

SYSTEM CHANGE CASE STUDY: EMERGENCY ACCOMMODATION TEAM

1 Summary of Key Findings

Following the outbreak of the Coronavirus pandemic in March 2020 and government policy to move rough sleepers into emergency accommodation, Golden Key (GK) were commissioned to provide support at the one of the hotels around intake and assessment, meeting day to day support needs and facilitating appropriate move on. Whilst this work was originally expected to run from April-August 2020, it has now been extended until June 2021 and GK's involvement has expanded to incorporate a range of additional services beyond the hotel (with floating support services funded until March 2022).

This work has had a direct impact on the lives of those clients housed at the hotel and other GK serviced accommodation across Bristol in that they have been provided safe and secure housing throughout the Covid-19 pandemic. For several this was also the first opportunity to access a range of integrated services, including support for drug and alcohol addiction, mental and physical health and housing. With the broadening of the work beyond the hotel to clients elsewhere there is the potential for wider impact. As one interviewee said, 'if we can house 60 additional people it would be a game changer.' GK has also been providing peripatetic support at other locations around the city, including the accommodation managed by the Salvation Army.

The interviews revealed significant evidence of system flex, with a range of providers collaborating closely together in challenging circumstances. A particularly significant change, that is likely to have a lasting impact, is the closeness of the relationship that has been developed with commissioners for homelessness, criminal justice and mental health. There was confidence that these relationships have become embedded and will carry forward into a 'more flexible and responsive relationship'.

One interviewee noted that there has been 'a big bit of learning around trauma informed care' and how this can be maintained despite the challenges of working in a Covid-secure environment. The work with hotel staff and security was new and has been a 'steep learning curve', although the mandating of twice monthly reflective practice sessions for all staff (including hotel and security) and the inclusion of this as a Key Performance Indicator (KPI) has ensured that people are given time for learning and reflection, with the 100% attendance rate demonstrating the importance given to this.

The Covid response work has now become a key strand of GK activity and is being embedded into the transition and legacy work through the Change for Good (C4G) initiative which arose from the move on initiative following the initial crisis response of 'Everybody In'. There are also close links to the Creative Solutions Board (CSB), which is another key element of the GK transition and legacy strategy.

In stepping up to the challenge of running one of the hotels providing emergency accommodation for rough sleepers and those in unsuitable hostel accommodation during the Covid pandemic GK has had an opportunity to put its learning into practice, to embed key principles (such as trauma informed services and partnership working) and to develop relationships (with providers, commissioners and other groups). In so doing, however, GK has moved clearly into the space of being a provider/agency itself, rather than simply a partnership that coordinates and supports engagement with existing services. This poses both opportunities and challenges with regards to transition and legacy that would benefit from further consideration.

2 About Golden Key and the Local Evaluation

[Golden Key](#) (GK) is an eight-year project that aims to unlock access to services for people with multiple complex needs (MCN), including homelessness, mental health problems, drug/alcohol dependency and criminal offending behaviour. Golden Key is a partnership of statutory and not-for-profit agencies across Bristol (including the NHS, police, probation, City Council, Second Step, Bristol Drugs Project, St Mungo's and 1625ip) who are piloting new approaches to service delivery and mobilising systems change to ensure a lasting legacy for the city and its most vulnerable residents. It is funded through the National Lottery Community Fund [Fulfilling Lives](#) initiative. A team at UWE, Bristol is working as local evaluation partner to capture evidence and inform practice throughout the initiative¹.

2.1 Why have we produced these case studies?

This case study has been compiled as one of a number of deep-dive investigations of systems change activity and impact in order to (a) understand in depth whether and how a sample of GK's systems change activity is driving demonstrable change and the relationship with outcomes for people with MCN; (b) draw out and capture learning from these activities to support enhancing GK's progress towards systems change. Projects were identified in consultation with the GK Programme Team and Service Coordinator Team (SCT) in order to provide a cross-section of approaches to systems change where there is emerging evidence of outcomes and impact. Case study reports are intended for illustrative purposes and should not be considered as a comprehensive independent evaluation of the activity. Insights from these case studies will feed into the Phase 4 local evaluation report.

2.2 Research methods and approach

The local evaluation takes a formative approach which aims to support learning and development in a shifting complex environment. It is influenced by '[realist](#)' principles whereby we seek to understand the *mechanisms* through which interventions produce *outcomes* within particular *contexts*. We aim to capture multiple perspectives, differing experiences and unanticipated/unintended consequences. A mixed methods approach has been taken, with case studies based on a combination of semi-structured qualitative interviews as well as a review of associated secondary data sources where available.

Data collection was informed the GK Phase 4 Local Evaluation Framework², which was used to develop interview questions and structure the analysis process. The Emergency Accommodation Team (EAT) case study draws on the following sources of evidence:

- Semi-structured interviews with 3 members of the GK Programme Team/SCT in October 2020
- Emergency Accommodation Team (EAT) Report, September 2020
- Trello board on Covid-19 System Learning, accessed December 2020
- Peer research report (draft) based on client interviews by Cognisant Research and the Independent Futures group in July 2020
- Staff perspectives report (draft) based on interviews with hotel management, security and support staff conducted by the GK Learning Team in Sept-Oct 2020

Please note that the evidence only covers the period up to autumn/winter 2020 hence it is possible that some of the details in this report may now be outdated. Furthermore, due to time constraints it was not possible to interview anyone beyond the immediate GK team involved with this work. To some extent this has been compensated for by the reports of findings from interviews with clients and staff at the hotel but does limit the degree to which this can be regarded as an independent and impartial evaluation report.

¹ A selection of additional reports from the local and national evaluation be accessed at <https://www.goldenkeybristol.org.uk/impact-evaluation-reports>.

² Isaac, B., Bolden, R., Pawson, C. and Gasper, R. (2020) *Golden Key Local Evaluation Phase 4 Evaluation Framework*. Bristol Leadership and Change Centre, UWE Bristol, May 2020.

3 Background and Purpose

3.1 Background

Following the outbreak of the Covid-19 pandemic and subsequent national lockdown across the UK from 23 March 2020 the UK government committed to providing emergency accommodation to all people sleeping rough, in unsafe communal settings or at imminent risk of rough sleeping through the 'Everyone In' initiative. On 26 March, the Minister for Local Government and Homelessness wrote to local authorities asking them to urgently accommodate all rough sleepers and focus on the provision of adequate facilities to enable people to adhere to the guidance on hygiene or isolation, including for those who are at risk of sleeping rough.³ Subsequent guidance recommended that when arranging move-on accommodation for people sleeping rough, local authorities should: explore sustainable options, including through partnerships with housing associations and in the private rented sector; encourage people sleeping rough to stay with friends or family, 'where appropriate and possible'; where no move-on possibilities exist, provide short-term accommodation while looking into long-term options.

The local response was coordinated by the Homelessness Commissioning team at Bristol City Council (BCC) who approached a number of organisations, including Golden Key (GK), to ask them to support the provision of emergency accommodation across the city.

3.2 Purpose/aims

The initial aim of this initiative was to limit the spread of Covid-19 by providing emergency accommodation for rough sleepers and those in unsuitable hostel accommodation where they could adhere to the government guidance on hygiene, social distancing and/or self-isolation. With the rapidly evolving situation in Spring 2020 there was a high degree of uncertainty around the duration or impact of the pandemic on this population and, given the levels of underlying health issues facing these clients, there was significant concerns about adverse outcomes should they become infected by the virus.

At the outset the initiative was highly reactive – dealing with the immediate crisis – but over time opportunities were taken to increase access to an uptake of services for hard-to-reach clients. GK collaborated with other service providers, such as Bristol Drugs Project (BDP), mental health and social services, to increase access to wrap-around services.

Initial short-term funding through 'Everyone In' was extended through the [Next Steps Accommodation Programme](#) launched by the government in July 2020 to support the transition of people from emergency accommodation to longer-term solutions. Within Bristol, this has led to the development and implementation of Change for Good (C4G), another initiative headed up by GK and closely linked to the move on process for people in temporary hotel accommodation.

The Emergency Accommodation Team (EAT) report in September 2020 identified the following aims:

- To support meaningful and sustainable system change around housing clients with complex needs, both by implementing and testing GK learning in a 'real world' setting and through our support and feedback around pilot work delivered by other agencies during the pandemic.
- To reduce homelessness in the city by identifying and supporting access to appropriate and sustainable accommodation for individuals currently housed in response to the pandemic who would otherwise return to street homelessness or other insecure or unsafe accommodation.

³ Notes compiled with reference to https://england.shelter.org.uk/legal/housing_options/covid-19_emergency_measures/homelessness

4 Development and Implementation

4.1 Development/planning

Following the government mandate to local authorities to provide emergency accommodation for rough sleepers BCC approached a number of organisations to request their help. Strong relationships had been developed between GK and the BCC Homelessness Commissioning team through membership of the Partnership Board and the Housing First pilot. Whilst the request to effectively run a service was somewhat outside the usual scope of GK activity, given the urgent nature of the situation the GK Programme Team made a rapid decision to get involved. As one interviewee noted, 'there was an assumption that people would say yes'.

From April 2020 GK were commissioned to provide support at a hotel in Bristol around intake and assessment, meeting day to day support needs and facilitating appropriate move on⁴. Whilst this work was originally expected to run until August 2020, due to the continuing nature of the Coronavirus pandemic the contract for this service has now been extended until March 2021 and GK's involvement has expanded to incorporate a range of additional services beyond the hotel.

The GK lead on Housing First was seconded to run day-to-day operations given his previous experience running a hostel and strong relationships developed through Housing First. Another member of the GK Service Coordinator Team (SCT) was seconded to support him as Senior Practitioner, and 3-4 additional staff members have since supported the work. Despite the pressures and uncertainties, staffing has remained relatively consistent throughout, which has been helpful in ensuring continuity.

GK were asked to manage one of five hotels used by BCC to provide emergency accommodation to homeless individuals displaced by Covid-19. Whilst GK are leading the work at a single hotel, they are required to work in close collaboration with other providers, as well as the homelessness team at BCC and hotel and security staff.

4.2 Implementation/practice

Emergency accommodation at the GK operated hotel opened on 14th April 2020, with GK providing support 12 hours per day, 7 days per week. The initial allocation was for 30 rooms - 20 for people with complex needs and 10 for clients who had contracted Covid – although the Covid-secure rooms were never actually needed in the end.

Two members of the SCT and 2 trainees were seconded to work at the hostel full time, with around 6 GK staff heavily involved in total. GK staff worked closely with hotel staff and security – providing trauma informed training and reflective practice sessions. There was a need to be very flexible, working alongside other services, such as social services, BDP, public health and local outreach organisations, to conduct assessments and to provide a range of support services.

The initial expectation was that the work would last around 2-3 months, although this has since been extended to over a year. As time passed the focus increasingly moved towards transitioning clients into longer-term accommodation and the case load has now increased to around 60 clients, and the provision of services and support for people housed outside the hotel in a range of accommodation across the city.

The following extract from the EAT report, September 2020 summarises activities.

Since April this year Golden Key has been contracted by BCC to provide support at [the] hotel around intake and assessment, meeting day to day support needs and facilitating appropriate move on. Service delivery at the hotel is in conjunction with both hotel management and a 24hr security team they employ. The hotel is effectively split in to two wings, with clients in the rear elevation with their own entrance and the more usual hotel customers in the front wing.

⁴ Specific details of hotel names/locations have been removed from this report for safeguarding reasons.

Clients come from a range of homelessness sources including rough sleeping, other hotels, crisis houses, hospital discharge, temporary accommodation, etc. Individuals may have higher levels of need such as mental health, personality disorder and significant trauma and can also be using drugs and alcohol, but the project does not generally accept those identified as higher risk to themselves or others.

From July the team have also been supporting move on for more complex and difficult to engage clients at [another hotel], including a significant number of EEA [European Economic Area] clients and asylum seekers who would usually be in-eligible for housing within the pathway. BCC have extended their contract with the [the other hotel] until the end of October, but we will continue to work with just 6 of the more complex clients, with the Salvation Army now providing support to the rest.

Towards the end of September BBC signed an extension with [the hotel] until the end of March 2021, ending a long period of uncertainty for both staff and clients. This means that we will continue to support approximately 32 clients at the hotel. Previous plans to move a 'hub and spoke' model fell through as BCC were unable to secure a suitable unit to house both the team and a small number of the most vulnerable clients.

In addition to the existing hotel work we have also secured grant funding from BCC to support an additional 20-30 more complex clients currently in BCC temporary accommodation, giving a total caseload of 60 clients across all the settings we support. Again this contract will be until the end of March 2021 and will be a mix of engagement, assessment and move on work. Suitable clients will be supported to move in to and remain in a number of HMO's [House in Multiple Occupation] that BCC are currently looking to secure, predominantly in the east of Bristol. Additional recruitment for this is currently underway.

5 Evidence of Systems Change

5.1 Change for people with multiple complex needs (MCN) and other service users

GK clients or a specific cohort of MCN individuals	Wider population of MCN service users in Bristol	Service users generally
YES	MAYBE	NO

There has been a direct impact on the lives of those clients housed at the GK run hotel and other GK serviced accommodation across Bristol in that they have been provided safe and secure housing throughout the Covid-19 pandemic. For several this was also the first opportunity to access to a range of integrated services, including support for drug and alcohol addiction, mental and physical health and housing.

With the broadening of the work beyond the hotel to clients elsewhere there is the potential for wider impact. As one interviewee said, 'if we can house 60 additional people it would be a game changer.' GK has also been providing peripatetic support at other locations around the city, including the temporary hotel accommodation managed by the Salvation Army.

In July 2020 Independent Futures, in collaboration with Cognisant Research Ltd, conducted peer research interviews with 10 clients to capture their experiences at the hotel. The conclusions were as follows:

The [GK run] Hostel intervention was generally well received by those people spoken to as part of this project. Clearly the process of getting people off the streets was designed to protect them against Covid-19, but it appears to have had other positive repercussions in terms of giving people access to the support services they need. The participants in this project clearly appreciated the privacy, shelter and support provided to them in the hostel. Indeed, this comes as a contrast to the narrative provided about hostels before the pandemic. However, there were also individuals who clearly found the level of attention they received from the support services in the hostel intimidating, presumably because they were not used to it.

Research conducted by the GK Learning Team with hotel staff, security and support workers in Sept-Oct 2020 also noted improvements, as illustrated in the following quotes from their report:

- "I think we've been able to hold people that the council didn't think we'd be able to keep here - certainly not for as long...I think just because we've got a really good support team here... we have the chance to build relationships with people." - Support team member
- "Even with a limited budget, I've been encouraged a lot more to think about how to tailor support to the client." - Support team member from a Second Step service
- "We've got people here with high levels of trauma and we know relationships really are the way out of trauma. They're really hard to force and they're really hard to build if you see someone twice a week...it's built by having unstructured low-level contact with people every day, and then doing some structured stuff around that and some structured thinking behind it." - Support team member

There were also comments from the housekeeping staff at the hotel noting that levels of cleanliness, hoarding and smoking within rooms had improved over time.

Further examples of progress and opportunities were included in the EAT report, September 2020.

- The GK PD [Personality Disorder]Lead (currently seconded as a senior to the EAT) has adapted a Homeless Link tool around reducing evictions and abandonments and after brief training the team have begun using this. This seeks to take a more support orientated and less punitive approach with clients to address issues and incidents and has already resulted in one client avoiding a likely eviction. The PD Lead is due to speak to the Housing First Project Manager at Homeless Link next month around both this and his 'strengths based' GK work as they have expressed an interest.
- During the month we worked in partnership with BDP and BCC to secure a flexible accommodation offer for an EEA client that meant that he could then go to the ACER unit for an inpatient detox. This is someone who is ineligible for benefits and who currently has no pathway accommodation once his hotel stay ends but also little chance of securing work with his current problematic alcohol use. We have worked closely with housing managers at BCC and they have agreed that in this case that they will take a flexible approach to him returning to the hotel after his detox, with a view that this increases his chances of returning to work in the future and avoiding street homelessness.
- The GK psychologist facilitated the first formulation for the team around a complex female client and this was also attended by a member of the security staff and the hotel manager. The security guard said later that although he did not feel confident in contributing much during the formulation but he had found this very useful and asked if he could attend any future formulations.

The GK leads for the EAT have compiled monthly and quarterly reports for GK and BCC, which document activities and outcomes. A summary of quality and service performance indicators provided in the EAT report (September 2020) demonstrates that all targets were either met or exceed, as shown below.

Key Performance Indicator	Target/baseline	2019/20 performance
% current clients with up to date 'snap shots' in files	85%	100%
% current clients with GP after 4 weeks	80%	80%
% clients who leave hotel with planned move on	75%	78%
% of workers who attend twice monthly reflective practice sessions (excluding A/L and sickness)	100%	100%

5.2 Changes within and between organisations

Changes in individual staff (values, behaviours, beliefs, skills, knowledge)	Coordination/structural changes <u>within</u> organisations	Coordination/structural changes <u>between</u> organisations	Change experienced by Bristol citizens
YES	YES	YES	MAYBE

The response of GK to the Covid-19 pandemic required a rapid reallocation of resources and workloads. The EAT has involved the secondment of a number of key staff members, which has been sustained over time despite the initial expectation that this would only be a relatively short-term arrangement.

The interviews revealed significant evidence of system flex, with a range of providers collaborating closely together in challenging circumstances. As one interviewee said, 'the way people worked together was incredible', it has 'created real opportunities to work together across teams, building respect and trust' and we have developed a 'tighter knit partnership in Bristol'.

Distinctive changes included:

- Working closely with hotel and security staff who did not have previous experience of supporting people with multiple complex needs.
- The development of a closer, more dynamic relationship with commissioners, which has increased levels of trust and lead to a more 'open, flexible and responsive' approach.
- The creation of lasting friendships and relationships that have arisen through supporting one another through challenging times.

These issues are reflected in the GK Learning Team report based on interviews with staff at the hotel in Autumn 2020, as illustrated in the following quotes:

<ul style="list-style-type: none"> • "Rather than just having your own point of view on somebody, you've got their point of view, and maybe even see a bigger picture - maybe somebody's going through this or - that they've picked up on [something] that you haven't, so you learn from other people around. I thought that was really helpful... everyone's got different bits" - Security team member • "[We] used the principles and approach of reflective practice - everybody having a voice, working together, pulling things apart, holding different perspectives - and then using that to make some really, really good team decisions" - Support team member • "Working in a team that had so much expertise from different areas was really amazing and I think meant that the service that tenants were receiving was really well informed and efficient" - Support team member • "In the Bear Pit... the subway was full of homeless people all the time...I was disgust[ed] about them because I work so hard and work all day and they ask 'give me change, give me change, give me change' and I didn't understand the situation. But now, after, when we've accommodated that kind of people here, when we've observed them and most of them have problems with drugs, they don't have contact with families, that is a good experience for me. I've got a different perspective now of the people who are on the streets." - Hotel staff member • "Generally, I thought the city was amazing. Particularly in those areas where we support the people with the most needs. That was just so exciting to be a part of, in all of those little pockets...there was a real energy." - Visiting staff
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5.3 Sustainable change

Whilst the work of the EAT was initially expected to last 2-3 months it has now been extended to a over a year. The service provision element of the work is a departure from original principles of GK but has

offered excellent opportunities to build and strengthen relationships and to have a direct impact on the lives of clients, as illustrated in the following quotes from the GK Learning Team report:

- "There was a 'can-do' attitude, not just in the team but also externally. I'd sit in meetings with managers and commissioners and people would go 'we can do this'...I'd say 'is this about resources, is this going to cost you money?' and sometimes people would say 'no, it's nothing to do with the extra money, we just normally wouldn't have done it" - Senior support team member
- "If you cut us through like a stick of rock it says 'it's all about the relationships' but it has confirmed that ... I'm excited because I think when we get through this...I think the relationships we've built here... where people have got to know each other, I think this will make a difference. I think bizarrely we might have made more connections across the city than we would have in the past...between managers and different sectors. I think if we can take that forward, I think that's really positive." - Support team member
- "It shows you can do amazing things quickly. there'd be commissioners, senior manager, people from different sectors, and people would decide things within a meeting, within in an hour and a half. And I think 'we take years to do this'... so I think we need to remind people of that, of where their heads were in this space." - Support team member

A particularly significant change, that is likely to have a lasting impact, is the closeness of the relationship that has been developed with commissioners for homelessness, criminal justice and mental health. In the early stages of the pandemic GK staff were in regular contact with commissioners, meeting 1-2 times per week, and flexing and adapting to the changing context. One interviewee commented that commissioners 'have been flexible and allowed leeway, with fewer KPIs [and the] least prescriptive agreement I've seen in 20 years.' There was confidence that these relationships have become embedded and will carry forward into a 'more flexible and responsive relationship'. Commissioning meetings were described as more 'creative and open', with commissioners 'showing vulnerability' and developing more personal relationships with providers. Greater involvement has been noted with Avon and Wiltshire NHS Mental Health Partnership (AWP), as well as the Clinical Commissioning Group (CCG), which are areas where GK has sometimes struggled to get consistent engagement.

Uncertainty around the duration of their stay at the hotel and what would happen next, however, has had some impact on the wellbeing of clients and there is a risk that progress will be lost when they are eventually moved on, as indicated in the following conclusion from the client experience report.

It is concerning that none of the participants had a clear idea about what was likely to happen to them after leaving the hostel. Whilst resources required to house the homeless are clearly limited, participants were able to articulate their concern that the good work that had been done by the hostel intervention could be undermined by a return to the streets. It is clear from these interviews that the provision of stable housing can be an effective catalyst for individuals making positive life choices, potentially providing the "key stone" around which other complex needs can be managed.

Similar concerns were expressed by staff, highlighting the pressure and stress caused by this uncertainty and the challenges of maintaining resilience over time, as illustrated in the following quotes from the GK Learning Team report.

- "The uncertainty has been tough...it's gonna be three months, no it's gonna be longer.... we were potentially going to go somewhere else, then we're staying here... you've got to manage client expectations which is really tough because we don't actually know. As a senior you have then got to manage staff wellbeing and how they feel." - Senior support team member
- "I saw managers who were trying to work out very immediate problems, but also were trying to work out what was going to happen in a really uncertain future. And that's a hell of a juggle for anyone. " - Support team member

- "We are not specialists; we are not trained for that. Security is not trained to deal with that. We can deal with drunken disorder, aggression...but not with the mental health issues because we are not the facility for that." – Hotel manager
- "There wasn't really an opportunity to do proper assessments before getting people in. So how they were making those judgement calls about who went where...it was all very quickly on the hoof, so of course it was a real hodgepodge all over the place... the urgency was getting people in somewhere, and the other things got factored out afterwards." - Visiting staff
- "When we're here, it's questions that we've never heard of...like 'when will I get my medication', 'when will I move out of here'...'when I move out of here am just going back to the streets' – "I don't know, I don't know - I cannae give you those kind of answers" ...because, like I say, we haven't got a clue'." - Security team member

The Covid response work has now become a key strand of GK activity and is being embedded into the transition and legacy work through the Change for Good (C4G) initiative which arose from the move on initiative following the initial crisis response of 'everybody in'. There are also close links to the Creative Solutions Board (CSB), which is another key element of the GK transition and legacy strategy.

6 Engagement with GK System Change Principles

The Phase 4 evaluation framework outlines nine key principles/assumptions that underpin the GK approach to system change. The extent to which these are evident within the (a) approach and (b) outcomes of the EAT work are summarised below.

- PERSON CENTRED, ADAPTIVE SERVICES (High/high): Whilst the initial aim was to get rough sleepers off the streets, the opportunity has been taken to provide a range of wrap-around services to meet the specific needs of clients.
- SUPPORT WORK INFORMED BY PSYCHOLOGICAL THEORY (High/high): The secondment of SCT members with extensive experience of Housing First have ensured that these principles are embedded within the initiative.
- SERVICES INFORMED BY MCN LIVED EXPERIENCE (Medium/medium): The extent to which lived experience informed the development and provision of services is unclear. Independent Futures have conducted peer research interviews with residents, however, to capture their experiences.
- FOCUS ON INTERPERSONAL RELATIONSHIPS (High/high): GK were commissioned largely on the basis of existing relationships. Further relationships have developed through this work although, partly due to the need to limit potential exposure to Covid-19, there appears to have been relatively little coordinated exchange between emergency accommodation providers.
- STAFF SUPPORT AND EMPOWERMENT (High/high): Staff have been given significant responsibility and discretion in the design and delivery of the service, in changing and unpredictable circumstances and with limited oversight from commissioners.
- LEARNING AND REFLECTION (High/high): Reflective practice has been embedded from the outset. GK staff have been facilitating reflective practice with hotel and security staff.
- DIVERSITY OF PERSPECTIVES & EXPERIENCE (Medium/medium): There is a diversity of professional expertise, but it is not clear about the extent to which this has been reflected in demographics and lived experience. An equalities impact assessment completed by the GK Equality, Diversity and Inclusion (EDI) Group gave a positive assessment.
- PARTNERSHIP WORKING (High/high): Whilst GK has led the EAT work, they have been required to work alongside hotel staff and a range of providers to deliver the service. The development of C4G arising from this work is founded on principles of partnership working across the city.

- **WHOLE SYSTEM APPROACH (High/medium):** There was a strong focus on the whole system pulling together to respond to the Covid outbreak although the way services have been organised and delivered are potentially a little siloed.

7 Learning and Next Steps

7.1 Learning and insights

The GK staff leading the work saw it as ‘a real opportunity to apply GK learning in the real world’. Principles of trauma informed care, staff support and empowerment, and reflective practice have been incorporated from the outset.

A range of evidence and indicators have been captured and monitored, including NDT and outcomes star assessments for clients (part of the standard GK reporting scheme) as well as interviews with staff and clients, conducted by the GK Programme Team and IF Group respectively.

During the early months of the pandemic, staff joined a citywide Covid working group hosted by GK every fortnight to share learning and observations about the system, with insights collated on a shared Trello Board. Whilst these no longer run on a regular basis throughout Autumn 2020 a number of learning events were held, with insights captured and shared across the wider GK network.

The work with hotel security was new and has been a ‘steep learning curve’. Whilst one client was evicted early on, staff have worked hard to find solutions, including the introduction of separate entrances for hostel clients and hotel guests. A challenge, however, has been around sustaining this given the high rate of turnover amongst security staff in particular.

One interviewee noted that there has been ‘a big bit of learning around trauma informed care’ and how this can be maintained despite the challenges of working in a Covid-secure environment. The mandating of twice monthly reflective practice sessions for all staff (including hotel management and security) and the inclusion of this as a KPI has ensured that people are given time for learning and reflection, with the 100% attendance rate demonstrating the importance given to this. GK staff run fortnightly development sessions for hotel and security staff, with the same opportunities provided for both contracted and bank staff, which helps ‘give a sense of what PIE looks like in the real world’.

7.2 Recommendations and next steps

In stepping up to the challenge of running one of the hotels providing emergency accommodation for rough sleepers during the Covid pandemic GK has had an opportunity to put its learning into practice, to embed key principles (such as trauma informed services and partnership working) and to develop relationships (with providers, commissioners and other groups). In so doing, however, GK has moved clearly into the space of being a provider/agency itself, rather than simply a partnership that coordinates and supports engagement with existing services. This poses both opportunities and challenges with regards to transition and legacy that would benefit from further consideration.

The work at of the EAT links directly to other GK initiatives, including C4G and the Creative Solutions Board, both of which are key elements of the transition and legacy strategy. Other than the meetings of the Covid working group throughout Spring-Summer 2020 and the subsequent forums in Autumn 2020 to capture learning about system change from the Covid response it is unclear whether specific steps have taken to ensure sharing of learning/insights across these initiatives. This would be both timely and beneficial as both C4G and CSB develop into the next phase.

One interviewee noted that the urgency at the outset of the Covid pandemic lead to ‘everyone trying to do everything at once’. Now that the immediate crisis has passed it would be worth reviewing structures, roles and operations to ensure they are still fit-for-purpose, including ‘planning and clearer demarcation of roles’ and using the learning to inform ‘how we respond in future’.

Should you have any queries about the GK local evaluation or feedback on this report please email Richard.Bolden@uwe.ac.uk.