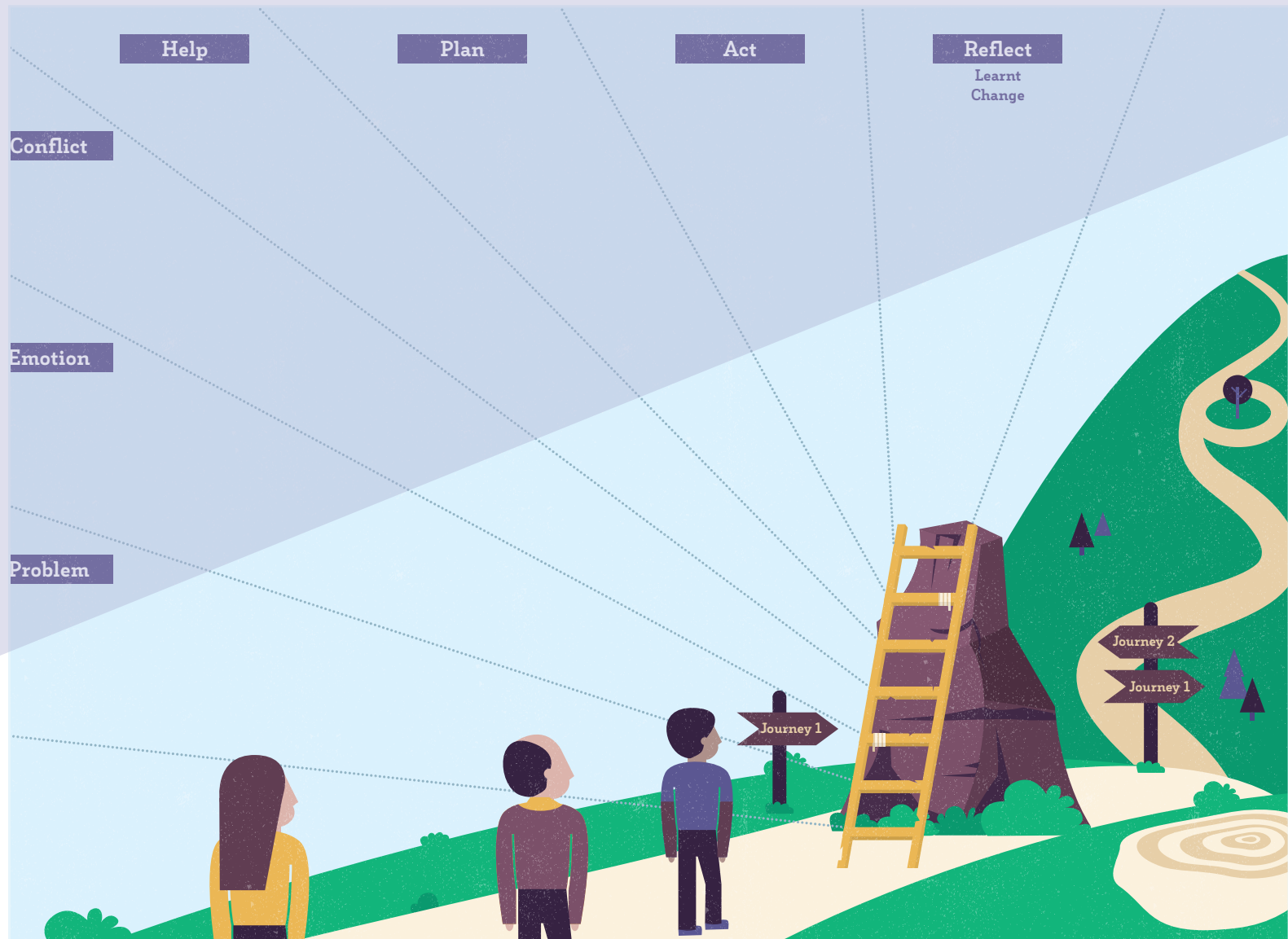


# Evaluating a Dialogical Psychologically Informed Environment (PIE) Pilot



**FULLFILLING LIVES**  
Newcastle Gateshead

**June 2016**  
Sophie Boobis



**CHANGING LIVES**

# FOREWORD



**T**he publication of this evaluation of the three Dialogical Psychologically Informed Environments (PIEs) that Fulfilling Lives Newcastle

**Gateshead piloted is timely because the PIE Community of practice has been growing both nationally and internationally. This research can contribute towards the growing evidence base for PIE as an innovative approach to working more effectively with people with complex trauma and multiple needs.**

Reflecting on this evaluation I am very encouraged by a number of its findings. These three PIEs brought two innovations together - the principles of "Open Dialogue" (an innovative approach to mental health from Western Lapland being piloted in the NHS currently) and the best practice of PIE. After the first phase of these pilots were completed, Westminster City Council published a very useful guidance document on PIE outlining key points for best PIE practice. It is very encouraging to see that in this research, the areas staff found particularly valuable to their development are the same areas highlighted in the guidance.

It appears that the creation of a safe, social space to reflect allows trust to build up to a point where staff will share the uncertainties of conflicted thoughts and feelings provoked by the emotional wear and tear of frontline work; building and leading to the strengthening of relationships between staff and beneficiaries - a highly valued outcome.

I am particularly pleased to hear participants felt this PIE model could be tailored to the individual needs of each local service. Given the changing times we live in and the

increasing diversity of client needs within different services it is vital that any approach has a consistent, understandable offer which can also be flexible and adapt to the needs of different services and their clients. The framework and open dialogue approach appears to have provided enough safety to allow uncertainty to be tolerated, for people to explore their frustrations, fears, and skills around building relationships and seeing themselves as helpful in a client's narrative journey through life.

The research findings will be particularly encouraging to the wider PIE 'movement' and highlight the importance of beneficiaries, service providers and commissioners continuing to learn from each other's efforts, using open dialogue to explore innovative practice worth investing in to effectively address unmet mental health needs. A reflective learning point for me is to consider how to select and train potential facilitators of PIE in the future and I really value the idea of creating a PIE facilitator support group.

I'd personally like to thank everyone who took part in these pilots as any kind of social innovation requires all participants to be brave and tolerate uncertainty in the hope of creating better ways of working than traditional approaches afford. Tolerating this uncertainty needs periods of rest and reflection to recharge the batteries for the next stage of the journey and this is the value of the research for me. I feel the positive findings have reduced some of this uncertainty and are building confidence that it is a change of direction well worth persevering to better serve and deliver better outcomes for people who've experienced complex trauma and multiple needs.

**Ray Middleton, System Broker**

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# EXECUTIVE SUMMARY

**The Fulfilling Lives Programme is seeking to help people with multiple and complex needs to better manage their lives, by ensuring that services, across Newcastle and Gateshead, are more tailored and better connected to each other. The focus of the programme is on those people who often spiral around the system(s), are excluded from the support they need and experience a combination of at least three of the following four problems: homelessness, re-offending, problematic substance misuse and mental ill health.**

During the early stages of the delivery of the Fulfilling Lives program a systemic problem was identified relating to clients with complex needs finding it difficult to access mainstream mental health services, with a number of reasons given such as alcohol and drug use as well as poor engagement with services. Despite many of these individuals having complex trauma histories and serious mental health problems they did not easily fit into the existing statutory mental health offer. However it was observed that Fulfilling Lives clients were accessing accommodation based and homelessness services and building relationships, and engaging, with the staff in these services.

Fulfilling Lives reflected on these observations from the frontline of service delivery. As a response a literature review was conducted around meeting the psychological needs of homeless people. A growing community of practice (<http://pielink.net>) was identified around an innovative approach to this long-standing and entrenched system failure. This new approach was called "Psychologically Informed Environments (PIEs)". Supported by three services from within the Fulfilling Lives core partnership (Mental Health Concern and Oasis Aquila Housing) a pilot was delivered looking to introduce three different services to the PIE model.

This report seeks to answer the questions:

- *what was the impact of the PIE pilot?*
- *what are the implications for the wider multiple complex needs system?*

Drawing on interviews and focus groups conducted with staff and managers of all the participating services this report uses learning from the delivery and outcomes of the pilot to provide recommendations for embedding PIE in the wider system.



*Left: Ray Middleton, System Broker for Fulfilling Lives, has devised a 'Ladder4Life' framework and approach that has been implemented throughout this pilot to great success.*

The PIE pilots delivered through the Fulfilling Lives programme were successful. The services involved have developed and changed their approaches to working with individuals with multiple complex needs leading to staff teams with more resource to problem solve, and to reflect and ensure their own self-care, and to improving outcomes for clients. There is not enough evidence across the three pilots yet to demonstrate a cost saving element of the PIE pilots but if this was extended further this would be an area of consideration for future evaluations.

Looking at the outcomes as delivered through the PIE pilots discussed above there is a strong case to be made for the value of expanding PIE throughout the wider multiple complex needs system.

The PIE approach sustained at all three services following the delivery of the training, and this supported by a commitment and desire to keep it going from all the services; and amongst the facilitators to improve their skills in delivering the reflective sessions.

PIE helps to develop positive, supportive and constructive relationships between staff that improve ability and confidence in engaging with clients with multiple and complex needs. PIE has had a demonstrably positive impact on increasing staff resilience and personal capacity to work within the challenging multiple and complex needs system.

Strong peer relationships and reflective space has benefited staff performance and ability to carry out their roles effectively.

Being able to consider their uncertainties and approaches within a defined psychological framework has helped to create a common language of practice between the three separate services involved in the PIE,

suggesting a cultural change.

A psychological framework gives staff the tools to better support their clients in a manner that offers the staff themselves reassurance and support without restricting their ability to problem solve constructively. The tools offered by PIE have started to spill into the wider service environment suggesting a positive impact on culture change.

The potential barriers to sustaining PIE relate almost entirely to having dedicated and ring-fenced time and space for the reflective sessions.

The most positive and successful outcomes were seen at the service dealing on a consistent basis with clients of high complexity and need, whereas the service that saw the least engagement with PIE was that which had a more stable client base and a much lower level of chaos.

The skills developed through PIE could help to free up resources elsewhere in the system by up-skilling staff so that they did not always rely on other more specialist services to pick up with a difficult or challenging situation.

The benefits of a well-trained external facilitator is evident through how positively this role was received, and how it helped to ensure that the space needed for PIE to be sustained was ring-fenced. However there are concerns over the ability and support available to those who are chosen or volunteer to act up into this role from within the services.

One of the most appreciated parts of the training was that it was felt to be tailored to the services specifically and wasn't a generic offer across the board.

# INTRODUCTION

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A National review by the Department of Communities and Local Government (DCLG) found that a range of frontline homeless services in contact with people with multiple complex needs tend to lack an integrated and consistent way to think psychologically about the work they are doing with their clients. From this, 'Best Practice Guidance' was produced advising on how to develop PIEs within services as an effective way to address these needs (<http://pielink.net>).

PIEs introduce a framework for consistently thinking about the thoughts, emotions, motivations and behaviours of both their clients and themselves as staff.

PIEs also introduce a consistent and safe space for staff teams to meet for "reflective practice". This allows consideration and discussion of the quality of the relationship between clients and staff in order to develop practice around building better relationships and skills.

The most challenging clients are often reacting to past complex trauma (sexual, emotional, physical). PIEs introduce a way for staff to develop themselves and their service to be

more "Trauma Informed" and aware of the childhood trauma issues often underlying the challenging behaviour of clients.

**The PIE approach to improving a service has five key areas:**

- 1** Using a psychological framework to understand client work
- 2** Consideration of the physical environment and reflective spaces available
- 3** Staff training and regular support
- 4** Focus on Quality of Relationships
- 5** Evaluation of Impact of PIE

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- *What was the impact of the PIE pilot?*
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Drawing on interviews and focus groups conducted with staff and managers of all the participating services, this report uses learning from the delivery and outcomes of the pilot to provide recommendations for embedding PIE in the wider system.

# THE PILOT

**During the early stages of the delivery of the Fulfilling Lives program a systemic problem was identified relating to clients with complex needs finding it difficult to access mainstream mental health services, with a number of reasons given such as alcohol and drug use as well as poor engagement with services. Despite many of these individuals having complex trauma histories and serious mental health problems they did not easily fit into the existing statutory mental health offer. However it was observed that Fulfilling Lives clients were accessing accommodation-based and homelessness services: building relationships, and engaging, with the staff in these services.**

Fulfilling Lives reflected on these observations from the frontline of service delivery. As a response a literature review was conducted around meeting the psychological needs of homeless people. A growing community of practice was identified around an innovative approach to this longstanding and entrenched system failure. This new approach was called "Psychologically Informed Environments (PIEs)".

Fulfilling Lives decided to conduct a PIE pilot with the intention of evaluating the impact this intervention made. One of the Fulfilling Lives core partners, Oasis Aquila Housing, had a drop in homeless day centre, Basis@336, who agreed to the proposed pilot. On reflection it was thought that it would be beneficial to also introduce a PIE into an accommodation based residential staffed service to increase the learning by comparing and contrasting the two different service types. Another core partner was approached, Mental Health Concern, and asked if Fulfilling Lives could pilot the PIE

into a residential mental health rehab and recovery unit, Oakwell. Oakwell accepts clients being discharged from the psychiatric hospital amongst other referral routes. It was then reflected that it would be useful to introduce the PIE into an identical service to Oakwell in order to learn from comparing the impact of PIE on two similar services, as well as differing services. Thus Coalway Lane, with the same service structure and remit as Oakwell, was approached and agreed to have the PIE piloted there also. Coalway Lane is another mental health rehab and recovery unit run by Mental Health Concern. In total three services agreed to Pilot PIE, one homeless drop in day centre and two residential staffed mental health rehab and recovery units.

Ray Middleton, Fulfilling Lives System Broker, took responsibility for planning and implementing the PIE pilots. Initially he met with the managers of all three services and outlined a plan to offer a combination of:

- Training sessions
- Fortnightly 90 minute reflective practice sessions for the staff team for 6 months initially
- To use a Psychological Framework,
- Ladder4Life, which Ray had written based on his previous experience.
- To take an "Open Dialogue" approach to the work, drawing on an innovative
- approach to mental health from Western Lapland<sup>1</sup> (which is now being piloted in three NHS Trusts).<sup>2</sup>

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1 For website about Open Dialogue: <http://opendialogueapproach.co.uk/> or academic reference: Seikkula J, Alakare B & Aaltonen J (2011) The Comprehensive Open-Dialogue Approach in Western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care. *Psychosis* 3(3) 192-204.

2 <http://www.nelft.nhs.uk/about-us/initiatives-opendialogue>

- Evaluation of the PIEs, to be undertaken after the pilots had been introduced to evaluate their effectiveness and impact.

Ray took an “open dialogue” approach to these initial meetings with managers. For example, he listened to their concerns and reservations. One of these was the practical difficulty of releasing all their staff to go on a day’s training. Reflecting on this difficulty, Ray proposed he make a film about the basic ideas and upload this to You Tube where the staff could watch this at work at times which were convenient.

Ray then delivered a one day’s training session which 12 staff could attend (the majority of staff could not make this days training).

Ray then visited the three services fortnightly and delivered 90 minute reflective practice sessions. Reflecting on the difficulty of freeing all staff up to get onto a day’s training, Ray decided to adapt his approach to the needs of the local services. Part of this listening, reflecting and adapting the PIE delivery was to use the first 20 or 30 minutes of each reflective practice session as a “brief” training time. The training was based around the areas of the Framework Ladder4Life and could cover topics such as the impact of trauma, narrative approaches to mental health, “Personality Disorder” and was able to be tailored to the local needs brought up and an open dialogue with the staff about what would be useful to learn more about.

Initially the framework was one drawn by hand by Ray Middleton, but as it was very popular with staff Fulfilling Lives had a graphic designer produce a version to increase its visual impact and usability.

As the PIE Pilot phase came to a close after

six months it was observed that there was enthusiasm to carry on the PIEs and so there was a request for volunteer PIE facilitator from Oakwell and Coalway lane. Ray gave them an initial training session in terms of “Training the Trainer” and a further pilot was experimented to see if the volunteers from two PIE services could swap staff to facilitate the fortnightly PIEs at each other’s service. This was not part of the initial plan but came out of a practical reflection on how to facilitate PIE continuing without additional funding.

# EVALUATION METHODOLOGY

**B**efore the delivery of the pilots a commitment was made to provide an evaluation of the impact of PIE on the three services. This was also a commitment to the fifth key element of delivering a successful PIE: evidence gathering practice.

The aim of the evaluation was to answer two key questions:

- What was the impact of the PIE pilots on the three services?
- What are the implications for the wider multiple complex needs system?

Fieldwork was conducted from six months after the initial training period had ended and was carried out over a period of six weeks. Six months was given to allow time for PIE to embed and for the evaluation to assess whether the PIE approach had sustained in the three services. Interviews and focus groups were conducted with all of the services. Interviews were held with each of the service managers and one of the dedicated facilitators. Three focus groups were held with each of the service staff members, including facilitators. The interviews and focus groups were conducted using a semi-structured interview format, were recorded on an electronic device and were transcribed by a professional transcribing service.

Interview and focus group data was thematically analysed using framework analysis, to identify patterns of similarity and difference in the data in order to address the aims of the evaluation. Scrutiny and analysis of data was carried out repeatedly and findings were discussed with stakeholders to help review and refine the themes.

# IMPACT OF THE PIE PILOTS

**The following section of this report looks at the impact of the PIE pilots on the three services. No specific outcomes were set at the start of the pilot so the evaluation is looking at impacts as entirely self-reported by those that participated in the pilots and was interpreted using a grounded theory approach. Despite no intention on the part of the researcher to match the reported outcomes against the five key elements often used to define what a PIE should look like, generally the outcomes discussed naturally fell within these headings (with the exclusion of the fifth element – evidence generating practice, of which this report falls under). As such this section will look at the findings of this evaluation in relation to four of the key principles of delivering a PIE:**

1. Relationships
2. Staff support and training
3. The physical environment and social spaces
4. A psychological framework

These are the key elements that are highlighted in the Westminster guidance (2015) for creating a PIE. To create objectivity and a transferable approach to this evaluation the objectives used for each principle within the Westminster guidance have been used as a mechanism for measuring success of the pilots. These objectives appear below their relevant section headings.

## RELATIONSHIPS

- Relationships are recognised as a principle tool for change
- The impact of positive peer relationships is harnessed
- Clients with complex needs are not excluded

In looking at the impact of the PIE pilots in relation to the above objectives, strong positive outcomes can be seen. This is in particular for two of the services involved: the day centre and one of the accommodation projects.

The second accommodation service was less receptive about the impact of PIE although positive outcomes were also observed. A common theme that was represented in all the focus group discussions was the opportunity PIE had given them to open up conversations about a client to a wider peer group and embrace different perspectives:

*When there's a few of us there, we're picking the brains of colleagues and things, we're thinking, "Well that actually might work," and people are just saying, "Well have you tried this?" or, "Is this person doing this because...?" or, "Is the approach wrong?" It just gives you the mindfulness to think, "Well actually it might be wrong. This person might not be responding to the A, B and C that's in black and white, they might need something else outside the box." It gives you a bigger picture.*  
(FG-2)

This was particularly observed in how the implementation of PIE had influenced perceptions of role hierarchy in the two accommodation services who employ nurses. Across the interviews and focus groups at both these services the hierarchical

nature of nursing was raised. In particular in that it creates a situation where *"the nurse has the power, and the nurse writes the stuff down, and the nurse knows what her outcomes is going to be"*. PIE introduced a space where those bounded roles were levelled out into *"a more even playing field"*. The benefit of this was recognised across both services as it helped to encourage input and ideas from different roles in a positive environment:

*What I got from it was support workers' views and I found, as well, that they were more open in a setting where they could say what they wanted to say, without fear of any repercussion.*

(FG-3)

In relation to hierarchy and nursing there was an interesting contradiction that presented across the two accommodation services. As discussed above, in both services the influence of PIE breaking down a traditionally very hierarchical structure was raised. However whilst in one service PIE was seen as *"the nursing process but with more detail"* (FG-3) in the other it was seen as something that would *"challenge the way that we traditionally work as nurses"* (Interview-2).

The former of these services was the service where the PIE was seen to have less of an impact than amongst the other two services. It's interesting to note that in the interview and focus group for this service bounded roles were discussed significantly more than in any of the other services, and there were repeated mentions that nurses may have found the training more accessible than support workers. Interestingly, despite commenting that *"we've got very good support workers who would tell us anyway"* (FG-3) there was still a strong implication in the language that there was a divide between

nursing staff and support workers. This was echoed by the language used by support workers themselves: *"I didn't know what to expect [from PIE], not being a trained nurse. I'd never heard of it before"* (FG-3). The implication of which is that a trained nurse would know about PIE, despite it being a new concept for all involved. It's interesting to observe the contradiction in the language and underlying attitude in contrast with the observed benefits of PIE in helping to encourage a more horizontal rather than hierarchical relationship between staff members.

How building and developing positive peer relationships translates to impacting on clients was highlighted by one of the accommodation services who talk about changing attitudes towards a high risk service user with complex needs:

*We've got a service user who's got a diagnosis of emotionally unstable personality disorder, and she's got a long history of being in very contained environments, and, before we actually met her, we got a risk assessment through for her, which was really scary, when you read it; it was really frightening.*

(Interview - 2)

*We went into that meeting quite negative, thinking this is a woman who came from prison, came straight back to our services, was alcohol dependent and we just did not know which direction to go with her.*

(FG-2)

The staff discussed how having the opportunity to use those peer relationships helped them to understand how to approach working with this client and that changed their attitudes towards working with someone with a high level of complexity and need.

*I got feedback from other members of staff, particularly I think it was support workers and students...She had highlighted that she wanted to do some cleaning so we introduced a little bit of that. She hasn't drank now for nearly four weeks. So there is, I mean I'm not saying that's going to happen for everybody, but to get just a little bit of glimmer that there's a little way in there to try and help somebody, that's enough, rather than having no glimmer at all.*

(FG-2)

A further example was given as to how influence from peers, and the support that those positive relationships provide, helped a particular staff member to re-evaluate their approach to working with a complex client and as such improved the care that the client was receiving:

*One key worker was really frightened by what might happen; she was anticipating the worst, all the time, and we just said, 'take that all away, just don't think it through, just go and be with her, rather than trying to be a nurse with her', and they went out bowling, and they came back, and they both had big smiles on their faces, and the staff nurse admitted that taking a totally different approach, without her preconceived ideas, taking them out of the equation, totally changed their relationship. Now, they've got a great relationship.*

(Interview – 2)

Whilst there is recognition that the influence of PIE on helping to build positive, supportive and constructive relationships between staff has not yet led to complete and final outcomes for clients there seems to be a clear influence from PIE on the staff teams ability and confidence in engaging with clients with complex needs.

## STAFF SUPPORT AND TRAINING

- The service reflects on its working practices to support continuous improvement
- Staff competencies and confidence are developed in working with complex trauma
- All staff share an understanding of complex trauma
- All staff manage and reflect their own thoughts, emotions and behaviours and that of their clients
- All staff feel confident and supported to work confidently and flexibly and creatively with risky and challenging behaviour
- Staff are motivated and their sense of accomplishment improves as they see positive changes in client's behaviour
- Staff resilience increases. Burnout, turnover and absenteeism reduce.

Outcomes in relation to reflection and the knock-on effect of this on staff resilience and confidence in dealing with clients with complex needs was the most positively discussed aspect of the PIE pilots across all three services.

The benefits of being able to share with their peers was echoed by nearly every person interviewed: *"It makes me feel I'm not alone"* (FG-2), *"It can be healthy to have an offload and get other people's views and opinions"* (FG-2), *"But I try to leave as much as I can here and that was useful for it in the fact that some of it stayed here when we had these talking sessions about residents"* (FG-3), *"that decreases the stress of work, which leads to a healthier work-life"* (Interview-3).

The confidence that the PIE pilots helped to foster was particularly evident in one of the accommodation services when discussing how the PIE pilot had helped to encourage staff to re-assess their approaches to risk:

*There's one person in particular I'm thinking about, a staff nurse who I'm thinking about, who used to have this fear, in terms of self-harm – somebody who self-harms, or someone who uses drugs and alcohol – it's potentially, very risky around that, and her attitude has entirely changed about that, and she has now said, 'I know this isn't about what the person is doing, it's about how I feel about what the person is doing. I need to learn how to deal with that, in order that I can support the people who are actually going through this', and that's definitely been a ... a year ago, she wouldn't have said that, in a million years.*  
(Interview – 2)

Linking the relationship of reflection and resilience directly, one member of staff at the day centre discussed how the reflective PIE sessions had enabled him to better process the emotional impact and be able to have more distinctive home/work balance: "instead of going home and having 45 minutes just to try and forget about everything and deal with it, if I'd done one of those sessions it was different" (FG-1). Indeed one staff member highlighted the real importance in having space for reflection: "I think in extreme cases, you know, it could be the difference between somebody becoming quite ill, you know?" (FG-1).

The recognition of peer support being an important aspect of helping build motivation through helping discuss ways of working with clients but also through reassurance was something that was raised by many of the participants:

*It's been quite constructive. It's given us the opportunity to look at our support plans to see where we can direct that and direct them and hand it over to the team and work in that manner. It's good.*  
(FG-2)

*Sometimes you think one thing and then you go into one of these meetings and there's somebody else thinking the same thing as you and you think, "I'm not isolated with this. Somebody else knows about how I'm feeling." Even just that itself is enough to parachute something else from that of where we can go rather than sometimes you feel like you're hitting a brick wall.*  
(FG-2)

The impact of reflection and peer discussion on staff performance was also highlighted by all three of the managers. For one manager this was in relation to staff being better equipped to problem solve and to tolerate the uncertainty of there not always being an obvious solution:

*There's not always answers at the end of the rainbow, but it's about discussing it, you've got more chance of finding the answers the more people you've got involved. And even if they're not answers, it's new approaches, new ideas that you can try to solve a problem.*  
(Interview – 3)

For the other two managers they discussed the impact more broadly in relation to their staff's productivity and capacity within their roles:

*So to be able to have that time and space to be able to unpack that, and I think that's the productivity that I've seen, the changes. Just very equipped to turn up again and go another round, really.*

(Interview – 1)

*We've given ourselves permission to have time, to think and talk about things, and that makes us a bit more proactive.*

(Interview – 2)

The potential wider impact this has on staff wellbeing and the resulting impact that would have on service delivery was also discussed:

*To take that and balance it against the cost of things like clinical supervision, or counselling and things like that of staff who have experienced traumatic incidents, and I think PIE can mitigate some of that.*

(Interview – 1)

The importance of healthy and happy workforce is not a new idea. In services that work with highly chaotic and complex clients, often in time poor settings the challenge is in finding successful ways to enable supportive environments that can enhance the resilience and wellbeing of staff teams. The reflective spaces introduced with PIE has had a demonstrably positive impact on this increasing staff member's resilience and personal capacity to work within the challenging multiple and complex needs system.

## THE PHYSICAL ENVIRONMENT AND SOCIAL SPACES

- A non-institutional, safe and welcoming service that facilitates interaction between staff and clients.
- Clients have choice and control over how and when they engage.
- There is a sense of physical and emotional safety for both clients and staff.
- There is a culture of health and wellbeing.

Discussion about the physical environment made up one of the smallest coding groups across all the interviews and focus groups, and for one service did not get raised at all in either interview or focus group. Even for those where the interaction between the PIE pilots and the physical environment was talked about it, it seems to be considered more of a secondary outcome. Nevertheless where discussed this was talked about favourably.

The influence of the PIE on the physical environment was felt most acutely by the day centre who discussed how whilst physical changes were already being planned the timing of the PIE pilot meant that they happened concurrently and that PIE influenced how those changes took shape:

*That change to the space has gone hand-in-hand with PIE and we've, kind of, maybe changed a little bit the way people— I don't know, like, the mix of people who come in and our awareness of different dynamics and stuff like that. I think that's had a lasting positive effect.*

(FG-1)

For one of the accommodation projects there was also discussion about how PIE influenced already planned changes to the physical space. In this case it helped give impetus to the argument that different types of space

were needed, in particular around spaces that allowed privacy:

*It's [PIE] given weight to the argument, with my senior managers, that we need more space here.*

(Interview-2)

There was recognition from Ray - delivering the training sessions - that focus on the physical environment element of the PIE was the most neglected aspect and this is reflected in the limited impact it has had. In an informal interview with Ray he discussed that rationale for focussing on reflective practice more, to the detriment of the physical environment: "reflective practice is also most important area to work on in terms of workforce development and influencing outcomes for clients positively as if staff have not the skills to reflect on themselves and change they will not be able to develop this skill through relationships with clients". However it was recognised that the limited outcomes seen in this area meant that "there is learning for me here to emphasise this aspect more as future PIEs are developed".

## A PSYCHOLOGICAL FRAMEWORK

- Service culture and support is reflective, thoughtful and compassionate
- Insights and principles from psychological approaches to working with complex needs are introduced.
- Staff understand, and keep in mind, the connection between thoughts, emotions and behaviour.
- Staff can describe the needs of their clients in psychological terms.
- The organisations corporate commitment to becoming a PIE is clear.

For the staff at the day centre there was particular impact felt around how the specific Open Dialogue PIE framework had influenced the way they ask questions of clients:

*In the early framework it says something about just asking service users how they feel about a situation.*

(FG-1)

The influence of this insight was recognised by the staff members:

*What we've noticed actually is that a lot more issues have come to the surface with the clients that clearly were going on before but were never being discussed or keyed into, do you know what I mean?*

(FG-1)

The staff members were able to link this to a clear outcome on one particular client:

*There's been a few examples particularly around, like, sexual exploitation, hasn't there? There's clearly been things happening that we've been aware of and have tried to, kind of, manage from a safeguarding point of view and the dynamics. Whereas more recently people have disclosed about those things and I think that's because we've changed the way in which we've asked questions and we've changed the environment a little bit. We had a placement student who was part of the PIE, she did quite a lot of the PIE stuff, and she is really good at asking questions well and finding out what was going on. And I think that was informed a bit by what [the facilitator] was saying, do you know what I mean? It all, kind of, worked together. I think she managed to ask a couple of questions along those [PIE] lines which led to someone being moved out the area who was being sexually exploited. I think if she hadn't asked those questions we might never have even known about it.*

(FG-1)

The specific open dialogue and narrative aspect of the psychological framework delivered in this PIE was also discussed in very positive terms by almost every participant, both in how it gave staff tools to better process the challenges of working with complex clients but also in how it affected how their approach to supporting clients.

*It was a good way of helping us realise that everything was going to be in that first risk assessment as a one-sided story. There are going to be other sides to it.*

(FG-3)

*It makes me think of out of the box ideas. I know one of the sessions was with one of my residents, he suggested something that I had never thought of and it was something for me to investigate so just things like that. It was with my gentleman, Client A, who was ready to move on but was hesitating because he was very comfortable here. It was like trying to get him to engage in the community. His dad had a dog and he looked after the dog. His dad had a dog and [facilitator] had mentioned the dog, get the dog involved. He said he wanted a pet dog when he moved out. It was something I had never thought of so it's thinking slightly out of the box as well, different approaches, which was very good.*

(FG-2)

*When I'm interacting with the clients I'm looking for the other narratives and possibilities and perspectives. I think that genuinely has changed, especially. We do initial contact with people in here quite regularly so, like, the initial assessment and stuff and that first conversation I think has changed the way I've done that really and has probably changed the questions I've asked as well.*

(FG-1)

*I keep harping back to the narrative, because I think that's the most substantive thing for me, and, lots of times, colleagues have been becoming quite disillusioned with the care they're providing. Quite often, we can go into a PIE and everyone can discuss new approaches; quite often we come out with renewed vigour, and refreshed and renewed, and with a little bit better idea of how to proceed forward.*

(Interview-3)

In the comments listed above there is a clear indication that the psychological framework provided helped staff to process their practice in a common approach that enabled them to speak with the same language but also opened up a more open problem solving attitude. One participant very clearly articulated how this process translates to supporting clients and how in future it could encourage a shift in behaviour from reactive to more constructive ways of helping clients:

*It removes the blinkers, to be thinking someone's displaying challenging behaviours, and, lots of times, challenging behaviour's an unmet need, and we don't always know what that unmet need is, and that's sometimes because the resident can't articulate what that need is, but doing the PIE helps to consider various things that might be the cause of the problem, and, if you tackle the root of the problem, that's the best way to go about things, rather than just dealing with the aftermath of a problem.*

(Interview-3)

The benefit of a specific psychological framework is apparent. The structure it offers helps to give staff the tools to better support their clients in a manner that offers the staff themselves a reassurance and level of support without restricting their ability to problem solve constructively. Being able to consider their uncertainties and approaches within a defined framework has helped to create a common language of practice between all staff and services and helped to link the psychological ideas within the framework with their attitudes and how that impacts on clients.

## HAS THE PIE APPROACH SUSTAINED?

One of the key elements this evaluation was keen to address was whether the PIE approach would sustain once the dedicated support provided by Fulfilling Lives had ended. It is extremely positive to observe that at all three services PIE was still very much a part of their practice:

*I am carrying them on [reflective sessions] without Ray.*

(FG-1)

*It has definitely stuck; it's come at a good time.*

(Interview-2)

*I think it's definitely worth keeping on. We're definitely going to carry it on.*

(Interview-4)

However it was noted that this has not been without challenges and some of these potential issues are considered in the following section looking at implications for the wider system. In particular this related to having the time to be able to commit to the reflective sessions:

*They've been sending a facilitator over, we've been sending one there, and there has been difficulties with workloads and what have you.*

(Interview-4)

*I understand that it's good to have an outsider coming in, to facilitate the PIE, but it's not always feasible.*

(Interview-3)

The potential barriers to continuing PIE relate almost entirely to having dedicated time and space for the reflective sessions. In terms of sustainability, however, there has been positive signs that the learning and skills

provided by the psychological framework has started to influence practice outside of the dedicated PIE spaces:

*You're not frightened to ask for help. That's the main thing, you're not frightened to ask for help. I do that for my handovers now, I always tend to bring in people as well. It just spills out on to everything.*

(FG-2)

However one service did raise concerns as to whether the discussions that happened in the reflective sessions did in fact have any impact on practice:

*We have the sessions but I don't think we actually follow it through.*

(FG-3)

Interestingly this was actually contradicted by a later discussion in the same focus group which highlighted how discussions in the reflective sessions had influenced attitudes towards supporting clients:

**R1:** *That's what was identified. It was all the negatives. You obviously look at it negatively. When you see this person, you see this negative, and how can you work with this person like that, you know?*

**R2:** *So, yes, it helped discuss things like that. Things came out and it did help.*

(FG-3)

It is extremely encouraging to see that not only has PIE continued at all three services, but that there is a commitment and desire to keep it going; and amongst the facilitators to improve their skills in delivering the reflective sessions. Even more promising is the fact that the tools and language offered by the psychological framework have started to spill into the wider service environment suggesting a positive impact on culture change.

# IMPLICATION FOR THE WIDER SYSTEM

**O**ne of the key intentions of conducting this PIE pilot and evaluation was to help us understand whether there would be a benefit in introducing the PIE into the wider system and if so what are the lessons to be learnt that would help to develop PIE on a larger scale.

Looking at the outcomes as delivered through the PIE pilots discussed above there is a strong case to be made for the value of expanding PIE throughout the wider multiple complex needs system.

It should be noted that the more positive and successful outcomes were seen at the service dealing on a consistent basis with clients of high complexity and need, whereas the service that saw the least engagement with PIE was that which had a more stable client base and a much lower level of chaos. One of the explanations for this could be related to the staff being able to see an immediate impact of PIE in the more chaotic services whereas the service with a lower level of challenging behaviour had less of a perceived need amongst both themselves and for their clients to adopt a PIE approach. There was, as standard, more time available for discussion and engaging reflective practice - "Here, yes, we do do talking but we have got more time" (FG-3) - and this was recognised by the staff who discussed how they felt PIE was more appropriate to service with more of a changing pace and more movement amongst clients:

*I think it would be very beneficial in elderly because I don't think they get the time, or they don't get the opportunity.*

(FG-3)

Conversely the easily relatable nature of the training was highlighted by the staff at the day centre:

*I think it was more, like, easily applicable than other training. It wasn't so specific, do you know what I mean? It all just related to the work that we do.*

(FG-1)

This is particularly important in connection to thinking about buy-in being an important factor in accepting a PIE philosophy into a service and suggests there is a need for relative advantage, or immediate understanding of the relevance of PIE, in order for it to take hold. When thinking about which services to introduce PIE to the level of chaos and challenging behaviour amongst clients should be a consideration for prioritisation.

In both interviews and focus groups discussion were had as to what the landscape across the system would look like if PIE was introduced on a much wider scale. There was general agreement that it would be a definite positive thing and that it would "change the dynamic" (FG-1). This was considered in both the benefit to staff and employees across the sector ("I definitely think it's offered a real insight and a real mindfulness, which I think any employers would lap up" Interview-1) , to the overarching culture of those working in the sector ("this type of training would change that, or certainly go some way, at least getting people to question why they feel the way they do about their work, and looking at an individual in, maybe, a very different way, about how they might work with them, and that risk-averse behaviour might be thought through a little bit more" Interview-2) and the benefit to clients ("Their care would be a lot more transferable. If you were discharging a resident who you were

*midway through solving a problem with, a particularly complex problem, then you could pass over the information; what you've done, what plans to do, how you implemented the plans, conflict, things like that, all the stuff that's on the framework, because then everyone would be singing off the same song sheet."* (Interview-3).

One service manager also discussed how he felt that the skills developed through PIE could help to free up resources elsewhere in the system by upskilling staff in order that they were not always relying on other more specialist services to pick up with a difficult or challenging situation:

*If my team were more skilled at dealing with our service users, or we were better equipped at dealing with our service users, then we wouldn't need to rely so much on other services perhaps. Or, we could at least struggle on for a bit longer.*

(Interview - 1)

Although the outcomes from the PIE pilots have been positive and definitely suggest that PIE should be implemented further into the system, consideration needs to be given to how this would or could translate on a wider scale. This was a high intensity pilot with a lot of resources focussed on three areas and this could be diluted if expanded wider. However in looking at how the three services involved with the PIE pilot responded and interacted with the pilots can give us some indications and recommendations for how to develop PIE across the multiple and complex needs system.

As covered in the section of this report looking at the service specific outcomes two of the three services had more successful outcome and engagement with the PIE pilot. One of the key differences that became apparent through the interviews was the attitude of the service managers towards PIE.

For the two services who had very positive engagement and results from the PIE the managers were supportive of the concept from the start and that maintained throughout the pilot's delivery. In response to the question "what did you think of the PIE pilot when you were first introduced to it" the two managers responded:

*I was quite enthusiastic about it, because my thoughts are that our service is really stretched and we were reliant on other service.*

(Interview 1)

*As soon as it was introduced, we wanted to be part of the pilot; there was never any doubt that we were going to say, 'no, I'm sorry, we're not really up for this'. We were always enthusiastic about it.*

(Interview 2)

Conversely the manager from the third service was not as instantly keen about the idea:

*I thought it wasn't a great deal different to what we were already doing.*

(Interview - 4)

Interestingly the language and attitude towards the pilots used by the managers were echoed by the staff, in particular related to negativity. Whilst there was less instant enthusiasm from staff members across the board ("*I think I thought it was a bit wacky at first, to be honest.*" (Focus group - 1), "*At first I was thinking, "What is this? This is a bit longwinded"* (Focus group - 2), "*I thought it was an overly difficult way to approach a problem*", (Interview - 3), "*I wasn't looking forward to it.*" (Focus group - 3)).

For most there was a relatively quick transition to appreciating the benefits of the approach from this initial scepticism:

*"as I got experience of the reflective space I saw the whole thing in a more positive light"* (FG – 1), *"At first, I must admit, I was very, "I'm not sure," but I do like it, yes"* (FG – 2), *"I really enjoyed it; really got a lot out of the PIE"* (Interview – 3).

However for the service that was less receptive the language used to discuss PIE was still relatively negative and reserved, and was very similar to that used by the manager of the service in that the PIE was seen as replicating activity already in place:

*Yes, because as a team we do a lot of talking anyhow, about our own residents. Do we need to do more talking with somebody else?*  
(FG – 3)

*I found that doing some of the sessions, we ended up doing this one, like the care plan review, we talked about the individual residents, which we normally do in the care plan review.*  
(FG – 3)

The importance of the service manager in ensuring PIE is embedded and used effectively becomes apparent here. Whilst there are other factors that contributed towards why the staff became more receptive and open to PIE, and they didn't specifically highlight the support of managers, it is telling that the more sceptical view of a manager is echoed in the views of the staff and appears to override more positive opinions or outcomes.

The managers themselves recognised their role to play in ensuring that PIE was sustained, not just ensuring their team were supportive of the idea, but also in maintaining a commitment to the time and space needed:

*I think I probably need to give a bit more thought to setting that time aside and making it a part of the working week, because it's easy for that to get smothered a little bit.*  
(Interview – 1)

*Definitely making a commitment, because it's fine to say that you're going to do it, but, actually, not considering how much impact it might have on the service means it's going to fail.*  
(Interview – 2)

*We've been trying to embed it into our everyday practice. It's just the difficulty with finding the time to do it.*  
(Interview – 4)

The issue of having the time and space was something that was mentioned by almost every person spoken to and the recognition from the managers that it is incumbent on them to safeguard that space and time is something that should be taken into consideration for developing PIE wider into the system.

Time to commit to facilitation was something that was discussed by those who have taken on the role of facilitating the reflection sessions, alongside their concerns about their facilitation capabilities.

There were two different models of facilitation carried out within the pilot. All services began with the Fulfilling Lives member of staff coming in as an external facilitator but two options were available at the point that the Fulfilling Lives facilitator started to pull back: one was for someone within the service to facilitate their own group internally, the other was to do a facilitator exchange with another service and to continue having someone external come in. There were perceived positive and negatives to both options.

There was overwhelming praise for the Fulfilling Lives facilitator and the benefits that he brought:

*But Ray was, kind of, both, like, he was a good facilitator and he was passionate and you just knew that he just had a total depth of knowledge about it.*

(FG – 1)

*I found that more comfortable with Ray.*

(FG-3)

*It was different having someone externally coming to run the session, definitely when Ray was doing it. He was very skilled at it and he involved everyone in the discussion.*

(Interview – 4)

Much of the benefit of Ray was attributed to his skill, passion and commitment to the PIE pilots, as one manager described his enthusiasm was "infectious" (Interview – 2). However there was also recognition of having someone who is dedicated to facilitation and is coming in to carry that out as a specific role is of definite benefit, in particular relation to ensuring time is ring fenced for reflective practice.

*It would be one of those other things that can be quite easily put off. It would be, "We haven't really got time today so we'll do it tomorrow," but I think because it's in the diary and external people are coming in to do it, it makes it happen. It becomes a priority.*

(FG – 2)

Some of the services highlighted a bit of a reluctance to having external peers coming in to facilitate, in particular around feeling comfortable with being open and reflective:

*I can't go up to this person from the other home. That's to say I would like to open up to my own colleague because I know I can trust her more than I can trust some other person coming in.*

(FG – 3)

This seemed to come down to a concern over lack of ability and lack of consistency between different facilitators, and this concern was echoed by the facilitators themselves:

*... I'm nowhere near as good as Ray, and I'm nowhere near as good as [facilitator from other service], and I don't feel like [service] are getting the best PIEs that they could get.*

(Interview – 3)

The benefits of a well-trained external facilitator is evident through how positively Ray was received, and how it helped to ensure that the space needed for PIE to be sustained was ring-fenced. However there are concerns over the ability and support available to those who are chosen or volunteer to act up into this role. To ensure that all services are getting an equitable PIE offer then thought needs to be given how to overcome this. The solution perhaps comes from one of the facilitators who commented how the two facilitators had started supporting each other informally to discuss "how we thought it went" and to provide each other feedback and constructive criticism.

This informal connection that has formed could be harnessed to create a network of peer facilitators who can support each other, ensure that best practice is shared and create resource and capacity for maintaining PIE across multiple services.

Resource for training material is also an area that was raised during the interviews and focus groups. Whilst credit was given to Ray for how the training materials and resources developed over the pilot period ("*they [the resources] very quickly got better, do you know what I mean? And he seemed to adapt the sessions*" FG-1) there were recommendations how these could be developed further. One suggestion involved the creation of a more comprehensive guide or manual to help inform those who did not partake in the full training:

*When somebody new comes into that session, all they get is that piece of paper with the ladder so I suppose for somebody new who hasn't had that training, they're probably looking at that and thinking, "What on earth is that?" so something a bit more direct than that maybe because for us, we know what that is.*  
(FG-2)

However one of the most appreciated parts of the training was that it was felt to be tailored to the services specifically and wasn't a generic offer across the board – there was a recognition that a day centre and an accommodation service have different needs:

*It was obvious that, like, it was tailored almost towards this.*  
(FG-1)

This is an important consideration to bear in mind when thinking about how PIE might be offered across the wider system as the risk may be to create a 'one size fits all' training package that has the potential to limit the impact that PIE could have.

## **COST**

Consideration must be given to how much delivering PIE across the wider system might cost. The resource required is relatively small in terms of inputs: the need for a qualified trainer and facilitator, and for the training materials and resources. Services themselves provide the training space and much of the cost to services is through time commitment to the training and future continuation of the PIE.

When asked how much they would be willing to pay for the PIE training based on the outcomes they have now observed there was little consensus between the service managers, with responses ranging from "*I'd pay, probably, up to about three hundred, three-fifty for it*" (Interview-2) to "*I think the upper hundreds, £1,000 would be a realistic price for paying for training*" (Interview-1).

In looking at the resources required to deliver the training (qualified facilitator and tailored resource) we estimate a unit cost of £2500 for delivery of PIE training. This package for a service would include one full day training session, 12 x 90 minute reflective sessions (over six months), train the in-house facilitator session, consultation and support, an impact evaluation and access and licence to the Ladder4Life resources. The number of sessions has been developed based on discussion with the Fulfilling Lives facilitator, and based on the outcomes from the pilots, to assess what would be an appropriate fixed amount of training needed to embed PIE in a service. The overall costs includes administrative, time and resource costs for the facilitator.

As an alternative to delivering training on a unit cost basis, and being conscious of the lack of resource and individual capacity amongst a facilitator to be able to

deliver training to additional services with this model, consideration has been given to the cost of employing a full time position to deliver consistent and regular PIE training to appropriate services across the sector. Considering salary, employment costs and overheads it's estimated that this role would cost £49,000. A dedicated PIE facilitator would be able to effectively deliver approximately 24 PIE's per annum (12 per six month period), and would be able to support the development of the facilitator network. To deliver the same number of PIE's at the estimated unit cost would cost £60,000.

In addition it is not unreasonable to expect services to pay for the training provided. If delivered through a dedicated post this could be offered at a subsidised rate increasing desirability and therefore uptake. A reasonable cost of £1000 per whole service for the full training package as detailed above would result in an income of £24,000 per annum.

Based on the positive outcomes detailed in this report and the potential that PIE has for improving outcomes for both staff and clients with multiple and complex needs, and considering the need for dedicated capacity and resource to ensure quality, consistency and momentum in delivery of further PIE's the recommendation would be for the commissioning or employment of a dedicated PIE post for Newcastle and Gateshead.

# RECOMMENDATIONS

**T**he PIE pilots delivered through the Fulfilling Lives programme were successful. The services involved have developed and changed their approaches to working with individuals with multiple complex needs leading to staff teams with more resource to problem solve, and to reflect and ensure their own self-care, and to improving outcomes for clients. There is not enough evidence across the three pilots yet to demonstrate a cost-saving element of the PIE pilots but if this was extended further this would be an area of consideration for future evaluations.

Based on the learning from the pilots we have concluded the following recommendations to successfully extend the PIE programme into the wider system:

- 1** Relative advantage is needed. This means services and staff need to see the immediate benefit to them over the status quo. Initial focus should therefore be on the services that have the most interaction with chaotic and challenging clients first and then extend backwards into services with less chaos as the model becomes more integrated across the system.
- 2** There needs to be a commitment from strategic and senior management and commissioners to allow for a PIE approach to embed. Services need to feel they have the permission to work outside of traditionally rigid performance structures.
- 3** Service level managers need to have visible buy-in - PIE will be more likely to fail if there is resistance at the service manager level. Time and resource must be invested to ensure this is in place before trying to establish PIE within services.
- 4** Service managers need support from senior management to ensure they can commit to the time and space needed for reflective sessions, and to consider physical changes if needed.
- 5** Resource needs to be given to ensure that the training is delivered by someone with expertise in PIE, and that the training materials are produced to a high standard.
- 6** Consideration must be given to ensure that training retains a service specific element.
- 7** A peer network of the trained facilitators from across the services should be established to support and ensure sustainability of peer facilitation.
- 8** To ensure capacity, quality, consistency and momentum in delivering PIE across the wider system a dedicated PIE training and facilitator position should be funded. This would be the most cost effective means of embedding PIE across the wider system.

# CONTACT INFORMATION

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**Further resources regarding PIE can be found on the Fulfilling Lives Newcastle Gateshead website:**

[www.fulfillinglives-ng.org.uk](http://www.fulfillinglives-ng.org.uk)

