Commissioning PIEs in Westminster
Do PIE badly rather than not at all! Reducing fear and dispelling myths for commissioners

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“One (an environment) that takes into account the psychological make-up; the thinking, emotions, personalities and past experience of its participants, in the way it operates.”

Psychologically Informed Services for Homeless People – Good practice guide
Dept of Communities and Local Gov (2012)
WCC have focused on:

Promotion – emphasis on PIEs, creating networking opportunities, free training, etc.

Brokering pre-treatment approaches with external services

Supporting the ‘ecosystem’ of services

Building it into new procurement and existing contract management
What our fully fledged PIE projects share

• Leadership from the manager of the service, and the backing of organisation

• Attention to detail of all aspects of the service, seeing it through the clients eyes, and meeting their needs

• They are reflective and they network and seek out partners to meet need

• Right staff and solid staff training and support in place

• All took time to build

• Definitely not above average contract values
Outcomes delivered by our most developed PIE projects

• Getting the long term r/s in doors
• Less abandonments/ evictions
• Less serious incidents
• Good at stabilising the most chaotic – less nights sleeping out, less A&E, less self harming, substance misuse and offending
• Good at working on strengths and getting people involved and contributing
• Don’t say no to referrals
• Good at smooth handovers between services

But there are no quick fixes and no neat benchmarks
PIE can feel out of the comfort zone for commissioners
A Whole New World: Funding and Commissioning in Complexity
https://collaboratecic.com/a-whole-new-world-funding-and-commissioning-in-complexity-12b6bdc2abd8

- People are complex, issues are complex, systems are complex so embrace complexity
- We need ‘whole person’ responses, not siloed commissioning
- Measure the right thing or not at all (very easy to inadvertently create ‘gaming’ with numbers)
- Involve people with lived experience
- Commission via relationships
- Support the workforce
- Have commissioning cycles that allow for service flex and evolution
- Recognise learning and reflection drives improvements
Myth 1 - It’s all about the money

We started with no dedicated money.

You have to start somewhere and sometimes starting small with no budget is easier.

Make use of the free resources available to start your journey.

WCC started with a PIE forum – a totally free networking place to share ideas.
Free Fantastic PIE Resources:

Creating a Psychologically Informed Environment Implementation and Assessment

PIE Link – a practice exchange
http://pielink.net/
So many brilliant videos and articles – of note
Jay Levy – Pre treatment principles for outreach
Free Tip 1 – Just get started

Generate interest and networking opportunities by offering free training and workshops.

Build a coalition of the willing and create opportunities to learn, reflect and train together.

WCC has a PIE forum for commissioned services and a multi sector Complex Personalities Network chaired by a lead counsellor and including experts by experience
Free Tip 2

Broker relationships with NHS services who are willing and able to deliver light, therapeutic, pre-treatment interventions.

Westminster have anger support and gambling drop in groups delivered where the clients ‘are at’, facilitated by those who accept clients may not attend every week or be 100% sober. IAPT also deliver taster workshops on ‘stress and worry’ ‘mood boost’ and sleep.
Free Tip 3

Develop “clinics for workers.”

Provide opportunities for staff to access expertise with local partners and get new tips and strategies for supporting clients.

Clinic opportunities are provided for workers in WCC on trauma, mental health, autism, brain injury and occupational therapy.
“You gotta to have a dream, if you don’t have a dream, how you gonna have a dream come true?”
Happy Talk by Captain Sensible
Free Tip 4 – Have a dream

Audit, mapping, action planning

Get people together: reflect on the gap? what have we got? what could we re-model? what could we do differently? what’s our ‘dream’? how could that work? who could be our partners?

Be well prepared with a well developed ‘dream’ for funding opportunities with tight turnarounds
Free Tip 5

Be patient, be bold. Some of the familiar rules will need to be tweaked, others broken. e.g.

Replacing a deficit-based model of referral, assessment and support planning to a strength-based approach

Non traditional team make up
Free Tip 6 - Collaborate with PHD Students

Autistic spectrum prevalence research published

Homelessness and Brain Injury toolkit
http://www.westminsterhhcp.org/Resources(4)/Brain%20injury%20Toolkit-%20June%202018..pdf

Gambling prevalence research
https://www.homeless.org.uk/connect/blogs/2018/may/17/developing-support-strategies-for-homeless-gamblers
Free Tip 7 – be open

Avoid being wedded to one particular model. Be open to the benefits of different approaches for different clients; promote the development of an eclectic range of partnerships and psychological approaches.

Don’t forgot the basics and celebrate and publicise a wide range practical hands on examples of PIE approaches which enhance relationships e.g. mood music and scent diffusers in reception, having a cat or chickens in a hostel, gardening and music groups etc. mind body connection, mindfulness etc etc
Tips that cost a bit

Reflective practice – No single “best way”. There are lots of different models, tends to be most effective when the facilitator has a lot of skills around trauma as that is so prevalent. Psychologists have a great all round training but other disciplines can work very well too and the ‘fit’ of the facilitator/style to the team is crucial.

If possible provide a small PIE innovation fund which can be a useful route to encourage providers to try new ideas.
Tips that cost a bit and require boldness

Responding better to people who’ve experienced childhood abuse:
Training with two specialist organisations (1 in 4 and Survivors UK)
Compiled a directory on the specialist services out there and referral pathways
2 sided leaflet on responding to disclosures, geared on preparing all workers and being part of inductions
Piloting stabilisation and emotional regulation skills groups
Trauma clinic – for workers to get specific support
This work led on to one of our dreams that came true - small pilot with Survivors UK – “Holistic trauma worker”
Area out of the comfort zone – we need to be clear we don’t expect workers to be able to treat trauma but we do want them to be able to respond well to disclosures and help people manage their emotions and distress better and better prepare people for trauma services
Tips that do cost

As our confidence has grown we’ve invested more in PIE as we’ve seen the multiplier effect:

Key requirement in all procurements and we reference the PIE implementation guide

Mixed economy of PIE approaches

Contract with South London and Maudsley’s Psychology in Hostels Team

Dedicated Homeless Health Coordinator post

http://www.westminsterhhcp.org/
Final free tip

SMIDGEN OF WISDOM

HINT OF GRATITUDE

DASH OF LOVE

SPRINKLE OF ACCEPTANCE

FEATHER OF HOPE

PINCH OF LUCK

HANDFUL OF SELF-LOVE

SPRIG OF TRUTH

SPLASH OF JOY

SLIVER OF INSPIRATION
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