



# Impact Report 2017 / 2018



**GOLDEN  
KEY**



# A Warm Welcome

from John Simpson, Golden Key's Independent Chair

“ ———

**We are now almost half way through our eight year programme”**

**“We are delighted to share with you an overview of some important areas of Golden Key's work for 2017 - 2018.**

Golden Key is an eight year Big Lottery-funded partnership, made up of 19 organisations from across Bristol. We work together to improve services for Bristol's citizens with the most complex needs.

All our clients live with a challenging mix of homelessness, long-term mental health problems, dependency on drugs / alcohol and offending behaviour. By working closely with them we are able to see the system through their eyes and pinpoint areas where it is not working. We use this information to identify the changes services need to make to improve, both strategically and operationally.

We are now almost half way through our eight year programme. I've been the independent chair of the Golden Key Partnership Board for more than two years and since I started in this role people have often asked me about the impact of our work. This report provides some answers by illustrating the breadth and depth of what we do - both to improve the lives of individuals in Bristol but also to bring about change in the way 'the system' works.

Golden Key is not an organisation and it has no mandatory authority. The only way we can bring about positive change is through our influence and partnership approach. That's why building strong relationships and ensuring our partnerships are effective is so important. We are proud to have created strong partnerships through our work with the local Reducing Reoffending Board; the NHS funded Winter Pressures Project; the multi-organisational Housing First initiative;

and the Bristol Leadership Challenge. These all illustrate how our approach is providing leverage for system change.

The work that our skilled Service Coordinator Team undertake with our clients is at the heart of what we do, as this provides us with first-hand experiences of how frontline services are working. Our Service Coordinators are currently working with 132 clients. We recognise that this is a small caseload compared with other agencies we work with but our aim is to work closely with our clients over a long period of time. This way we can begin to see the system through their eyes and identify the things that need to improve. Where we achieve a successful approach with an individual client, we look to see if / how this can be scaled up to deliver improvements more broadly.

Giving voice to lived experience is a key objective in all we do and we are proud of our work with Independent Futures, an advisory group made up of people who all have first-hand experience of many of the services we are now working with. Similarly, our peer mentors all have lived experience and they are working with our clients to help them make changes to improve their lives.

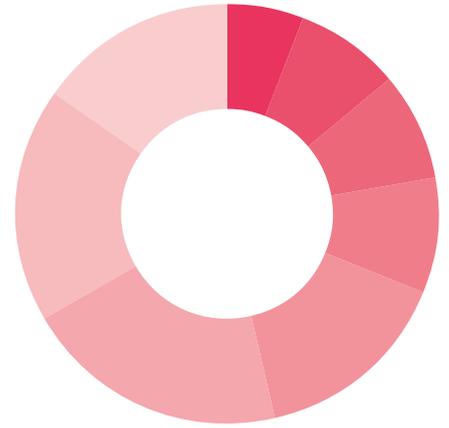
Our work is independently evaluated by the University of the West of England and through a reflective practice approach we continuously question the effectiveness of our work in order to ensure that improvement never stops.

As a closing note in introducing this report, I wish to warmly thank the National Lottery for their funding and professional support.”



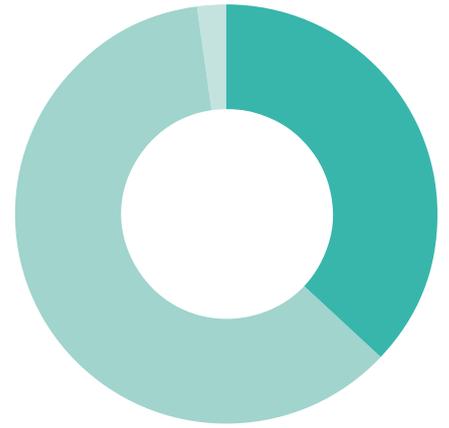
### 1 Age Range of Service Users

■ 16-21	6%
■ 22-25	8%
■ 26-30	8%
■ 31-35	9%
■ 36-40	15%
■ 41-50	20%
■ >50	8%
■ Not-Recorded	15%



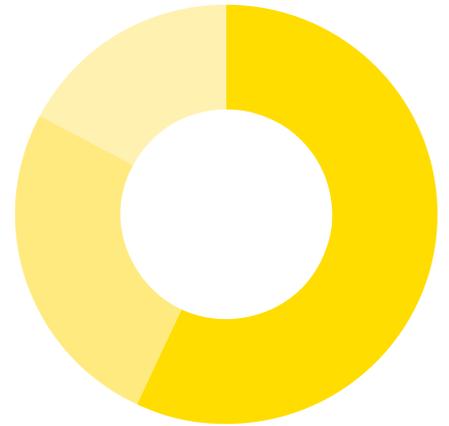
### 2. Gender of Service Users

■ Female	37%
■ Male	61%
■ Unknown/Unspecified	2%



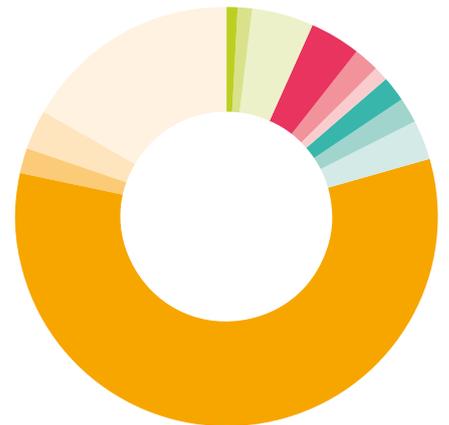
### 3. Is the Service User Disabled?

■ Yes	37%
■ No	61%
■ Don't know	2%



### 4. Ethnicity of Service User

■ Asian/Asian British: Indian	1%
■ Asian/Asian British: Other	1%
■ Black/Black British: African	5%
■ Black/Black British: Caribbean	4%
■ Black/Black British: Other	2%
■ Did not wish to disclose	1%
■ Gypsy/Irish Traveller	2%
■ Mixed: Other	2%
■ Mixed: White & Black Caribbean	3%
■ White: British	59%
■ White: Irish	2%
■ White: Other	3%
■ No data	17%



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## Working with Clients to Achieve Change:

Service Coordinator Work



**The Service Coordinator Team is the part of Golden Key that works with clients every day. Over the past 12 months their work has changed.**

A year ago, the focus was on working with clients to try to help them navigate the system – we call this the ‘phase one’ approach. The focus now is moving towards one where we take the learning we have already gained and use this to achieve more strategic changes and widespread improvements – we call this the ‘phase two’ approach.

Chris Bellamy is a Golden Key Service Coordinator who has been part of the programme since it began four years ago. Here Chris reflects on his role and how it has changed over the past year, and the difference between phase one and phase two work:

“This morning I have written a letter for a client who is in a mandatory reconsideration appeal for his benefits. I’ve ended up writing the letter because I’ve known the client for a long time.

Later this morning I’m doing a piece of support work with another long-term client to help him get to an appointment with the nurse. He’s a wheelchair user and there are concerns about how likely he is to attend his medical appointments without someone to help him get there. I’ll also be using the visit as an opportunity to go online with him to look at Motability wheelchairs.

This afternoon we have reflective practice. Reflective practice involves taking a conscious look at the work we do and our emotions, actions and responses. This is key to helping us learn from our own professional experiences, and also being able to share that knowledge so that we continue to develop as both individuals and as a team.

Today feels like quite a typical ‘phase one day’ but as the project is entering its second phase we are looking to be a bit more strategic in our focus, so we are starting to move away from the hands-on support work to enable us to do this.

**As the project is entering its second phase we are looking to be more strategic in our focus**



In terms of typical ‘phase two’ work, one example would be a pilot project I am looking to run around reflective practice for prison staff. To kick this off, I recently wrote a proposal outlining what I envisaged for that project and what I wanted it to achieve. I then had some meetings to share that proposal with my management and the Golden Key Programme Team. Potentially this could be a very important piece of work, as it will change the way that prison staff are supported through the challenges of their day to day jobs.

Another bit of phase two work I’ve got going on at the moment is a piece of work around hidden clients. For this, I recently had a meeting with Unseen, an organisation who work with victims of people trafficking and modern slavery. I’ve been trying to understand the nature of the client situation to enable me to write a proposal about what our future involvement with this group might be. I hope that this is the start of a real step forward in how we support this group.

I think the big difference between our phase one and phase two work is that we have gone from an approach that was quite task oriented, to one where we are questioning what it is that we are trying to achieve overall, and what our role will be in facilitating that outcome.

Phase one was about getting stuck in, filling in gaps and using that as an opportunity to notice what was missing (such as taking someone to a medical appointment). I feel that the phase two work is much more of an attempt to steer the direction of travel.”

**→ Key Lessons**

**Capturing and sharing learning is at the heart of the work we do. Here Chris shares some of the learning he has gained in his role:**

“There have been lots of positive examples of where the system has learnt lessons as a result of the work we are doing with clients. For example, last year I did a piece of work with the Golden Key Programme Team about a client with a learning disability who was on the homelessness pathway. This person had abandoned their tenancy at the start of my work and I had a dual role of doing something practical for them (so helping them to negotiate the complexities of the pathway and get housed) as well as feeding the learning from their experience into something more strategic.

As a result of this work and the involvement of the Programme Team, someone at the City Council was very keen to look at what they could do to support people with learning disabilities to stay in their tenancies. So rather than looking to fix the problems associated with the complexities of the homeless pathway, they wanted to look at what they could do to support people with learning disabilities to stay in their accommodation in the first place. It felt like a really important discussion for them to be having and it was really satisfying knowing that my work had brought that about.

Even when the work we deliver doesn’t deliver the results we would like, there is always something to be learned from the process of trying. For example, last year I was really keen to do an Action Experiment\* together with the client I am seeing later today - the client who uses a wheelchair.

I wanted to help the client to have a discussion with some of the professionals who work with him, to explain the difficulties he experiences because he is a wheelchair user. I particularly wanted to involve his GP practice and we were hopeful of having his doctor attend a professionals’ meeting. However, after a lot of chasing they eventually came back and said that they didn’t have the capacity to attend but they would be quite happy to ‘look at the minutes of the meeting’ if we sent them. The whole point was for the client to be able to look the GP in the eye and explain the specific difficulties he experiences, so it felt like a missed opportunity. However, we still learned something from the process – we learned a lot about the pressures being placed on GPs’ time and the impact this has on achieving the changes in the system we want to see.”

**\*Action Experiments** are where we try to do something differently on a small scale, to see if it results in an improvement in the way our clients experience services. If it does, we look at how we can apply what we have learned more widely.



“ ———

“Golden Key is like having that forgiving person in my life who is non-judgemental and accepting of me no matter what - this relationship has helped me face up to the rest of life”.

Stephen, Golden Key Client

# Key Outcomes for 2017/18

1/3

Almost a third of clients regularly accessed drug / alcohol support services

1/4

Nearly a quarter received support with their mental health



**78% of clients** (for whom data was collectable) recorded no new convictions between July 2017 and June 2018



By the end of June 2018, **60% of clients** were in stable accommodation



# Achieving Change in Partnership:

The Reducing Reoffending Board



**Golden Key is a partnership of 19 different organisations. There are also around 300 more organisations in the sector which are part of Golden Key's extended network.**

We recognise that no individual organisation can bring about the strategic changes required to improve services for people with complex needs. Meaningful improvement will only come as a result of statutory and non-statutory organisations working together.

Over the past 12 months we have been developing our existing partnerships, as well as assisting in the creation of new ones. One of the ways we are doing this is by taking the knowledge we have gained during the first four years of the programme - particularly around partnership governance - and we have been sharing this with other organisations. At the same time this is a reciprocal process - we are continuing to learn from others - meaning our approach to partnership working is one of continuous improvement.

One partnership we have been supporting over the past 12 months is the newly established Reducing Reoffending Board. The Board is chaired by John Smith, CEO of the Office of the Police and Crime Commissioner. Here John explains how Golden Key has been supporting its work:

“The Reducing Reoffending Board came about because of the need for better coordination between agencies, particularly the police, the National Probation Service, the Community Rehabilitation Company, the prisons and the voluntary sector. There was a clear need for organisations to become more effective at supporting people when they were released from prison in order to reduce reoffending and break the cycle of crime.

To give some context to this, our initial analysis identified 188 people that accounted for 60 % of recalls to Bristol Prison over a two-and-a-half-year period - so it was largely the same people going through the ‘revolving door’ of the criminal justice system. What’s more, of the 188 people, more than 50% had nowhere to live. By contrast, of the remaining recalls (e.g. those not in the 188 group), only 15% had nowhere to live.

Similarly, those within this 188 cohort were significantly more likely to have drug and/or alcohol issues compared with the rest of the recalls group, and they tended to have worse job prospects. All in all, this painted a picture that people were being released from prison with nowhere to live, no job prospects and drug and alcohol issues. Moreover, they were having

to manage these challenges on their own, so no wonder they reoffended.

Things hadn’t always been this way. In fact, over a relatively short period of time, the Bristol area had gone from being quite a good place to leave prison, to not such a good place. Restructuring and reduced budgets meant that early intervention services and collaborative working had been amongst the first things to fall by the wayside, and things had got to such a critical state that people from a variety of agencies came to us and said: ‘we need to do something about this’.

The Reducing Reoffending Board met for the first time in February 2017. We wanted to be inclusive so we invited anyone who had shown an interest in attending but this meant the meeting grew and grew, and eventually we had around 50 people around the table.

Rob Fenwick, one of our contacts at the Ministry of Justice, put us in touch with the Golden Key Programme Team and they provided us with advice on system change and governance.

## It was the Golden Key team, amongst others, that identified the need for the Board to reform



It was the Golden Key team, amongst others, that identified the need for the Board to reform - 50 people in a room was just unwieldy and it was preventing us from making the most of the skills and expertise of our members.

In March 2018, we wrote to all our members and explained that we were going to replace the Board with a smaller Executive Board and a wider Reference Group, both of which meet regularly.

I chair the Executive Board that is made up of the Office of the Police and Crime Commissioner, Avon and Somerset Police, the governors of Bristol and Eastwood Park prisons, the Ministry of Justice Commissioner, Golden Key, the Addiction

Recovery Agency (who act as a representative for the voluntary sector), the National Probation Service, the Community Rehabilitation Company, Public Health England, NHS England, the local authorities in Bristol and North Somerset, and the Department for Work and Pensions.

The Board has identified eight work streams and this is where the real activity happens. In addition, each work stream has its own identified lead and Golden Key is the lead for two of these.

In terms of outcomes so far, it is early days - so we are still finalising a performance framework and performance measures for each work stream. I think that the main achievement to report to date is that so many agencies are now working together in a meaningful and productive way. As these relationships develop the work we are doing will go from strength to strength - and the Golden Key team are making a huge difference in terms of developing those relationships and moving things forward.”



## Key Lessons

**In order to share learning, we asked John to tell us about some of the lessons that have come from the process of establishing the Reducing Reoffending Board:**

“The first key learning point for us is that we were able to be more effective as a smaller group. While I definitely think it was right that we were so inclusive at the start, in terms of work delivery less has definitely been more. By becoming more focused we can ensure that everyone around the table has a clear purpose. At the same time, by introducing the Reference Group we remain accountable to the wider sector, and people are still able to give their input at a strategic level.

Secondly, I think for partnership working to be effective you need to be clear about what the desired outcomes are from the start. I think this is a lesson we are still learning, as some of the work streams are only now starting to find their focus.

Finally, understanding the landscape of what’s already on offer is really important. There are lots of organisations out there already making a huge difference - in times of scarce resources it is essential that partnerships take the time to understand who is already doing what. This not only helps to avoid the duplication of effort, it is also key to maintaining harmonious and productive relationships.”





# 40+

organisations/teams are now represented across Golden Key's main areas of work



## Key Outcomes for 2017/18

- > At the beginning of 2018, we commissioned a review of our communications activities, as we recognise that good communication is at the heart of effective partnership working. We are now implementing the recommendations made
- > The Service Coordinator Team now has direct contact with the Partnership Board. They share with them client case studies to show how our clients experience the system. Board sub-groups then follow up on this by addressing the immediate challenges for the particular client and /or by addressing the system failures highlighted in the case study
- > Our Psychologically Informed Environments (PIE) work has resulted in multiagency support for a Psychologically Informed City Strategy. This strategy, approved by the Golden Key Board earlier this year, will ensure that services take greater account of the way people (staff and clients) think and feel when delivering services and developing policies / procedures. As part of this work, 120 people attended an event organised by Golden Key in November 2017, where the foundations were laid for future work together.



## Working together to Achieve System Change:

### The Trusted Assessment



### Golden Key is committed to improving services through system change\*.

One of the system changes the Golden Key Programme Team has been working on over the past year is the introduction of the Trusted Assessment, an approach being used across the homelessness prevention pathways\*\*. This has been developed through a process involving multiple stakeholders, including people with lived experience.

Over the following pages, some of those involved have shared their thoughts about this piece of work. We have also included a summary of the activities carried out by Golden Key in support of this system change activity:

## 1 Tell your story once (TYSO)

- > The initial idea that people should only have to tell their story once came from Independent Futures (IF) and was included in the Golden Key business plan. Service users reported that assessments were re-traumatising, as they were having to repeatedly share traumatic information with workers.

## 2 Research of assessment processes

- > Information was gathered about different assessment procedures taking place across a number of sectors in Bristol, including criminal justice, drugs and alcohol services, mental health services and housing
- > This process identified that the assessments carried out by housing providers contained significant areas of common ground. A decision was made to initially focus on homelessness services, rather than other sectors
- > 550 questions were being asked by housing providers when assessing clients moving through the housing pathways.

## 3 Trusted Assessment: shaping the idea

- > Based on TYSO, we identified the key elements of what the Trusted Assessment should include. The intention was to create a shared assessment approach throughout the homelessness accommodation pathways, improving the transition between services for clients
- > Detail of both the approach and implementation was shaped by discussion with service users and housing providers.

### 550 questions were being asked by housing providers when assessing clients

#### Thoughts on Trusted Assessment: Independent Futures Member

“Right from the beginning of Golden Key, IF raised the issue of ‘Telling Your Story Once’ (TYSO) and explained that telling your story over and over was a barrier to client development and engagement with services. We wanted to make sure this was addressed by Golden Key. TYSO applies to all services but it developed first in the housing pathways. As a member of IF, I was asked to sit on all aspects of the planning, creation and development of the Trusted Assessment approach, to give my lived experience.

The importance of not repeating your trauma was essential for me; for others it is the importance of being listened to by services. It was also important for us to ensure organisations worked together - no more silos of working.

The benefits of Trusted Assessment remain to be seen but it is good to see organisations realising that by working together they can achieve more.

I was really pleased to see all housing providers in one room - I nearly locked the door! Joined up working will bring about long-term system change, it's as simple as that.”

## 4 Consultation

- > Initial one to one meetings were held with pathway housing providers. Over 50 staff were involved in the initial discussions
- > The aim of the consultation was to gauge the opinions of housing providers on a Trusted Assessment approach and to consider opportunities and challenges
- > A key aspect of these meetings was to set the tone: it was not Golden Key's intention to come in and tell providers what to do and how to do it
- > Despite an awareness of the challenges, everyone agreed that the Trusted Assessment was important and needed.

#### Thoughts on Trusted Assessment: Michael Pearson, Second Step

“I am the lead for one of the homelessness prevention pathways and I'm also part of the pathway leads group. In this capacity I offered to begin the process of making Trusted Assessment operational.

As well as being a pathway lead, I sit on the System Change Group. I felt that this meant I was well placed to act as a bridge between the Trusted Assessment work and the homelessness pathways. Moreover, Second Step advocate systems change and this was the perfect opportunity to make a real difference - in partnership with other providers - to how service users experience assessment processes.

The work is still underway but we are already seeing a gradual change in provider culture around assessment; the assessment is becoming more about what benefits the service user rather than what the provider wants to know.”

## 5 Workshop with key stakeholders

- > To support progress, a workshop was held; attendees included housing providers, people with lived experience, housing commissioners and Bristol City Council housing staff
- > The workshop considered the questions to be included in the Trusted Assessment form and the themes identified during the initial consultation.

## 6 Progressing the work

- > All 11 primary providers were engaged in the development process
- > As a result of the workshop, stakeholders collaboratively identified that Golden Key could support discreet pieces of work to progress the Trusted Assessment
- > A Trusted Assessment form and a document highlighting the key aims and principles of the Trusted Assessment approach were drafted by Golden Key.

**\*System change** considers the wider context in which individuals and organisations operate. By addressing the structures and processes within the system, the aim is to create lasting change. It is a journey which may require a change in people's attitudes, as well as the ways in which people work.

**\*\*In Bristol there are four homelessness prevention pathways for adults (22+) without dependent children. Each pathway is provided by a partnership of different organisations and is coordinated by a lead agency. People move through, in and out of the pathways, living within various types of temporary accommodation and having support packages flexing around them to reflect their changing needs.**

## 7 Final consultation

- > Draft 'Aims and Principles' and a draft Trusted Assessment form were circulated to workshop attendees for their feedback
- > During this feedback window, Service Users defined the final wording of the Trusted Assessment form.

## 8 Encouraging ownership

- > Now finalised, the Trusted Assessment form and 'Aims and Principles' were sent to the pathway leads to be used in line with the implementation plan.
- > A Trusted Assessment lead was identified from within the pathway leads group to help steer the next steps
- > Overall responsibility for the progress and evolution of the Trusted Assessment approach lies with the housing providers.

## 9 Continued Offer of Support from Golden Key

- > Golden Key have, and continue to, respond to requests of support defined by housing providers.



### Thoughts on Trusted Assessment: Mark Banfield, Salvation Army

"My involvement in the Trusted Assessment project began in October 2017, as that is when I started as contract manager for pathway 1.

At that point I found out that Trusted Assessment was part of our pathway bid, so I became involved in how it would be implemented – not just in pathway 1 but also across the other homelessness prevention pathways and Bristol City Council.

The Trusted Assessment came about because clients had previously asked for fewer assessments. It also complemented a move towards a new way of working where clients gain entry into appropriate accommodation determined not simply by assessment but also by the work and commitment of the individual, and based on a trust that previous services have a true measure of the client's needs. To facilitate this there needed to be a framework for each provider to work to.

I think this work has created a lot of discussion across agencies and Bristol City Council, and it has helped services to think more creatively. I think it has also provided an opportunity for established ways of working to be challenged."

**“ I was really pleased to see all the housing providers in one room – I nearly locked the door!”**

Independent Futures Member

### Thoughts on Trusted Assessment: Manifesto for Change Team

"The Trusted Assessment was a piece of work initiated by the Golden Key Partnership before being passed to the Manifesto for Change team in spring 2017.

The idea of improved assessment processes for service users has been an aspiration of the Golden Key programme from the start. We wanted to support housing pathways with their implementation of a Trusted Assessment approach, as well as ensuring service the user voice was incorporated throughout the process. We also wanted to identify any key learning that may be relevant to the implementation of a Trusted Assessment approach elsewhere in the system.

The main benefit of this piece of work is that we now have a shared understanding of why the Trusted Assessment is important from a service user perspective, and a collective recognition that there needs to be a collaborative approach between housing providers in order to make it work."

**“ We need to facilitate change and hope it happens - if it doesn't we shouldn't view it as failure but rather as part of the process that we need to build upon when we try again.”**

Michael Pearson, Second Step

# → Key Lessons

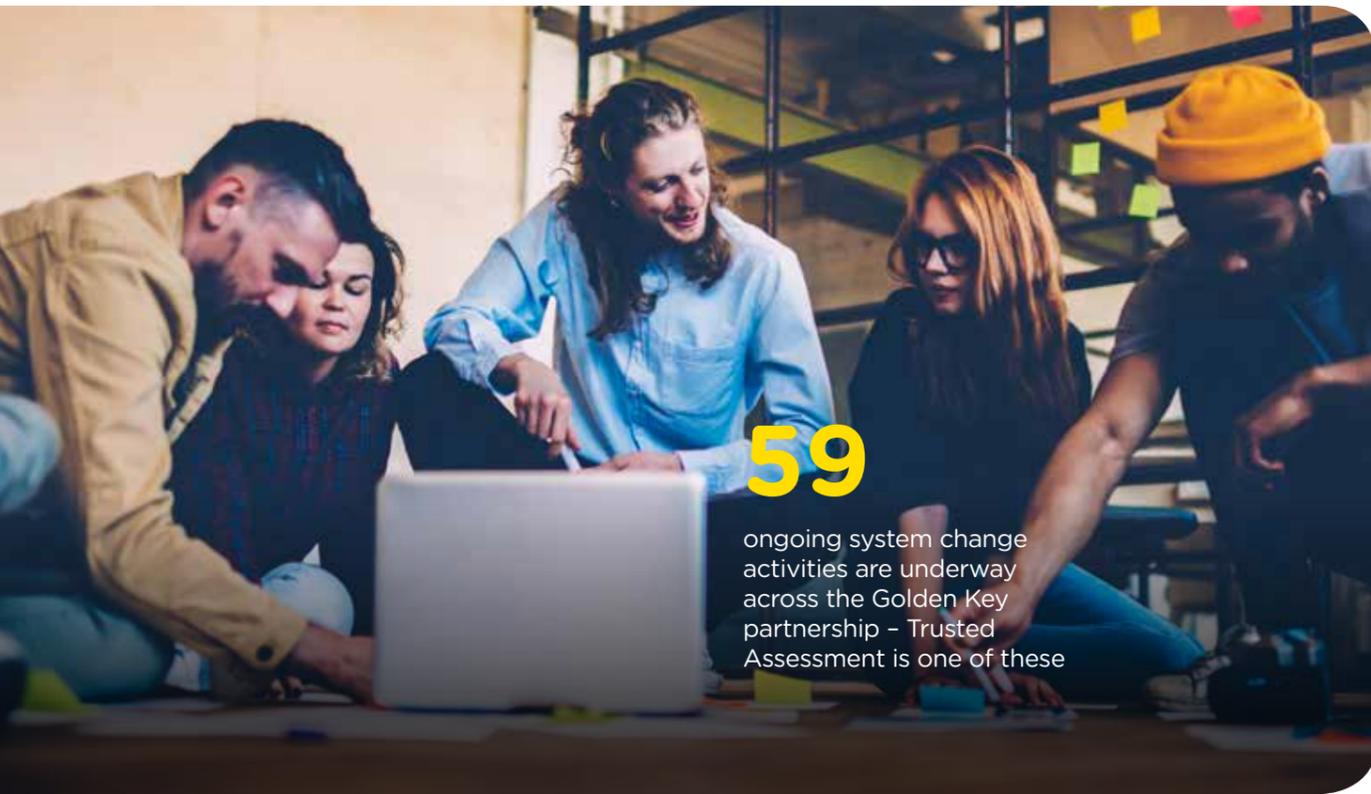
**Michael Pearson, Second Step:** "In terms of what we have learned from this process about system change, I think it is fair to say we have learned that it is complex! And attempting to change culture and practices across many providers at the same time is almost impossible!

But starting out with the aim to change is probably the wrong approach - instead making changes in the system and observing the impact is more beneficial. We need to facilitate change and hope it happens - if it doesn't we shouldn't view it as failure but rather as part of the process that we need to build upon when we try again."

**Mark Banfield, Salvation Army:** "There are a lot of lessons to be learned from the process - firstly that communication is key. It needs to be ongoing and consistent - it felt a little sporadic at times.

The Trusted Assessment requires change across a lot of different providers and for me it has shown the importance of including everyone in the process and at the same point. It is essential that everyone moves forward together and that the pace of change is not set by a timelined process but by the readiness of those involved to make the change."

**Golden Key Manifesto for Change Team:** "In order for a significant change in the system to happen there needs to be a clear sense of ownership and an acceptance of responsibility by those who will be implementing the change. This sense of responsibility is critical in ensuring that there is commitment to finding solutions to challenges that will inevitably arise."



**59**  
ongoing system change activities are underway across the Golden Key partnership - Trusted Assessment is one of these

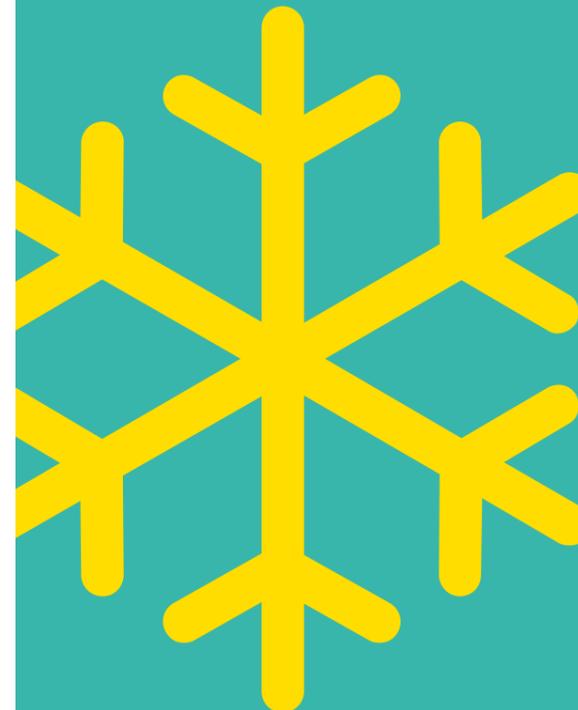
## Key Outcomes for 2017/18

- > Between June 2017 and July 2018, 34 system change activities were completed. Examples of these include changes made enabling homeless patients to access GP services, and the development of a policy giving transgender clients better access to services
- > Of these 34 completed activities:
  - 17 system change activities have been completed by the Golden Key Service Coordinator Team
  - 1 by Independent Futures
  - 9 by the System Change Group
  - 6 by the Golden Key Programme Team
  - 1 across the partnership
- > There are currently 27 members of the System Change Group
- > 36 individuals from 18 organisations received Systems Thinking Training. This training is key to enabling individuals to look beyond the boundaries of their organisation and work together with others to make the important changes needed to improve services for clients.

## Pilots for change

Over the past 12 months, Golden Key has led two new pilot schemes: **The Winter Pressures Pilot** and **Housing First Initiative**.

These pilots are different to our other activities because we have been awarded additional funding to carry them out. In both cases, the extra funding has been awarded so we can look at specific challenges within the system and work with clients and services to address them. Any lessons we learn from this work can then be 'scaled up,' so we can deliver more widespread and sustainable improvement. The following chapter explains more about these pilots and our learning so far.



# 1. Winter Pressures

**In December 2017, Golden Key was commissioned to provide support to people who are high impact users\* of A&E services.**

The funding was awarded by the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (this is the part of the NHS that is responsible for planning and funding healthcare services in the Bristol area). The funding was given on the basis that supporting high impact users during the winter months would help relieve pressure on hospitals so they would be better equipped to cope with the predicted seasonal increase in patient numbers.

Three Golden Key Service Coordinators were seconded onto this project and they set up the new service in six weeks. This included designing the referral process and supporting paperwork, determining what the client support would look like and recruiting staff to run the service. Service coordinators were seconded from Second Step, BDP, Missing Link and 1625 Independent People, and two brief intervention workers were also recruited on six-month contracts.

The agreed process was that referrals would be made by the hospital, with clients being allocated to either a brief intervention worker or a service coordinator depending on their level of need. This was determined using the Golden Key criteria (history of offending, mental health issues, drug / alcohol use and homelessness), as well as an additional criterion: being a high impact user of A&E services.

If somebody was a high impact user of A&E and they met two out of four of the other criteria, they would be allocated to a service coordinator. If they were a high impact user and met one of the other criteria, they would be allocated to a brief intervention worker for six sessions of support. As the programme got underway the referral pathway was also opened up to partner agencies, such as drug and alcohol teams.

There were some challenges with making the referral process work in practice. For example, hospital staff needed to get a client's consent before referring them to the new service but this was not always easy to obtain in a crisis situation, or in a busy hospital environment where the emphasis is on fast turnaround. Furthermore, the complexity of the NHS structure meant that it took longer than anticipated for hospital staff to become aware of the new service and how it could support patients.

These challenges had an impact on the overall number of referrals: 44 people were referred compared with a projected target of 100. However, all 44 referrals were accepted into the service and more than 70% remained engaged with the service for the entire period of support.



\*High impact users include both frequent users of A&E, as well as those who require the support of a number of clinical teams when they attend.



## Key Outcomes

The average length of engagement with clients was around three months. As such, it was a short-term intervention and we know from other work taking place across Golden Key that for clients with complex needs, long-term support is more effective. However, there was evidence that the pilot did have a positive impact, even in a short period of time: between February 2018 and June 2018, there was a significant reduction in hospital admissions amongst this group. Moreover, of those who were admitted, there was a downward trend in terms of the number of days they spent in hospital.

However, the findings also revealed an initial 'spike' in A&E visits when Golden Key first started working with these clients, before attendances then started to decrease over the length of the pilot. One possible reason for this pattern is that when you ask somebody to take responsibility for their health, initially other health issues can arise. For example, when somebody who drinks a lot starts to reduce their alcohol intake, at first this might bring things to the surface in terms of their mental health.

The impact of this work was also measured through the New Directions Team Assessment (NDT), Outcomes Star measurement tools and the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). Each of these measures showed that the pilot had made a positive difference when comparing clients before and after our support:

- > NDT scores were down 20%, indicating there was less chaos in clients' lives
- > All the NDT scores reduced but the biggest reductions by far were in relation to unintentional self-harm, and to stress and anxiety
- > Outcomes Star scores improved by an average of 21%, indicating clients were dealing with their problems more effectively. The biggest increases were around housing, managing money and drug and alcohol use
- > WEMWBS scores were up 10%, indicating that mental wellbeing had improved.

## → Key Lessons

**In addition, this pilot also revealed some key learning points which will help inform future work:**

1. Even within a cohort of 'high impact clients,' a small number of clients accounted for a high proportion of hospital visits: Of the 44 clients, five clients had more than 20 hospital admissions in a month. Further work is now underway to understand why this is

2. There is no set pattern in terms of when high impact users visit A&E services. For example, there were clients who visited A&E seven times during one week (including three times in one day) but then did not visit again for the rest of the month

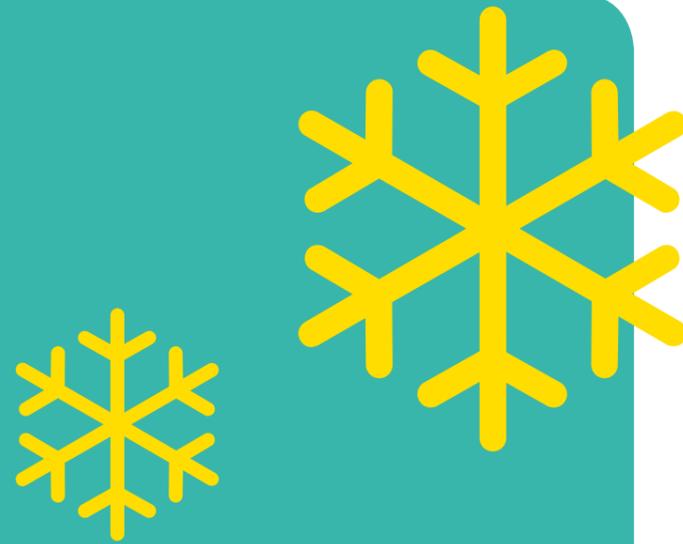
3. There is a lack of pathway for homeless people when leaving hospital - there were cases of people being treated and then discharged onto the street.

Often services were organised to support these clients but there was a gap between leaving hospital and services becoming available that clients simply fell through.

For example, dry house accommodation had been arranged for one client beginning on a Monday morning. However, the client was discharged from hospital the Friday before and then relapsed over the weekend. He ended up back in hospital having never made it to the dry house

4. Communication issues add to the distress felt by this client group - for example, details are not passed on so they get missed, or clients feel they have to tell their story again and again

5. There is a lack of 'through care' and resource to support complex needs clients back into the community. For example, Golden Key workers would often organise benefits for clients leaving hospital - something that hospital employees do not have time to do.



## 2.Housing First

**In spring 2018, Golden Key set up a Housing First pilot in Bristol. This is being carried out with Bristol City Council and the city's housing associations.**

Housing First is designed for people who have been homeless for a long time or those who repeatedly end up homeless. They are offered housing as a first priority, together with additional intensive support, to help them address other needs and maintain their tenancy.

More traditional approaches require clients to meet certain conditions to demonstrate they are 'housing-ready' before a tenancy is offered. The Housing First approach sees that secure housing is offered as soon as it possibly can be, as this provides a stable platform from which other issues can be addressed. The thinking is that because additional support is provided when the client is in a secure and stable environment, it is more likely to be successful and so repeated cycles of homelessness are broken.

The Housing First approach has already been successfully implemented elsewhere in the world and it is being used increasingly across the UK.



## Key Outcomes

- > Three of Golden Key's most complex clients have been housed under Housing First
- > The longest-term consistent rough sleeper in Bristol has also been given a housing offer through Housing First
- > The Housing First pilot initially had funding to support 10 Golden Key clients but extra money has now been awarded, meaning 20 clients in total will benefit from the scheme.



## → Key Lessons

- > Housing First is not a 'quick fix' - finding suitable accommodation for clients and ensuring that they are ready to take the move into their own home takes time
- > The successful implementation of Housing First requires there to be trust between organisations and this takes time to build
- > Clients may need some initial support before they can move into independent accommodation. They could be fearful of the change, or it might be that living alone and feeling isolated could be a risk to their safety. As such, services have to address these issues as part of the package of support. The more complex the needs of the client, the longer it takes to get in place all the support that is needed.

**The more complex the needs of the client, the longer it takes to get in place all the support that is needed.**



## Working with those with Lived Experience to Make Change

**Golden Key is committed to putting lived experience at the heart of the programme. Our **Peer Mentoring Service** and our **Independent Futures** group are two of the ways in which we are doing this.**



# 1. Peer mentors

**Every Golden Key client is offered their own volunteer peer mentor. Peer mentors are people who have experienced homelessness, substance misuse, prison or mental health issues. With a story of change to tell, they are able to support and inspire Golden Key clients. In return, the mentors are able to develop skills and confidence that supports their own recovery.**

Emma has been one of our peer mentors since the service was set up, two and a half years ago. Here she explains a little more about what the role entails:

“I’ve suffered from Tourette’s Syndrome all my life and my symptoms got really bad which affected my mental health – I was in and out of hospital most of my teenage and adult life. But a few years ago, I had a deep brain stimulation device put in which really helped my Tourette’s symptoms, and so my mental health started to improve too.

I heard about becoming a peer mentor when Golden Key came along to my housing association and talked about the service. At the time I was thinking about maybe doing some voluntary work, so when they explained what the service was it just clicked and I thought I’d like to give it a go.

Since I started in the role I’ve had two mentees and they have both been completely different. My first mentee was more than happy to just sit in a coffee shop and chat - I would just talk her through any difficulties she was having. My second mentee is looking for support to get out and do things. For example, she’s interested in voluntary work herself, so I’m supporting her with that. No two mentees are the same, so you have to adapt to what the mentee wants and how they want to work with you. I usually meet my current mentee about once a week.

In terms of challenges, sometimes, if you’ve had a hard discussion about something, it can be hard not to dwell on it. The mentoring system works because we can relate to what our mentees are telling us but that also makes it easy to internalise things. There have been occasions where I’ve had

to ring our coordinator to talk things through but when this has happened she’s always been really supportive. We also have supervision once a month where we have the opportunity to go through anything that is worrying us, or talk about anything that is going well. The team are absolutely brilliant.

It can be really rewarding too - for example my last mentee ended up doing really well. When I first started working with her she was in and out of hospital two or three times a week because she was taking overdoses and self-harming. By the time I finished working with her this was happening less than once a month, hence I thought it was a good time to stop working with her - because she was doing so well. I’m not saying that her recovery was all down to the relationship we had but I definitely think it helped. We had a really nice last session together - I think we both went away feeling really positive. It was really rewarding.

And the woman I am working with now has just got a volunteering job. I supported her with her interview and her induction, and now she’s actually started in her role. She was so nervous during her induction I honestly didn’t think she would go back the following week but she did and I was really proud of her for that.

For me, peer mentoring has definitely helped me with my confidence and it has given me skills I didn’t have before. And I think for the mentees it’s great for them to work with someone who has been through similar experiences - it’s such a unique relationship that you are able to share with somebody. I just think it’s brilliant and I will definitely, definitely keep doing it.”

**“We both went away feeling really positive. It was really rewarding.”**



**Our ambition is to have between 25 and 30 peer mentors working with us in the future, providing a total of 40 hours of mentoring each month**

## Key Outcomes

- > There are currently 15 peer mentors
- > Since the scheme began 2.5 years ago, we have worked with 13 mentees
- > All peers are given full supervision and engage in reflective practice
- > For the mentee, the service helps them to build the confidence to re-engage with the community
- > For the mentor, the service helps them to develop skills and confidence to support their own recovery and progress into employment and education.

## 2. Independent Futures

**Independent Futures (IF) is Golden Key’s advisory group. Using their combined lived experience of the issues of homelessness, drug or alcohol dependency, mental health problems and offending behaviour, members of IF are helping to shape and define the programme.**

Aisha has been a member of IF since the programme began. As part of this role she has recently been attending meetings at Westminster, ensuring that influential decision-makers hear the views of those with lived experience. Here she tells us a bit more about this:

“The first seminar I attended at Westminster was called ‘Next Steps for Tackling Homelessness’ – I have previously been homeless myself, when I fled my husband with my two children as a result of domestic violence. This meant I was able to provide a voice of lived experience - it was the first time someone with lived experience had attended the event.

They invited me back to the All Parliamentary Party Group on Domestic Violence, which took place earlier this year. At this event, women with lived experience of domestic violence were able to speak about their experiences and ask the MPs to put relationship education into schools, and for there to be talks about it at nurseries.

Being able to literally sit with politicians on a normal level, in the same room, is something that does not happen every day. It made me feel so empowered. By enabling politicians to listen to us and understand us, we can hopefully influence change.”

“ ———  
**By enabling politicians to listen to us and understand us, we can hopefully influence change.”**



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## Key Outcomes

Key activities undertaken by IF during the last year include:

### Police Consultation:

IF fed into two consultations with Avon and Somerset Police, providing advice on the issue of failures to turn up to court. Their feedback is helping to bring about a change in the way court summons letters are worded and designed.

### Recruitment Practices:

IF helped to coproduce a document explaining how to best involve people with lived experience in recruitment. They also asked Golden Key to involve them in the recruitment processes at an earlier stage, not just at the interview stage (for example, helping to set interview tasks and questions). As such, people with lived experience now have more influence over who is recruited to work for the programme. The next step is to look for opportunities to apply this learning to other partnership agencies.

### Bristol City Council Commissioning:

In September 2017, two IF members were involved with evaluating tenders submitted to Bristol City Council by organisations wanting to provide residential rehabilitation services. IF members evaluated the bids, looking specifically at how the bidders proposed to involve and engage those with lived experience in the services they wanted to run. As a result, IF members were able to play an important part in ensuring that those commissioned to provide rehabilitation services in Bristol were organisations who understood the importance of listening to those with lived experience.

# The Golden Key Partnership

## Programme delivery

### Partnership Board

Oversees strategic direction and cultural impact of Golden Key.

### Programme Team

Coordinates, supports and commissions activities across all aspects of the programme. Links system change activity locally and nationally.

### Service Coordinator Team

Client-facing workers involved in activities to support, learn and understand our clients' experiences; influencing change in the way that systems support people with complex needs.

### Clients

Our clients' experiences provide the evidence we use to drive system change.

### Independent Futures

People with lived experience of complex needs who work across the partnership, the city and nationwide to improve service delivery for people with complex needs.

### Peer Mentoring Service

Training individuals with lived experience to support people with complex needs.

### Local Evaluator

Evaluating the progress and success of Golden Key.

### Agents of Change

People who are trained in systems thinking who are interested in instigating change to improve systems for people with complex needs.

### System Change Group

People from services across the city who are committed to making change happen; creating solutions to blocks in the systems that are experienced by clients with complex needs.

### National Evaluator

Evaluating the progress and success of all the Fulfilling Lives project.

### Psychologically Informed Environment (PIE) Partnership Group

People from local organisations who share learning, resources and support on the use of PIEs in services..



Golden Key is one of twelve projects across England which make up Big Lottery's programme, Fulfilling Lives: Supporting People with Complex Needs.



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