

# PIE SWOT Analysis

(Strengths, Weaknesses, Opportunities, and Threats)



A SWOT session took place in which all staff took part. The aim was to ensure that as a team we were staying true to a PIE approach, specifically:

- Understanding the factors that contribute to homelessness
- Helping people who are homeless to get back on track with a person-centered approach, drawing upon their hopes and aspirations.

Short, medium and long term plans were developed following the SWOT analysis, ensuring alignment with Hudsons/Tabor 's values and strengths.

## S trengths

- The team - (Relationships)
- Range of skills and knowledge
- Vibrant and creative.
- The approach
- Reviewing, evaluating and refining (Reflective)
- Volunteers

## W eaknesses

- Too flexible (overstretching boundaries)
- Limited options
- Can be reactive (Flip the lid model)

## O pportunities

- Build our reputation
- Gain more volunteers
- Work with local businesses (be more collaborative)

## T hreats

- Lack of Directive
- Remembering the work we do

“

Michelle was brilliant at listening and disseminating the facts and helping to create a working plan. We have been using the insights gained to enable the positive work that is continuing to happen at Tabor. I cannot stress the help that Michelle has given Tabor and how beneficial it has been.



”

# What Managers are Saying



## On Peer Support and Shared Understanding

*"I really appreciate the peer aspect as issues we had were often common and people could easily relate as we regularly were experiencing the same problems across region... In my group the things people shared and brought to discuss were always relatable and relevant, so it was practical and just as enjoyable as being part of something that always felt like a positive space".*



## On Viewing The Bigger Picture

*"I think, for me, PIE is actually thinking about us all as people. So it's just as much as what we bring to work and the things that impact us, and therefore how that influences the relationships we form with those clients".*



## On Taking a Pause

*"It's about how it makes you stop and think actually about the needs of your staff, because you've got a manager who understands or can be flexible when you need them to be flexible, and fair".*



## On Maintaining Balance

*"The difference between before PIE and now. I think before PIE, for myself, I would literally give 110% to work and I then haven't been able to go on... And I still sometimes go back that way a little bit. So I think of staff when they're not flying that balance. But what PIE has given me is that chance to actually think, hang on, you need to slow down here".*



## On Positive Reflection

*"It has been really important... to actually, as a team, look at what we've done, what we've achieved, and to be able to reflect on how far we've come with some of our clients".*



## On Impact

*"I am a huge fan of PIE and have embedded this into the work that we do here. I found the reflective practice to be a useful resource one which I really miss".*



# What Frontline Staff are Saying



## On 'Doing With' and Self-care

*"Helping to empower the customer to help themselves. How I approach and address combative customers, by validating their concerns, considering their needs, there could be other things going on. Taking time to look after and manage my own mental health".*

## On Building Knowledge and Skills

*"It's been great being able to get an overview of some mental health problems. Understanding more about mental illnesses and being able to gain skills to support service users that currently are on caseload."*

## On Noticing the Difference

*"I've seen the value of validation, the power, you know, I've seen what it looks like when it's not there and what it's like when it's enacted. And I think PIE has brought that to the surface".*

## On Feeling Competent and Connected

*"The session was very insightful and not only did it give me ways to improve it also gave me reassurance that I am doing things 'right'. The session was nice as it is nice to know that others feel the same way".*

## On Tailored Support

*"I liked that we could discuss individual clients, their non-engagement and formulate how to overcome these issues".*

## On Applying the knowledge

*"Understanding of the Flip the lid model and how this can be useful in my job role for understanding both our client's behaviours at times and also that of ourselves".*



# \*WAYNE

**Background:** Wayne, a male in his 50s, became homeless in his late 30s, following the death of his parents. He is on the Sex Offender Register, has an alcohol dependency problem and has proved difficult to house because of interpersonal problems. Accommodation breakdown has often been triggered by him feeling overwhelmed by noise, perceiving threats from other residents and responding aggressively to support staff.

**Initial Approach:** Wayne's worker spent time getting to know him by listening, validating and exploring his issues and experiences. In establishing a trusting relationship, they learned that he spent time in SEND schools and was hugely dependent upon his parents, such that his alcohol use increased dramatically following their deaths.

**Over time:** Wayne's support worker reflected their observations of potential links between his past experiences and current behaviour. He showed improved self-awareness and volunteered that he could be a "bit of a bully...knowing how to frighten people" in trying to get the support he needed. Yet, this most likely happened when he was feeling frightened and did not always get the results he wanted. He found the concept of "wise mind" helpful in understanding the benefits of managing his frustrations to maintain his tenancy. Although he was still prone to episodes of confrontational behaviour, the support worker looked for opportunities to validate his feelings at the same time as pointing out why his reaction was unacceptable. Over time, he was able to return to his baseline more quickly.

**Outcome:** Wayne has engaged well with other support workers and has received more targeted interventions to meet his needs. This has resulted in him being less reliant on services in general. His self-awareness has continued to improve, and he is able to identify repeating patterns of self-sabotage behaviours and taken responsibility for minimising his aggressive outbursts. Consequently, he seems more resilient and independent.

# CLIENT STORY

PIE SKILLS

Levels of validation

Collaborative and Connected

Formulation

Wise Mind

Consistent and Candid

Flip the Lid Model



SIFA  
fireside

# Challenges in running the Living Wise Group

A DBT informed weekly group aimed at clients and key workers.



## Overcoming the Chaos

- Difficult to find a central venue that was accessible to all clients
- Clients typically have a short-term focus and rarely keep a diary
- Focus on short-term needs by clients can undermine their commitment to attend a weekly group
- Clients did not always have the support for practicing skills between sessions
- Group sessions could also clash with other appointments

## Group Expectations and Dynamics

- Some clients reported previous “bad experiences” of attending groups
- Some clients incorrectly assumed that they would be expected to share their trauma histories and others seemed disappointed when they were actively discouraged from doing this
- Some clients appeared wary of new people, but familiarity and shared histories could also create a difficult dynamic within the group
- Some clients struggled to take turns and share the space in the group



## Staff and Service Commitment

- Service demands often resulted in the group being deprioritised
  - Attendance often relied on the goodwill and commitment of individual staff

**SIFA**  
fireside

# Book Release

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## Implementing Psychologically Informed Environments and Trauma Informed Care

Leadership Perspectives

Edited by Peter Cockersell and Sione Marshall



If you are interested in learning more about St Basils PIE briefing sessions, please contact us by emailing:

[PIE.Secure@stbasils.org.uk](mailto:PIE.Secure@stbasils.org.uk)

or speak to Latoyah Grant at [Latoyah.Grant@stbasils.org.uk](mailto:Latoyah.Grant@stbasils.org.uk)

**Provisional pre-order date 8th October and publication date 29th October**  
**20% off Discount with Code AFLY02**

For more information visit: [www.routledge.com/9781032540788](http://www.routledge.com/9781032540788)

# Lewis' Story

## Background

Lewis\* is one of 8 brothers. His dad died in his teens and his mum about 15 years ago. His family are really quite complex and we work with 3 of them currently. Lewis and his brothers were arrested for marrying someone for them to get status in the UK, his mum was also involved and were all sent to prison. Client uses crack/heroin and drinks alcohol. He had never had a tenancy before.

## Intervention

With Lewis I have spent time to get to know him and his family history and try to validate his emotions. I have also used the pros and cons sheet with Lewis as he has been previously at risk of eviction.

## Outcomes

Lewis has remained in his tenancy and has not had any complaints for a number of months. He has also kept his flat in a good condition with support from HSO and encouragement. He is developing a routine of some sort, i.e. taking bins out, going food shopping when paid.

## PIE SKILLS

**Building confidence/ SMART Actions**

**Traffic Light - Doing With**

**Collaborative**

**Pro's and Cons tool**

**Building motivation**

**Validation**



## The Impact of Reflective Practice

### Background

Clive\* has experienced recurrent homelessness in the context of his ongoing struggle with intravenous heroin use and being on/off with methadone. His health is complicated by poorly controlled diabetes, and he recently underwent a leg amputation making him vulnerable to falls. Historically, his engagement with services has been poor.

### Intervention

I have supported Clive in maintaining his methadone script. I have liaised with multi agencies to co-ordinate a care-plan to meet his complex health needs and have secured RSAP accommodation. I have ensured that he has the necessary mobility aids and home modifications to reduce the risk of falls and enable him to live independently. I have gained his consent to establish a positive working relationship with his mother and this has been invaluable in supporting him through critical health crises and emergency admissions to hospital.



### Outcomes

#### Support for staff:

- Reflective practice has been instrumental in managing this complex case in several ways.

#### Reflection has enabled:

- Deeper understanding of recurring patterns and triggers that contribute to frequent hospitalisations.
- Improved ability to anticipate his needs and adjust support strategies.
- Reinforced benefits of empathy, compassion and communication with Clive and his family.
- Evaluation of approach, what has worked and what hasn't led to interventions being refined.
- Professional development, improving problem-solving skills, liaison with other professionals enabling a holistic approach.



\*\*This client has been given a different name to maintain their confidentiality

# Challenges



Trident Group

ACEs

Substance misuse

Psychosis

Multiple exclusion

Paranoia

Poor engagement

Recurrent rough sleeping



## ZACH

### Background

Zach has a significant history of childhood trauma. He is an entrenched rough sleeper who has experienced episodes of psychosis, co-occurring with significant substance misuse in the form of heroin, crack cocaine and mamba. He believes that people follow him, break into his property and have tried to poison him. In this context, he has made several attempts to end his life. Historically, his engagement with services is poor as he struggles to trust others and his has been known to lash out and reject support, preferring to sleep rough than be housed with others.

### Intervention

Focused on establishing a trusting relationship by being patient and consistent while waiting for repair works to be completed on his accommodation. I continued to work with him in a way that worked for him, by listening showing empathy and understanding.

### Outcome

Zach is now abstinent from all substances. He still suffers with his mental health however, reflective practice has aided me to have a holistic approach towards Zach's needs and support. I have been able to reflect on his needs and how they may differ from another who has experienced similar issues often trying different approaches and finding one that works better for Zach.

Zach adopts a holistic approach towards his mental health which is working well for him such as skate boarding, BMX, drawing and walking. Zach has worked hard to be where he is today.

## PIE SKILLS

Empathic Listening

Relationships

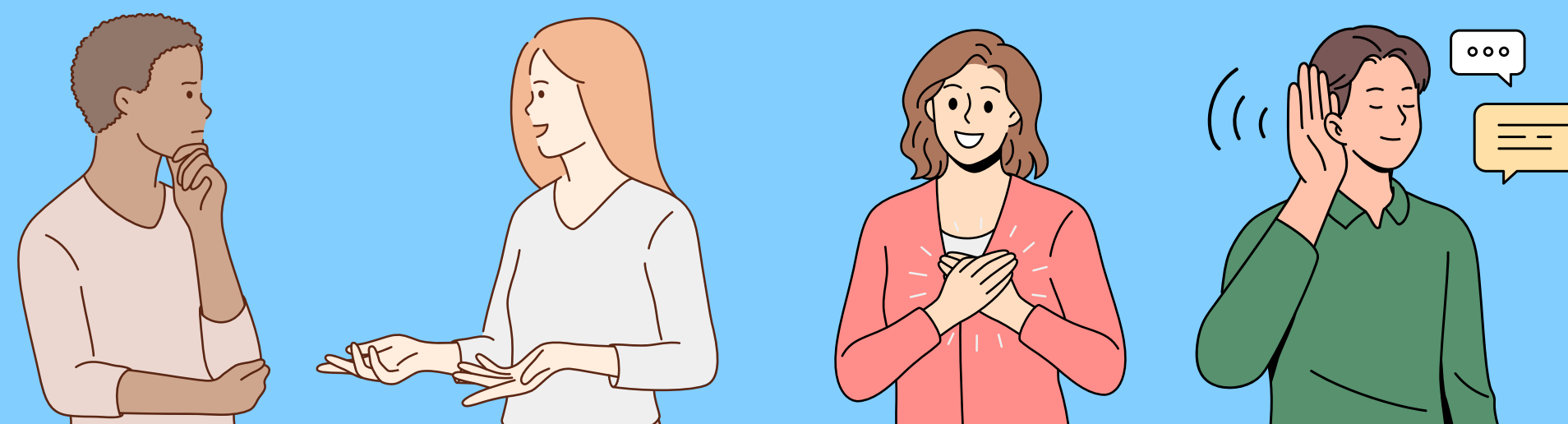
Consistent

Caring and compassionate

Reflective practice

Taking time to Review, Reflect, Respond

Calm and Considered



Mo

# Maintaining Motivation and Compassion

## Background

Mo was referred to Housing First after being noticed living in a scrapped car in a scrap yard, being exploited for cheap labour. He showed very little enthusiasm for social interaction and through liaising with a family member it was learned that Mo was raised by his mother alone. A family member explained that Mo attended a SEND school. Mo used drugs from an early age, and has a prolonged history of polysubstance misuse. This ultimately resulted in family break down. Mo has difficulties maintaining his current tenancy due to a lack of skills and motivation, exacerbated by his mental health problems and drug dependency. Mo has worked with three support workers over the years, and all have experienced difficulties with engagement, motivating Mo to learn life skills to sustain his tenancy, as well as other ways of encouraging personal development.

## PIE Approach

The PIE approach was used by the support worker for the following reasons:

- To manage the support worker's frustrations with limited progress
- To better understand Mo
- To create an environment to increase likelihood of Mo becoming motivated to make progress
- To support action planning collaboratively with Mo

## PIE Knowledge and Skills

- To gain an understanding of the client's trauma history
- Collaborative approach
- Empathic listening – to help the client feel listened to, to build trust and a stronger rapport, to encourage the client to open up.
- The Stress Bucket - when self-reflecting on my own threshold.
- Elastic Tolerance - to measure when the client is or why they have reached their limit.

## Outcomes

The PIE skills have helped me to understand Mo better and look at things from a different perspective whilst still putting myself first and avoiding reaching the point of burnout.



Coventry City Council



# PIE - PROJECT IMPACT



- Made formulation tools and ITEP maps easily available for people to access and use.
- Rolled out strengths based, trauma informed and recovery training to all roles across the organisation.
- Redesigned the waiting area and displayed positive stories throughout the building to enhance the physical environment.

- Alongside the service user forum changed the process for new registrations and assessments to be more trauma informed.
- Developed a PIE policy and merged the PIE development plan with the existing business planning processes.
- Reviewed the supervision and appraisal process and included prompts for line managers to review PIE principles.
- Coproduced with the service user group, staff and volunteer teams a “team commitment” for all staff and volunteers to sign up to that aligns with our values and PIE principles.

*Example: A piece of work on developing a healthy lifestyle balance created collaboratively within a client clinic*



“Michelle gave some fantastic advice which can be implemented into his support plan. Michelle also gave a clear understanding of the clients behaviour and realistic methods of approach to challenge the issues”.

