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Psychologically Informed Environments:
A Literature Review

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Overview and Background

This paper provides a review of the evidence in relation to the effectiveness of Psychologically Informed Environments (PIEs) for single homeless people.

This paper employs a multi-stage approach incorporating both peer-reviewed evidence and grey literature. The current search strategy used a structured search via academic databases as well as a substantive grey literature search and expert interviews. Further details are detailed in the methods in Appendix 4 (page 20).

This review will cover five main areas related to the PIE literature:

1. An introduction into the concepts of homelessness, trauma, mental health and complex needs.

2. Elaboration on the concept of a psychologically informed environment.

3. Elements of learning on psychologically informed environments.

4. The state of the evidence base and suggestions for future research.

5. A summary of findings and conclusions.

1. Introduction

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1.1 Mental Health, Complex Needs, Trauma, & Single Homeless People

There is a growing amount of literature available on the high levels of psychological and mental health problems that affect people experiencing homelessness, in particular single homeless people and women.[1] A census survey of 1,286 participants living in urban homelessness communities in the UK by Fitzpatrick et al (2011) found high levels of histories of neglect, abuse and traumatic experiences in childhood pertaining through adult life. 'Complex trauma' is a term used to describe the complex pertaining exposures to traumatising events from an early age and the complex behaviours and symptoms arising from such exposure (Hutchinson, Page & Sample, 2014; Herman, 1997).

Research has shown that complex trauma can affect people's behaviour in several ways including forming trusting relationships and emotional management (Keats et al., 2012). However, studies have shown that, if addressed, people can recover (Cockersell, 2011).

In addition to experiences of complex trauma, people who are homeless may also be affected by substance misuse and other experiences of deep social exclusion, which could already by themselves be seen as traumatic experiences (Fitzpatrick et al., 2011; Bramley et al., 2015). All issues and experiences combined are further associated with involvement in criminal justice (Bramley et al., 2015).

Approximately 30% of people using homelessness accommodation projects are female (Homelesslink, 2014). Evidence suggests that women in particular may have experienced complex trauma. As identified in St Mungo's Rebuilding Shattered Lives Paper, women can be further subjected to sexual and domestic violence, separation from children, bereavement and relationship breakdowns (Hutchinson et al, 2014). As a result, women can benefit from a different approach in meeting their complex needs, including substance abuse (Hutchinson et al 2014). This 'gender sensitive' and 'trauma informed' approach has been pioneered by various authors and organisations.

1.2 Background to PIEs: 'Enabling Environments' and 'Psychologically Informed Environments'.

As part of a growing awareness that people experiencing homelessness present with various psychological and emotional needs and the realisation that services were often ill equipped to respond to this (Johnson, 2015).

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[1] "[…] 'single homeless people', generally understood to be those who are homeless but do not meet the priority need criteria to be housed by their local authority. Many may nevertheless have significant support needs. They may live in supported accommodation, e.g. hostels and semi-independent housing projects, or sleep rough, sofa surf or live in squats. Single homeless people may be in a relationship and/or have children who are not currently living with them." (St Mungo's, 2014).

In response to this several academic, government, private and third sector initiatives were launched to improve homelessness services between 2008 and 2015 of which a brief overview will be given below.

The UK Department for Communities and Local Government (DCLG), and the National Mental Health Development Unit (NMHDU) (now disbanded), developed a good practice guidance document on mental health in the homelessness sector (DCLG, 2010).[2]

In addition, the "enabling environment working group" was set up by the Royal College of Psychiatrists in 2007-2008 and ran for 3 years. This group aimed to look at using previous models of working with complex emotional and behavioural needs, including therapeutic communities and applying these to wellbeing more broadly and in more informal community settings. As a result, the 'enabling environment' was defined by this group as a *generic term to describe good practice across a range of sectors of contemporary social life'* (Haigh et al., 2012). Three key strands of thought underlined this enabling environment initiative. Firstly, the sense those relationships needed to be put first, at the heart of services, which was similar to the 'Therapeutic Community' concept.[3]

Secondly, there was a need for services to move beyond existing quality criteria

and for services to be assessed (or self-assessed) by certain standards of effective, enabling practices. Thirdly, there was a need from the sector for further application of a therapeutic approach in new community mental health and public mental health settings (Johnson, 2015; Johnson & Haigh, 2011).

The enabling environment formed the basis of the PIE movement.

Table 1. Core elements of an Enabling Environment

An enabling environment is an environment;
- In which the **nature and quality of relationships** between participants or members would be recognised and highly valued:
- Where the participants share some **measuse 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 understood.

Source: Haigh et al., 2012

The search for this rapid review was finalised in September 2015 and thus does not include the most recent guidance and publications.

[2]   For brevity, the paper' will be referred to as the 'Good Practice Guide 2010' in the remainder of this document.

[3]   Therapeutic communities provided a user-led form of therapeutic intervention, steering away from the rigid practices present in asylums at the time (Haigh & Johnson, 2012). Further information on the therapeutic community concept and its relationship to enabling environments can be found in Appendix 1.

2. The Psychologically Informed Environment

2.1 Key Elements of PIEs and Journey Through National Guidance

The 'Psychologically Informed Environment' (PIE) approach is an initiative resulting from both the enabling environment initiative and the good practice guidance publication in 2010 by the DCLG and NMHDU. The definition of a PIE has intentionally not been made very specific to allow innovation and flexibility in application to certain settings and services (Johnson, 2015). A paper describing the approach was first published in 2010 and was defined by Johnson & Haigh as:

*"For the moment, at least, the definitive marker of a PIE is simply that, if asked **why** the unit is run in such and such a way, the staff would give an answer in terms of the **emotional and psychological needs** of service users, rather than giving some more logistical or practical rationale"*

(Johnson & Haigh, 2010)

Essentially, the PIE concept followed on from the enabling environment concept and the good practice guidance (2010) previously described as a solution to the needs people with mental health and emotional problems have in hostels. The PIE approach addressed several issues, including:

1. The need for a strong value base to inform the work in homelessness settings (Johnson & Haigh, 2010);
2. A growing awareness that people experiencing homelessness have various psychological and emotional needs;

3. Psychologically informed practices were incorporated to manage psychological and emotional difficulties, but not in a structured, evidence based way

(Haigh et al., 2012).

PIEs are flexible and can be applied to different environments. For a further overview of services in which the PIE approach can be implemented, please see table 2.

Table 2. Overview of settings which PIEs are present in the UK

- Hostels
- Foyers
- Supported accommodation
- Rolling shelters
- Night centers
- Severe weather emergency provision
- Winter shelters
- Floating support services
- Day centers
- Assessment centers/hubs
- Street outreach

Source: Keats et al., 2012

2.2 Psychologically Informed Environments

After first publication of the concept in the DCLG Good Practice Guide 2010 on Complex Trauma, a second Good Practice Guidance (Keats et al., 2012) was published in 2012 by the DCLG and a consortium of co-authors. This guidance was published following requests by frontline services to develop a more specific definition of the term

psychologically informed environments.[4,5]

The PIE concept was then described as aiming to *'enable clients to make changes in their lives'* (Keats et al., 2012), which can be detailed in *'measurable changes in behaviours or emotions'*. This showed a more measurable and operationally defined approach to PIEs. The paper recommended five areas for homelessness service consideration when developing a PIE approach (Keats et al., 2012). These five key areas are:

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

A further detailed description of these areas will be detailed below.

1)   Developing a psychological framework

A psychological framework is pivotal for facilitating training of staff and provides a further rationale behind certain operational changes. The 'therapeutic framework' used in a PIE does not limit itself to a particular approach or theoretic model. Various approaches have since been incorporated in PIEs, including psychodynamic, humanistic and CBT approaches. However, there is not a 'right' or 'wrong' approach to adhere to and according to Keats et al. (2012) settings may also adhere to multiple frameworks. An important term in a psychologically informed environment is 'reflective practice'. This consists of detailed examination of actions and processes.

Keats and colleagues (2012) suggest establishing a climate where this is encouraged and clients feel that they are being heard. Reflective practice can also be applied in staff supervision.

2)   The physical environment and social spaces

The physical environment and social spaces require consideration when developing a PIE. Service user input into design including flexible use of space and a building reflecting different levels of engagement needed by individuals could be considered. Furthermore, 'evidence based design', which utilises tested approaches on environmental changes and the effects this has on psychological change, could be used to reconsider and redevelop areas including noise, light, art, and colour (Keats, 2012).

3)   Staff training and support

As staff effectively run the daily operation of a service, staff training and support has been identified as a further key area for consideration (Keats, 2012). Considering effective recruitment, training and management of staff is crucial in developing a psychologically informed environment. On a managerial and organisational level, implementation of a PIE approach requires an upfront investment into assessment of the service, training of staff and time to implement the PIE approach effectively. Furthermore, in order for a PIE to work effectively, all communication needs to be uniform and there needs to be equal interest and effort from staff members. Reflective practice, continuous learning from experiences, joint supervision and the sharing of findings in joint meetings can enhance this.

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4   This guidance was the result of partnership of a number of organisations including: University of Southampton, Department for Communities and Local Government, Homeless Healthcare CIS, Pathway Healthcare for homeless people and The College of Medicine.

5   Again, for brevity, this guidance will hereby be referred to as 'Good Practice Guidance 2012'.

4) Managing relationships

Managing relationships was emphasised in 2012 by St Mungo's as the most important aspect for creating a PIE (Keats, 2012). Psychologically informed services will work with challenging behaviour of clients rather than adopting a punitive approach where service access is denied until behavioural change is achieved. Managing relationships includes, promoting ownership of behaviour and awareness of an unequal power balance between staff and client. 'Elastic tolerance' has been a term often used in services as a positive way to manage relationships. The term implies that behaviour previously leading to evictions would be addressed innovatively to evade dismissal of services or housing.

5) Evaluation of outcomes

A fifth area is outcome evaluation. The 2012 Good Practice Guidance levels that the evaluation of outcomes can occur at three levels including:

1. Policy level measures defined by government or local commissioners
2. Service level measures
3. Individual measures

It has however, not specified which exact measures would be useful for services and as a result services have taken different approaches to outcome evaluation.

A 6th area?

In addition to all 5 areas, there have been claims that a better description of PIEs would include 6 areas. According to Johnson (2015), the sixth area is reflective practice. The aspect of reflective practice is an all-encompassing topic of a PIE and Johnson (2015) indicates it relates to all areas of a PIE.

2.3   *Psychologically Informed Planned Environments*

Prison services were involved from an early stage of the further efforts needed to make prison environments psychologically informed. Psychologically Informed Planned Environments (PIPEs) were introduced in 6 pilots in criminal justice settings by the National Offender Management Service (NOMS) in 2010. PIPEs are different models as they operate in a planned environment but similar enough to PIEs in homelessness services to draw useful learning. PIPEs only operate in prisons and aimed at allowing offenders to progress through different stages of an intervention and offender pathway with awareness of the psychological needs and effects this might have on an individual.

The PIPEs aim to "*approach ordinary situations in a psychologically informed way, paying attention to interpersonal difficulties, including issues that might be linked to Personality Disorder*" (Turley et al., 2013).

3. Responses from the Homelessness Sector and Professionals to PIEs

The PIE concept has been welcomed by the sector. Various large homelessness organisations and housing providers, including St Mungo's, Thames Reach and Look Ahead Housing Care and Support, incorporated the concept into pilots in 2010 and 2011. A detailed overview of the pilots can be found in the 2012 Good Practice Guidance. Further information on services and their incorporation of PIEs can be found below.

3.1 Reception of PIEs in Homelessness Sector from Professional Disciplines

The literature search conducted for this review did not reveal service user consultation or review reports published on PIEs. However, professionals provided several commentary pieces. The comment pieces indicated that a PIE clearly met a need which has been left unmet. For instance, Seager (2011), a counseling psychologist, commented that a psychologically informed environment fits in well with other needs of the homeless population.

First of all, the author points out that a 'home' has to be offered, not solely a 'house'. The foundations solely are not enough to settle people experiencing complex issues. Secondly, a psychologically informed environment may be more effective as residents may not always respond to formal psychological therapies due to issues with engagement, vulnerability and chaotic behavior. Seager (2011) further comments that there has been a lack of psychological thinking in frameworks informing homeless services. The author of this paper suggest that this could be an explanation for the enthusiasm noted to this approach in the homelessness sector.

Staff support and information was identified as crucial among professionals working in homelessness settings in order for the PIE approach to work. In response to the 2012 Good Practice Guidance, Conolly (2012) comments that, from a counsellor's point of view, the importance in developing well-informed and supported staff is crucial in developing and implementing PIEs. This should be done through the adoption of reflective supervision in management teams and in a non-hierarchical environment so that challenging situations and reactions can be discussed openly without perceived threat of staff failure on some part (Conolly, 2012).

Furthermore, Whelan (2012) recommends when considering PIEs that equal weighting of training needs for staff and service users be emphasised to ensure that service users are also fully engaged and supported through the process to identify their needs. Whelan stressed the importance of some individuals needing advocacy support in in order to have a voice and express their views of what works well for them (Whelan, 2012). From a social psychiatry standpoint, Harrison (2012) commented that it is important when considering PIEs that services work with the whole person including their social selves and their social environment, which recognises informal interactions including the support from peers as opportunities for growth.

A concern from the author of this paper is the fact that only professionals were consulted and no views of service recipients are included. This clear gap needs addressed.

4. Learning from PIEs and PIPES Pilots

The literature suggests various key elements need to be taken into account when incorporating a PIE approach. These mainly concern organisational support and staff management. The learning is drawn from both PIEs and PIPEs as both approaches are similar enough to be relevant for lessons learned. Firstly, organisational support appears to be pivotal in implementation. For instance, in response to the 2012 Good Practice Guidance, Scanlon & Adlam (2012) comment that the success of a PIE depends on the organisations efforts in providing support. The organisation would need to allow for time and resources to be spent on practices, such as reflective practice and training.

Secondly, working together with staff to effectively develop and deliver a PIE was identified as key in various publications. The importance of staff engagement was acknowledged in an evaluation of the effectiveness of three PIPE pilots published in 2013 by the Ministry of Justice (Turley et al., 2013).

The report gave insightful suggestions for PIPE management through a qualitative assessment of three PIPEs which found that the key enabling features were maintaining safe and supportive relationships. Other effective practices were a 'collaborative approach to management' and 'formal support mechanisms' for offenders to voice concerns including 1:1 or group support (Turley et al., 2013).

A crucial element of success was staff understanding and compliance with PIPE approach. The study found that '*inconsistent approaches and variable commitment by staff can undermine helpful interaction with offenders [..]*' (Turley et al., 2013, p.1). Furthermore, especially non-PIPE staff and non-PIPE prisoners have the potential to undermine the PIPE ethos. Several solutions were offered, for instance a clinical lead and effective recruitment was reported to be crucial to support and develop staff and selection was necessary to involve prisoners who met the criteria of a PIPE (Turley et al., 2013).

This reflects similar experiences by Look Ahead Housing Care and Support, who identified that the PIE implementation was challenging for longer serving staff. This was due to a staff resisting (positive) risk taking with clients (Keats et al, 2012). In addition, Scanlon & Adlam (2012) provide account of the traumatising nature the work with people who have experienced trauma can have on staff and urged for further organisational awareness and investment for support for staff to manage this.

An additional dynamic is the dilemma staff may face when they are required to develop person centred work although realising that the work inherently is rationed and informed by commissioning demands (Cornes et al., 2014; Scanon & Adlam, 2012; Johnson, 2015). The authors report of the risk of staff feeling stuck, disengaged, alienated and may lead to burnout if a psychologically informed practice does not receive higher management support.

Professional communities of practice may be a useful consideration in this respect. These communities foster collaborative relationships and offer opportunities for inter-professional sharing of knowledge and learning. These can improve outcomes for service users by supporting the workforce to maintain engaged and positive thinking in an emotionally taxing and stressful role (Cornes et al., 2014).

4.1   The Social Environment

The literature shows that teams and organisation's efforts are varied in terms of engendering a safe, shared and facilitative space. In general, often the physical environment changed to signify a change in routine and announce the commencement of a psychologically informed environment. Many pilots reported to have redesigned and sometimes refurbished the service.

In terms of the further social environment, changes such as reflective practice and group work were incorporated in the majority of PIEs. Practices which have worked well in general, were regular team discussions, clinical supervision and training packages for staff and management. In terms of managing relationships, Thames Reach used a promising person centred approach named 'Planning Alternative Tomorrow with Hope' in which clients are encouraged to take back ownership and develop strategies to work towards the life they 'aspire to' (Keats et al., 2012). Several innovative approaches from various pilots will be further detailed below.

An interesting approach to 'leveling' a service to users' needs was described by Blackburn (2012). This paper provided an overview of Second Step's Wellbeing Service in Bristol. The Wellbeing Service is a primary care mental health service using a psychologically informed approach. The service was set up with three differencing levels of engagement in mind. There were three levels of engagement identified, namely 'stock', 'flow' and 'returners'. A brief description of the various levels can be found below.

"The 'stock' group are people who could engage with the service on a regular basis, making consistent use of the services on offer; the 'flow' group are people who can access alternative services more appropriately but may benefit from short term engagement in order to enable them to do so and 'returners' are those people who might engage with the service for periods of time but be unable to sustain engagement, returning at a later date."

(Blackburn, 2012, p.68).

The majority of clients (65%) reported to be returners, these were individuals who were engaged but due to various reasons were unable to continue engagement. These individuals would, however, return at a later time. Specific levels of intervention and services were developed for the three groups. A case study was used to exemplify benefits of the service for a 'returner'. The case study found it to be an effective intervention. Although it is an interesting approach, further information on effectiveness was not available for this pilot.

4.2.   The Psychological Environment

As per the 2012 Good Practice Guidance (Keats et al, 2012), various psychological strategies were used in PIE pilots. Some initiatives relied on incorporating clinical (psychological) staff in the service, for instance the Waterloo pilot in Stamford

street, London[6] and the Waterview service in Kensington and Chelsea, London[7] whilst others provided psychological training to all staff members.

An innovative approach, named Appreciative Inquiry, an approach stemming from Organisational Development and aligned with Positive Psychology, based in the humanistic model (Quinney & Richardson, 2014) was used in King George's Hostel run by Westminster Riverside ECHG, which works with chaotic drug users needing high support. Key elements of this approach were the incorporation of appreciative conversation and the '5D cycle'.

Although an encouraging concept, the implementation was met with resistance from staff and residents as it was a considerable leap to move into 'the positive'. Follow-up data was available, albeit on only eight residents. An encouraging find of only one reoffender and improved relationships seem promising. However, the small sample size limits generalisation and gives way for bias.

4.3   The Gender Responsive Environment

There are recommendations that services should provide a gender sensitive response. For instance efforts in the US by Stephanie Covington include a 'trauma informed' approach for women in criminal justice settings. Further to this, good practice recommendations by St Mungo's mention the importance of a gender sensitive approach when delivering a psychologically informed environment.

The papers which were found in the search section found no reference to service alterations to meet the needs of women by creating a gender responsive environment. However, this could be limited by the search operated and changes might have been implemented but not described elsewhere. Since the papers did not detail this into their content it is an area that would need to considered for further research.

4.4 The Age Sensitive Environment

In addition to paying specific attention to gender, age also needs to be considered when incorporating a PIE approach for services. After the initial rise in initiatives, Smeaton (2012) suggested that PIE guidance also needed to be developed for young people. In particular, PIEs were needed for young people under the age of 16 who had run away from home or had been forced to leave and were presented with complex issues which may persist into adult life.

According to Smeaton (2012), children and young people who had been raised by 'detached' parents were particularly at risk. This implies parents whose behaviour is seemingly uninvolved and unattached to their children. Psychological needs of young and old people may vary widely and thus need to be taken into consideration when training is provided for staff. Further to this, research could assess whether there are particular psychological needs for the age groups services are working with and how this affects incorporating a Psychologically Informed Approach.

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[6]   The partners involved are: South London & Maudsley NHS Foundation Trust (SLaM), Thames Reach (TR) and Lambeth Integrated Commissioning Cluster (LBL).

[7]   This pilot was implemented by the Westminster Local Authority.

5. Evidence Base

The fact that PIEs rely on a level of *'innovative localism'* (Haigh et al., 2012) and the flexible and innovative interpretation in which this results, has come with associated benefits and limitations. The benefits are a positive sector response and improvements 'on the ground'. However, in terms of evidence, it is has been difficult to establish results due to discrepancies in measures, approaches to evaluation and eventually publication.

Further to this, as all projects were in pilot phase when the original Good Practice Guidance was published in 2010, it is unknown whether enough academic input is provided from the start. There may be continuous challenges associated with academic outcome measurements and subsequent publications. A variety of outcome measures have been used in services to evaluate the effectiveness of PIEs. The 2012 Good Practice Guidance levels the outcomes in three level categories including:

1. Policy level measures defined by government or local commissioners
2. Service level measures
3. Individual measures

The guidance may potentially be lacking a fourth 'research' level. It might have been useful to include this option as it would enhance the opportunity to build on an evidence base to identify effective practices and learn further on 'what works' for the sector.

Currently, published reports which include outcome data (excluding case studies) are only available for the PIPEs and the PIEs in the Waterloo and St Mungo's services (Stronge & Williamson, 2014; Cockersell, 2011).

Internal reports may be available, however, these have not been published externally for unknown reasons. Of particular interest is the St Basils pilot, as they indicated to be working towards key performance indicators and their outcome measures were informed by Southampton University. Of all services implementing PIEs, the Waterloo Service has incorporated the most clinical outcome measurement framework and publication of the results is pending. Other services have incorporated other outcome measures including the Outcomes Star and attendance rates.

A paper by Cockersell (2011) showed that, the addition of psychotherapy to the services delivered to people experiencing exclusion could result in improvements on a larger scale. In this paper, 274 people receiving housing support from St Mungo's attended psychotherapy sessions. Interestingly, the overall attendance rate was 76% for the sessions, which is a high figure considering the difficulties services may have with reaching this group.

Those individuals who attended psychotherapy were three times more likely to move from pre-contemplation to action on the Outcome Star [8] than those who did not take up psychotherapy. By the end of their sessions, 42 per cent of clients were in employment, voluntary placements, education or training compared with 21 per cent of clients who did not attend psychotherapy (Cockersell, 2011).

Furthermore, the author indicates that, the clients stuck in the 'revolving door' may well re-present due to mental health problems and this is why it is pivotal to offer both social and clinical psychological support. This is one of the only papers including a large sample size although this research was lacking a control group. However, considering the issues with conducting research in these settings the initial findings are promising. In addition to differing methodologies, the current evaluations mostly draw on small sample sizes and often rely on qualitative research.

This may be reflective of the needs of the sector as Johnson (2014) accounted to this by indicating that *'large cohorts of subjects may achieve statistical significance'*, however they do *'sacrifice the in-depth understanding of recognizably real persons'* (Johnson, 2014).

Furthermore, as far as we are aware, the evidence on PIEs is currently solely available in the UK. Johnson (2015) suggests that other services have incorporated elements similar to enabling environments albeit the naming of these may be considerably different and thus not identified as PIEs.

In whatever way evidence will be defined and used, a common outcome measurement framework for PIEs drawing on current best practice would be useful to further develop the evidence base and improve sharing of findings both within the UK and globally.

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[8] Definition provided by St Mungo's: "The *Outcomes Star looks at ten different areas of a person's life. With their keyworkers, clients rate their own progress in each area. The Star is the leading outcome measurement tool in the homelessness sector, and is being adapted for use with other vulnerable client groups.*' It is advocated as an example of good practice by Central Government and an increasing number of London Local Authorities. (Hutchinson, Page, Sample,; 2014, p18)

6. Summary and Recommendations

PIEs are a promising development, however further research into efficacy is needed. This review indicates that further research is needed to sustain momentum and attract further funding for the PIE approach.

This will not only improve knowledge on effective mediums but also allow for the sharing of knowledge within the sector of best practice. Although there was an initial surge in publications in 2012, there have been no further papers with follow-up outcomes published more recently. Up until the date of publication the evidence base is limited through the relative newness of the term; and limited by the lack of published frameworks or toolkits.

Key recommendations for further research and review include revision of parameters and guidance for evaluation of PIEs and developing an evaluation framework, which can be used and adapted across pilots and services. This would be important in terms of creating an evidence base around the effectiveness of PIEs and effective mechanisms that make a PIE work in practice.

Further research also needs to look into mechanisms of change in PIEs for staff and users of the service and the effect it has on the service. In particular, the difficulty to engage some staff in the PIE approach would be an area for further exploration. The author also identified the value of research into the PIE dynamic between service users, staff and inter-staff relationships as an area for future exploration.

Appendicies

Appendix 1.

Summary of 2012 Good Practice Guidance on PIEs

Summary of key elements and effective approaches from 2012 Good Practice Guidance 'Psychologically informed services for homeless people' (Keats et al., 2012).

Developing a psychological framework
A psychological framework facilitates training of staff and provides a rationale behind certain operational changes. A PIE reflects all areas of an organisation. Firstly it reflects the psychological approach taken by management and staff. Secondly, a PIE considers the psychological impact of the physical environment and social spaces on individuals using a service. When a PIE is developed, service user input into design is crucial. Other areas for consideration would involve flexible use of space and a building reflecting different levels of engagement needed by individuals. Smaller changes could include changing notes in receptions from 'rules and regulations' to 'services and access'. Furthermore, re-assessment of any power balance between service and users and factors contributing to this in terms of design could be considered, as has been done by 'Brighter Futures', please see Keats et al. (2012) for further information. A key area to consider when developing a PIE is the choice of therapeutic framework by which the service will be involved. The 'therapeutic framework' in a PIE does not limit itself to a particular approach or theoretic model. Various approaches have been incorporated in PIEs, including psychodynamic, humanistic and CBT approaches. However, there is not a 'right' or 'wrong' approach to adhere to and according to Keats et al. (2012) settings may also adhere to multiple frameworks. Another key term is 'reflective practice' which is used in PIEs. This consists of detailed examination of actions and processes. Keats et al. (2012) suggests establishing a climate where this is encouraged and clients feel that they are being heard. Reflective practice can also be applied in staff supervision.

The physical environment and social spaces
Key to consider here is 'evidence based design'. This is a term introduced by the good practice guide by Keats et al. (2012). It includes further guidance on developing a PIE with tested approaches on environmental changes and the effects this has on psychological change. Factors to consider include noise, light, art, and colour.

Staff training and support
Considering effective recruitment, training and management of staff is crucial in developing a psychologically informed environment. On a managerial and organisational level, implementation of a PIE approach requires an upfront investment into assessment of the service, training of staff and time to implement the PIE approach effectively. As found by the PIPE evaluation, common difficulties arose when there were differing levels of buy-in of staff, which affected and ultimately undermined the PIPE approach which was meant to be implemented (Turley et al., 2013).

In order for a PIE to work effectively, all communication needs to be uniform by staff. Reflective practice, continuous learning from experiences, joint supervision and sharing of findings in joint meetings can enhance this.

Managing relationships
St Mungo's emphasised the importance of managing relations as a pivotal aspect of PIEs (Keats et al., 2012). Psychologically informed services will work with challenging behaviour of clients rather than adopting a punitive approach where service access is denied until behavioural change is achieved. Managing relationships includes, promoting ownership of behaviour and awareness of an unequal power balance between staff and client. Elastic tolerance was introduced as a positive way to manage relationships. 'Elastic tolerance' is a term often used in services. The term implies that behaviour previously leading to evictions would be addressed innovatively to evade dismissal of services or housing.

Evaluation of outcomes
The 2012 Good Practice Guidance levels the outcomes in three level categories including:

1. Policy level measures defined by government or local commissioners.
2. Service level measures.
3. Individual measures. Further detail on outcome evaluation can be found in main text.

Appendix 2.

Further Reading

These documents were not included in the final review. However, they might provide further useful global information on similar developments to Psychologically Informed Environments and Enabling Environments.

United States and Canada
American Psychological Association, Presidential Task Force on Psychology's Contribution to End Homelessness. (2010) 'Helping people without homes: The role of psychologists and recommendations to advance research, training, practice and policy'. Retrieved from: http://www.apa.org/
pi/ses/resources/publications/end-homelessness.aspx

Levy, J.S. (2012) Pretreatment Guide for Homeless Outreach & Housing First: Helping Couple, Youth, and Unaccompanied Adults. Ann Arbour: Loving Healing Press Inc.

Substance Abuse and Mental Health Services Administration (2014) ' SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach'. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: http://traumainformedcareproject.org/resources/SAMHSA%20TIC.pdf

"Women and Addiction: A Trauma-Informed Approach." (2008). Journal of Psychoactive Drugs, SARC Supplement 5, November, 377-385.

Europe
Chevrier, C. (2014) 'A human adventure; an address to the Interval 2013 symposium, Paris, September 28th, 2013. in Housing Care and Support, 17(2) [Online] available at: http://pielink.net/download/chevrier-c-2014-a-human-adventure/

Australia
Ball, S.A., Cobb-Richardson, P., Connolly, A.J., Bujosa, C.T. & O' Neall, T.W. (2005) Substance abuse and personality disorders in homeless drop-in center clients: Symptom severity and psychotherapy retention in a randomised clinical trial. Comprehensive Psychiatry, 46, 371-379.

Holmes, A., Hodge, M., Newton, R., Bradley, G., Bluhm, A., Hodges, J., Didio, L. & Doidge, G. (2005) Development of an inner urban homeless mental health service. Australasian Psychiatry, 13(1), 64-67.

Skeem, J.L., Markos, P., Tiemann, J. & Manchak, S. (2006) Project HOPE for Homeless Individuals with Co-Occurring Mental and Substance Abuse Disorders: Reducing Symptoms, Victimisation, and Violence. International Journal of Forensic Mental Health, 5(1), 1-11.

Other
Johnsen, S. & Teixeira, L. (2010) "Staircases, Elevators and Cycles of Change: Housing First and other Housing Models for People with Complex Needs", Crisis and the University of York, London: Crisis.

Mackeith, J. (2011) 'The development of the Outcomes Star: a participatory approach to assessment and outcome measurement', Housing, Care and Support, 14 (3), pp.98-106.

National Offender Management Service & Department of Health (2012) 'A guide to Psychologically Informed Planned Environments'. London: National Offender Management Service and Department of Health.

Pleace, N. & Wallace, A. (2011) 'Demonstrating Effectiveness of Housing Support Services for Mental Health', National Housing Federation, London, available at: www.housing.org.uk/publications/find_a_publication/care_and_support/research_review_mental_health.aspx.

Schön, D. (1987) 'Educating the Reflective Practitioner', San Francisco: Jossey-Bass.

Smith, M. K. (2001, 2011) 'Donald Schön: learning, reflection and change', from The encyclopaedia of informal education. Available on-line at: www.infed. org/thinkers/et-schon.htm

Various Media
Homeless Link (2011) Mental health and wellbeing guide. London: Homeless Link. Available at: http://www.homeless.org.uk/sites/default/files/site-attachments/Mental_Health_Guide.pdf

Mental Health Network NHS Confederation (2012) 'Mental health and homelessness: Planning and delivering mental health services for homeless people', Briefing, April 2012, Issue 235. Available at: http://www.housinglin.org.uk/_library/Resources/Housing/Policy_documents/mental_health_homelessness.pdf

National Offender Management Service & NHS England (2015) Slideshow on PIPEs, available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418307/OPD_seminar_pres_Mar_2015.pdf (slide 24)

References

1. Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. & Watkins, D. (2015) Hard Edges: mapping severe and multiple disadvantage in England. London: Lankelly Chase Foundation.

2. Blackburn, P.J. (2012) 'Developing a psychological approach: the Wellbeing Service for homeless and vulnerably housed people in Bristol', Housing, Care & Support, 15 (2), 60-70.

3. Cockersell, P. (2011) "Homelessness and mental health: adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes", Journal of Public Mental Health, 10 (2), 88 - 98.

4. Communities and Local Government (2010) jointly with National Mental Health Development Unit, Meeting the psychological and emotional needs of people who are homeless, NMHDU. At: http://www.nmhdu.org.uk/complextrauma

5. Conolly, J. (2012) 'Psychologically informed services: a counsellor's response', Housing, Care & Support, 15 (2), 86-87.

6. Cornes, M., Manthorpe, J., Hennessy, C., Anderson, S., Clark, M. & Scalon, C. (2014) 'Not just a talking shop': practitioner perspectives on how communities of practice work to improve outcomes for people experiencing multiple exclusion homelessness. Journal of Interprofessional Care, 28 (6), 541-546.

7. Fitzpatrick, S., Johnson, S. & White, M. (2011) 'Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections'. Social Policy & Society, 10 (4), 501-12.

8. Haigh, R., Harrison, T., Johnson, R., Paget, S. & Williams, S. (2012) "Psychologically informed environments and the "Enabling Environments" initiative", Housing, Care and Support, 15 (1), 34-42.

9. Harrison, T. (2012) 'PIEs, SPIEs, and Homo SAPIENS: a response from social psychiatry and social therapy', Housing, Care & Support, 15 (2), 83-85.

10. Herman, J. (1997) Trauma and recovery: The aftermath of violence – from domestic abuse to political terror, New York: Basic Books.

11. Homeless Link. (2014) Support for Single Homeless People in England: Annual Review 2014. Retrieved from http://homeless.org.uk/sites/default/files/site-downloads/Support for Single Homeless People.pdf

12. Hutchinson, S., Page, A., & Sample, E. (2014) Rebuilding Shattered Lives: The Final Report. London. Retrieved from http://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives_Final-Report.pdf

13. Keats, H., Maguire, N.J., Johnson, R. & Cockersell, P. (2012) 'Psychologically informed services for homeless people', Good Practice Guide, Department of Communities and Local Government, available at: www.southampton.ac.uk/assets/imported/transforms/peripheral-block/UsefulDownloads (accessed 12 July 2015).

14. Johnson, R. (2014) 'Editorial', Housing, Care and Support, 17 (3). [Online] Available at: http://doi.org/10.1108/HCS-06-2014-0015 (accessed 12 July 2015)

16   Johnson, R. (2015) Personal communication.

17.   Johnson, R. & Haigh, R. (2010) 'Social psychiatry and social policy for the 21st century - new concepts for new needs: the 'psychologically-informed environment'', Mental Health and Social Inclusion, 14 (4), 30-35.

18.   Johnson, R. & Haigh, R. (2011) 'Social psychiatry and social policy for the 21st century: new concepts for new needs – the 'Enabling Environments' initiative'', Mental Health and Social Inclusion, 15 (1), 17-23.

19.   Johnson, R., & Robinson, Z. (2008) 'Innovation, local engagement and leadership; the future of supported housing in mental health', Housing, Care and Support, 11 (1), 20-25.

20.   Joseph Rowntree Foundation (2011) Tackling homelessness and exclusion: Understanding complex lives. York: Joseph Rowntree Foundation.

21.   Main, T. (1946) 'The hospital as a therapeutic institution', Bulletin of the Menninger Clinic, 10 (3), 66-70.

22.   Quinney, S. and Richardson, L. (2014) 'Organisational development, appreciative inquiry and the development of Psychologically Informed Environments (PIEs). Part I: a positive psychology approach', Housing, Care & Support, 17 (2), 95-102.

23.   Scanlon, C. & Adlam, J. (2012) 'The (dis) stressing effects of working in (dis) stressed homelessness organisations', Housing, Care & Support, 15 (2), 4-82.

24.   Seagar, M. (2011) 'Homelessness is more than houselessness: a psychologically-minded approach to inclusion and rough sleeping', Mental Health & Social Inclusion, 15 (4), 183-189.

25.   Smeaton, E. (2012) 'Meeting the needs of detached young runaways through psychologically informed environments', Housing, Care & Support, 15 (2), 59-62.

26.   St Mungo's. (2014) Homeless Health matters: The case for change. Retrieved from http://www.mungos.org/documents/5390/5390.pdf

27.   Stronge, L. & Williamson, E. (2014) 'An integrated, 'psychologically informed' partnership approach to homelessness prevention', European Network of Homeless Health Workers (ENHW), 18, pp. 1–16. [Online] Available at: .http://www.homelesshub.ca/ResourceFiles/enhw_issue18_winter2013.pdf (accessed 12 July 2015).

28.   Turley, C., Payne, C. & Webster, S. (2013) Enabling features of Psychologically Informed Planned Environments, London: Ministry of Justice, available at: http://socialwelfare.bl.uk/subject-areas/services-client-groups/adult-offenders/nationaloffendermanagementservice/156741enabling-pipe-research-report.pdf (accessed 12 July 2015).

29.   Walton, K. & Walton, I. (2012) 'It's not just homelessness services (that need to be psychologically informed', Housing Care and Support journal special issue, 15(2), 57-58.

30.   Wilson, S. (2012) 'Therapeutic communities in mental hospitals', Therapeutic Communities: The International Journal of Therapeutic Communities, 33(1), 55–70. [Online] Available at: http://doi.org/10.1108/09641861211286320 (accessed 12 July 2015)

31   Whelan, A. (2012) 'Psychologically informed services: a response from an advocacy perspective', Housing, Care & Support, 15 (2), 88-89.

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Access to mental health services is critical, but as a society we also need to focus on bringing down the need for these services and developing good mental health for all.

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