Addressing collusion with exclusion: What homelessness services and clinical psychology training might have to offer each other.

ANNA TICKLE
6TH NOVEMBER 2019
GTICP
Introduction

- Homelessness and multiple disadvantage
- Systems change and psychologically informed approaches
- Relevance to clinical psychology
- Potential for mutually beneficial relationships
- Sharing practice and making commitments
Homelessness Reduction Act 2017
Who are people experiencing homelessness and multiple disadvantage?

‘Officially’:

- Homelessness – ‘hidden’ as well as street.
- Mental health problems
- Substance misuse
- Offending

i.e. traumatised, care leavers, survivors. Also many other issues not recognised by the four key areas.
The MEAM Approach

The MEAM Approach helps local areas design and deliver better coordinated services for people experiencing multiple disadvantage. It's currently being used by partnerships of statutory and voluntary agencies in 21 local areas across England.

Fulfilling Lives: Supporting People with Complex Needs

The Fulfilling Lives programme is a £112 million investment over 8 years supporting people who are experiencing multiple and complex needs. The programme funds local partnerships in 12 areas across England to test new ways of ensuring individuals receive joined up and person centred services which work for them.
Relevance to clinical psychology

CHÉ-LOUISE ROSEBERT BSc Hons

THE ROLE OF CLINICAL PSYCHOLOGY FOR HOMELESS PEOPLE

A thesis submitted in partial fulfilment of the requirements of the Open University for the degree of Doctor of Clinical Psychology

NOVEMBER 2000

Clinical Psychology Forum

Special Issue: Homelessness – The Extreme of Social Exclusion

Ethics Column

On ‘defensive psychology’: Should we push people who are homeless away or strive to see those who are ‘invisibled’?

Suzanne Elliott

Number 265 January 2015

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Standards for mental health services

Many Inclusion Health patients have mental health problems and experience difficulty in accessing and maintaining therapeutic relationships with mental health services. The particular vulnerability of those who have experienced traumatic events such as homelessness is recognised in the Five Year Forward View for Mental Health, and the scandal of large numbers of long-term rough sleepers experiencing mental illness has been highlighted by St Mungo’s. There is a growing understanding that although psychosis is more prevalent amongst people experiencing homelessness, severe and enduring mental illness is not the main disease category. The mental health problems associated with social exclusion are predominantly anxiety and depression, complicated by complex childhood trauma and personality disorder, and undiagnosed disabilities such as autism spectrum disorder, learning disability and acquired brain injury. Dependency on alcohol and/or drugs presents a common complication.

Standards for community mental health services

Where there are significant numbers of homeless or other excluded people, specialist services may be necessary; in other areas enhanced access to mainstream services may suffice. In both situations, services should be provided to the standards outlined. A willingness to work around relatively high rates of non-attendance at appointments will help to ensure that patients are not further excluded. It is crucial that mental health services are integrated with other health services and that there is good communication between them.

Assessments by mental health professionals can be pivotal in enabling someone who is homeless to access appropriate accommodation, or improve the ability of an existing housing service to understand and help someone. Mental health professionals should ensure that their assessments consider this and do not remain focused on gatekeeping access to particular treatments.
Psychologically informed services for homeless people

Good Practice Guide

February 2012

This document is interactive and has been linked for easy navigation and use. Link through pages using the document map or the colour coded menus on the right.

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A growth area?...

- From few dedicated homeless clinical psychology services (Jarratt, 2010) to...
Relevance to clinical psychology

- **Direct work:**
  - Trauma: developmental; PTSD.
  - Psychosis
  - Brain injury
  - Intellectual disabilities
  - Autism
  - Chronic health conditions
  - Complex behavioural patterns and risk, including offending
Relevance to clinical psychology

- **Indirect work:**
  - Shift from ‘housing’ services to recognition of complexity.
  - Untrained, often with no professional support, working with those often considered ‘too complex’ for multidisciplinary teams.
  - Staff stress / burnout and wellbeing, including vicarious trauma.
  - Increased focus on reflective practice.
  - Promoting environments that can support change.
Recognition that the work is relational

Building connection against the odds: project workers relationships with people experiencing homelessness

Clare Watson, Lizette Nolte and Rachel Brown

Abstract

Purpose — Trusting and empathetic relationships between project workers and people experiencing homelessness (PH) form the cornerstone for their needs to be met. However, under the UK austerity agenda, project workers practice in a context of increasing pressure and limited resources, with relationships

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Psychological models and approaches in homelessness literature...

- Cognitive Behavioural Therapy
- Psychodynamic
- Mentalisation-based therapy
- Cognitive Analytic Therapy
- Compassion focused approaches
- Attachment Theory
- Projects underway in relation to Acceptance and Commitment Therapy
- Trauma specific theories, e.g. window of tolerance.
- Stages of change

- Other theories relevant to indirect work, e.g. attribution theory in relation to behaviour and judgements.
Psychologically Informed Environments

- Psychological awareness
- Staff training and support
- Learning and enquiry
- Spaces of opportunity
- The Three Rs – rules, roles and responsiveness

http://pielink.net/
Trauma Informed Care

- Trauma awareness
- Emphasis on safety
- Opportunities to rebuild control
- Strengths-based approaches

See Hopper et al. (2009) regarding TIC in homelessness services

Also see: https://www.feantsa.org/download/winter-2017-trauma-and-homelessness2297258390271124817.pdf
An introduction to Psychologically Informed Environments and Trauma Informed Care
Briefing for homelessness services

Reflective Practice in homelessness services
An introduction
Broader socio-political issues

- **Human rights** position on homelessness (https://www.housingjustice.org.uk/)

- **Health inequalities** issues (e.g. http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review)

- **Commissioning** for complexity (e.g. http://wordpress.collaboratei.com/wp-content/uploads/A-Whole-New-World-Funding-Commissioning-in-Complexity.pdf)

- **Stigma, social exclusion and hate crime** (e.g. https://internationalhatestudies.com/topic/homelessness-and-hate-crime/)
Relevant service providers

- Often third-sector. Might include housing providers; substance misuse services; domestic violence charities; sex worker outreach projects; street outreach, the Big Issue; community vet projects etc.

- Often have no psychological input or formal evaluation.

- May well have established service user involvement.

- Open to volunteers / interested parties.

- Some fantastic resources available to trainees / clinical psychologists…
Autism and Homelessness Toolkit

https://www.homeless.org.uk/our-work/resources-autism-homelessness

Homelessness and Brain Injury Toolkit
A guide for services in Westminster, Kensington and Chelsea, and Hammersmith and Fulham

https://www.westminsterhhcp.org/Resources(4)/Brain%20injury%20Toolkit-%20June%202018.pdf
2.1.2 Overarching goals, outcomes, ethos and values for all programmes include the following:

*By the end of their programme, trainees will have:*

1. A value driven commitment to reducing psychological distress and enhancing and promoting psychological wellbeing through the systematic application of knowledge derived from psychological theory and evidence. Work should be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals.

f. Ability to collaborate with service users and carers, and other relevant stakeholders, in advancing psychological initiatives such as interventions and research.

g. Making informed judgments on complex issues in specialist fields, often in the absence of complete information.

h. Ability to communicate psychologically-informed ideas and conclusions to, and to work effectively with, other stakeholders, (specialist and non-specialist), in order to influence practice, facilitate problem solving and decision making.
j. Leading on the implementation of formulation in services and utilising formulation to enhance teamwork, multi-professional communication and psychological mindedness in services.

7. Personal and professional skills and values
   a. Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.
   b. Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised.
   c. Understanding the impact of differences, diversity and social inequalities on people’s lives, and their implications for working practices.
   d. Understanding the impact of one’s own value base upon clinical practice.
g. Supporting others’ learning in the application of psychological skills, knowledge, practices and procedures.

**Organisational and systemic influence and leadership**

a. Awareness of the legislative and national planning contexts for service delivery and clinical practice.

b. Capacity to adapt practice to different organisational contexts for service delivery. This should include a variety of settings such as in-patient and community, primary, secondary and tertiary care and may include work with providers outside of the NHS.

c. Providing supervision at an appropriate level within own sphere of competence.

d. Indirect influence of service delivery including through consultancy, training and working effectively in multidisciplinary and cross-professional teams. Bringing psychological influence to bear in the service delivery of others.

e. Understanding of leadership theories and models, and their application to service development and delivery. Demonstrating leadership qualities such as being aware of and working with interpersonal processes, proactivity, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices within teams.

f. Working with users and carers to facilitate their involvement in service
Example activities:

- Teaching, including on voluntary systemic consultation for a hostel team development

- Academic assignments including option of homelessness scenarios.

- Specific placements, one in substance misuse and another in street outreach.

- Connections with local psychology departments (adult mental health and intellectual disabilities) to raise the profile of the population and trainees working with clients referred in.

- Research projects: team formulation in hostels; evaluation of PIE / TIC training; brief Acceptance and Commitment Therapy intervention for frontline workers experiencing burnout; ACT for people experiencing multiple complex needs; developing guidelines for psychologists working in homelessness services.
1. What opportunities do you / could you offer trainees?

2. What does your programme need to raise the profile of this client group?

3. What commitments will you make?
   - Teaching
   - Academic assignments
   - Research – small scale and thesis
   - Specific placements or within existing placements
   - Service user involvement
   - Other?
References and resources

- https://www.homeless.org.uk/
References and resources


- Liverpool Waves of Hope Accommodation Based Service (Lessons from a Psychologically Informed Environment. [https://liverpoolwavesofhope.org.uk](https://liverpoolwavesofhope.org.uk)

- [https://www.neurotriage.com/](https://www.neurotriage.com/)


Any questions?

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