Understanding PIE:
A current context

"It's important that people understand that we are shaped by our environment and that there's not something wrong with them [clients] as individuals, but that things have happened to them, which have shaped their lives"

-   IF Group member

GOLDEN KEY

Golden Key is a partnership

Led by Bristol charity, Second Step, Golden Key (GK) is an innovative and dynamic citywide partnership of people with experience of prison, homelessness, long-term mental health problems and drug and alcohol dependency, service providers, commissioners and city leaders. Supported by the Big Lottery Fund, Golden Key has the unique opportunity to change the way services respond to people with complex and multiple needs.

At the heart of the partnership is the Independent Futures advisory group, IF, who are a group of people with personal experience of the issues affecting GK clients. Their vision, ideas and feedback have guided Golden Key from the beginning – from design and delivery to review.

Our vision

Our vision is a city where people who feel locked out of services are able to find powerful new ways to get the help they need. We want to enable individuals to build on their strengths, pursue their hopes and change their lives. We promise to work together to find new and sometimes unconventional ways to unlock services and open new doors. As we revolutionise the way the system works across the city, we hope that Bristol will be a beacon of change.

Acknowledgements

This document was produced in collaboration with individuals and people from different organisations, and we are very grateful for their input and feedback. This includes:

- Golden Key clients
- Independent Futures (IF) Group (people with lived experience)
- Second Step Service user Involvement Group (SIG)
- Golden Key Peer Mentoring Service
- The Golden Key (GK) PIE Partnership Strategy Group, which includes members from the following Bristol based agencies:
    - Avon & Wiltshire Mental Health Partnership Trust (AWP)
    - Independent Futures (IF) Group (people with Lived Experience)
    - St Mungo's
    - 1625 Independent People
    - ROADS (Recovery Orientated Alcohol & Drugs Service)
    - Second Step
    - University of the West of England (UWE)

We also had input from the following people:

- Supporting staff from the IF group
- Members of the Golden Key Service Coordinator Team (SCT)
- Members of the Golden Key Psychologically Informed Environments (PIE) & Wellbeing working group (which includes members of the Golden Key Service Coordinator Team)
- Second Step staff
- Golden Key service delivery and programme team managers

Contents

Appendices

Developing the Golden Key PIE approach

This document summarises the conversations that we had with people who know about and / or who might be affected by Psychologically Informed Environments (PIEs). Together with current research and the ideas summarised below, this information was used to develop the goals for our PIE approach.

Client voice and co-production

Nationally, there is little published information on the involvement of people with lived experience in the development of PIEs, although this has started to change. It was important for us that this was central in our PIE approach and so the input from people with lived experience is embedded throughout. Text boxes have been used to highlight contributions given as quotes, with […] brackets used where extra information has been added to give more context. Members of the IF Group suggested that when inviting client input we should also include the following, which is what we have tried to do:

> "
> - Involve people with lived experience in a 'meaningful and not tokenistic' way
> - [Develop services through] co-production
> - Have clear spaces for client feedback and a framework for things to build
> - Answer the question 'what have you got in place to hear the clients' voice?'
> - [Answer the question] 'What have you got for putting that [client's voice] into action?
> - Have clear guidance on supporting people with lived experience [including supporting personal development and reflection]
> "

Everyday language

People with lived experience advised us to use everyday language in this document, so that a wider group of people could understand it and contribute their ideas. As a result, we have tried to use as little jargon as possible and have added a dictionary at the end for where we have not achieved this.

Systems thinking

This is a way of working that encourages us to think about other people's views rather than just our own and about how we can work well with other agencies that support people with multiple needs. We did this by speaking to lots of different people so that we had a range of ideas and perspectives.

Theory of Change

There are a number of theories that talk about how change happens and what makes this easier. From these ideas, we thought that working in a transparent way was really important. We have done this by saying not only what we plan to do and when we plan to do it, but why we think it might be a good idea, so that our beliefs and assumptions behind our ideas are out in the open.

Introduction

Several organisations have been using a Psychologically Informed Environments (PIE) approach in their work for a number of years and have this firmly running through their practice. Increasingly, organisations are being asked by commissioners to use this approach, but what does being PIE actually mean? This document aims to give a brief overview of PIE, to set out where we are now and to identity the goals of a PIE approach for Golden Key. In the spirit of PIE, we hope that it might provide ideas for agencies new to this area who would like to use this approach, while at the same time recognising that we are also learning and are by no means experts in this area.

This document also sets out Golden Key's values in developing our PIE, such as the importance of involving people with lived experience, partnership working and being transparent. PIEs have been interpreted differently by various authors and agencies and a key message is that they should be flexible enough to suit the needs of individual organisations. In line with this, it is important to note that the ideas shared here are *our* interpretation of PIE, and that this is particularly in relation to the Golden Key Service Coordinator Team (SCT).

What's a PIE?

A Psychological Informed Environment (PIE) is a space where services understand clients' and staff needs in a thoughtful way, and considers 'the psychological make up – the thinking, emotions, personalities and past experience – of its participants in the way that it operates' (Johnson et al., 2012 in No One Left Out: Solutions Ltd, 2015). Building on the work of therapeutic communities and the Enabling Environments initiative by the Royal College of Psychiatrists (RCP) (2013), PIEs promote the importance of paying attention to the physical and social environments of services, and include a focus on developing positive relationships with people who work in and use services (Haigh &

Johnson, 2012). The PIE approach has been used in the homelessness sector for some time now, with some agencies such as St Mungo's and St Basil's having done so for many years (Keats *et al*, 2012). More locally to Bristol, organisations working with young people such as 1625 Independent People have included a PIE approach in their work, as have St Mungo's and Second Step in the homelessness sector. Although much of the work around PIEs began in homelessness services, mental health (Araci & Clarke, 2016) and criminal justice agencies (Turley et al., 2013) have also started to use their own PIE approaches.

Services working as PIEs

Services operating as PIEs generally take a positive and proactive approach in the following six areas:

1. **Using a psychological framework**

   (How do clients and staff make sense of their history, experiences and responses?)

2. **Environment**

   (How do we provide a physically, psychologically & emotionally safe space for clients and staff?)

3. **Relationships & responses**

   ((Previously called Managing Relationships) what are the rules for people to engage with each other and how is this communicated?)

4. **Staff training & support**

   (What do we ask staff to do and how do we support them to do this?)

5. **Learning organisation**

   ((Previously called Evaluation of Outcomes) how do we know if what we are doing is effective?)

6. **Reflective practice***

   (Is there a space for staff to think about their work, develop new skills and ensure safe practice?)

Many articles on PIE talk about 5 areas, with reflective practice being part of staff training and support. Recently, it has been suggested that reflective practice could have its own section as it is seen as being central to a PIE approach). We chose to give it it's own space here, as reflective practice and supervision are often de-prioritised first when services become busy, and we wanted to highlight that this can also be the best time to reflect. There is no set guidance for how PIEs should be achieved, as it is important that the approach is flexible with no rules set in stone (Johnson & Haigh, 2011). Although this is the case, there is some helpful guidance available for how this could be achieved (e.g. Breedvelt, 2016; Cockersell, 2016; Department for Communities & Local Government (DCLG) 2010; Keats et al., 2012; No One Left Out: Solutions Ltd, 2015; Westaway et al., 2017; Woodcock & Gill, 2014).

What's a PIPE?

Psychologically Informed Planned Environments (PIPEs) is the PIE approach used in contained environments (e.g. prisons) and is specifically linked to criminal justice services. Although PIPEs are important as many of our clients have contact with offender management agencies, this document focuses on PIEs in community settings as the Golden Key Service Coordinator Team are community-based.

Why are PIEs important?

Although research on PIEs is currently limited, studies have shown that for clients, PIEs can help improve their relationships with staff, reduce eviction, abandonment and rough sleeping rates, help them to make better use of services (leading to positive outcomes) and reduce psychological distress. For staff, PIEs can reduce stress levels, improve engagement with clients, and reduce incidents at work (Araci & Clarke, 2016; Breedvelt, 2016; Cockersell, 2016; Keats et al., 2012).

The PIE vision for Golden Key

The Golden Key vision is for our PIE approach to:

Be designed and implemented with people that our PIE may affect and with those with knowledge in this area (clients, people with lived experience, staff, clinicians, managers and commissioners).

Use a person-centred, strengths-based, Trauma and Attachment-informed, Systemic framework to understand people's difficulties and to underpin the 6 areas of PIE.

Include a focus on the 8 principles for Golden Key partnerships (on the next page).

Provide helpful ideas for other organisations wanting to use a PIE approach.

The Golden Key vision for PIE in general is:

1. For clients to have a better experience of services

2. For staff working in this area to feel valued, skilled and supported to do their work

3. To develop a local network where staff interested in PIE approaches can access support, have place to exchange ideas and be able to link in with national PIE developments

4. For PIEs to be meaningfully embedded in commissioned services and staff practice

5. To be able to contribute to a growing evidence-base in this area

We fully recognise the importance of organisations having their own PIE approaches that have been specifically adapted for their individual services. In addition to this, part of our vision includes working with GK partnership agencies to develop some overall principles that we could all work towards. This idea came from talking to people with lived experience and with staff from different organisations. Based on their input, people felt that the following principles would be important:

1. Client voice
Involving people in service development and delivery through co-production

5. Partnership working
Working together to create sustainable changes in the system

2. Relationships
Enabling staff to develop safe, supportive and respectful relationships with clients, visitors, staff & services

6. Accountability - Putting our hands up when we get things wrong

3. Strengths-based
Identifying and building on people's strengths and skills

7. No false promises
Being clear about what we can or can't do

4. Transparency
Being curious, open & honest in what we do, sharing learning with each other & not reinventing the wheel

8. Training and understanding of PIE
at all levels including commissioning

Priorities towards the vision

Short–term (6 months)

1. **What?** Develop additional opportunities for GK clients to help shape the GK programme

   Why? To be able to organise client input more easily and to create opportunities for clients to meet in positive social space (e.g. focus groups)

2. **What?** Develop versions of this document in alternative formats (e.g. easy-read, audio etc.)

   Why? To make it easier for people to access this information depending on their individual needs

3. **What?** Continue to develop and run PIE workshops for the IF group

   Why? So that more members understand PIEs, which could lead to more opportunities for people to contribute to GK's PIE work

4. **What?** Identify which local organisations have a commitment to / are interested in PIEs

   Why? To get an idea of what has been done already so that organisations can share learning

5. **What?** Develop and facilitate a Bristol based PIE event (in 2017)

   Why? To share learning across organisations, and to keep up to date with what is happening nationally (with an idea for this to be a yearly event hosted by different agencies to make it sustainable longer term)

6. **What?** Identify PIE champions in the Service Coordinator and wider teams

   Why? To be central points of contact for their teams, to make PIE information more accessible, to keep up to date with PIE developments locally and nationally

7. **What?** Develop a local South West network for staff interested in PIEs

   Why? So that staff have a network and ideas sharing space for PIE work, which could also support goals towards PIE being sustainable longer term across services

8. **What?** Update the Golden Key website with information about PIE

   Why? To make it clearer that this is a key area of focus for Golden Key and to provide signposting information for people who would like to know more about PIEs

Medium term (6 months – 2 years)

1. **What?** Develop a tiered system of training for staff, clients, peers and volunteers

   Why? So that people can access PIE and associated training at all levels of the service, to raise awareness of PIE, to develop additional skills and to work towards a whole system culture change

2. **What?** Support the development of reflective practice groups in other teams as needed

   Why? So that wider staff groups have access to support and skills development, to build on current clinical practices and to support staff wellbeing

4. **What?** Identify whether a peer supervision group for staff delivering reflective practice locally is needed and develop a group if it is

   Why? Reflective practice groups can be difficult to set up and maintain and a peer group will provide support for this as well as providing a reflective space for facilitators

5. **What?** Develop a communication strategy

   Why? So that we can communicate information about PIE in more accessible ways (e.g. a 2 minute presentation co-facilitated by people with lived experience).

6. **What?** Evaluate GK's PIE through the University of the West of England (UWE), staff, clients and carers

   Why? To gain an idea of whether GKs PIE work is helpful and effective so that we can change what we are doing if it is not working and do more of what works instead

7. **What?** Develop links with housing providers and projects

   Why? To learn from housing providers that have been using a PIE framework, to share ideas and support those who would like to use a PIE approach and to link in with local and national projects that have a PIE ethos (e.g. Housing First)

8. **What?** Develop and expand the GK PIE Partnership Group and continue the rolling Chair role

   Why? To broaden the membership to a wider range of professionals and to work towards the group being sustainable after the Golden Key Programme ends

Long-term (3 years)

1. **What?** To have clearer access to training across GK partnership organisations

    Why? To enable staff to access relevant training, to meet staff from other agencies, to share skills and build relationships, and to develop opportunities for organisations to joint-fund relevant training (which could help to reduce costs for everyone)

2. **What?** To have all relevant training designed and co-facilitated with clients and / or other people with lived experience

    Why? To create training about people with their input as they are the experts in this area and to use a systems thinking approach of getting advice from those that our work affects

3. **What?** Develop work on transitions, engagement and support planning

    Why? To include GK's previously identified areas of work for PIE and to link this in with other GK areas (e.g. Trusted Assessment, Transitions group, Manifesto for Change)

4. **What?** To develop links in the wider community to work on reducing stigma towards GK clients and people in similar situations

    Why? People can face a number of disadvantages (e.g. social inclusion, exclusion from good quality housing, education, employment etc.) based on their backgrounds and this can have a negative impact on their goals, identity and self-esteem

5. **What?** Maintain links across local and national partnership agencies with an exit plan for GK

    Why? To continue to provide support for PIE work locally, to develop links with PIE - related projects and because Golden Key is a temporary programme with an aim of creating sustainable system change amongst local services

6. **What?** To learn about how PIE commissioning processes could be developed

    Why? Work is beginning on this at a national level and if we are thinking about culture change, it would be helpful to include service developments at all levels

Who's our PIE approach for?

We aim to include the following groups, starting with the GK Service Coordinator team:

1. People who have a GK Service Coordinator allocated to them and their carers, family / friends
2. Members of the Independent Futures (IF) group
3. Staff / volunteers working with the Service Coordinator & Programme teams
4. Staff from Partnership agencies who would like to use ideas from this consultation
5. Commissioners

The 6 areas of PIE

In this section each of the 6 areas of PIE are explored in more detail to give an overview of how Golden Key would like to develop in these areas, based on the feedback that we received from people about their experiences of services in general.

1. Psychological approach

The psychological approach has been described in different ways. Some describe it as having a general understanding of clients' experiences (Johnson & Haigh, 2011)), while others suggest that a more formal psychological framework might be useful (Cockersell, 2016). There are several different approaches that services can use, such as empathy, Systemic, Psychodynamic, Person-centred or Buddhist amongst others. The section below explains why we chose to focus on the following areas.

*Please note that there may be information in this section that could be triggering for some people.

Trauma and Attachment

> " *It's important that people understand that we are shaped by our environment and that there's not something wrong with them [clients] as individuals, but that things have happened to them, which have shaped their lives.*
>
> *IF Group member* "

We decided to use a Trauma and Attachment framework based on the feedback we received and on current research. This is because many of the people that we work with have experienced traumatic events in the past, such as living in abusive environments and/or experiencing separation, loss and/or unsupportive or confusing early relationships. The clients that we spoke to described situations from the past that they felt contributed to their current difficulties or to the difficulties of their peers:

> "
> - *I drink because of the feelings and thoughts of what I've been through. I think people drink because of people they've lost or died or what they've been through*
> - *I've been to places where other people's heads couldn't even return from*
> - *People have addictions through no fault of their own…bad upbringing, traumatised, hanging out with people who are no good for them, loneliness, boredom*
> - *There's an underlying thing, the drugs are a symptom of a problem*
>
> *(GK clients)* "

We believe that taking a 'what's happened to you?' instead of a 'what's wrong with you?' approach will help us to better understand people's needs and our own responses to them, as well as being a less stigmatising approach. Being a Trauma Informed programme means that we will review and adapt our practice and policies so that we include our understanding of trauma in everything that we do, by drawing on the current guidance on Trauma Informed models of Care (TICs) (e.g. Fallot & Harris, 2009; Guarino et al., 2009; Harris & Fallot, 2001; Institute for Health and Recovery 2012; Klinic Community Health Centre, 2013; Substance Misuse and Mental Health Services Authority (SAMHSA), 2014). This means focusing on safety, collaboration, choice and empowerment, and working in a way that is gender-informed, that understands the links between trauma and other areas ((e.g. neurobiology, chronic health, substance use, offending etc.) Felitti et al., 1998), that avoids re-traumatising people and that recognises that supportive, therapeutic relationships are the principle methods of change.

People spoke positively about their relationships with their Service Coordinators, about the importance of building trusting relationships with staff, and of staff not giving up on their attempts to build these relationships, even though this could be challenging for everyone involved:

> - *If I work with someone I don't want them to leave in a week, I want to get to know them so that I can trust them*
> - *I can tell [my service coordinator] to f**k off every week and [they] still come back and they're still impeccable…I couldn't get rid of them… [that gave me a lot of] positivity*
>
> *(GK clients)*

We felt that understanding relationships through an Attachment theory framework would also be helpful. This says that the relationships that we have with people when we are young can play a large part in how we see ourselves, the world and other people when we are adults (Bowlby, 1973) and that this can also be shaped by our culture and gender (Danquah & Berry, 2014). By paying attention to this and by trying to understand the relationship patterns and responses of our clients and of our own, we hope to be able to make more sense of situations, including how clients experience asking for and receiving help, their ability to understand what goes on in their minds and in the minds of others ((mentalisation) Bateman & Fonagy, 2006)), what it is like when moving from one service or key worker to another, and their relationships with staff and peers. This could then help us to respond in a way that better meets people's needs and to provide an emotionally safer environment for clients and staff. We felt that using a Trauma and Attachment informed approach together made sense, as traumatic events often affect other people and because the separation and loss of relationships can also be traumatic.

Systemic

It is important for us that trauma and attachment experiences are not thought about on their own, but that they are seen in a broader context. For example, studies have shown that system failures (e.g. in care and prison systems) can lead to homelessness (European Federation on National Organisations Working with the Homeless, 2017) and that cultural norms, social policies, socioeconomic status, education systems etc., can all influence trauma and communities' responses to it (Bramley *et al.*, 2015; SAMHSA, 2014). Clients and staff may also experience services and their own difficulties differently, depending on characteristics such as gender identity, religion, ethnicity, age, ability, sexuality, religion etc., and so these areas are also important for us to consider when thinking about people's experiences (Burnham, 2011; Roper-Hall, 2008). Diversity was mentioned several times in our discussions, and so instead of thinking about this separately, it feels important for this to run through all areas of our PIE. We also chose a systemic approach as thinking about people's networks (peers/family/carers/pets etc.) and how they can affect situations (positively or negatively), can also be beneficial for clients. Working systemically means being curious and not thinking of ourselves as experts, but instead understanding that people are the experts of their own worlds and that we can never truly know what their experience is like. This was seen in the feedback from clients:

> *Don't judge me unless you've walked in my shoes, cos unless you've walked in my shoes how can you know what's going on?*
>
> *(GK clients)*

It also means being able to think about more than one perspective at once, as there is never only one truth in a situation, but always a range of views that are shaped by people's different backgrounds.

Person-centred

Clients and staff mentioned the importance of people being seen as individuals, as how they respond to their own needs and goals will be personal to them. Taking a person-centred approach allows us to use different ideas that could be helpful to clients, and avoids us being restricted to only one way of working. It also allows us to focus on building therapeutic relationships with people, which studies have shown are essential for PIEs to be effective (Turley et al., 2013; Westaway et al., 2017). There is a lot of research on the importance of staff building therapeutic relationships with clients and how this is one of the most helpful ways for clients and staff to bring about change (Levy, 2010; Petrovitch, 2015). We also heard the same message from GK clients and SCTs, who talked about how having a positive relationship with each other, was a basic but completely essential need.

Strengths-based

It was important for people that staff work to empower them, and to recognise the strengths that they already have:

> " *Listen to clients, even put some trust in them, most people don't put trust in the clients – not say 'leave it with me', we've both got to do things, we've both got to help out – it's a two-way thing*
>
> *(GK client)* "

> "
> - *Nobody mends other people – people mend themselves with the help of other people*
> - *Understand that giving clients an element of control and [clients] not feeling that they have no choice [is important]*
>
> *(IF group member)* "

People also mentioned identifying client's strengths through talking to them and finding out more about the person, as well as staff needing to aim higher for them. They described feeling labelled by services that tended to focus on problems, and how they often take this view on as their own identity. This was also mentioned by SCTs as being an issue:

> "
> - *I don't like the word alcoholic…[its] prehistoric, stone age, move on, it's old and tired, what needs to be put forward is a new approach [one that's more positive]*
> - *The way you fill out forms is about what's wrong with you and that's how you get help, you know that stuff off by heart as that's what you're asked – to list a string of things [that are wrong] and that gets you thinking of yourself in those terms, it rubs off on you - 'I'm a manic depressive, I've done this for 9 years – if you want people to get out of the system don't focus on problems*
>
> *(GK client)* "

As a result of this, we feel that we need to focus on clients' strengths, noticing and building on what people can do despite any other challenges that they might be facing.

Together, all of these above areas make up a framework that we plan to use, to make sense of and to respond to clients' experiences.

2. Environment

The environment covers physical, psychological, emotional, social and green environments and access to agencies that are relevant for people's care (service pathways). This applies to clients, their family / carers, visitors and staff. Having a safe and friendly environment was seen as essential as people described how stressful it can be meeting staff, going to appointments and being in certain physical spaces, due to their backgrounds and past experiences of services:

> *   *[I'm thinking] are they gonna help me or are they going to look down their nose, get rid of you because they've got someone else to see?*
>
> *   *[Staff are] not interested, they want you to keep your mouth shut and go away, they're busy people, they're under-resourced*
>
> *   *No one can make you feel safe in a hostel [you're always thinking] 'am I gonna get kicked out, am I gonna be attacked or is someone going to take you for a ride and take your money. There ain't nowhere else to put you so you're stuck there*
>
> *   *What I don't like is they take notice of people who make the most noise and other people get missed. Staff need to pay attention to everyone*
>
> *(GK client)*

They gave suggestions for what services could do to help reduce anxiety by supporting clients in practical ways. Some of these suggestions cost money, but most of them do not:

> *   *Being flexible to meet where people feel more comfortable, such as in an area familiar to that person or that doesn't involve them having to travel far but the worker going to them*
> *   *[Being] offered spaces to talk so you don't have to ask [as this is often difficult]*
> *   *Bus fares available on the day [if people need financial help with this]*
> *   *knowing when to signpost and [when to] make direct links – helping services to come to [clients]*
>
> *(IF Group members)*

> • *Having a quiet space where you [can be] confident and open*
> • *For staff to check out 'is it still ok to talk?' [if you are not somewhere private]*
>
> *(GK client)*

> • *[Being] flexible [about when to meet], be mindful that its not the same time every day so it doesn't impact the client [although some clients might find a regular time helpful]*
>
> *(SIG member)*

People with a trauma background may find going to new places particularly difficult and it can be helpful to show people photos of buildings beforehand and to explain what might happen when they arrive. Additional suggestions were also made to help prepare clients beforehand:

> • *Show people [on a map] 'this is where we are, this is where this place is'*
>
> *(GK client)*

> • *Meet and greet [especially if the place is not easy to find] e.g. meet at MacDonald's, you can chat about the weather, something light-hearted….it helps to reduce anxiety*
>
> *(SIG member)*

Ideas were also given for how staff could help people to feel safer and able to talk more openly:

> *[Contact with staff]*
> • *Staff to phone me, to give notice before the day when you meet*
> • *If I've got to meet someone, I'd like them to introduce themselves*
> • *Keep info accessible, don't use too much jargon*
>
> *(GK clients)*

> - *Listening's really important*
> - *Smile*
> - *Have an initial person with lived experience to do assessments, you trust that person, they're points of contact…you know it's the words they use, [but] they don't have to say anything [either]*
> - *Understand your clients and the people you're meeting as a person*
> - *Provide support for carers*
> - *Look at different ways of leading people into conversations*
> - *Distract them [clients] with an activity [while you talk]*
> - *Not sitting in a room with someone saying 'how does that make you feel?' It makes me feel angry – your mind is all over the place anyway…if we knew how we felt, we wouldn't be here*
> - *We're made to feel guilty (so we can't be open and honest) as we're lucky…I don't need to know about budget cuts and finances and how lucky we are [to access services] as we don't feel lucky*
>
> *(SIG members)*

Within this, diversity was seen as important including considering any written language barriers. As well as this, the following suggestions were made:

> - *Don't assume [that clients would want to work with staff from the same nationality]]…ask*
> - *You can pick up on things straight away – support workers being afraid to ask about diversity – if you don't know, just ask*
> - *Having choices, sometimes you don't get on with someone, having the chance to change the person or having a choice of male or female worker can make a difference*
>
> *(SIG members)*

People mentioned that changes could be made to different parts of the physical environment too that could also make a difference to how they might feel:

15

> **[Waiting rooms]**
>
> - Meet and greet – it's scary, receptionists might be on the phone…[this can be] too overwhelming, too intimidating
>
> - Too many people…these places are big buildings, they're busy – reception areas, too much going on, it's too much, … people have got enough going on in their heads
>
> - Needing to have a quiet space, lots of times having to have an appointment…. in a waiting room - you just shut down and don't want to go back
>
> - Waiting rooms should have a calming colour, nothing like red or white, nothing too much – more Zen, not too much pictures
>
> - Eliminate triggers, if you know someone's going to be triggered by something in the room – remove it if you know about it, or learn for next time
>
> - Use technology - a tablet they can look at or headphones they can use, like distraction
>
> - Like GPs, you've got a screen you can at least look at that and you don't have to look at anyone
>
> *(SIG members)*

> **[Meeting rooms]**
>
> - Having a box of tissues in a room – makes you think 'they're going to make me cry'
>
> - Have them [tissues] somewhere else
>
> - Clocks – have it somewhere both of you can see, or have it in your pocket and have it on vibrate to let you know you've got 10 minutes left and then say 'we've got 10 minutes left'
>
> *(SIG members)*

Service Coordinators spoke about meeting clients in a variety of spaces including libraries and cafes to give them experiences of mainstream venues, to introduce an aspect of identity that does not revolve around homelessness and to show people that they can develop a sense of belonging in nice settings.

Reliability was one of the things that was frequently mentioned, with clients wanting staff to be realistic about what they can and cannot do and doing what they say they will do:

> - *[For staff to say] 'I may be able to do this but I may not', if that person doesn't come back to give a yes or a no, it makes me think that they're no good*
>
> - *Don't make false promises, that's when people get agitated, frustrated and think 'what's the point? I may as well go down the road and get p*ssed'*
>
> - *The worst thing is when people let you down…the main thing to say is I'm sorry, I'll ask my boss but I can't make any guarantees, let me find out if there's an alternative, I'll talk to my colleagues but there's no guarantees,' say it in an amicable way and a truthful way instead of palming people off*
>
> (GK clients)

> - *[Staff need to] follow-up, [show] due diligence, seeing work through to the end, not letting things slip*
>
> (IF Group member)

Green environment

Studies have also shown how physical environments (e.g. building design, colour. lighting, furnishings etc.,) can have a positive impact on people's wellbeing, as can being involved in natural environment activities such as growing vegetables on allotments (Boex & Boex, 2012; Whittington, 2016). Increasingly, attention is being paid to these benefits, which GK staff also identified as being beneficial for clients and that clients wanted more of, with some people finding it easier to talk away from the city:

> - *If it's nice weather go to a park, I'd love to do that, to get out of the flat – be nice to go somewhere like a park, I get bored of cafes, would be nice to go to a different location*
>
> - *Going to parks is a brilliant idea, it's very nice, it's very relaxing…a lot of people wouldn't have thought about it, I wouldn't have thought to suggest it*
>
> (GK clients)

Social spaces

Social isolation was mentioned a number of times in our conversations both by people with lived experience and by staff working with them. Service Coordinators wanted to set up positive spaces where clients could meet their peers (e.g. days out, focus groups etc.), which people also felt was important:

> - *You don't meet anyone – so having a place to meet and build a community [would be helpful]*
>
> - *You're isolated…create a community and a network*
>
> (SIG members)

17

Service environments and transitions

People spoke about the difficulties of moving from one service to another and the need for additional support to be available at these times, as they are often stressful and can be traumatic. Suggestions were made for how this could be improved, with organisations:

> "
> - *Sharing best practices across the board with each other rather than saying 2 years down the line 'we already do that'*
> - *Better consistency across services*
> - *Staff training is universal so they're all singing from the same hymn sheet*
>
> *(SIG members)* "

Staff described how some clients had told their stories so many times to different agencies, that it had lost its meaning and their ownership of it. People also spoke about having to go through different assessments and finding this upsetting and frustrating:

> "
> - *Talking about your history time and time again, having to say your story again to a new agency – why can't they use the same paperwork*
> - *I've been supported by different agencies, I have to remember what I did [that] was bad - remembering doing crazy things in hospital*
> - *Can't you have a support worker who'll say 'I'll tell your story for you unless you want to?*
>
> *(SIG members)* "

Additional recommendations were made about paperwork, for services to start:

> "
> - *Sharing client files*
> - *All organisations having similar paperwork with each other*
> - *Can't it be that people write down exact words – no interpretation*
>
> *(SIG members)* "

Service environments also included organisations thinking about how we work with each other, in order to provide the most benefits to clients. This included:

> • *Sharing with partners – [avoiding] tokenism vs real sharing (across partner agencies)*
> • *Talking to all partners – communication*
> • *System change – people working together...learning*
> • *A philosophy of being sensitive to different approaches and structures*
>
> *(IF Group members)*

People spoke about the importance of all relationships, communication and the rules of engagement needing to be transparent from individuals and services:

> • *As human beings we're always realising that we have to be ourselves to get our point across*
> • *Identifying, recognising when we don't get things right*
> • *Putting our hands up and not trying to rationalise things away, not explaining why things are being delayed / not right - instead of saying 'we've got things wrong'*
>
> *(IF Group members)*

Wider society

A further recommendation which fits with the environment is that services should play a part in improving how clients are viewed by others and that this should be done by:

> • *[Being] de-stigmatising, having a commitment to talk about clients in a de-stigmatising way to the public*
> • *[GK] Reflecting the culture of Bristol*
>
> *(IF group members)*

Environments for staff

Service Coordinators valued being able to meet clients in informal venues and having the flexibility to meet at different times. They wanted more confidential meeting spaces for clients, and felt that this was currently difficult to access. They discussed the importance of men being able to access equivalent nurturing environments that are often seen in women's services and of removing barriers between staff and client environments, by e.g. leaving office doors open. They would like a better office space for their own wellbeing, that was in a good location for meeting clients, and computer and phone systems that worked well and it was felt that this is currently missing. Staff valued their ability to work autonomously, to work from home, to meet their colleagues for a coffee and support during a particularly challenging day and also valued being part of a close and supportive team.

3. Relationships & responses

This area of PIE thinks about the relationships that clients have with each other, staff and services and about staff relationships with colleagues and their employers. It also includes the rules of engagement e.g. what are the expectations for how clients should be at particular services? How are they expected to behave and how is this information communicated and reviewed?

Speaking with clients and people with lived experience, it was clear that whatever the rules, they need be developed and delivered with client involvement and in a person-centred way. This would mean that, organisations would be:

> * [Having] awareness of client diversity – people being treated as an individual, different styles of communication might be needed depending on who people are talking to*
>
> * *[Asking clients – 'what do you need and what would you like us to do?'*
>
> * *Using a person-centred way of working [going] at people's pace*
>
> * *Releasing information in stages - not overloading people with information when they're already stressed*
>
> * *Thinking about how information is communicated*
>
> * *Clearly explaining language*
>
> * *[Using] everyday language*
>
> * *Using positive engagement, flexibility, be open-minded*
>
> * *Speaking honestly and being realistic*
>
> * *Reviewing rules with people that they [the rules] will have an impact on to gain feedback & ideas for improvement*
>
> * *Realising that PIE doesn't mean being wishy-washy, an informative part might mean talking to people in a direct way*
>
> * *[Using a] learning process – having a space for this*
>
> *(IF group members)*

People also spoke about the impact on them when expectations were not communicated in this way:

> * *I got given a booklet [on the rules] but it was terrible as I can't read*
>
> * *[You get told] 'these are the rules, if it changes we'll let you know'*
>
> *(GK client)*

Several people felt that having rules was often helpful. What was a problem though, was when the rules were not used in the same way with different clients:

> • *[Services] do well at sharing rules but don't do too well at enforcing them. Something's happened and they've [a clients] broken the rules and nothing happens, they're allowed to re-offend…it's like children, some people like the rules, if they're not enforced they'll walk all over them*
>
> *(SIG member)*

Several suggestions were made for how rules and rule breaking could be more specific:

> • *[Explaining] What is threatening behaviour? For some people it's fists, for other people it's shouting*
>
> • *[Explaining] that behaviour – if you do this – what would it look like, not just tick and sign…give someone a walk round, bring them into it*
>
> • *Help people to understand their responsibilities*
>
> • *Helping people to understand [checking their understanding]*
>
> *(SIG members)*

It was also important for people to have their rights explained to them and be informed that they would be protected if they wanted to make a complaint:

> • *[Help people to understand] their rights [not just their responsibilities] - what you can do if you don't get along [with other clients]*
>
> • *[People should be] told 'and you can complain and we'll listen, we don't mind if you tell us there's an issue'*
>
> *(SIG members)*

Suggestions were also made for services to have 'whistle blower' protection for clients that wanted to raise their concerns or dissatisfaction, as they often felt that if they did, they would lose out in some way from either being treated differently by the organisation, or if they complained about other clients, this could cause unwanted problems between them.

4. Staff training & support

Staff recruitment and training were both important areas. A common request was for staff to have lived experience and for staff training to be developed and delivered with people with lived experience.

> " • *You can have all of the training in the world but it doesn't let you know what Schizophrenia's like…[it would be good to have] more staff with mental health problems or somebody who's been with a person who has – they know what it's like*
>
> • *[Getting] staff that are more experienced…you can't just read everything out of a book as 9 times out of 10 it's going to be a load of crap*
>
> *(GK clients)* "

People felt that It was also essential for staff to have a real passion for their work. Research suggests that employing the right staff who share in the PIE ethos is also important for this approach to work, as without this, there's a risk of inconsistent approaches undermining the work of staff who are committed to PIEs (Turley et al., 2013). People also wanted staff to have both basic and specialist training and support, and asked that this included:

> " • *[Having] training – if you want staff to support a client group, ensure that they have the skills, knowledge and experience for their role*
>
> • *Training on PIE*
>
> • *Training on how to resolve conflicts through understanding the people that they're working with (conflict resolution skills [why conflicts might occur and how to respond to these])*
>
> • *Talking about science and how the mind and body are interlinked [substance use, early and adult relationships [attachment], trauma]*
>
> • *Diversity (understanding that people have diverse backgrounds and diverse needs, being culturally sensitive)*
>
> • *Recognising training avenues are not just for staff but also service users*
>
> *(IF Group members)*
>
> • *People who aren't doing client work, stepping out of ivory towers and spending time with clients*
>
> • *Staying connected with clients*
>
> *(SIG members)* "

Service Coordinators wanted training to be developed and delivered with client involvement. They felt that certain training was important (e.g. on psychosis, working with people with personality disorders, trauma, formulation, Psychologically Informed Environments (PIE), Systems Thinking, risk and safety planning and mental health) but that the main thing that had been helpful in their learning was the experience of doing the job and the ongoing reflective discussions that they had with their peers about this. In addition, they thought that it would have been useful to spend more time shadowing staff in other agencies to help get a better sense of their roles and services and they had found it useful when staff from other agencies gave talks about their work at GK team meetings. They also felt that reviewing their induction after 2-3 months of being in the role would be useful, to see what they had learned and to identify any further learning needs. They also felt that it would be helpful for new staff to learn about GK through hearing more experienced staff talking to other agencies about the GK programme.

Listening to all of the feedback that we received from clients, staff and people with lived experience, we believe that it would be helpful for the Golden Key training to include the following:

- **A stepped approach across 3 levels** (introductory, intermediate and advanced) (with training increasing in the level of detail and comprehensiveness according to the time staff spend on clinical practice and client contact)

- **Training that includes awareness-raising for clients and people with lived experience**, to help support their understanding of PIE.

- **Training for non-clinical staff including admin, managers and commissioners,** as appropriate to help with whole system learning and culture change

- **Joint training sessions with other agencies**, with those wishing to access training (including GK) needing to plan how they would support staff to use the skills learned in a sustainable way. This could be through clinical supervision and / or reflective practice sessions

For further details, please see the table on the following page (please note that this is not a full list – staff would also attend their own agency training and this list would be open to change based on feedback and new developments). It also does not include some skills areas that may be delivered through mini workshops and reflective practice (e.g. developing psychological formulations, safety planning)

Training

Level	Training	Staff with minimal clinical contact with clients			People with lived experience			Clinical staff	
		Admin	Managers & senior practitioners	Commissioners	Clients	IF Group	GK peers	Some specialist clinical training needed e.g. support workers, health care assistants	Higher levels of specialist training needed e.g. Service Coordinators, Care Coordinators etc.
1	Psychologically Informed Environments (PIE) (1hour – ½ day) –to include an introduction to trauma & attachment models of care, reflective practice & feedback & outcomes	■	■	■	■		■		
2	PIE (1 day)					■		■	
	Trauma & attachment models of care (1/2 – 1 day)		■			■	■	■	
	Knowledge and Understanding Framework (KUF) for people with difficulties associated with personality disorders (3 days)		■				■	■	■
	Motivational Interviewing (1 day)		■				■	■	■
	Working with violence in the community (1 day)		■				■	■	■
	Engagement, pre treatment & stages of change (1 day)		■				■	■	■
	Understanding suicide & self-harm (1 day)		■		■		■	■	■
	Understanding psychosis & unusual beliefs		■				■	■	■
	Working with Diversity (1-2 days)		■				■	■	■
3	PIE (2-4 days)								■
	Trauma Informed Models of Care (1 day) including stabilisation				■			■	■
	Attachment & Mentalisation (1-3 days)							■	■
	Safety First / Seeking Safety / Complex Trauma (1 day)		■		■				■
	working with people with a diagnosis of / difficulties associated with Personality Disorders (1-2 days)		■		■		■	■	■
	Managing staff within a PIE framework (1 day)		■						
	Facilitating reflective practice (2-3 days)		■						■
	Systems thinking (1-2 days)		■	■		■			

5. Learning organisation

Research on PIEs has been gradually growing over the past few years, particularly through services contributing their outcomes through practice-based evidence (feedback from clients and staff using and working in PIE-based services). Many of the studies so far have found that PIEs tend to be positive for clients and staff, but more research is still needed in this area. Several of the people that we spoke to felt that it was important for us to look at what other organisations were doing, to evaluate our own work on PIES and to question some of the underlying concepts in use. For instance, people asked us:

> *   *How do we know if what we're doing is useful [if we don't look at whether or not our work is making a difference?]*
> *   *[To be] looking at standards – [but in a questioning manner e.g.] best practice - what does this really mean?*
> *   *Not wasting time and resources if we can learn from others [beforehand]*
>
> *(IF Group members)*

It has been suggested that PIEs are evaluated at three levels: 1) Government and commissioner defined policies 2) Service level outcome measures 3) Individual outcomes (Keats et al., (2012) and where resources allow 4) Research (Breedvelt, 2016). The Golden Key Programme currently collects data through the New Directions Team assessment ((NDT), South West London & St Georges Mental Health Trust (SWLSTG) 2008), the Warwick Edinburgh Mental Wellbeing Scale ((WEMWBS), Tennant *et. al*, 2007) and the Homelessness Outcomes Star ((HOS) (Mackeith *et al.*, 2008) as standard practice.

In addition, Golden Key's PIE work is being evaluated by researchers from the University of the West of England (UWE) through gaining feedback from clients and staff. The lead researcher has worked collaboratively with people with lived experience and with staff to further develop a staff survey that has previously been in use elsewhere, to make it more specific to GK. The plan is for this to be available online and in paper format to identify where staff feel that we are in relation to PIE. Plans are also in place to develop a way of collecting feedback from clients to see if working in a PIE way has any positive impact on them. We also want to evaluate GK's PIE through independent evaluators from external agencies in other geographical areas.

Several people that we spoke to felt that it was important for people with lived experience to be involved in gaining client feedback. This is an area that UWE have been working on by training people with lived experience to be peer researchers:

> • *[Use] former service users [we've] had our own journeys, [we can] make a point that we're not employed by the organisation*
>
> • *Getting information from clients – it's important to involve peers, its easier and you [clients] can be more free [with what you say]*
>
> (SIG members)

Additional suggestions for evaluations were:

> • *Having a meeting, have your worker or peer mentor [there], maybe the manager, [it'd be] good for a group discussion*
>
> • *[Group feedback with other clients] it's important to have opportunities to share learning*
>
> • *Feedback is important to give, you can see how you're getting on…keep it simple*
>
> (GK clients)

> • *Hand out questionnaires*
>
> • *Going out to talk to people*
>
> • *Using different ways, some people talking over the phone, some people email*
>
> • *[Using] incentives, vouchers or food*
>
> • *[using technology] ask people how they felt in the waiting room today, put an app on, if support workers talk to you wrong put it on the app and you get the info straight away*
>
> (SIG members)

We would also like to keep up to date with national developments in evaluating PIEs and although there's no standard measure currently in use across services, there are plans to create a tool that agencies (from different geographical areas) can use to evaluate each other (see: http://PIElink.net). This would give agencies impartial views from other organisations working in a similar way, but without the fear of them being evaluated by competing services. It was important for us to get a clear sense of what Golden Key would look like if we were being PIE in each of the 6 areas, so that we have a better idea of our goals. For an overview of this, please see Appendix 1 – PIE outcomes at the end of this document.

6. Reflective Practice

Reflective practice runs through all areas of PIEs and has been used in different professions (e.g. education, social work, psychology) for several decades. Recently studies in homelessness services have shown that it can lead to: Reduced staff absences, fewer incidents and evictions, collaborative working, better staff morale, and improved engagement and outcomes for clients (Innovation & Good Practice Team, 2007). A number of different descriptions have been used for reflective practice, with no agreed model for organisations to use. For GK, reflective practice can be described as a careful and critical consideration of actions before, during and after events, and the subsequent learning gained from this (Bassot, 2015; Schon, 1983). Service Coordinators (SCs) reflect in various places including weekly – monthly peer supervision groups, a monthly reflective practice group, monthly individual clinical and separate management supervision and additional reflective spaces as needed. They also reflect on their wellbeing at the beginning of team meetings and reflections are a key part of team days.

At present, the reflective practice group is attended by SCs only, with managers, senior practitioners and admin staff able to access groups with their peers. The aims of these spaces are for staff to be able to talk and think about their work freely in non-judgmental environments, to learn with their peers and to further develop their knowledge and skills. This includes reflecting on what is and what is not going well in their work and on alternative ways of working. They are also spaces to think about the impact of client work on staff and vice versa and to discuss the challenges of their roles, offering and receiving support from colleagues. Although staff access different spaces for reflection, interviews with SCs (by the University of the West of England (UWE)), found that reflective practice is now seen as something that runs all areas of the SC's work, instead of being viewed as something that is separate.

Where next?

The conversations that we had helped us to get a much better sense of where we are now with PIE, where we want to get to and where we need to do more work (see Appendix 1 – Where we are now?). From this, we identified our short, medium and long-term goals (see earlier sections), the potential eight principles for GK services and four key areas that we plan to focus on in the coming year, which are:

1. **Client voice:** Develop a strategy for client involvement
2. **Client transitions:** Develop supportive transitions for people across services
3. **Psychological approach:** Review policies and procedures in line with our frameworks
4. **Staff training:** Explore and develop a partnership-wide approach

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Appendix 1 – PIE outcomes

The information in the below areas are a summary of the goals that Golden Key (GK) would like to achieve in relation to our Psychologically Informed Environment (PIE). In addition to this, we also plan to work towards some of the outcomes highlighted by No Solutions Ltd (2015) in their Creating a Psychological Environment document (please see the reference list and main text for more details).

1. Psychological approach

Clients would feel understood by staff and have a sense of how their past experiences might be influencing their current difficulties. Staff would have a shared understanding of ways to make sense of people's experiences through a person-centred, strengths-based and Attachment and Trauma Informed Systemic framework, and be using skills in this area to inform their work. Golden Key would have trauma and attachment informed policies and practices.

2. Environment

Clients could choose where to meet their Service Coordinators with access to safe, confidential, and welcoming spaces. Staff would be flexible about when to meet clients and clients would have information about venues and appointments beforehand. Staff would have access to comfortable and confidential venues for meeting with colleagues. Clients and staff would feel physically, psychologically and emotionally safe in these venues and they would also have access to green and social spaces. Clients would feel supported to move in and out of services and from one service to another, and they would be helped to prepare for these changes. Organisations would work to reduce stigma and prejudice towards clients, to help improve their experience of wider society.

3. Relationships and responses

Clients would understand how their Service Coordinators will work with them and have access to reminders of this (as many clients find it difficult to remember information). Clients would also be involved in developing guidelines for how staff should work with people and be involved in reviewing this at a later date. Staff would be able to prioritise relationship building with clients when needed and use the therapeutic alliance as a vehicle for change. Clients would have an idea of the responses that they can expect from staff and staff would be able to explain these to clients.

4. Staff training & support

Clients would feel that staff are skilled in their roles and that they can support them in different areas. Staff would feel skilled to carry out their roles and feel valued by their employers, with GK investing in their personal development. They would also be using supervision and reflective practice to help put the skills learned into practice. They would be finding this helpful and their skills and reflections would be evident in their work. Staff would have the autonomy to carry out their roles and feel able to approach managers and supervisors for additional support when needed, and they would be able to do this without fear of being judged negatively if they felt stuck or unsure of what to do.

5. Learning organisation

Staff and clients would have the opportunity to give feedback on how psychologically informed they think that Golden Key is. Outcomes from these evaluations would demonstrate that using the PIE framework had a meaningful and positive effect on staff clients and their friends, carers and family in a way that improves their experiences with Golden Key. Members of partner organisations such as Golden Key peers and the IF Group would also notice a positive effect of GK PIE work.

6. Reflective practice

Staff would have access to monthly reflective practice sessions and feel safe enough in this environment to share reflections and concerns about practice-based and wider service issues. There would be a mechanism for reviewing and providing feedback in this area and scope for this feedback to bring about change. Clients would be less likely to witness staff stress, as staff would be reflecting on their experiences in a place where they feel emotionally and psychologically supported.

Appendix 2: Where are we now?

The following section describes where the Service Coordinator Team is now, and highlights our current strengths and areas for development in relations to the 6 areas of PIE, with an outline if a brief plan for how we intend to develop in these areas. This is based on the information in the main PIE consultation document and additional knowledge of Golden Key.

1. Psychological approach

Strengths: Our psychological framework was developed with input from clients, people with lived experience and staff. Service coordinators are already experienced in using person centred-approaches and already understand some the influences of trauma and attachment, without necessarily having had any formal training. Staff have experience of systemic issues through their Systems Thinking training and the application of these skills to the challenges that clients face, and to partnership working and individual learning projects.

Areas for development: Training is needed for staff on trauma, attachment and additional systemic approaches. Currently there is no formal way for GK clients to provide input or facilitation into staff training, which is a GK goal for how we want all training to be delivered.

Plan: A working group is being developed to focus on client involvement and co-production and local trainers are also keen to use this approach with us. Golden Key clients and people with lived experience from other organisations have shown an interest in helping GK to develop in this area and we plan to involve them as much as possible.

2. Environment

Strengths: Clients can meet staff at a variety of venues, days and times. Staff have a good understanding of the environmental needs of their clients and can respond quickly and creatively to their feedback. Staff can work autonomously from various venues, can meet colleagues for support as needed and have developed close working relationships with their team. Golden Key is a partnership where service pathways and transitions are areas of development and are the focus of ongoing projects (e.g. Trusted Assessment and transitions work)..

Areas for development: It is difficult for staff to find confidential spaces for working with clients at short notice and particularly if they are banned from or need to avoid the agencies where Service Coordinators have access to rooms. There are several issues with the current office with few immediate options to change this and there are ongoing issues with phones and computers. Further work is also needed to look at and understand client transitions across services.

Plan: The office is rented through a temporary contract, with the potential to change offices in the future.. We also plan to re-establish the PIE & Wellbeing Group and the office environment will be part of this group's focus. Aspects of transitions are being looked at through the Trusted Assessment work and will be a focus of the GK PIE Partnership group over the next year.

3. Relationships and responses

Strengths: Clients speak positively about their relationships with Service Coordinators (SCs) and staff are motivated to understand clients' experiences and clients' and their own related responses to this. There are limited rules for working with GK clients, which means that SCs can be flexible in how they respond, incorporating new learning. Golden Key is also a partnership of agencies whose goal is to work collaboratively through systemic approaches, to develop sustainable positive changes for clients.

Areas for development: There are no clear rules for GK clients and staff, which means that clients and staff might find it difficult to know what's expected of them.

Plan: To link work in this area with the working group for client involvement to develop a set of expectations for GK clients and staff.

4. Staff training and support

Strengths: GK now has a clear training plan of the relevant areas that they wish staff to be trained in and some training has already been delivered, with training for clients and people with lived experience already included in this plan. There is growing interest from agencies and people with lived experience to access and/or develop and co-facilitate training with GK.

Areas for development: Training days either need to be accessed (if the resources exist) or be developed and delivered where no course is currently available.

Plan: For GK and the GK PIE Partnership Group to have a focus on training over the next year.

5. Learning organisation

Strengths: There are good working relationships between the IF Group, the PIE Partnership Group at GK and the lead evaluator at UWE who have been building a collaboratively developed staff survey to measure where we are with PIE. Several organisations are currently piloting the questionnaire for UWE, before it is used with the Service Coordinator Team. GK has good links with fulfilling lives projects in other areas, who have indicated an interest in us evaluating aspects of each other's programmes.

Areas for development: The Service Coordinator Team (SCT) has been working within a PIE framework for some time now and no baseline data has been gathered as of yet. This has meant that we have not been able to capture as much of the learning in this area as we had hoped and until recently, needed to wait for sufficient pilot data to be collected before being able to use the measure.

Plan: Clients and people with lived experience have offered to be involved in helping evaluate GK's PIE through their suggestions and ideas and through peer research with clients. A national evaluation tool is currently in development and GK plans to also use this tool in a reciprocal way with other organisations.

6. Reflective Practice

Strengths: The monthly reflective practice sessions for staff have been running for over a year, and staff also attend peer supervision sessions where they can also reflect on their work. Reflective practice is used by the team throughout their work and not just in designated reflective practice spaces.

Areas for development: Informal feedback only is gathered at present as there is no formal feedback mechanism in place. Not all of the staff team are able to attend reflective practice sessions at the same time. New staff have recently joined GK so a new set of guidelines for the group need to be developed.

Plan: A survey is currently being developed to collect anonymous feedback on the monthly reflective practice sessions, with plans to adapt the sessions based on the responses provided by staff. There is also a plan to develop a new group agreement which will include some of the outcomes from the survey. There is a plan to review peer supervision groups.

General: Golden Key used to have a PIE & Wellbeing Group that met fortnightly to maintain a focus on these areas. This group has not met for a while now due to staff changes and plans are in process to find a new lead and new members to get the group up and running again.

Appendix 3 – Jargon list / glossary

Commissioners:	A commissioner is someone who is responsible for the planning, delivery and monitoring of services. Commissioners do not deliver the services themselves but find other organisations to do this on the council and/ or Governments' behalf
Commissioning:	Is the process that government departments and local councils use to find organisations to deliver services. This is usually done by asking agencies and companies to submit a tender, which is a proposal for how they would plan to run and finance a particular service. This is often a competitive process with organisations hoping to submit better plans that other companies so that their organisation will be given the contract
Enabling Environments (EE) Initiative:	This project was developed by the Royal College of Psychiatrists (RCP). There are set targets for organisations to meet, to provide a positive and effective social environment for clients, staff and visitors. Organisations can apply to take part in the programme and can gain an EE award if they achieve the targets
Manifesto for Change:	Is a project within Golden Key that looks to support individuals and agencies that want to make changes within the system of organisations that support clients with multiple and complex needs
Mentalisation:	Is the ability to understand and think about our own minds and the minds of others. When we mentalise, we understand and are able to interpret the intentions (e.g. needs, desires, goals, beliefs feelings etc.) of our own minds and other people's minds. This may be difficult for people who have experienced trauma or grown up in environments where they received mixed messages from care givers or where their feelings were not paid attention to. Mentalisation Based Therapy (MBT) is a talking therapy that focuses on people's ability to mentalise

Partnership agencies:	Golden Key is a programme made up of various agencies that support people with multiple and complex needs. Please see the final page of this document for a list of the main GK partnership agencies
Psychodynamic:	Describes psychological theories and therapies that believe that drives and motivations that our outside of our awareness, shape human behaviour and that these can sometimes be in conflict with each other. They also believe that early childhood experiences can influence how we feel and what we believe as adults
System:	This can refer to a number of things including the people closest to a client (e.g. family, friends, carers, staff), the organisations that support people with multiple and complex needs (e.g. social services, housing, benefits, substance use etc.,) or a wider network of communities, governments and societies
System change:	Changes that happen within or related to a system
Service Pathways:	The different stages that clients go through when accessing particular services: E.g. Housing and homelessness service pathways could include being referred into an assessment service, moving from living on the streets into a hostel, and moving from supported into independent accommodation
Transitions:	This describes a change in a situation. It can include the times when people change from being a child / adolescent into an adult / older adult and also the times when there are changes in the support that people receive. It could involve moving from prison into the community, moving from being supported by a crisis team to being supported by a hospital ward and also the times when support from services end

Therapeutic Communities (TCs):	Are settings where the environments have been deliberately designed to have a positive impact on people's wellbeing. They focus on the social relationships, environmental effects and the operation of a service and how they can have a positive or negative impact on people. There are additional criteria for TCs and more information can be found on the Royal College of Psychiatry's website
Trusted Assessment:	Is a project that GK partnership agencies are working on to develop shared documents for services to use with clients, with the aim of reducing the number of times that they have to talk about their backgrounds and current difficulties when accessing different organisations, as this can often be distressing. Staff, clients and people with lived experience have been involved in the development of this project
Triggering:	Is an object, situation or person that reminds someone of a previous traumatic event and can lead to them feeling distressed and could possibly lead to them experiencing some of the same feelings, beliefs and physical sensations that they experienced at the time of the original event (e.g. such as flashbacks)

if

Independent People

UWE Bristol — University of the West of England

GOLDEN KEY

St Mungo's — Ending homelessness Rebuilding lives

Avon and Wiltshire NHS — Mental Health Partnership NHS Trust

SECONDSTEP — PUTTING MENTAL HEALTH FIRST

Bristol Gloucestershire Somerset & Wiltshire Community Rehabilitation Company — PROBATION

MISSINGLINK. — cutting edge women's mental health services

BRISTOL CITY COUNCIL

SARI — STAND AGAINST RACISM & INEQUALITY

One25 — step away from the streets

NILAARI agency

bdp — Independence from drugs and alcohol

Ara ...new beginnings

NHS Bristol Clinical Commissioning Group

AVON & SOMERSET CONSTABULARY