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# Partnership Case Study

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**Project:** Fulfilling Lives: Supporting people with multiple needs  
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This partnership case study focuses on Bristol's Golden Key programme. It explores the systems of support in the Bristol area prior to the *Fulfilling Lives: Supporting people with multiple needs* initiative and how stakeholders believe the project will achieve the necessary system change. The case study is based on interviews with key stakeholders from the lead organisation and their partners.

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## Background

Bristol is the largest city in the South West of England. It has been described as a 'tale of two cities' due to the substantial gap between rich and poor within the city's limits. Bristol continues to have deprivation 'hot spots' which are among some of the most deprived areas of the country adjacent to some of the least deprived. The city has a growing minority ethnic community, including large numbers of recent migrants from Eastern Europe and Somalia. Some of these migrants have no recourse to public funds and are therefore rough sleeping.

Bristol has one of the highest numbers of opiate and crack cocaine users per head of population in the UK and has an increasing problem with rough sleeping and homelessness (which includes people in transient accommodation such as 'sofa surfing'). Bristol has a high rate of re-offending for prisoners serving less than 12 months (57%), as well as a significant issue with the use of sex workers (Bristol Business Plan 2014/15-2022/23).

## The Golden Key programme

*To enable people with the most complex and multiple needs who are the furthest away from services to drive their own recovery journey, build on their strengths, and pursue their*



*hopes and aspirations; and that by maximising the choice and control people have over the ways they engage with the support and opportunities they want, they will make sustained positive changes in their lives.*

#### **Vision of Bristol's Golden Key programme**

Second-Step Housing is the lead partner agency for the Golden Key programme, supported by a core partnership board and a strong client voice provided by the Investing in Futures Advisory (IF) Group. The project is funded for eight years throughout which it will work with 300 individuals who have at least three of the four needs (homelessness, substance or alcohol misuse, mental ill health and offending). In addition, the project aims to indirectly positively impact on the recovery journeys of a further 1,500 individuals with multiple needs by influencing system change for services working with this group.

### **KEY FEATURES OF THE PROJECT**

Golden Key will provide access to services for individuals with multiple needs by 'unlocking lasting change'. This will be achieved through agencies working together and the input of individuals with lived experience into the design and delivery of services. As part of this approach the following elements are central to the project's delivery:

- *Supporting a sustainable, authentic client voice through the IF Group*
- *A lead co-ordinator team*
- *Peer mentors*
- *Golden Key agencies (any agency working with the target client group who sign up to the project's approach)*
- *Small personal budgets for beneficiaries*
- *'Telling Story Once' website – a website utilising a variety of media options to record client stories. These stories will be controlled by the clients who can share them with their support providers with a view to reducing the need for numerous assessments.*
- *Psychologically informed environments*
- *Multi-disciplinary team and full personal budget pilots*
- *Innovation pilots to develop new ways of working in: 1) physical and mental health; 2) meaningful activities; 3) families and friends; and 4) new ways to provide staff support.*

The programme will also work with a small cohort of young adults (16-17 year olds) to understand the challenges involved in (and the potential solutions to) the transition into adult services.



## Current system of support for multiple needs

Key stakeholders view the system of support as fragmented with services designed and delivered in silos. Views on the strength of current partnership working vary. Commissioners feel there is a good degree of collaboration but that it is not system wide.

There is recognition that there are no services specifically for people with multiple needs but rather that specific need focused services that address people's 'primary presenting issue' exist such as offending. In addition, the thresholds for acceptance onto a service are varied.

Funding for commissioned services is deemed too short-term to tackle the long term problems experienced by individuals with multiple and complex needs. In addition, the restrictions put in place by commissioners are seen as limiting choices of care and support.

Prior to the Fulfilling Lives: Supporting people with multiple needs programme service user involvement primarily focused on annual surveys from probation and housing. Drug and housing agencies also run service user forums to focus on their experiences and what does/does not work in order to help improve services.

Of the four areas of multiple need, mental health services were deemed to be the most fragmented because of the way the system functions and is resourced. Funding cuts result in services being rationed to those with the most severe needs only who are already causing serious harm to themselves and others. Stakeholders also expressed concerns with the delivery of service and referral on discharge:

*We particularly are frustrated by mental health services, who we think have a very, very high threshold, are very poor at discharging people, so we quite often get people just turning up on the doorstep. We don't get effective referral of people being discharged in a managed way. Our sense is....the mental health service is not very good at the ongoing delivery of treatment and support.*

As in other areas dealing with dual-diagnosis is an issue. An individual may not be able to receive mental health service support until they have addressed a substance misuse problem. However, substance misuse may be a form of self-medication for mental health issues. As the current approach only deals with the primary presenting issue rather than taking a holistic approach this can lead to individuals constantly rotating around services.

All of the stakeholders interviewed felt that substance misuse services are the easiest to communicate and collaborate with. Services recognise that sustaining independence (and stability) assists an individual's recovery. As a result local housing and drug treatment services have been commissioned in a more joined up way over the last six years in order to enable this.



In contrast, housing of serious re-offenders is a considerable problem raised by stakeholders. Historically probation and housing services had worked well but at the time of interview the local prison had ceased managed discharge and housing services were finding it difficult to re-engage with them.

*They had taken away their person they had who was doing accommodation finding, which meant that people were being discharged on a Friday with no accommodation to go to.*

There are some individuals who are deemed too risky to house and so are placed in bed and breakfast accommodation; this may increase the level of risk to others. This is reflective of a wider problem of people with multiple needs, known to different services, but considered too high risk to work with.

*Even though we commission services to work with high end people, these two individuals were regarded as too risky to go anywhere... [...] it was apparent that the probation knew them, mental health services knew them, drug treatment services knew them, we know them.*

At the time of the interviews the system of support and care for individuals with multiple needs was changing substantially, with several services restructured and/or re-commissioned including mental health, probation and substance misuse:

- Mental health services: there is a need to examine thresholds for accessing care.
- Probation services: The national Transforming Rehabilitation programme will result in a National Probation Service (NPS) to work with high risk offenders and Community Rehabilitation Companies (CRCs) to work with low to medium risk offenders.
- Substance misuse: In November 2013 the Recovery Orientated Alcohol and Drugs Service (ROADS) was commissioned in Bristol. Instead of beneficiaries going to an organisation and being assessed for a particular service, individuals now receive needs assessments upfront and are then directed to services. The Bristol Drugs Project (BDP) provides all the assessments, creating a single system of contact.

Such local and national changes create both challenges and opportunities for the Golden Key programme.

## Achieving change

Stakeholders are enthusiastic about the opportunity to test out new ways of working with individuals with multiple and complex needs. There are three key ways in which stakeholders feel the Golden Key programme is different to the current system:

— *Service users are at the heart of informing and designing changes to service delivery.*



- *The lead co-ordinators support a very small caseload of people over a long period time – as opposed to the current system where workers have caseloads of 65 people for whom they cannot co-ordinate care because of the volume of targets.*
- *The programme is led by a third sector organisation that can help to navigate the system outside of the commissioning process.*

However, stakeholders recognise that achieving the changing practice and culture required will be challenging. For example, the voluntary sector can be very competitive, especially when it comes to funding. As such it may be difficult to get all parties to sit down and agree a way forward when not all of them may survive a change to the system.

*This project's going to make agencies uncomfortable because it's got to challenge accepted practice and accepted policy locally, otherwise we're not going to get systems change.*

A key way that partners hope to influence system change is through system-wide cost-benefit analysis. Raising awareness of the current and future cost of people with the most complex needs should help to convince partners that new ways of working are beneficial.

## What does success look like?

Similar to other towns and cities across England, Bristol sees the same individuals rotate around services year after year. The Golden Key programme was designed to 'unlock doors' for people with multiple needs by providing new ways of helping people who have disengaged or perceived as very challenging to help.

Success for the Golden Key programme would be the generation of significant local and national learning that allows strong local partnerships to provide a cost-effective, holistic service, designed with consideration of the experiences of service users that ultimately results in fewer people with multiple needs rotating around services unable to progress.

In particular stakeholders are keen to see the following changes result from the programme:

**Greater collaboration between partners** to the extent that those working with the same people may even co-locate to provide services. Partners recognise that in order for a multi-agency approach to work there needs to be good mutual understanding. While any overlap between services should be removed, different agencies have different areas of expertise and this should be retained.

*It is not about losing the expertise, or the skills, or the values from the various different individual agencies, but people from those different agencies understanding and valuing the skills and expertise that they bring. So it's not trying to create something that is additional, it's a synthesis of what exists, really.*



**Learning generated from the project influences future service design and delivery.** This includes services learning how to better engage with all service users and not just those with the most complex needs and a reassessment of thresholds for accessing services. Learning may also help to inform preventative work; for example, to help prevent offending in the first instance as opposed to re-offending.

**Changes to the culture** of working with people with multiple needs so that it is more person centred with tailored services and a proactive approach that does not give up on people.

*Which means, at a very basic level, helping people lose their labels. So actually, we don't look at their labels, we look at the person here and now and how the future can be different for them.*

