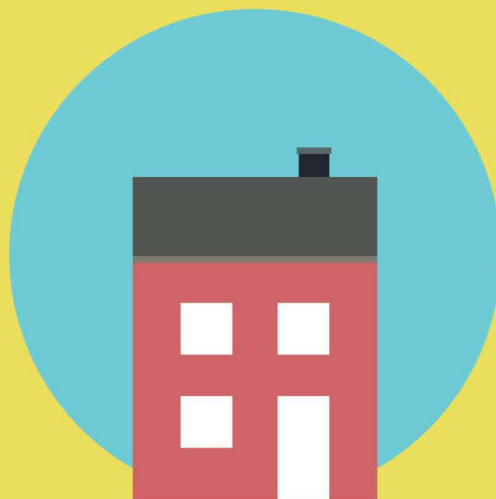


Bringing a trauma-informed approach home:

how South Yorkshire Housing Association has introduced a trauma-informed counsellor into their Housing First services

Delivered by South Yorkshire Housing Association through their Housing First services in Rotherham and Chesterfield

Funded by Homeless Link on behalf of Comic Relief



1. Introduction

The Housing First model is proven to end homelessness, and works on the belief that housing is a basic human right. Housing First offers people who are experiencing homelessness, and that have multiple and complex needs, a home for life. The home isn't conditional on the person accessing further support, but they should desire to have a tenancy. Multiple and complex needs may include experience of domestic violence, entrenched street homelessness, and/or mental health needs.

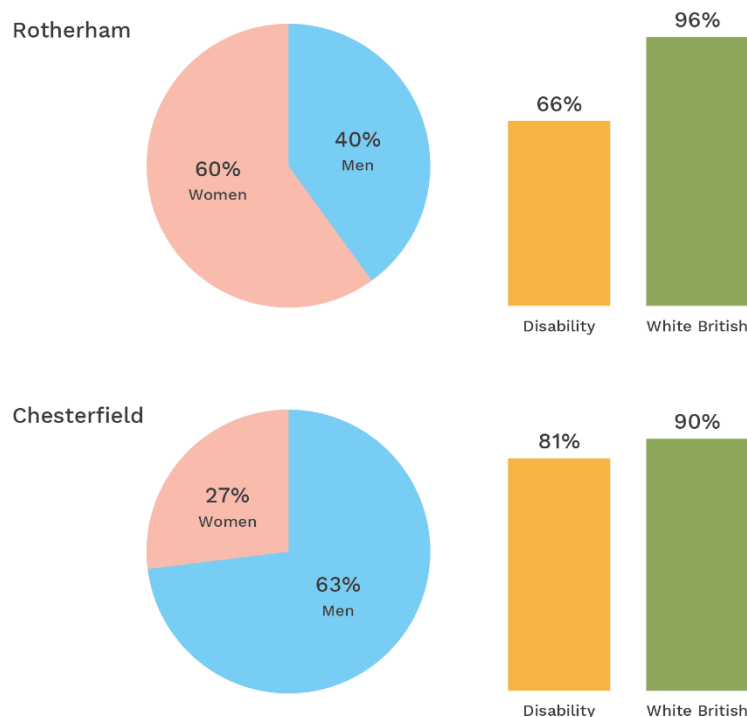
The model works by offering people a home, first – this acts as a stable foundation for recovery and to rebuild their lives. Housing First customers are supported to settle in their home, and to make choices about how they'd like to build on their strengths and meet their goals. Our customers do not have to access further support to be able to stay in their home, but flexible and personalised support is offered for as long as it is needed.

All our customers have experienced compound trauma, whether that's through adverse childhood experiences (ACEs), mental health complications, physical and emotional abuse, addiction or homelessness, or – as is often the case – a combination of those. With that in mind, we want to offer people a chance to explore and process what has happened. We offer individual, trauma-informed therapy as an opportunity to reconnect body and mind, to experience a safe relationship, and, ultimately, to heal.

“All customers are different, but they've all got one thing in common – they've all had trauma. If they have counselling they can learn coping strategies and don't have to do drugs or drink to cope.”

Keyworker feedback

Our customers



2. Why is a trauma-informed approach needed?

“It is reasonable to assume that individuals and families who are homeless have been exposed to trauma. Research has shown that individuals who are homeless are likely to have experienced some form of previous trauma; homelessness itself can be viewed as a traumatic experience; and being homeless increases the risk of further victimization and retraumatization.”

- Shelter from the Storm

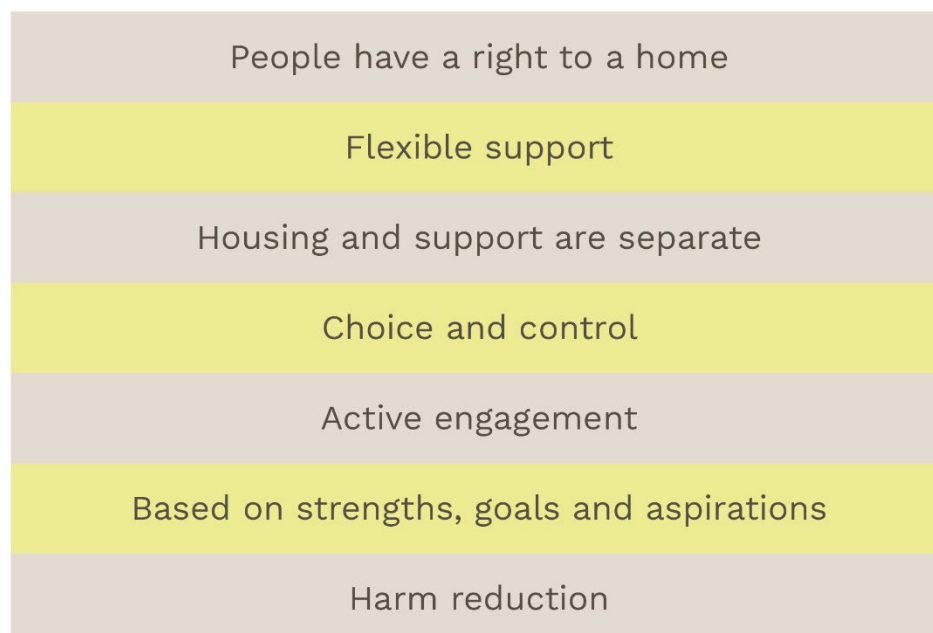
The Open Health Services and Policy Journal (2010)

Housing First customers experience severe and multiple disadvantage; all our customers have experienced trauma, which may include sexual and physical abuse, and are affected by drug or alcohol misuse. This can increase the risk of prolonged and repeat periods of exploitation and abuse for some of our customers.

In addition to substance misuse, common issues linked to their experiences of trauma are:

- Involvement in crime or anti-social behaviour which, in some cases, has led to a custodial sentence
- History of tenancy breakdowns
- Violent and/or risk-taking behaviour
- Mental health issues, including diagnosed mental health disorders
- Low life expectancy - the mean age of death for homeless people is 44 for men, and 42 for women (Office for National Statistics)
- Unemployment
- Breakdown in family and social relationships
- Poor physical health - people who have experienced trauma often experience health inequalities.

Introducing a counsellor into our Housing First team also sits well with the key principles of Housing First services:



3. What people on the service told us

To create our trauma-informed counselling offer, we listened to our customers' concerns, preferences and aspirations. We used their experiences to create an approach that our customers felt was holistic, accessible and safe, and that supported their recovery. Some of our customers' feedback is captured below.

Many customers in Housing First have previously **struggled to engage in support from external services**. They also report barriers to accessing statutory health services, sometimes linked to a mistrust of authority related to their trauma.

"They don't listen to me."

Our customers expressed a strong preference for **personalised counselling support delivered at home**.

"I don't feel comfortable in some places."

Nearly all customers in Housing First **have co-occurring mental health and substance misuse issues**. This can prevent them from accessing statutory support services.

"If I miss an appointment, they kick me off."

Our customers valued an offer of **consistent and holistic support**, and the opportunity to build trusted, one-to-one relationships.

"I feel more secure."

4. So why do we have a counsellor?

We want our Housing First team to have an awareness of the impact of trauma. We want our customers to feel safe, and to have the chance to heal, recover, and to thrive - rather than simply survive. In February 2020 Rachel, our trauma-informed counsellor, joined South Yorkshire Housing Association's (SYHA) Housing First team.

The idea came directly from our customers - people were feeling frustrated at being unable to access mainstream therapy and being offered support that wasn't flexible enough to meet their needs. As a part of the team, our counsellor can be flexible with sessions: there is no waiting list, no maximum number of sessions, and no penalty for not attending.

Having a counsellor within the Housing First team sits really well with the key principles. It's all about flexible support, the customer having choice and control and working with people's strengths and their own goals.

Our team say...



"Invaluable."

"It runs with the Housing First principles. Prior to you coming there was a mammoth battle to get help. You can work with them as they are."

"It makes a difference when they have spoken to you. I can tell from their body language."

5. What does the counselling look like?

Our counselling offer is open to all our Housing First customers, but there is no pressure on customers to have the counselling. It's difficult for people with compound trauma to access mainstream therapy: many services won't work with people who miss or cancel sessions, there's often restricted appointment times, people are expected to travel, and therapists often won't start therapy while customers are using substances or alcohol.

So, we needed to be flexible, thoughtful and creative about how we get people's attention and how we help them heal. The primary goal is helping people to feel safe, so we've prioritised safety when creating the counselling set up. For example, the counselling sessions take place in our customers' own home or in a community space – somewhere they choose and somewhere they feel safe and comfortable. Sessions also take place at a time and frequency that suits the customer, and can happen face to face, outside, over phone or video call, over text, or other written communication.

We are also creative in the methods we use – some customers are happy with a more traditional style of therapy, where they can reflect and know what they'd like to explore. Others have found this uncomfortable, and so we've offered more creative stimuli; customers can play with clay, write poetry, make music, try cooking, analyse true crime shows... whatever speaks to that person. It's all about connection and really being seen by another human being.

Customers have been involved in designing their own support, with some choosing to take part in co-designing a Mental Health First Aid Kit. These kits are part of learning to self-regulate, reconnecting mind and body, and encouraging people to practice self-care. Every customer was offered one of these kits.

“I find it really helpful, and it helps me think more positively. Rachel listens to me, and it helps me let off steam. It’s a good release and I feel like I’m dealing with my emotions better. Rachel is coming tomorrow and we’re going to make pancakes which I’m looking forward to. I don’t feel finished with the counselling yet, and want to keep working on things.”

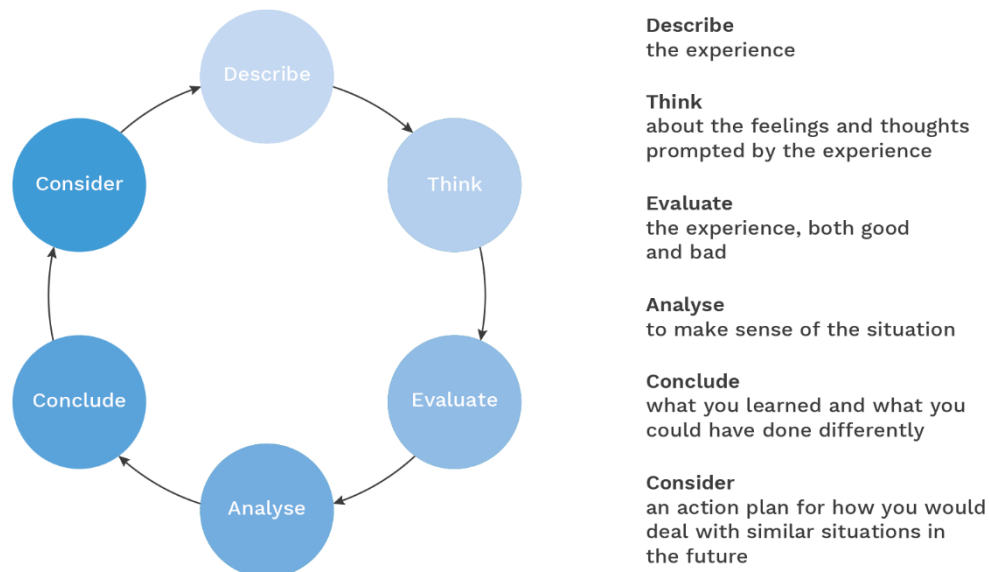


6. How does the counsellor fit into the team?

Our counsellor's role is supporting the development of trauma-informed practice. She has spent a lot of time individually with the keyworkers and operates as a part of the team: working alongside the keyworkers, undertaking joint visits, attending team meetings and sharing office space. We've found that having a counsellor as an integral part of the team has improved customer engagement.

Our counsellor also ran a fortnightly reflective practice group, which aimed to get people thinking about how we work with our customers in a trauma-informed way. It was an opportunity to develop our skills, and to recognise and celebrate the good practice that's already happening.

Reflective practice is useful for helping us evaluate feelings, thoughts, sensations and emotions, for helping to make sense of our own mind and others', for learning to respond rather than to react, and for feeling more secure.



The sessions are confidential, and follow a basic structure of:

Go-round warm up exercise

These exercises are a great way to encourage exploration and challenge people to think in a different way. For example, using a creative method to express how you feel about something can bring out surprising results – we don't usually censor ourselves in the same way as when we are speaking. They also encourage us to use both our bodies and our minds, which is a key component of trauma work.

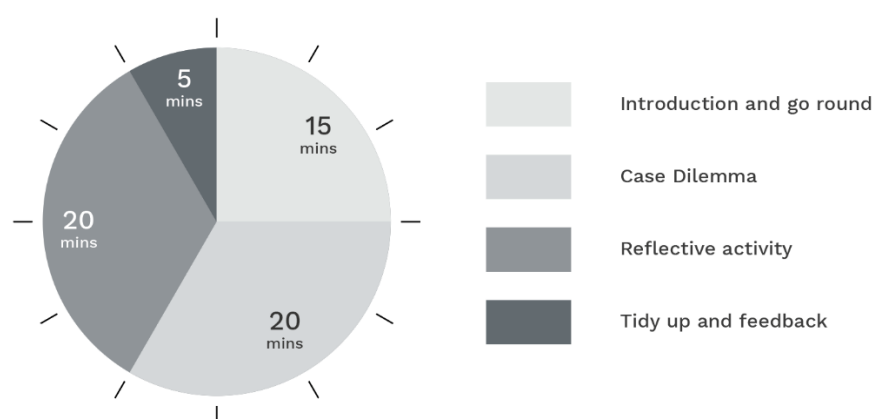
Reflective space (“case dilemma”)

The case dilemma is an opportunity to reflect together and draw on our team members for ideas and support. One person brings an issue or customer that they feel 'stuck' with and presents the dilemma to the group. The group's task is then to ask questions, which help the person explore what is happening for them, for the customer, and between the two of them. Group members are encouraged not to offer solutions and to focus on exploring and reflecting.

Self-care creative activity

During the reflective practice sessions it's important to make time for some self-care activities; this might be a mindfulness session, or arts and crafts - anything that allows the team a bit of time out and a chance for a bit of fun together.

A one hour Reflective Practice session



7. Embedding a trauma-informed approach across our services

In May 2021, our counsellor started offering her reflective practice sessions to different SYHA teams. This was in response to the organisation recognising the impact of the pandemic on team dynamics, and project leads identifying signs of burnout in individuals as a direct consequence of the pandemic.

These sessions were open to a wide variety of employees, and participation was optional. We ran 40 sessions, working with 12 different teams.

The sessions followed a similar structure to the Housing First team sessions, with a 'reflective space' replacing the 'case dilemma' to best meet the differing needs of the teams.

Some feedback from the sessions:

"I found them extremely useful and well facilitated. The group was encouraged to form naturally and we all value the sessions and plan to continue with them. I had a few client bereavements and it helped to be able to discuss this outside my team and reflect on the support given and look at the process which helped take some of the emotion out of it all."

"I felt the sessions helped us all as it strengthened individuals, challenged our working styles and affirmed the good practice and work ethos we signed up to."

Our counsellor has continued to offer a monthly practice session, open to up to 8 staff members. The group who regularly attend this have decided to continue as a peer-led group, and other informal peer support groups have been established, too.

From June 2020, our counsellor started sharing best practice with partner agencies by presenting at several conferences and community events, and working with a local university on training for mental health first aiders.

We have also connected and shared best practice with other organisations, projects and counsellors seeking to offer trauma-informed therapy to this customer group. We've been making links so that we can continue to argue that therapeutic interventions are necessary, worthwhile, and effective for people who have experienced homelessness and trauma. Our counsellor has also helped set up a monthly peer supervision group with two other counsellors working in this field.

8. What we've learned

We have learned a lot over the 18-month period that the trauma-informed counsellor has been in post. Here is our top 5!

1. **Embed the counsellor in the team:** We initially thought that the trauma-informed counsellor would operate outside of the support team. We soon found that this didn't work and that the trauma-informed counsellor's relationship with the project lead and keyworkers was key to engaging with customers on the Housing First service. It was important to introduce our counsellor, and the creative therapeutic activities she offered, as part of the wider Housing First offer.
2. **Reflective Practice sessions are key:** The reflective practice sessions that our trauma-informed counsellor led were essential to us successfully embedding a trauma-informed approach across the service. A strong and trusted relationship developed between our trauma-informed counsellor and keyworkers during this time.
3. **Choice and control:** Having a flexible approach to when someone could take up the offer of therapy was important to establishing the relationship between customer and the trauma-informed counsellor. Being able to access therapeutic support in their own home gave customers greater choice and control in the therapeutic support they received.
4. **Offer a creative approach to therapy:** Many customers in the Housing First service have had previous negative experiences of counselling which initially made them reluctant to engage in this offer. Our trauma-informed counsellor used creative methods of engagement such as walks, cooking, crafts and music to engage and support customers.
5. **Trauma-informed leadership:** Establishing a trauma-informed approach cannot happen in isolation within one service, there has to be a wider organisational commitment to becoming trauma-informed. Through the trauma-informed counsellor role we tested in Rotherham, SYHA has started the journey of becoming a trauma-informed organisation.

The trauma-informed counsellor role in Housing First Rotherham came to an end in December 2021. SYHA is working with our commissioners to embed this role into future homeless services.

9. Customer stories

Our trauma-informed counsellor shares some of the ways she's worked with our customers.

Customer B

Customer B has a long history of abuse, including domestic abuse, which has led to her children being removed from her care.

It's been really difficult to build up a relationship with B. She is very sociable and friendly, but she doesn't trust easily. It took months before she felt comfortable starting to talk with me and more than a year before I felt any trust from her.

The great things about B are her laugh, her love for her daughter and together we have been processing the loss of her children.

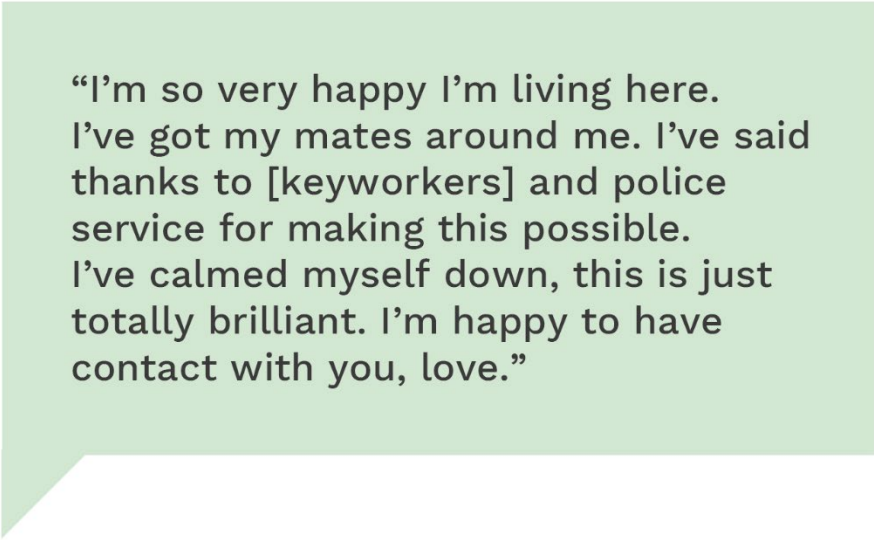
Being able to offer counselling to B has been so helpful as she has a lot of trauma to process and she has experienced so much pain and loss already in her life. Without us taking an active engagement approach, I don't believe B would have even considered counselling. I had to prove consistently and kindly that I am interested in hearing what she has to say and that I'm strong enough to support her.

Customer M

I first met M with his keyworker when he was experiencing bouts of drug induced paranoia. He has some learning difficulties and multiple sclerosis – and loves listening to music and playing puzzle games.

We started working together when M's keyworker was struggling with M's paranoia. He was contacting the police several times a day, making claims about his neighbours and the keyworker was feeling frustrated. I was able to visit M and listen, without having the pressure of needing to fix the situation. This was essential in building our trusting relationship. M was also being financially exploited by his peers. He allowed this to happen because he was lonely and wanted their company.

Over the past eighteen months M has regularly attended sessions with in-person and over the phone. We have concentrated on exploring M's relationships, self-care and what he wants from his life moving forward. He now lives in a residential setting, where he can have his flat for the rest of his life. He has developed strong connections with some of the other residents, has cut down on his drug use and reports feeling happy:



“I’m so very happy I’m living here. I’ve got my mates around me. I’ve said thanks to [keyworkers] and police service for making this possible. I’ve calmed myself down, this is just totally brilliant. I’m happy to have contact with you, love.”

We would like to extend our warmest thanks to the following organisations and people.

- To Homeless Link for their support to us in delivering the trauma-informed approach to Housing First, and for connecting us to other brilliant Housing First services across the country.
- To Rachel Dunfield, trauma-informed counsellor at SYHA, for bringing creativity and fun to the therapeutic support she has brought to people in the service, and for helping us to shape our trauma-informed offer to customers.
- To all our staff across our Housing First services for supporting customers to engage in therapeutic services, and for embracing our work in making our services more trauma-informed.
- To the people in our Housing First service, for their feedback, for engaging in a new approach to therapy, and for their creativity and tenacity.

If you have any questions about South Yorkshire Housing Association's Housing First services, or our approach to delivering trauma-informed support, please get in touch.

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