

# Evaluating the COVID-19 Rough Sleeper Multi-Disciplinary Team Model

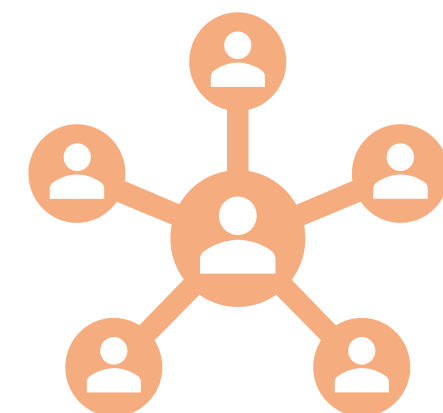
## Background



In early 2020, a pilot was underway in Broxbourne to test the principles of the Hertfordshire Supporting Adults with Complex Needs Strategy. The pilot was designed to provide **fair access to people with multiple needs** through a **single point of access**; enabling **long-term housing and support solutions**.

However, in March 2020, the Government's **'Everyone in' initiative** was developed in response to COVID-19. This aimed to get all people sleeping rough/ at risk of rough sleeping in to emergency accommodation. The Broxbourne pilot was therefore stalled and the model adapted to meet the needs of this cohort.

## The Multi-Disciplinary Team Model



A tracker was created to capture support needs data for people housed under 'Everyone In'. A **multi-agency model of support** was developed, to focus on the priority cases identified by the tracker. This ensured priority individuals were offered an **assessment of need** and/or the necessary **referral** into the appropriate agency for housing and support. These were known as the Rough Sleeper Multi-Disciplinary Teams (RS MDTs).

Each District Housing Options team set up an RS MDT with statutory mental health, drug and alcohol providers and probation in order to discuss and create action plans for the priority cases.

## Methodology

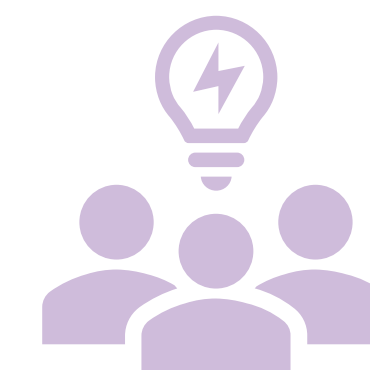
Data from the tracker was used to understand the size and support needs of the cohort.

Qualitative data was collected to understand the features of successful RS MDT meetings, the challenges encountered and potential benefits of the RS MDTs.

- 14 **semi-structured interviews** were conducted with MDT participants.
- 16 **RS MDT meetings** were observed.
- 5 **case studies** were collected from District Homelessness Officers.

All transcripts were analysed using an inductive thematic approach.

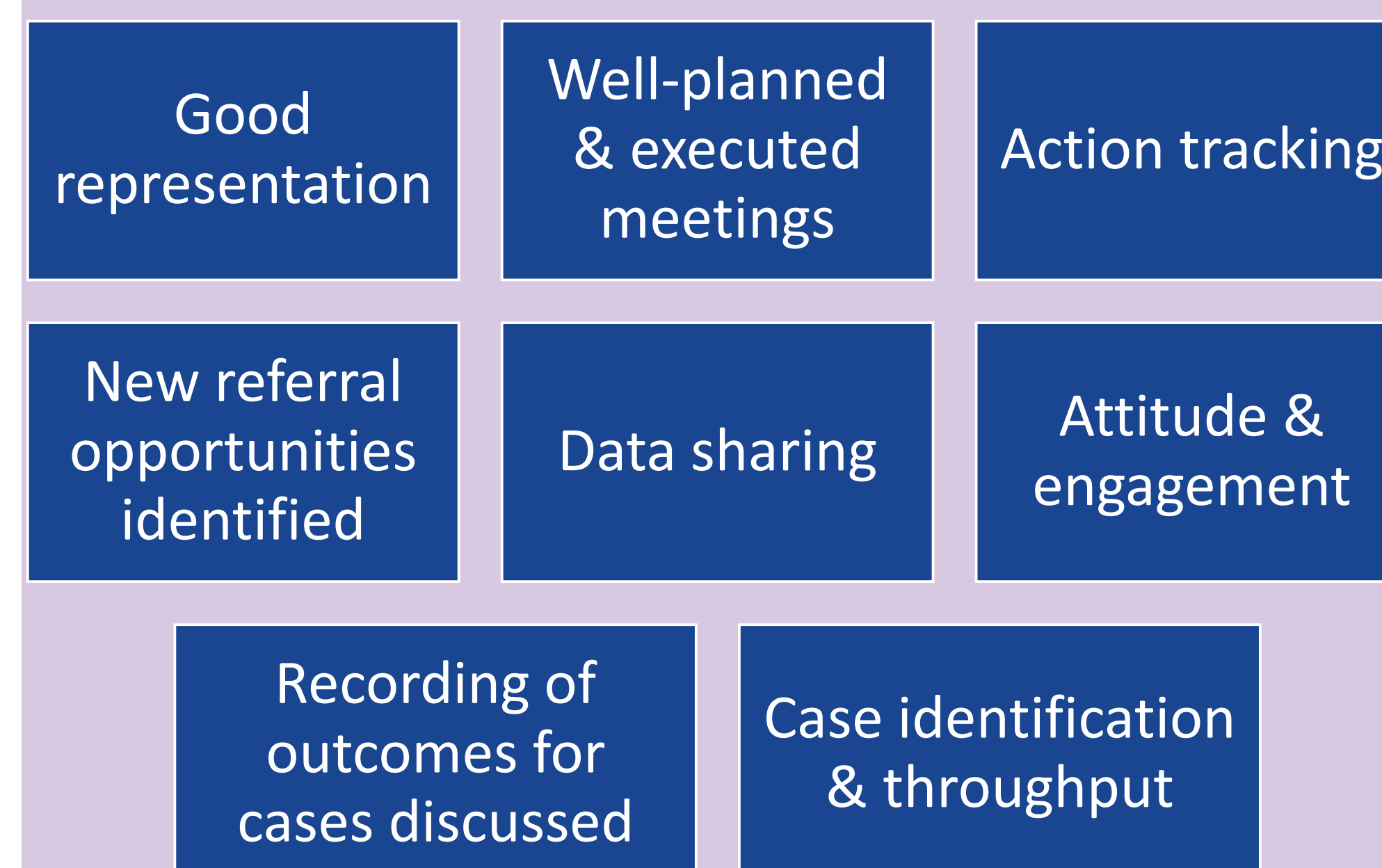
## Findings



Of the **536 people** initially accommodated as part of 'Everyone In', 81 were discussed at initial MDT meetings (15%).

In July 2020, 8/10 Districts had held an initial MDT meeting, and all 10 Districts were holding RS MDTs by the end of the financial year.

### Features of successful RS MDTs:



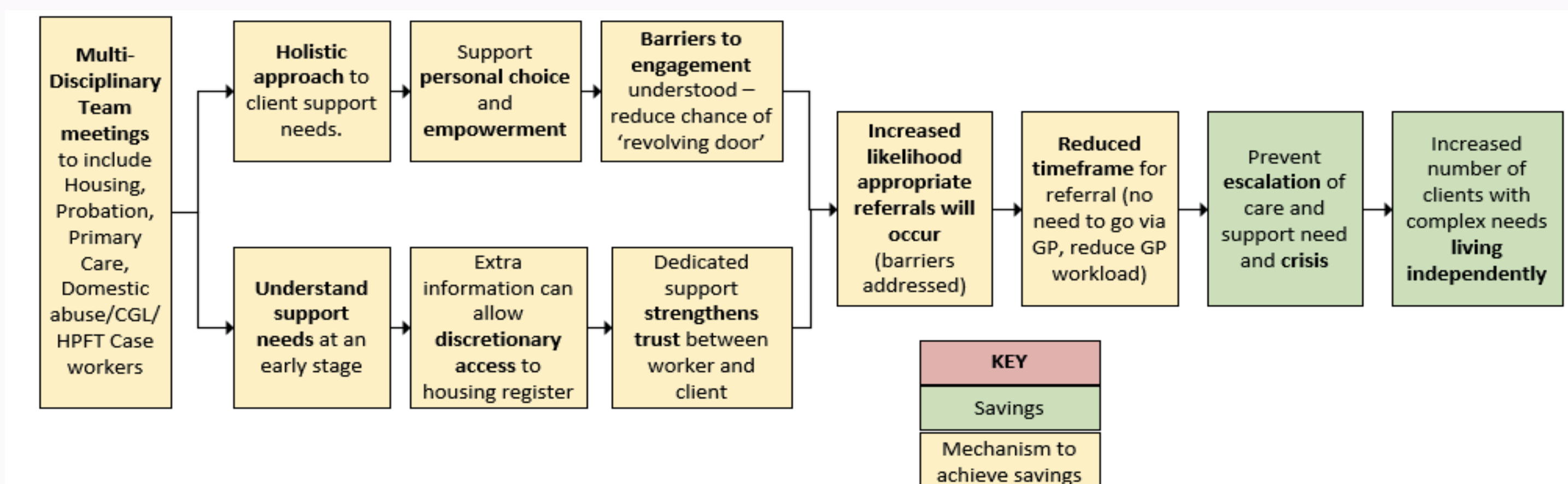
### The Impact of the Pandemic on the MDT approach

- Improved attendance due to virtual meetings.
- Improved cohesive working practices and stripped back bureaucracy.
- Increased creativity around supporting 'hard to reach' service users.
- All rough sleepers were identified and accommodated, meaning the true level of need in the local population could be assessed.

### Benefits of the MDT model for Agencies

- Improved understanding of other agencies' remits.
- Appropriate referral pathways established.
- Improved information sharing.
- Reduced time spent chasing information for cases, leading to reduced workload.
- Reduced inappropriate referrals.

### Benefits of the RS MDT model for Clients



## Recommendations

- 1) **The development of a countywide pilot** to address the need for investment in the following areas:
  - a) Low capacity of mental health and substance abuse practitioners to support the preventative element.
  - b) Lack of a standardised approach to capturing client need at the first point of contact.
  - c) Lack of robust data collection and analysis.
  - d) Housing related support services monitoring framework provides limited understanding of service user outcomes.
- 2) A **Common Needs Assessment Framework** (part of the Countywide pilot).
- 3) The **Importance of Data** and therefore need to establish a reliable evidence-base for future commissioning of HRS services and creation of an outcome tracker for RS MDT case conferences.
- 4) **Sharing good practice** for continuation of RS MDTs.
- 5) Development of the **Rough Sleeper MDT Toolkit for Practitioners**.