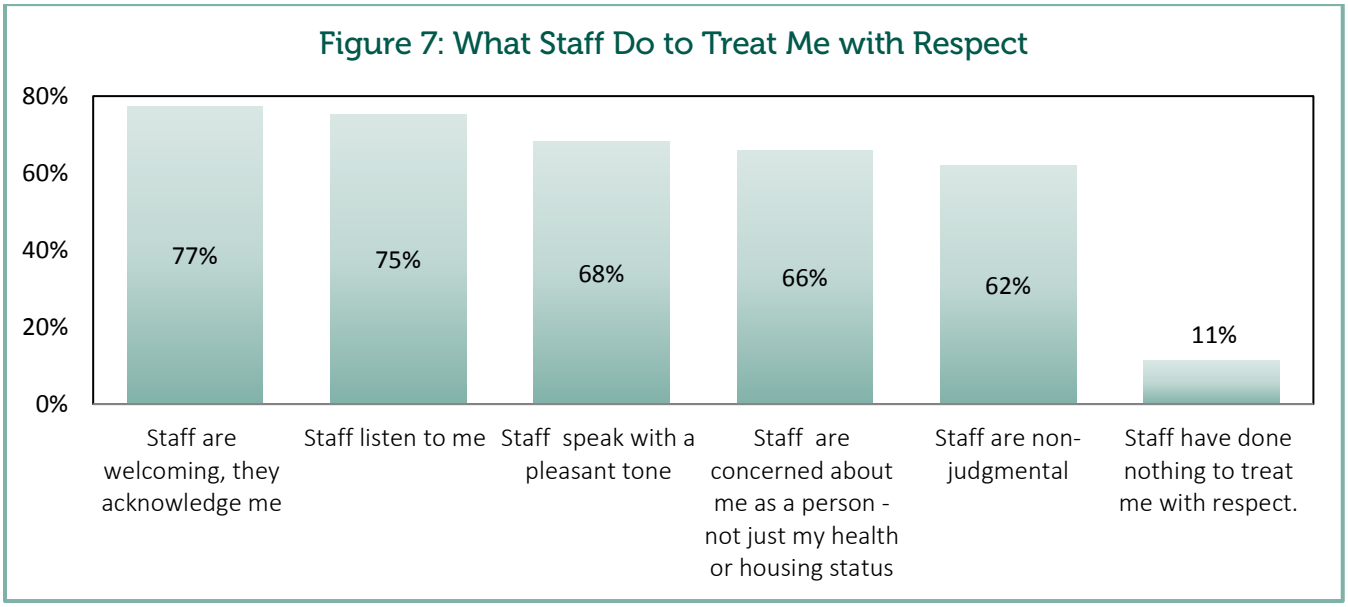
Figure 5: In the Past Year (12 Months), at the HCH Site I Have…

	Never	1 - 2 Times	3 - 5 Times	6 – 9 Times	10+ Times
Been nervous or agitated because I felt unsafe	83%	12%	3%	1%	2%
Come to the building but not entered because I felt unsafe	91%	7%	1%	1%	0%
Not come to my appointment because I worried I would feel unsafe	88%	9%	3%	1%	0%
Left an appointment because I felt unsafe	87%	9%	2%	1%	0%

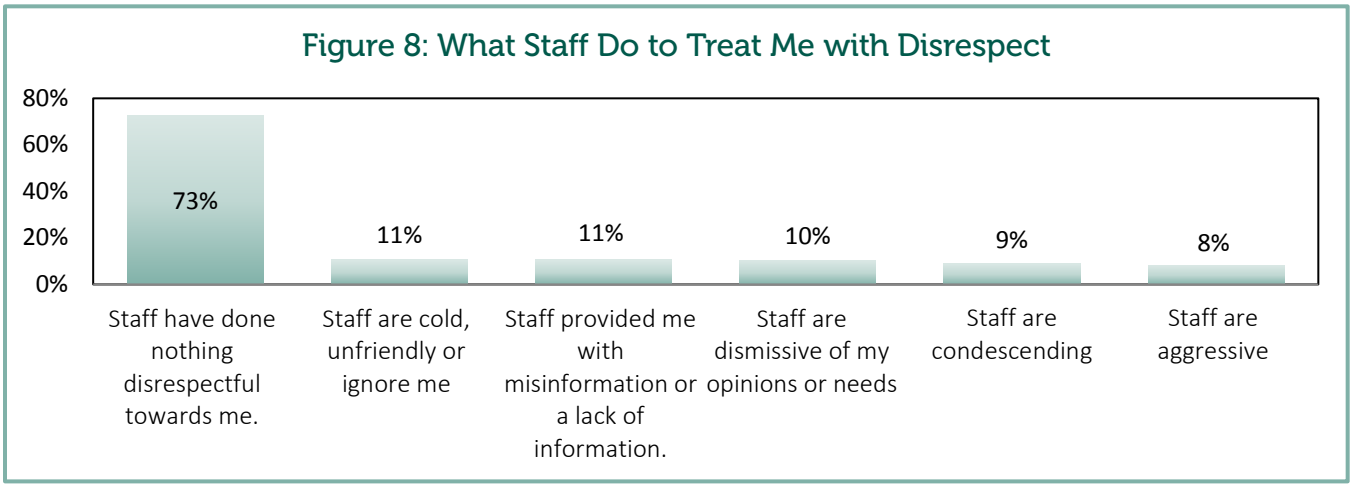
However, mental health issues and other aspects of personal identity do seem to influence some individuals' feelings of safety.



When consumers feel safe because they are respected, how is that respect expressed?



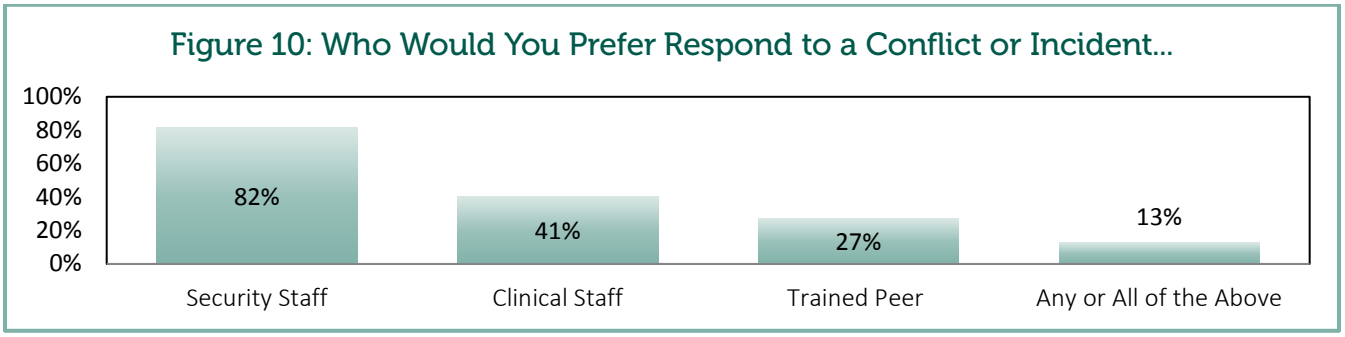
What do instances of disrespect look like?



When consumers feel safe because of the physical presence of security staff, what skills do consumers value in security staff?

Note that these are skills that do not involve the use of force. Forceful physical responses were not among the options read to respondents, and were not offered by respondents as "Other" skills.

While respectful treatment by staff is key to establishing a sense of safety, consumers prefer that security staff intervene, rather than clinical staff.



Consumer Thoughts on Improving Safety

When asked what three things would improve feelings of safety at the HCH site, consumers' responses reaffirmed their priorities for respectful treatment and security staff, and also offered additional approaches that HCH projects might incorporate.

Figure 11: What Are the Top Things That Would Improve Your Feelings of Safety at Your Site?

	Responses
None; I feel safe	106
Increased security presence and awareness (outside, in the waiting room, and walking around the site)	58
Increased security barriers (metal detector, front door screening, or cameras)	44
Staff should be more friendly and respectful; less judgmental	43
Wait time is too long	25
Physical space (more lights inside and outside, larger waiting area, cleanliness)	25
Better communication (delivery of messages and information provided)	24
Improved services and attention given to clients (medical, personal, and housing assistance)	23
Cultural humility (including understanding people experiencing homelessness); less judgmental	13
More staff (including at the front desk and peers)	9
Better control of disturbances; security less aggressive	8
Safety class for consumers (including conflict resolution and self-defense)	7
More opportunities for feedback (surveys, suggestion box, grievance procedures)	5
Better trained staff (including security)	5
Armed security (gun, mace or, taser)	3
Creating a more peaceful space	3

Consumers were thoughtful regarding their own part in creating a safe environment and offered the following in response to an open-ended question about what might be helpful to learn in a skills group on safety. The following responses were offered:

Figure 12: What You Would Want to Learn in a Skills Group on Safety

	Responses
How to react in unsafe situations (including anger management)	26
De-escalation for self and others (including ways to prevent violence and identify warning signs)	23
Empathy, compassion, respect, cultural humility (including being more non-judgmental)	21
Exit planning (how to leave a bad situation)	16
Conflict resolution (including self-defense)	14
Coping skills (mindfulness, how to deal with a situation without being overwhelmed, self-care)	13
Communication skills (listening and responding appropriately)	11
How to create safe spaces (including trauma-informed care)	7
Where to go for help	3

Discussion & Recommendations

For most consumers surveyed, HCH settings are seen as safe places, but there is room for improvement. The experience of being respected is central to these consumers' sense of safety.

- Staff attitudes are central. Given the realities of secondary trauma and staff burn-out, it is important for HCH projects to constantly reinforce both the core value of nonjudgmental responses to consumers and the skill sets that express respect, including motivational interviewing, trauma-informed care, cultural humility, non-violent conflict management, and de-escalation. These values and skills should be expressed by all staff, including front-desk staff. Organizations can institute polices that prevent burnout and emphasize staff self-care.
- Physical spaces can also lend to or diminish the sense that one is respected. Consumers desire clean, well-lit, and comfortable spaces.

The physical presence of security staff also increases consumers' sense of safety.

- The importance that consumers place on the presence of security officers is contrary to stereotypes of hostile relationships between police officers and people experiencing homelessness. A previous CPO[13] revealed that people experiencing homelessness are exposed to violence at high rates, and this finding about security officers expresses a desire for protection.
- Security staff are expected to be respectful and should exhibit "customer service" skills like those expected in other staff and outlined above.
- Consumers had mixed reactions to security staff with weapons. In hiring or contracting for security staff, it is important for HCH projects to make clear and explicit decisions on this issue.
- Location is important. Isolated service settings can be seen as unsafe. Physical security should be provided both inside and outside service sites.

Many HCH consumers struggle with stress, mental illness, substance use, and/or trauma, and some act in ways that are dangerous, disruptive, or threatening. As organizations committed to addressing both these behavioral health needs and physical health needs, health centers play a key role in nurturing a delicate balance in ensuring both health care access and general safety for all. It is important for health centers to involve consumers in all discussions of approaches to this issue; Consumer Advisory Boards, agency Safety Committees, and Boards of Directors are appropriate venues for evaluating the safety of the HCH environment, including conducting trauma-informed assessments.

Respondents were not only interested in ways that the staff and organization could create a safer environment, but also in ways that the consumers themselves could learn to be safer, feel safer, or cope with feeling unsafe. Many health centers provide intensive trainings on these topics for their staff and are well-positioned to tailor and provide these trainings for their consumers as well.

The National Consumer Advisory Board is responding to these findings by creating a Safety Task Force that will develop tools for assessing safety at HCH projects.

Such measures will improve the sense of safety that people experiencing homelessness have in HCH settings. However, homelessness itself is inherently unsafe, and the real solution to the dangers of homelessness is a home. Helping consumers to find homes is ultimately the best route towards safety.

Conclusion

Feeling safe in the world is a fundamental need of all people. Finding safety is more complex for people who have experienced trauma and homelessness. Responses to this survey demonstrate that feelings of safety are intrinsically tied to feelings of respect, dignity, and relationships with others. As service providers work to reconnect people to their health, wellbeing, and dignity, the environment of care needs to ensure physical, emotional, and psychological safety—founded in respect—in order for people to feel comfortable accessing services and staying engaged in care.

Resources

- *Trauma-Informed Organizational Toolkit.* Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009*).* Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. http://www.familyhomelessness.org/tic_curriculum.php?p=ss.
- *Issue Brief: Key Ingredients for Successful Trauma-Informed Care Implementation*. Meschner, C., and Maul, A. (April 2016*).* Center for Health Care Strategies. http://www.chcs.org/media/ATC_whitepaper_040616.pdf.

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- MercyCare: Atlanta, Georgia
- Care for the Homeless: New York City, New York

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Appendix: 2015 Consumer Participation Outreach Survey: Safety at HCH Sites

Age: _____ **Ethnicity (check all that apply):** ◯ African American/Black ◯ White ◯ Asian/Pacific Islander ◯ Hispanic/Latino ◯ Native American ◯ Other_____

Gender Identity: ◯ Male ◯ Female ◯ Transgender Male ◯ Transgender Female ◯ Other_____

All of the following questions are in reference to your feelings of safety at (insert name of clinic*).

1. What **TWO** factors are most important to your feelings of safety?
   a. Being treated with respect
   b. Knowing the individuals I am interacting with
   c. Being able to trust the individuals I am interacting with
   d. Physical presence of security (i.e. guards or physical barriers)
   e. Controlled physical space (i.e. organized, calm, well-lit, clean)
   f. Other: _____
2. What are **TWO** factors that make you feel most unsafe?
   a. Bad neighborhood (i.e. crime)
   b. Isolated area (i.e. dark, empty)
   c. Lack of trust
   d. Absence of security (i.e. no guards or cameras)
   e. Dangerous or disruptive individuals
   f. Other: _____

3. Feelings of Safety	Strongly Agree	Agree	Neutral / Unsure	Disagree	Strongly Disagree	Not Applicable
a. Staff at the site treat me with respect.						
b. Staff are capable of calming down a tense situation.						
c. If a situation can't be calmed down by staff, police should be called in.						
d. Security staff at the site make me feel safe.						
e. Security barriers at the site make me feel safe (i.e. glass partitions, metal detectors, buzzed entry).						
f. Security staff carrying a weapon make me feel safe.						
g. Security staff in uniform make me feel safe.						
Would you like to explain or expand on any of these topics?						

4. How often do you feel safe…	Always	Most of the Time	Sometimes	Rarely	Never
a. In the area surrounding the site (i.e. parking lot, sidewalks)					
b. In the waiting room					
c. With your provider(s)					
Would you like to explain or expand of any of these topics?					

5. Impact on Care **In the past year (12 months), at (insert name of clinic*) I have…..**	Never	1-2 times	3-5 times	6-9 times	10 + Times
a. Left an appointment because I felt unsafe.					
b. Not come to my appointment because I worried I would feel unsafe.					
c. Come to the building but not entered because I felt unsafe.					
d. Been nervous or agitated because I felt unsafe.					
Would you like to explain or expand on any of these topics?					

6. Are there other ways that your feelings of safety have impacted your care?

_____

Experiences with Staff

7. What have staff at (insert name of clinic*) done to treat you with respect? (check all that apply)
    a. They are welcoming; they acknowledge me
    b. They listen
    c. They are nonjudgmental
    d. They are concerned about me as a person, not just health or housing status
    e. They speak with a pleasant tone
    f. Nothing
    g. Other: _____

8. What have staff done that made you feel disrespected? (check all that apply)
    a. They are cold, unfriendly, or ignored me
    b. They give misinformation or a lack of information
    c. They are condescending
    d. They are aggressive
    e. They are dismissive of my opinions or needs
    f. Nothing
    g. Other: _____

Preferences with Staff

9. What skills do you think security staff should have? (check all that apply)
    a. Communication skills: listening, appropriate tone
    b. Cultural awareness/competency (*the ability to respectfully interact with people of different cultures)*
    c. Empathy *(the ability to understand or feel what another person is experiencing)*
    d. How to be assertive without coming off as aggressive
    e. Calm a situation down respectfully
    f. Other:_____

10. Who would you prefer respond to a conflict or incident at your site? (check all that apply)
    a. Clinical staff
    b. Security staff
    c. Trained peer/consumer
    d. Other:_____

11. Would you like to expand on any experiences or preferences with staff that affect your feelings of safety?

_____

_____

Overall Feelings of Safety

12. Has your identification with any of the following characteristics negatively affected your feelings of safety at (insert name of clinic*)? (check all that apply)

a. Ethnic identity/race	b. Gender identity	c. Sexual orientation	d. Physical disability status
e. Mental health status	f. Language	g. Religion	h. Cultural norms
i. none	j. Other:_____		

13. If there was a group focused on coping with unsafe situations or spaces, what would you want to learn?

_____

_____

14. Please name the top three things that could improve your feelings of safety at (insert name of clinic*)?
    a. _____
    b. _____
    c. _____

15. Do you have other comments, concerns, or suggestions regarding safety at (insert name of clinic*)?

_____

_____

Suggested Citation

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