

Innovative approaches to supporting homeless people with complex needs

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In this workshop....



- Complex needs and homelessness provision
- Complex needs and complex trauma
- Psychologically Informed Environments
- Trauma Informed Care
- Housing First

What we know...



- Rough sleeping has increased by 51% in last two years
- 47% of accommodation projects report reduced funding, number of bed spaces declining
- 33% living in accommodation projects have complex needs, 32% affected by mental health problems and 31% affected by drug problems and 23% alcohol problems.
- 73% of accommodation projects turned people away because their needs were too high or too high risk to staff and residents (67%)
- Risk to self, non-engagement, balance with other clients (reasons for refusal)

Question...



What is your experience of working with people with multiple and complex needs?

How do they present to your service?

Complex needs



Hard Edges (2015) – 85% of those in touch with criminal justice, substance misuse and homelessness services in the UK have experienced trauma as children (not representative of women).

‘Women with extensive experience of physical and sexual violence are far more likely to experience disadvantage in many other areas of their lives, including disability and ill health, substance dependence, poverty and debt, poor living conditions, homelessness and discrimination’.
Hidden Hurt, Agenda (2016)

Trauma and Homelessness



- Goodman et al (1991) – psychological trauma and homelessness is linked. Losing one's home, living in the 'shelter system' or experiencing trauma (particularly women) before homelessness. Homeless people display two of the symptoms of PTSD; social disaffiliation and learned helplessness.
- Nick Maguire et al (literature review) – strong link between homelessness and complex trauma. Makes the argument that psychological interventions are needed.
- 'People with a history of complex trauma, including the chronically homeless, may behave in a range of ways that suggest underlying difficulties with trusting relationships, and with managing their own emotions in the face of perceived adversity'. (PIE good practice guide, CLG, 2012)

Trauma:



1. Trauma is pervasive
2. The impact of trauma is very broad and touches many life domains
3. The impact of trauma is often deep and life-shaping
4. Violent trauma is often self-perpetuating
5. Trauma is insidious and preys particularly on the more vulnerable among us
6. Trauma affects the way people approach potentially helpful relationships
7. Trauma has often occurred in the service context itself
8. Trauma affects staff members as well as consumers

Fallot and Harris 2009

Psychologically Informed Environments (PIE)



- Recognition high levels of personality disorder and complex trauma in homeless population
- Royal College of Psychiatry
- Enabling Environments and PIPEs
- DCLG guidance 2012
- Framework for use by homelessness services
- A service which considers the emotional and psychological needs of their clients

PIE framework



Managing
relationships

Training
and support

Environment
and spaces

Psychological
framework

Monitoring
outcomes

Reflective
Practice

Use of PIE

- ✓ Waterloo project
- ✓ St Mungos
- ✓ Newcastle and Gateshead
- ✓ St Basils
- ✓ Commissioners
- ✓ PIE Link
- ✓ PIE training



Me, PIE and the big apple



- Pan London Personalised Budgets project for entrenched street homeless people
 - Go into crisis once housed
 - Challenging and destructive behaviour
 - Won't engage at all
- Tons of training, totally missing something!?
- Transatlantic Practice Exchange
- Center for Urban Community Services, NYC

What is Trauma-Informed Care?



SAMHSA Treatment Improvement Protocol 57:

TIC is an intervention and organisational approach that focuses on how trauma may affect an individual's life and his or her response to behavioural health services from prevention through treatment. There are many definitions of TIC and various models for incorporating it across organisations, but a "trauma-informed approach incorporates three key elements:

- (1) realising** the prevalence of trauma;
- (2) recognising** how trauma affects all individuals involved with the service, organisation, or system, including its own workforce; and
- (3) responding** by putting this knowledge into practice"

(SAMHSA, 2012)'

Trauma Informed Care



Trauma
Awareness

Emphasis on
Safety

Opportunities
to Rebuild
Control

Strengths -
Based
Approach

(Hopper, Bassuk, & Olivet, 2010)

Adverse childhood experiences



ACE study

Early life trauma events may include one or more of the following:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Domestic violence between parents
- Drug/alcohol using parent(s)
- Parent(s) with mental illness
- Lost parent through separation/divorce
- A parent in prison

Adverse childhood experiences



ACE study 1995-1997:

As the number of ACEs increases, so does the risk for the following (if 4 or more ACEs):

- 7 x more likely to experience alcoholism and/or alcohol abuse
- **260%** more likely to experience chronic obstructive pulmonary disease
- **460%** more likely to experience depression
- **1220%** increased risk of suicide attempts
- Health-related quality of life
- Illicit drug use
- **220%** more likely to experience Ischemic heart disease
- **240%** higher risk of stroke
- **240%** higher risk of hepatitis - Liver disease
- Poor work performance and financial stress
- **190 %** increased risk of cancer
- **160%** increased risk of diabetes

(Info taken from a Nadine Burke-Harris presentation)

The national survey of ACE Wales



2015:

14% had ACE score of 4+ and compared to those with 0 ACE score were...

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

Trauma- Informed Support



- A philosophy underpinning organisations and service delivery
- Seeing everything through the lens of trauma
- Not trauma specific – much broader approach
- Creating safety – first stage of trauma recovery (Judith Herman)
- Aims to prevent retraumatisation, ‘do no harm’ and recognises widespread impact of trauma (clients and staff)

Vicarious Trauma

It is common for support providers to be impacted when working with survivors of trauma

Workers may develop symptoms in response to being exposed to the trauma

This is known as vicarious or secondary trauma and it can be overwhelming and lead to burn out



The Benefits



For service users:

- ✓ Feel safe
- ✓ Empowered to take control
- ✓ Increased engagement
- ✓ Aware that symptoms are a result of trauma
- ✓ Can begin recovery
- ✓ Not retraumatised by services

For staff:

- ✓ Increased understanding
- ✓ Increased compassion and hope
- ✓ Increased resilience
- ✓ More able to cope with challenges
- ✓ Don't see things in such a black and white way
- ✓ Reduced burnout

For organisations:

- ✓ Clear values and philosophy
- ✓ Increased retention of service users
- ✓ Increased engagement
- ✓ Improved outcomes
- ✓ Increased retention of staff
- ✓ Reduced staff sickness and absence
- ✓ Insightful and compassionate places to work

Case Study:



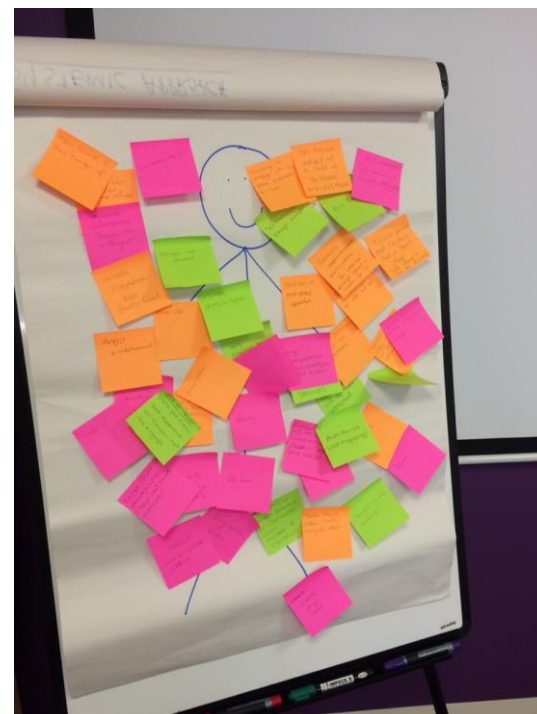
- Black male, early 40's
- Accommodated but not complying with rules
- Using numerous services but not allowing people to support him meaningfully
- Always agitated and verbally aggressive
- Made accusations and threats towards staff and other service users regularly
- Possible psychosis as delusional ideas
- 'Victimised' and defensive

Case Study:

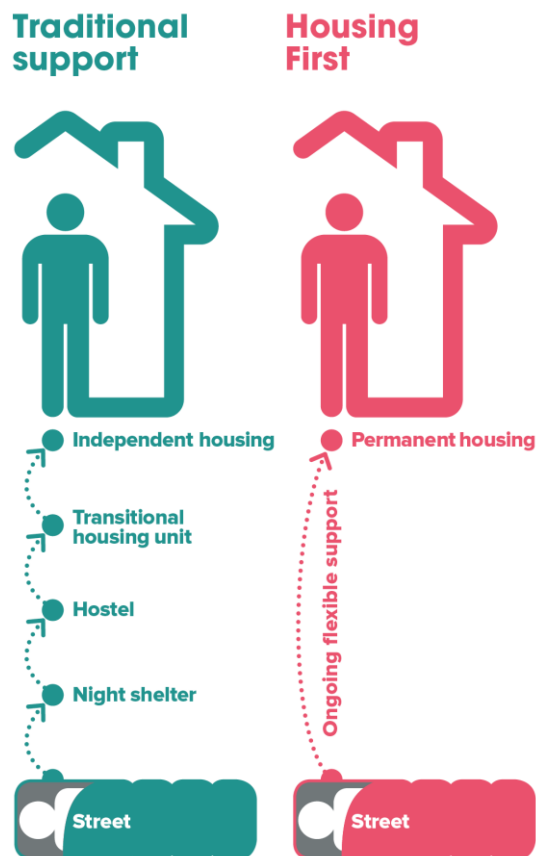


- He, I and others were 'hyper-aroused'
- Quiet safe place to meet
- Grounded him
- Introduced him to a model
- Agreed how behaviour would be managed
- Provided him with resources he could use and refer to in order to ground himself and process events
- Number of incidents/complaints reduced

- TIC and PIE!
- Training the sector
- Women's criminal justice sector
- Agenda
- Young Minds
- Where else?



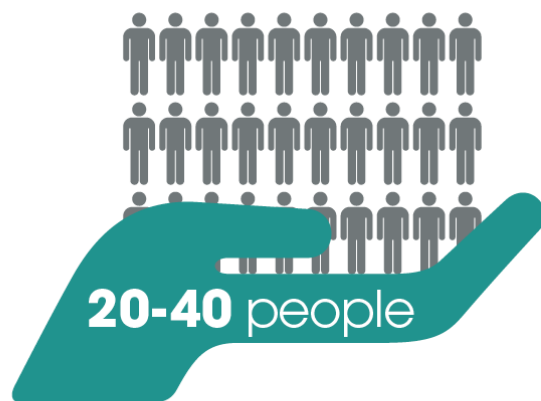
What is Housing First?



- Unlike traditional staircase approach
- Permanent offer of a home
- No conditions other than maintaining tenancy
- Flexible, person-centred support
- International evidence base

That sounds like floating support..

Traditional support



Caseload

Housing First



Caseload

Where is it being used?

- Widely adopted across the US
- Central to national homelessness strategies in some countries
- Growing in popularity across other European countries
- A number of services and pilots in England and devolved nations
- Service models vary depending on context



Support teams structure



- Assertive Community Treatment
 - multi-disciplinary
 - 'mini welfare state'
- Intensive Case Management
- Depends on operating context – what other services are available, funding streams
- UK – a role for both?

The principles

1. People have a right to a home
2. Flexible support is provided for as long as is needed
3. Housing and support are separated
4. Individuals have choice and control
5. An active engagement approach is used
6. The service is based on people's strengths, goals and aspirations
7. Harm reduction approach is used



Use in England

Projects in
33 LA areas

Another 12
planning
(not inc. SIB)

50/50
PRS & RSL

Not all LA
funded

Crisis
feasibility
study

Not all for
rough sleepers

Does it work?



International evidence base:

- Consistent trends despite context
- Tenancy sustainment
- Health and wellbeing
- Substance misuse
- Anti Social Behaviour and ineffective service use

Other things to mention

- Homelessness and mental illness
- Autism
- Acquired Brain Injury
- Supporting drug users
- Homeless Health Needs Audit
- Making Every Adult Matter
- Agenda



Any questions?



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To book the training visit:

<http://www.homeless.org.uk/events/training> or email

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