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Prevent rough sleeping; create a Psychologically Informed Environment

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Abstract

This paper aims to inspire services to create Psychologically Informed Environments to support people experiencing homelessness, complex trauma and multiple exclusion. It outlines the key elements of a Psychologically Informed Environment and how they have been implemented at the Waterloo Project; an integrated health and social care partnership in Lambeth. It considers the importance of meeting individuals' emotional and psychological needs to support them out of homelessness.

The service review found a reliable reduction in residents' mental distress and improved health and well being. Repeat homelessness, anti-social and self-harming behaviour decreased whilst engagement with services, self-care and esteem increased. There are early indications of cost benefits to health and social care services. Staff reported professional development and an increase in their sense of personal accomplishment.

The overall objective is to share learning, good practice and the outcomes of a psychologically informed approach to working with individuals who have not had their needs met by existing services. It illustrates the actual and potential social and economic impact and value to both individuals and public services.

Introduction

One of my favourite works of art is a Banksy. It depicts a homeless man holding a sign stating "Keep your coins. I want change." Working in the homeless sector for 20 years I have witnessed significant change, much of it positive. As the commissioner responsible for co-ordinating an end to rough sleeping in Lambeth, I was in the privileged position to direct change at a local level. 3 years ago I commissioned the Waterloo Project, a 19 bed hostel, to become a Psychologically Informed Environment. The service provides support to people who have slept rough and are experiencing complex trauma, using a psychological framework.

Described as "trailblazing" by health professionals, "revolutionary" by project staff, and "should be the norm" by service users, the Lambeth PIE partnership[1] has recently been awarded over £1m to develop services and share learning. This paper will briefly consider the needs and demographics of rough sleepers in London, outline the core elements of a Psychologically Informed Environment, then describe the social impact and value of this approach and planned service developments.

The Need

In 2013/14 6,508 individuals slept rough in London, compared to 3,975 in 2010/11. Fortunately the vast majority, 67%, spent only one night on the street. Regrettably 11% had returned to sleeping rough after a period of absence of one year or more, and 3% were seen by street outreach teams consistently throughout the year. 87% were male, the majority aged between 26 and 45. 46% were from the UK, 31% from Central Eastern Europe (CEE.) The main reasons for rough sleeping were being asked to leave, or eviction from, housing, followed by a breakdown in family and personal relationships. For those from CEE it was to find work.[2]

Rough sleeping is associated with tri-morbidity (a combination of physical ill-health with mental illness and drug or alcohol misuse), complex health needs and premature death**.** The average age of death for a male is 47 and 43 for a woman.[3] It's estimated that 60-70% of the homeless population have a personality disorder compared to 10% in the general population and 42% attempt suicide.[4]

Needs analysis and stakeholder consultation in Lambeth identified a core group of individuals who, despite a range of interventions, remained, or repeatedly returned to, sleeping rough. The cohort demonstrated entrenched, self-harming behaviours, and were unable to engage with the support offered in existing supported accommodation projects. Stakeholders felt the opportunity to access therapy could possibly benefit some of these individuals. Accessing psychological therapies is challenging for people using substances or demonstrating impulsive, unstructured or anti-social behaviour, they have limited or no access to mainstream services where most psychological therapy provision is found. Creating a Psychologically Informed Environment (PIE) - using therapeutic

[1] Lambeth Council, South London and Maudsley Health Foundation Trust and Thames Reach.
[2] Combined Homeless and Information (CHAIN) Multi-agency data base for London rough sleepers
[3] Homelessness Kills Bethan Thomas Crisis Rough sleepers: health and healthcare 2013
[4] "Health and Homelessness: Understanding the costs and role of primary care services for homeless people" St Mungo's and Resolving Chaos 2013

interventions and promoting an enabling atmosphere - is an emerging approach in the UK homeless sector, attempting to address this health inequality.

Psychologically Informed Environment

Putting relationships at the heart of service provision can make the difference between success and failure in ending homelessness. One approach for doing this is to create a Psychologically Informed Environment, or PIE. Stemming from the Royal College of Psychiatrists work on Enabling Environments[5] PIE is specifically focussed on supporting homeless people by responding to their psychological and emotional needs. The core elements of a PIE are;

1. *The physical environment*: Creating a service which engenders a sense of warmth, safety, and wellbeing. A physical space which makes people feel welcome and valued. Creative use of colour and light, soft furnishing and removal of physical barriers between staff and service users help to remove a sense of "them and us."
2. *Reflective practice:* We all impact on each other. The key is to be mindful, aware, and pay attention to this impact. Reflective practice supports the process by allowing staff protected time to discuss, consider and learn from their personal experiences. It supports; identification and understanding of other's difficulties, an ability to find perspective on their own emotions when working with challenging and vulnerable behaviours and personal learning and development.[6] It can also be used to plan an approach to supporting individuals and develop a shared model of working, creating an organisational culture.
3. *Training and skilling up staff:* This is an integral part of the PIE philosophy, its benefits are numerous. Through training in psychological understanding staff can become more competent and confident in dealing with complex and challenging behaviour. Their motivation is improved as they begin to see real changes in their clients and stress is reduced. It can also support a reduction in staff sickness and absenteeism, by improving confidence and reducing burnout.
4. *A therapeutic framework:* This can range from training staff to have a basic understanding of psychology, to offering group and individual therapy to considering every operation, policy and procedure of an organisation within a therapeutic context.

Many homeless services already implement some, or all of these principles, and there are a variety of models across the UK. The Waterloo Project is one model of practice.

The Waterloo Project

The Waterloo Project is an integrated health and social care partnership between Lambeth council, Thames Reach[7] and the South London and Maudsley NHS Foundation Trust (SL&M.) It was funded via the Supporting People Programme [8] and Homeless Prevention Grant. [9] The service specification was designed to respond to the emotional and psychological needs of individuals whom existing services were unable to engage, had been homeless for decades, a high cost to public services and likely to be experiencing complex trauma; abuse, neglect or some other adverse childhood event which continues its' impact into adulthood. We applied the PIE approach in the following way;

1. *The Physical Environment*: Money from the Department of Health was used to transform and modernise the Victorian building, described by one resident "...like a haunted house" to provide open spaces and light. The staff office is adjacent to the living room with walls of glass, facilitating interaction and transparency. A spacious, modern, communal kitchen overlooks the garden and there's a specific room for art work and other therapeutic activities.

[5] Enabling Environments – places which promote positive relationships, a sense of belonging, where everyone can contribute to the wellbeing of others and have their contribution recognised and respected, promotes new ways of relating.

[6] Meeting the psychological and emotional needs of homeless people Mental health Good practice guide May 2010 National Mental Health Development unit and Dept of Communities and Local Govt

[7] Third sector homeless service provider

[8] Government programme for funding, planning and monitoring housing related support services

[9] Specific funding allocated from central govt to local authorities to prevent homelessness

2. *Reflective practice:* There is robust evidence demonstrating that teams who regularly meet to reflect on their practice are more effective than those who do not.[10] At the Waterloo project this took the form of a case based discussion group for staff, facilitated by a Psychologist. Staff attended 2 hour group sessions every 3 weeks.
3. *Training and skilling up staff:* Bespoke training was delivered, based on the arising needs of the hostel; dealing with self-harm and bullying for example, managing boundaries and dealing with disclosure.
4. *A Therapeutic Framework:* One psychologist and one assistant psychologist, offer direct, (1:1 sessions,) indirect (informal assessment and support) and group work therapeutic interventions. Employed and supervised by SL&M both the specialist clinical psychologist and the assistant are integrated members of the staff team, on site Monday to Friday, working alongside hostel key workers. This has significant advantages such as; delivering therapeutic support to people not yet willing or able to manage appointments or a formal, structured approach. It facilitates a deeper and enhanced understanding of residents, and supports the working partnership between Thames Reach and SL&M. Their presence at the project means that psychologically informed thinking permeates every operation of the project, formally and informally.

   Resident's mental health was assessed through observation, direct psychological assessment, a review of medical and housing records and psychological formulation based on known history and presentation in the project. Due to the prevalence of Borderline Personality Disorder it was agreed that Mentalization-Based Treatment[11] would be the main therapeutic approach used. This type of therapy supports individuals to manage their own emotions and build interpersonal relationships, to think before they act. Other psychological models are integrated when needed.

The Residents

Over a 2 year period the Waterloo Project supported 62 individuals.[12] 62% were male and the average mean age was 43. 69% were White British or White other and 16% Black or Black British. 60% had a primary presenting diagnosis, or significant features of, a personality disorder. 51% used both alcohol and drugs and 52% experienced concurrent alcohol, drug and mental health problems. Residents had complex physical health issues and were frequent users of emergency services (A&E, ambulance service and Police.) Many demonstrated high levels of impulsive and antisocial behaviour, with 80% in regular contact with the criminal justice system.[13]

Social, Economic Impact and Value

Jane

Diagnosed with Emotionally Unstable Personality Disorder Jane had a long history of self-harm, domestic violence, risk taking behaviour and dependence on opiates and alcohol. Her only experience of mental health services had been when her children were taken into care leaving her with a deep mistrust of the profession. The most effective approach for Jane was indirect support from the psychologist, delivered by the staff team. This helped Jane begin to trust and slowly engage with group sessions, and eventually in 1:1 therapy. Jane has stabilised her opiate dependency, moved into more independent accommodation, started a college course, and she is about to start longer-term psychological therapy.

Outcomes and engagement are encouraging given the complexity of need and entrenched behaviours of the cohort. Using recognised measurement tools such as the CORE Outcome measure, [14] Health of the Nation

[10] Building Team- based Working: A practical guide to organisational transformation 2004 West M A and Markiewicz L Blackwell, Oxford
[11] Psychotherapy used to treat Borderline personality Disorder NHS Choices
[12] Calculations based on 58 individuals
[13] Police, probation, solicitor, court attendances, nights in a police or prison cell.
[14] The CORE-OM is a service user self-report measure of global distress that asks service users to rate how they have typically been feeling over the past week in a range of areas, including subjective well-being, commonly experienced problems or symptoms, social/life functioning and risk to self and others. The measure has a brief 10 item version (CORE-10) that was selected for use in evaluating PIE because it was felt to be more practical to administer with this hard to engage client group.

Outcomes Score,[15] Homeless Outcomes Star, [16] Supporting People Key Performance Indicators, Treatment Outcomes Profile and Thames Reach internal monitoring. The following information is from our 2 year review.

- 70% of residents who lived at the project during the 2 year period engaged with psychology in groups or individual sessions (n.38 of n.55)[17]
- 60% (n.33 of n.55) of residents attended one or more individual psychology assessment or therapy sessions.
- 677 individual psychology sessions were offered and 75% attended. In terms of gender engagement, men regularly attended appointments more than women who tended to be more ambivalent.
- Residents reported an improvement in all areas of the Outcome Star, most notably in mental health, relationships and use of time, followed by physical health and tenancy management. Staff reported modest improvements in all area; functioning in self-care, substance use, physical health and tenancy management were felt to improve the most.
- 18 out of 24 clients reported a reliable reduction in distress following a period of individual or group psychological therapy as measured on the self-report CORE-10. Based on 18 engaged in 1:1 therapy and 6 with a 10 week 'Mind Matters' Mentalization group.
- There was a 38% increase in engagement with drug and alcohol services.[18]
- A steady increase in engagement with the GP; post PIE (July-Dec 2011) 13 GP appointments were offered of which 93% were attended this increased to 64 appointments with 82% attended (Jan –June 2013.)
- 60% moved on to more independent living.[19] Historically these individuals would have returned to the streets via either abandonment or eviction.
- Cost benefit: There are indications that the project will deliver cost benefits to public services such as the criminal justice system and Health. For example during the 6 month period prior to living at the Waterloo Project one resident attended Accident and Emergency over 200 times costing approximately £13k.[20] As a result of therapeutic interventions and joint working with hospital staff, presentations have reduced to 1 or 2 a month. There was a 51% reduction in contact with the criminal justice system between January and December 2013.

Matthew

Matthew presented with episodic psychotic symptoms, including paranoid ideation that made engagement challenging. He was anxious about being stigmatized and vehemently denied any kind of hallucinations despite being witnessed talking to himself by psychology and hostel staff. He'd had limited contact with mental health services and coped with his symptoms through the use of alcohol. Following four months of gradual engagement he agreed to a psychiatric assessment. He was initially supported in these meetings by the psychologist until Matthew reported feeling comfortable enough to see the psychiatrist on his own. He has now begun a course of antipsychotic medication for the first time in his life and regularly sees the psychiatrist. He continues to work on his recovery in weekly 1:1 sessions and is developing strategies other than drinking to manage his anxiety and psychotic experiences.

In 2012 Lambeth Service User Council was commissioned to conduct independent evaluations of residents' experience of access to and experience of psychologists working in the Waterloo Project. 11 residents participated,

[15] HoNOS is a 12-scale clinician rated measure of the problems that commonly affect people with severe mental illness (Incl. mental and physical functioning) and rates their functioning over the past two weeks.

[16] Self and staff outcomes reporting tool

[17] Seven removed from calculation due to lack of availability (e.g. in hospital, moved in to the project in Dec '13).

[18] Compared to the 6 months post introduction of PIE

[19] Supporting People Key Performance Indicator - Move on

[20] Based on £66 per presentation without treatment (New Economy Unit Cost Database 2011/12)

all were positive about the experience and reported that they valued psychological input, and that they did, or intended to, benefit from it. *"It helps me talk about my past and what is going on for me."*

Impact and Value for staff

An independent review[21] found Waterloo Project staff valued reflective practice groups as they provided a *"…safe space for staff …to come together. Cos we're front-line workers things are constantly happening (which) we have to deal with immediately and we don't often get the time to reflect".* Staff expressed how the groups had allowed for professional development which focused on empowering residents and provide an opportunity to think about the client more holistically to help put their challenging behaviours in context. *"I think it perhaps makes you a bit more mindful as a worker."*

The Maslach Burnout Inventory[22] was used to assess the impact of PIE on staff during the first and second year of the pilot. Despite a low/medium increase in *emotional exhaustion* staff consistently reported an increase in their sense of *personal accomplishment. Depersonalisation,* remained consistently low.

Staff also completed the Utrecht Work Engagement Scale[23] a self-report questionnaire assessing the degree of work engagement, made up of three components – *vigour, dedication and absorption* in ones work. In July 2012, staff were found to have an average degree of work engagement, with notably high levels of dedication to the job in January 2014, staff were found to have a high degree of work engagement, and high levels of dedication and absorption.

"*Having constant and immediate access to someone with a high level of expertise in dealing with negative behaviours, helps us stay in a positive frame of mind and to process the more challenging behaviours. It also gives us hope that we can get our clients the help they need from mental health services."* Evaluation 2014

Go forth and multi PIE

In March 2014 Thames Reach, SL&M and Lambeth Council were awarded over £1m from Guys and St Thomas' Charitable Trust to continue the PIE approach at the Waterloo Project and expand into 2 other sites; a 5 bed female project and a 69 bed mixed gender hostel. Our core objectives are to; address inequalities in health, improve health outcomes and reduce the use of Acute and Secondary Care Health Services. This wider service will have a new 'Transition' arm to work with clients and accommodation providers when service users move-on. A 'Peer Support' scheme will also be developed, taking an asset based approach to individual development. A specialist evaluation team from the University of Southampton and Resolving Chaos Consultancy have been commissioned to conduct clinical and health economic evaluations respectively. This aims to further develop the evidence-base and demonstrate an economic case by generating savings in use of crisis services and more effective use of specialist hostel provision.

Conclusion

The Waterloo Project is one model of a psychologically informed environment. It is not a requirement to have psychologists on site. There are a variety of models across the UK which my colleagues and I are aiming to promote and support via a new on line platform, called "HomelessInsight" due to be launched in 2015. We intend to promote and showcase creativity and innovation in the way services respond to the challenge of the psychological and emotional needs of people who are homeless. We aim to provide a forum for discussion and debate and learning; to

[21] REACH SL&M Partners

[22] The Maslach Burnout Inventory (MBI) assesses staff burn-out based on three areas:

- *Emotional exhaustion* measures feelings of being emotionally overextended and exhausted by work
- *Depersonalization* measures an unfeeling and impersonal response toward recipients of one's service or care treatment
- *Personal Accomplishment* measures feelings of competence and successful achievement in one's work

[23] UWES Preliminary Manual Schaufeli & Bakker, 2003

create a channel for information a influence and inspiration and to use to the full the web, and all that digital technology offers, to create an on-line community of cutting edge practice. To follow our progress please join PIE Link Practice Exchange at www. pielink.ning.com and @piepeoples.