Purpose of the event
This 2\textsuperscript{nd} event about developing PIE approaches in the North East had three main aims:

- To recap on the basic ideas, and share examples of practice locally
- Exploring ways of gathering evidence, to convince commissioners that the work is delivering positive outcomes
- Testing out the idea of Action Learning Sets to support people to try out new ways of working, and to share, disseminate and embed constructive practice

The workshop was attended by around 18 people from supported housing organisations and local authorities, as well as from regional bodies promoting good practice.

Introduction: reminder of the PIE approach with Robin Johnson, RJA consultancy / Nottingham Trent University
Robin reminded the delegates about how the PIE approach originally developed. There was a growing recognition that many of the people who used homelessness services had poor mental health, and sometimes life-long experiences of trauma and rejection, and chaotic emotions. But mental health agencies and standard treatments were not typically geared towards working with people who were street-homeless or living in supported housing, and many were not familiar with the needs and challenges they presented in relation to their mental health.

At the time of the research and subsequent publication of a good practice guide for homelessness services, these new approaches coincided with a radical rethink within the mental health sector on the nature of trauma and of personality disorder (no longer seen as a condition which excludes people from services and attention). Homelessness agencies now appeared to be at the forefront of tackling such problems, and it was seen that their work needed to be better recognised, and the learning from their innovative services disseminated around the sector.

The PIE approach was therefore not so much about developing an entirely new way of working, as bringing to the fore, recognising and describing, the many good examples of work which was resulting in better outcomes for people in this group.

Robin reminded us about the 5 elements of a PIE approach:

- **Adopting a “psychological model” within each service.** This need not mean adopting any particular psychological theory or approach – though that may help – but is more a commitment to recognising psychological and emotional needs. This helps to develop a coherent way of working within each organisation, balancing (for example) consistency with personalisation etc.
• **Making buildings suitable to address the psychological and emotional issues of users** – safe, welcoming, comfortable and supporting a positive atmosphere – with often quite low cost changes (for example in lighting, posters, furnishings)

• **Managing relationships** - focussing on the importance of relationships between staff and residents, and between residents, and ensuring that the rules of engagement are suitable for the deeper needs (both vulnerabilities and strengths) of the people accommodated (e.g. rely on positives rather than negatives, with sanctions for poor behaviour which are not merely punitive or excluding, perhaps by allowing ‘time out’ or getting people to make amends for any destructive actions)

• **Supporting and training staff** – making sure that staff (including volunteers and peer supporters) are equipped to work with people’s more psychological and emotional needs, and are trained on the psychological model adopted by the organisation

• **Gathering evidence** – thinking about what is working or not working, building reflective practice into everyday work. Evidence-generating practice here is not just about gathering statistics on outcomes for commissioners, but about constantly seeking feedback, from staff, users and referrers, and asking what really works

**Examples from supported housing organisations**

We then heard from two organisations about the approach they had adopted and the result of taking on a PIE approach:

**Depaul UK in Camden**
Kaleidoscope is a supported housing scheme in Camden working with young people with mental health and complex needs. It has adopted a Cognitive Behavioural Therapy (CBT) approach which looks at why things happen and the core beliefs that the person has, and helps them to replace negative feelings with positive ones. Helping residents to identify triggers for negative actions means that changes can be introduced and positive measures introduced.

Staff throughout the team are supported in their reflective practice by the local Children and Adolescent Mental Health Service, and have regular group meetings to discuss how the approach is working.

Working in a PIE way started here in February 2013, and results so far are encouraging: no-one in the challenging group living there has had to leave the project, and there has been better engagement and a reduction in incidents. It can be slow progress, but has been very beneficial for residents who previously had been evicted from or left many other supported housing or residential care schemes. There is a good pathway designed for people to move on from the scheme, and some have already left to go to less intensely-supported schemes.
Changing Lives – homeless hostels and women’s projects
Changing Lives (formerly The Cyrenians) has adopted a PIE approach across the organisation in the North East. We heard about some key changes that have made a difference within a number of services. Examples include:

- Using Places of Change Programme money to reshape the physical layout of buildings, so that reception areas are welcoming, modern, and help residents to feel part of the place, and have that “WOW” factor so that people know this is a place where they can make changes to their lives; there are no longer barriers or offices which lock staff behind them, and in several places, the reception desk is staffed by residents (as it’s their home they are welcoming new people into)
- Activity spaces have multiple uses, for staff and for residents / service users
- Décor is chosen by residents
- At least 25% of staff have experience of homelessness or exclusion (100% of frontline staff in some teams) and everyone is encouraged to get involved in volunteer activity, with many different options including peer mentoring and peer research
- There is a major focus on helping women engaged in the Women’s Service to build relationships
- Staff have training and supervision from a clinical psychotherapist, and there is a focus on work with people with Personality Disorders and particularly Borderline PD, and the use of Dialectical Behavioural Training for people in this group

Discussion about building evidence and capturing success
It seems that the Outcomes Star, whilst often helpful, is not always applicable for this work. Other measures mentioned as being useful for measuring and capturing success in this area were:

- Client Progression Measurement (developed by Changing Lives – measures the journey travelled – similar headings to the Outcomes Star)
- File audits – describes progress made
- Staff survey – measures how the work is changing from a staff perspective, and also how staff burn-out is reducing (and staff retention improving) as PIE approaches are introduced
- Stakeholder feedback
- ITEP (International Treatment Effectiveness Project) mapping – could be borrowed from addictions work
- Measurement of success on community development work, including levels of involvement of service users

It was agreed this is a good time to try to influence the way that commissioners commission services i.e. evidence-based commissioning which does not rely solely on hard outcomes but also looks as progress made, lack of serious incidents or attendance at A&E, service user-designed measures, and softer measures such as engagement with family or maintaining relationships. It is also important to influence commissioning which does not assume that the best services can be provided only by qualified or experienced workers, but that
unqualified but well-supported people with experience of service use themselves can be in the delivery team.

**PIE Action Learning Sets (ALS)**

An ALS is "a continuous process of learning and reflection supported by colleagues, with an intention of getting things done." (McGill, 1993) It can be a very effective way to focus reflective practice within a staff team, and/or between workers from different services, meeting to support each other.

In an action learning programme:
- Everyone works on a work-based project, or series of tasks
- The group of people who join a programme learn together and learn to work in a constructive and effective way
- The emphasis is on learning from experience and then acting on that learning, using the set to bounce ideas around, to ask challenging questions in a safe environment, to support the person seeking help to solve a problem or try out a new way of working, and to report back on progress - this in itself spurs people to act in between meetings.
- It encourages a deeper understanding of the issues involved, challenging underlying assumptions, and exploring ways forward

Action Learning Sets can be held on a face-to-face basis or a mix of face-to-face and virtual groups. They are usually time-limited. Robin’s experience suggests that groups of 5-7 are best, getting together on a monthly or bi-monthly basis.

The PIE link website ([http://pielink.ning.com/](http://pielink.ning.com/)) is a practice exchange website which can act as a resource bank and forum. Robin can also act as a resource. Although he would not be able to attend meetings in person, he could, for example, participate in a virtual group, such as via the PIELink.

Attendees thought there might be more than one group needed in the region, but we would need to take into account the geography (so possibly a north and a south group might work) and also the potential barrier of competition as tenders are advertised.

**Next steps**

The write-up of the PIE workshop is to be sent out to all attendees and others who were interested but unable to attend, along with presentations and an invitation to join a PIE Action Learning Set.