

Systems Change: Lessons from RSI PIE Plus

Dr Amanda Skeate
Consultant Clinical Psychologist &
St Basils PIE Lead

The slide features a decorative border of autumn-themed elements including various colored leaves (yellow, orange, red, brown, green) and acorns scattered around the edges. The central text is on a white background.

Outline

1. Policy Frameworks
2. Understanding the Barriers
3. Summary of Lessons Learnt
4. Conclusions
5. Campfire Session
6. Your Commitment
7. Lunch

Acknowledgements



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GUIDANCE**

Acknowledgements



CRANSTOUN

Empowering People,
Empowering Change



Trident Group

SIFA
fireside



HM Prison & Probation Service



gateway
Family Services CIC

AS-SUFFA



Tabor
living

father
Hudson's
Care



Birmingham
City Council

Spring

Housing
Association



BSWA



Walsall Council



Green Square
Accord



Sandwell
Metropolitan Borough Council



PEOPLE
POTENTIAL
POSSIBILITIES

Dudley
Metropolitan Borough Council



YMCA

Here for young people
Here for communities
Here for you

rmc
Refugee and Migrant Centre



CITY OF WOLVERHAMPTON
COUNCIL



Coventry Refugee and Migrant Centre
Rebuilding Lives, Enabling Integration



aquarius



FWT
a centre for women



orbit
group



Solihull
METROPOLITAN
BOROUGH COUNCIL



Change
Grow
Live

St Basils
Works with young people



St Basils
Psychologically
Informed
Environments



West Midlands
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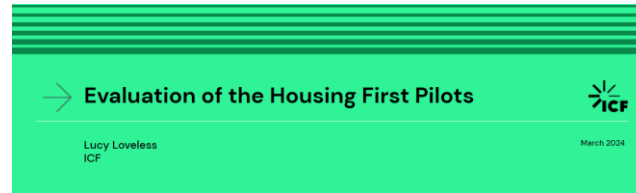
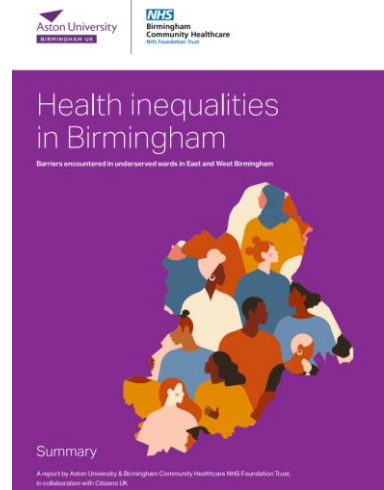
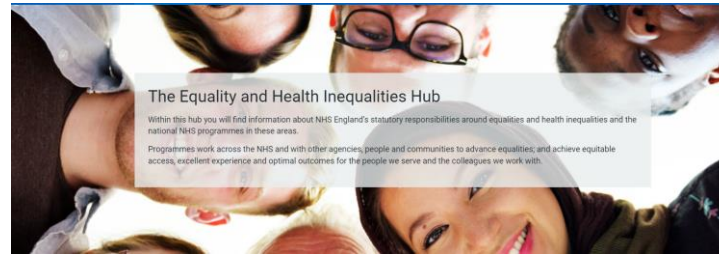


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Inclusion health groups are relatively small but significant populations with high needs for healthcare, but who face a range of barriers in accessing healthcare services.

By taking a strategic systems approach to inclusion health systems think about **how to better utilise resources and work with partners** to develop approaches that reduce pressure on the system, save lives and improve health life expectancy.

Our Challenge: Transforming Vision into Action



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A national framework for NHS – action on inclusion health

Use this framework to plan, develop and improve health services to meet the needs of people in inclusion health groups.

Barriers to Care: Clinicians' Perspective

High DNA rate

Ambivalence
about
accepting help

Lack trust in
professionals

Challenges in
assessment
process

Comorbid
Substance Use

Complex
Heterogeneous
Presentations

Unrealistic
demands

Difficulties
communicating
needs

Basic needs
not met

Same Person - Different Lens

Homeless

Family Member

drug user

irresponsible

antisocial

lazy

loved

valued

ill-health

vulnerable

ingraphics.illos@gmail.com

Barriers to Care: Homeless Individual Perspective

Negative experiences of 'support'

Structural problems to access

Not feeling deserving of help

Lack of practical life skills

Problems with emotional regulation

Relational difficulties

Unhelpful coping strategies

Hopeless about change

Lack of formulation driven care

**Impacts on
Homelessness
Support Staff**

Increased risk
of burn out

Perceived
responsibility
for client's
health/risks

Frustrations
about the
system
barriers

Time wasted
navigating
systems

Vicarious
Trauma/
Secondary
Traumatic
Stress

Welcoming of
Clinical
Expertise

The background is a rich, dark brown color, decorated with various autumn-themed elements. There are several large, colorful leaves in shades of yellow, orange, red, and green, scattered around the edges. Interspersed among the leaves are clusters of small, bright red berries and several acorns, some with their caps on. The overall composition is festive and seasonal.

So what have we learnt?

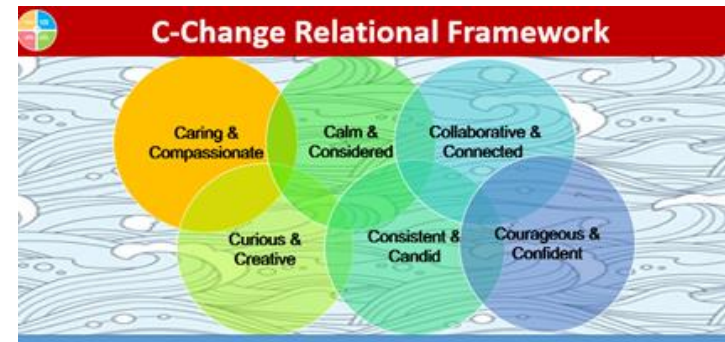
1) Benefits of a consistent, coherent psychologically informed paradigm:

- **A trauma informed perspective:**

A compassionate understanding which provides a shared language for professionals to make sense of complex, confusing behaviours

- **Incorporating a strengths-based philosophy:**

An approach that seeks to empower individuals to make decisions about their own lives and remains hopeful about capacity for growth and change

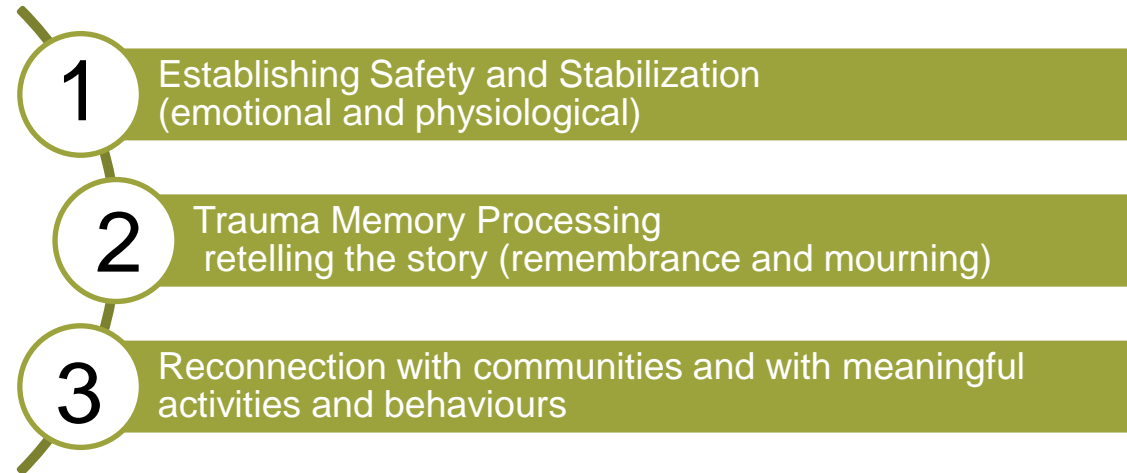


2) Understanding the valuable contribution of homelessness professionals:

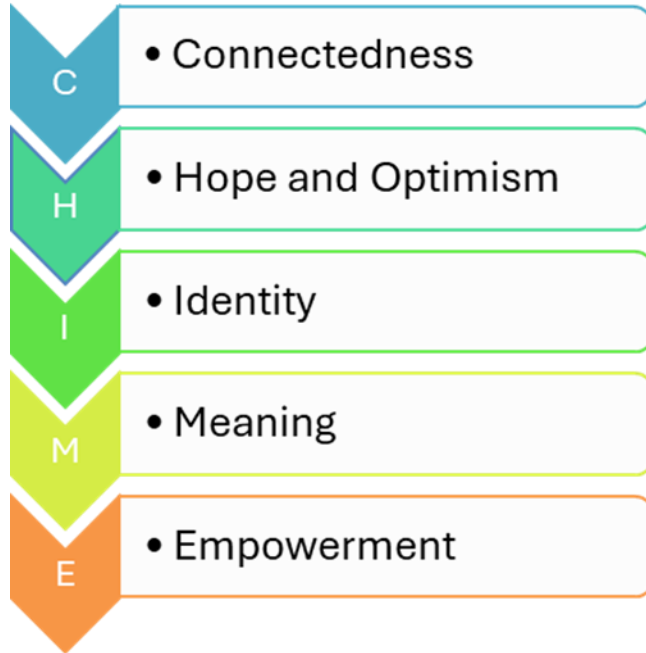
- Experts in engagement, harm minimisation, networking and housing systems
- Active partners in supporting recovery from trauma and facilitating health service interventions

Tri-Phasic Model of Trauma Therapy

Judith Herman (1992/1997)



3) Upskilling homelessness professionals with psychologically informed knowledge and skills results in better client outcomes:



Positive outcomes for RSI clients can be achieved by optimising opportunities to enhance CHIME recovery factors (Leamy et al., 2011) within the day-to-day social interventions.

4) Supporting the wellbeing of homelessness support professionals assists in maintaining high quality services for the most vulnerable

INSIDE HOUSING

80% of homelessness workers at risk of burnout as service demand soars, survey finds

NEWS 19.09.24 10.30 AM BY ALEX TURNER

Our PIE – Compassion Model

Overwhelming Empathy
“Rescuer”
Ideal Care

- Does far too much (go ‘100’ extra miles)
- Unable/unwilling to enforce rules & boundaries
- Feels stuck – little expectation for change
- Takes work home regularly (mentally/literally)
- Compassionate Fatigue

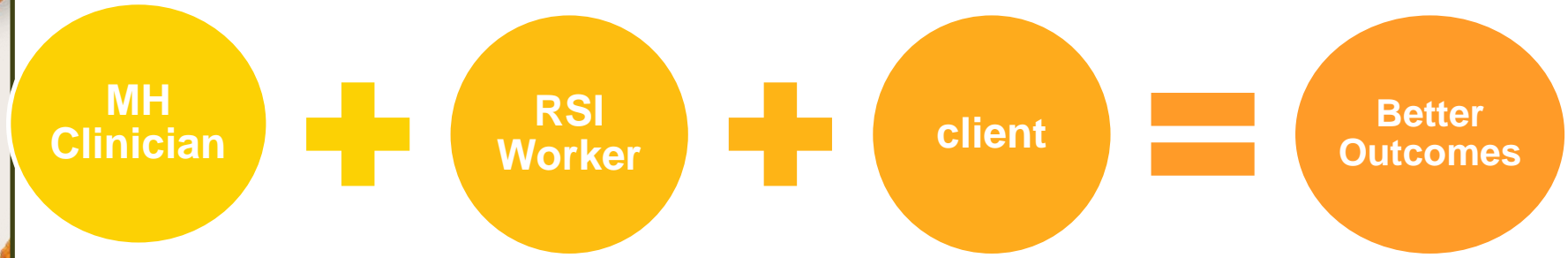
Healthy Compassion
“Coach”
Good Enough Care

- Will go ‘the extra mile’
- Flexible approach with boundaries (Elastic Tolerance)
- Creates the conditions for change
- Calibrates work-life balance
- Takes responsibility for own self-care

Emotional Insensitivity
“Disconnected”
Cannot Care

- Work to rule – no flexibility
- Rules and boundaries enforced unthinkingly
- Uninterested in clients’ aspirations/dreams
- Blames client for the client’s situation
- Blames clients for own work stress

5) Collaborative Partnership Working and Strategic Use of Expertise



5) Collaborative Partnership Working and Strategic Use of Expertise

**Better
Engagement**

**MH
Clinician**

**RSI
Worker**

**More effective
assessments &
interventions**

**Finding
solutions to
structural
barriers**

**More Accurate
Understanding**

**Better
Outcomes**

**An Inclusive culture of
“Always Learning”
vs
“Expert Knowing”**

Ambitions:

Recognising this way of working, not only improves outcomes for RSI clients but makes all our jobs easier!

1. Professionals to be more mindful when working with an individual who is homeless or has experience of homelessness.
2. Better understanding of our colleagues in Housing and Homelessness sectors & appreciating the benefits of partnership working.
3. Allocating future funding to resource PIE Plus activities in homelessness organisations.
4. Recognising the applicability of this learning to other excluded groups

Final Words – Rachel, Outreach Support Worker

" I am not a mental health expert, but I know this client, I have worked with him for over a year.

I am made to feel that I should just shut up, because I am not a professional in mental health. But I do have a degree in psychology and criminology, I have studied people with these risks and I have three years of experience. I am trained in PIE and consult with a psychologist in RP.

We are *just* housing related support, but we know our clients and care about what happens to them"

M₃ E₁ N₁ T₁ A₁ L₁

H₄ E₁ A₁ L₁ T₁ H₄

M₃ A₁ T₁ T₁ E₁ R₁ S₁

The background is a warm gradient of orange and yellow, decorated with various autumn leaves in shades of green, yellow, orange, and red, along with several acorns and a small cluster of red berries.

“

*Audience Questions, Comments
& Reflections*

CAMPFIRE CHAT

with all Speakers

Commitment to Action

— *Invitation ... On a leaf write*

- Your name, role & organisation
- Describe your contribution towards improving health & care services for people experiencing homelessness



The image features a central white rectangular area with text, surrounded by a decorative border of autumn-themed elements. The border includes various leaves in shades of yellow, orange, red, and brown, along with clusters of red berries and several acorns. The background behind the border is a solid dark brown color.

Thank you

**Please enjoy your lunch
Downstairs in the Bar Area**