Implementing Psychologically Informed Environments and Trauma Informed Care

Leadership Perspectives

Edited by Peter Cockersell and Sione Marshall

ROUTLEDGE

Implementing Psychologically Informed Environments and Trauma Informed Care

This book gathers together the experiences of leaders across sectors, organisations and client groups to help readers introduce, develop, and maintain psychologically informed environments (PIEs) and trauma informed care (TIC) within their workspaces.

Featuring the voices of providers, commissioners, consultants, and trainers from the NHS, local authorities, and the voluntary sector, this unique text includes chapters on implementing PIE across a range of overlapping fields, including young people's, homelessness, mental health, and women's services. Each chapter describes the contributors' experiences of which factors and processes enable or disable successful implementation of PIE/TIC; the unique challenges of leadership within this process; and how to understand the different dynamics at play in an organisation that determine effectiveness. With an emphasis on practical examples underpinned by theory, and recommendations drawn from the emergent themes, the book acts as an invitation for leaders to explore how they can influence the growth and evolving shape of PIE and trauma informed approaches across health and social care and support settings, and beyond.

This book will be an invaluable resource for aspiring and new, as well as experienced, leaders who are interested in implementing and enabling PIE and TIC in their organisations.

Dr Peter Cockersell is a Psychoanalytic Psychotherapist and CEO of Community Housing and Therapy (CHT). He is a founding member of the Faculty of Homeless and Inclusion Health, and a co-author of the UK national guidance on psychologically informed environments (PIEs). He has published widely on homelessness, mental health, intercultural therapy, and related issues.

Dr Sione Marshall is an Independent Clinical Psychologist and organisational consultant who has worked across NHS, third sector and private settings for the past 30 years. Her current portfolio includes work with Pathway: Healthcare for homeless people and Canterbury Rough Sleeping Initiative.

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Routledge
Taylor & Francis Group
LONDON AND NEW YORK

Designed cover image: Human face line drawing background, abstract pattern illustration | Rawpixel ID: 8938359

First published 2025
by Routledge
4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
605 Third Avenue, New York, NY 10158

Routledge is an imprint of the Taylor & Francis Group, an informa business

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British Library Cataloguing-in-Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-032-54079-5 (hbk)
ISBN: 978-1-032-54078-8 (pbk)
ISBN: 978-1-003-41505-3 (ebk)

DOI: 10.4324/9781003415053

Typeset in Times New Roman
by KnowledgeWorks Global Ltd.

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Contributors

Victoria Aseervatham has worked in homelessness for 25 years for voluntary and statutory organisations in London. Starting with five years in frontline services she moved into service development, system change, and commissioning roles. She now works as a Project Manager at Westminster City Council.

Natasha Berthollier is a Consultant Counselling Psychologist who has worked in the NHS for over 20 years. Natasha has set up and run numerous psychological therapies programmes, whilst developing innovative ways of embedding co-production and asset-based relational approaches. She is a senior lead for co-production and inclusion.

Iain Boag has worked in the field of complex trauma, problematic substance use, and residential care for 20 years and is Head of Care at St Martins, a homeless charity in Norwich. He is the author of *Psychologically Informed Environment Principles in Adult Residential Care* (2020), a book exploring the impact of living in care on people who have a history of trauma using the psychologically informed environment (PIE) framework.

Dr Jennifer Cirone is currently Director of Services at Solace Women's Aid, a large provider of services in the violence against women and girls' sector in London, UK. Experience includes working with women who are furthest from support, homelessness, and prior careers in law and neuroscience.

Dr Peter Cockersell is a Psychoanalytic Psychotherapist and CEO of CHT. He has over 30 years of experience working in the voluntary sector in homelessness, substance use, health, and mental health and over 20 years as a Psychotherapist in the NHS, private and third sectors. He is a founding member of the Faculty of Homeless and Inclusion Health, and a co-author of the UK national guidance on PIEs. He has published widely on homelessness, mental health, intercultural therapy and related issues, including editing a book (*Social Exclusion, Compound Trauma and Recovery,* 2018) on psychological approaches to working with homeless people.

Dr Andreas Constandinos is a UKCP-registered Psychoanalytic Psychotherapist having trained at the Philadelphia Association. In addition to working in private

practice, Andreas is also the Co-Chair of the Philadelphia Association. Since 2020, Andreas has been employed by Community Housing and Therapy (CHT) where he works as Head of Psychotherapy.

Ali Curran is a PIE trainer and facilitator based in Dublin. As an organisational consultant her work with teams and wider systems is focused on using process, reflective practice, and Balint group methodologies. Her research interests are in the impact of group and individual psychological supports on workplace well-being.

Geoff Dennis is a Psychotherapist and retired Head of Slough NHS & Local Authority Adult Mental Health Services. Geoff has decades of experience developing services in the statutory/voluntary sector based on co-production and has a private practice/consultancy. He has been implementing innovative creative ideas through conception, design, and commissioning of services.

Dr Rex Haigh is a retired NHS consultant in medical psychotherapy who has been involved in democratic therapeutic communities since being a medical student. His path has included greencare, co-production, advisory work with the Department of Health and Royal College of Psychiatrists on ‘personality disorder’, ‘enabling environments’, and promoting a ‘relational practice manifesto’.

Anthony Jones has worked in CHT’s therapeutic communities for over 10 years. Starting as a student social worker in 2012, he was a service manager during the organisation’s transition to PIE and joined the Senior Management Team in 2020. Anthony is now CHT’s Head of Social Work. He is a Systemic Practitioner with interests including links between mental health, politics and the environment, evidence based practice and the role of group and community work across differences in race, class and gender.

Jalil Kane currently is Chief Operating Officer for Community Housing and Therapy, a leading provider of PIEs for adults with severe and enduring difficulties with their mental health. He has a background in Therapeutic Communities, Psychology, and Neuroscience. He has a particular interest in discovering intersections between psychoanalysis and neuroscience, compassionate leadership, philosophy, and in how a person’s milieu interacts with their inner world. Jalil is a member of the International Neuropsychoanalysis Society, a Psychoanalytic Psychotherapist in training with the Philadelphia Association and a member and former trustee of the UK branch of the International Society for Psychological and Social Approaches to Psychosis, and regularly presents at conferences for the Therapeutic Consortium for Therapeutic Communities.

Helen Keats MBE was the National Rough Sleeping Coordinator for England, working firstly with the Rough Sleepers Unit and then with the Homeless Directorate in Department of Communities and Local Government (DCLG). She edited the 2010 and 2012 papers offering non-statutory guidance on understanding the needs of chronically homeless people with complex trauma.

Dr Sione Marshall is an Independent Clinical Psychologist and organisational consultant who has worked across NHS, third sector and private settings for the past 30 years. She is especially interested in the unconscious processes that can enable as well as inhibit the effective application of psychologically informed approaches and environments across organisations. Her current portfolio includes work with Pathway: Healthcare for homeless people and Canterbury Rough Sleeping Initiative.

Dr Helen Miles is a Consultant Clinical & Forensic Psychologist and has been Head of Psychologically Informed Environments (PIEs) at the National Youth Homeless Charity: Centrepoint since 2019. Prior to that she had over 20 years of experience of working in the UK National Health Service and Criminal Justice Services.

Iwona Munia MA studied Special Education and Clinical Psychology in Warsaw, Poland. She moved to the UK in 2005 and worked with vulnerable adults and children in variety of settings including secure units, day centres, and schools. She has worked with CHT since 2011 and is now a Head of Services. She is interested in group work and group dynamics and is currently completing a Diploma in Groupwork Practice.

Joanna Prestidge started working in frontline service delivery in 2006 and has worked in a range of settings including mental health, substance misuse, and homelessness services. Since 2015 she has worked nationally to develop and promote improved practices in homelessness. This includes introducing trauma informed care and supporting the development of Housing First.

Claire Ritchie has a track record of creative and innovative practice, thriving on the complexity and challenges of transforming organisations and improving systems. The first commissioner to embed clinical psychologists in a homeless hostel team, and author of the PIE Toolkit, commissioned by Westminster City Council, her passion is understanding how trauma informed practice, strength-based approaches and psychologically informed environments impact on the behaviour of staff, and outcomes for clients. She currently leads on a system transformation project for North Somerset Council as part of a wider trauma informed systems change programme across Bristol, North Somerset and South Gloucestershire Integrated Care Board.

Dr Amanda Skeate is an HPCP registered Consultant Clinical Psychologist with Birmingham Women's & Children's NHS Foundation Trust. She has worked with St Basils' on the PIEs programmes since 2011. Working in the NHS for 27 years, Amanda has specialised in youth mental health, early intervention and prevention, trauma, and complex needs.

Jean Templeton has been Chief Executive of St Basils' since 2000 and before that worked in public sector housing. St Basils' is a registered Housing Association and Charity providing a range of accommodation and support for young people aged 16–25 who are homeless or at risk in Birmingham and West Midlands.

Foreword

Helen Keats MBE

I was seconded to the Rough Sleepers Unit (RSU) from Portsmouth County Council Housing Service in 2000, two years after the Unit had been set up following the Social Exclusion Unit (SEU) report 'Coming in from the Cold' (SEU, 2001).

The successful good practice developed through the RSU included assertive outreach, reconnections, tenancy sustainment teams, capital funding for hostels, development of rolling shelters for hot spot areas, night centres, development of CHAIN, an information-sharing database to help track people through the hostel system nationally, and Home Office funding to provide swift access for rough sleepers to detox and rehab with accommodation available once completed. Led by Louise Casey and with Cabinet level support and scrutiny, the Unit achieved its task of reducing rough sleeping in England by two-thirds by 2002, through a combination of funding, support, and advice to frontline homelessness staff.

Despite the success of the RSU and the many aspects of good practice it encouraged, it was becoming clear that there were a group of people for whom none of these interventions worked and who could be described as entrenched or chronically homeless. Any accommodation they could access was generally short term. They tended to move between rough sleeping, night shelters, custody and squats – and sometimes the criminal justice system, drug and alcohol treatment services and/or psychiatric hospitals – with no successful outcomes and at huge cost to statutory services and to themselves.

While at the RSU, I became aware of the work developed on 'Enabling Environments' by Robin Johnson and Dr Rex Haigh (Johnson and Haigh, 2010) for the Royal College of Psychiatrists, based on Robin's background in the therapeutic approach as a social worker in community mental health and Rex's as a psychiatrist in therapeutic communities (Haigh, 2013). I began to work with Dr Nick Maguire, a Psychologist from Southampton University with a special interest in homelessness, to explore what this approach might mean for long-term, or so-called 'entrenched', rough sleepers.

This group typically describes a set of adverse experiences, often in early childhood, which underpins emotional, cognitive, and behavioural patterns in adulthood. These patterns can cause and perpetuate homelessness and lead to further mental health problems and drug and alcohol misuse, all of which present

challenges to service providers. Dr Maguire led a review of the literature on the link between trauma and homelessness in 2009 (Maguire et al, 2009). It was clear that compound trauma (Cockersell, 2018) lay behind chronic homelessness and determined many of what were seen as the characteristic behaviours of the chronically homeless.

Nick and I began to work out how such a psychologically based approach might help clients and housing staff recognise and address the issues which often led to exclusion and eviction. CLG funded a pilot CBT/housing scheme in Derby Rd, Southampton for excluded rough sleepers, the outcomes of which, both positive and negative, eventually informed the May 2010 non-statutory guidance Meeting the Emotional and Psychological Needs of Homeless People, published by the National Mental Health Development Unit and DCLG (Keats et al, 2010).

Following this, alongside Robin and Nick, I brought in Peter Cockersell, a Psychoanalytic Psychotherapist and then Director of Health and Recovery at St Mungo's, which was one of Britain's leading homelessness agencies; Peter had been implementing psychotherapy services and residential services with psychotherapists embedded in the staff team, for rough sleepers and other homeless people in St Mungo's since a pilot funded by the SEU in 2007. This group together developed the Good Practice Guide on Psychologically Informed Services for Homeless People (Keats et al, 2012), often known as 'the PIE Guidance'. This set out the five basic principles of PIE – psychological framework, physical environment and social spaces, staff training and support, managing relationships, and evaluation. The guidance also offered case studies from services that were beginning to adopt or implement the PIE approach, including St Basils' (see Chapter 4 in this book) and others such as Two Saints HA, Brighter Futures, Bristol Well-being Service, St Mungos and the then embryonic Stamford St 'Complex Needs Unit' hostel developed by LB Lambeth, Thames Reach and the South London and Maudsley NHS Trust which became something of a PIE flagship (Williamson, 2018).

While it was encouraging that such a diverse range of PIE-influenced homelessness services were being developed, joining psychologically informed services in mental health through Enabling Environments and in criminal justice services through Psychologically Informed Planned Environments (PIPEs: cf Turley et al, 2013), it became clear that senior management teams and board members were often less invested than their front line staff, who could see the benefits both for clients and for themselves in addressing underlying issues leading to repeat exclusion and homelessness. There was a danger of the PIE approach being seen as an add-on to a service, rather than being a central element of them and of an organisation's core values.

I would like to say it very bluntly: the PIE approach won't work effectively, or as effectively as it can, unless it becomes an integral part of the way organisations work with people who are chronically homeless or excluded, or who have mental health problems, or drug and alcohol problems, or any other of the range of complex needs that arise from histories of trauma. It is central to that work. In order

to make tackling distress and disadvantage amongst their clients as effective as possible, Senior Management Teams and Trustees/Board members should receive training in the PIE approach so that it can be embedded in the organisation's approach to everything they do.

As a current and previous Board member for a range of organisations I can attest to the difficulties frontline staff have sustaining a psychologically aware approach without corporate support. If the top part of the organisation is looking one way, and the client-facing part is looking another, the organisation will end up at best falling over itself and at worst fighting itself!

Experience shows that having organisational leadership support and encouragement to understand the emotional and psychological needs of people who use their services and of those who deliver them improves outcomes both for clients and for staff. It makes for a better run organisation which can deliver psychologically and trauma informed services more efficiently and more effectively.

We are currently seeing a significant rise in homelessness, both statutory and non-statutory, and a major increase in mental health problems, alongside big reductions in public sector funding and the capacity of public sector and charitable organisations to respond. In times like this it is even more important that PIE is integrated into the values of organisations delivering these crucial services to those most in need in our society and that middle and senior managers and Boards fully embrace the approach.

We need to create the best outcomes possible for people who may well have been let down by services in the past and PIE has been demonstrated in a very wide range of sectors to be an effective way of organising trauma informed care and support and of informing beneficial and effective leadership of those organisations. There are many ways to deliver PIE: the guidance is actually a set of principles and values, a framework for enabling organisations to effectively support staff to deliver trauma informed and person-centred care.

This book has a wide range of examples from leaders in different fields of how that can be achieved. I commend it to all senior managers and Board members trying to support their organisations in the development of psychologically informed and trauma informed services.

Helen Keats,
Isle of Wight, February 2024

Helen Keats, MBE
Former National Rough Sleeping Adviser DCLG

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Part I

Introduction

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Chapter 1

Psychologically Informed Environments and Services from an Organisational and Leadership Perspective

Sione Marshall

Introduction

Psychologically informed environments (PIE) and trauma informed approaches seek to understand why as humans working in health and social care services, we behave, think and feel the way we do, within the context of the fundamental drivers for any change: our relationships. Key principles (Keats et al., 2012) enable this understanding and aim to guide the development and design of inclusive services for those who are often excluded due to the psychological and social consequences of compound trauma (Cockersell, 2018a; Johnson, 2017; Maguire et al., 2009), thereby enabling them to make positive changes to their lives through the reparative quality of positive relationships.

There is a growing practice-based literature demonstrating the effectiveness of PIEs in delivering trauma informed care (TIC) (Cockersell, 2016; National Lottery Community Fund 2020; Revolving Doors Agency, 2019; Williamson, 2018; Cockersell, 2018b). So, what is it that enables organisations to create PIEs that thrive and achieve longevity and what are the challenges that prevent this process? Which factors either enable or disable leaders' and organisations' ability to introduce and embed effective trauma informed PIEs? To reach beneath the surface of what is seen in the here and now and begin to understand the conscious and often unconscious processes that inform the experience of leaders and organisations, this chapter will consider common themes in relation to the key principles of PIE within the context of organisational change.

This exploration is designed as an introduction and invitation to begin to think about how leaders and organisations affect the shape and journey of PIEs. Informing this invitation are two ideas. Firstly, that relationships drive change for all of us: they are as central to successful and sustainable change in health and social care services as they are in life. Secondly, using the key areas of PIE as guiding principles for leadership approach and organisational development can drive the use of psychologically and trauma informed approaches and thereby support the creation and delivery of effective PIEs and TIC.

DOI: 10.4324/9781003415053-2

The Context

The development of a PIE doesn't happen in isolation: it occurs within the context of an existing organisation, which sits within the societal norms and values of the wider system. The introduction of a PIE represents change for an organisation. This can vary depending on the degree to which existing policy and practices are informed by psychological approaches and ways of working. At minimum, it might mean a review of existing practices, and at most, it could represent a significant shift in the way services are run and in an organisation's culture.

The Nature of Change

Change is about a future not yet conceived: moving towards it can require working with limited knowledge and control (Krantz and Trainor, 2019). Our response to inhabiting these liminal spaces as individuals and systems is often characterised by anxiety and can be understood as a defence against the ambiguity, ambivalence and uncertainty they represent (Kupers, 2011). A sense of loss and a grieving for what has once been often sits alongside a palpable sense of foreboding about what the future might hold (Grace, 2016). When introducing a PIE, organisations will, to varying extents, lose one way of being and sit within a liminal space before arriving at another way of being. Part of a leader's and organisation's ability to hold and contain therefore lies in the capacity to sit with and tolerate this ambiguity and uncertainty, to manage anxieties and, in doing so, to model this to other parts of the system. This in turn relies on the ability to reflect on experience before acting (Krantz and Trainor, 2019), to sit with uncomfortable exchanges rather than rush to know the answer or find a solution.

Negative Capability

In this sense, leaders' and organisations' 'negative capability' – the ability to hold and contain these anxieties (Bion, 1961) and to tolerate the discomfort of not knowing (Harris Williams, 2010; Krantz and Trainor, 2019) – informs the extent to which positive change can be realised within the context of developing a PIE, just as it is when working with clients who are moving away from past and present experience and towards a new way of being. This is arguably more of a challenge now as our organisational experience is increasingly characterised by unstable institutions and organisational relationships (Cooper and Dartington, 2004; Cooper and Lees, 2015). If you can't be sure what your organisation will be doing in a year's time or what its structure will be, it's difficult to experience your organisation as one that can hold and contain your anxiety (Stokes, 2019). In this sense, the short-term funding patterns often characterising commissioning of PIE or TIC can potentially hamper the capability of an organisation, whether leadership or staff, to contain anxiety, the co-traveller of change (and trauma).

So, how can leaders enable the organisation in holding and containing the anxiety that might relate to introducing PIE or TIC?

Planned Organisational Change

In thinking about effective change as planned organisational development, Neumann (1997) argues that throughout all stages, understanding and inquiry involving all members of a given social system are crucial. The process needs to support participative solutions so that people can work with uncertainty (Falcone, 2020) and it starts before any intervention, even before identifying what needs to change. It starts in thinking about existing practices, in the context of the existing culture, how the system currently thinks, feels, behaves in response to the primary task, the task that the organisation needs to perform if it is to survive (Miller and Rice, 1967) and its willingness to change (Cockersell, 2018b). Just as for client work, models of change such as Prochaska and DiClemente's (1982) can help leaders assess where any part of an organisation is in the cycle of change, thereby enabling them to model what is needed and where for the development of a PIE.

However, this pre-intervention assessment can feel like slow work and will often mean sitting with uncomfortable material and having difficult conversations (as PIE or TIC work does for frontline staff). What might this look and sound like for leaders in practice?

Defending against Anxiety

Despite the intention to create more psychologically and trauma informed services, policies are often designed to meet the needs of the system rather than the people they serve (Boag, 2020). Effective assessment of the existing culture therefore needs to think about how these policies might fit with a PIE and whether there is a willingness to change these in all parts of the system. Considering the function of these policies is a fundamental aspect of this work. PIEs seek to promote change through the development of positive relationships, thereby enabling secure attachments. Using this relational lens, policies that meet the needs of the organisation rather than the service user don't seem to make sense. However, in considering how these might serve the wider system, they make more sense.

In other words, we can understand these organisations as existing within a culture sustained by virtue of society's defence against the anxiety it experiences in response to certain populations such as those whose experience of compound trauma leads to their exclusion from mainstream services. This societal anxiety is passed on through the organisation to the specialist services tasked with serving these populations so that they become conduits for the anxiety evoked in the wider system. To manage this anxiety, organisations housing these services often develop structures and cultures that defend against this, but in doing so, focus on meeting the needs of the organisation rather than those it serves (Long, 2019; Obholzer and Roberts, 2019; Rizq, 2012). Scarce resources can often be a justification for these

practices, but, in reality, they can be anti-supportive to staff (Menzies Lyth, 1960; 1979) leaving both staff and clients disabled (Scanlon and Adlam, 2019). These processes disable the organisation's effective execution of its primary task, an ability which is compromised as the system fails to consider the emotional response to the work and fails to support staff in achieving the primary task, the organisation's 'mission' of delivering PIE or TIC (Miller and Rice, 1967; see also Cockersell in the following chapter). Chapter 9 in this book also considers how this process can lead to organisations becoming both traumatised and traumatising.

Layers of Change

Working with the emotional response to the work, as required by PIE or TIC, means moving towards a more relational way of working which may, for some organisations, represent a significant cultural change in terms of the values, beliefs and assumptions of the organisation. This cultural change can be understood as fundamental in either enabling or disabling the longevity of effective PIEs and TIC (Fallot and Harris, 2009) as without it both technical (policies and practices) and behavioural (people's response to the technical) layers of organisational change are likely to revert to original ways of being (Clark, 2020). Without adopting a relational approach throughout, policy and related practices may not change and despite the intention to create a more psychologically informed service will continue, as outlined above, to be designed to meet the needs of the system rather than the people it serves. In operationalising these changes, a shared understanding of what being psychologically informed might look and sound like when working with different individuals in frontline services, in the management of these services, in the senior management team and in the board room is therefore also needed.

A Shared Understanding

So in effectively developing a PIE, all layers of the organisation from senior management to frontline staff need to have a shared understanding of how and why current culture, practices and behaviours exist. The organisation, as a whole, needs to foster a shared willingness and commitment to change and understanding of why it is introducing this change before beginning to think about how it's going to do it. This assessment and pre-intervention work, based on communication and the effective development and management of relationships, not only informs but can model smoother, progressive work later in the cycle of change, just as it does when working with clients in frontline services (Conolly, 2017).

The preparatory work for the conception and introduction of PIE or TIC can therefore be understood as a way of containing and holding the organisation through a process of change. In this way, it informs the extent to which a PIE is successfully introduced and embedded within a system and models psychologically and trauma informed leadership. For example, if staff see and hear senior management working in a psychologically informed way, placing the importance

of relationships at the centre of their work, they are more likely to apply these ways of working and thereby develop a more PIE approach themselves. Equally, the development of any PIE is reliant on the extent to which this is collectively supported. Effective leaders act as change agents (Senior and Fleming, 2006) so any fractures in shared commitment caused by changes in leadership or difference in leaders' views can rupture relationships and in turn hamper its growth.

Managing Relationships

As humans, we are relational beings. We all grow and develop within the context of relationships and are shaped by the extent to which they hold and contain us (Winnicott, 1960). Throughout our lives, our physical and emotional well-being is dependent on the relationships, the type of attachments, we have with others (Holt-Lunstad, 2021; Mate, 2019; Siegel, 2020; Van der Kolk, 2014). We therefore make sense of the world through our relationships. Those relationships sit in the context of our individual life experience starting in our mothers' wombs, as well as the different systems we are both included within and excluded from along the way. So, thinking systemically, an organisation's well-being as a whole is dependent on the quality of relationships within it. In this way, the relationships between service users, frontline staff, service managers, senior managers and board members inform both the well-being of those individuals and of the system as a whole. Sitting alongside this knowledge, an expansive body of leadership literature offers up many different perspectives on what makes an effective leader but limited evidence about which approach is most effective: it does however agree, regardless of approach, that effective leadership involves relationships (Monaghan and Thorley, 2022).

Managing relationships is at the heart of what makes a PIE distinct from other approaches. In this sense, relationships are seen as the fundamental driver for change, with every interaction between staff and clients being an opportunity for learning (Keats et al., 2012), for developing and managing repair, and they are, or should be, prioritised above the organisational pressures of the economic system. So, what might enable or disable leaders and organisations in managing relationships?

Moving from 'Us and Them' to 'We'

To learn about how and why those we work with think, feel and behave, we also need to understand why we as individuals, groups and organisations in health and social care services, think, feel and behave the way we do. In other words, working relationally is about shifting from an 'us and them' to a 'we' perspective; to knowing that as humans we all need the same things to have healthy relationships and lives. Working relationally means proactively attending to what we each bring to relationships and what these engender in us, in seeking to understand our experience of those we work with, whether that be our colleagues, clients, other services or organisations: for example, being able to notice how past familial experiences

inform the way we relate to others, whether that be in the board room (Schumacker and Cheak, 2022; Urnova, 2018), in a management team (Whittle and Izod, 2014) or with a client. Similarly, being able to ask and notice how our behaviour is perceived by others can enable learning that fosters relational practice and in turn promotes psychologically safe spaces (Clark, 2020).

In applying this understanding and awareness to policies and procedures, leaders can promote relational practice across all parts of organisational life, but also model a position of 'we' that acts to include rather than exclude and which develops responsibility and autonomy in others, just as frontline staff aim to foster responsibility and autonomy in their clients. This interdependent, inclusive, 'doing with' approach in turn enables client participation and co-production across service development, design and evaluation and invites a shared approach towards individual and collective well-being. It challenges the notion that an organisation can only have a few leaders (Zenger and Folkman, 2020) and enables organisations to reach a new understanding of the boundaries between power and authority in relation to organisational roles (Green and Molenkamp, 2005; Izod, 2014). In other words, if those without the word "manager" or "director" in their job title are given the appropriate power and authority, they can be empowered to lead within their roles. An example of this might be staff members who develop a particular expertise in an aspect of PIE and can act as a 'go-to' person within the organisation and wider community (Cockersell, 2018b) or an individual who has 'stepped up' to 'lead' on a particular project or task (Miles, 2020).

So what does this approach mean for the notion of leadership within a PIE? It leans towards a less hierarchical view of leadership, recognising that all individuals and parts of the system come with something to offer in working towards change. Using attachment theory to understand organisational change, Braun (2011) argues that organisations who can involve staff in strategic planning are more likely to enable secure attachments to the organisation's future and therefore to its present work and systems.

Communication: Curiosity, Connection and Creativity

Working relationally relies on benign enquiry (Stokoe, 2021), our ability to notice ourselves and others in our communications. In turn, noticing allows curiosity and a curious stance enables us to notice more. Curiosity can be defined as the desire to know and learn within the context of not consciously making assumptions. In other words, it's difficult to be simultaneously curious and make assumptions. In this sense curiosity is crucial to developing person-centred services and organisations that are relationally driven: it enables us, whatever our role, to engage, connect with the other, whether that be a client, a colleague, another team, another service or another organisation – it allows the possibility of change through dialogue (Monaghan and Thorley, 2022). In turn, it can help us to better attend to difference, whether that be of culture, race, religion, age, sex and gender, sexual orientation or ability (Marshall et al., 2022; Sweeney and Bothwick, 2016), or check our