St Basils
Psychologically
Informed
Environments

West Midlands
Combined Authority

WMCA RSI PIE Plus

Learning & Evaluation Closure Report

2020-2024

About This Report

In June 2020, St Basils were awarded a West Midlands Combined Authority (WMCA) contract to extend their existing PIE programme of training and reflective practice to Housing First (HF) delivery partners to other Rough Sleeper Initiative (RSI) organisations. The aim was to increase psychological expertise and related mental health support across the region to individuals with multiple and complex needs (MCN) which included a history of rough sleeping. This was extended the following year (April 2021-March 22), followed by a three-year contract (2022-2025) and was identified as the RSI PIE Plus programme. This is a report to summarise the implementation of this project and presents evidence of the outcomes and learning.

Acknowledgements

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Additionally, it would not have been possible without the valuable contributions of many individuals from HF and RSI organisations. To preserve anonymity and create the freedom to express views, individuals have not been personally credited.

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Glossary of Terms

BCC – Birmingham City Council
CHIME- Connectedness, Hope and Optimism, Identity, Meaning, Empowerment
DBT – Dialectical Behaviour Therapy
DNA – Did not attend [appointment]
HF – Housing First
L&E – Learning and Evaluation
LA – Local Authority
MH – Mental Health
MHCLG - Ministry of Housing, Communities and Local Government
MCN – Multiple Complex Needs
PIE – Psychologically Informed environment
PPD – Psychology Partnership Day
RPG – Reflective Practice Group
RSI – Rough Sleepers Initiative
WMCA – West Midlands Combined Authority

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 531individuals 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.

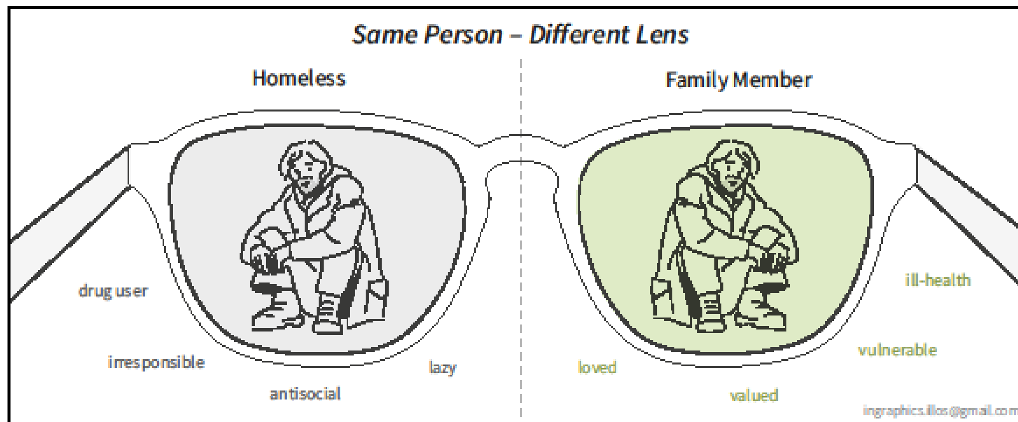
2. For health and social care teams to understand the valuable contribution of support staff and their managers in Homelessness and Housing sectors, and appreciate the considerable benefits of partnership working within a PIE framework.

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.

Section One: Introduction

WMCA RSI PIE Plus Context



A Psychologically Informed Environment (PIE) approach recognises that the MCN observed in individuals experiencing prolonged or repeated periods of rooflessness are typically rooted in their traumatic histories. Yet too often, this vulnerable client group find themselves stigmatised within society, exposed to discriminatory practices and experience significant health inequalities. This is no better illustrated than by the Office for National Statistics report (2019) that in the UK, the average age of death for homeless men was 45 years and 43 years for women, compared to life expectancy within the general public, being 79 and 83 years respectively. Either directly through suicide, or indirectly through poor coping strategies such as substance misuse, poor mental health is a significant contributory factor. However, mental health services are overwhelmed, often fail to work in partnership with other agencies and inadvertently fail clients of RSI teams with long waiting lists and inflexible assessment procedures. Such services, also have the luxury of discharging clients perceived as non-compliant or non-engaging. These challenges are presented in more detail within the WMCA PIE Plus Mental Health Systems Report (March 2021).

Evidence-based psychological knowledge is the cornerstone of a PIE approach. The Trauma Recovery Model first proposed by Judith Herman (1992, 1997) advocated a tri-phasic approach to recovery for individuals with MCN. The model proposes that recovery begins in the context of trusting relationships that foster optimism, promote the development of adaptive coping strategies thereby reducing psychological distress and behavioural instability. This is why psychologically informed alliances between frontline staff and clients has always been at the heart of the

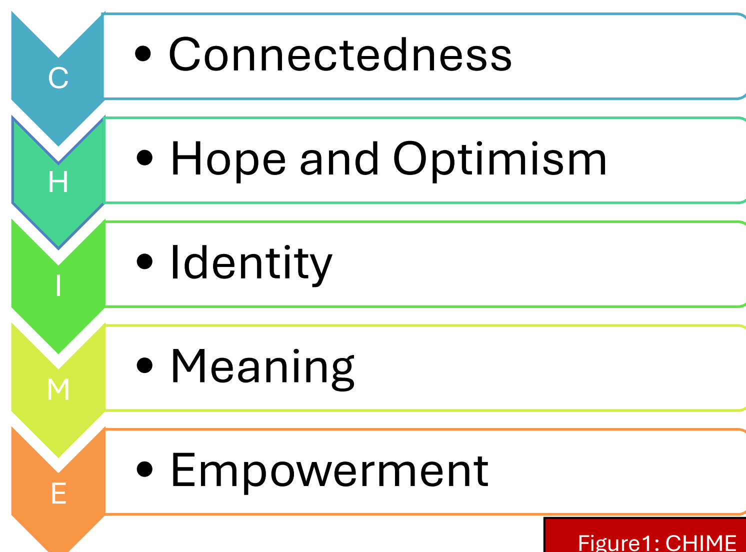


Figure1: CHIME

PIE approach. It is argued that positive outcomes for RSI clients should not solely rely upon specialist mental health input, but can be achieved by optimising opportunities to enhance CHIME recovery factors (see Figure 1; Leamy et al., 2011) within the day-to-day social interventions between support staff and their clients.

Furthermore, PIE in practice is not confined to traumatised clients, but harnesses the personal and professional expertise of staff, within which PIE becomes ingrained into organisational culture. An example of this is working with staff and managers to actively promote self-care to mitigate against risks of vicarious trauma and burnout, and recognise benefits for individual well-being on sickness/absence levels.

WMCA Housing First innovative pilot project provided a programme of coordinated housing offers and support to 531 people with experience of rough sleeping and additional MCN. As a component of this pilot, St Basils PIE team delivered PIE Foundation Training and Reflective Practice sessions to HF managers and frontline workers from February 2019 to March 2024. In the midst of the Covid pandemic in 2020, St Basil's secured funding from WMCA for a 12-month RSI PIE Plus contract aimed at increasing mental health resources by further developing PIE beyond HF across the West Midlands region. This was extended the following year (April 2021-March 22), followed by a 3-year contract 2022-2025, further developing psychological interventions directly to RSI teams in order to support the achievement of improving recovery and outcomes for homeless clients.

Since 2020, the PIE Plus programme has trialled additional PIE activities including bespoke PIE training, PIE skills practice workshops, PIE4Leaders, PIE Service Developments, Case Formulation Meetings and Client Clinics. These are described in detail in L&E RSI PIE Plus Reports, 2021, & 2022. Furthermore, 6 monthly L&E reports have been compiled for each six-month period since March 2022. Learning from the first two years, resulted in the formation of PIE Partnership Days (PPDs) at the core of the new contract, with mornings for staff and afternoons dedicated to offering a more direct service to clients. A DBT-Informed "Living Wise Group" was also piloted in Birmingham. Additionally, a Homelessness Prevention Workshop was commissioned aimed at increasing a psychological understanding of homelessness to a wider group of people.

In section two, this report provides the most recent evaluation of PIE Foundation Training, and a new initiative of PIE4Resilience for Housing Officers, Birmingham City Council (BCC). In further sections, it will provide an overview on the tangible impacts and learning from the RSI PIE Plus Contracts, and consider how this evidence can be utilised to inform how health systems could better support homeless clients.

Section Two: Final PIE Plus Developments & Evaluation

PIE Foundation Training - June 2024

As this was the final opportunity to receive training within this contract, it was delayed for teams who regularly participated in PIE Plus, so their new starters could be accommodated. Places were also limited to staff who had some knowledge of PIE through attendance at PPDs and/or had joined teams who could support them apply PIE in practice. This was crucial as there was no subsequent opportunity to provide reflective practice activities. Twenty-eight staff attended the training, with only one failing to complete the pre course questionnaires. Unfortunately, only eight attendees completed post course questionnaires. However, 35 training day feedback forms were received. These evaluations are provided in detail in Appendix One but a summary of the key themes is provided below:

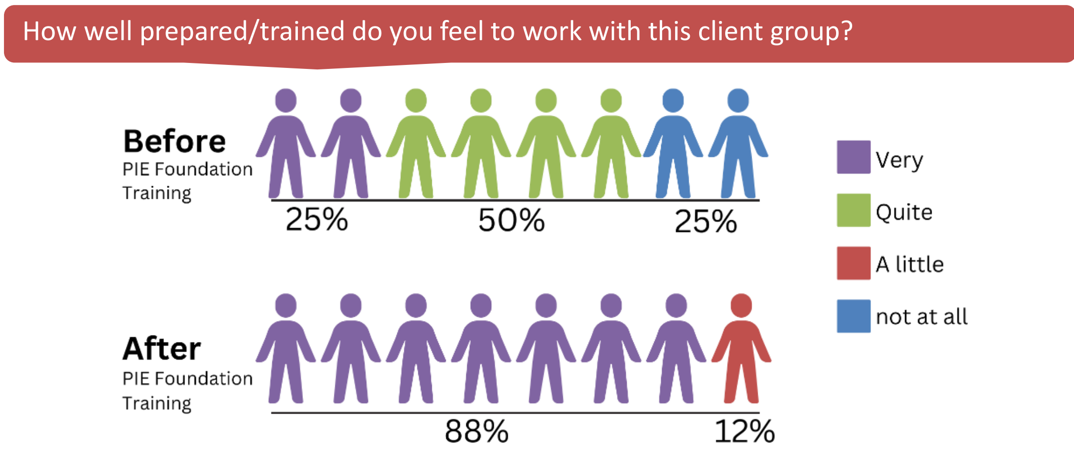
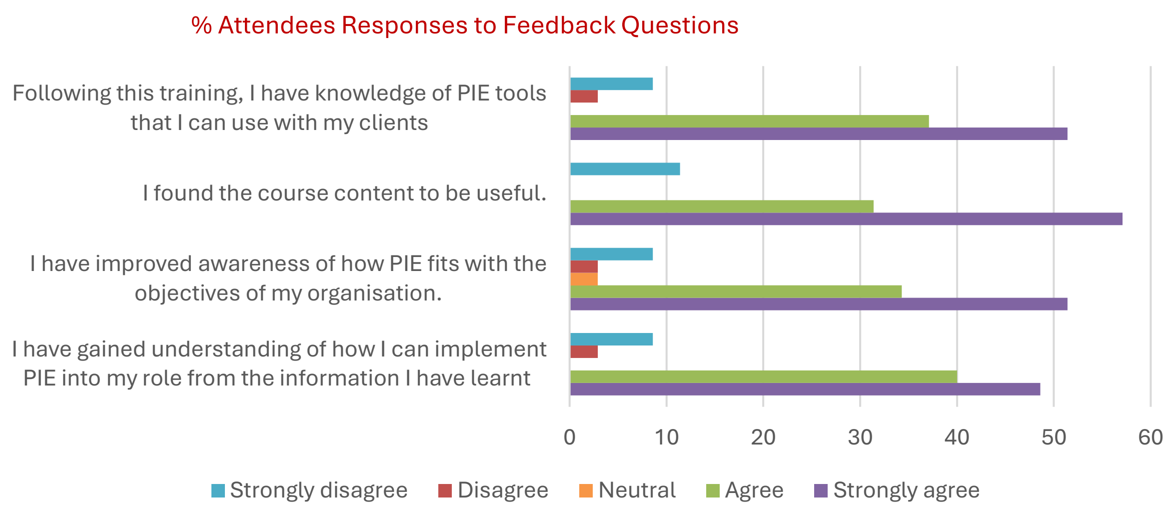


Figure 2: A chart comparing how attendees rated themselves in how prepared/well trained they felt for working with this client group, both pre and post PIE Foundation Training.



What were the 3 most important things you learned?

- Found the chain link exercise really interesting, how formulation can help a client.
- Using trauma informed approach, using the CHIME framework
- Leaving space for both parties to reflect. 80:20 method. SPEAK (self-care element)

What will be most useful in your daily work?

- Plan to go through formulations with my team to look at different ways of doing casework.
- Enhanced knowledge of empathy – not using "I understand" or trying to solutionise.
- The slides I will now use daily

PIE4Resilience

This programme was developed at short notice towards the end of the PIE Plus delivery phase for 100 housing officers and managers from Birmingham City Council. This was in response to a request to enhance staff understanding of a trauma-informed approach whilst developing resilience in the face of increasing demands, more complex cases and diminishing resources. The staff group were split into four cohorts, wherein each person received the following on-line:

One full day training – introducing a trauma-informed approach, managing emotions and keeping calm by prioritising self-care and how to apply PIE skills for effective communication.

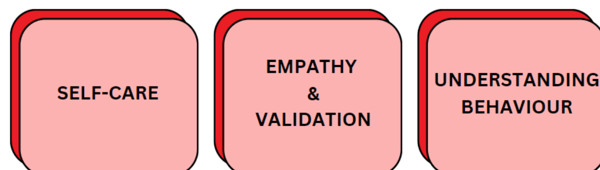
One half day skills-based practice workshop – Introducing the "traffic Light" check-in to build self-awareness, how to de-escalate distressed clients and applying six levels of validation.

Reflective practice – 60-minute session provided participants with the opportunity to reflect on work-related issues from a PIE perspective and to receive validation from their peers.

79 staff attended at least one PIE session. Evaluation response rates are always superior with face-to-face training. Although the response rate tailed off for each activity, the initial response rate of 71 for the formal training was exceptional. Further evaluation data are provided in Appendix 2 and a summary of the key themes is provided below:

Statement	% strongly agreed or agreed
I found the course content to be useful	80.6
I have improved awareness of how PIE fits with the objectives of my organisation	76.2
I have a better understanding of the impact of trauma on those who face homelessness	78

What were the 3 most important things you learned?



- To listen more instead of trying to give my thoughts before someone finishes speaking.
- To also consider the trauma someone may have gone through, a little more, as it's easy to just get wrapped up in your day job and effectively "box tick" your way through the day.
- Understanding underlying trauma and experience of customers and how it shapes their behaviour.
- Learning how to review and reflect on my own behaviour and responses.

- Helping to empower the customer to help themselves.
- How I approach and address combative customers, by validating their concerns, consider their needs.

What will be most useful in your daily work?

- Understanding the flip the lid [emotional management model] and how this can be useful in my job role for understanding both our client's behaviour at times and also that of ourselves and being able to self-reflect about our own experiences.
- Dealing with client's expectations in a limited housing service high demand.
- Understanding and managing client's distress.
- Taking care of myself so that I can better meet the needs of those I support

Additional Comments

"Interactive sessions"

"The breakout rooms were a good idea, it allowed more in-depth conversations in smaller groups. it also helped having a trainer in the room as it encouraged others to share their views"

"Great workshop, very well organised and all

Section Three Part 1: RSI PIE Plus Activity Outputs & Outcomes

Every activity devised through the RSI PIE Plus contract aims to enhance stability and decrease maladaptive coping by clients, through the formation of healing relationships with front-line staff. To do this, staff need to grasp key psychological theories to understand their clients' behaviour and develop self-awareness about their personal contribution to these relationships. Understanding their own limits and prioritising their self-care is essential to this, as is working within an organisational system who applies PIE at every level.

In this section, a brief description of the delivery activities will be given with a summary of the delivery outputs and the principal impacts. In the following section, more detailed data and description of the cumulative and cross cutting outcomes of the WMCA RSI PIE Plus Programme will be described. For a more detailed analysis of the separate activities within individual contracts, please see L&E RSI PIE Plus Reports, 2021, & 2022, and the six-monthly L&E reports compiled since March 2022.

PIE Foundation Training

Description

St Basils PIE Foundation Training comprises a three-day training programme held over 3-4 weeks that provides a comprehensive understanding of Psychologically Informed Environments. At the beginning of HF pilot, training was delivered face to face, but was restructured in 2020 to establish an online version due to the need to adapt to Covid 19 conditions.

The training is based on the St Basils PIE Framework (Skeate & Templeton, 2024) centred around the C-Change Relational Values and PIE Skills Pyramid. This training incorporates learning about trauma, relational and communication skills, psychological understandings of human behaviour and presents the evidence base around creating the conditions for behaviour change. It is designed to enable attendees to understand more about themselves, the people that they work with and best practice for collaboratively working together. Importantly, this PIE model focuses on how you effectively undertake your role, in order to optimise outcomes, so is applicable to a range of roles from frontline work with clients, managers and staff in business support.

Outputs

Including Housing First cohorts, 383 people undertook PIE Foundation Training across the West Midlands Region between 2019 and 2024 years, the vast majority completing the three days of the full course. Course feedback about the quality of training content and delivery was consistently positive.

For some attendees, the online format was not as acceptable as face to face; but with practice by the trainers, people becoming more use to online meetings and the development of online platform tools, the interactivity and experience improved over time. It was also found to be preferred by some attendees, and permitted people from across the region to join together, without spending significant time travelling to a central venue.

Within the psychologically safe training environment, notable numbers of staff disclosed their lived experience of homelessness or other vulnerabilities. Support for anyone experiencing any form of uncomfortable or negative reaction was available and utilised by attendees. However, overall, those with lived experience or other additional needs reported positive experience of St Basils PIE Foundation training.

Impacts

- Consistent Psychological Framework
  The Foundation Training is the bedrock of a PIE approach, and creates a shared paradigm and language amongst homelessness professionals across third sector and statutory organisations. Importantly, this increased consistency of a compassionate, non-blaming and empowering approach to supporting clients. Furthermore, it helps with balancing empathy for the traumatic experiences suffered, but maintains a hopeful perspective that positive change and steps of recovery are possible.

- Upskilling Staff
  Almost without exception, staff reported that the training had increased their confidence to provide good quality, evidence-based support to clients with MCN. This is critical in order to prevent staff from becoming stuck and overwhelmed by clients' problematic behaviours and to be able to persist with those with the most extreme difficulties.

  PIE provides a detailed understanding of methods of working with someone with MCN to promote engagement and collaboration in accordance with psychological research and trauma-informed principles. This helps staff differentiate between evidence-based practice and how we tend to interact with each other in everyday life. For example, PIE training promotes that we override our natural tendency to help someone by instructing them or pointing out reasons for change - tactics that are proven at best to have little effect, or at worst, have a detrimental impact on engagement and increase resistance to change. Similarly, it provides a structure for staff to manage risk, unpleasant or verbally abusive challenges in ways that promotes de-escalation, and reduce likelihood of staff reacting with unhelpful retaliations.

  PIE training also fosters development of reflective capacity, acknowledging no course can confidently provide an exact process of how to meet the bespoke needs of all clients. It recognises that workers need to be able to harness their creativity, adaptability and curiosity in order to collaborate with clients and find ways to progress.

- Improving resilience of staff
  Self-care is a critical part of this training, enabling staff to consider honestly their motivations, impacts of their role and steps to ensure that they maintain their physical and emotional wellbeing in the face of lower paid, emotionally demanding work. Staff who are unable to attend to their own needs, are at risk of burnout, compassion fatigue and find it challenging to put PIE ways of working into practice.

Furthermore, PIE strategies help promote insight that staff only have control over their own behaviour and can act in ways to provide opportunities for change, rather than becoming focused on attempting to control clients. This helps to reduce personal frustrations when clients remain stuck in unhelpful patterns or relapse after making some improvements.

Limitations/Challenges

- When training 25+ people, it is difficult to cater to all preferences and learning styles. Whilst the majority of feedback was positive, the dissatisfied comments tended to be focused on location (having to travel to central venue, or negative views about the venue) or format (both online training and requirement for face-to-face training).

- It was a challenge to meet the needs of a varied audience with different lived and professional experiences, education levels and interests. It was acknowledged that some attendees found the training to be intense and experienced some difficulties absorbing all the material. However, to ensure it was stimulating, worthwhile and valued the pre-existing knowledge and training of many participants, it did require to be at this level. To mitigate any anxieties for some attendees, it was emphasised that the training acted as an introduction to the content and that there would be opportunity for refreshing and applying the various elements.

PIE Plus Indirect Development Activities

Description

It is recognised that even good quality training is unlikely to result in consistent and sustained changes to staff's ability to implement PIE practice. The St Basils PIE approach always considers a clear strategy to enable attendees of Foundation Training to have further opportunities to practice PIE tools, apply skills in real world settings and reflect on how to adapt them to different people and situations.

Initially, there was a reliance on PIE Reflective Practice Groups (RPGs) - monthly sessions facilitated by a Clinical Psychologist to provide opportunities for embedding and maintaining a PIE approach. RPGs were continued for HF staff throughout the programme, but it was it was recognised that for RSI teams, the unpredictable and demanding nature of their work environments resulted in lower attendance rates in the first two years.

Therefore, in consultation with the WMCA, PIE Partnership days (PPDs) were developed for the final two years. Generally, these comprised a morning session of indirect psychological intervention with staff and direct client focused interventions in the afternoon. Each Local Authority (LA) was allocated a number of PPDs based on the size of their homeless population and the PIE psychologist worked in collaboration with LA groups to develop bespoke PIE plus activities. This change meant that RSI delivery providers committed to longer sessions (up to 3.5 hours (in comparison to one hour of RPG) but these occurred less regularly. In larger areas with several delivery partners, organisations discussed preferences and either joined together or received separate sessions.

PIE Plus Indirect Activities included:

- PIE Skills Refresher and Practice Sessions.
- Additional PIE for Mental Health sessions based on topics such as specific diagnostic categories including neurodivergence.
- Bespoke PIE training on applying models to specific contexts such as working with addiction.
- Case formulations and/or case consultations.
- Psychologically informed service development work.

Outputs

In the first year of the PIE Plus programme there were 11 RPGs offered monthly with an average attendance rate of 49%. Although the average attendance remained consistent at 51% across the second year, there was a significant drop-off towards the end of the contract, with increasing cancellations and DNAs. This became problematic to organise, and in comparison, to HF RPG attendance became unsustainable. For comparison HF average attendance was 59% (range 48-78% - taken from 16 randomly selected months across the 4 years).

There were 67 PIE Partnership days offered from July 2022 to April 2024 and all but one were utilised in some way across the WMCA region. In this period, over 100 staff[1] attended at least one PIE Plus indirect activity each year, with many attending more than one PPD.

There were some cancellations/rearrangements required for some of the days, but overall RSI teams better utilised the opportunities to reflect, learn and practice PIE and related topics in this format. Increasing engagement with teams through collaborating closely with them on developing PIE Action Plans at the beginning of the contract and working together to develop a programme that was responsive to the needs of the team/staff was found to be generally more successful.

When in some LA areas, requests for PIE activity lessened, in collaboration with WMCA, the planned resource was repurposed to other groups such as the BCC Housing Workers PIE4Resilience pilot. Through this flexible approach, the PIE programme could be targeted to areas of greatest need.

Feedback and data generated after each PIE Plus activity was overwhelmingly positive and suggestions for improvement incorporated as part of an iterative process. In these forums, groups had more opportunities to focus on the most challenging difficulties they encountered in their support of clients.

Impacts

- Embedding and Maintaining a PIE knowledge and skills
  As described in more detail in the following section, outcomes for staff and clients demonstrate that PIE Plus activities facilitated the transition of theoretical learning into practice. This resulted in a workforce with greater skills to work with homeless clients with

[1] 2022-2023 = 105 attending at least one PPD
2023-2024 = 110 attending at least one PPD

MCN, as well as providing repeated reflection on the need for self-care and to maintain physical and psychological wellbeing.

- Framework for further Organisational Development
  Directly and indirectly, PIE Plus activities encouraged teams and services to assess themselves against a PIE framework and to design and implement a strategy that fitted with their priorities and delivery targets. This resulted in an active partnership between the PIE team and RSI services in terms of psychological evidence-based developments as opposed to being a passive recipient of training.

- Increasing Team/Network Cohesion and Mutual Support
  An indirect impact of the PIE Plus activities, was that teams created a reflective space to connect, communicate support in the face of challenging situations and value each other's strengths and talents. Furthermore, where two or more teams came together as part of a LA group, this provided an opportunity to learn more about the other service and consider how to work effectively together.

Limitations/Challenges

- Whilst attendance, buy-in and participation improved with the introduction of PPDs – there was still variability across the LA region, from one LA not participating at all, to LA areas which negotiated additional resource based on their consistent commitment to the programme. Some of this variability could be attributed to managers prioritising time to attend to practical arrangements such as considering staff rotas, encouraging staff to prioritise a PIE event and organising a suitable venue.

- A small number of PIE Partnership days were cancelled or rearranged at short notice and at times, it required persistence from the Assistant Psychologist to involve managers in the planning and organisation required to make the sessions effective.

PIE Activity for Managers/Leaders

Description

Since the early inception of PIE in 2011, it has been recognised that managers and leaders are critical to the success and cultural shift to a psychologically informed organisation. Forums are imperative for leaders to come together to reflect on challenges from a management perspective, have confidential discussions with others in a similar role and consider how to role model PIE principles.

In the first two years, cross-organisational managers RPGs were created for this purpose, in addition to PIE4Leaders training opportunities. When RPGs were replaced with PPDs for frontline staff to improve engagement, managers across the region explicitly requested that managers RPGs were continued, due to the value they placed on these reflective spaces. Therefore, two groups were created, one for senior managers and a second for team leaders. As these included invitations across the region, groups remained online for everyone's convenience.

In addition to RPGs, based on requests, other PIE indirect activities were provided in different LAs. These included:

- PIE4Leaders workshops
- 1:1 PIE management supervision
- 1:1 sessions with managers (ad hoc) based around a specific situation or dilemma.

Outputs

Between 2020 and 2022 there were a total of 64 PIE Plus managers' reflective practice sessions. In the year 2020-21, a total of eight people attended, this increased to eleven attending in the following year (2021-22). There were also an additional ten 1:1 supervision sessions held, and a further seven small group (2-3 people) supervision sessions delivered.

In the year 2022-23, two Pie4Leaders workshops were held with a total attendance of twenty people. From April 2022 to March 2024, 37 managers' RPGs were held (19 for senior managers; 18 for team leaders). A total of 7 senior leaders and 12 team leads were invited to attend the groups. Both groups had an average attendance of 3 per session (43% for senior leaders, 25% for team leaders). Despite being specifically requested and feedback being positive from attendees, attendance remained low, particularly dropping off towards the end of delivery in 2024. Conflicts in schedules and service demands were cited as barriers to attendance.

Impacts

- Strengthening the PIE culture across teams and organisations
  Investment in managers and leaders was significant to ensure that they developed confidence and had a deeper understanding of the PIE approach, in order to role model and support their team with changes in practice. This is critical as staff working in a psychologically informed way, often become acutely aware, if the interactions that they have with their managers are not aligned with PIE values and this can cause discontentment and disappointment.

- Increasing the impact of a PIE Approach
  Leaders with good understanding of PIE are more able to influence policy, process and procedures, in order to create a whole organisational PIE approach. Additionally, managers with a good appreciation of the importance of PIE, were more likely to invest in ensuring that their staff team could benefit from RSI PIE Plus activities.

- Improving Resilience of Managers
  Some managers/leaders described feelings of isolation and experienced stresses that could not be shared with the team, and reported that PIE4Leaders activities were helpful in this regard.

- Improvements in partnership working
  Cross organisational RPGs and meetings encouraged a more consistent approach that benefited clients who received services from a number of different agencies.

"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. Having the space with people on the same level as me was particularly good, as I don't have anyone else doing what I do exactly and have felt at times that there's no one who would understand what it's like doing my job. In my group the things people shared and bought to discuss were always relatable and relevant, so it was practical and just as enjoyable was being part of something that always felt like a positive space".

(Senior Manager's feedback on RPG)

Limitations/Challenges

- There was variability in how some managers perceived this offer, however, it did appeal to the majority and was generally well received.

- Competing agendas and priorities did impact on attendance at RPG at times, however, participants generally communicated their apologies, and even with only a few attendees, the quality and depth of conversations was generally high.

PIE Direct Activity – Client Clinics

Description

In the afternoons of PIE Partnership days, direct client activities were available. In LA regions apart from Birmingham, the activity was a client clinic. A client clinic consisted of three x one-hour appointments where clients could attend an individual psychology session with a clinical psychologist alongside their support worker. In order to maximise the efficiency of the clinic, where clients were unavailable, there was an expectation that the support worker continued to use the time for a case consultation.

Psychological and physical safety of all parties was paramount in the delivery of client clinics. Appointments always started with a clear explanation to clients and support workers of the purpose, voluntary nature and limitations of the session. It was explicitly stated to clients that they had complete control about what the chose to disclose or discuss, and that neither the support worker or the PIE Psychologist would put any pressure on them to do or say anything that felt uncomfortable.

In the event of a client disclosing harm to self or others, it had been agreed that the support worker would follow their usual safeguarding procedures and contact statutory services as required.

Outputs

This direct PIE plus activity did not occur in the first year of the contract due to Covid restrictions, and only one was scheduled in year two. However, 149 clinic slots were offered from 2022 as part of the PPDs. Of clinic sessions planned 115 (77%) were utilised in some way, with 70 (47%) attended by clients accompanied by their support worker, with a further 45 (30%) used by support worker alone. Therefore, this model resulted in a relatively low amount of time not utilised as planned. Of note, as the location of the client clinics were generally within RSI bases, the Clinical Psychologist never experienced any completely unused time, as staff tended to take up the opportunity to discuss informally a relevant issue.

Without exception, clients who attended seemed accepting (or even welcoming) of the presence of their support worker in the psychology session. Non-attendance seemed likely linked to a client's general ambivalence or chaotic lifestyle, and there was no evidence to support the hypothesis that non-attendance was related to clients wanting a private session with the psychologist alone.

It also transpired that for many of the appointments, engagement with the PIE Psychologist was enhanced by the presence of the frontline worker. This is understandable as support staff are the people with whom clients have built rapport and trust. This resulted in clients talking quite openly about their difficulties and experiences. Furthermore, the support worker often facilitated the appointment by providing a synopsis of the client's experiences/needs and wishes (with permission from the client). This expediated the engagement phase of the session and permitted clients to prioritise their own goals.

Impact

- <u>Clients benefited directly from mental health expertise</u>
  The achievement of bringing direct psychological expertise to many clients who struggled to access MH clinicians in traditional services demonstrates the benefits of working closely in partnership with PIE trained RSI staff.

- <u>Additional assessment information increased understanding of client's needs</u>
  The addition of the PIE Psychologist's direct input with a client, often complimented the existing knowledge of the support worker, in addition to providing some reassurance that the client had had an opportunity to be assessed by a MH professional.

- <u>Upskilling frontline staff</u>
  In observing the PIE Psychologist interact with their client and draw upon PIE skills and approaches, support workers reported an increased ability to replicate the approach following the session.

- <u>Client, support worker and psychologist collaborated together to improve wellbeing</u>
  For all the appointments attended by clients and support workers, both parties invariably left each appointment with a different or enhanced perspective, and clear action plan going forward.

- Efficient/effective use of MH resource
  Whilst there were a few occasions when the same client met with the PIE Psychologist more than once, for the most part, one-off sessions achieved tangible gains in understanding and development of an action plan within a 60-minute appointment.

Limitations/Challenges

- Whilst DNA rates were low relative to expected figures for this client group, even including the offer of case consultations with staff, some of the time was not formally utilised.

- The PIE psychologist did encounter some differing expectations from staff to this approach. The setting of the client clinic was always carefully considered, to ensure that it was acceptable to clients, afforded privacy and in the unlikely event that assistance was required, was not too remote from others. However, some staff expressed preferences that the client should be visited at home or on the street by the PIE Psychologist. Whilst psychologists in some roles, would outreach clients for purposes of engagement, this was not the objective of this offer.

PIE Direct Activity – Living Wise Group Programme

Description

The Living Wise Group is a Dialectical Behaviour Therapy (DBT) informed skills group that teaches people strategies to build lives worth living. The primary focus of the group is to support individuals in making better choices by managing strong emotions. It has a forward-looking approach aimed at building stability, rather than exploring traumatic experiences or maladaptive coping. The group was designed following feedback from RSI delivery partners that they wanted some direct psychological interventions for their clients. This programme is often used for people who have experienced trauma and are struggling with stabilization, addiction and effectively utilising support.

Birmingham was chosen as the test site for this intervention, and was organised in place of Client Clinics. The reason for this was twofold – firstly Birmingham had a specialist Mental Health Homeless service for Rough Sleepers provided by Birmingham and Solihull Mental Health Foundation (NHS) Trust, so the PIE team were keen not to duplicate resources. Secondly, RSI organisations in Birmingham stated that they were keen to trial this aspect of the contract.

The innovative aim of this group is that, similarly to the client clinics, support workers were asked to attend with their clients. The intention was that staff and clients could learn the skills together and that staff would develop the confidence to support clients to embed skills in real world settings between group sessions. For example, to use mindful breathing exercises when feeling overwhelmed or frightened.

Outputs

Initially, the group was offered, on a fortnightly basis, between November 2022 and March 2023, hosted at an accommodation project for adults with a history of Rough Sleeping and MCN. The organisation agreed that non-residents were welcome to attend when accompanied by support workers, although this never happened.

Attendance lacked consistency: clients' attendance at sessions was sporadic, with only one client attending regularly. Similarly, only two staff regularly attended when they were on shift, but midway through, one of those changed roles and was not replaced in the group.

To improve attendance, various strategies were employed: increased advertising; using professional networks to garner support; liaising closely with managers of the project who were very keen on the concept; rebranding the group to emphasise benefits for clients and staff.

Additionally, it was hypothesised that fortnightly sessions (rather than weekly) might be contributing to a loss of momentum, so in January 23, the PIE team arranged for an Assistant Psychologist to host a skills practice group between the main sessions. However, this change had no impact on attendance.

In consultation with WMCA, it was agreed to retrial the group at SIFA Fireside in April 2023, a homeless support service. The hope was that this would act as a central hub encouraging more local RSI services to get involved. This ran from April to September 2023, but in spite of significant efforts to launch and sustain the group, only one client attended initially with a member of staff. When this staff member moved on, no-one took her place in the group. Even though client numbers improved, gaining consistent attendance proved challenging. A final attempt at re-booting the programme from January 2024 proved unsuccessful.

	Living Wise Gp Sessions Only	**Living Wise Gp + Skills Practice Sessions**
No. of Groups	26	51
Number of clients who attended one or more sessions	14	14
Number of staff who attended one or more sessions	10	10
Average client attendance	2.1	1.7
Average staff attendance	0.65	0.4

Impact

Acceptability of content: Clients often expected to be asked about their histories but responded well to the focus on skills development. Feedback about the content of the group was positive and helpful from the few clients who attended more than one session, but attendance was generally too intermittent to draw any conclusions.

Limitations/Challenges

Whilst the content of the DBT-informed group has a good evidence base, regular attendance is necessary to discern any benefits. We hoped for continuity, and although there were flashes of this, there appeared to be too many factors that interfered with regular attendance. This is

consistent with a similar DBT skills group (for homeless clients only) reported in the national Psychology in Homelessness Network (Oct 2023).

It was anticipated that regular staff attendance would encourage clients to attend and provide them with support for skills practice between groups. It was also hoped that the programme would upskill staff so that other clients could benefit from learning the techniques. However, services seemed unable to commit staff to this endeavour and these anticipated benefits were not realised.

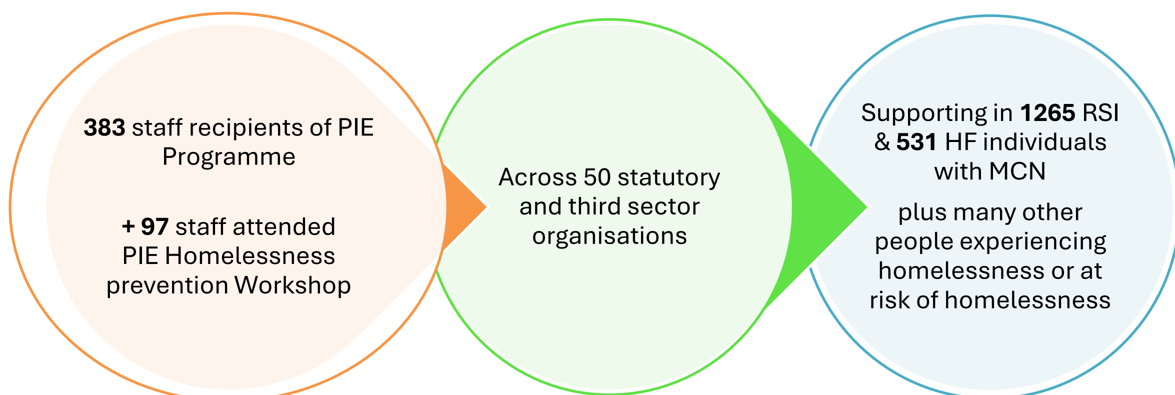
The clients who attended more regularly appeared to get used to the very small group size and required support to adjust to larger groups when these occurred.

Given the challenges of attendance of this aspect of the contract, we would suggest that it should only be re-tested, if there were strong indicators that services can commit staff to regular group attendance. Attendance by clients may also be enhanced with some dedicated individual work initially. Alternatively, it might be more successful if the client clinic 1:1 structure was employed, at least in the first phase.

Section Three Part 2: Overarching Impacts

Headline Figures

Across the Housing First Programme and WMCA RSI PIE Plus Delivery 383 frontline staff and managers, from 29 different organisations, took part in PIE Foundation Training. These and other staff participated in RPGs and/or PIE Plus activities to embed and sustain a psychologically informed approach. Given that 1265 individuals were supported by RSI organisations (2023/24[2]) and 531[3] individuals with histories of Rough Sleeping were involved in the region's HF programme, it is evident that the numbers of people with significant MCN receiving support from PIE trained staff was significant[4]. In addition, another 97 staff across 21 organisations attended PIE Homelessness Prevention Workshops in Autumn 2023[5]. A table of organisations involved with WMCA RSI PIE Plus activity can be found in Appendix 3.



Cross Cutting Learning

At the end of the RSI PIE Plus delivery phase, separate focus groups for frontline staff and managers were hosted in Birmingham, Coventry and Wolverhampton. The primary aim of these was to capture evidence of the impact of PIE Plus activities upon clients, staff, and the organisational culture. Summaries of the focus groups are provided in the Appendix 4, with key evidence presented below.

Evidence of Applying PIE learning and impact on Client Outcomes and Recovery

Recorded via evaluation forms and through case studies, there were countless examples of HF/ RSI clients who had benefitted from staff applying PIE skills in their work. There were examples of empowering clients to address their substance misuse, develop independent living skills and become less dependent upon services for support. There were instances of clients being reunited with families, and of being granted custody of their children. Many individuals were

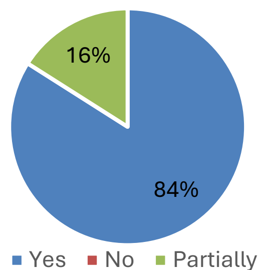
[2] WMCA Rough Sleeping Initiative 2023/2024, Key Achievements and Learning Report, July 24.
[3] WMCA HF Steering Group - Month Briefing Note April 2023
[4] These figures will include individuals receiving support from both programmes.
[5] See Homeless Prevention Workshop Feedback Report (2023).

supported to engage in active behaviour change, for example learning to get their needs met in more socially acceptable ways. Fundamental to these changes were the trusting relationship formed between client and frontline workers, underpinned by empathic listening and validation. There were also examples of implementing individually tailored harm minimisation plans that arguably extended the life expectancy of some service users. Clients gained insight into their difficulties through collaborating on the development of formulations and were able to benefit from motivational conversations and problem-solving skills.

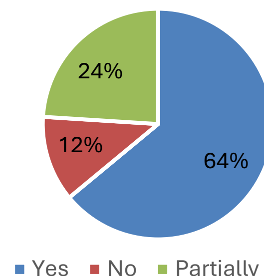
In addition to the focus groups, staff provided feedback about specific clients[6] who attended client clinics, or who were considered during indirect PIE Plus activities. Although collecting this data proved challenging at times, by June 2024, response rates had dramatically improved with data being received for 25 clients for the preceding six months. The results presented below are worth celebrating because they typically represent the most entrenched and complex clients, who have not made sufficient progress to have discharged from HF or equivalent intensive support programme.

Overwhelmingly, staff reported that PIE activities had improved their understanding of their client's needs and, in many cases, recognised that these processes had improved engagement between staff and client.

Following PIE Plus activity …
I [Staff] have an improved understanding of my client's needs

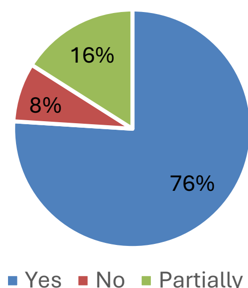


Following PIE Plus activity …
There is improved engagement between staff & client

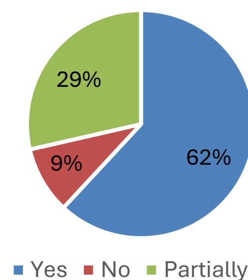


Furthermore, many staff rated an improvement in applying a key psychologically-informed skill – validating someone unconditionally - which has positive impacts on engagement. Similar percentages in clients maintaining their improvements were observed.

Following PIE Plus activity …
I [Staff] am better able to validate client's experiences to foster better engagement



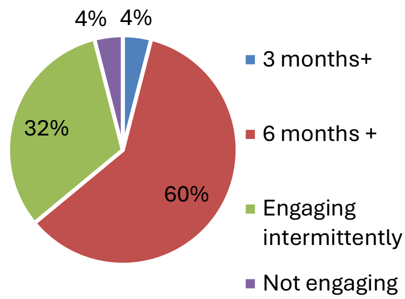
Following PIE Plus activity …
Client is able to maintain changes with adequate support network in place



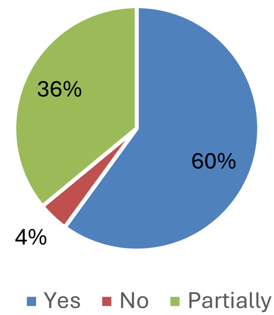
[6] Clients' identity was protected in this process by using codes to ensure anonymity.

Periods of continuous staff engagement was rated as 60% for staff who had been supported via PIE consultations, with a further 32% rating engagement as at least partial. Significantly, 96% of staff rated at least partial improvement in collaboration between staff and client in developing a shared understanding of the formulation of the client's needs and barriers to recovery.

Consistent Time that Client has engaged with keyworker



There is improved collaboration between staff and client in developing a shared understanding [formulation]



Three case study examples are presented below of Client A, Client B and Client C. These demonstrate in more detail the application of PIE skills as part of the RSI PIE Plus programme. The first are powerful illustrations of the importance engagement and working collaboratively with a client to achieve their goals. The third example helps demonstrate how PIE can be effective in supporting staff to maintain their optimism and motivation when working with clients with entrenched difficulties.

Client A

Overview of history and complex problems:

At the point of referral, Client A was living a chaotic life, experiencing violence, mental health deterioration, involvement with police and prison, and deteriorating relationships with family. Client A felt a long way from achieving goals around housing or any other area of his life.

Police directed Client A to support services and began addressing some of his issues including reducing his alcohol use. Client A was very wary and distrusting of services when he first accessed Housing First. Client A stated that hearing that he had a chance to inform where he lived and what features to include on his property resulted in increased buy in and incentivised him to address his issues further.

Client A did not accept his first housing offer, but immediately accepted the second due to its location, garden space and the sense of safety he felt seeing the property for the first time.

Specific approach and PIE skills or frameworks that supported the work with this client

Client A's wishes were at the centre of his own support plan, empowering him to make the critical decisions to determine his housing situation, his wider behaviours and actions, and essentially determine his future.

The Navigator [support worker] used the traffic light tool (staff self-care aid) and 'flip the lid' (neuropsychological model) to explain to Client A the benefits of being less reactive and more informed with how he approaches things.

There have been a number of lapses along the way and things have not always been plain sailing. However, staff always ensured Client A had a psychologically safe environment for him to openly share his issues and where his concerns were always validated. Support was structured in a way that kept a sense of perspective on Client A's early experiences and how they impacted on his current difficulties.

Outcomes of applying PIE skills for the client and staff. Include any other wide-ranging impacts of the team and/or other clients

Empowerment and self-regulation skills have improved. Client A has learnt not to be so reactive and instead pause when agitated, no longer 'flips the lid', and is able to understand the perspective of those around him better.

Client A also seems to benefit from seeing PIE in practice by me [support worker] and as an advocate, passing on wisdom and providing positive regard.

Client B

Overview of history and complex problems:

Client B, a white male in his fifties, became homeless after the death of his parents when he was in his late 30s. He had an offending history and alcohol dependency. Housing was challenging as he was on the sex offenders register and had history of assault. When housed, the client would frequently become irritable about other residents, often over noise issues or perceived threats. This led to outbursts and leaving the accommodation, either through choice or eviction. Client B was perceived as aggressive and confrontational by support staff. He would engage with helplines, or support services, but struggled to apply the support to effect change, often demanding assistance when he felt it was urgent ('you need to house me today') but found it hard to understand the various steps required to get to the end goal (e.g. getting housed).

Specific approach and PIE skills or frameworks that supported the work with this client

Client B began working with a community engagement officer who spent time getting to know him. This worker couldn't offer much tangible support (e.g. new housing options), but was able to use the PIE Pyramid skills, working up the chain of listening, validation and exploration of issues. Over time, the worker learned about the client's background, and childhood. This allowed for a more empathetic approach. The client had spent time in 'special schools' as a child and had been hugely dependent on parents. After their deaths, the client had coped by increasing his alcohol use. The worker used the steps of validation, so that the client began to develop trust and rapport with them. The worker understood a bit more about some of the reasons for the client's behaviour and was able to reflect this to the client and over time he showed increased signs of self-awareness. The client described himself as being able to be 'a bit of a bully', to get the support he wanted. He described knowing that he 'knew how to frighten people'. At the same time, he described being very frightened of others. The worker reflected back that when the client became more aggressive, especially when frightened, this made him less likely to get the result he wanted. The client acknowledged this and showed increasing ability to take responsibility for behaviours such as shouting and making threats. The worker introduced the idea of the 'wise mind' (DBT Skill) with the client, and the client found this helpful.

Outcomes of applying PIE skills for the client and staff. Include any other wide-ranging impacts of the team and/or other clients

At the present time, Client B is less reliant on services in general and more able to engage in targeted support as a direct consequence of possessing more self-awareness, taking responsibility, and demonstrating resilience. He became able to manage his frustrations with other residents and recognise that managing these feelings was key to maintaining a tenancy. When the client did become frustrated and exhibit confrontational behaviour, the worker was able to challenge that behaviour and demonstrate that they understood the reasons for the frustration, but that the behaviour was not acceptable. The client showed improved ability to 'return to baseline', more quickly able to get over any frustrations and return to the 'wise mind' state.

Client C

Overview of history and complex problems:

Client C was referred to HF when he was living in a car in a scrap yard and was being exploited for cheap labour. He was withdrawn and shy and showed very little enthusiasm for social interaction. By liaising with family, we learned that the client was raised by his mother and had no contact with his father. He attended a special needs school and started to experiment with drugs from the age of twelve years. This led to him exploiting his mother before living with his older sister. This broke down because of him stealing to fund his drug use, associated with cannabis and crack cocaine. He has received short term prison sentences for shoplifting.

Specific approach and PIE skills or frameworks that supported the work with this client

Client C has worked with three support workers over the years, and all have found it difficult to engage him, or motivate him to engage in meaningful activities because he continues to be in the "pre-contemplative" phase [i.e. problematic behaviour is not a priority for the client] of the cycle of change, and thus, prioritises his drug use and offending behaviour. Nevertheless, PIE has enabled the support workers to manage their frustrations and persevere in engaging with him to sustain his tenancy, by considering the impact of adverse childhood experiences within the context of his learning difficulties, and focus on empathic listening and validation to build rapport. Through trusting them, he agreed to attend a client clinic with the PIE psychologist on two occasions. The support workers have also benefited from considering their own expectations and limits, and how to apply elastic tolerance [a flexible but boundaried approach] in order that they have strategies for keeping their own "stress bucket" from overflowing.

Outcomes of applying PIE skills for the client and staff. Include any other wide-ranging impacts of the team and/or other clients

The client now has had his own tenancy for around two years but continues to require considerable support to maintain this, in the context of his drug dependency and poor motivation. Ultimately, the current support worker suggests that the PIE skills have helped him to understand the client better by looking at things from a different perspective. By considering his [staff] own needs he has also been able to guard against compassion fatigue towards the client and reduce the risk of burnout.

Enduring Impacts

Throughout the various incarnations of RSI PIE Plus, frontline staff have had the opportunity to attend PIE Foundation Training, RPGs, PPDs, client formulation and case consultations and client clinics. Every activity was evaluated at the point of delivery and previous L&E reports have summarised how feedback about the quality of output has been overwhelmingly positive.

Nevertheless, the focus groups were the best opportunity to gauge whether optimism following each activity had translated into longer-lasting positive changes in practice and better outcomes for clients, staff and organisations.

During focus groups, staff and managers described impacts that focused on six main themes as follows:

Increased applied knowledge and skills for frontline staff

Staff recalled how specific workshops on PPDs had introduced them to new topics, brought them up to date with current thinking and gently challenged unhelpful perspectives. These included a focus on mental health and neurodiverse conditions, and consideration of how psychological distress could manifest in a variety of ways. Some staff highlighted how this benefitted their clients directly. Others reflected on how certain topics were also relevant to their personal lives. The practice element of each workshop also meant that PIE skills could be refined, such as empathic listening and validation or in collaborating in the development of psychological formulations. Staff shared experiences and benefited from peer support during these activities. This meant that they were able to learn from each other, gain reassurance that they were doing a good job and build confidence.

Formulations and action planning were also skills enhanced through participation in client consultations. Role modelling of the application of PIE skills was observed first hand by staff who accompanied their clients to clinics. For instance, one staff member spoke about feeling more confident in exploring client experiences, after witnessing the PIE psychologist asking a client about hearing voices. Another staff member appreciated how useful sharing the "cycle of change[7]" could be to clients and family members to normalise lapses in a way that could enhance openness when setbacks occurred.

The focus groups attended by managers, confirmed the positive observations of frontline staff, with regards to PIE practice and described positive outcomes for both clients and staff.

Enhanced managerial and organisational support

The staff who participated in the frontline focus groups understood that managers would attend their own group and viewed this as evidence of the "whole organisational approach". Although no organisation is perfect, most staff felt that their managers understood them and that they belonged to a PIE organisation that adopted a trauma-informed, strengths-based, person-centred approach for staff and clients alike.

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[7] Prochaska, J.O., & DiClemente, C.C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51 (3), 390-395.*

Improving resilience with a PIE focus on staff well-being

The support from managers, alongside their involvement in the RSI PIE Plus contract has also been a critical component in recognising the importance of self-care. Whilst most staff admit to this being a "work in progress", few were in any doubt that taking good care of yourself was a necessity to have an enduring career within this field. One staff member spoke about the benefits of participating in yoga on a daily basis, and how she had been asked by her colleagues to set up a weekly yoga group for them.

Amongst HF/RSI managers, a common theme from the focus groups, were the benefits that adopting a PIE approach had on staff sickness and retention in comparison with other organisations they worked alongside. Managers were convinced that in spite of working with such a difficult and complex client group, team cohesion was very strong, staff turnover was less than other services, and sickness rates were relatively low.

Additionally, some managers reflected on their potential isolation and having limited avenues of support. This made it difficult to prioritise self-care in every circumstance because they were conscious of protecting their teams from the stresses they faced. In this context, one manager spoke about the value of PIE4Leaders, and summarised a 1:1 Management supervision with the PIE Psychologist as a "brain massage". Others mentioned how valuable Reflective Practice sessions were in providing access to support from peers in other organisations.

Working collaboratively with PIE Psychologist

Building relationships is central to working in a PIE way and thus, staff attributed some of the positive outcomes of the RSI PIE Plus contract to having the opportunity to work alongside the same Consultant Clinical Psychologist for a number of years. They commented on how they built trust in her because she understood the client group, and over time, through her perseverance they increasingly understood the practical applications of the theory.

Creating a psychologically informed organisational culture

Within PIE organisations, managers described employing their knowledge of PIE skills and frameworks to working collaboratively with their staff team to develop a compassionate and reflective working environment. Managers at all levels recognised their influence as role models and understood they played a critical role in establishing and maintaining a psychologically informed culture.

Some managers had already taken steps to embed positive PIE practice through formal service developments and action plans. Reflective practice has been established in some teams and others incorporated a PIE CPD agenda item to their business meeting. Within this, staff took it in turns to conduct a PIE skills refresher. Some teams were trialling wellbeing sessions. In other settings, managers were ensuring that monthly supervision sessions made space for consideration of the staff member's wellbeing. PIE terms have become part of the day-to-day language, such as "flip the lid" and in some team offices, the traffic light self-care model is pinned up and used as point of reference for check-ins and reflections about how elastic tolerance is being applied.

Within Reflective Practice sessions and focus groups, managers spoke about explicitly changing their recruitment processes to assess the intuitive skills, professional and personal experiences

that fit best with a PIE ethos. Within this, many services acknowledge the expertise that is acquired through personal experience. The Lived Experience into Action Project (LEAP) at Good Shepherd in Wolverhampton has led to at least one volunteer gaining a paid position.

A direct goal of RSI PIE Plus activities has been to ensure that positive change in practice is sustained beyond the lifetime of the contract. The hope is organisations continue to integrate PIE into their day-to-day practice at every level of the organisation, thereby influencing policy and procedures, as well as the work on the ground with clients. Whilst some disappointment was expressed about the end of the RSI PIE Plus delivery phase during the focus groups, it was clear that staff had every intention of continuing to work in a PIE way.

Positive impacts on wider systems change

Cross pollination of PIE trained staff

One LA manager claimed that candidates with an awareness of PIE are actively recruited into their Housing Department. Staff also feel that being involved with PIE programmes enhances their opportunities for progression within their organisation as well as similar roles with different services. Such cross pollination is evident to the PIE Psychologist, having conducted PIE contracts over a number of years. She is aware of at least seven staff who have continued to practice PIE across Coventry, Walsall, Wolverhampton and Dudley, despite moving teams and/or areas.

PIE trained staff in homelessness prevention settings

One of the explicit ways in which the RSI PIE Plus contract has aimed to influence systems change has been through the upstreaming of PIE knowledge to benefit individuals who may not have experienced rough sleeping, but face risks to the stability of their home, such as in the development of the Homeless prevention workshop and PIE4Resilience for BCC Housing Staff. The hope was that by raising awareness about the traumatic histories of these clients, staff would be encouraged to apply the C-Change Relational Values[8] (figure 3) and play a critical role in combating the inequalities that RSI clients often face.

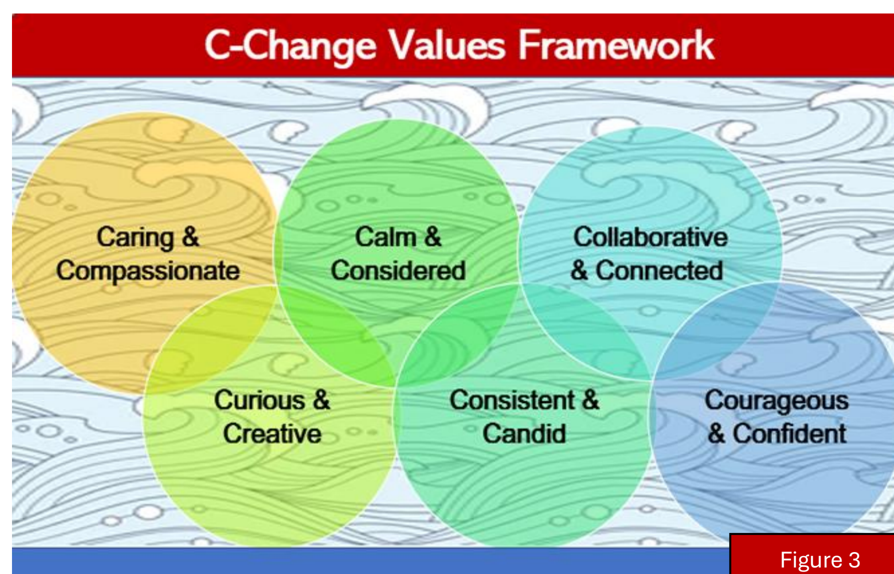

Figure 3

[8] Skeate, A. & Templeton, J. (2024) St Basils Psychologically Informed Environment. In P. Cockersell & S. Marshall (Eds), *Implementing Psychologically Informed Environments and Trauma Informed Care: Leadership Perspectives*. Routledge.

Organisations allocating funding for additional PIE plus activities

Some organisations have demonstrated the extent to which they value having the opportunity of being involved in the RSI PIE Plus contract, by securing funding for additional St Basils PIE training. This has included:

- Coventry Council commissioning a series of PIE Communication Skills Workshops for accommodation providers aimed at reducing evictions
- Birmingham Women's Aid and Cranstoun funded Foundation PIE and RP for non-RSI services
- Tabor Living recently secured a fund for their volunteers to attend PIE Awareness sessions.

Section Four: Summary of Learning and Next Steps

Summary of Learning

1. *Benefits of a consistent, coherent psychologically informed framework.*
   St Basils RSI PIE plus programme highlights the considerable benefits of having a compassionate understanding of people experiencing homelessness which provides a shared language for professionals to make sense of complex, confusing behaviours. Recognising that homeless individuals with MCN will often have experienced significant trauma, adversity and discrimination which contributes to their present situation and health problems, is essential to providing effective services. It is also important that this shared philosophy is strengths-based, seeks to empower clients to make decisions about their own lives and remain hopeful about individuals' capacity for growth and change.

   Of equal importance to the content of the psychological model(s), is the need for the chosen framework to be applied systematically over a sustained period of time and have coherence with other related elements of practice such as MH training and risk management. With over 400 different therapeutic models to draw upon, training programmes often utilise very different terminology and descriptions, although foundational principles are generally similar. If training consists of different models, which vary depending on trainer preference, this can create confusion and understandably become a further burden for support staff. Whilst it is critical that any training model does not become outdated and incorporates the latest research evidence, there needs to be a balance with ensuring sufficient time for applying learning and practicing skills.

   The longevity of the four-year St Basils PIE Plus programme was evident in the outcomes achieved, with staff demonstrating a depth in their understanding and ability to apply skills to a range of situations. Furthermore, this consistent, shared paradigm enabled connections not only between staff within the same team, but across an organisation or even (as in this programme) across a network of homeless support providers.

2. *Upskilling homelessness and housing support professionals:*
   St Basils' PIE Plus approach combined a consistent training programme with strategic development activities to ensure that learning was embedded and maintained. Importantly, the programme does not pretend to teach support workers to become therapists or counsellors. However, it does increase their knowledge of providing support in a way that has therapeutic benefits and optimises the likelihood of change; therefore, improves outcomes for individuals with MCN. Specifically, the PIE Plus approach demonstrates that positive outcomes for RSI clients can be achieved by optimising opportunities to enhance CHIME recovery factors (Leamy et al., 2011) within day-to-day social interventions.

   Significantly, it helps frontline staff gain confidence in working with individuals who behave in ways that challenge, pose risks to others and/or are perceived as socially unacceptable. This results in a workforce who will continue to attempt to engage individuals, find creative ways to mitigate risks and increase the likelihood of breaking cycles of exclusion. Improving

client outcomes and successfully overcoming challenges contributes to job satisfaction for a workforce who typically are passionate advocates for their clients.

3. *Understanding, valuing and harnessing the significant skills of homelessness professionals:* The RSI PIE Plus approach consistently harnessed an inclusive culture of 'Always Learning vs Expert Knowing'. This meant that the provision of PIE Plus activities built upon the significant expertise that homelessness organisations have in engagement, harm minimisation, Information Advice & Guidance (IAG), networking with other third sector organisations and housing systems.

   In addition, it is important to recognise that homelessness staff, with the right training and support, can be active partners with MH clinicians in supporting recovery from trauma and facilitating evidence-based trauma interventions. From employing Herman's model of Trauma Therapy (see Figure 4 below), it can be seen how homelessness staff are in a key position to provide interventions within their existing remit, that relate to phases one and three of this model. Furthermore, staff within these organisations often brought the esteemed benefits of lived experience into both training and partnership working, which challenges systems and provides hope of change to people with MCN.

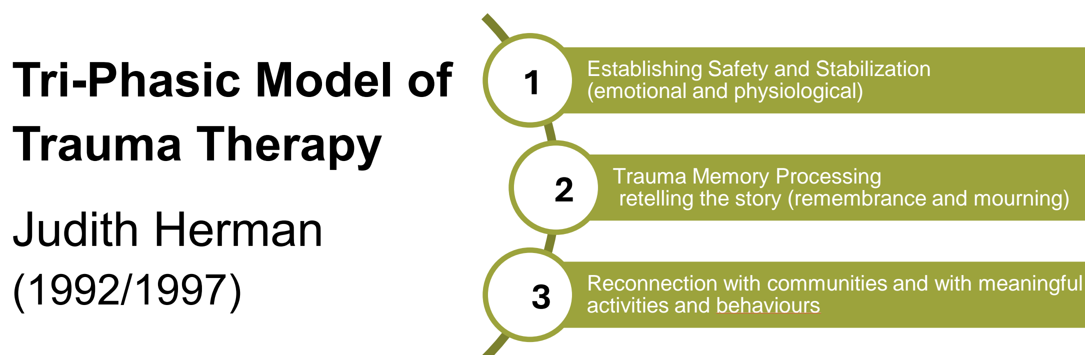

Figure 4

4. *Improving resilience and wellbeing of homelessness support professionals:* It is acknowledged that workers in the homelessness sector are unlikely to receive pay and conditions commensurate with the intensity and emotional toil of their work. In fact, a recent survey found that 80% of respondents reported that they felt at risk of burnout[9].

   Providing interventions that support workers' psychological and emotional welfare has significant impacts on reducing staff sickness and improving staff retention in spite of the continual, challenging climate. It was found that staff who can balance the demands of delivering quality support to their homeless clients, whilst managing their own self-care needs are critical to maintaining service delivery. Moreover, staff who are able to manage

[9] Alex Turner, based on St Martins in the Fields Survey, published in Inside Housing, 19th September 2024

their own psychological needs, are more likely to be able to connect with their clients, keep calm in high pressured situations and cope with frustrations and disappointments.

5. *Implementation of a psychologically informed whole organisational culture:*
There is significant evidence that the PIE Plus programme resulted in organisational changes for many of the RSI delivery partners that go beyond a focus on enhancing frontline colleagues' interactions with clients. Within this programme, managers and staff utilised the expertise in PIE and Mental Health in order to examine processes, policies, practices and procedures. This resulted in transformations at different levels: between clients and frontline staff, staff and their team managers and team managers with senior leaders. When examining impacts in this area, it was evident that individual, organisational changes were often modest; however, arguably, these small, incremental improvements combined over time to result in more significant cultural transformation. Additionally, PIE principles of a collaborative person-centred and strengths-based approach, adapted for systems change purposes, supported empowerment and ownership for different organisations to reflect on and develop action plans that were aligned to their own values and key priorities.

6. *Evidencing effectiveness of a different model of mental health intervention:*
Direct mental health interventions in the form of the PIE Plus Client Clinics, and to a lesser extent the Living Wise group provided evidence that in the right format a mental health resource – in this case a Consultant Clinical Psychologist, could be beneficial for RSI clients with MCN. Additionally, the advantages of the client clinic format resulted in a reduction in DNAs (in comparison to expected rates for this client group) as well as enhanced engagement and openness with the Psychologist in a single session. Key to this was the trusted key worker being responsible for the organisation of the appointment, as well as being present as an active participant during the consultation. Overall, this improved the quality of the assessment, formulation and subsequent intervention plan undertaken during a single session.

   Further benefits were discerned such as reduction of time spent giving a 'handover' to support staff following the session, skills enhancement for the worker in observing PIE skills demonstrated by the Psychologist and opportunities for shared risk management. Given the current demand on health services, this model provides a solution to improving accessibility and acceptability to this and similar client groups.

7. *Demonstrating the benefits of collaborative partnerships between client, health expert & homelessness professional:*
This programme demonstrated the considerable benefits across all aspects of the PIE activities of a mutually respectful partnership between homelessness professionals and a mental health expert. Conscious efforts to equalise power were important to achieve this – an important element was to make time to appreciate and value the considerable skills of frontline staff and their managers gained through lived experience of homelessness/ addiction, work-related learning and formal education. Creating an environment which places significant importance on the attitude of "always learning" rather than "expert

knowing" for both the PIE Psychologist and support workers was crucial. This places the client at the centre of a coherent support plan, and reduced fragmentation of approach.

In addition, it extended into a three-way partnership by enabling clients to be active participants in their own plans.

In conclusion

This programme found that, across the four years, over 400 frontline staff and managers took part in PIE plus activities and supported in excess of 1500 individuals, many 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. Given that the PIE Psychologist worked across six local authority areas on a part-time basis, lends further evidence that this PIE Plus programme demonstrates a cost-effective, but efficacious method of improving mental health and wellbeing that significantly differs from traditional MH 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

Action One

Health services are beginning to recognise the need for their staff to better understand the relationship between marginalised groups such as homeless people and the traumatic impacts from childhood adverse experiences/environments. Encouragingly, guidelines and policies such as Action on Inclusion Health: A National Framework for the NHS (NHS England; October 2023) provide a robust vision for addressing discrimination and marginalisation of these vulnerable groups.

However, guidelines are not sufficient to change perceptions, expectations and behaviours towards these vulnerable people. Too often in real-world settings, instead of perceiving homeless people as vulnerable and recognising their physical and mental health problems and conditions such as neurodivergence; systemic unconscious bias is prevalent, and individuals are blamed and criticised for their situation.

ACTION: 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.

a. Leaders and managers of health services will recognise the structural barriers and negative professional attitudes towards those without a permanent home, which often result in discrimination and exclusion for vulnerable individuals with physical and mental ill-health and experiences of trauma.

b. We need a commitment for health services to actively engage with the framework 'Action on Inclusion Health' to plan a strategy at service/organisational levels to reduce health inequalities for people experiencing all forms of homelessness.

c. For health managers and EDI (Equality, Diversity and Inclusion) leads to develop the workforce so staff hold a more compassionate understanding of homelessness and learn how adopting psychologically-informed practice can provide the foundation for quality improvement projects that can ensure services have equitable access, experience and outcomes for all their clients.

Action Two

Generally, it is agreed that 'silo working' results in poor communication, a lack of integration which leads to inefficiencies, duplication and missed opportunities. The findings of the RSI PIE Plus programme demonstrate that working in partnership not only results in better outcomes for individual clients in terms of improving accessibility of MH provision, but has benefits for staff across agencies. Taking time to understand the strengths of homelessness services, and adopt a PIE framework with a shared psychologically informed perspective and collaborate closely in a trauma-informed, strengths-based approach is critical in order to change existing systems.

ACTION: 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.

a. To recognise the pivotal role, support workers play in the lives of the most vulnerable and disenfranchised people with complex health and care needs and appreciate that lack of understanding of the benefits of good partnership working contributes to wasted resources and poorer outcomes for clients.

b. It is hoped that health and social care staff commit to gaining a better understanding of the role and expertise of homelessness professionals and consider how to improve outcomes for clients by effective multi-agency working.

c. For health and social care professionals to routinely invite homelessness support workers to accompany their clients to appointments and (with the client's permission) include them in assessment and planning meetings.

Action Three

An ambition of the RSI PIE Plus programme was to test out various delivery activities related to PIE and generate evidence for commissioners across the health, housing and social care sector. Whilst not all aspects were successful, considerable learning has been generated to make the case that PIE Plus can be a cost-effective approach for providing recovery focused services to those typically perceived as 'hard to reach'. In particular, it was demonstrated that a PIE Plus approach can result in homelessness staff supporting individuals with complex needs with recovery from historical trauma and facilitating mental health interventions.

ACTION: 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.

a. For commissioners in Integrated Care Boards and Local Government to include PIE approaches as part of their commissioning strategy in recognition that PIE training and PIE Plus ways of working improve effectiveness and ultimately result in better outcomes for citizens who have experiences multiple and severe disadvantage.

b. To commission activities such as PIE training, reflective practice and consultation from third sector organisations (such as St Basils) with experience of delivering and directly implementing this approach.

Action Four

This programme was focused on individuals who were roofless or who had experience of rough sleeping. In 2023, it was estimated that 3069 individuals were sleeping rough on a given night in England. This figure is small, when compared 309,550 people residing in temporary accommodation or hostels across England, with 24,003 of those located in the West Midlands[10]. It is also important to note that intersectionality plays out, for example certain ethnic groups are disproportionately affected by homelessness. Similarly, LGBTQ+, young people and care leavers are more likely to experience discrimination, family rejection and lack support networks resulting in an increased risk of unstable housing.

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[10] Shelter (December 2023) At least 309,000 people homeless in England today - Shelter England

ACTION: Whilst it was beyond the scope of this project, it is believed that this programme provides valuable learning for provision of psychologically informed health and wellbeing interventions to other vulnerable and excluded groups.

a. Evidence of 'what works' provided by the evaluation of this project is transferable to other health inclusion groups who may reside in temporary or unstable housing; for example: people with drug and alcohol dependence, people in contact with the criminal justice system and victims of modern slavery.

b. It is evident that no single agency is able to provide the wide-ranging expertise required to support recovery from trauma and address associated mental and physical health needs for individuals with severe disadvantages. Strategic planners can support better multi-agency working by investing in a PIE approach which creates a shared paradigm and language across both third sector and statutory organisations. For clients, this increased consistency of a compassionate, non-blaming and empowering approach prevents re-traumatisation and maintains a hopeful perspective that positive change and steps of recovery are possible.

Appendices

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4.1 Focus Group Questions

4.2 Brief summaries of Focus Group themes.

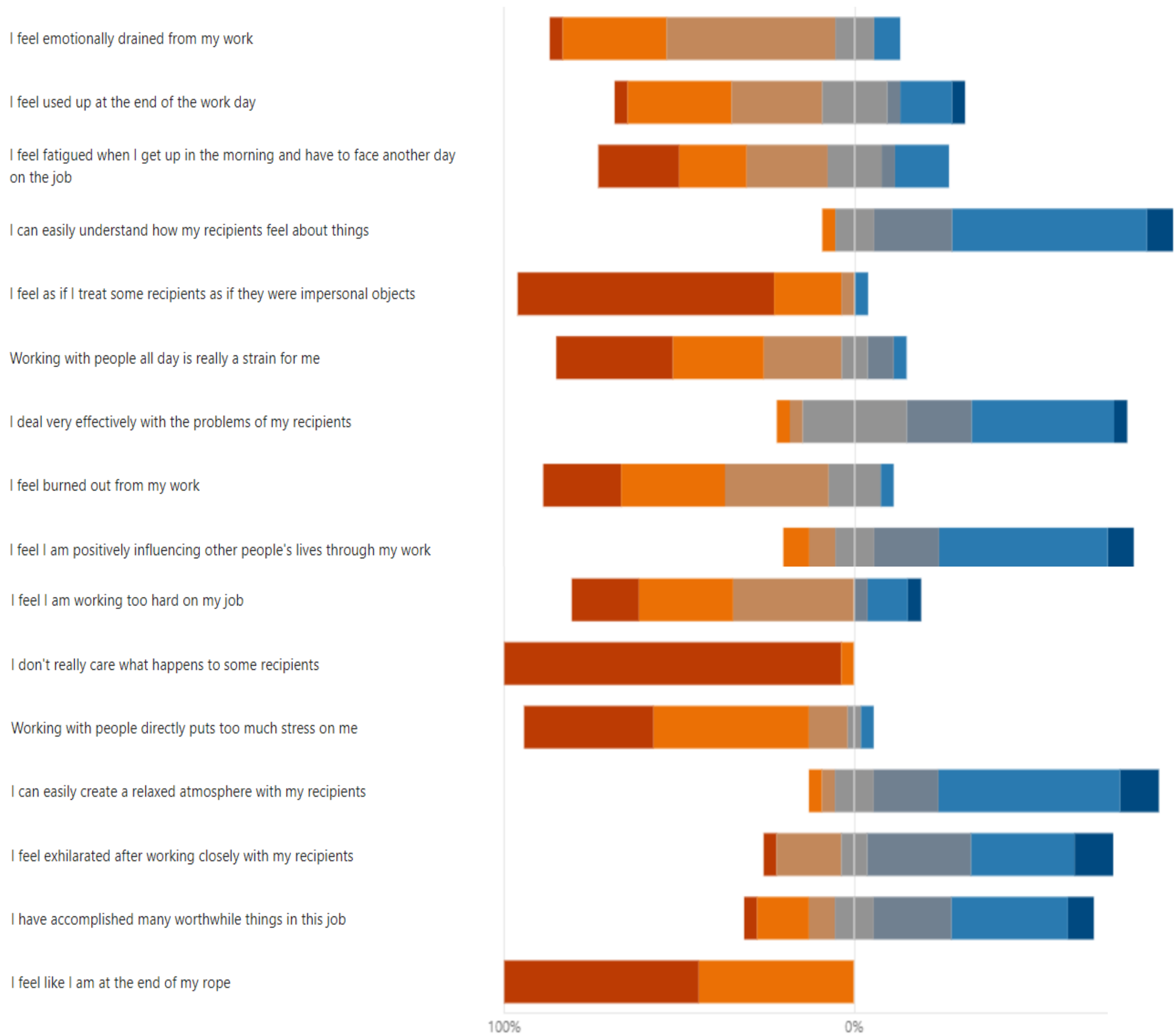
Appendix 1: PIE Foundation Training

1.1 PIE Foundation Training Evaluation Feedback

List of questionnaires provided to attendees both pre and post PIE Foundation Training.

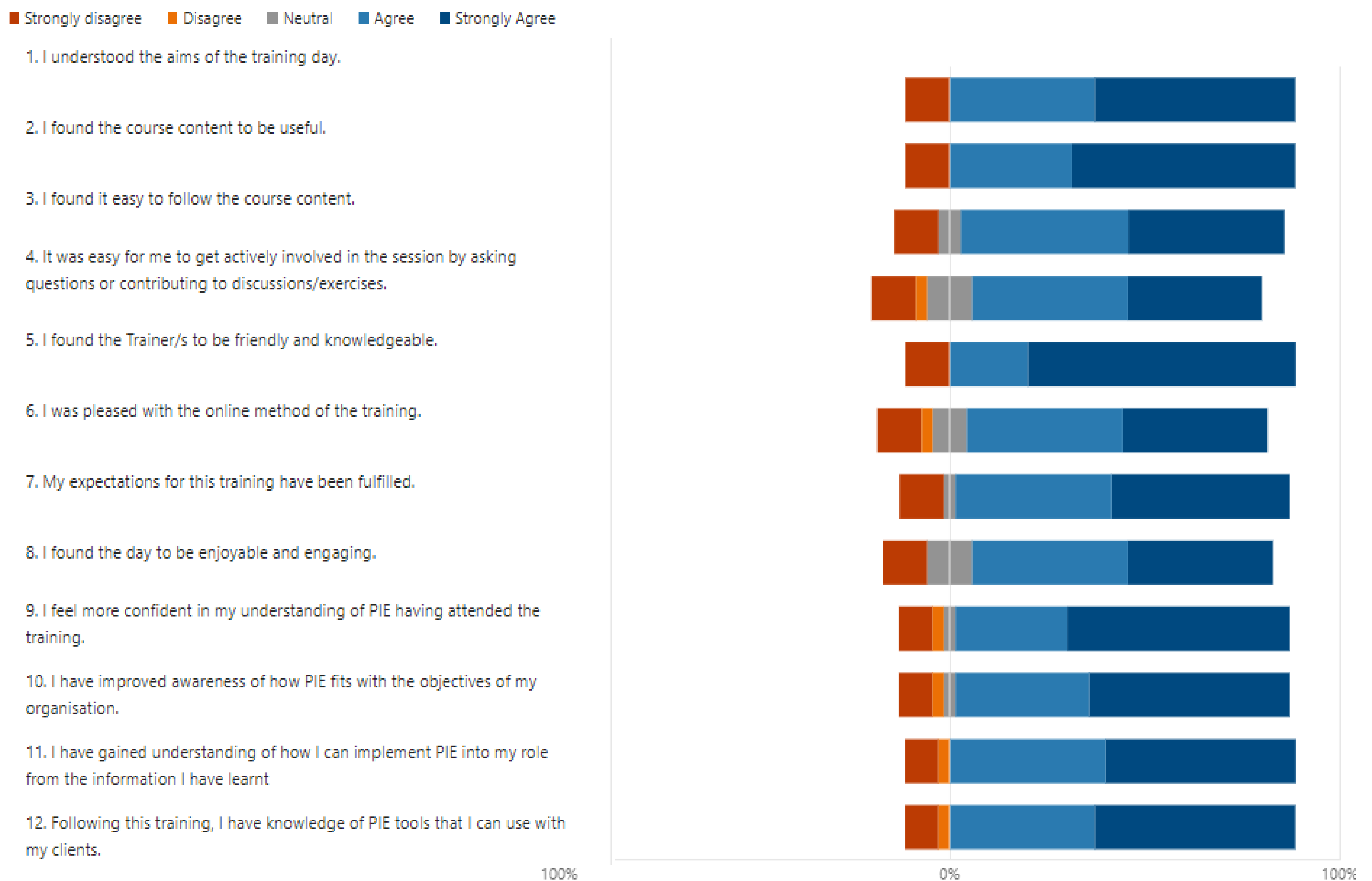
- Skeate, A (2016) Psychologically Informed Environments (PIE) Knowledge and Attitudes Survey.
- IPTS Dorset Healthcare NHS Foundation Trust, Effective Working with Complex Clients Questionnaire.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1997) MBI - Human Services Survey

1.2 Example of PIE Foundation Training Evaluation: Sample of Job-Related Feelings Questions and Responses (MBI - Human Services Survey)



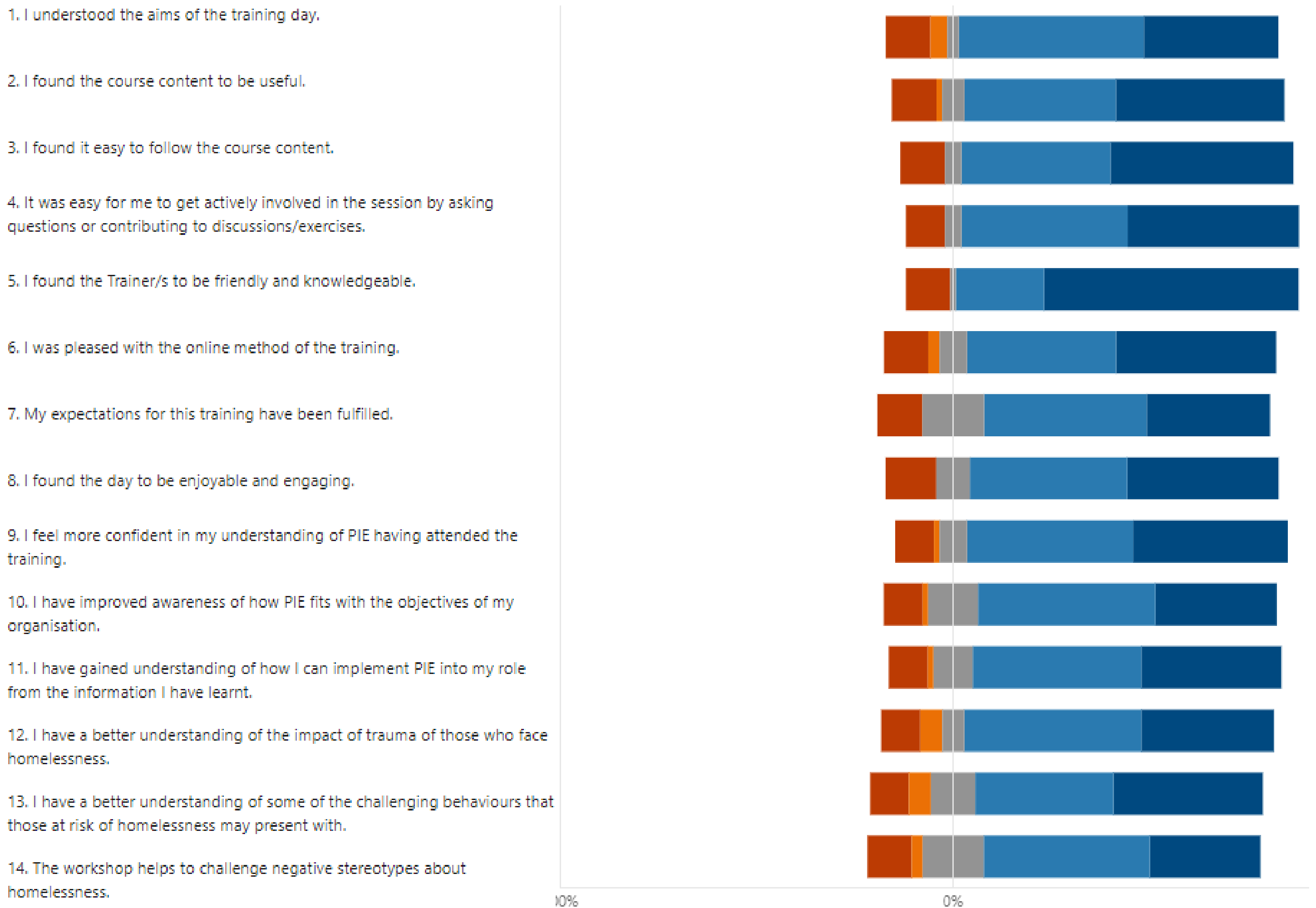
1.3 PIE Foundation Training Day Feedback Summary

In addition to the pre and post training questionnaires, attendees fill out a general feedback form at the end of each PIE Foundation training day. Below is a sample of questions and responses from the most recent cohort.



Appendix 2 PIE4Resilience Feedback Summary

Attendees filled out a general feedback form at the end of each PIE4Resilience activity. Below is a sample of questions and responses from the cohort.



APPENDIX 3 Table of Recipient Organisations of RSI PIE Plus programme

Birmingham	• Shelter • Cranstoun • Trident Group • Aquarius • National Rail • SIFA Fireside • Father Hudsons • As Suffa • Adult Social Care (ASC) • Spring Housing • Green Square Accord (GSA) • Birmingham and Solihull Womens Aid
Solihull	• Fry Accord • Aquarius • Solihull Integrated Addiction Services SIAS
Walsall	• Walsall Council • YMCA
Sandwell	• Fry Accord • Sandwell Council
Dudley	• Dudley Council • NSA
Wolverhampton	• Good Sheperd • Wolverhampton Council • Enterprise Home Group • Refugee and Migrant Centre (RMC) • Change Grow Live (CGL)
Coventry	• Brighter Futures • Refugee and Migrant Centre (RMC) • Destitution Team • Coventry Council (CIA) • Salvation Army • Mental Health Systems

<table>
<tr>
<td>Organisations attending Homeless prevention workshops</td>
<td>

Mind
Hollbrooks Community Centre
Aquarius
HM Prison and Probation Service
Orbit
FWT – A Centre for Women
St Francis Employability
Coventry City Council
Gateway Family Services
Onside Advocacy
Black Country Housing Group
My BNK
Department for Work and Pensions (DWP)
Coventry and Rugby GP Alliance
Midland Living CIC
Birmingham Voluntary Service Council (BVSC)
KIKIT
NHS
St Giles
CAB
YMCA Worcestershire
Dudley Council social Care
Change Grow Live CGL
Spring Housing
SIFA
West Midlands Combined Authority (WMCA)

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Appendix 4 Summary of Focus Group Questions

4.1 Focus groups were conducted as a semi-structured interview, as outlined below.

PIE Tools in action

- Can you provide an example of when workshop content has changed the way you have worked with a particular client group?
    - Prompt: Examples of workshop content: neurodiverse conditions, addiction, mental health, trauma.
- What PIE terms have become common phrases within your team?
    - Prompt: Examples of terms: Traffic light self-care tool, Flipping Lid, Wise Mind, Anger Iceberg and ACES.
- Can you think of a time when you have used formulation tools for self-reflection, with a client or with other staff?
    - If not, what was an obstacle/barrier to undertaking this?

Personal and team reflection

- How has PIE impacted you personally?
    - Prompt: What have you learned about yourself and the way you undertake your role?
- How has PIE changed the way you perceive and practice self-care?
- How has PIE changed the way your team work together and influenced team dynamics?

Client Clinics

- If you had the opportunity to bring a client to a client clinic, what difference did this make to your client, to your understanding of the client's difficulties and your subsequent working relationship with them?
- If you had the opportunity to discuss a client on a 1:1 basis at a client clinic, what difference did this make to your understanding of your client and your subsequent working relationship with them?
- When the client discussion/contact was followed up with written resources/ formulations /summary report, how useful were these?

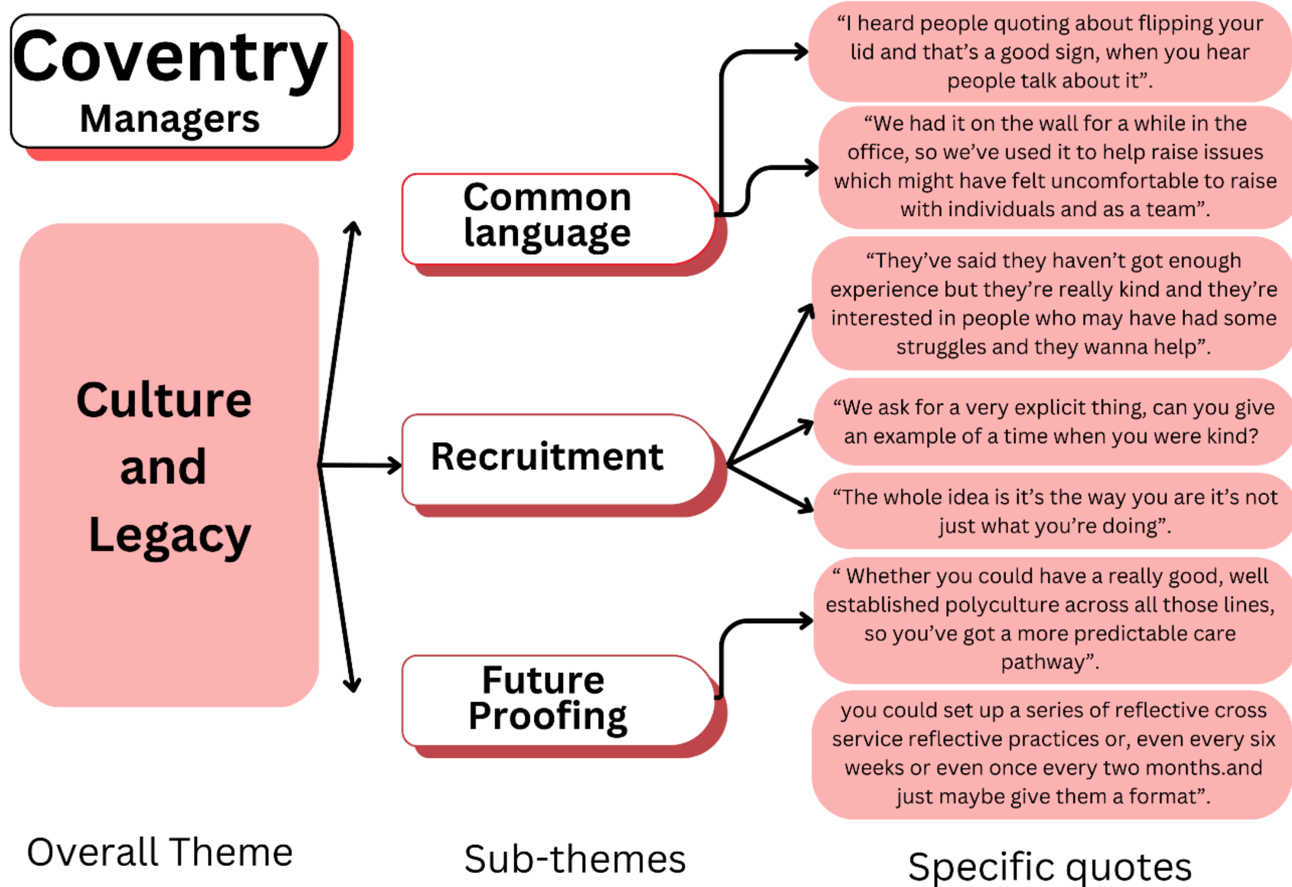
Future Planning

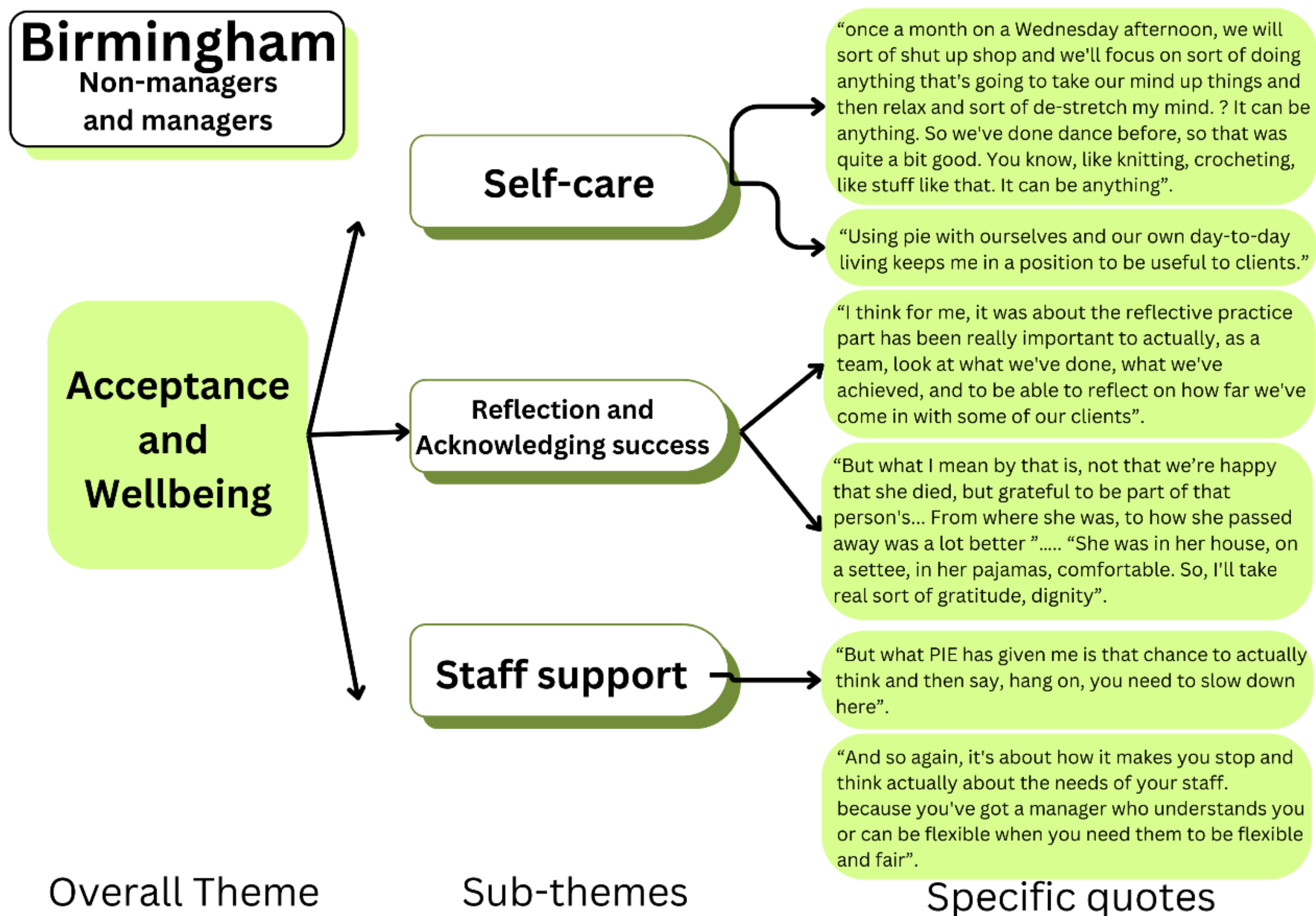
- What tools or frameworks will you keep using in the future?
- How do you plan to carry PIE forward in your practice?
- What support will you need within your team to continue to embed good PIE practice?
- What external support do you think you need to continue to embed good PIE practice?

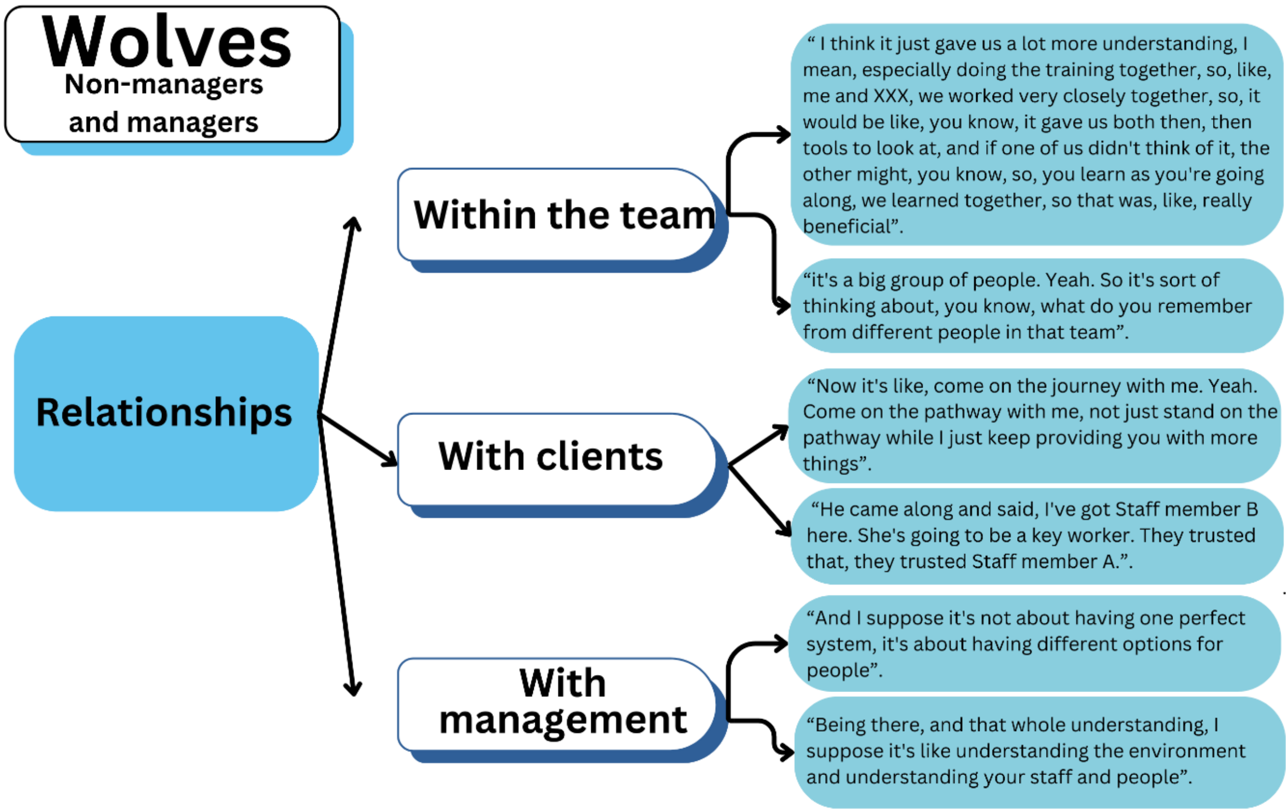
Showcase Events

- How would you like to celebrate the effort and achievements of yourself and your team at a showcase event?
- Who would you like to invite? (stakeholders/key local authority figures/potential funders etc).
- What key elements should a showcase event include, if we are to gain support from commissioners to continue our PIE Plus work?

4.2 Example of themes from Focus Groups.






Wolves
Non-managers and managers
Relationships
Within the team
“ I think it just gave us a lot more understanding, I mean, especially doing the training together, so, like, me and XXX, we worked very closely together, so, it would be like, you know, it gave us both then, then tools to look at, and if one of us didn't think of it, the other might, you know, so, you learn as you're going along, we learned together, so that was, like, really beneficial”.
“it's a big group of people. Yeah. So it's sort of thinking about, you know, what do you remember from different people in that team”.
With clients
“Now it's like, come on the journey with me. Yeah. Come on the pathway with me, not just stand on the pathway while I just keep providing you with more things”.
“He came along and said, I've got Staff member B here. She's going to be a key worker. They trusted that, they trusted Staff member A.”.
With management
“And I suppose it's not about having one perfect system, it's about having different options for people”.
“Being there, and that whole understanding, I suppose it's like understanding the environment and understanding your staff and people”.
Overall Theme
Sub-themes
Specific quotes