



HOMELESSNESS, MENTAL HEALTH AND WELLBEING GUIDE

SECTION FOUR: DEVELOPING INTERNAL RESPONSES

SECTION FOUR: DEVELOPING GOOD PRACTICE WITHIN YOUR SERVICE

This section is to help you deliver excellent in-house responses to promote wellbeing and prevent mental health deteriorating among people accessing homeless services. This section offers guidance around implementing good practice by developing excellent frameworks and introducing activities such as sport, art and getting out into nature. It then moves on to look at how you can develop a psychologically informed environments (PIE's), a good practice model that focuses on reflective practice within a hostel setting.

4.1 Mental health and wellbeing impact assessment
4.2 Wellbeing and social networks
4.3 Improving wellbeing through client involvement
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4.1 MENTAL WELLBEING IMPACT ASSESSMENT

The Mental Wellbeing Impact Assessment (MWIA) tool has been put together to help organisations ensure that all the activities they do have a positive impact on wellbeing. The tool is useful in planning and reviewing services in terms of how they may impact upon individuals' sense of wellbeing. It can support reducing stigma and discrimination and give a new focus and attention to this often over shadowed issue.

MWIA uses a combination of methods, procedures and tools to assess the potential for a policy, service, programme or project to impact on the mental wellbeing of a population. MWIA makes evidence-based recommendations to strengthen the positive and mitigate against the negative impacts, and encourages a process to develop indicators to measure impacts.

For more information about the tool see: <http://www.apho.org.uk/default.aspx?RID=70494>

4.2 WELLBEING AND SOCIAL NETWORKS

Social networks are essential for us all to live happy and fulfilled lives. Projects, while offering support, can often stigmatise people and remove them from everyday social networks of family and friends. Homelessness can often stem from relationship breakdown and negative relationships. Equipping individuals with skills to build positive relationships with people and communities is an essential part of any key workers role. Building social networks should be an active part of people's individual support plans as well as ensuring it is built into planning and development for the project. Building social networks if you are homeless and experiencing mental health or wellbeing issues can be particularly difficult and every effort needs to be made to ensure people aren't isolated and opportunities are available. This may require that your organisation takes a different approach and makes sure that it isn't isolated from the local community, but engaged and connected to the people and activities around it. The activities and approach outlined throughout this section will help individuals to build social capital.

Social capital

This is a term you may hear used more and more as we begin to realise that people who do well in life have a lot of social capital. The idea is that social capital is what holds communities together: shared beliefs and actions that change things encourage people to invest in their local communities. There are three main types of social capital described in a Joseph Rowntree Foundation research paper.

Bonding

Relates to common identity, for example ties among people who are similar to each other. Type of participation: within communities. Role in civil society: shared common purpose, for example members of families, ethnic groups, and clubs.

Bridging

Relates to diversity, for example ties among people who are different from one another. Type of participation: across communities. Role in civil society: dialogue between different interests and views in the public sphere, for example associations, fellowships, trade unions.

Linking

Relates to power, for example ties with those in authority or between different social classes. Type of participation: between communities and organisations and with structures outside communities. Role in civil society: access to power institutions and decision making processes, for example local authorities, representatives on LSPs.

Our role in hostels and homelessness services is to provide as many opportunities for these types of social capital to be built across neighbourhoods, groups and virtual forums to ensure individuals have a stake in their communities.

Ideas you project can develop include:

- Working with individuals to rebuild relationships with estranged family and friends
- Counselling and support from services such as Relate
- A focus on bullying and behavioural change
- Personal development courses for clients in - self-awareness, confidence building, anger management, working with other people
- Encourage group work between residents
- Parenting skills
- Working with external partners such as Relate and family groups
- Client involvement
- Using social media tools
- Awareness raising events about your project and aims
- Community projects
- Engage with local voluntary sector orgs
- Setting up befriending and mentoring schemes

Good practice tools and examples

Lemos and Crane have put together a tool to help workers in promoting relationships, positive identity and interests, and independence: <http://www.lemosandcrane.co.uk/rise/login.php?>

Information on social networks –

- Social capital <http://www.statistics.gov.uk/CCI/nugget.asp?ID=314>
- <http://www.idea.gov.uk/idk/core/page.do?pagelId=1347434>

For more information on activities visit our website:

- Meaningful Occupation: <http://www.homeless.org.uk/meaningful-occupation>
- Education, training and employment: <http://www.homeless.org.uk/education-training-employment>

4.3 IMPROVING WELLBEING THROUGH CLIENT INVOLVEMENT

Research from the new economics foundation states that there are five ways to improve wellbeing through:

- Being active
- Giving
- Keeping learning
- Taking notice
- Connecting

<http://www.neweconomics.org/projects/five-ways-wellbeing>

These five factors can easily be established within your service through having active client involvement embedded in all the work your service does. Effective client involvement means working in partnership with clients to find sustainable solutions for homeless and vulnerable people. Homelessness services need to provide opportunities for clients to be involved across all aspects of service delivery, from their own individual support plans through to decision making at board level. Implementing client involvement isn't always easy, it needs real investment, enthusiasm and a dynamic approach. Please view our good practice tips and resources to support you and your organisation:

- Involve clients in their own support:
<http://www.homeless.org.uk/Involving-clients-in-their-support>
- Involve clients in services
<http://www.homeless.org.uk/client-involvement-services>
- Involve clients in the wider community
<http://www.homeless.org.uk/involving-clients-wider-community>

St Mungo's has recently produced a new briefing on involving client invigorating services and the recovery approach: http://www.mungos.org/about/clients/client_involvement.

Personalisation is about giving individuals more choice and control around the decisions that affect them. It has been developed in the mental health fields and homelessness organisations are now also beginning to implement these types of changes. It is another key way to ensure clients are empowered and live fulfilling lives.

- Find out more about mental health and personalisation
<http://www.scie.org.uk/publications/atagance/atagance18.asp>
- Visit our website to use our How to implement personalisation within you service tool
<http://www.homeless.org.uk/personalisation-how-to>

Ensuring affective client involvement will allow activities such as art, sport and getting into nature be more easily implemented.

4.4 WELLBEING AND SPORTS

Exercise is proven to increase our wellbeing and reduce mental health issues. It can help us in recovery and preventing mental health illness and can protect our physical health as well as our mental wellbeing. Implementing sports and exercise within homelessness services can be tricky with limited resources and expertise. However, Homeless Link has developed specific tools to enable you to develop sport provision for this much-needed activity within the homelessness setting. Sport can raise self-esteem, improve our health and even help to raise funds. To find out more about getting started, so please visit our website:

- Aiming high sports for all <http://www.homeless.org.uk/sport-for-all>
- Resources for sports projects: <http://www.homeless.org.uk/sports-resources>
- Funding for sports projects: <http://www.homeless.org.uk/sports-funding>

Sport can also be a way to reduce stigma around mental health and get people involved who wouldn't necessarily think about their mental health.

For information on free mental health training for sports visit:

<http://www.time-to-change.org.uk/about/what-are-we-doing/tackling-stigma-through-football/training-sports-coaches>

More information on sports and wellbeing

http://www.sportanddev.org/learnmore/sport_and_health/index.cfm?qclid=CP2V8snCrqoCFRAKtAodYjNhVg

Good practice projects: <http://www.homeless.org.uk/connect/articles/both-hands-in>
<http://www.lemosandcrane.co.uk/rise/login.php?>

Top tip

Remember that setting up any activity is hard to get off the ground, even if only 1 client attends initially it is worth doing. Make sure you are consistent and reliable; it can take time to build up groups and build trust. Set an example and be a positive role model as this will encourage clients to attend if they can see other people getting something from an activity. Be the change you hope to inspire!

4.5 WELLBEING AND ENGAGING IN THE ARTS

Artistic and creative endeavours have been found to have a significant impact on improving mental wellbeing. Ensuring there are opportunities to engage with the arts in a range of different ways can help people gain confidence and resilience. Engaging in art practices including photography, film making, singing, craft, theatre and visual arts can help people find creative outlets and enable them to live more fulfilling and happy lives. Increasing access to arts and cultural activities can also help reduce isolation and assist with engaging in local community activities and offer ways to help 'contain' distress.

Setting up in-house arts groups

Ideas for low cost and easy to run groups include arts and crafts, digital photography, sewing, mobile phone projects, drama groups, and music groups. Encourage staff and clients with expertise to set up in-house groups that take place weekly. Engage local artists and musicians trying to gain experience of community arts settings to help. You can also utilise the adult learning settings, by accessing teachers who need to build up hours teaching experience in order to get their qualifications.

Simple things to organise could include recruiting a dedicated art volunteer to run activities for creative projects such as t-shirt making or photography. But, could you think bigger and take on an artist in residence, or apply for longer term funding for a larger creative project such as short film, play or a large-scale mural or social media project. It's worth remembering that this is not art therapy, but simply client involvement that can have brilliant results.

Good practice:

- Involve clients in planning and organising the activity
- Apply to local business for donations of materials
- Make sure once the activity is set up that it runs regularly
- Provide space and materials for people to work unsupervised, this can help if people are nervous about working in groups
- Have an end goal, such as an exhibition or performance screening
- Monitor and evaluate the work

Working with external partners

Working with local community artists and art groups can allow you to share resources and gather expertise. It can also raise the profile of your project and help the work exist in a more mainstream environment, helping build social networks and reduce social isolation. Organisations that may be able to help:

- The local authority (contact the community outreach worker for arts or culture)
- Adult education colleges
- Community arts groups
- The arts council
- Local artists and musicians
- Local museums
- Institutions such as the theatre, cinemas, dance studios, music studios (many of which may have outcomes to work with excluded groups).

Increasing access to mainstream arts

Increasing equality of access to the arts more broadly is important; not everyone wants to be involved in arts activities specifically for excluded groups. What mainstream activities exist within the community that people can become more involved in? Can you make links to help break down barriers and stigma? Can you access tickets for the theatre, or help someone access a free book group, or support a client start a creative or design course at college course, or seek arts based employment?

Some inspiring examples of arts activities are below:

- **Art Space** at Connections at St Martins have set up an inspiring art Facebook page and regularly hold exhibitions with established venues, visit their page for ideas: <http://www.facebook.com/homelessart>
- **CoolTan arts** provide creative activities for people with mental health issues pan London, visit their website to find out about their services: <http://www.cooltanarts.org.uk>
- **Vision impossible** – Homeless provider Thames Reach has an arts project that seeks to provide workshops and opportunities for artists experiencing homelessness, visit their website: <http://www.thamesreach.org.uk/what-we-do/training-and-work/arts-project/>
- **Streetwise Opera** runs a weekly music Workshop Programme in 11 homeless centres around the country: <http://www.streetwiseopera.org/>
- **Cardboard Citizens** changes the lives of homeless and displaced people through theatre and the performing arts; <http://www.cardboardcitizens.org.uk>
- **Arts save lives** is an creative organisations that works on a variety of creative endeavours that support socially marginalised groups and art: <http://artsaveslives.co.uk/>
- **The choir with no name** is a singing group made up of people with experiences of homelessness and promotes and performs a wide range of diverse music across London. To find out more about how to get involved: www.choirwithnoname.org

Read this interesting report from the arts council about art and the impact on our health:

<http://www.artscouncil.org.uk/media/uploads/phpC1AcLv.pdf>

Top tip art project idea

Why not combine an art project and a wellbeing project like Chester Aid to the Homeless did by getting clients to design positive mental health posters? This extremely successful project promotes key good mental health and wellbeing issues through creating some innovative art work. Visit their website: <http://cath.org.uk>

Tools and resources

Tools for working with arts and vulnerable people:

<http://thamesvalleypartnership.org.uk/somethingbrilliant/>

Inspiring members: <http://www.homeless.org.uk/connect/articles/both-hands-in>

Lemos and Crane Create-Ability: the changing meaning of art and artistry

<http://www.lemosandcrane.co.uk/home/index.php?id=213533&emailid=2:103:0>

Arts for wellbeing

http://www.artscouncil.org.uk/publication_archive/the-arts-health-and-wellbeing/

4.6 WELLBEING, NATURE AND THE GREAT OUTDOORS

Getting outdoors and into nature can have a very positive impact on people's wellbeing; a recent study about 'green care'¹ links time spent outdoors in nature to improved mental wellbeing. Having time outdoors away from everyday life and reconnecting with nature, animals and plants can give people a different perspective and improve wellbeing. You can also find ways to get into nature in the city, so don't let the urban landscape put you off. It can also be a way to exercise, be involved in the community and meet new people

Many inspiring projects have had a therapeutic impact on individuals with drug, alcohol and homelessness experiences. Project ideas include:

- Walking groups
- Gardening
- Growing healthy food – check out city leaf: <http://www.cityleaf.co.uk/links/>
- Angling
- Local history walks
- Nature trails: share knowledge about trees, birds and vegetation in your area
- Volunteering to help manage and maintain local nature reserves
- City farms can provide excellent opportunities
- Residential walking and camping trips
- Bee keeping
- Outdoor pursuits such as climbing and canoeing
- Camping.

Examples of getting into nature projects working with homeless people:

Often what works best with people a history of drug or alcohol abuse is something that takes people out of their environment and its distractions. Thames Reach's Farm and Conservation Project in London, gives residents - many of whom have alcohol problems - the opportunity to work on an organic farm in the Sussex countryside. They get up early, are focused and sober for a day (alcohol is not allowed on the farm), work as part of a team, achieve things and have fun

As part of an ambitious collaboration between national regeneration agency the Homes and Communities Agency (HCA), Communities and Local Government (CLG), the Eden Project, the national membership charity Homeless Link, and the London Employer Accord an award winning garden was created, to find out more visit our website: <http://www.homeless.org.uk/news/places-change-garden/places-change-wins-silver-500-homeless-and-disadvantaged-gardeners-chelsea>



The Harrogate Homeless project runs a gardening club for clients at their day centre, read more about the project:

<http://www.harrogate-homeless-project.org.uk/garden-club/>

St Mungo's – putting down roots provides outdoor gardening opportunities for clients of all abilities, visit their website for more information project:

<http://www.mungos.org/pdr/>

Thames Reach – farm project offer opportunities for rehabilitation in the countryside: Find out more:

<http://www.thamesreach.org.uk/what-we-do/training-and-work/farm-and-conservation/>

¹ http://www.greenexercise.org/Green_Care.html

Trips and residential programmes

Day trips and residential programmes such as visiting the countryside or the seaside, cities, museums and art galleries can all have a positive effect on people's self-esteem and outlook. The results of such trips can be astounding and entrenched rough sleepers have been seen to turn their lives around as a result of accessing residential programmes. This can be especially effective for people with substance misuse issues.

Tip:

Use client involvement groups to get ideas about what clients want and where they would like to go, it can be a great way to get people involved who wouldn't otherwise engage. For a successful example of a project running residential trips for rough sleepers is the Basement drop in centre in Liverpool, visit their website: <http://www.basementdropin.org.uk/>

4.7 WELLBEING AND NUTRITION

Food and mood are linked inextricably: “you are what you eat”. Eating healthily on a budget is difficult, but services need to ensure that if they are catering for people they provide a healthy balanced diet, that allows people to get the vitamins and minerals required. If services are supporting people to cook independently then thought and time should be devoted to ensure life skills incorporates healthy eating advice and tips. You do not have to be a nutrition expert and there are resources, recipes and blogs online to help you with ideas and offer advice.

If you are working with drug users, thinking about nutrition is important as people may not prioritise this enough. Kevin Felmen has put together some really useful guidance around food and for drug users.

Food (taken from *Working With Drug Use In Housing Settings V1.06*)

It's harder to go to sleep on an empty stomach but, at the same time, a full stomach can disrupt sleep. In supported housing, flexible meal provision can help make sure that people get some food in side them before trying to get some sleep. Even something as humble as wheat cereal with some warm milk can help to promote sleep.

In non-supported housing setting, supporting budgeting and shopping that includes sleep promoting food stuffs will be beneficial.

FOODS THAT HELP YOU SLEEP

What you eat affects how you sleep. One of the keys to a restful night's sleep is to get your brain calmed rather than revved up. Some foods contribute to restful sleep; other foods keep you awake. We call them *sleepers* and *wakers*. Sleepers are tryptophan-containing foods, because tryptophan is the amino acid that the body uses to make serotonin, the neurotransmitter that slows down nerve traffic so your brain isn't so busy. Wakers are foods that stimulate neurochemicals that perk up the brain.

Tryptophan is a precursor of the sleep-inducing substances serotonin and melatonin. This means tryptophan is the raw material that the brain uses to build these relaxing neurotransmitters. Making more tryptophan available, either by eating foods that contain this substance or by seeing to it that more tryptophan gets to the brain, will help to make you sleepy. On the other hand, nutrients that make tryptophan less available can disturb sleep.

Eating carbohydrates with tryptophan-containing foods makes this calming amino acid more available to the brain. A high carbohydrate meal stimulates the release of insulin, which helps clear from the bloodstream those amino acids that compete with tryptophan, allowing more of this natural sleep-inducing amino acid to enter the brain and manufacture sleep-inducing substances, such as serotonin and melatonin. Eating a high-protein meal without accompanying carbohydrates may keep you awake, since protein-rich foods also contain the amino acid, tyrosine, which perks up the brain.

To understand how tryptophan and carbohydrates work together to relax you, picture the various amino acids from protein foods as passengers on a bus. A busload containing tryptophan and tyrosine arrives at the brain cells. If more tyrosine "passengers" get off the bus and enter the brain cells, neuroactivity will rev up. If more tryptophan amino acids get off the bus, the brain will calm down. Along comes some insulin which has been stalking carbohydrates in the bloodstream. Insulin keeps the tyrosine amino acids on the bus, allowing the brain-calming tryptophan effect to be higher than the effect of the brain-revving tyrosine.

You can take advantage of this biochemical quirk by choosing protein or carbohydrate-rich meals, depending on whether you want to perk up or slow down your brain. For students and working adults, high protein, medium carbohydrate meals are best eaten for breakfast and lunch. For dinner and bedtime snacks, eat a meal or snack that is high in complex carbohydrates, with a small amount of protein that contains just enough tryptophan to relax the brain.

An all-carbohydrate snack, especially one high in junk sugars, is less likely to help you sleep. You'll miss out on the sleep-inducing effects of tryptophan, and you may set off the roller-coaster effect of plummeting blood sugar followed by the release of stress hormones that will keep you awake. The best bedtime snack is one that has both complex carbohydrates and protein, and perhaps some calcium. Calcium helps the brain use the tryptophan to manufacture melatonin. This explains why dairy products, which contain both tryptophan and calcium, are one of the top sleep-inducing foods.

SNOOZE FOODS

These are foods high in the sleep-inducing amino acid tryptophan:

Working With Drug Users in Housing Settings 82 Draft 10/06

- Dairy products: cottage cheese, cheese, milk
- Soy products: soy milk, tofu, soybean nuts
- Seafood
- Meats
- Poultry
- Whole grains
- Beans
- Rice
- Houmous
- Lentils
- Hazelnuts, Peanuts
- Eggs
- Sesame seeds, sunflower seeds

BEST BEDTIME SNACKS

Foods that are high in carbohydrates and calcium, and medium-to-low in protein also make ideal sleep-inducing bedtime snacks. Some examples:

- apple pie and ice cream
- whole-grain cereal with milk
- hazelnuts and tofu
- oatmeal and raisin cookies, and a glass of milk
- peanut butter sandwich, ground sesame seeds

(It takes around one hour for the tryptophan in the foods to reach the brain, so don't wait until right before bedtime to have your snack.)

BEST DINNERS FOR SLEEP

Meals that are high in carbohydrates and low-to-medium in protein will help you relax in the evening and set you up for a good night's sleep. Try the following "dinners for sleep":

- pasta with parmesan cheese
- scrambled eggs and cheese
- tofu stir-fry
- houmous with whole wheat pita bread
- seafood, pasta, and cottage cheese
- meats and poultry with veggies
- tuna salad sandwich
- chilli with beans, not spicy
- sesame seeds (rich in tryptophan) sprinkled on salad with tuna chunks
- and whole wheat crackers

Lighter meals are more likely to give you a restful night's sleep. High-fat meals and

large servings prolong the work your digestive system needs to do, and all the gas production and rumblings may keep you awake.
Some people find that highly-seasoned foods (e.g., hot peppers and garlic) interfere with sleep, especially if you suffer from heartburn.
Going to bed with a full stomach does not, for most people, promote a restful night's sleep. While you may fall asleep faster, all the intestinal work required to digest a big meal is likely to cause frequent waking and a poorer quality of sleep.
Eat your evening meal early.
[source: Ask Dr. Sears.com]

For more information on nutrition see:

- NHS live well plates look at how devise health meals
<http://www.nhs.uk/livewell/goodfood/pages/eatwell-plate.aspx>
- Diet and mental health: <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/D/diet/>
- Food and mood from MIND: <http://www.mind.org.uk/foodandmood>

4.8 REDUCING STIGMA

Mental health stigma and discrimination is still unfortunately very much an issue and can have serious consequences for people. Individuals often do not seek support because of fear of prejudice from family, friends and society more widely. Common areas of discrimination include employment and access to health care treatment. Discrimination can make people feel isolated and excluded, which when compounded with homelessness can leave people extremely vulnerable and disengaged from support networks.

The *Time to Change* campaign has been working hard over the last two and half years to raise awareness and reduce discriminative practices at work and in the public realm. This has included challenging how mental health issues are portrayed on the television and in the press. Stereotypes about treatment and support can also be a barrier to individuals seeking help; be sure your working practices seek to dispel negative stereotyping and work with mental health practitioners and public health promotion teams. This will mean developing positive relationship with nurses, doctors, public health promotional workers and social workers. There are many simple ways you can help reduce stigma around mental health issues within your project:

- Hold a Time to change event: <http://www.time-to-change.org.uk>
- Ensure you have Time to Change materials displayed within your project and use their quiz to gauge opinions
- Engage with world mental health day – 1st October
- Invite guest speakers with an experience of mental illness to come and talk to residents
- Ensure your HR and recruitment polices do not discriminate against people with a history of mental health issues
- Challenge discriminative language throughout the project
- Provide training for staff and clients on mental health awareness
- Engage people via other methods such as sports, art and cookery
- Ensure you have links with advocacy and or service user groups to help empower individuals who are facing discrimination
- Tackle stigma in the work place:
http://www.bbc.co.uk/health/emotional_health/mental_health/stigma.shtml
- Practical educational tools to use in groups: <http://apt.rcpsych.org/content/6/1/65.full>

Stigma associated with mental health is still a huge barrier in a variety of ways including access to health and employment, social networks and social capital more generally. Encouraging individuals to understand mental health issues rather than stigmatise mental health is a key aspect of your role. It is a main barrier as to why individuals do not seek help for mental health issues and as professionals working in the supported housing sector, reducing stigma around mental health should be developed into work planning, to increase engagement and to increase uptake of support.

4.9 LOOKING AFTER NUMBER 1 TOOLKIT AND RESOURCES

Looking after our wellbeing is not always easy, especially if you are homeless or living in temporary accommodation. Below are 10 top tips devised by clients and Homeless Link members about seeking support, diet, exercise, sleep and much more, to help individuals focus on how we can make small changes that have a big impact. The resources aim to encourage individuals to learn about how they can improve and look after their own wellbeing and mental health by developing knowledge and accessing services.

You can download the postcards to print off and use as flyers around your project. You can also download a promotional poster to promote positive wellbeing messages. The resources can also be used to conduct group work with staff or peer facilitators. They are also suitable for use in one-to-one sessions with clients.

Please look at the workshop guide to use alongside the postcards in a group setting.

The looking after number one resources have been put together with the help of staff and clients from a variety of our members with additional support from Dr Philip Timms from SLaM South London & Maudsley NHS Foundation.

To access the Looking after number one resources, visit: <http://www.homeless.org.uk/looking-after-number-1>

4.10 PSYCHOLOGICALLY INFORMED ENVIRONMENTS

Creating positive relationships

Building positive and healthy relationships with clients is one of the key aspects and sometimes most rewarding parts of working with homeless people. Staff can be positive role models for individuals with chaotic lifestyles. Being reliable and offering support and guidance in a trusting environment where others have previously failed them is when a real difference can be made. Key work and informal contact should always be viewed as an opportunity to be a positive influence, build self-esteem and discuss and challenge negative and harmful behaviours. The environment itself plays an important role in enabling individuals to develop; by this we mean both the physical environment i.e. the building, but also the attitudinal approach of all staff and other clients living in the space. Hostels can often be complex settings, so maintaining a positive and nurturing environment is a major challenge, but one that should be aspired to at all times.

One of the key ways to do this is to ensure homelessness services are psychologically informed environments (PIEs). Building psychologically informed environments is a model that developed from the *Meeting the Emotional and Psychological Needs of Homeless People* report published in 2010 by the National Mental Health Development Unit.

This means creating the kind of environment that fosters positive change in individuals by adopting a person-centred approach, which is tailored to meet individual need. Homelessness services work with some of the highest need people and our staff, buildings and methods of support need to reflect this. The evidence from practitioners and recent research suggests that people with a history of complex trauma are likely to have on-going difficulties related to issues such as attachment and loss, emotional regulation, impulse, dependence, avoidance, rejection, mistrust and hostility. Services need to provide top quality support that incorporates reflective practice and self-directed support that seeks to meet these needs.

What could a psychologically informed environment look like?

Here are some ideas to consider:

- The Royal College of Psychiatrists describe it as an 'enabling environment'
- An environment that allows people to feel 'emotionally safe'
- A focus on understanding challenging behaviour
- Working with clients to help them take responsibility
- Increased engagement, but on the clients' own terms
- Careful and appropriate pacing of interventions
- Making good use of peer support and working with the informal social networks created by a shared living environment
- User-led services
- Personalised services

This guide should be used as a tool to help you identify how you may develop a PIE, as well as being a source of tips and support as to the kind of policies that may need to be put in place to do this effectively. PIEs can also be referred to as **enabling environments** – the core principles of these have been outlined by Robin Johnson, *Consultant, RJA Consultancy*. He suggests a positively enabling environment would be one:

- In which the nature and the quality of relationships between participants or members would be recognised and highly valued
- where the participants share some measure of responsibility for the environment as a whole, and especially for their own part in it
- where all participants – staff, volunteers and service users alike – are equally valued and supported in their particular contribution
- where engagement and purposeful activity is encouraged
- where there are opportunities for creativity and initiative, whether spontaneous or shared and planned

- where decision-making is transparent, and both formal and informal leadership roles are acknowledged
- where power or authority is clearly accountable and open to discussion
- where any formal rules or informal expectations of behaviour are clear; or if unclear, there is good reason for it
- where behaviour, even when potentially disruptive, is seen as meaningful, as a communication to be understood².

There are 5 key elements to implementing a PIE, these are:

1. Developing a psychological framework
2. The physical environment
3. Staff training and support
4. Managing relationships
5. Evaluation of outcomes.

1. Developing a psychological approach

Approaches you could adopt to ensure this kind of PIE is created at your service are listed below. You could try a combination of approaches and get guidance from external agencies such as your local mental health teams, MIND or your GP and counselling services. They may be able to offer training and support around implementation. The crucial thing is that the psychological approach you adopt is implemented across the organisation with strong leadership and suitable staff training and support. The approach adopted needs to be in line with your core aims and objectives as an organisation and helps you develop psychologically informed guiding principles. Thames Reach and Look Ahead both give practical examples of how they changed policies and procedures to bring about a culture change in approach, which saw a huge change in outcomes, for more information please visit our website: <http://homeless.org.uk/Personalisation-pilots>

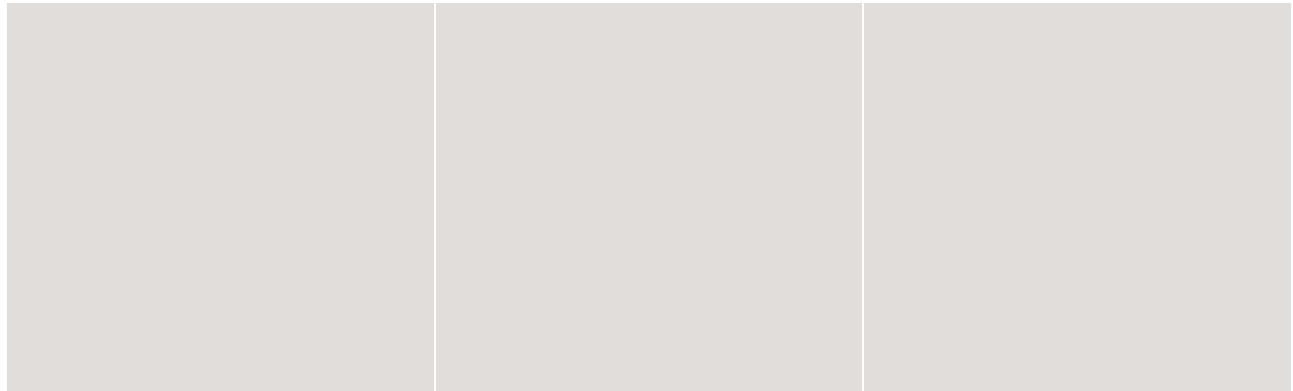
Possible approaches include:

- A cognitive behavioural therapy (CBT) or dialectic behavioural therapy (DBT) approach
- Humanistic approach
- Psychodynamic
- A person-centred approach

When thinking about adopting a psychological approach across your organisation, please take a time to note what additional things might need to be in place and what resources you may need and who need to be on board to make the changes happen. You may also want to identify any possible barriers you may face and how you might overcome them.

What key things need to happen?	What extra resources and information do you need?	What barriers may you face and how might you overcome them
<p><i>Example: we need to research different psychological environments and decide which is most appropriate for our client group</i></p> <p>Please write your actions below.....</p>	<p><i>Information about various psychological approaches, professional input, time to discuss them and training in the approach</i></p>	<p><i>Time and management buy in from management, may need a dedicated worker or a working group</i></p>

² Source: Social psychiatry and social policy for the 21st century: new concepts for new needs – the 'Enabling Environments' initiative Robin Johnson Consultant, RJA Consultancy, UK R ex Haigh Consultant Psychotherapist, UK



ST MUNGO'S LIFE WORKS PSYCHOTHERAPY SERVICE LEARNING & DEVELOPMENT

St Mungo's Life Works Psychotherapy Service provides individual medium-term psychodynamic psychotherapy to people who experience homelessness and complex needs and use St. Mungo's and partner agencies (START and Clapham SPMS). There is a significant lack of, and inaccessibility to, 'talking therapies' for this group because of common active substance use, likely not being 'in the (mental health) system', the perceived cost and effectiveness of therapy and long waiting lists for statutory provision. That which is on offer through IAPT of CBT is invariably short-term, and geared towards low level anxiety and depression which is insufficient for people who often have long-held and multiple difficulties of complex trauma. It is clear from Life Works' experience that people want to talk, with the service receiving over 500 referrals in 2½ years, and when given the chance they take it. Of all who expressed an interest two-thirds attended for the initial sessions and of them 85% went on to use the service in a meaningful and on-going way, a very positive rate of engagement for people often viewed as not being reliable in attendance or wanting or able to achieve change. Of those that didn't, common difficulties of homelessness often intervened, such as hospitalisation, imprisonment, and eviction. Life Works worked flexibly with people individually agreeing how they used their 25 sessions and the partners appreciated the greater possibility of trust we represented for people as a non-statutory service and our flexibility in working with anyone who wanted to talk. The service was evaluated through several means, finding notable successes and learning.

- Improved resilience in the areas of emotional wellbeing, feeling more able to trust others and feeling better able to make healthy choices (Mental Wellbeing Impact Assessment)
- Greater progress across all areas of the Outcomes Star, than control, especially Social Networks & Relationships, Mental Wellbeing and Meaningful Use of Time (the latter significant for a service that only engaged people for max. 50 minutes per week)
- Demonstrating Talking Therapies as a Catalyst for Change not just sustaining one. Most people's change in area from the 'Inactive to Active' stages in the cycle of change.
- Greater use of services by people who tend to avoid services and not get their needs met and a cost saving in the type of services used e.g. GPs and Outpatients rather than Ambulances and A & E.

St Mungo's is collating the learning gained from Life Works and emerging thoughts elsewhere in the field to develop 'psychologically informed approaches' across seven pilot projects. This is to complement statutory provision not replace it and encompasses access to psychotherapy for clients, clinical supervision, reflective practice and training for staff and developed client co-production.

Some quotes from those who used the service:

"I didn't want to go initially, thought 'I don't need to see a shrink', I gave it a go and the first few sessions were very informal and unthreatening. I grew to trust her and told her things I haven't told anyone else and I won't talk about here. A lot of tears were shed, she didn't drag it out of me, she listened. I got shit out of my system that I'd been carrying around a long time. There was an underlying burden in my heart that she knew what to do with. Everything I said wasn't written down

and I loved that. It was properly confidential. It was a hard one but a good one and if it wasn't for her I'd be floating down the Thames now."

"I couldn't trust anyone and I learned to trust my therapist. I realised not everyone is out to stab me in the back."

"I fall into the trap of feeling judged and taking something personally. Before I kicked the bus if I missed it, now I wave it goodbye."

"I have been going out to more groups, not staying in all the time, getting involved in more activities and meeting new friends and people."

2. Physical environment

This may include things such as reception space, soft furnishings, decorating in a personalised way, giving people choice over how they keep their own space. Communal spaces and rules, plants and animals, radio and TVs may all need to be considered in how they affect the environment.

Use the table below to help you develop your service:

What key things need to happen?	What extra resources and information do you need?	What barriers may you face and how might you overcome them
<p><i>Apply for funding to redecorate communal area</i></p> <p><i>Involve clients in design</i></p>		

3. Staff training and support

To ensure that services run affectively and achieve positive outcomes for clients, staff need on-going training and support. This is around two main areas:

- Staff are skilled and knowledgeable about mental health
- Staff are supported around their emotional wellbeing.

Staff are skilled and knowledgeable about mental health

To do this a comprehensive training schedule needs to be developed internally to embed knowledge of mental health and wellbeing across service delivery. This guide can support you with

this. This should include training around mental health awareness, the *Mental Health Act* and the law. Training programmes should also include some knowledge of psychological framework such as person-centred approaches motivational interviewing and/or effective key working that has a basis in psychological understanding.

Other good practice to increase knowledge may include:

- Use good practice guides such as this one
- Use websites such as Rethink and Mind to up-skill yourself and your staff team
- Employ professionals from the mental health sector
- Sign up to relevant journals and magazines
- Form working partnerships with local mental health teams, for work shadowing and joint training opportunities.

Staff are supported around their emotional wellbeing.

This can be done through a range of mechanisms:

- Reflective practice is implemented within the team (see PIE and case studies for examples). Models include receiving clinical supervision from trained psychologists or group supervision from local charities such as MIND to support this process.
- An effective support and supervision structure is in place
- Free external counselling service is available for staff
- Open and reflective team meetings are held
- Channels of communication are open and there is suitable space and time to off-load
- Health and safety policies are up-to-date and adhered to
- Culture of “*I can handle anything*” is discouraged
- Incidents are openly discussed and solutions shared and worked on as a team
- A team approach is adopted
- Staff room facilities are available and kept in good working order
- Incidents to do with bullying, aggression and violence are openly discussed and solutions shared
- Decision making processes about sanctions and approaches to clients are discussed across the team
- Alternative stress-busting perks such as massage, exercise and relaxation sessions are available for staff
- Breaks are properly implemented
- Literature about reducing stress at work is available.

What key things need to happen?	What extra resources and information do you need?	What barriers may you face and how might you overcome them
<p><i>New staff training schedule Implementing reflective Practice</i></p>		

WATERVIEW PERSONALITY DISORDER – CASE DISCUSSION PILOT

Central and North West London NHS Foundation Trust Waterview Centre offers an evidence-based treatment programme designed to treat clients with personality difficulties/disorder, in the boroughs of Westminster and Kensington & Chelsea. The aim of this treatment is to enable people to reduce maladaptive ways of coping, to establish a more stable sense of self, to help people engage in more constructive interpersonal relationships and behaviours, and to enhance their level of involvement in the community.

Because the Waterview Centre is targeted at non substance-using patients, only a handful of rough sleepers had ever utilised this service and there were few links between Waterview and rough sleeping services. As a first step, a discussion pilot was developed to offer teams the opportunity to present and discuss clients with personality disorders with the Waterview Service.

In November 2010 funding was agreed for Waterview to provide two hours clinical supervision/action learning sets for staff working across the rough sleeping outreach and hostel teams. The two-hour sessions were facilitated by the Waterview Manager (and Deputy when available) on a fortnightly basis.

The outreach and hostel teams were invited to propose clients with suspected or diagnosed personality disorders who they thought it would be useful to discuss in this forum and suggest workers interested in attending.

“I think these sessions are invaluable...having an understanding of how clients may be feeling and developing different approaches should be in everyone's toolkit” (support worker feedback).

Developments for the pilot's next stages

The pilot will operate on a 3 month cycle, opening with a two-hour presentation on personality and personality disorders, then using the next 5 fortnightly sessions for case presentations and discussion. Each cycle will have 10 places and workers will book and commit to all 6 sessions, with each person having one slot to discuss a case. The Waterview will provide a certificate to all those completing the sessions.

GOOD PRACTICE NOTE: SETTING UP REFLECTIVE PRACTICE IN A HOSTEL SETTING

Hostels and homeless projects require staff to work with complex needs individuals at often extremely fractions points in people lives. It is therefore important that staff feel supported, confident and emotionally well equipped to cope with what comes at them in any given working day. Much of this can be achieved by making sure staff have the right training and support. Supervisions in terms of an effective line management support structure, which offer opportunities to reflect and off-load concerns is also necessary. This also requires an effective team meeting structure, where cases and decisions about client's behaviour and possible support or potential sanctions can be discussed openly. An additional method, which allows staff a further avenue for support and supervision, is a reflective practice model.

LEARNING FROM PILOT PROJECTS

The City Bridge Trust have funded Homeless Link to work to improve the mental health of homeless people in London. Therefore as part of the City Bridge work we helped to set up three pilot models in three hostels in London, which are currently underway. All three partnerships are set up with local MIND charities acting as the lead on the monthly group staff sessions, 2 of the projects are using a group supervision model and one is using a clinical reflective practice model.

HOW TO SET THEM UP

Building good relationships with external agencies including local charities such as MIND as well as statutory mental health teams is the key in providing excellent mental health and wellbeing pathways for complex needs clients. In all three partnerships mentioned above, good relationships were forged via meetings with managers and teams who went on to share expertise, skills and resources. Teams and managers from both organisations were invited to attend team meetings and joint training was offered from the housing provider to encourage the local MIND services to

provide the support. In one of the pilots a small fee was arranged to pay for the sessions. Terms of reference were established outlining the purpose and scope of the sessions alongside a simple monitoring and evaluation process. For more information, please contact Jessica.plant@homelesslink.org.uk

FEEDBACK

The feedback so far suggests the sessions are having a positive impact on staff and clients, with staff reporting an increased knowledge and understanding of mental health. The reflective sessions have provided new ways to work with clients and have helped staff effectively deal with their own emotional reactions. When asked what was useful, staff participants' commented:

"Better understanding as a group to work consistently together with all clients even if you are not key working them"

"Better team working"

"Discussing a case and getting feedback"

"Listening to a professional's hints and tips of how to maintain time manipulation"

"I am more aware about personal boundaries"

"It has given me a better understanding of people who self-harm and how to assist them"

"It has been tailored to our scheme and with some of our clients to use as case evidence"

"The chance to reflect on the work we do day to day you stop and think about it and discuss best practice"

"Knowing how to deal with clients that are suffering with mental health"

"I am more confident about tackling my concerns about clients in a direct manner and I have noticed a difference in the way clients respond to me"

"I have used the time theory when clients tend to talk a lot, but not about specific things"

"I feel less stressed about difficult cases and less emotionally affected when for example recently a client was sectioned"

"I feel more confident about giving staff tips in supervision about how to approach particular clients"

OTHER SCHEMES

It is not necessarily a new idea for external teams either charities or statutory services to provide support around mental health and wellbeing for housing and support staff. Many partnerships run successfully between projects as either part of their joint contracts or they have simply developed organically through a mutually beneficial relationship between services. It is more common to find such models in place in specific mental health/housing schemes that have a pre-existing relationship in terms of referrals from hospital and other services. However more recently since it has been revealed that high levels of mental health and complex needs exist in generic projects so more models have been put in place to support outreach and generic hostel teams. For example the SORT team in Lambeth, support the outreach teams through a clinical supervision model. For more information contact: John.ONeil@slam.nhs.uk

4. Managing relationships

Complex behaviour can be prevalent in homelessness services; this means relationships between staff and clients, as well as residents' relationships with each other, need to be managed effectively to nurture and promote positive behaviour. This section is about ensuring staff deliver an effective and consistent approach to individuals through effective use of rules and sanctions. This does not mean creating blanket rules, but having a creative policy that enables individual responses to be carried out in a consistent way. Please see resources and good practice around rule and sanctions at <http://www.homeless.org.uk/evictions-abandonment-toolkit-behaviour-criteria>. Good practice includes:

- Developing behaviour contracts with clients that focus on change
- Consistently reviewing policies and including clients' views and opinions on any changes
- Providing opportunities for ownership and confidence building
- Developing a framework to underpin the approach
- Providing training for staff to ensure they are confident in dealing with conflict

What key things need to happen?	What extra resources and information do you need?	What barriers may you face and how might you overcome them
<p><i>We need to develop of a consistent reward and sanctions to help maintain effective relationships with clients</i></p> <p><i>Review evictions protocol</i></p>		

5. Evaluation of outcomes

Evaluation of outcomes relating to mental health and wellbeing should be undertaken across all levels of the service, from top line policy targets, which may be about what your service aims to do, to more specific targets around your particular service. Also individual targets need to be identified and measured to ensure your service is being effective. For more support around developing an outcomes approach please visit our website:

<http://www.homeless.org.uk/outcomes>.

Also you can use the table below to develop a plan moving forward:

What key things need to happen?	What extra resources and information do you need?	What barriers may you face and how might you overcome them
<i>At policy level</i>		
<i>At service level</i>		
<i>For individuals</i>		

