PATH

Prevention ● ACEs ● Trauma Informed ● Homelessness

Psychologically Informed Environments Framework for Service Delivery and Design

Congruence with Future Generations Act Five Ways of Working

PIE

PIE element	What this means for service design and how it operates	Reflective Questions to consider	Congruence with Future Generations Act
1. Psychological Framework: Psychologically Informed organisations have purpose can adapt	1.1. There an explicit understanding of a psychologically informed approach to work that can be described by all staff 1.2. There is an explicit commitment to Growth and Change 1.3. The service/organisation includes psychologically informed a part of its responsibility. 1.4. There is a policy which outlines Psychologically informed principles and practice 1.5. Policies outline the relationship between ACEs and resilience and considers the implications for service access and design 1.6. Psychologically informed practice and culture, and awareness of ACEs is endorsed by leadership 1.7. Service design, development, and evaluation are informed by an evidence based psychologically informed model 1.8. Relationships and work with commissioners is underpinned by a focus on psychologically informed services	**Organisational Commitment** • Is there an explicit psychologically informed model or approach and can all staff describe and understand the approach or model they are working to? **Is there a sense of organisational mission and purpose?** • Does this matter and contribute something to the greater good? • so that staff feel that they are part of something bigger than themselves? **Is there a vision?** A clear understanding about what the organisation does and who it serves? • Is there also a sense of what it can become? • Is there a future orientation and a drive to learn, change and grow? **Reflective Practice** • Are leaders willing to change if the strategies they are using are not yielding the desired results? • Is there an understanding that change requires a level of risk, which is accepted and tolerated?	**Long term:** the importance of balancing short-term needs with the need to safeguard the ability to also meet long term needs. People can access the service they need, when they need it and only for as long as they need it. Always learning, positively challenging and aiming to improve

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2. Evidence Generating Practice: PI organisations are inclusive	2.1. Leadership is collaborative and includes people who use services in the development and evaluation of psychologically informed approaches 2.2. There is a structured process to obtain feedback and ideas from people who use the service and staff 2.3. There is a steering or clinical reference group and/or champions who drive implementation of psychologically -informed work and includes people who use the service 2.4. Information on the experiences of people who receive services is regularly gathered and is used to inform service planning 2.5. Evaluation of psychologically-informed policies and practices is regularly conducted as part of the review and planning process to implement change where relevant	**Reflective Practice** • Are leaders willing to share power, listen deeply and incorporate feedback into the planning process? • Is there a willingness and a mechanism to continually hold what we do up against what we believe and to work to close gaps between the two? • Is there a willingness and openness to learn from others outside the organisation and integrate best practice into the organisations/service/team's repertoire? **Co-production and collaboration** Do all members of the team and the people it is serving or supporting feel that their opinions matter and that their participation in decision making, monitoring and evaluating progress is important and useful? Are efforts made to hear the voices of marginalised groups?	**Involvement:** the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. Always learning, positively challenging and aiming to improve **Collaboration:** acting in collaboration with any other person (or different parts of the body itself) that could help the body meet its well-being objectives. Delivering an integrated service with partners in the best interest of the people accessing the service Starting from what people can do, not what they can't and involving them in decision making as an equal partner

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3. Environment: PI organisations are safe place to work or access	3.1. Existing screening and Assessment activity is informed by evidence based practice (and is therefore relational and compassionate) 3.2. People being assesses are informed about choice and control about what is shared (and will be informed where there is a legal obligation to share) 3.3. The potential for re-traumatisation during screening/assessment is recognised and strategies are in place to minimise this risk 3.4. Where risk assessments and safety plans exist they include: triggers/stressors; helpful/non-helpful strategies; people who are able to provide support as determined by people who use services 3.5. Policy is in place to inform how safety plans are utilised in crisis with regular review 3.6. Assessment and support environments are safe and welcoming, with staff applying psycholgically informed approaches regardless of whether ACEs are known 3.7. Work environments for staff are safe and welcoming	**Organisational Culture:** • Are efforts made to align policies, procedures, practices and systems to ensure the well-being of all stakeholders? • Are leaders aware of their own vulnerabilities and challenges? Do they use power to advance the organisations/service/team's mission or their own personal agenda • Do organisational leaders make efforts to build trusting relationships with staff by supporting staff's best efforts, helping them acquire new skills and competencies, being honest and direct, and cultivating a sense of mission and community? **A safe and innovative culture:** • Is the focus of safety inclusive of physical, psychological, social and moral safety? i.e. do people feel safe to make mistakes? Say what's on their mind? Be who they are? To trust others? • Is it safe to take reasonable risks? • Is innovation abundant? • Is change viewed as an opportunity or threat?	**Collaboration:** acting in collaboration with any other person (or different parts of the body itself) that could help the body meet its well-being objectives: Starting from what people can do, not what they can't and involving them in decision making as an equal partner Always learning, positively challenging and aiming to improve People can access the service they need, when they need it and only for as long as they need it.

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4. Staff Support and Training	4.1. Senior leaders consider the service provision required for people who have experienced ACEs or who find accessing services difficult or problematic. 4.2. Leadership allows for the resourcing of implementing psychologically informed services (to include recruitment). 4.3. All staff (at all levels) receive basic awareness training of ACEs that furthers understanding of ACEs and trauma related issues – and how this may impact on people's engagement and relationship with services. 4.4. Training includes the development of collaborative working with people who have experienced ACES and trauma. 4.5. Training includes awareness of trauma-specific and specialised services locally. 4.6. More advanced PIE training is provided for relevant staff. 4.7. All staff who are working with people who have experienced trauma receive structured strength-based supervision from someone who is trained in understanding trauma to include: impact on well-being and stress responses; self-care; safety. 4.8. Staff have access to forums that include opportunities for sharing of trauma related practice knowledge and skills (a community of practice) 4.9. Opportunities for peer support and consultation are regularly provided. 4.10. The organisation/service/team regularly evaluates and gets input from staff in relation to safety and the wellbeing of staff. 4.11. The organisation/service/team provides appropriate support for staff who have experienced vicarious trauma.	**Culture:** Do leaders in the organisation consistently model emotional intelligence/self-awareness and encourage healthy expression of emotions? **Reflective Practice and Culture:** • Does your organisations/ service/team accept that distressing emotions can be inevitable and therefore it creates the space and time to talk about and recover from the challenges of the work? • Does your organisation/ team/service recognise that stress and unmanaged conflict can easily dominate a work environment unless there are adequate conflict management resources (that are ACE and trauma informed). • How intrinsic is reflective practice in the fabric of your organisation? • Is it recognised as a key tool for effective working and achieving the organisations outcomes?	**Long term:** the importance of balancing short-term needs with the need to safeguard the ability to also meet long term needs. **Prevention:** how acting to prevent problems occurring or getting worse may help public bodies meet their objectives. **Involvement:** the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. Always learning, positively challenging and aiming to improve. Starting from what people can do, not what they can't and involving them in decision making as an equal partner.

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5. Relationships: PI organisations recognise relationships as a key tool for wellbeing, support and change	5.1. Asset based, creative working is core business. 5.2. Communication flows throughout the organisation/service/team and information exchange is abundant 5.3. Leaders model good communication skills and encourage efforts to embed good communication practices in the structure of the organisation 5.4. The organisation/service/team creates opportunities for people to talk to each other, resolve conflicts, share ideas, solve problems and set goals 5.5. Information is shared in a timely and useful way 5.6. Initial contact with all people who use services is respectful, welcoming and engaging 5.7. People who receive services are supported through transition between services (as far as possible)	**How relational approaches are understood:** • Are relationships recognised as a principal tool in service delivery and effectiveness? • Are staff always curious about what behaviour is communicating? (colleague or service user) • Is 'non-engagement' understood as communication? • How is this reflected and acted upon? • How is 'challenging' engagement understood, reflected on and acted upon? **Flow of Information:** • Does information sharing occur up, down, and sideways within and without the organisation? • Are people able to seek answers when they are confused or unclear by a communication? • Are boundaries used as an excuse for not sharing information or communicating? **Whole system approach:** • Is there an awareness of the organisation/service/team as a living system? • And that this is dependent on the maintenance of feedback loops?	**Collaboration:** acting in collaboration with any other person (or different parts of the body itself) that could help the body meet its well-being objectives: • Starting from what people can do, not what they can't and involving them in decision making as an equal partner • Always learning, positively challenging and aiming to improve • People can access the service they need, when they need it and only for as long as they need it. **Integration:** considering how public bodies' well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies. **Long term:** the importance of balancing short-term needs with the need to safeguard the ability to also meet long term needs. **Prevention:** how acting to prevent problems occurring or getting worse may help public bodies meet their objectives.