



Report 3 of 4

**Birmingham Changing  
Futures Together**

# Evaluation of the impact of Psychologically Informed Environments

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Revolving Doors Agency / August 2019



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# Background and Context

# 1

The Birmingham Changing Futures Together (BCFT) programme is funded by National Lottery Community Fund's Fulfilling Lives initiative led by BVSC; The Centre for Voluntary Action. The programme works with service users and organisations to shape how services are delivered to vulnerable people with multiple needs. The £10 million, 8-year programme, has been designed by local partners to improve services for the people using them. The project focuses on long-term service and system change to support individuals to lead fulfilled lives and to ensure that successful models and approaches pioneered through this project become mainstream. With a strong focus on working in partnership with 'experts by experience', the project aims to develop the collaboration and integration of agencies to improve the client journey.

There are several streams of work within the BCFT programme. No Wrong Door (NWD) Network is one such strand. NWD is a group of networked agencies committed to information sharing and common approaches and standards in supporting people with complex needs; this ensures clients can access a whole system of support through one referral form and there is no 'wrong door'. NWD is specifically for service users who have multiple and complex needs. These are outlined in the diagram below.

A second stream of work within the BCFT programme was to evaluate the impact of creating Psychologically Informed Environments (PIE) in the services provided to people with multiple and complex needs. PIE was originally developed by Rex Haig and Robin Johnson under the aegis of the Royal College of Psychiatrists' Centre for Quality Improvement to recognise and promote "enabling environments" in all areas of

social practice. In a paper describing this work<sup>1</sup> they express the concept of PIE as offering a way to recognise good practice that 'reflects the true complexity and emotional nature of the issues to be tackled'.

Haig and Johnson describe PIE as demanding locally situated initiatives emerging from reflective practice within a service staff team while recognising service users' emotional and psychological needs. The concept of PIE was further developed specifically for homeless services by Dr Nick Maguire and Robin Johnson<sup>2</sup> in a DCLG funded research study and guidelines. Maguire and Johnson describe the purpose of PIE as enabling clients to make changes in their lives which can be expressed in different ways but will 'usually be changes in behaviours and/or emotions'. For example, by maintaining personal relationships, reducing substance use or feeling less depressed.

## Service users referred through NWD must have at least two of the four complex needs below:

			
<p><b>1</b></p> <p><b>Homelessness -</b> current or immediate threat of homelessness</p>	<p><b>2</b></p> <p><b>Mental Health -</b> concerns or diagnosis</p>	<p><b>3</b></p> <p><b>Substance Misuse -</b> substance misuse issues</p>	<p><b>4</b></p> <p><b>Offending</b> current or recent offending</p>

## Role and experience of St. Basils

Since 2016, St Basils has delivered three days of PIE Foundation Training and a year of Reflective Practice groups to almost 200 frontline staff across 15 organisations within NWD

St. Basils (who have delivered PIE training across the Birmingham Changing Futures programme) were one of the stakeholders involved in the original Maguire and Johnson DCLG project which was highly influential in the development of the St. Basils approach to PIE:

**'We thought: 'This is really helpful'.... it was a kind of coherent framework... we always have taken a psychologically informed approach, but in a non-consistent, not necessarily coherent way... And we worked with Nick McGuire...to develop a programme of training for all of our staff.'**<sup>3</sup>

From the outset St. Basils were clear about the objectives of introducing PIE across their own organisation and developed indicators to measure impact not only for the young people they worked with but also for their staff. It is also clear that St. Basils were on a learning curve from the beginning not only on how to logistically set up PIE but also on how to make and keep staff connected to the concept of PIE and the processes needed to make it work organisationally. Leadership was crucial to the success of PIE in St. Basils.

**'We learnt loads in the early days...we'd had all these plans about how (we) would organise (reflective practice)... People never got there. You know, all these things that other organisations are having (in embedding PIE)... I've had it all. Some people who thought, 'I don't really need this because I work like this anyway. I'm alright thank you very much. Just let me get on with it'. So (reflective practice) was.. non-negotiable...I was the lead, so anybody who wanted to opt out had to come and see me... We are saying to you as managers you prioritise this. This is one of your priorities. And all the knowledge you have, you can share it with the others in that team.'**<sup>4</sup>

Over the following years St. Basils gradually developed into a PIE organisation, taking a holistic approach to PIE – everyone lived it in the organisation regardless of their place within the hierarchy. Like many organisations attempting a radical change to how they work, PIE did not become the organisational culture over-night.

**'It takes quite some time, particularly for people in the organisation from a previous base, to shift and think, 'Actually, yes, this is adding value .... Without exception, PIE is seen by everyone now as really important... (the staff) get angry now if they don't get reflective practice'**<sup>5</sup>.

With this experience behind them, St Basils, was contracted by BVSC to deliver psychologically informed environments (PIE) training to organisations within the NWD network. Since 2016, St Basils has delivered three days of PIE Foundation Training and a year of Reflective Practice groups to almost 200 frontline staff across 15 organisations within NWD. St Basils at the time of writing have completed all cohorts but at the time of the research seven out of the eight full cohorts of training and Reflective Practice had completed. The current evaluation considered Sifa Fireside, MIND and Shelter; three organisations who are both part of the NWD network, and delivery partners in the wider programme. The majority of Shelter Lead Workers and Peer Mentors completed their training in November 2016 and completed their 12 months of Reflective Practice in November 2017.

Sifa Fireside staff completed their training during spring and summer 2017 and completed their 12 months of Reflective practice in September 2018.

<sup>1</sup> Rex Haigh, Tom Harrison, Robin Johnson, Sarah Paget, Susan Williams, (2012) "Psychologically informed environments and the "Enabling Environments" initiative", Housing, Care and Support, Vol. 15 Issue: 1, pp.34-42, <https://doi.org/10.1108/14608791211238412>

<sup>2</sup> Nick Maguire and Robin Johnson (2012) Psychologically Informed Services for Homeless People. University of Southampton, DCLG, Homeless Health Care and Pathway

<sup>3,4 & 5</sup> Jean Templeton, Chief Executive Office, St. Basils

# What is Psychologically Informed Environments (PIE)?

To improve clients' social inclusion and personal development, it is crucial to address their psychological and emotional needs as well as those of the frontline staff who support them. The concept of PIE was introduced by Johnson and Haigh (2010) to encourage housing services for homeless people to identify, adapt, and consciously use features of their managed environment. Homeless Link describe PIE as an environment that makes use of methods, which are informed by psychological theories and frameworks. This could be at any level, from the way in which staff members think about the problems that their clients face, or how risk protocols and policies are written, right up to the way in which a building is constructed and configured. PIE encourages continual reflection and offers the opportunity to take a step back and consider 'what is really going on here?' and 'how is it best to respond to this?'

Guidance from the Department for Communities and Local Government and National Mental Health Development Unit (2012) outlines five key areas to foster more psychologically informed environments:

## One Developing a psychological framework

A PIE service will explicitly use one or more schools of psychology to inform behaviour, decisions, processes and procedures (e.g., the psychodynamic paradigm, cognitive and behavioural approaches, humanistic psychology). There is no one correct framework to adopt. Rather, Johnson and Haigh (2010) encourage services to consider what is appropriate for their setting and how to best meet the needs of their clients.



## Two The physical environment and social spaces

A PIE service will thoughtfully design and manage different levels of the environment, ideally with client input. There is an emphasis on the social environment (e.g., to be warm, caring, empathetic, and psychologically safe) but PIE also involves making considerations for the built environment (e.g., for services to be pleasant and inviting places).



## Three Staff training & support:

Staff working in a PIE service are provided with consistent and evidence-based approaches to working, which enables reflection and behaviour that is "just beyond common sense". Although not delivering formal therapy, following PIE training, support staff will be able to maintain compassionate and therapeutic-like relationships with clients and explain what they do in terms of meeting their emotional and psychological needs (Johnson & Haigh, 2010). By taking this approach, it is expected that staff will be less likely to take challenging behaviour personally and more willing to support those with higher/more complex needs.



## Four Managing relationships

At the heart of a PIE service is a commitment to prioritising relationships between frontline staff and clients, and viewing these relationships as the most valuable tool for facilitating positive behaviour change.



## Five Evaluation of outcomes

Within a PIE service, the measurement of and reflection on outcomes should occur routinely at different levels. At an organisational level, monitoring the impact of PIE and systematically reflecting on its implementation is an opportunity for services to identify what is working, what is not working, and how to improve in the future as part of constant cycles of learning. Of equal importance is the support worker who helps an individual client to record and measure their progress towards a specific goal, providing data to identify problem areas and increase motivation and belief in change.

Aligned with best practice recommendations, St Basils PIE model is trauma-informed and draws on aspects of three main psychological approaches: (1) cognitive behaviour therapy (CBT), (2) dialectical behaviour therapy (DBT), and cognitive analytic therapy (CAT). This framework is made explicit to staff in their foundation training and shapes a shared language and set of expectations for staff to use in their day-to-day work.



# The task undertaken

# 3

Revolving Doors were commissioned to undertake an evaluation to understand and observe the impact on staff and services within NWD (namely MIND, Shelter and Sifa Fireside) of the PIE training. The aim was to better understand staff experience of PIE training and Reflective Practice, how PIE had embedded in services and its impact on services.

## The Method

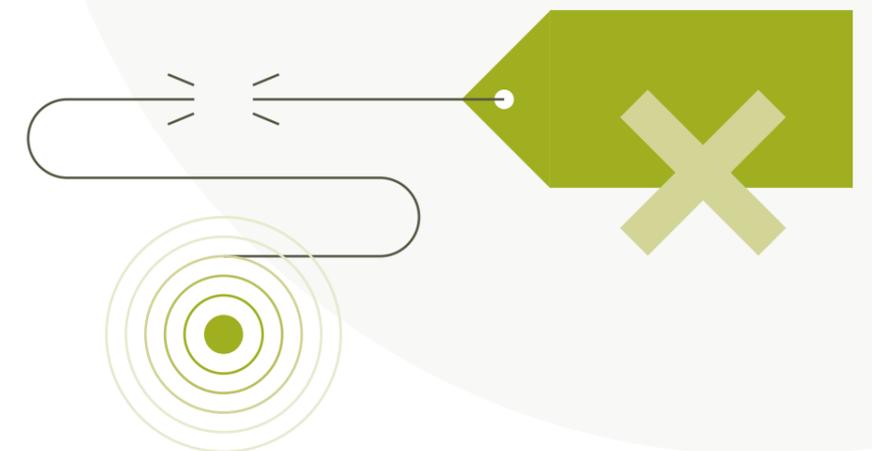
In order to achieve the aims, Revolving Doors utilised a mixture of qualitative, semi-structured interviews and ethnographic observation<sup>6</sup> to visit and observe Sifa Fireside and Shelter and talk to staff, also at MIND, about their views on the PIE training and subsequent Reflective Practice. The benefit of spending consecutive days on site and interviewing staff 'in situ' was that this provided a helpful context to the services being delivered, giving also a greater understanding of the client group and the multiple complex needs they faced. Ethnography also allowed the physical space to be discussed and the extent this was psychologically informed.

In preparation for the site visits, an interview was also undertaken with Dr Amanda Skeate, a consultant clinical

psychologist, who leads on the delivery of PIE at St Basils. A self-assessment tool given to services by St Basils to continue to assess whether PIE has been assimilated in service was also consulted. Factors from this tool were considered when observing the service provision.

In total, 18 members of staff were interviewed across services (8 from both Sifa Fireside and Shelter and 2 from MIND) and 3 days were spent at both Sifa Fireside and Shelter observing the service. This included shadowing workers, watching triage sessions, spending time in drop-in and visiting clients on an outreach basis. The Chief Executive of St. Basils was also interviewed to provide context to the rationale for PIE and the challenges of implementing it in services.

<sup>6</sup> Originating in anthropology, ethnography traditionally refers to a practice in which researchers spend long periods living within a culture in order to study it. The term has been adopted within qualitative research to describe occasions where researchers spend time - hours, days or weeks - observing and/or interacting with participants in areas of their everyday lives. This contrasts with interview-based research in which interaction with respondents is limited to a conventional interview or group discussion format, is more limited in time, and often takes place outside the participant's own environment. (Source: The Association for Qualitative Research: [www.aqr.org.uk/glossary/ethnography](http://www.aqr.org.uk/glossary/ethnography))



## Challenges and Limitations of Methodology

To some extent, PIE principles and methods are invisible. They pervade interactions silently and implicitly without being labelled loudly and explicitly as such.

To some extent, PIE principles and methods are invisible. They pervade interactions silently and implicitly without being labelled loudly and explicitly as such. Ethnography in busy and chaotic environments was also particularly challenging and the researcher had to balance seeking opportunities to observe whilst not disrupting the day to day running of services. In Shelter, clients were often seen by their support workers outside of the service. Although there were opportunities provided to observe these sessions, there was a great deal of time spent travelling to and from the appointments.

For example, on the second day visiting the service, the lead worker and peer mentor collected a client from his place of residence, travelled on the bus and in a taxi to the hospital, sat with him while he waited for his appointment for several hours and then one member of staff went in to the appointment with him. They then travelled back to his house with him. This was important – it was an example of end to end care and support provided to a client on a difficult day (not least because his leg was in a lizarov frame). However, in reality, it was also several hours spent out of the office, observing only one (extended) interaction with a client. There were also large periods of time where the client was absent; in his appointment. Conversation on the bus and in the hospital was informal, reflective of other staff-client interactions in service,

which were often characterised by trying to either build rapport or problem solve an immediate issue.

As such, PIE principles were not overt. Interactions required unpicking and required the researcher to constantly think 'is this PIE?', 'what psychologically informed techniques are being used here?'. At times these appeared, as noted by staff in their interviews, as just good practice, empathic conversation and supportive exchanges. Similarly, in Sifa Fireside, ethnography was a challenge because of the size of the drop-in centre and number of clients attending (80-100). Again, the researcher walked the floor, observed the reception area, how clients were greeted and the triage process but exchanges between staff and clients were fleeting and momentary. The ethnographic component of the study extended to a general 'feel' and 'sense' of the service, the overarching ethos and principles that were observed and importantly, walking in the shoes of a service user.

Spending time on site was invaluable and provided the opportunity to fully understand the variety and complexity of clients that services in NWD were working with. Client contact could be fleeting, transient and urgent or it could be scheduled and focused. Clients may be coming in to service in the midst of crisis (mental health or housing for example), which needs rapid resolution, or they may be more stable and require a helping hand to achieve their next goal.

# Our interview findings

## 4

### Understanding PIE

During interview, staff were asked to explain what their understanding was of PIE as an overall concept. Staff reported that they viewed PIE as an opportunity and method to create an environment to best support both clients and staff. It was a whole systems approach that could be delivered at an interpersonal level; between client and worker as well as being an ethos that permeated through the organisation. Staff saw reflective practice as a space in which to explore how this overarching approach and ethos could be applied to their specific client group and setting.

Most staff articulated a good overview of PIE, considering what clients presenting needs were and why they were communicating in the way they were. In this sense, staff reported they were able to 'read between the lines', pause and consider the best way to respond to clients.

**'...as a concept it's basically looking at what is happening with someone from an emotional standpoint rather than a physical standpoint'**

Staff also demonstrated that they understood that PIE came with associated tools and techniques and that it extended to work with clients, work with

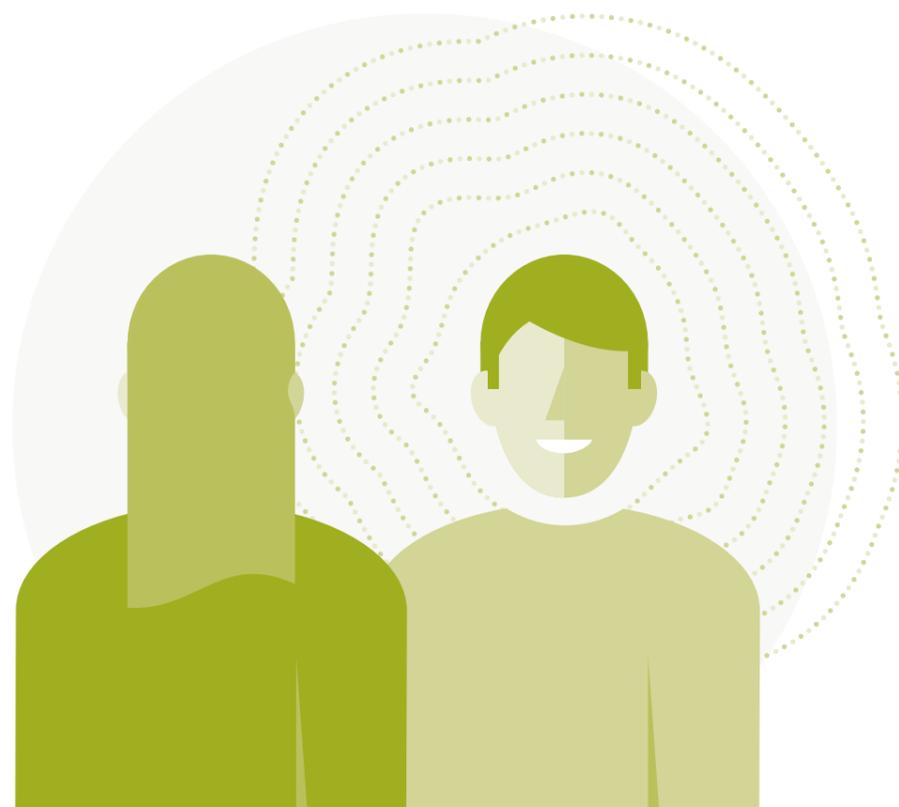
colleagues, the physical environment as well as self-reflection. Many stated that they now colloquially used the phrase 'that's very PIE of you' and had embedded the principles in their day to day work.

**'...I'd sort of say, PIE is an approach that sort of encompasses everything and actually puts an onus on you as somebody who is a frontline practitioner to really acknowledge that person as they are not as you want them to be'**

On the whole, it was felt that staff in each service had a good grasp of PIE and what the training and subsequent Reflective Practice intended to do.

**'...as a concept it's basically looking at what is happening with someone from an emotional standpoint rather than a physical standpoint'**

Staff member



### Applying PIE

**Some staff reflected on the challenges involved in implementing some of the principles of PIE because of the chaotic, unsettled nature of their client group but also the short amount of time they often saw clients for.**

Some staff reflected on the challenges involved in implementing some of the principles of PIE because of the chaotic, unsettled nature of their client group but also the short amount of time they often saw clients for. As mentioned in the introduction, PIE includes utilisation of psychological frameworks such as CBT, DBT or CAT and this may be more difficult to put into practice outside of therapeutic sessions which are historically much longer and scheduled (e.g. in a soup kitchen).

**'We are working with the client group that gets the shortest burst of engagement...we will get 3 or 4 minutes from someone and that will be enough for them for today...it's really, really not appropriate and had we had took it on face value and took it as a prescriptive guide, right we have now had this three day training, we are going to come back and get all of these tools out and sit down with our clients it would have probably led to a mass disengagement'**

However, it is likely that as PIE becomes more embedded in services that staff will utilise their opportunities to be reflective, particularly with those clients who are harder to engage, in a more routine way. To this end, staff commented on the extent that the PIE training was adapted for their service and considered the challenges that may be presented by specific client groups or settings.

**'...we are time limited, so every last 30 seconds of engagement where we are trying to build someone's trust is, is too crucial for us to attempt to risk throwing anything else into the mix and to try and get someone to sit down and carry out support in a clinical way, in which they have kind of traditionally experienced probably before from other support services, albeit not with the PIE tool, that's led to disengagement'**

Some staff did acknowledge that where the psychologist delivering reflective practice had visited the service, this greatly improved their ability to gain from this experience as they felt it became more relevant and tailored to their client group.

**...PIE 'tapped' in to a value system that was inherent in the services working with complex clients.**

Overall, and notwithstanding the difficulties outlined above, staff reported they found PIE training useful and would recommend it to other services.

**'I was thrilled to bits when I got the email to say that somebody wanted feedback on the PIE because we've been talking about it for so long, we'd love to just, you know pick it up and do it again, it was just so good and learn more from it erm... and I do think that, I think any, any member of staff... in the work line that we do, I think everybody should have it available to them, it's a big learning curve'**

However, a significant proportion independently reported in their interviews that they felt they 'were already doing' much of what was included in the training albeit not labeled as 'PIE'.

### 'Consolidating what we already do'

**'When I was doing it, I was thinking this is wasting our time. I think it was two or three days of training. And we were sat there and I was thinking, 'I'm already doing this, I could be out with my clients right now'**

**'PIE training helps put labels on things that we were already doing'**

When this was enquired further during interview, staff reflected that, although the training did not introduce entirely 'new' techniques or approaches, this was actually a positive and indicated that PIE 'tapped' in to a value system that was inherent in the services working with complex clients. It signified that they were 'getting it right' in who they were employing and approached clients in the right way. ►



**'...half our team has got professional experience of complex needs and the other half of our team have lived experience of complex needs.'**

Staff member

The principles in PIE training were often conflated with those gained through lived experience (namely recovery). This narrative was most dominant when considering the PIE principles of being compassionate and empathic towards clients and using relational skills as a key technique. Staff at Shelter stated that lived experience had been present and inherent since the inception of the service, right from the bid writing stage and this was felt to have played a role in embedding PIE from the outset.

**'...half our team has got professional experience of complex needs and the other half of our team have lived experience of complex needs'**

**'I do think if you have got a team and 70 percent of that staffing team have been the chaotic people out there then you have already got a different level of insight'**

The prevalence of this being reported was somewhat expected by St. Basils, who delivered the training, that lived experience (and experienced staff) would already have a developed skill set.

**'I think because what we were always saying was, 'this is not saying you've not been doing things right. This is building on what you're doing and it is just bringing a coherent theory to it'. So, in fact you have to be really careful (when training) because the first resistance will be you're trying to tell your granny to suck eggs'**

Interviewees did reflect on this issue; what was it about PIE principles that

resonated so much with individuals with lived experience? Overall it was felt that 'empathy, compassion and love' were what was important, understanding where the client was coming from, what was going on for them at the time of an exchange. These are PIE principles and staff generally were reporting they either had obtained these through lived experience or years of working in the field. Those who did not have lived experience or were newer in post were more likely to report greater value from the PIE training possibly because they were not already carrying many years of support work experience with them.

**'You can't learn this stuff, you can't learn to be like empathetic with somebody, you've gotta have walked in their shoes I believe, or close to...'**

Staff with lived experience also reported their experience of recovery and change meant that insight and reflection skills had developed which was useful for reflective practice.

**'...lived experience...takes you to a place of well... lived experience means that... you've got that internal psychological reflective nature anyway...'**

PIE is meant to be 'just beyond common sense' and whilst some reported it rewarding that their approach was consolidated and they were 'on the right track' with their practice, others explained how the lack of new information diluted the benefits of the training.

Reflecting on this, staff were asked who could most benefit from the PIE training.

Several reported that PIE training would be most beneficial for new services and new staff or perhaps had not got the experience of implementing PIE principles such as understanding a client's position during an exchange.

**'I think for some services, if we weren't made up and built as a team with people that have lived experience of chaos and naughty behavior, it would have been brilliant training'**

St. Basils had taken several years to establish PIE in the organisation – they estimated that it took around four years for PIE to embed fully in their work. Key to their success was a very clear PIE mandate and leadership from the top of the organization from the outset:

**'We said this from the beginning (of the BCFT PIE project)..we needed the organisations on board....If we (St. Basils) hadn't led from senior level and said this is what we're doing. This is how we're going. This is what we're developing...people always find other things. Good reasons, you know, other pressures. It could be seeing a young person. It could be all sorts. Always good reasons for it.. (not) engaging. And you just keep going....That's in an organisation that has embraced it fully and has the Chief Exec as the Lead Officer (for PIE)'**

One benefit of having the whole team at the training however was said to be the fact that 'everyone was now on the same page', to ensure consistency across the service.

## Psychologically Informed Relationships and Communication

One of the questions that we sought to answer was how PIE has affected the relationship and interactions between staff and clients. Unequivocally, the time spent in both Sifa Fireside and Shelter was characterised by an abundance of dedication to the client group, a desire to do the best for clients and a demonstration of significant client empathy and a 'can do' attitude. This was encouraging, as PIE principles outline the importance of respectful, thoughtful and non-threatening communication; viewing all behaviours from clients as meaningful and informative and an opportunity for engagement.

During interviews, staff demonstrated a thorough understanding of how their clients' experience of trauma equated to an essential need to build up trust and rapport and how small gestures could support this relationship building. This is exemplified in the case in point below where a support worker used a common interest in playing the guitar to connect with a client and was also observed during the ethnographic component of the work. See 'CASE IN POINT' below.

During their interviews, staff were able to explain how they felt rapport building, underpinned by PIE principles, had a positive impact on the client's longer term engagement.

**'They have to build up that trust before they can even try and carry out any support. It starts off with, you know, the basics hello, a little bit of an introduction and they get told to fuck off and they do a bit and they go back and you know it works out really well in the end. They are very good at just chatting and when they just chat they tend to get a lot of information. So they tend to find out very early on that there's been trauma, what kind of trauma there was and at what stage in that person's life.'**

Staff detailed how their ability to elicit information about someone's traumatic experiences, outside of a 'formal' assessment, allowed support to be tailored to the individual's needs and be 'trauma informed'.

**'So the clients do tend to open up but what that means is that we can then support them to get the right support'**

Staff also explained how communication was also not just a tool for support but also for de-escalation. They also described how PIE had encouraged them to consider what someone's presentation indicated was 'going on behind the scenes'.

**'...one of the things that we looked at was, sometimes trauma happens in a person's life and then when they are kicking off they tend to behave like when it actually happened and that was very useful and it, it certainly helps when you are looking at someone and they are in your face and you are screaming and they are screaming at you and the staff so it encouraged, now you don't see the screaming, you see what's causing the screaming and you see behind that'**

Staff also gave examples in their interview about how they connect with clients on more of a creative level, finding a mutuality and common ground, which supported rapport building.

**'...he's a musician and I'm a musician, so, we do support sessions and then we'll have like a little creative support where we'll sit there and talk about music ideas that we've had. Or, I'll take my instrument with me. Like, my guitar with me. We'll sit there and we'll have a little jam session. And, to a lot of the clients, doing something completely and utterly different from doing support work, helps them a hell of a lot'**

### Case in point

#### Building relationships and different ways of connecting with clients

**'...there was a lad who basically, he hardly engaged with anyone. Went to see him one night and he had just a shell of a guitar with him...I checked the neck on it and I said, 'All you need is some new strings and you'll get alright'. And he was like, 'I'll have to save some money to get some'. I was having a clear out that weekend and I've come across a pack of strings which were, I didn't need...I took them with me to work...and I said, 'come in tomorrow morning ...bring the guitar with you' ...While I was talking about accommodation for him, I've sat there fixing his guitar. And, that helped a lot because that meant his engagement started coming up and like, you know, as soon as I got that fixed for him and he saw us as not as just a support service, he saw us as someone he could go to when he had like, issues with other things. And to me, that makes a lot more of an impact than it does on just being able to house someone or get someone's benefits done. Doing something to show that you're not just their support worker but you're also a human. That can mean a lot to the clients. More than anything else'**

**Doing something to show that you're not just their support worker but you're also a human. That can mean a lot to the clients. More than anything else**

## Wellbeing of Staff

In PIE, the importance of relationships extends to interactions between colleagues as well as between management and staff teams. During their interviews, managerial staff recognised that supporting the client group can be 'emotionally demanding' for staff. They discussed how they worked hard to foster a culture that harnesses an ability to talk openly about the challenges of work and clients' complex needs or presentation.

'...it really focused on the wellbeing of the individual. Not the individual that you are supporting but yourself. And it then meant that we were able to look at our self and think actually are we giving you what you need? In terms of your wellbeing? Because they are seeing, they are seeing the worst of human nature every single day and.... We are exposing them to temptation, if you like, we have got ex-heroin addicts and we were expecting them to work with people who are actively using, that's difficult for them so yeah it was erm, good to have that'

Managers reported that having a specific focus on the importance of staff support and training within PIE was useful. They explained how this encouraged them to consider the way they interact with their staff. PIE was said to have affected the way that staff were managed, stressing the importance of a cohesive, collective, supportive environment. See 'CASE IN POINT' below.

Something else management reported gaining from the PIE training was the opportunity for staff to speak openly and freely about the challenges of work or home life before focusing on performance at work.

**'They are dealing with terrible things and they go back out and see their clients and its fine and they are able to work with those clients and not get hopefully overly stressed. The PIE training encouraged that relationship building before anything else. Tell me what you need and we will do it'**

The benefits of this understanding, empathic approach from management was mirrored in positive feedback from staff who reported in their interviews that they feel able to deliver a 'better' job for their clients when they are supported and their well-being is considered.

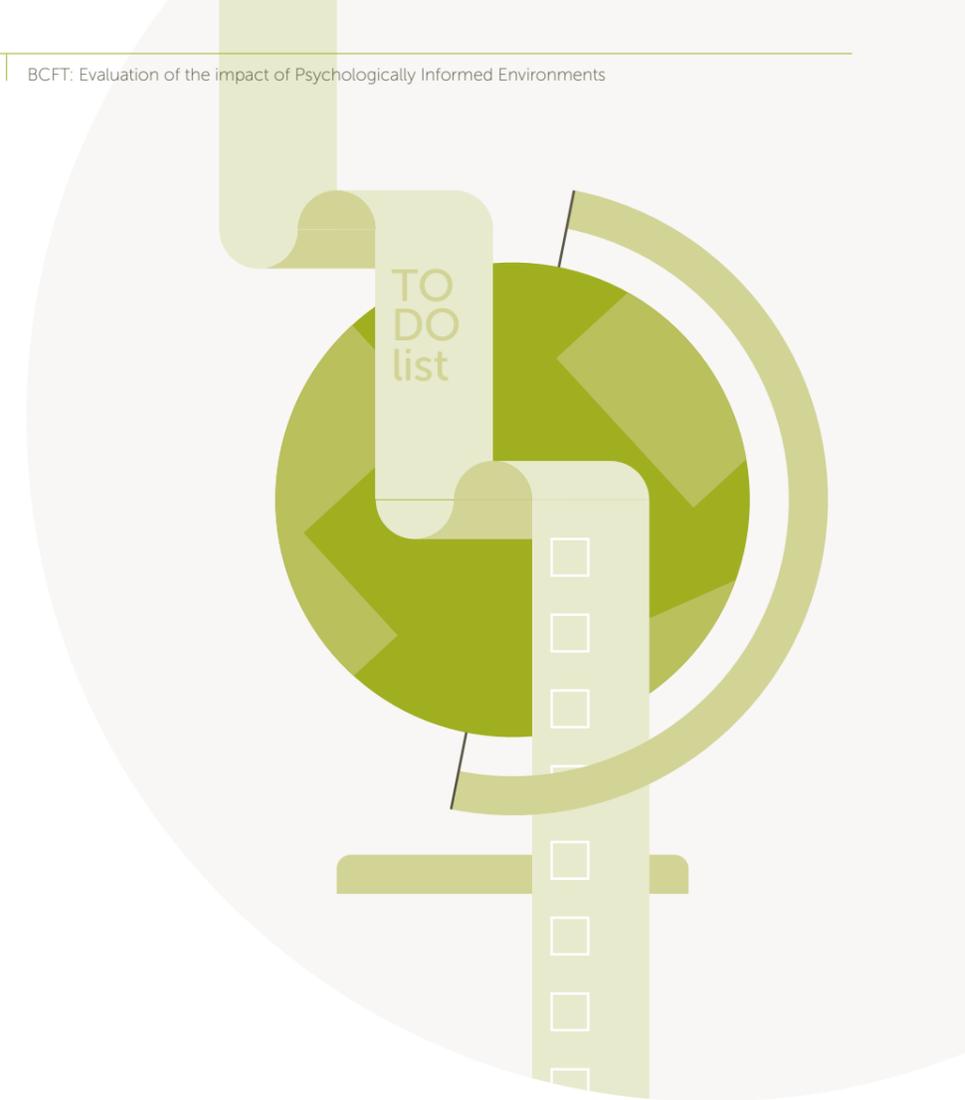
**'I feel better as a person, I don't feel so irate or rushed...we don't realise sometimes that I've probably snapped at somebody and didn't realise I'd snapped at them because I'm rushing to get something done, that's when you make mistakes instead of sitting back and seeing the picture for what it really is'**

### Case in point Supporting Staff

'I certainly have a very relaxed management style now that I didn't have before (PIE) and I am very comfortable with all members of my team and feel like I know them... there are 32 of them and (the team is) growing all of the time and I think I am very lucky and I feel very privileged to know the ones that I do, the way that I do..... the ones that I don't talk to as much they are still very personal stuff that I am aware of and can chat to them...it gives me assurance as a manager that we actually are all working as a collective. And we are a genuine team. We might not all agree and have very different approaches but actually we are a collective and that's reassuring and ..... whenever I am elsewhere I sit there and I will quite happily go on and on and on and on about how proud I am of them because they do a very difficult job, but they do it well and they all work together and we don't have the politics if you like that maybe the other teams have and I think this approach supports that.'

**'...whenever I am elsewhere I sit there and I will quite happily go on and on and on and on about how proud I am of them because they do a very difficult job, but they do it well and they all work together...'**

**'I didn't attend all three days...because we have no one here delivering service...we are there to attend PIE training because it's supposed to be brilliant but the world doesn't stop...'**



## Training Delivery

All staff interviewed, even those who felt they were already undertaking psychologically informed practice, stated they valued the opportunity of going on training, especially that delivered by a clinical psychologist. However, throughout the interviews there was anxiety about not being at work, about the length of time the training took and the amount of information the training covered. This is not about the training per se, rather the service worked in and the working culture the individual brings to the training. To some degree the analysis reflects perhaps staff who needed permission/justification to be away from the day job.

Logistically, some staff described anxiety at being 'out of office' for three days to attend training.

**'I didn't attend all three days...because we have no one here delivering service...I tried to like refrain from looking at my phone as much as possible whilst being mindful that we are there to attend PIE training because it's supposed to be**

**brilliant but the world doesn't stop just... because of the PIE training so it was quite difficult really'**

Several members of staff felt that the training could have been condensed to cover a fewer number of days, to detract less from front line engagement.

**'I thought there was too much group work, there was a lot of kind of, we do something and then it was, you know discuss amongst yourselves how you think that was and, quite lengthy opening sessions where you know, people would talk about the week before and, so I found it personally too long...'**

Although one member of staff actually said there was a lot of information to retain that spreading it out over more days would have been their preference.

**'I think if it could have been broken down a little bit more to give that, maybe it could've been done over 5 days instead of three days and then**

**it could've been broken down a little bit more gradually...it was rather a lot crammed in to a short space of time'**

In interviews with management, there did not seem to be a push for this 'mandatory' training to be attended and there were occasions where staff described that they had stopped attending reflective practice and this was not challenged by management.

St. Basils knew that staff would welcome training but had themselves as an organisation previously struggled to get buy-in for attendance at training and reflective practice 'So, we adapted. We adapted over the period and (learnt) the lessons'. It was strong leadership over a long period of time that allowed the organisation to become a PIE organisation. As a result, it is not surprising that staff new to the concept of PIE and where PIE is not their organisational ethos will struggle to see its purpose in the early days of its implementation.

## 'Reflective Practice'

Overall, staff reported that they felt a greater benefit from Reflective Practice than the three-day training. Most staff described the importance and value in reflecting on their own performance and how they handled and approached situations at work; including interactions with colleagues and clients. Reflective Practice was said to have the most impact and value when it evolved more into case supervision and allowed 'real' cases to be explored rather than the use of hypothetical tools. Staff who had received the training and Reflective Practice initially (rather than more recently) reported that the practice had improved once the psychologist delivering the training had gone out and visited the service and got a clear understanding of the client group, in order for it to be more relevant to the cohort. See 'CASE IN POINT' below.

Some staff reported they found it hard when, Reflective Practice was not just used as a space to discuss work but also personal issues.

'...what has been fed back to me was that there were people within those groups that the staff would go but you know someone would dominate the group, talk about their own psychological wellbeing and it was quite difficult to get away from that and there was no focus on it being work based. I just said

**I'm bloody terrified. I don't want to talk about my innermost demons in front of a room full of people. I mean it sounded terrifying but she, she said okay what do you want out of this and I said I just want this to be purely work focused. And we were, so that was good, we put that framework in and I do worry that that wasn't happening elsewhere'**

Many staff reported it felt unfamiliar and somewhat vulnerable and 'exposing' to be in a reflective setting, especially amongst peers and colleagues.

**'I felt I was put really on the spot in the sessions and almost forced to speak about something that I didn't want to speak about... so, I actually didn't find it very PIE ironically... and I did actually bring this up with my line manager at the time, because I was actually really upset after the first session...and it put me going off any more and I didn't go to anymore after that'**

Indeed, several staff reflected how the training and Reflective Practice in general and the focus on their own well-being, as well as that of clients, 'stirred' up some difficult emotions in them. This highlighted the need to be supported throughout the PIE journey and, as one member of staff stated, the importance of trainers potentially 'knowing the audience'.

'...it was all stress, stress, stress, stress, stress, stress, stress, stress and I went to that training on day one and suddenly it was all about you cannot drink from an empty cup, what are you doing and it just threw me and just and then I went off sick. I am not blaming the training but what I am saying is that in a room full of people, it was quite difficult and they were asking questions like 'do you feel listened to?' Do you feel listened to? And these were quite difficult so at that point I know that I was psychologically a bit vulnerable'

Others reported that they thrived in this setting and found it extremely useful to have a space and time to reflect and 'free access to a psychologist'.

'...it was nice to be able to say how hard the job can be sometimes and it makes you feel to be told that you're allowed to feel that way, you know it's perfectly normal and natural... it was very beneficial, we've had this conversation so many times, how useful it was to sit back and just reflect and not be the person that's gonna rush in and fix the client's issues. I quite like the difficult client's now because instead of getting emotionally in... wrapped up in it, I now will detach myself from it and see it from a bigger picture...'

### Case in point Tailoring Reflective Practice

'...she actually invited the facilitator to come out with us for the day and like, see what kind of work we actually do. And after that happened, the whole, everything changed. It just flew. It just flowed easier. Things were more relevant to what we did... it's all well and good us going to this training and like being told these are tools that, you know, that you should be using. But sometimes it's like, if the people who were giving the training actually came to the service and saw what we did and then spent the day with us, they could go away and they could adapt that to what we do. And then they can see. Because we aren't necessarily going to be based in the office, you know, it can be psychologically informed in the office. You can do that, easy, but, when you're working with someone who's bedded down on the street, you know, in a shop door or going around to someone's flat who's, you know, may hoard and like have, just a room full of stuff. You know, you can't exactly use PIE in those situations. It's like, you have to be who you are to engage that person and make them feel comfortable'

**'But sometimes it's like, if the people who were giving the training actually came to the service and saw what we did and then spent the day with us, they could go away and they could adapt that to what we do.'**

### Case in point Tailoring Reflective Practice

'[Since the training]...How to validate them a bit more, how to maybe listen to them a bit more. Because with all the routine. You know, after a year or so, when you hear the story over and over again, the same one, you just want to know, 'Okay, stop'. I know what to do, now I can lead you further. And at one point I'd forgotten that they have to tell the story to the end because they are individual. You know, that kind of stuff. I still remember, and I still got it up until today. Before PIE, I was settled in routine I think. I did not put that much of attention anymore and I've recognised that PIE opened my eyes to it. After it, I completely changed my attitude and now every story counts.'

**'After it, I completely changed my attitude and now every story counts.'**



Staff members gave examples of how the training and reflective sessions had subsequently shaped practice thereafter. See 'CASE IN POINT' above.

Other staff stated they took forward the ability to be reflective outside of the designated sessions.

**'...it does teach you, maybe that self-awareness that I maybe didn't have before'**

Again, recovery was conflated with an ability to be self-reflective.

**'...most people I know identify themselves as being in recovery, in order to maintain who we are today, we have had to work with that and have that kind of way of life anyway. Constantly thinking well why am I doing this? Why am I getting so cross over this particular thing? Or why have I become really defensive when this happens? Constantly having to unpick that stuff anyway'**

Overall, most staff said if Reflective Practice had been offered on a continual basis they would have accepted this, although the times of the sessions could be better placed; perhaps after work so that it did not detract from client work. Several members of staff also stated they would have preferred it if the sessions were voluntary, not mandatory, and reflected that they try not to 'force' clients to do anything they do not wish to do, so it felt somewhat hypocritical for staff to be made to attend something they did not feel was beneficial or struggled with.

**'I also think it's not very PIE, not very psychologically informed to make something a mandatory requirement. Had I had had the opportunity to go, I felt that it was my choice, because someone had explained to me what it was about and I recognised the benefits for myself, I probably would have had a less warped view'**

**'I know that in our group there was one young lady and she never engaged in the whole process, the whole time we were in there. She hated it, it was obvious the whole thing made her feel uncomfortable. They did try and engage her, they didn't force her and it was, it was fine but she was, she was open and said I am here because I have to be not because I want to be'**

Reflective practice was separated for managers and front-line staff and managers reported in their interviews how much they appreciated this. This was especially said to be important where sessions were attended by managers from different services which provided a space for learning as well as anonymity which overcame some of the concerns around exposure and vulnerability.

**'...for me, Reflective Practice wouldn't have worked effectively had I have been put into a group where I'm with other staff from here. I just wouldn't have been able to... maximise the benefit of those sessions'**

**'...it does teach you, maybe that self-awareness that I maybe didn't have before'**

there needed to be a certain level of creativity and openness to where clients were seen, affording consideration to where the client felt most comfortable and allowing them to have autonomy over this.



## Limitations of the Physical Space

It was acknowledged that the services in NWD were not necessarily 'traditional' and because of the complexity of the client group, there needed to be a certain level of creativity and openness to where clients were seen, affording consideration to where the client felt most comfortable and allowing them to have autonomy over this.

'I mean, with me, I've met people, like, in all kinds of places. I've even met people like, you know, literally in a bin. And they would feel more welcome and at home if I turn up and speak to them if I go to them, than if they come here... PIE tools didn't show that. They just showed like, you know, what to do in this situation. What the space should look like... rather than what does that person want?'

This meant that some spaces where clients were seen were not typically 'psychologically informed', because the service didn't 'own them' but the fact staff were seeing clients where they felt comfortable demonstrated a client led approach. Overall, on site, the physical spaces where clients were seen were described as intentionally neutral and non-antagonising.

'We did talk about physical environments and as part of the training and they were like the basic stuff like don't paint your walls yellow it makes people angry and stuff like that and we went over what

should it look like, it should be sort of non-threatening, they really should you know and how you should risk assess it and make sure it's as risk free as possible. Don't leave stuff lying around that they can pick up and throw. So we have gone with that approach so it is very plain....we have tried to keep it so it can be cleaned easy so they are coming into a clean environment. It is not, it's not supposed to be scraggy and dirty as a reflection of them, it's supposed to be an environment that is just basically not going to trigger anything else. Almost like they don't notice it'

There was evidence in interviews of thought and consideration in what was in place and what was absent and how this would affect certain clients.

'If you have someone come in who's got paranoia, um, or has got schizophrenia and they see images on the walls. They may be able to go through an episode where they could think they're moving, or they're being watched by someone. Having less images on the walls... if anything, it's better for the client, because if they are having an episode, then they won't feel as though something's staring at them. They'll feel better. Whereas upstairs, there's lots of images'

Some staff described frustration at the physical space however, that it could have been more therapeutic than

'neutral'. Staff described how resources and finances meant that there was less autonomy over how space was presented and utilised but there was an overall sense amongst the service that 'we do the best with what we've got' alongside aspirations for change.

'...open it up, make it much more kind of flexible for clients and maybe to have some designated zones for people to be able to go and know that they can have safe space here. And, especially, we have quite a barrier around women coming into service and what our environment...is like for women. Because it's a male dominated service...So, for me, kind of creating that sort of PIE physical space is about the flexibility of the, you know, of what we've got and how we can use that to create alternative options for people'

Staff reflected on whether their office space was psychologically informed and reported some challenges associated with open plan spaces which could be noisy or messy.

'...don't get me wrong that office is difficult to work in, it's always busy, it's always loud. It takes a certain, well no it doesn't take nothing, it's hard. It's just as simple as that'

'This office isn't very PIE, it's cluttered, it's got things everywhere you know, it has artificial lights'

## Challenges, Barriers and Recommendations for Improvement

Staff at Shelter work in a building which houses other services, which are not PIE trained. Several staff, during their interviews, reflected on the difference between how PIE trained staff referred and treated clients with complex needs appropriately compared to other services who were perhaps intimidated or did not know how best to communicate with clients in distress or experiencing crisis. This was a challenge for PIE trained staff at times to manage this broader context and they reflected on the benefits that would have been conferred if they had their own dedicated building or space. This said, PIE training did help in how this was communicated to other services and staff.

'...we had a lot of resistance here when our service came just to get the other services to treat our clients with a bit of dignity and respect. They just didn't know how, they have never met our clients, people like our clients before so having that time, those three days of reflection to look at those PIE tools, kind of erm, equipped us with a different way of coming back to try and communicate internally'

Staff discussed the impact of having a mix of services in training and Reflective Practice. They described how this sometimes meant the content was not wholly relevant to their client group.

'I was getting frustrated with it because like, I think because we had some other organisations in with us while we were doing it, they weren't used to how we would do it with our clients'

In response to this, some staff suggested having service specific training, as well as perhaps tailoring training and Reflective Practice not just to managers or front-line workers but also stratifying it so it was based on level of experience (beginner, intermediate and advanced practitioners).

...some staff suggested having service specific training, as well as perhaps tailoring training and Reflective Practice not just to managers or front-line workers but also stratifying it so it was based on level of experience (beginner, intermediate and advanced practitioners).

'I think it was sold to everyone, one hat fits all... and I think that was, because you would have brand new workers who have possibly just come out of university and all kind of literally apprenticeships and things like that, it would have probably been really hard on those people who have possibly been in the field for about 20 years or something and the bits they were doing just seemed to be a bit dated'

There was also feedback that management and frontline workers could have been split up to attend training in order to tailor it more specifically to their roles<sup>7</sup>. Some staff asserted they would have preferred one to one supervision, and viewed this as a space where they would have felt more comfortable speaking freely.

'I feel as though it probably would have been better if we could have had individual chats to speak to the facilitators rather than group conversations, because even though it was meant to be a really supportive group, sometimes you didn't feel that supported and some things which were annoying you, or which kind of annoying your colleagues, couldn't really be brought up because of in fear of upsetting the apple cart or whatever else. I feel as though had we been able to have individual sessions, then that would have worked really well'

One staff member, who suffered with psychosis, suggested adapting the training to be more accommodating for those who respond better to visual stimuli and more hands on learning, rather than written work. Although the training did have group activities, it was also suggested to have videos and pictorial representation to aid learning and retention.

<sup>7</sup> All but one service (by request) separated managers and staff for reflective practice sessions.

# Ethnographic Observations

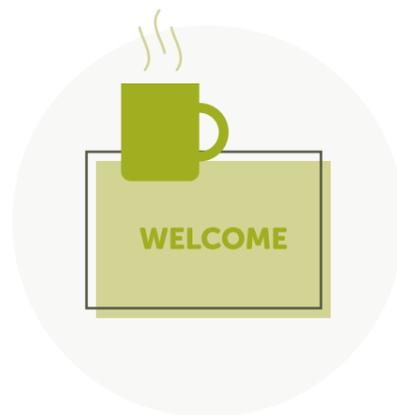
## 5

As noted in the limitations section at the start of this report, there were some components of PIE that were difficult to 'observe' for a number of reasons; they operate at a very implicit level, there was a limit on the number of client-staff exchanges that could be observed, especially where staff had to travel long distances to see clients, and/or those observed 'in service' were very fleeting. However, what was observed was the overall culture of the services, the physical environment, staff attitudes and approaches, the level of warmth and welcoming nature of the service as well as some specific opportunities such as client appointments, brief exchanges and triage sessions.

### The Physical Space

This has already been discussed in the context of staff interviews, in particular, there seemed to be limited ability to alter the physical environment and a sense that the space would be tweaked or amended if starting from scratch, though some spaces were altered. Attending the sites in person also allowed the physical environments to be viewed and experienced; as a researcher but also, by attending drop in for several hours at Sifa Fireside, this was also experienced from a client's perspective (for example, walking into reception from the street, being served breakfast and walking into the large drop in area when it was populated by people).

It was observed that the drop-in facility at Sifa Fireside was spacious and bright. There seemed to be ample room for the numerous clients within the space to be able to associate with each other if they chose to, as well as have some



Service users were greeted immediately by a duty staff member as soon as they were buzzed in, there was also a cold water tank for them to get a refreshment and tea and coffee was usually offered which was said to be important in itself.

quiet, more private space if this was their preference. Having a reception, before entering the vast drop-in area, where clients could be greeted, their name taken down and their initial presenting needs assessed seemed to work extremely well for ensuring others safety as well as ensuring clients were appropriately signposted and directed to relevant services in the drop-in that day.

Many staff at Shelter saw clients in their home environments. For those who did visit the service, clients were seen on the 4th floor. This was said to have been created specifically for this client group, separate to the 5th floor where Shelter's other services were based, although the 4th floor was still frequented by other service users (such as domestic violence cases). The space could be described as 'functional', with three 'wipe clean' chairs, and fairly sparse.

'...you will see that the floor upstairs it's quite nice, there are like lots of pictures and it's quite erm, it, it, it's quite a nice professional looking environment. But we found that if we have that kind of environment, that physical environment down here our clients find that quite intimidating and they don't come in and they don't like it. They don't want to be somewhere where they sit there thinking this, none of these are going to get me, this is professional, this is, it is what it is so. Erm, it sounds really bad, but it's a little bit scruffy down here, it's very open, there is nothing for them to pick up. There is nothing down here that can antagonise them, there is no pictures of warm loving families and cosy environments. All of that. It's deliberately kept away because they don't, they just don't react well to it'

Rooms around the side of the reception area were also more functional than

### Staff-Client Interactions

PIE outlines that relationships are the key tool for change. Considering this, it was observed, that staff were able to interact appropriately and meaningfully with clients, and interactions were filled with care, compassion and good humour where appropriate.

Staff showed insight into the importance of allowing a space for clients to feel comfortable before more in-depth work could take place. Exchanges could often appear on the surface, casual and focused on small talk, but it was clear that this was part of a bigger picture of building rapport and trust to elicit important information that could then be translated into action points for change.

Staff in both sites greeted clients in a familiar and friendly manner and took time to understand what their current presenting need was. Staff exhibited psychologically informed behaviours by looking beyond presenting behaviours and seeing emotional or psychological needs behind this.

Each site also clearly demonstrated a non-judgemental stance and approach towards their clients and were extremely inviting. This is so important, especially when clients were attending in a state of poor hygiene, poor physical and mental health and high levels of distress. The way that staff interacted with clients was

characterised by a sense of total calmness, even if they were being shouted at. If the client panicked or became angry, the staff maintained their calm exterior. They treated clients with a high level of respect, dignity and equality. This contributed to an observable 'friendship' or trusting relationship between staff and clients which supported psychologically informed interactions.

**'... our client walking through the door is exactly the same as another client from a different service walking through the door. They might not have had a shower today; they might have a dirty needle hanging out of their arm but fundamentally they are a human being'**

It was truly observed that 'staff understand that building relationships with clients is essential to achieve positive change' which is in line with the PIE self-assessment tool from St Basils. It was also observed that, again in line with St Basils self-assessment PIE tool, 'staff were committed to avoiding the exclusion of people with complex needs' and 'staff understood that PIE was more than one off training or an isolated task but an on-going process'.

It was also observed that management were highly approachable and visible in service and this also extended to being client facing too where possible.

therapeutic. Some staff said they would have liked the option to offer clients a more therapeutic space to be seen. Access at Shelter was not ideal, with clients having to buzz to get entry on the ground floor and then a lift up to the 4th floor before being buzzed in again. Staff did state they would prefer a more accessible building, especially as a small number of clients had mobility issues or were wheelchair users. The reception area was open however and did not feel cramped. Service users were greeted immediately by a duty staff member as soon as they were buzzed in, there was also a cold water tank for them to get a refreshment and tea and coffee was usually offered which was said to be important in itself.

**'Whenever I'm presented with that person it's like, well if I just do that for you today, it's showing that people care... that's enough for me... in that minute, you don't say like, well I'm not, I've got other stuff to do. It takes me three minutes out of my life, my time to do a cup of tea for somebody. I would never refuse anybody...'**

Overall, although there was room for improvement, the spaces felt psychologically safe and were pleasant environments for clients to attend.

Physical space also extended to the office where staff worked, even if these were not client facing environments. The conditions for staff were described as somewhat chaotic. The office was noisy and staff at Shelter did not have their own allocated desks. Office space was open plan at both Sifa Fireside and Shelter in the main and on some level this promoted helpful supportive exchanges, helping people to work through cases and share practice, which is reflective of PIE.

Exchanges could often appear on the surface, casual and focused on small talk, but it was clear that this was part of a bigger picture...



# Summary and Conclusions

# 6

The services that were visited, Sifa Fireside and Shelter, work with complex clients, presenting in crisis. Staff at Sifa, Shelter and MIND were able to reflect on the impact of PIE training, largely that it affirmed work and approaches that were already being undertaken. Several staff reported the training consolidated and formalised their methods and demonstrated they were 'getting it right'. Moreover, staff were able to articulate examples where PIE training had improved their practice even further. There was evidence that adaptations to Reflective Practice sessions, such as focusing more on case work rather than PIE tools and separating management and front-line workers, was appreciated<sup>8</sup>. Staff felt it was important that PIE training was tailored to their specific cohort, in recognition of the sometimes fleeting exchanges that took place, the level of crisis that clients presented in and the location in which clients were seen (e.g. outside of the office space). There was an interesting conflation of lived experience, namely recovery, with PIE principles, but even workers who did not have lived experience expressed that they still felt they were conducting their work in a PIE orientated way.

It was also clear that the PIE approach enabled staff to interact appropriately and meaningfully with clients, and that interactions were filled with care, compassion and good humour. This was particularly evident during the ethnographic observations. While exchanges between staff and clients could appear

on the surface, casual and focused on small talk, it was clear that this was part of a bigger picture of building rapport and trust to elicit important information that could then be translated into action points for change. The ethnographic work also allowed the researcher to see that both observed sites offered a familiar and friendly environment for clients which paced interactions at the clients speed. Staff clearly exhibited PIE behaviours by looking beyond presenting behaviours - allowing time to uncover clients emotional or psychological needs.

Overall, the services that were observed and the staff that were interviewed for this project demonstrated they were implementing PIE as much as possible, in a challenging environment with complex clients.

Through the research, it was also clear that training on its own will not effectively embed PIE into organisations. Each organisation needs to signal to staff that this is an organisational approach, that the senior team endorses PIE as the organisational way of operating and that its operation is a high priority in everyday business. St. Basils took several years to become a PIE organisation through reiterating the message as a senior team, to consistently offering training and reflective practice to staff until PIE became the organisations approach at every level.

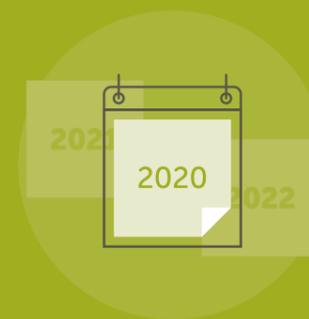
**'You can deliver PIE training. You can deliver PIE reflective practice, but you cannot make an organisation PIE'<sup>9</sup>.**

**It was also clear that the PIE approach enabled staff to interact appropriately and meaningfully with clients, and that interactions were filled with care, compassion and good humour.**

<sup>8</sup>. All but one service (by request) separated managers and staff for reflective practice sessions.  
<sup>9</sup>. Jean Templeton, Chief Executive Officer, St. Basils

## Beyond the training - recommendations for embedding PIE into the BCFT programme:

This evaluation demonstrates the benefits that a comprehensive training and reflective practice package has brought to the Birmingham service landscape. It is also clear that these and future benefits could be potentially lost if there is not a concentrated effort by all the services, who benefited from this opportunity, to actively engage in ensuring that it has a life beyond this specific experience. Consequently, it is recommended:



That services learn from the St. Basils experience of embedding the organisational culture of PIE over a longer time frame than a one-off training experience;



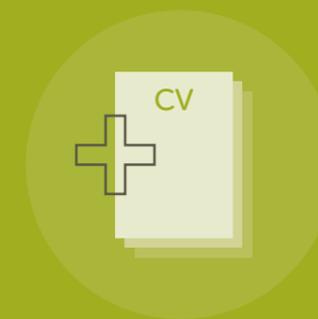
That services demonstrate leadership in this space both as individual organisations and as the No Wrong Door Network, owning the delivery of PIE as an ethos and demonstrating PIE values at a senior level;



Every level of a service must 'buy-in' to PIE especially managers who can act as role models for PIE by promoting its benefits;



That service cultures allows staff to value and build reflection into their everyday work, regardless of how busy or demanding their client workload is. The logistics of planning reflective practice in Birmingham were particularly difficult because staff felt their time could more justifiably be spent on their day job; and,



That service cultures create an environment where staff PIE reflective practice and training is seen as a valuable part of their everyday work and professional development.



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