



Homeless Link

Embedding TIC and PIE in homelessness services

Case studies



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Overview

Trauma-informed care (TIC) is a relationship-based approach which can be adopted by organisations in order to improve awareness of trauma and its impact, to ensure that the services provided offer effective support and, above all, that they do not re-traumatise those accessing or working in services. Psychologically Informed Environments (PIEs) are services that are designed and delivered in a way that take into account the emotional and psychological needs of the individuals using them.

Both the intent, and outcomes, of services adopting PIE or TIC are essentially the same – that they are aiming to improve the psychological and emotional wellbeing of people accessing or working there. The main difference between the approaches is that PIE describes a broader approach within which a range of choices can be made about the **psychological framework** adopted, while in a service that uses TIC, the psychological framework adopted is explicitly trauma theory and research.

To accompany our [practice development tool](#) to support voluntary and community services within the homelessness sector to be trauma-informed, we have gathered case studies from service providers across England, to demonstrate how they are embedding PIE/TIC and the impact of this on people accessing services and staff.

If you would like to contribute a case study to this document, please email: joanna.turner@homelesslink.org.uk



YMCA Together: Merseyside

About us

We are based in Merseyside and have services across Liverpool, Knowsley and Sefton. They range from small services (11) to larger services (70). We work across 4 key areas: homelessness, domestic abuse, drug and alcohol use, and mental health. We currently deliver homeless accommodation, refuge provision, rehabilitation for substance use, and mental health supported accommodation. We have 450 units in total and employ the PIE approach across our organisation.

How we have introduced and embedded PIE into our services

Our journey towards developing skills for relational working began in 2014. We won a contract to deliver 9 beds of accommodation for people with complex needs. This was defined as people with high risk and need in 3 out of 4 areas including homelessness, substance use, mental health, and offending behaviour. As part of this work, we trained the team working in the service in using Cognitive Analytic Therapy (CAT) as a framework for a psychologically informed environment.

This started with a 2-day understanding of CAT for all the staff in the service and then the Key Workers who worked on the Waves of Hope project embarked on the 6-month ACAT accredited CAT Case Management Course. Very quickly we saw that our staff having a greater understanding of their own pushes and pulls enabled them to better support the people in the service.

We now have every member of staff attend the 2-day understanding of psychologically informed working, a 6-month ACAT accredited course, and we have reflective practice in every service. We have our own model to ensure that across all we do, we are psychologically informed. We have a working relationally policy to avoid eviction and a working relationally HR policy too. We have also trained commissioners in commissioning psychologically informed services.

To begin with, we used all of our training budget to fund the PIE work and had e-learning for any other core training. Over time, commissioners have seen the value of the model and we have had small pots of money to support our work. Broadly, we have begun costing the model into our tenders and bringing in psychology roles into our operating model.

Impact on people accessing services and staff

We have had the model independently evaluated and found that people feel much more connected to the service and their support worker. This has led to improved personal outcomes, with individuals more likely to sustain their time in service and reduced serious incidents.

In our evaluation, our staff reported feeling more resilient, more able to depersonalise problematic behaviour, and more supported. We have introduced 'wellbeing hours', a day off for your birthday, and days off for volunteering.

Top tips for implementing PIE in services

The PIE approach, in my view, can only be truly successful if you have a framework. This provides shared language and understanding and helps the team to depersonalise behaviours. It also provides consistency which is really vital in establishing a PIE. It has to run like a golden thread through all you do, from how you recruit staff, welcome clients, and end your time with them. We have leadership reflective practice that helps us to think about these things.

Once you have the framework and you can train people to understand it, then the next step is reflective practice. If you can do nothing else, then establishing a safe space for people to come together and pause through reflective practice¹ is always going to help.

Oasis Community Housing: Gateshead

About us

Our '58:7' project is an assessment centre in Gateshead, providing emergency, supported accommodation for up to 6 single males. We support those who are currently, or at risk of rough sleeping, to move towards more stable housing and better managed needs, whether these relate to mental or physical health, alcohol and substance use, abuse and exploitation, offending behaviour, independent living skills, financial capability, social connections, or something else.

Our aim is that we can be a safe foundation from which people can build resilience and independence, so we help people to access the services they need through partnership working and advocacy. We also bring key services to the people we support. Our residents move on from our accommodation into a variety of housing destinations depending on their needs and circumstances. In all cases, we strive to ensure that transitions are managed sensitively so that they are sustainable in the long term. The service is permanently staffed, meaning the team is always on hand to provide support. We also like to stay in touch with former residents as they settle into their new home, if this is something the individual wants.

¹ Read Homeless Link's guidance on reflective practice: <https://homeless.org.uk/knowledge-hub/reflective-practice-in-homelessness-services/>

How we have introduced and embedded TIC into our service

We aim to ensure that our shared house feels like a home, so we have invested in high-quality fixtures, fittings, and decoration. This enables us to welcome people into our service and allows them to feel safe, comfortable, and valued.

We know that people arrive at our service in very difficult circumstances, and that transitions into new accommodation are hard at the best of times, with lots of admin tasks to complete. In supported accommodation, there are new rules, responsibilities and relationships to navigate so we are mindful of this when people move in. To help meet these challenges, we are proactive about engaging with people before they move in with us, helping us to develop trusting relationships as soon as possible. Engagement before the move-in might mean a visit to our building, a meeting off-site, a telephone call to discuss the service, or engagement while on street outreach. Where we can, we work with other professionals who might already have relationships with people to help us make introductions.

The pace of the welcome after a person moves in is crucial. We always aim to move at the pace the person is comfortable with. We don't want to overwhelm people with paperwork, administrative tasks and new responsibilities, so we make sure we're proportionate about what we *really* need to do now, and what may be able to wait for a little while.

People accessing our services have told us about the potentially re-traumatising nature of assessments. Assessments often involve people having to discuss subjects and circumstances which are associated with shame, fear and other forms of distress with someone they don't know. In response, we try to be sensitive when it comes to what we ask, and how we ask it. We re-frame questions around risk so they are more positive and support mutual ownership of challenges. We ask questions like "is there anything you feel like we should know about you to keep you, us, or others in the house safe?", which we find invites the open and solution-focussed discussion required for effective safety planning. To help, we try to facilitate the person's own preferences as far as possible when it comes to things like communication methods and the organisation of room inspections and support sessions. When staffing capacity allows, we take support sessions to alternative venues (like the local park) according to the preference of the person. Sometimes changing the environment can really change the dynamic of a difficult conversation.

We are proactive about encouraging positive relationships in the house between all of those living and working in it. Our kitchen is a shared space, so there are constant opportunities for interaction, which we find helps relationships to flourish. Our lounge is equipped with games, books and musical instruments, and residents often enjoy spending time together in relaxed surroundings. We support connection between residents by hosting Sunday dinners in our shared space each week, and we also regularly cook breakfast sandwiches which we eat together. When there's a special occasion to mark, we make sure to do so within the house. Recognising festivals and

events of significance for people of different cultures has been an important part of helping to create community in the house.

We also make sure there are opportunities for people accessing our service to tell us what they think of it, and to influence change where they feel this is needed. We're piloting resident-led building inspections at the moment, supporting people living in our services to share in the responsibility for the upkeep of the building. Here, we haven't been interested in simply replicating the work our staff do to maintain property standards and compliance, we've wanted to hear about how the place feels and what it is *actually* like to live in. This insight is essential if we're to keep delivering our service in the way that the people accessing it need.

We'll always take a trauma-informed view of challenging behaviour, encouraging opportunities to reflect on triggers and ways we can support. When things aren't working out, which is a rare occurrence, we always aim to manage transitions out of the service in as planned and positive a way as possible.

Impact on people accessing services and staff

As a result of taking a trauma-informed approach to our emergency, supported accommodation service, we have a low eviction rate, with the overwhelming majority of residents moving into appropriate longer-term accommodation. We see low levels of interpersonal dispute within the house, and incidents are infrequent.

When recruiting to the service, we're really keen on ensuring that new staff have the right values. For us, this is a lot more important than them coming to us ready with lots of sector-specific knowledge and experience. We have been privileged to bring new staff into post at the 58:7 project and see them succeed despite the role being their first job in which they're doing this particular type of work. Staff speak positively about their work, and care deeply about the missional aims of the service. The result is a positive working culture which is felt by staff and residents alike. When staff have left the service, this has tended to be for reasons of career progression, including to other roles within our organisation, or because of re-location.

Top tips for implementing TIC & PIE in services

Much of what makes a service trauma-informed or psychologically-informed is in the way it feels, which is, in large, a result of the way people relate to each other. We have found that subtle adjustments to key processes have made a big difference in how people engage with us. We recognise, for example, that processes like risk assessments can be difficult for people. It has been useful for us to reflect on what we genuinely need to know in these processes and ask questions sensitively around the things we do need to find out about.

Traditional risk assessments can feel quite deficit-based, but subtly reframing questions to make them more positive can be really impactful. We like to ask people whether there

is anything they feel we should know about them to help keep them, us and others safe. We have found that this approach is not just less distressing for the people we are speaking with, but also more productive, as it invites risks and needs to be discussed within their context, and for necessary control measures to be co-produced. For the same reason, we ask prospective new residents to identify any rules in the project which they feel like they might struggle with and wish to talk about. Having these conversations helps to identify potential challenges at the earliest stage, hopefully before they become more serious issues.

Contracting and re-contracting with the people we support is always important. We start from a position of wanting to see the best of people and deliver services in ways that meet their needs as far as we possibly can. Where it is possible to be flexible, take the opportunities. We've found that outcomes are improved by sharing responsibility for the ways we deliver services and genuinely involving people in key processes as far as possible.

Coastline Housing: Cornwall

About us

Across Cornwall, we have 104 accommodation units, made up of:

- 18 self-contained rooms: high tolerance, crisis accommodation (6 weeks support).
- 14 move-on accommodation units (6 months support)
- 4 Rough Sleeping Accommodation Programme units (2 year tenancy)
- 51 supported bed spaces in multiple occupancy settings (2 years support)
- 11 self-contained flat for families.

Support differs according to each service, but overall, we provide support around harm reduction, alcohol and substance use, welfare benefits, linking in with relevant agencies (health, mental health, pets, DV support, police) and tenancy sustainment.

How we have introduced and embedded PIE into our services

During the design phase of our crisis accommodation build, we involved a PIE specialist in the design of the building. For example, large open spaces were created and 'pods' with glass were designed as interview rooms, to avoid the feeling of being enclosed.

We also have a PIE/TIC working group within our organisation which meets regularly, as well as PIE/TIC being on the monthly managers meeting agenda and fed down to individual team meetings. We have adapted policies, procedures, and processes through a PIE lense. For example, when reviewing our warnings and evictions process, we considered the impact of the environment on people's behaviours which allowed us to understand and empathise with our clients.

For our staff, we have increased training opportunities, introduced a clinical psychologist, and adapted our induction process to better support the team from day one. Once a year, staff have a 1-2-1 with a different manager, specifically focussed on wellbeing, and a reflection on how the year has been. We have promoted positive reinforcement through thank you cards, team meeting shout-outs and wellbeing hampers, whilst creating a safe environment for open and honest feedback.

Impact on people accessing services and staff

Through implementing PIE in our services, we have seen:

- Fewer evictions
- More supportive conversations resulting in staff finding out what clients really need and want
- Increase in trusting relationships
- Clients linking in with support agencies who they would have declined previously
- Increase in independent living skills
- Higher engagement in activities
- Increase in positive move-on's.

For our staff, the impact of implementing PIE has been:

- Better working relationships between colleagues
- Higher level of tolerance of challenging behaviour, through understanding why someone might behave in a certain way, leading to more supportive conversations and person-centred support.
- Introduction of an Employee Assistance Programme, counselling, & Mental Health First Aid Training, to support the wellbeing of the team.
- Increased job satisfaction

Top tips for implementing PIE in services

There can be easy, quick ways of implementing PIE & TIC, but it is important to be consistent. Regular, open discussions in team meetings are vital for thinking of new innovative ways of supporting clients, and for staff to be open about challenges. Regularly reviewing processes through a PIE/TIC lense and openly discussing new ways of working is a must.

St Mungos (Grange Road): London

About us

Grange Road is a high/complex support needs hostel in Southwark, commissioned by the City of London as the first high support needs hostel in their pathway. The service has 29 beds ranging from shared facilities to self-contained flats. The client's we accommodate have a history of rough sleeping in the Square Mile and are often coming from a long history of entrenched rough sleeping, having been accommodated in hostels and left to return to rough sleeping multiple times. The service is staffed 24-hours.

How we have introduced and embedded TIC into our services

As a new service at the end of 2022, we have built the service from conception to operational. We also had a very new team with limited experience in the sector, so we focused on building their skills in client work and trauma-informed care.

We have:

- Weekly in-house counselling accessible to all clients, no matter their level of support need
- In-house nurse clinic every week run by the Health Inclusion Team
- A client rep who helps gather feedback from clients and discusses this with the team and managers
- A fortnightly complex case review with an external service. This is run by a mental health professional who reviews complex or challenging cases with staff
- Team meetings every fortnight focussed on client reviews, so everyone in the team can bring cases and discuss them for a unified approach and support from colleagues. We focus on reviewing challenging behaviour or concerns from a trauma-informed approach and discussing how we can best engage with a client around their behaviour, while respecting their past experiences.
- Ensured any behavioural agreements, warnings or evictions are thoroughly reviewed and all possible options have been explored with the client before proceeding.
- A senior project worker who oversees case work to ensure trauma-informed care is being considered in client work.
- Actively encouraged the team to participate in training offered internally and externally, to provide insight into client support needs and support available.
- Refurbished our building in 2022 with PIE at the front of the development. This has meant the space is open and warm.
- Used our internal complex needs team to deliver training to the team on resilience, risk management and client work to upskill and build confidence in the staff.

- Access to reflective practice for all staff and they can request specific sessions if needed, including 1-2-1 support.
- Opportunities for staff to be involved in decisions about the service, with the chance to provide feedback on proposed change to procedures.

Impact on people accessing services and staff

Client's generally report the service environment is good. Naturally, we have hectic periods where incidents increase, but this is balanced with calmer periods where clients are most settled. Clients have built strong working relationships with staff and feel able to open up to them. They are quick to give us feedback and give opinions on our work, promoting the open back and forth communication, and transparency we want in services.

Working with a challenging client group of entrenched rough sleepers, we have been able to maintain tenancies for some clients longer than they managed in previous hostels. We have seen a general change in the behaviour of some clients who at first presented as very challenging. With the consistent approach from staff, we have seen a change in how they raise concerns and speak with staff, often presenting calmer and more able to discuss situations, where this may have previously escalated into aggressive language or behaviour.

By prompting staff to consider challenging behaviour and incidents in the frame of why this happened and what caused this to happen, the team have a good insight into the effect of trauma and past experiences. The team are very reflective and respond to incidents with compassion. Staff are knowledgeable about their clients and able to identify triggers and behaviours proactively. Overall, the quality of their safety and wellbeing plans (risk management plans done with clients) have been high quality with very good interventions and support.

Incident reports and responses are compassionate but show a good understanding of the challenges clients face as well as excellent immediate interventions. The team is very client focused and approach discussions and decisions impacting on clients from a 'what is best for the client' approach as standard. The staff are good at considering if challenging behaviour is due to mental health, substance use, or past experiences and factor this into responses and how they approach the concern with the client in the moment.

Top tips for implementing TIC in services

- **Promote open conversations with staff:** create space in 1-2-1s to discuss the impact of previous experiences on client's behaviours to provide context to incidents. This can help with resilience in relation to challenging behaviour and incidents.
- **Promote open feedback from clients:** have managers available and willing to sit with clients to discuss the service and concerns. Be open about what is possible

within the limitations of the contract and transparent about the reasons behind processes or decisions.

- **Review processes regularly and proactively:** acknowledge that teams and clients change so be responsive to this and adopt flexibility to change things.
- **Have clear boundaries with clients:** be flexible if using warnings, based on client need, but be clear when there is a hard boundary e.g., verbal aggression may be handled more flexibly, but physical aggression is a firmer boundary.
- **Find alternative resources or support for clients:** e.g., less formal drug and alcohol support, based around social support, not reduction or treatment, for those clients who are not ready for formal support yet.
- **Be responsive:** if something is raised, address it early and avoid non-committal responses – hold yourself and allow clients to hold you to account for what you say you will do.
- **Be honest with clients:** about what can be done, what they need to do, and the impact of their behaviour. Be honest with staff teams about what is possible and what is expected of them.

Wirral Ark: Wirral, Merseyside

About us

Wirral Ark is Wirral's only independent homelessness charity. We work directly with people experiencing homelessness, and those at risk of homelessness, providing support and accommodation for over 130 people a year. Wirral Ark provides short, and long-term housing for 71 people in 11 properties across Wirral. Since we were founded in 1991, we have:

- Provided accommodation for 5166 people
- Provided 3444 people with health care via our nurse-led health clinic
- Provided 2824 people with access to activities & learning.

How we have introduced and embedded TIC into our services

In response to numerous traumatic events for our clients, including suicides and self-harming, we developed a trauma-informed care programme in partnership with 'Sole Survivor', a PTSD support group, to provide specialist care to residents and additional support for our staff.

We created one-to-one sessions specifically designed to focus on Post Traumatic Growth Life Coaching. These trauma-informed sessions provide the clients with the practical tools to move themselves through the stages of self-development and closer to a point of self-actualisation, using a person-centred approach.

Impact on people accessing services and staff

Our trauma-informed programme has provided Wirral Ark with a number of tangible positive outcomes including:

- Residents moving into their own independent accommodation
- Residents taking a proactive approach to tackle their mental health and securing part-time work
- Residents gaining access to their children following work on problem solving and learning to navigate the legal systems relating to custody
- Early reporting suggests an increase in arrear payments and better financial responsibility amongst residents participating in the programme
- Anecdotal evidence of decreased substance use has been reported.

Wirral Ark staff have been incredibly supportive of this initiative and the positive impact it has had on residents. Staff have also benefited from working in a more trauma-informed way, being more reflective in their sessions with residents, with a reduction in serious incidents.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Homeless Link

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**Let's End Homelessness
Together**

