A Guide to PIE Research

Creating a psychologically informed environment for research with women experiencing homelessness

Marylebone Project

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How to read this guide

This guide was created by service users (“experts by experience”) at the Marylebone Project with lived experience of homelessness, in collaboration with staff at the Marylebone Project, the Institute of Global Health Innovation, and Central London Healthcare.

Advice and guidance from the experts by experience are shared in Canva Sans font.

Case studies and reflections from staff are shared in Georgia font.

About the authors

The Marylebone Project

The Marylebone Project, based in Central London, provides a life-changing service for women to overcome homelessness. With over 90 years of experience and 112 residential beds, we provide shelter, hope, safety, and support to women who would otherwise have to remain on the streets or in situations detrimental to their well-being. Our all-encompassing service provision offers a safe, supportive, environment for women to rebuild trust, learn to re-engage with society, and start to rebuild their lives.

The Institute of Global Health Innovation

The Institute of Global Health Innovation is one of Imperial College London’s global challenge institute. We unite people, disciplines, and ideas to solve some of the biggest healthcare challenges of today. By building evidence and solutions, we are helping more people across the globe to experience good health and wellbeing and better, safer care.

Central London Healthcare

Central London Healthcare is a Community Interest Company owned and run by local primary care clinicians as a not-for-profit company to improve health and wellbeing in Westminster. We support 27 General Practices in the delivery of best-in-class care for local residents. Our primary focus is on training and research that supports our members and the patients they support.

Introduction

Women experiencing homelessness have shorter life expectancies, poorer physical and mental health, and worse access to healthcare than the general population. Additionally, many women experiencing homelessness are survivors of sexual violence and abuse.

More research is needed to provide trauma-informed support for this underserved group. However, research often fails to create safe environments for these individuals to authentically share their experiences, and this can lead to harm and re-traumatisation.

Staff at the Marylebone Project saw firsthand the negative impact that research had had on their service users and suggested that researchers could benefit from approaching projects through the lens of the psychologically informed environments (PIE) framework.

The PIE framework was developed to help organisations design and deliver services that meet the psychological needs of service users and staff. The framework is increasingly being adopted across the homelessness sector and focuses on five key areas:

- Developing a psychological framework
- The physical environment and social spaces
- Managing relationships
- Staff training and support
- Evaluation of outcomes

This guide shares learnings from our work with experts by experience at the Marylebone Project to create a 'PIE for research' which empowers women experiencing homelessness to safely and authentically share their views and experiences through research.

The guide offers practical advice from the experts by experience on how to make research more psychologically informed in each of the five areas listed above. This advice is accompanied by real-world examples of how the PIE approach was embedded into the SHE HEALS study, which used arts-based methods to explore what holistic, trauma-informed healthcare looks like for women experiencing homelessness.

The PIE framework is not prescriptive, and we do not expect that the PIE for research described within this guide would work for all research projects or population groups. Instead, we hope to offer inspiration for how the PIE framework can be adapted for use within research and to encourage and support others to build PIEs within their own work.

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Psychological framework

Women experiencing homelessness have often experienced multiple forms of trauma.

Accessing healthcare and participating in research can create reminders of past trauma when:

- Being labelled homeless completely changes how people interact with us
- Other things like our accent, our gender, or our age impact how people treat us
- We're treated like a number, rather than a person
- We have to retell our story over and over again
- We aren't believed about our bodies and our experiences
- We're expected to perform our pain for others
- Decisions are made about us without us present

To help avoid re-traumatisation, we recommend researchers embed a **trauma-informed approach** into the design and delivery of their research.

Our trauma-informed approach focuses on:

Safety

Trustworthiness

Choice

Collaboration

Empowerment

In this guide, we share ideas for how to build these principles into the design and delivery of research.

Case study: The Supporting Health Equity through Holistic Empowerment, Art, and Lived experience Study (SHE HEALS)

Throughout this guide, we will present the SHE HEALS project as a case study for using PIE approaches within research and will share tangible examples of how we embedded trauma-informed principles into our study design and ways of working.

Co-produced with the experts by experience, the SHE HEALS study aimed to explore what holistic, trauma-informed healthcare looks like for women at risk of or experiencing homelessness.

To design the project, we held a series of workshops with the experts by experience to develop the research question, choose the research methodology, and make decisions around recruitment and safeguarding within the study design. We started these workshops with a blank slate, rather than making decisions about the study design beforehand. This meant the experts by experience were empowered to shape the research themselves and allowed us to fully implement their ideas.

We discussed several options for the research methodology, including in-depth interviews, focus groups, and arts-based methods. This led to useful insights around which methods felt most trauma-informed. For example, the experts by experience said they would feel safer being interviewed by a researcher than by a peer because they may already have an existing relationship with the peer through previous interactions at the Marylebone Project, and they may not feel comfortable sharing personal experiences with that individual. Additionally, there were concerns around confidentiality and the ability to keep information shared within interviews separate from everyday conversations.

The experts by experience also shared concerns around interviews which were audio recorded and then analysed by the researcher after the fact. The experts by experience felt this approach took agency away from participants to control their narrative. Additionally, they noted that while researchers have access to these recordings, participants generally do not. They worried that participants may worry about what they had said following the interview, and would have no way to check or change this, leading to them ruminating on the experience.

For the SHE HEALS study, we decided to use a mix of arts-based methods, interviews, and group discussions. In stage 1, participants took photographs and videos to represent their past experiences of healthcare. Participants had two weeks to do this, so they could complete the activity on a day when they felt in the right headspace to do so.

In stage 2, participants created drawings and collages to represent their future hopes for healthcare. The experts by experience felt that this arts-based approach provided a safe way for women to begin reflecting on experiences that can be difficult to put into words.

In each stage, participants sat down with a researcher to discuss what their art meant to them. Conversations were not audio recorded. Instead, the researcher took handwritten notes and read the answers back to the participant after each question. This gave the participant a chance to clarify or change their response during the conversation.

Following the conversation, participants were given an additional week to review the notes and make edits as needed. Then, the researcher used the notes to create a caption for each art piece. These captions were reviewed and approved by the participant before being shared further.

At the end of each stage, the art and captions were shared in a closed gallery session at the Marylebone Project, where other service users and staff were invited to view the gallery and take part in a group discussion about the exhibition. The experts by experience told us that speaking with peers can help you to feel less alone, so these gallery sessions were designed as opportunities for participants to connect through shared experiences.

These sessions also offered individuals a way to engage with the study and its findings without having to share their personal experiences. This helped to build trust in research, and some women decided to take part in stage 2 of the research after attending the gallery session in stage 1.

Environment

Research activities should take place in environments that feel warm, relaxed, and familiar.

Try to avoid meeting in hospitals as they can be difficult to navigate and may bring up reminders of past medical trauma.

We recommend meeting in spaces with:

- **Windows and bright walls** (it shouldn't feel like an interrogation)
- **Comfortable seating** (without making it feel like therapy)
- **A box of tissues on the side** (to let us know showing emotion is okay)
- **Tea or coffee** (it can be comforting to hold something while talking, and sips allow for moments of silence)
- **No barriers between the people talking** (for example, no table or laptop between us)

Give flexibility around:

- **Where people sit in the room** (some feel safer if they can see the door)
- **Whether the door is open or closed** (some prefer open for safety, others prefer closed for privacy)
- **Whether the lights are on or off** (some are sensitive to bright lights)
- **Whether the activity takes place indoors or outdoors** (being outside can feel more relaxed, but may not offer enough privacy)
- **Whether the activity takes place while walking or sitting** (walking can feel less formal, but again it may not offer enough privacy)

Case study

In SHE HEALS, interviews and group sessions took place in the activity room at the Marylebone Project. This space felt safe and familiar for participants as they regularly used this room for other activities such as art therapy and jewellery making classes. The room offered lots of natural light and direct access to a garden, which participants could use to take breaks or decompress after sessions. We also gave participants control over their environment by asking if there was anything we could do to make the room more comfortable for them. For example, one participant was sensitive to bright overhead lighting, so we turned the lights off and used a warm lamp instead.

Relationships

Before taking part in research, it is important that we feel we can trust the researchers leading the project.

It's good to understand that:

- **Trust needs to be earned** (it's a dog eat dog world, and not trusting others may have helped us to survive)
- **Trust is a two-way street** (if you want us to trust you, then you need to trust us)
- **Trust takes time to build** (and it can be broken much more quickly)
- **Relationships aren't static** (when things go wrong, acknowledge what happened, understand why, and try to prevent it from happening again)

Case study

In SHE HEALS, we told participants they could request a disposable camera to take pictures, but we underestimated how many individuals would take us up on this offer. As a result, we did not have enough cameras available, and some participants were asked to take pictures with their phones instead. Thanks to previous work to create a psychologically safe environment, the participants felt comfortable telling us that we had let them down in this instance. We acknowledged the mistake, apologised for it, and committed to ensuring all materials required for the project would be readily available moving forward. The participants appreciated this, and we were able to maintain a trusting relationship.

To earn trust, it's helpful to:

- **Share a bit about yourself** (showing vulnerability creates space for us to do the same)
- **Show empathy** (view us as people instead of labelling us as 'homeless' or 'participants')
- **Be real with us** (you don't need to always be sunny or give out false compliments)
- **Listen to our whole story** (instead of fitting us into stereotypes)
- **Remove hierarchy** (think about where you sit and how you introduce yourself, and be open to our ideas)

Case study

In our workshops with the experts by experience, we started each session with an icebreaker question which gave us an opportunity to share about our hobbies and interests outside of the project. We also did an "emotional weather check-in", where each person used a weather metaphor to share how they were feeling that day. This offered space for vulnerability, encouraged self-reflection, and helped others recognise when someone may need extra support. The experts by experience said they appreciated that staff took part in this exercise and that we were not always "sunny", as this showed we were being real with them.

Having people with lived experience of homelessness as part of the research team can:

- Remove feelings of shame or guilt
- Improve trust and rapport
- Allow us to discuss shared experiences and let us know that we're not alone
- Reassure us that our experiences will be believed and understood
- Add expertise around how to make us feel safe and supported while taking part
- Empower us to feel that we can make a difference in the project

Case study

For SHE HEALS, the experts by experience were involved as active members of the research team at every stage of the project. They took part in fourteen in-person workshops, including eight sessions to design the research and six sessions to analyse the findings, plan the dissemination, and reflect on our PIE approach. Their involvement was key in ensuring that our research topic was relevant and meaningful for women experiencing homelessness and that our study design supported safe and authentic participation.

Before taking part in research, you can help us know what to expect by:

- **Sharing where you're coming from and what you're looking for** (what's your 'why' for doing this research)
- **Clearly explaining what you want from us** (what will our involvement look like)
- **Letting us see any interview or workshop questions in advance** (so we can let you know if there are any we don't want to answer)
- **Giving us enough time to process the project information and ask questions** (and making it clear that we can say no to taking part)

Case study

In SHE HEALS, we acknowledged we were asking participants to share openly about themselves with us, so we created short biographies to share about ourselves with them. We included information on our professional and lived experience, our motivations for doing the research, our roles within the project, and our interests outside of work. These biographies were shared at an in-person information session at the start of the study, where interested individuals could continue getting to know us through casual conversation over lunch.

During a research activity, it’s good to:

- **Make clear that our voice matters to you** (we may have many experiences of being ignored or not believed)
- **Let us know that sitting in silence or showing emotion is completely okay**
- **Listen, validate, and check in throughout the conversation**
- **Be open about what is being recorded** (for example, taking notes on flip chart paper instead of a laptop let’s us see what you’re writing)
- **Protect our privacy** (not because we’re ashamed, but because others treat us differently when they know we’re experiencing homelessness)
- **Give us time and flexibility to share our experiences fully** (don’t keep looking at the clock, and don’t confine us to a ‘yes’ or ‘no’ answer)

When creating discussion questions:

- **Make sure questions are phrased in a way that isn't judgemental, derogatory, or making assumptions** (for example, are you acknowledging the wider context around why women experiencing homelessness may have to make difficult decisions and the role that men and society play in putting us in those situations)
- **Empower us to point out when we're uncomfortable or upset with a question** (for example, you could encourage us to say something like "I'm surprised you're asking that" if we don't feel comfortable answering a question, and then you could reflect, apologise, and rephrase or remove the question)

Case study

For the SHE HEALS research conversations, the experts by experience helped write the discussion questions in a clear and non-judgemental manner. The questions were shared with participants two weeks in advance, so they knew what to expect and had an opportunity to consider their answers. At the start of each research conversation, participants were asked if there were any questions they wished to skip. No participants chose to skip a question, which is a testament to the care put into the questions by the experts by experience.

It’s important to have a plan for what to do if someone becomes uncomfortable or upset:

- **Be flexible around rescheduling meetings** (we may not be in the right headspace that day)
- **Make clear that we can take a break at any point** (and provide a nice space for this, like a garden)
- **Check in, offer support, and follow up if we choose to take a break or end early** (and be clear about what support options are available)
- **Keep in mind the wellbeing of others** (it can be upsetting to see someone else get upset)

Case study

In meetings with our experts by experience, we wanted to create a safe space for people to speak openly, while recognising that some topics may be sensitive or upsetting for others. As a group, we agreed that we did not want to ask people to share a list of triggers or past trauma. Instead, we encouraged people to take a break in the garden if they felt uncomfortable or upset. When this happened, a Marylebone Project staff member would follow the individual to check in and offer support. The individual could then choose to leave the session early or to return when they felt ready. If they wished to return, the staff member would discuss with them whether they would like space to discuss what had upset them, or whether they would like to keep this private. We also reassured the person who had been speaking about the sensitive topic that they had not done anything wrong by sharing openly about their experiences. We simply asked that, if they planned to discuss the topic again in the future, they let the group know so that anyone who wished to could take a break.

At the end of a research activity, you can provide support by:

- **Giving the session closure** (don't end abruptly; thank us and tell us what will happen next)
- **Asking us how we're feeling** (and validating those emotions)
- **Offering time and space to decompress** (for example, having fruit in the garden after a session)
- **Having someone available to debrief with** (this could be a trusted support worker or a Mental Health First Aider)
- **Following up a few days later** (sometimes it takes time to process your feelings and understand how a discussion has impacted you)

Case study

In SHE HEALS, participants were offered a debrief with their support worker after each session and were given a list of support services available through the Marylebone Project, including art therapy and counselling sessions. Marylebone Project also followed up with participants in the days following the session to check in and offer further support.

Try to understand the reasons behind someone's actions before reacting.

For example:

- If someone isn't engaging in a discussion, they may not feel they can trust those in the room
- If someone acts aggressively, they may feel there is a threat they have to protect themselves from
- If someone falls asleep during a session, it may be that they don't have many other spaces in which they feel safe enough to do so
- If someone forms an inappropriate bond, it may be that the kindness you've shown is not something they experienced growing up

Training and support

Before starting a research project, you should:

- Have background knowledge of the subject matter
- Understand what it means to take a trauma-informed approach
- Reflect on your own trauma and biases, and think about how these may show up during the project
- Recognise that homelessness is complex and diverse
- Be prepared to have difficult or emotional conversations
- Know how to support someone if they get uncomfortable or upset

Case study

For SHE HEALS, the Marylebone Project staff provided essential training and expertise to the research team around how to work with and support women experiencing homelessness, as well as how to develop and implement a PIE approach. Importantly, the Marylebone Project were involved from the very start of the project and received almost half of the total funding, which allowed staff to protect time for the project. We encourage other researchers looking to work with marginalised groups to identify community organisations with relevant expertise and to consider forming equitable partnerships with them as early as possible.

The following trainings may be helpful:

Homelessness: An Introduction

Homeless Link

https://homeless.org.uk/team-training-courses/homelessness-an-introduction/

Psychologically Informed Environments

Homeless Link

https://homeless.org.uk/team-training-courses/psychologically-informed-environments-pie/

Trauma-Informed: Theory and Principles

Homeless Link

https://homeless.org.uk/team-training-courses/trauma-informed-theory-and-principles/

The Gift of Reconnection: Trauma-Informed Practice

Thrive LDN

https://thriveldn.co.uk/communications/toolkits-and-resources/toolkit/trauma-informed-practice-training/

Mental Health First Aid

MHFA England

https://mhfaengland.org/individuals/adult/mental-health-first-aid/

It’s important to remember your own wellbeing when carrying out research on a difficult topic.

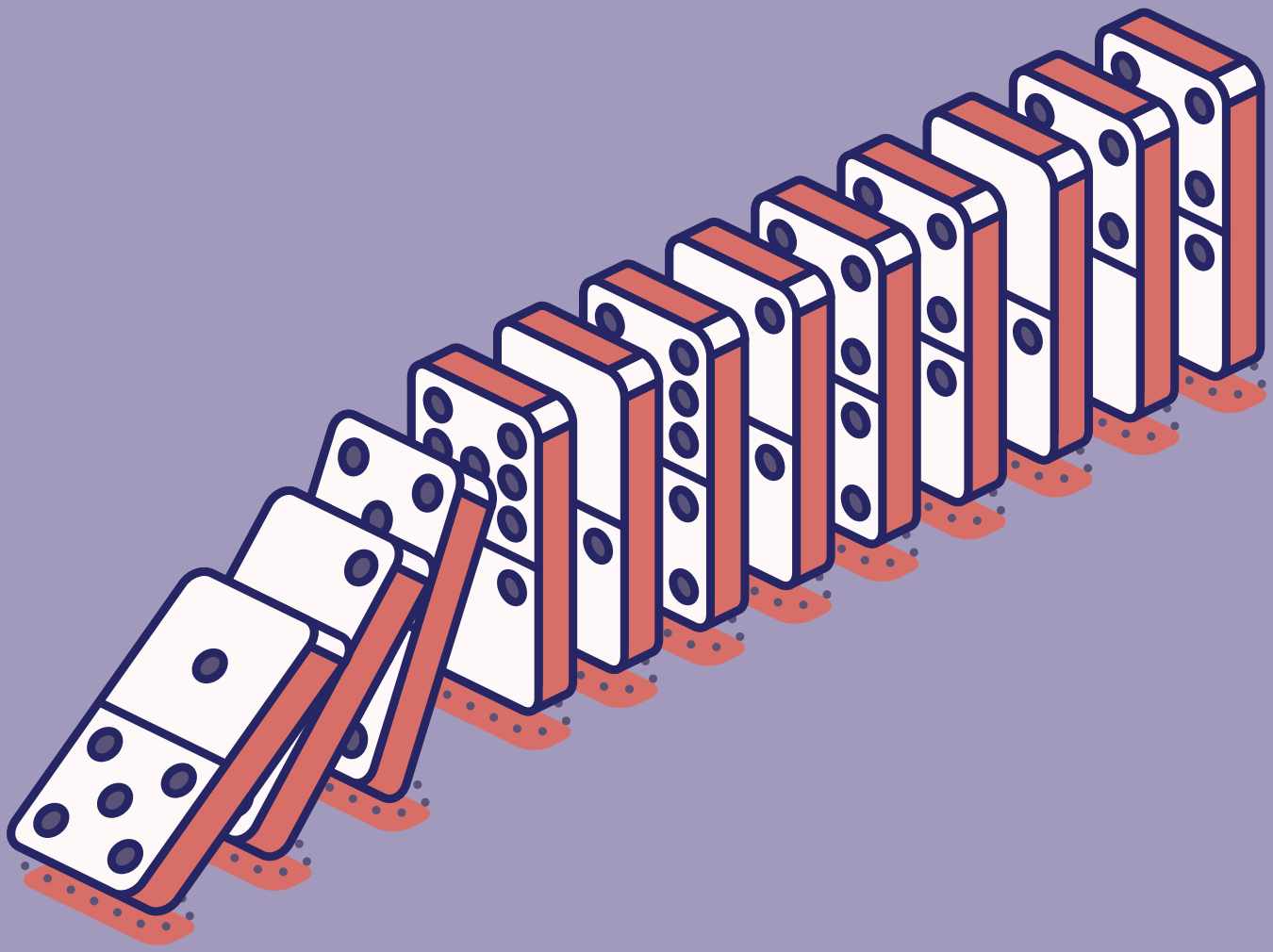
Here are some things you could do to help look after yourself:

- Space out research sessions so that you have time for breaks in between
- Plan dedicated time to debrief and reflect as a team after each session
- Have professional support available (for example, you could budget in sessions with a therapist)
- Maintain healthy boundaries, and signpost public members to professional support where needed

Case study

As a research team, we debriefed after each public involvement and research session. This allowed us to discuss challenges and process feelings that had surfaced during the session. For example, in situations where a participant became upset, it was important for us to discuss how the situation could have been avoided or handled differently, but also to minimise feelings of guilt around situations which were out of our control. Frequent in-person meetings (including project meetings and social lunches) allowed us to build the trust and rapport needed to have these open conversations.

Impact and evaluation



Throughout your research project, it’s important to evaluate the impact that your project is having.

The environment and people around you have an impact on how you feel and can leave a lasting image in your mind.

That impact can be positive or negative.

To make sure you’re having a positive impact, you should work with the people involved in your project to define what good looks like.

Then, you should take time throughout your project to sit down and reflect on how things are going.

Doing this helps you understand what’s working well, and what can be improved.

To us, good can look like:

- Open and honest communication
- Warmth and genuineness
- A sense of familiarity and safety
- A lack of hierarchy
- Sessions that feel structured but also laid back

This can lead to us:

- Looking forward to research sessions
- Feeling freedom of expression
- Feeling less alone
- Feeling safe, respected, and valued
- Feeling empowered to help others
- Having an improved sense of self

Case study

In the SHE HEALS research conversations, we asked participants the following questions:

- Did you enjoy taking part in this project? Why or why not?
- Did this project allow you to share your thoughts and experiences authentically? Why or why not?
- Did you feel safe while taking part in this project? Why or why not?
- Did you feel supported while taking part in this project? Why or why not?
- Is there anything else you want to share about taking part in this project?

Below are selected responses from the SHE HEALS participants:

"[I felt safe] 100%, otherwise I wouldn't be able to share. It was completely different to my expectations. My expectations going in were a projection of my experiences of being utterly restrained. When I connect with your being and your energy, I don't perceive any negative projections towards my words and my expressions. I felt listened to and heard, seen and respected with all my flaws. It gave me a sense of existence."

"I didn't think that I would be able to [share my experiences authentically], but I felt freedom when I took the pictures. They can express what you can't put into words. In the past, I wasn't confident and didn't want to speak about personal experiences. It feels less personal when you do it through art, so this helped me share more."

"Communication helped me feel safe because you told me exactly what was going to happen, and we communicated with each other. I've met you before, so I felt comfortable, and you're very friendly. By you being here and listening, there was a witness, so people know I'm not making this up. Whatever I'm saying, you're writing it down. "

"It's more about the vibe around you. If I don't feel comfortable around someone, that's it. I don't share. I felt comfortable around you. You told me about your scar at the start. You were open to share your experience, which makes it like we're just two human beings connecting. And I know you didn't do this intentionally just to build trust."

"In the group sessions, I felt more included from others identifying with how I felt. The accumulation of shame and feeling isolated decreases being in our group setting."

"I know everyone around me and I am familiar with the environment, so it felt safe. I enjoyed every bit of it, and I actually feel empowered after all of this."

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This guide was created by service users at the Marylebone Project, in collaboration with staff at the Marylebone Project, the Institute of Global Health Innovation, and Central London Healthcare.

If you have any questions about this guide, please get in touch with Jodie Chan at j.chan@imperial.ac.uk.

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