



# Creating a Culture of Safety: A Guide for Health Centers

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Safety is a basic human need, second only to food, water and shelter. For service providers, creating safe spaces is a multi-faceted issue that requires specific attention to several factors. *Safety* involves not only the physical environment, but also emotional and psychological wellbeing, which are equally critical aspects of feeling safe. Because of violence, trauma, daily challenges in meeting basic needs, strained relationships, and the high prevalence of behavioral health disorders, safety is particularly important for people experiencing homelessness. Health centers that are safe increase access to services and more facilitation of consistent engagement in care, resulting in better health outcomes and higher patient satisfaction.

To examine whether consumers felt safe at Health Care for the Homeless (HCH) health centers, the National Consumer Advisory Board (NCAB) recently surveyed consumers at health centers and found two key findings:

- **The environment needs to create a welcoming atmosphere, while also balancing physical safety.** The setting should be well-lit and comfortable. The physical presence and location of security staff are also important in affirming safety.
- **Staff attitudes are central.** Given the realities of secondary trauma and staff burn-out, it is important for health centers to consistently reinforce the core value of nonjudgmental responses and skill sets that express respect, including trauma-informed approaches and cultural humility.

[Based on these key findings<sup>1</sup>](#), NCAB members worked with HCH providers and administrators to develop this safety guide. This report is intended primarily for Administrators and Board members to develop health center spaces to ensure client and staff safety, and implement needed organizational culture, training, and policies to support that goal. Consumers and service providers are encouraged to be familiar with the recommendations of this report in order to better understand how to foster innovative spaces that encourage respect and healing.

## The Value of Safety

Quality of care depends on safety. When staff are tense or overwhelmed, they may not be able to provide quality care for consumers; and when consumers are escalated, in turn, it can be emotionally or physically unsafe for staff. Administrators have an opportunity to attend to the needs of both groups by considering a broad range of topics including architecture, design, appointment flow, waiting procedures and spaces, recruitment techniques, training requirements, and organizational policies for staff support.

## Defining Safety

The movement of trauma-informed *care* towards trauma-informed *organizations* has drawn attention to creating spaces that respect what people may have experienced in their lives, and provide for emotional, physical, and psychological wellbeing (expanded definitions for themes in this brief are located in Appendix A). Trauma influences how people think, feel, and interact. Thus, conversations about safety must be grounded in trauma-informed approaches that foster values of dignity, equity, and compassion that set the tone for behaviors, policies, structures, processes, and environments. Achieving agreement on a definition of safety (and safe spaces) is difficult because it is highly influenced by personal perceptions, individual experiences, and personal reactions to stress and environments. However, it is possible to consider a wide range of possibilities that can have broad benefits, including common triggers and elements of safe and comforting spaces.

HCH health centers have both the need and the tools to address these concerns and create solutions. HCH models of care including team-based and patient centered care highlight the grounding of values in putting people first, honoring individual needs, and facilitating personal growth and healing. HCH health centers also serve people who are in crisis, struggling with mental health or substance use problems, and/or exhibit behaviors that can raise safety concerns. Mainstream providers can be unable or unwilling to accommodate behavior perceived as disruptive or aggressive, which can be a symptom of trauma or mental health disorder, leaving the HCH project as the sole community provider for very vulnerable people. Therefore these projects have a specific interest in balancing open access to care for vulnerable individuals and ensuring safety for the other clients and staff around them. This can be a challenge within a clinical setting, as accommodating one population may create tension and anxiety for another population. It is important to use staff expertise in trauma and trauma-informed care to develop policies that address physical and emotional needs. The following sections will highlight how physical space can create emotional wellbeing, and the need to cultivate support for staff to ensure their personal and professional self-care, enabling them to provide a better quality of care.

### Physical Space and Emotional Wellbeing

Creating safety must acknowledge the interaction of the person and their environment, and focus on developing nurturing atmospheres that cultivate respect and attempt to avoid triggers such as loud and crowded spaces, dim lighting, chemical smells, and disruptive behavior. The HCH community highlighted several key needs in developing safe spaces including: creating a calming physical environment; balancing shared community space and respecting individual needs; providing educational opportunities about trauma, culture, and personal safety plans for both staff and consumers; and creating consistent policies that maximize safety in all spaces.

#### Recommendations on Physical Space for the HCH Community

- **Design the waiting room:** Create a welcoming space that includes natural light, soft colors, relaxing music, artwork, comfortable furnishings, plants, and creative waiting spaces that include art, board games, television, or magazines.
- **Consider dedicated space/entrances:** Based on the space at the health center, consider different entrances or waiting options for individuals who may not feel safe with others; this can include spaces particularly for children, women, families, or individuals who may need personal waiting spaces to care for their mental health.
- **Hold conversations about incorporating security barriers at your health center:** This could include cameras or screenings at the door based on the needs and desires of your community.
- **Post information:** Ensure a list of patient rights and responsibilities are posted around the clinic so consumers understand the expectations of themselves and staff. Also place posters and literature about trauma and coping mechanisms around the clinic to help raise awareness of this issue.
- **Reflect on the area around your clinic:** Consider if that space has any barriers to clients safely accessing your health center or preventing them from entering. If so, develop conversations with clients and staff about how to resolve those barriers and implement recommendations.

Considering the diverse community and population served by the health center is critical. As health centers serve many marginalized communities, the client population can include families and children, women, immigrants, people of color, and individuals from the transgender community. These populations can have different needs, comfort areas, triggers and stigmas that need to be considered when developing safe spaces that serve the particular consumer base for the health center. It is critical to determine how to best serve and meet the needs of the community. Below are some considerations and actions for these marginalized populations, but note that the actions can be taken with any population.

Considerations for Vulnerable Populations <sup>2,3,4</sup>

	Women	Transgender and Gender-Nonconforming Individuals	Immigrants and refugees
<p><b>Considerations:</b> Understand histories, identities, and experiences.</p>	<ul style="list-style-type: none"> <li>• High incidences of violence can make it difficult to be vulnerable with providers, particularly with male doctors</li> <li>• History of sexual assault can make specific exams more difficult to endure (pap smears, mammograms)</li> </ul>	<ul style="list-style-type: none"> <li>• High incidences of violence can make it difficult to be vulnerable with providers and make specific exams difficult to endure</li> <li>• Mistrust of the health care system and providers' ability to meet their needs and understand their perspectives</li> </ul>	<ul style="list-style-type: none"> <li>• Experiences that caused people to leave their countries or while immigrating may have been traumatic</li> <li>• Cultures have different beliefs, norms, and values around health and health care that can impact their feeling of safety with Western medicine and the health care system</li> </ul>
<p><b>Considerations:</b> Understand concerns about safety and safe spaces</p>	<ul style="list-style-type: none"> <li>• Clinics can be located in neighborhoods that have more substance use and people who may harass women on the street, which can be difficult or triggering to traverse</li> </ul>	<ul style="list-style-type: none"> <li>• Clinics may be located in areas that aren't LGBTQ-friendly where people are vulnerable to harassment on the street</li> <li>• Lack of psychological safety felt being called by birth name and incorrect pronouns (both verbally and in documentation)</li> <li>• Lack of appropriate accommodations (gender-inclusive bathrooms)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of documentation can make individuals fearful to reach out for health care or engage with systems</li> <li>• Language barriers (dialects, accuracy, accessibility)</li> </ul>
<p><b>Action: Build trust</b> Recommendations for specific populations, but beneficial practices for all clients</p>	<ul style="list-style-type: none"> <li>• Listen</li> <li>• Be consistent and honest.</li> <li>• Respect physical and psychological space</li> <li>• Ask permission to touch and perform exams</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why you are asking personal questions if they are medically necessary, and do so respectfully</li> <li>• Ask everyone questions about their name, gender identity, and pronoun choice, and use them consistently</li> <li>• Create welcoming signage and visuals</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate respect in honoring cultural norms</li> <li>• Ask open-ended questions to invite clients to share their perspectives</li> <li>• Create welcoming signage and posters about available translation services</li> </ul>

## Staff Support

Developing safe spaces for everyone begins with organizational policies and a culture that sets the right tone. Organizations need to prepare and support staff in creating healthy and welcoming environments and interactions. This includes regular training and health center policies that support staff in caring for their own wellbeing so they are better able to manage tense client situations appropriately and empathetically.

Recruitment and retention policies that emphasize safety are vital. Staff interacting with vulnerable individuals need skills to properly understand and respond to a wide range of situations. In the recruitment process it is important to consider if individuals have these skills, and then develop them further through training. Staff in the behavioral health field often have advanced training in these areas, but frontline staff need similar training as well. Frontline staff are often the first to interact with clients and can often encounter consumers during tense situations. Properly managing and/or de-escalating difficult situations in the waiting area can ensure the client is able to access needed services at the health center.

Training and skill development are important in preparing staff to promote safety and wellbeing in the clinical environment, yet organizations must also develop policies to support staff before and during crises. Staff at all levels can face stress, burnout and secondary trauma, thus organizations must work to promote self-care and wellbeing among all staff. The skills outlined below provide a foundation for safety and wellbeing, and help promote a broader culture of high quality care. After an incident, create time and space for debriefing conversations. Note that different disciplines may be comfortable or used to processing events; others may focus on analyzing what could be different for next time, while others focus on how people are feeling and what they need emotionally to recover. Cultivate trauma-informed supervision that acknowledges the stress and emotional needs of the employees, and provides supervisors with the tools to support the emotional well-being of their staff. This is critical in enabling staff to conduct their work in ways that cares appropriately for themselves and clients. Supervisors should model positive behavior and foster staff development as individuals and professionals.

### Skills for Staff

- Open-Minded
- Non-Judgmental
- Active Listening
- Empathy
- Respectful Communication
- De-Escalation
- Assertiveness (non-aggression)
- Self-Awareness
- Cultural Awareness

### Skills for Supervisors

- Encourage Autonomy
- Promote Open Discussion
- Model Supportive Relationships
- Provide Respectful Feedback
- Considerate Communication
- Transparency
- Cultivate Cultural Competency
- Demonstrate Trust
- Develop Collaborative Solutions
- Identify and Address Tensions
- Clarify Expectations
- Foster Awareness and Growth
- Attend to Personal and Professional Needs

### Trainings for All Staff

- Trauma-Informed Approaches
- Motivational Interviewing
- Harm Reduction
- Crisis Prevention
- Emotional Intelligence
- Culturally Humility/Competency
- Customer Service

## Constructing Local Safety Strategies and Policies

Each health center and community has different resources, consumer populations, and organizational structures. Sites should construct conversations locally about how they can create organizational cultures that emphasize safety and promote wellbeing for consumers and staff that consider these factors. The following recommendations can help organizations begin or grow their approaches to ensuring safety:

### Steps in developing local safety strategies

1. Develop a safety committee of staff from each discipline, executive leadership, and consumers.
2. Hold open conversations about safety needs and concerns at the health center.
3. Review organizational policies related to safety at the health center.
4. Incorporate a range of training into all positions on a regular basis, including front desk and security staff.
5. Implement recommendations for improving physical and emotional wellbeing of staff and consumers.
6. Continue to evaluate recommendations and broader safety concerns at the health center.

### Aspects of Safety to Include in Local Conversations

- Balancing open access for people struggling with mental health and/or substance use, with those who may feel unsafe around those behaviors
- Ability of the health center to change their physical space (including the waiting area or alternative entrances)
- How to create a sense of community between staff and consumers to develop a healthy environment
- The diverse populations served by the health center, and how to provide for respect and dignity for all

## Moving Forward

Safety is a fundamental need of all human beings, particularly for vulnerable populations with complex needs. Fostering an environment of respect that recognizes trauma, avoids re-traumatization, and nurtures cultural competency is vital to ensuring safety for clients and staff, and contributes to higher quality care. Organizations serving people with histories of trauma and previous engagement in unsafe spaces must pay considerable attention to elements of physical and emotional wellbeing in order to provide spaces in which people want to continue to engage and that promote healing. This begins with welcoming spaces, a rigorous training curricula and an organizational culture that values respect and dignity. While there are some considerations or lessons from others in the field, it is important to develop solutions that are right for each community and health center.

## References

1. National Consumer Advisory Board and the National Health Care for the Homeless Council. *Safety in the Health Care for the Homeless Settings: Consumer Perceptions and Advice*. September 2016. Available at: <https://www.nhchc.org/wp-content/uploads/2016/11/2015-cpo-report-safety-and-security-at-hch-projects.pdf>.
2. National Health Care for the Homeless Council. *Women's Health Care: Show Me the Way to Go Home*. August 2000. *Healing Hands* 4(4). Available at: [http://www.nhchc.org/wp-content/uploads/2011/10/hh.08\\_00.pdf](http://www.nhchc.org/wp-content/uploads/2011/10/hh.08_00.pdf)
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## Appendix A: Definitions

**Trauma:** Individual trauma results from an event, series of events, or set of circumstances that are experienced by an individual as psychically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals functioning and mental, physical, social, emotional, or spiritual wellbeing. (*A Treatment Improvement Protocol: Trauma-Informed Care in Behavior Health Services. SAMHSA TIP 57. 2014. Pg.7*)

**Trauma-Informed Care:** A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...that emphasizes physical, psychological, and emotional safety for both providers and survivors...and, that creates opportunities for survivors to rebuild a sense of control and empowerment. (*Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. Hopper, Bassuk & Olivet. 2010. pg. 82*)

**Trauma-Informed Approach:** A program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization

(*A Treatment Improvement Protocol: Trauma-Informed Care in Behavior Health Services. SAMHSA TIP 57. 2014. Pg.11*)

**Cultural Competency:** The ability to interact effectively and respectfully with people of different cultures, including characteristics or identities such as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession

- Cultural competence requires that organizations:
  - have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
  - have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve;
  - incorporate the above in all aspects of policymaking, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

(*Cross, et.al. Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed. March 1989. Georgetown University Child Development Center and CASSP Technical Assistance Center.*)

**Cultural Humility:** to maintain a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather, what you learn about your clients' culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.

- Cultural humility has 'three dimensions.'
  - Lifelong learning & critical self-reflection — to practice cultural humility is to understand that culture is, first and foremost, an expression of self and process of learning about each individual's culture
  - Recognizing and challenging power imbalances for respectful partnerships
  - Institutional accountability

(*Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. Journal of Health Care for the Poor and Underserved. May 1998*)



## Appendix B: Safety Considerations: Excerpt from Trauma-Informed Organizational Toolkit

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at [https://www.air.org/sites/default/files/downloads/report/Trauma-Informed Organizational Toolkit 0.pdf](https://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Organizational%20Toolkit%200.pdf)

### Creating a Safe and Supportive Environment

- Establishing a Safe Physical Environment
  - The program facility has a security system; program staff monitors who is coming in and out of the program; staff members ask consumers for their definitions of physical safety; the environment outside the program is well lit; the common areas within the program are well lit; consumers can lock bathroom doors; consumers have access to private, locked spaces for their belongings; the program incorporates child-friendly decorations and materials; the program provides consumers with opportunities to make suggestions about ways to improve/change the physical space.
- Establishing a Supportive Environment
  - The program reviews rules, rights and grievance procedures with consumers regularly; consumer rights are posted in places that are visible; material is posted about traumatic stress; program information is available in different languages; staff shows acceptance for personal religious or spiritual practices; the program informs consumers about the extent and limits of privacy and confidentiality; there are private spaces for staff and consumers to discuss personal issues; staff members ask consumers for their definitions of emotional safety; the program uses “people-first” language rather than labels.

### Supporting Staff Development

- Staff at all levels of the program receive training and education on the following topics:
  - What traumatic stress is; how traumatic stress affects the brain and body; the relationship between mental health and trauma; the relationship between substance use and trauma; the relationship between homelessness and trauma; how trauma affects development; how trauma affects attachment; the relationship between childhood trauma and adult re-victimization (e.g. domestic violence, sexual assault); different cultures (e.g. practices, beliefs, rituals); cultural differences in how people understand and respond to trauma; how working with trauma survivors impacts staff; how to help consumers identify triggers (i.e. reminders of dangerous or frightening things that have happened in the past); how to help consumers manage their feelings (e.g. helplessness, rage, sadness, terror, etc.); de-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis); how to develop safety and crisis prevention plans; how to establish and maintain healthy professional boundaries.
- Staff Supervision, Support and Self-Care:
  - Staff members have regular team meetings on topics related to trauma are addressed in team meetings; topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, stress-reducing strategies). Staff members have a regularly scheduled time for individual supervision; staff members receive individual supervision from a supervisor who is trained in understanding trauma. Part of supervision time is used to help staff members understand their own stress reactions; and is used to help staff members understand how their stress reactions affects their work with consumers. The program helps staff members debrief after a crisis; the program has a formal system for reviewing staff performance. Lastly, the program provides opportunities for on-going staff evaluation of the program; the program provides opportunities for staff input into program practices; consultants with expertise in trauma provide on-going education.