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# Creating a Psychologically Informed Environment Implementation and Assessment

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## Introduction

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This paper is based on *Psychologically Informed Services for Homeless People: Good Practice Guide*<sup>1</sup> published by the department of Communities and Local Government in 2012. It aims to support services to become psychologically informed. It does this by describing the key elements of a **Psychologically Informed Environment** (PIE), the objectives of these elements and examples of how they might be achieved. There is also an appendix of useful publications and websites for further information.

Westminster City Council and Connections at St Martin's commissioned this piece of work to help homeless organisations become, assess and audit PIEs. There are a number of ways you can do this: internally, in partnership with other aspiring PIE services - perhaps reviewing each other's organisation, or with your commissioner.

Acknowledgements and thanks go to the authors of *Psychologically Informed Services for Homeless People: Good Practice Guide*, HomelessInsight, Ray Middleton and Brett Grellier for their feedback and input. A special thank you also goes to Connections at St Martin's. Feedback, examples and learning for future editions is welcome. Please contact Claire at [contactnolo@gmail.com](mailto:contactnolo@gmail.com)

## What is a Psychologically Informed Environment?

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A Psychologically Informed Environment (PIE) *"... is one that takes into account the psychological makeup – the thinking, emotions, personalities and past experience - of its participants in the way that it operates."*<sup>2</sup> It's an approach to supporting people out of homelessness, in particular those who have experienced complex trauma<sup>3</sup> or are diagnosed with a personality disorder. It also considers the psychological needs of staff: developing skills and knowledge, increasing motivation, job satisfaction and resilience.

Many of the clients homeless services work with seem to have difficulty managing their emotions, appear impulsive and do not consider the consequences of their actions. Some may be withdrawn, isolated and reluctant to engage or exhibit anti-social behaviour. **The purpose of a PIE is to help staff understand where these behaviours are coming from and therefore work more creatively and constructively with challenging behaviours.**

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<sup>1</sup> Psychologically Informed Services for Homeless People – Good practice guide" 2012 Dept of Communities and Local Gov

<sup>2</sup> Robin Johnson, co-author of "Psychologically Informed Services for Homeless People – Good practice guide" 2012 Dept of Communities and Local Gov and developer of <http://pielink.net/>

<sup>3</sup> Complex trauma refers to the psychological problems and linked patterns of thoughts, feelings and behaviours which tend to result from prolonged exposure to traumatic experience. (Good practice guide 2012)

## The Key Elements

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A PIE has 5 key elements:

1. Relationships
2. Staff support and training
3. The physical environment and social spaces
4. A psychological framework
5. Evidence generating practice

These elements help staff work more effectively with people who have complex and multiple needs, changing the way we understand and tackle the behaviour that leads to homelessness, in a measurable way. The approach focuses strongly on relationship building to promote recovery and can be used by outreach and day centre staff as well as hostel and shelter workers.

## How to Create a Psychologically Informed Environment

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Creating a PIE takes time, it's not an approach that can be introduced overnight, simply through staff training or re decorating the building. Reflection and relationships are its cornerstones and these are both organic and on-going processes.

A PIE is more likely to succeed if there is genuine and tangible backing from executive and senior management, creating a PIE is not the sole responsibility of front-line staff. Champions or "PIEoneers" should be identified, and lead on the development, monitoring and review of the organisations PIE implementation plan.

As with any organisational change it's more effective to involve as many individuals as possible using their expertise and knowledge in the planning and implementation process. Identify existing good practice, take a staged, inclusive approach and get buy-in. Demystify PIE and where possible talk to colleagues implementing the approach already and access external advice and support.

### Key Points

- The PIE approach is not about a whole new way of working but provides a framework, language and approaches to communicate, implement and enhance the good practice that already exists in homeless services.
- There is no one single PIE model. Creating a PIE does not involve following a list of prescribed activities or "must do" list. It encourages each organisation to consider

the key elements and implement them in a way that is relevant to their role and the needs of their clients.

- ❑ The examples listed here are not exhaustive, nor prescriptive, but simply ideas which can be adopted or used to stimulate others. As we gather evidence of its impact and reflect on what works these examples will shift and grow.

### **The Million Dollar Question**

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The key points in the box above raise the question - how do we know when our service is a PIE? Recent conversations, whilst preparing this paper, propose that it's perhaps a matter of degree, what can you realistically achieve within your organisation? What is relevant? Others consider at least some evidence of each element to be necessary or certainly desirable. Maybe the core evidence of a PIE is in its outcomes. This, of course, takes time to demonstrate so let us consider a service to be a PIE when:

- ✓ people with complex needs are not excluded and
- ✓ staff are trained and supported to recognise and work with the behavioural and emotional issues they present in terms of their unmet psychological needs, and
- ✓ staff are given time to reflect together in order to develop an understanding of their own, and their clients, psychological needs, and the relationship between the two in the work that they do.



## Psychologically Informed Environments: The 5 Key Elements

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### Key Element 1: Relationships

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#### *Objectives*

- Relationships are recognised as the principle tool for change.
- The impact of positive peer relationships is harnessed.
- Clients with complex needs are not excluded.

#### **Top Tip**

**Have an open dialogue about the role and impact of relationships in your work. Reflect on a time that a relationship you had with a client brought about positive changes in their behaviour and wellbeing.**

#### *How you might achieve the objectives*

- 1.1 Evidence your emphasis on the role and value of relationships in everything you do - your behaviour, ethos and culture. In your staff training programme, organisational literature, website, supervision, key work, vision etc...
- 1.2 Encourage respectful, thoughtful and non-threatening communication. For example Ray Middleton is funded by the Big Lottery Fulfilling Lives Project to use a specific approach to dialogue and conversation which supports problem solving. His video explaining his top ten tips can be found here <http://bit.ly/1LFVRZz>
- 1.3 Read about Jay S Levy's approach in "Pre treatment Guide for Homeless Outreach and Housing First" which considers "common language construction" in building relationships with chronically homeless individuals. Book <http://amzn.to/1h8IUg0> and short video <http://bit.ly/1M4ZCcw>
- 1.4 Consider your assessment and support planning processes; do they take a strengths and assets based approach? Use assessment tools which support relationship building. These one page profiles for staff and clients are one example. <http://bit.ly/1oWT8P2>
- 1.5 Develop a plan, in collaboration with each client, to identify triggers which can lead to a potential crisis, how to avoid and/or manage it. Ask the client how they want staff to respond when they become distressed or their behaviour is challenging.

- 1.6 Review your policies and procedures; do they promote a compassionate approach and an understanding of the impact of complex trauma?
- 1.7 Develop a screening/assessment tool for trauma related issues. Homeless Link<sup>4</sup> offer training on complex trauma and how to introduce it to your service. <http://bit.ly/1DYvxtJ>
- 1.8 Evaluate your recruitment practices; are you attracting the right staff? The recruitment and interview process should assess emotional intelligence and knowledge of working with trauma.
- 1.9 Assess how much choice and control clients have in each element of the service you provide. What can you change or improve?
- 1.10 Implement learning from Groundswells “Escape Plan.” <http://bit.ly/1eX5QgM>  
 This research explores approaches that helped people move out of homelessness;
  - . being involved in a group activity
  - . change of attitude towards self and others
  - . workers and services (importance of relationships)
  - . peer perspectives and client involvement.
- 1.11 Ensure you have peer to peer support and client led initiatives. Have people with lived experience as role models, employ ex clients.
- 1.12 Provide opportunities for informal and impromptu staff and client interaction such as making tea in the same area, having lunch together, leisure activities etc...
- 1.13 Clients are supported to understand the concept of personal boundaries and the consequences of inappropriate behaviour.
- 1.14 Organisational values, including commitment to creating a PIE, are made explicit to everyone who uses or visits the service.
- 1.15 Introduce the concept of “elastic tolerance;” encourage creative and flexible approaches to dealing with issues which normally result in a warning or eviction. Staff behaviours, policies and procedures address negative behaviour without re-enforcing the client’s sense of rejection or abandonment. Homeless Link developed a useful toolkit for reducing evictions and abandonments. It talks about rights and responsibilities

instead of rules and there is a "Support Intervention Policy" instead of a warning procedure. <http://bit.ly/1eX5OFR>

*"Supports me in what I want to do, not what's easiest for them"*  
*"Goes the extra mile to support me"*

Understanding    Unbiased advice    **Being**    Caring    Confidence    Respectful  
 Talks up for me    Supportive    **Friendly**    Always returns my calls

Honest    **Good**    **My Support**    Cooperative    **Emotional and**  
                  **Listener**    **Worker...**    Believes in me    **Practical**  
    **Assistance**

Develops a bond and trust    Good time keeping    Understands my cultural background

Patience    Helps me fill out forms    Reassuring    **Flexibility**

*"Asks when I'm free and fits around my timetable"*  
*"Is not afraid to tell me the truth"*

Look Ahead Housing and Care support worker Job description

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## Key Element 2: Staff Support and Training

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### Objectives

- The service reflects on its working practices to support continuous improvement.
- Staff competencies and confidence are developed in working with complex trauma.
- All staff share a understanding of complex trauma and personality disorder.
- All staff manage and reflect on their own thoughts, emotions and behaviour and those of their clients.
- All staff feel confident and supported to work flexibly and creatively with risk and challenging behaviour.
- Staff are motivated and their sense of accomplishment improves as they see positive changes in client's behaviour.
- Staff resilience increases. Burnout, turnover and absenteeism reduce.

### Top Tip

**Put simply, being reflective is looking at our own experiences to improve the way we work. Doing this in a group means you can share learning across the organisation. To be most effective, reflective practice needs to be done on a regular basis.**

### How you might achieve these objectives

1.2 Introduce group reflective practice; the process of continuous learning from professional experiences. Used regularly it encourages problem solving and critical thinking skills.<sup>5</sup>

*“There is a robust evidence base demonstrating that teams who regularly meet to reflect on their practice are more effective than those who do not. Furthermore, literature indicates that effective teams achieve better outcomes for their client group”<sup>6</sup>*

The Westminster Compass (outreach) team describe reflective practice as “highly valued.” They meet on a monthly basis for 90 minutes with a qualified psychologist, and each team member has the opportunity to bring client and personal issues to the session. Staff learn why a client may be behaving in a particular way, approaches to working constructively with these behaviours and how to look at them, or reflect, in a different way. You will find a useful guide to implementing reflective practice in the

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<sup>5</sup> “Psychologically Informed Services for Homeless People – Good practice guide” 2012 Dept of Communities and Local Gov

<sup>6</sup> “Building team-based working; A practical guide to organisational transformation” West & Markiewicz, 2004



appendix of “Psychologically Informed Services for Homeless People – Good practice guide” pg 65

2.2 Develop a core training programme which supports the implementation of psychologically informed practice. **All** staff, (catering, maintenance, cleaning and security etc,) and volunteers, attend to support a shared understanding.

Examples of Training Themes

- Psychologically Informed Environments
- Trauma Informed Care
- Cultural and gender related responses to trauma
- Vicarious trauma
- Theory of Mind
- Emotional Resilience
- Psychological principles and approaches e.g. Attachment Theory, Mentalization, CBT, DBT etc..
- Working with Personality Disorder e.g. Knowledge and Understanding Framework: [www.emergenceplus.org.uk](http://www.emergenceplus.org.uk)
- Enabling Environments
- Cycle of Change
- Mindfulness
- Open Dialogue
- Use of Action Learning Sets
- Crisis Management
- Motivational interviewing
- Active listening
- Recovery Model
- De escalation techniques

*This list is not exhaustive*

2.3 Management take an active role in supporting and promoting the health and wellbeing of their staff;

- Acknowledge the emotional demands of working with individuals who have complex needs and have a discussion to identify how to minimise any negative impact.
- Have an “open door” approach.
- There are debriefs after an incident, difficult conversation or shift.
- The service culture supports staff to talk openly about how their work is making them feel.

- Provide access to an employee assistance programme.
- Supervision includes an element of reflection.
- Internal or specialist staff provide support to staff and clients e.g. psychologists facilitate reflective practice and provide counselling or group work for clients.
- Consider the advice provided in the “Emotional Resilience Toolkit,” sponsored by the Department of Health, which provides tips on how to provide a healthier work place.
- Ask for regular feedback on staff health and wellbeing, or their attitudes and beliefs about work. It’s important that this doesn’t become too onerous and staff see a response to issues that are raised. Ways to do this include; a 6 monthly survey or focus groups run by an external facilitator or brief questionnaires (3-5 questions) before and at regular intervals after introducing PIE, reflective practice or training.



A practitioner guide offering information, advice and guidance for those working with people who have personality difficulties.

Available free <http://bit.ly/1Epk4MB>

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## Key Element 3: The Physical Environment and Social Spaces

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### *Objectives*

- A non-institutional, safe and welcoming service that facilitates interaction between staff and clients.
- Clients have choice and control over how and when they engage.
- There is a sense of physical and emotional safety for both clients and staff.
- There is a culture of health and wellbeing.

### **Top Tip**

**Look at the service through the client's eyes. Walk through the building, experience the referral and induction process. Experience the service that's being offered, documenting your thoughts and feelings at each stage. Are the above objectives being met?**

### *How you might achieve the objectives*

3.1 Thoughtful consideration is given to how information is communicated; the number and placement of signs and notice boards, how messages are worded. Also the timing of when information is delivered is important to avoid overwhelming clients. For example, could your induction process be broken down over a few days?

3.2 Evidence based design stresses the impact of the environment on our well being and behaviour. Important things to consider are; noise, light, comfort, temperature, fabrics, colour, art and aesthetics. By registering with PIELink.net you can access a useful paper which translates learning from the healthcare environment into community based settings.<sup>7</sup>

3.3 Key work and interview spaces are private, well kept, light and inviting. Think about the physical layout. Is the furniture comfortable? Would you feel safe and relaxed in that space? Ask your client if they would prefer to go for a walk or meet away from the service.

3.4 Staff are on view and accessible to clients as much as practicable.

3.5 There are mechanisms for assessing how safe clients and staff feel and to report any concerns e.g. surveys, questionnaires, meetings.

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<sup>7</sup> S Boex & W Boex "Well-being through design: transferability of design concepts for healthcare environments to ordinary community settings"

- 3.6 There are a range of formal and informal activities for clients, facilitating a “journey” of engagement.
- 3.7 The services on offer (internally and externally) and how to access them is clearly explained e.g. verbally, leaflet, posters, video etc... and is always, easily accessible so the client can access it when ready.
- 3.8 There is a flexible use of space and both private and communal areas are available.
- 3.9 Clients and staff are consulted about the decor, lighting, use of colour and space etc to create the desired atmosphere and distinguish areas.
- 3.10 Acknowledging that entry into, and exit from, services is a significant milestone for clients.
- 3.11 The internal and external building is in a good state of repair, looks cared for and is fit for purpose. The reception area is open and welcoming; any barriers or glass screens are removed. Consider creative use of outside space or gardens. For example Blackpool night shelter put photographs of plants and trees on the walls of their yard to make it a more attractive place to sit. (*Creating Places of Change Programme*) <http://bit.ly/1J1n7l4>



Groundswells research on leaving homelessness  
<http://bit.ly/1eX5QgM>

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## Key Element 4: A Psychological Framework

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### Objectives

- Service culture and support is reflective, thoughtful and compassionate
- Insights and principles from psychological approaches to working with complex needs are introduced.
- Staff understand, and keep in mind, the connection between thoughts, emotions and behaviour.
- Staff can describe the needs of their clients in psychological terms.
- The organisations corporate commitment to becoming a PIE is clear.

### Top Tip

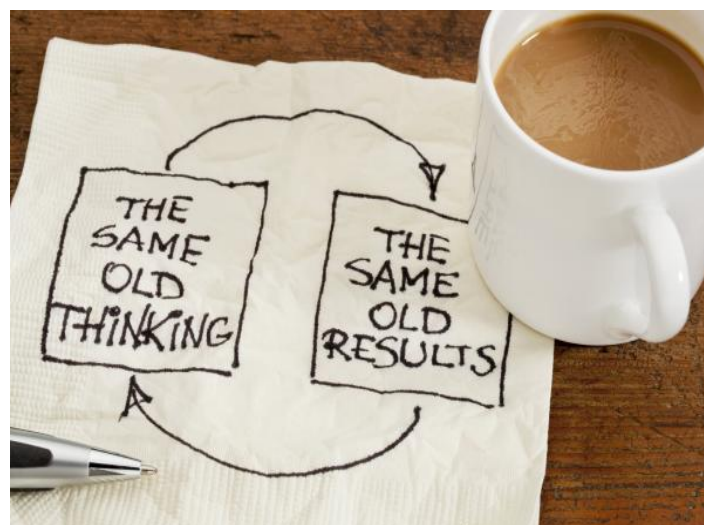
**Don't be put off by the term; it's not about trying to create a pseudo-psychology service but to help staff understand their own emotional needs, those of their clients, and the interplay of the two.**

### *How you might achieve the objectives*

- 4.1 This may be the most challenging element to implement and clinical input or advice from services which have already implemented a framework may be useful. See a list of services which have done this in “useful links and publications.”
- 4.2 Introduce principles and insights from one or more psychological discipline e.g. behavioural, psychodynamic, humanistic/positive etc... to provide a framework for your service approach to understanding and supporting individuals.
- 4.3 The framework you choose should be based on the type of service you offer and the needs of your clients. The important thing is that the impact of trauma and how to work with it are understood and implemented. For example the Thames Reach Waterloo project chose to use a Mentalization based framework – the capacity to understand how behaviour and feelings are associated with specific mental states in ourselves and others. This was based on an assessment of the residents which found the majority had features of a personality disorder.
- 4.4 Trauma Informed Care is a helpful and popular approach as it is underpinned specifically by trauma theory and research. Homeless Link offer a practical training course and you can find a number of toolkits referenced in “useful links and publications.”
- 4.5 Develop the core training programme in conjunction with the framework you choose.

- 4.6 Work with your local psychology service, such as “Improving Access to Psychological Therapies” to provide a service for clients and/or training for staff.
- 4.7 Integrate the principles, understanding and approaches to working with complex trauma and PIE into all policies, procedures and activities to avoid re traumatisation.
- 4.8 There is commitment evident from all levels of the organisation. For example;
- The organisation’s mission statement/strategy/business plan contains a commitment to creating a PIE and how you will do this.
  - Develop a PIE implementation plan which is regularly monitored and reviewed. This should be co-produced with clients and staff.
- 4.9 Complete a PIE assessment or review of your service; what do you currently do which is psychologically informed and what could you introduce?
- 4.10 Explore the principles and learning from *Enabling Environments* (EEs) and *Psychologically Informed Planned Environments* which embody similar elements. In fact, PIE grew out of the work on EEs by the Royal College of Psychiatry.

*“Training all staff within an agreed framework, or combination of frameworks, will help them work more effectively with clients experiencing complex trauma. This approach will help clients who often behave chaotically to gain an understanding of their behaviour, take responsibility for themselves and develop negotiated, positive relationships. This in turn will help them move away from a street lifestyle and rough sleeping.”* Psychologically Informed Services for Homeless People – Good practice guide” Dept of Communities and Local Gov 2012



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## Key Element 5: Evidence Generating Practice

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### *Objectives*

*Outcomes are collated and analysed in order to:*

- Understand and verify what works.
- Support continuous learning and improvement.
- Evidence progress to clients, staff, commissioners etc ...
- Demonstrate the impact of PIEs, help promote their effectiveness and hence improve services for people experiencing homelessness.
- Contribute to a wider understanding of complex needs, homelessness and PIEs.

### **Top Tip**

**PIEs aim to bring about behavioural change. These can be small but significant and if not identified and monitored they may be overlooked.**

### *How you might achieve the objectives*

- 5.1 Introducing a psychological framework will help identify the changes you should see and monitor, as each discipline identifies their intended outcomes. There are ways to measure and evidence change. These can include existing methods such as the Outcomes Star and Treatment Outcomes Profile in addition to psychological approaches such as the Cycle of Change or CORE 10 Outcome Measure<sup>8</sup>
- 5.2 Be specific about whose responsibility it is to measure and evidence change. For example changes in client's behaviour may be the role of frontline staff whereas a change in the health and wellbeing of staff would be management's responsibility.
- 5.3 Consider working with universities to offer research opportunities for Masters students.
- 5.4 Regular feedback from staff and clients on their sense of health and wellbeing.
- 5.5 The impact and outcomes of reflective practice are assessed.
- 5.6 There is a specific review of PIE related activity each year.

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<sup>8</sup> Client self reporting measure of distress

- 5.7 Attend or create a local group or network of providers to share good practice. Westminster has the PIE forum and Personality Disorder Network which meet regularly.

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## Useful Links and Publications

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### **Organisations that have introduced PIE;**

Connection at St Martin's	<a href="http://www.connection-at-stmartins.org.uk">www.connection-at-stmartins.org.uk</a>
St Basil's	<a href="http://www.stbasils.org.uk">www.stbasils.org.uk</a>
Look Ahead Housing Association	<a href="http://www.lookahead.org.uk">www.lookahead.org.uk</a>
Brighter Futures	<a href="http://www.brighter-futures.org.uk">www.brighter-futures.org.uk</a>
Two Saints Housing Association	<a href="http://www.twosaints.org.uk">www.twosaints.org.uk</a>
Second Step	<a href="http://www.second-step.co.uk">www.second-step.co.uk</a>
St Mungo's Broadway	<a href="http://www.mungosbroadway.org.uk">www.mungosbroadway.org.uk</a>
Thames Reach	<a href="http://www.thamesreach.org.uk">www.thamesreach.org.uk</a>
Riverside	<a href="http://www.riverside.org.uk">www.riverside.org.uk</a>
Mental Health Concern	<a href="http://www.mentalhealthconcern.org">www.mentalhealthconcern.org</a>
Oasis Aquila Housing	<a href="http://www.oasisaquilahousing.org">www.oasisaquilahousing.org</a>

*Please note that you will need to cut and paste the links into the tool/search bar*

<http://bit.ly/1M0Ah0k>

Psychologically Informed Services for Homeless People; Good practice Guide 2012

<http://pielink.net/>

A practice exchange network for services wishing to develop as Psychologically Informed Environments.

<http://bit.ly/1PGya3V>

The impact of CBT training and supervision on burnout, confidence and negative beliefs in a staff group working with homeless people.

<http://bit.ly/1Knexjh>

Enabling Environments

<http://bit.ly/1JnQGKx>

Psychologically Informed Planned Environments (PIPEs) form a key part of the offender Personality Disorder strategy (Department of Health & National Offender Management Service 2011)

[www.emergenceplus.org.uk](http://www.emergenceplus.org.uk)

Service-user led organisation providing training and consultancy on working with personality disorders. Provide Knowledge and Understanding Framework training <http://bit.ly/1KxWBAX>

<http://bit.ly/1qyqwO5>

Trauma Informed Organisational Toolkit: The National Centre on Family Homelessness

<http://bit.ly/1KxR2Ta>

Psychologically Informed Environments

No One Left Out: Solutions Ltd for Westminster City Council 2015



Trauma Informed Toolkit: Klinc Community health centre

<http://www.samhsa.gov/nctic>

National Centre for Trauma Informed Care

<http://1.usa.gov/1PFcSUx>

Trauma Informed Care in Behavioural Health Services

<http://bit.ly/1IS0uQ3>

“Meeting the Challenge – Making a Difference” personality disorder practitioner guide

<http://bit.ly/1UhdUwo>

Open Dialogue UK – an approach to working with people who have mental health issues and their families

<http://bit.ly/1LFVRZz>

Problem solving conversations – Dialogical PIE

<http://amzn.to/1h8IUg0>

Jay S Levy “Pre treatment Guide for Homeless Outreach and Housing First”

Watch Jay S Levy’s interview on PIE Link.net at <http://bit.ly/1M4ZCcw>

<http://bit.ly/1oWT8P2>

One page profiles – person centred support

<http://bit.ly/1SYc9U7>

Step-Up Volunteer programme, Connections at St Martins

<http://bit.ly/1eX5QgM>

The Escape Plan, Groundswell; peer led research into how individuals left homelessness peers.

<http://bit.ly/1eX5OFR>

Reducing Evictions and Abandonments – Homeless Link

<http://bit.ly/1DYvxtJ>

Trauma informed Care training – Homeless Link

<http://bit.ly/1J1n7l4>

Lessons learnt from the Places of Change Programme

<http://bit.ly/1NLfxwY>

Business in the Community: Emotional Resilience toolkit

<http://bit.ly/1IZRVhn>

CORE10 Measurement tools