



## **PIE4shelters project Valorisation Short Summary Depaul UK**

### **Main findings from the National Gap Analysis Report**

Violence against women was confirmed as an issue for homeless women in Depaul's services. Staff generally evidence ability to identify signs/symptoms of trauma and abuse but this is not at the fore of their roles and there is not a separate GBV assessment in the generic homeless services. Women are involved in determining their care path to some degree, there is greater scope to develop this. There is a need for information for staff and women on stress, trauma, abuse and effects on relationships. Basic support to staff (i.e. line management) is in place but requires greater emphasis on reflective case management. Those in client facing roles show some recognition that behaviour can be greatly influenced by past experiences. They also have an awareness of the emotional impact of the work on them and want training and support to manage this. We needed to implement a PIE & TIP training which included GBV and the impact on relationships, vicarious trauma training and protective strategies and trauma response tool kits for staff to use to assist with recovery.

### **Has the training answered any of the gaps in the National Gap Analysis?**

Involvement with the PIE4shelters project has enabled Depaul to deliver 7 staff training sessions across the UK; allowing Depaul to cover many of the areas outlined in the gap analysis report. This is the beginning of a longer process of which training is one part. Several areas delivered in the training answered findings from the gap analysis. The trauma aspect of training was successful in supporting staff understanding of how trauma can have an effect on the clients they work with, staff reported that knowledge gained has underpinned trauma informed practice. Similarly participants reported that learning around vicarious trauma has helped them identify strategies to support themselves and their colleagues with particular recognition that communication across teams can mitigate the effects of vicarious trauma. Organisational policy and procedures are being reviewed to imbed trauma informed practices in generic homeless services, fundamental principles of PIE4shelters will be part of Depaul's core offer of learning and development for staff.

### **Training content, length and participants**

#### **London**

17<sup>th</sup> April 2019: PIE4shelters - full day

Attendees = **21**

#### **Manchester**

30<sup>th</sup> April 2019: Trauma and the brain- full day

21<sup>st</sup> May 2019: PIE4shelters - full day

Attendees = **28**

#### **Newcastle**

30<sup>th</sup> May 2019: PIE4shelters - full day

2<sup>nd</sup> June 2019: Trauma and the brain - full day

3<sup>rd</sup> September 2019: Trauma and the brain-full day

Attendees = **35**

A total of **84** participants attended training including: frontline staff, managers, volunteers, non-frontline staff and students.



### Training content:

- ✚ Defining gender based violence including prevalence and context
- ✚ Women's homelessness and GBV
- ✚ Psychological and psychosocial impact of GBV
- ✚ Trauma: Physiological and psychological impact
- ✚ Adverse childhood experiences (ACE's research)
- ✚ Psychological informed environments a response to GBV **key elements:** Psychological Framework physical environment and social spaces, staff training and support, client involvement / managing relationships, evaluation of outcomes and reflective practice
- ✚ Trauma informed practice
- ✚ Vicarious trauma and self – care, wellness recovery action planning (WRAP)

### Training aims

- (Re)Introduce Psychologically Informed Environments.
- Raise awareness of gender based violence.
- Improve response to women with experience of GBV.
- Recognise the effects of trauma and the use of trauma informed practice.
- Collaborate to enhance existing skills and share good practice.
- Consider other agencies for signposting.

### The procedure of the valorisation

Due to the geographical spread of people and services across the UK, interviews were carried out via telephone with each call taking on average fifty minutes to one hour. Participants were also sent a copy of the questionnaire to support the process. The wellbeing manager's in the North East and London recruited participants based on a variety of roles and availability, whereas in the North West the wellbeing manager chose participants at random. A total of 12 were interviewed, all interviews took place approximately 12 weeks after the training.

### The findings

Across all regions Interviewees all responded that the training had been useful and would positively impact on their ability to support clients who have and or are experiencing trauma, responses included being able to focus on " what's happened to you" rather than "what's wrong with you" this is a powerful message when working with issues related to trauma. Interviewees were able to discuss at length identification and support that mitigates the effect of vicarious trauma for themselves and colleagues.

### Overview of findings:

- ❖ All of the topics in the training relate closely to the issues service staff experience with clients and are highly relevant to their roles.
- ❖ Understanding human psychology supports greater empathy from staff.
- ❖ Creating a psychologically informed space that creates an atmosphere for recovery was highlighted as an activity that staff could take forward.



- ❖ It seems preferable that trainings follow the creation of policy and procedure , or that this is done in tandem and are accompanied by practical tools and robust organisational infrastructure, such as reflective practice.
- ❖ Formal reflective practice is being sought by people to reflect on cases where trauma is a feature, for a large number of clients.
- ❖ Prevention of vicarious trauma and supporting staff was highlighted as an area of need
- ❖ The preference seems to be for trainings to be shorter and more practically focused.
- ❖ Manager's also need tools and templates to support their reflective capacities, assessment and consideration of vicarious trauma in their teams.
- ❖ Trainings need to be supported by on-going learning activities, not just one off training days.
- ❖ Women's needs are hard to keep at the fore - the reason for this may be because only a small number of people in Depaul work in women's specialist services and they already have an established knowledge of GBV. Training attendees largely work in generic support services and there appears to be a reluctance and some difficulty to prioritise women's needs over other clients. This could be supported by wider change in documentation, such as screening processes for GBV.

## Summary

Some further reflection is needed before any decisions for future training can be agreed on. In Depaul we work across four regions, however common themes emerged, notably length and content of training and practical resources. In the North West and the North East the training was split into a full day on trauma and the brain and a full day on PIE4 shelters which worked well as people felt there was a lot to learn about trauma warranting a full day. The PIE4shelters training included a lot of material and focused heavily on theoretical concepts presented in PowerPoint; we would recommend that training be broken down into shorter sessions with an emphasis on practical ways to work with clients, this would enable staff to take this forward in their own projects and effect real change. Our learning and development processes are being reviewed to accommodate more opportunities for on-going learning to support individual training days.

The focus on gender issues, specifically supporting women with GBV would appear to have been somehow lost as staff have a strong sense of needing to respond to both female and male clients in their work, perhaps this highlights the need for GBV issues to be addressed in formal learning sets after completion of training and further embedded in reflective practice. We have successfully sought funds to pilot four reflective practice groups, one in each region from January 2020. These groups will last for ten months and will be monitored and evaluated.

Managers would benefit from further training which focuses on identifying vicarious trauma in their staff and how to support them. This would benefit from HR input and so there are several key teams within the organisation who need to collaborate in order to address the learning points gained in the evaluation. The emphasis should also be on supporting manager's capacity for reflective case management.

The aims of PIE4shelters is to facilitate change in the wider organisation rather than individual services alone, at least in Depaul. Training is not the primary way to achieve this, those in client facing roles need on-going tools and support i.e. reflective practice, reflective line management, and wellbeing tools to embed learning and change practice. Organisations require policy led changes that underpin trauma informed work to support recovery when working with women who have or who are experiencing gender based violence in homelessness services.



<p><b>Question 1</b></p> <p>What kind of changes, (awareness, understanding, practice, management) have you experienced in your work in connection with the topics of the training?</p>	<p><b>London:</b> answers varied dramatically, some people, particularly those in management roles, felt they gained a lot of knowledge on the training which they were able to apply to their work. For example, in being more empathic towards clients with challenging behaviour and staff (experiencing vicarious trauma). One person reported no change in any of the suggested categories in relation to the topics covered on the training. Some people reported greater empathy in the face of challenging behaviour and improved listening skills.</p> <p><b>North East and North West:</b> staff commented that the training raised awareness and allowed them to recognise and understand and describe certain behaviours related to trauma . All found the trauma and the brain aspect of particular interest, particularly knowledge around the five physiological responses to trauma, most could identify fight and flight but no one had heard of flop, friend and freeze. Two of the participants reported that it was useful as a refresher and the training had reiterated to them how trauma can underlie behaviour of clients</p>
<p><b>Question 2</b></p> <p>Which of these changes has had the biggest impact on you in your work?</p>	<p><b>London:</b> One person reported no change in their work due to a ther team being knowledgable and having good practices. Where there had been a big change, this seemed to be in the area od understanding about how behaviour has an underlying cause which relates to trauma. Understanding the links between trauma and behaviour was a strong connection that people took away from the training.</p> <p><b>North East and North West:</b> Participants responded that they now have more effecient ways of working and can recognise indicators of trauma, one respondent commented that they would look at young people differently, recognising its whats happened to you, rather than whats wrong with you. One participant noted that the training had personally affected her, she recognised that she caried a lot of her clients trauma around with her and she would reflect on this and make sure when she left work for the day she would ensure she had discussed any issues with her colleagues..</p>
<p><b>Question 3.</b></p> <p>What consequences may the training have on the circumstances of women using your services?</p>	<p><b>London:</b> Overall, people were less focused on the benefits to women specifically and focused more on general needs clients and the benefits of being trauma informed. Women’s needs seemed somehow to be lest in the participants recollection of the training. One respondent, a senior manager, spoke of his commitment to better link in with women’s specialist services.</p> <p><b>North East and North West:</b> Response to this question was varied, some said they understood PIE and its elements in a more meaningful way than previously.. Another particiapnt stated that the learning gave a enough basic knowledge on how to detect the signs of trauma and how to act on it, for example: signposting a client to the correct supporting agency to help overcome trauma and deal with it. .All felt that the consequence of the training had been positive</p>
<p><b>Question 4</b></p> <p>What changes have occured in connection with the training that effect the way you connect to women who using your services?</p>	<p><b>London:</b> The benefits of the training did not connect strongly to better connecting with women. Some reasons for this were that people felt they did this well already.</p> <p><b>North East and North West:</b> All reported a lot more understanding of women and gender based trauma and change, specifically participants reported that they felt more confident about having a open discussion with women who may have experienced gender based violence. One participant reported that they had shared information from the training with colleagues.</p>



<p><b>Question 5.</b></p> <p>What changes have occurred in connection with the training that effect the way you and your colleagues work together as a team?</p>	<p><b>London:</b> Training did not cover all people in all teams, which was reflected in the way people answered this question. There was not enough people as a collective from the same teams to accurately monitor this.</p> <p><b>North East and North West:</b> Two participants left this question blank and when I discussed this with them further they reported that they could not answer the question as they were the only member of the team that attended, explaining that it would be beneficial for all to attend. Another participant reflected that she had made a point of now asking how her colleagues how they were feeling .Participants have recommended the training to their colleagues.</p>
<p><b>Question 6.</b></p> <p>What change has occurred in your workplace that effects how the members of your team handle difficult situations?</p>	<p><b>London:</b> As above.</p> <p><b>North East and North West:</b> Two respondents left this blank and again when I questioned this they responded as above. Participants were entirely positive around how the is found the whole experience commenting that Depaul are addressing the issue of GBV and most commented that they felt more compassionate when discussing clients in team meetings.</p>
<p><b>Question 7</b></p> <p>What other changes do you consider necessary for more positive effects? (on women, on your work, on your service)</p>	<p><b>London:</b> Unanimously people commented on ongoing organisational support and improved tools and processes, not just training. However, more regular training was also suggested and the preference was for smaller, bitesize sessions which focus on individual topics. However, this was answered more for staff than for women in services. Time to reflect! Time to do more quality work with YP and staff and thinking about the physical environment.</p> <p><b>North East and North West:</b> All stated that they would like to know more about PIE; training around PIE and GBV should be part of core training and not as a add on. One participant stated that GBV was so prevalent that she felt there should be a a specific staff team member in place to address this issue. What is clear that all who attended training felt passionately around this subject and would recommend the programme of work/training around GBV be developed further.</p>
<p><b>Question 8</b></p> <p>How can your management further support a trauma informed enviroment?</p>	<p><b>London:</b></p> <ul style="list-style-type: none"> <li>• Setting minumim standards (environments, language, practice).</li> <li>• Specaillist women’s training (external to Depaul).</li> <li>• Manager’s need to be clear about their roles.</li> <li>• Time management, smaller caseloads, particularly with people with experiences of trauma.</li> <li>• Reflective practice.</li> <li>• Ongoing trining.</li> <li>• Trauma requires multiple trainings and time to settle in - further reading + online trainng.</li> </ul> <p><b>North East and North East:</b> Management attending training would be helpful for staff. Reflecting on learning in supervision and reflective practice would also further embed learning. Data collection was mooted as a issue that needs considering to move forward.</p>
<p><b>Question 9</b></p> <p>What topics do you think are important that were not covered in the training?</p>	<p><b>London:</b></p> <ul style="list-style-type: none"> <li>• Supporting the team and the impact on staff - more detail.</li> <li>• Management training.</li> <li>• Nothing! It was too much. Every topic deserves a day on its own.</li> <li>• Adding section into supervision template.</li> <li>• Connect training to the work - apply ideas to case studies to training themes.</li> </ul> <p><b>North East and North West:</b> Participants stated all kinds of trauma should be covered and not only GBV</p>



<p><b>Question 10</b> What is your understanding of Complex Trauma?</p>	<p><b>London:</b> Overall, people had some general understanding but could not provide a detailed definition. <b>North East and North West:</b> All respondents could explain in some detail complex trauma</p>
<p><b>Question 11</b> How would you rate your ability to identify signs of trauma in women who you work with now.</p>	<p><b>London:</b> People generally related themselves midway through the choices. <b>North East and North West:</b> Poor Fair Good 25% Very good 75% Excellent</p>
<p><b>Question 12</b> Can you give an example of the sign of the Vicarious Trauma, and what would you do to respond to it?</p>	<p><b>London:</b> People could answer this strongly and with lots of examples from their own workplace (self / colleagues). <b>North East and North West:</b> This was perhaps the strongest answer from participants, all could detail signs and how staff could support colleagues</p>
<p><b>Question 13</b> What changes or resources would help you to prevent Vicarious Trauma?</p>	<p><b>London:</b> Organisational practice and culture needs to improve - methodology for looking after and being aware of staff – reflective practice and clinical supervision, discounted gym memberships, research into trends that we're facing understanding client group, offices with equipment that works! Ensuring that toil is taken back timely, monitor breaks, flexibility with caseload and share work, not having too large caseloads, having enough staff and less lone working, Projects - changing rotas with reasonable adjustments (not 13hr shifts!). Autonomy - choice and control. Having reflective practice for support and advice. Time to reflect as a team, share difficulties. <b>North East and North West:</b></p> <ul style="list-style-type: none"> <li>• Clinical supervisions</li> <li>• Wellbeing /selfcare days</li> <li>• Training for all staff around VT</li> <li>• Regular breaks – reduced lone working</li> <li>• Case studies In teams to reflect upon</li> </ul>
<p><b>Question +1</b> How useful do you think this training was on a scale from 1 till 10? (1 not useful at all, 10 very useful)</p>	<p><b>London:</b> The mean average is 7. Feedback centered around not enough follow up and procedural / process support. Too much information for one day. <b>North East and North West:</b> The mean average is 8.8</p>