

"I'm finally finding my own answers": External evaluation of Crisis' Psychology services

Executive Summary

Conducted for Crisis by the McPin Foundation and the Lived Experience Advisory Board.

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Homelessness and Psychological Health

People experiencing homelessness have significantly higher rates of adverse childhood experiences such as abuse, neglect and family dysfunction compared to the general population (Liu et al., 2021). These early experiences have the potential to lead to mental health issues later in life. People who experience homelessness are at increased likelihood of meeting criteria for mental health diagnoses such as depression, psychosis, personality disorders and substance use disorders (Perry & Craig, 2015; Sundin & Baguley, 2015).

The mental health needs of those experiencing homelessness have been recognised at the highest levels. The NHS long term plan (2019) and NICE guidelines (2022) both recommend services for people experiencing homelessness are trauma and psychologically informed, considering how “traumatic experiences, socioeconomic circumstances and previous experiences of services” (NICE, 2022) can create interpersonal difficulties. The NHS plan (2019) recognises that mainstream mental health services may not be the most appropriate for those experiencing homelessness and alternate pathways could be developed.

Liu, M., Luong, L., Lachaud, J., Edalati, H., Reeves, A., & Hwang, S. W. (2021). Adverse childhood experiences and related outcomes among adults experiencing homelessness: A systematic review and meta-analysis. *The Lancet Public Health*, 6(11).

NHS England. (2019). *The NHS long term plan*.

NICE (2022). *Integrated health and social care for people experiencing homelessness*.

Perry, J., & Craig, T. K. J. (2015). Homelessness and mental health. *Trends in Urology & Men's Health*, 6(2), 19–21.

Sundin, E. C., & Baguley, T. (2014). Prevalence of childhood abuse among people who are homeless in western countries: A systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*, 50(2), 183–194.



What is the Psychology service at Crisis?

Skylight services support people (“members”) at risk of, or currently experiencing, homelessness to find suitable and sustainable accommodation as quickly as possible. Whilst housing is the priority, Crisis recognise that many people experiencing homelessness experience trauma, poverty, discrimination and exclusion throughout their lives. Practitioner psychologists (those trained to Doctoral level) have been embedded

into Skylights since 2020 to support the emotional and psychological needs of members *indirectly* by supporting front-line staff to be psychologically informed in their member-facing work (a way of working called “psychologically-informed environments” or PIE) and develop the Skylight service; and to manage a small case load of *direct* assessment, formulation, advocacy or therapeutic support for members:

Support to colleagues	Direct support to members
Training – around psychological theory, concepts, or ways of working	Advocacy and signposting – trying to bridge the gap between disenfranchised and underserved members and appropriate service or support; and identifying treatment options
Reflective Practice - groups within which staff can share and process the emotional impact of working with distressed and traumatised people within complex systems	Psychological, neurological, and developmental assessment – helping to identify the factors (e.g., life experiences or physical health) which may be impacting on member’s well-being and causing them difficulties
Case formulations – an opportunity for staff working with an individual member to come together to gain psychologically-informed and shared understanding of their difficulties and determine helpful approaches	Psycho-education and formulation – using psychological theories to help people to better understand themselves and their mental health difficulties, and provide ideas for making changes
One-to-one consultations or supervision – in which staff can think about their work with a particular member, or develop their individual professional confidence and practice	Therapeutic sessions – for those ready and able to engage in therapy but unable to access therapeutic intervention elsewhere (e.g., local NHS or mental health charities), especially where this will support their ability to improve their homelessness/sustain a tenancy

(Definitions above supplied by Skylight staff for this Executive Summary)

About the evaluation

Over 2023-24, the evaluation explored what is working well, why, and what could work better, for the Psychology services. Perspectives were gathered from three stakeholder groups at Crisis, through mixed methods, across six Skylight centres: London (Tower Hamlets), London (Croydon), Merseyside, South Wales, Edinburgh and Oxford.

- Psychologists: Survey and focus groups (n=8)
- Skylight staff: Survey and focus groups (n=95)
- Skylight members: Survey and interviews (n=35; of whom ten also had worked directly with a Psychologist).

A Lived Experience Advisory Panel, recruited in February 2023, shaped this evaluation throughout, by:

- Co-developing the evaluation questions
- Selecting which measures were most appropriate for members to complete in a survey
- Co-conducting face-to-face surveys and interviews with members in Skylights
- Sense-checking the interpretation of the findings.

Findings Part 1: What difference does the Psychology support make for other Skylight staff?

76%

of staff agreed or strongly agreed that support from Psychologists has helped them build and maintain positive relationships with members.



Wider staff teams reported that support from Psychologists was particularly valuable for:

1. Helping them to have a better psychological understanding of the members they work with
2. Helping them with their work with members who had more complex psychological needs

Case consultations

Staff described the consultations and case formulations with Psychologists benefitted them by:

- 1. Boosting confidence when staff are stuck with their work with a member or feeling disempowered
- 2. Offering staff new skills, such as de-escalation techniques
- 3. Learning through observation of supporting people facing acute distress
- 4. Providing safe spaces for staff to offload



Training

Wider staff teams (n=69) reported that training delivered by Psychologists:

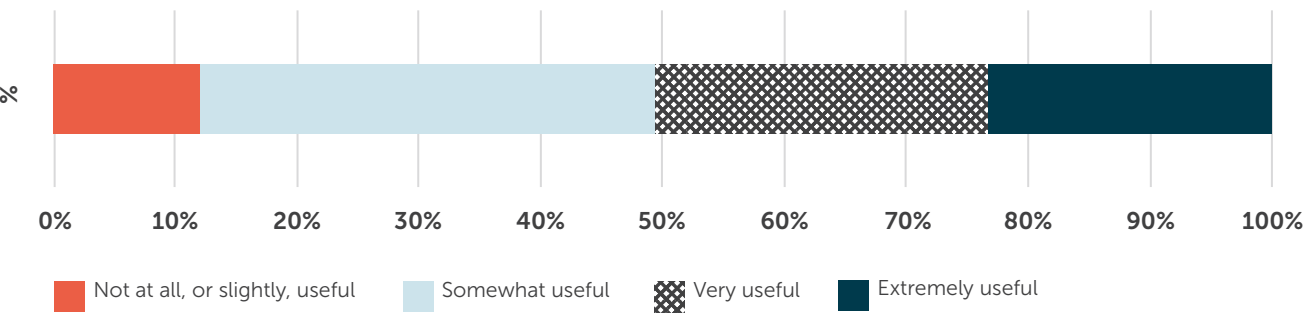
Was 'very useful' or 'extremely useful'	71%
Enhanced their understanding of members	86%

Staff described the training as having a clear application in staff day-to-day work; and referred particularly to the value of training on ethical pain, supporting with 'endings', the Power Threat Meaning Framework and Attachment Theory.

"It has helped me to gain a better understanding of how trauma affects individuals and the barriers that this can cause. Having a better understanding of this has allowed me to develop new activities which are more suited to individual needs."

(Staff)

Staff responses on the usefulness of reflective practice



Reflective Practice

As the chart above shows, wider staff teams (n=86) reported that reflective practice delivered by Psychologists was generally useful.

What made it work?

- Staff recognised the Psychologists' knowledge of and influence in wider health or statutory systems which can accelerate the access to these services for members
- Psychologists' physical presence in the Skylight building allowed for informal, timely ad-hoc conversations with staff
- Staff perceived the psychologists as approachable, responsive, and willing to help

What would make it work better?

- Addressing barriers to staff attending and engaging in Psychologist-led activities (which include workload, time restraints, senior management buy-in)
- Exploring the discordance between staff requesting a clearer purpose and more facilitation in reflective practice, and Psychologists feeling the open-ended nature of Reflective Practice being key to its value
- Ensuring staff understand Psychologists' decision-making process when deciding which members to offer direct support to
- Developing an internal training programme to apply across all the Skylights so that topics, structure and delivery are consistent.

"As soon as I submitted Clinical Psychologist's input [the] decision was made in the space of three weeks, after we had been waiting nine months... It's like gold dust... 'cause a letter from me doesn't stand up."

(Staff)

"We have quite a lot of freedom as psychologists... lots of us worked in statutory services before where everything's set up and it's very hard to change things because there's lots of layers of people above you... So I think that leaves us free to be creative with...how we work."

(Psychologist)

Findings Part 2: What difference does the Psychology support make for members?

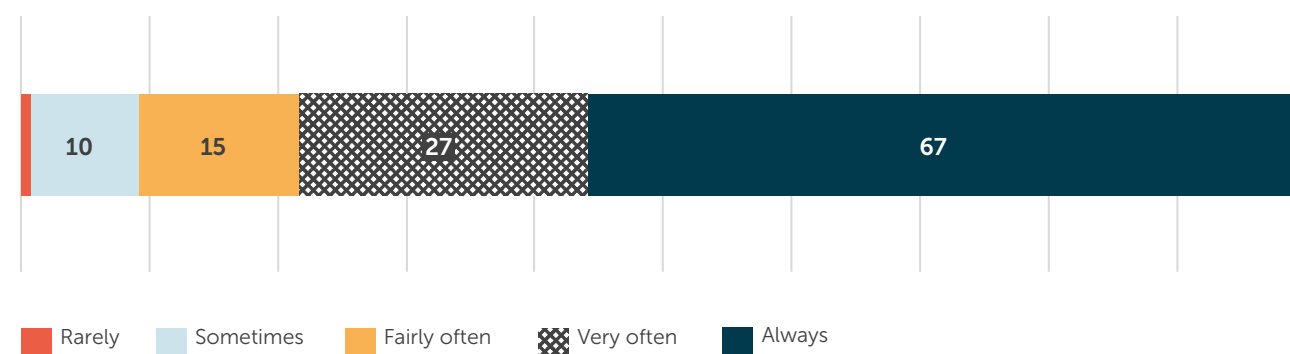
Members (n=10) reported having a very positive therapeutic relationship with the Psychologist¹; across the twelve questions assessing aspects of the therapeutic alliance, members gave high scores ('very often' or 'always') in nearly 80% of their answers.

There was also evidence that the Psychologists' work with staff – the consultations, formulation, and reflective practice – may have had an indirect beneficial effect for members, who reported (n=35) very positive relationships with their lead workers, with scores in line with those of allied health professionals².

"It really helped, it allowed me to get a bit of headspace to deal with the other practical stuff, because I felt so much better in myself mentally when I left the office that it allowed me to deal with the practical things in a more productive way."

(Member)

Members' reports of the quality of the therapeutic alliance



1 Working Alliance Inventory – Short Revised (WAI-SR)

2 CARE scores being roughly equal to those of allied health professionals in the NHS: calculation based on <https://caremeasure.stir.ac.uk/>

Over
90%

of scores that members gave about their relationship with their lead worker were 'very good' or 'excellent'.³



"[The clinical psychologist] lets me be me...I've never had that... I've achieved more understanding of myself in six months of working with Clinical Psychologist than in my six years combined therapy. I'm finally finding my own answers. I'm not being spoon fed them."

(Member)

Through interviews and focus groups, members and lead workers referred to positive changes they had felt, or observed, because of direct therapeutic work with Psychologists, including:

- Managing their precarious housing situation more productively;
- Being more open, showing more personal insight; and being more assertive when engaging with the other services on offer in the Skylight;
- Engaging better with external support networks.

"With [the Psychologist] I just kind of asked her to visit someone who's got significant mental health problems... So, I know it doesn't sound like much but it's huge because it also allowed her to offload and [the clinical psychologist] to sit and listen and kind of, give some space and some kind of solutions on how she can cope with her trauma which obviously is triggered by nearly everything in day-to-day life."

(Staff)

"I have noticed that relationships with my members often change for the better after support from a Psychologist."

(Staff)

3 35 member responses across ten questions from the Consultation And Relational Empathy measure (CARE)

The Psychologists support with the continual development of the Skylights to be psychologically informed, focusing particularly on creating meaningful relationships between members and staff. Members' experiences in the wider Skylight service suggest that the service is psychologically informed in many ways.

Members (n=31-35) reported that:

Appointments are 'usually' or 'always' flexible	85%
Appointments are 'usually' or 'always' regular and consistent	86%
Their background/back story is 'usually' or 'always' known or taken into account	93%
They are 'usually' or 'always' given opportunities to feed back to the Skylight	43%

What made it work?

Psychologists' ability to be flexible in their approach at Crisis was felt by members by (in comparison to their experience of NHS mental health services):

- Receiving a flexible and personalised approach, and an array of options for engaging e.g. online, in person, on phone
- No risk of withdrawal of service from intentional or unintentional non-attendance

These helped foster a sense of trust and an authentic engagement.

"I feel I can work flexibly with members at Crisis, taking approaches that feel right for them. Having colleagues that can focus on issues such as finances, housing issues with members, frees me up to focus on therapy and emotional needs."

(Psychologist)

What would make it work better?

- Scrutiny around continuity of care for members whose homelessness is ended, and their 'case is closed', in the midst of their therapeutic journey with a Psychologist. Areas to explore include: adapting the model so that direct work could continue after the member's case has closed; mapping local services to transfer care; exploring transitional specialists, such as community navigators or peer mentors
- Exploring ways in which language barriers can be addressed over and above existing translation services which interfere with the required rapport building
- Increase opportunities for members to provide feedback to the Skylights (either by creating new routes or by adapting existing routes) to ensure the service is informed by varied lived experience
- Explore alternative wellbeing support opportunities to negate against the high demand for direct therapeutic support for members, such as peer support models of group therapy.

Conclusion

Psychology services play a clear and significant role in Crisis Skylights, with staff stating they have a positive impact on delivering a psychologically informed service. Psychologists integrate various psychological frameworks into their work to support the development of trusting relationships between staff and members, and to a lesser extent between colleagues.

This is supported by an organisational environment that enables psychologists to work flexibly and in line with their values to promote social justice.

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