

Executive Summary

Purpose

This Learning and Evaluation Closure Report summarises the implementation, outputs and outcomes of the WMCA Rough Sleeper Initiative PIE Plus Programme. This programme sought to create and test out new ways of delivering direct and indirect psychological interventions to staff in homelessness organisations and their clients across four years from June 2020 until July 2024. In particular, evidence of the overarching impacts is examined, and consequent learning is described.

As explained in Section One, PIE approaches were developed as a means of equipping support staff in homelessness organisations with evidence-based psychological knowledge and skills to improve quality-of-life outcomes for service users with MCN.

Overarching Impacts

It was demonstrated that the PIE Plus programme reached approximately 400 staff who provided support to 1265 RSI individuals (2023/24) and 531 individuals with the region's HF initiative. Descriptions are provided of clients who have benefitted from staff applying PIE skills in their work; being enabled to address their substance misuse, stabilize chaotic behavioural patterns, and develop independent living and pro-social skills. Significantly, the scope of the PIE Plus programme went beyond improving direct assistance to clients, to provide activities that enhanced managerial support and trauma-informed organisational culture change.

Key Learning

1. **The advantages of a consistent, coherent psychologically informed framework** were established by this programme. It provided a compassionate, trauma-informed understanding of people experiencing homelessness that is essential to providing effective services. Furthermore, this shared paradigm supported enhanced positive connections between professionals and across organisations.
2. **The upskilling of homelessness professionals in the St Basils' PIE Plus** was demonstrated. Learning was embedded and maintained which increased knowledge and skills in providing support that has therapeutic benefits and optimises the likelihood of change. Participants receiving PIE Plus training and reflective activities reported that this led to improved outcomes for their service users.
3. **The benefits of harnessing the skills of homelessness support staff** were evidenced. It was shown that support staff, with the right training and support, could be active partners with a Clinical Psychologist in supporting recovery from trauma. It was identified that RSI support staff were in a key position to provide relational, therapeutic interventions within their existing remit that resulted in positive outcomes for their clients.
4. **The resilience and wellbeing of homelessness support staff was improved** with managers recognising subsequent benefits in reducing staff sickness and helping staff retention in a context of continual challenges.

5. **Implementation of a psychologically informed whole organisational culture** was described in many of the organisations involved in the programme. Small, incremental improvements combined over time to result in more significant cultural transformations at different levels: between clients and frontline staff, staff and their team managers and team managers with senior leaders.
6. **A different model of providing direct mental health intervention** were trialled and demonstrated effectiveness. These ‘client clinics’ were found to be acceptable and accessible to clients with MCN, with enhanced engagement and improved quality due to the active participation of homelessness support workers.
7. **The considerable benefits of mutually respectful partnerships** between homelessness professionals and a mental health expert were observed across all aspects of the PIE activities.

In Conclusion

Utilising the expertise of a part-time clinical psychologist, this programme found that, across the four years, over 400 frontline staff and managers took part in PIE plus activities supporting individuals with extremely complex mental health needs. This is evidence that judicious use of psychological expertise can have significant impacts on the accessibility and quality of mental health and wellbeing interventions delivered to individuals with trauma histories, who are regularly excluded from universal systems. Therefore, this PIE Plus programme provides a cost-effective, but efficacious method of providing MH support that significantly differs from traditional mental health services.

Furthermore, this programme demonstrates the considerable systemic benefits that PIE activities can deliver, whilst not solely focused on frontline work, ultimately translate into better outcomes for extremely vulnerable people.

Recommendations for Next Steps

Four actions were discussed in the final section of the report:

1. To reduce health inequalities for those without a permanent home, leaders in health and social care need to create and implement tangible actions that result in recognition and change of discriminatory and unhelpful practices.
2. For health and social care teams to understand the valuable contribution of support staff and their managers in Homelessness and Housing sectors, and appreciate the considerable benefits of partnership working within a PIE framework.
3. For commissioners to direct some future investment to maintain a PIE Plus approach where it is already established and further expand it to other organisations in the field.
4. It is believed that this programme provides valuable learning for provision of psychologically informed health and wellbeing interventions to other vulnerable and excluded groups.