



Cheshire West & Chester Council

MARS

Multi-Agency Rough Sleeping
Project **Evaluation**

May 2021



Building futures, opening doors



Cheshire West
and Chester

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MARS evaluation report April 2021

1. Background to MARS

The Multi Agency Rough Sleeping project was developed as a pilot to enable the council and partners to provide a multi-agency approach to support those individuals living on the street.

Rough sleepers are one of the most vulnerable groups in society, many with high levels of complex and interrelated needs.

Many rough sleepers have high levels of complex needs; mental health problems, drug and alcohol dependencies, and institutional experiences are common factors. The longer someone sleeps rough the greater the risk that physical and mental health problems will worsen. Rough sleeping is costly to society as a whole; rough sleepers are likely to have more frequent and sustained contact with public services compared to other citizens.

The longer someone sleeps rough the greater the risk that they will become a victim or perpetrator of crime, develop drug or alcohol problems, or experience problems with their physical or mental health. On average rough sleepers die aged 46 for men and 43 for women according to the 2019 figures from the Office for National Statistics. These figures are not the same as life expectancy and should not be treated as such.

Research commissioned by Crisis (At What Cost, 2015) estimated that in the case of a man in his 30s who becomes a rough sleeper, the cost of resolving homelessness quickly is £1,426, which rises to £20,128 if homelessness persists for 12 months.

The exact additional costs are difficult to accurately determine as individual needs and service use will vary. Cost estimates range from £16,000 a year for the average entrenched rough sleeper, to £21,180 a year for the average client facing substance misuse, offending and homelessness problems.

In November 2019 our official count found 14 rough sleepers, but the actual figures were as high as 35 in some weeks. Many of the cohort were entrenched in a street lifestyle, had complex needs, and were not willing to engage with services. A new approach was needed to support them off the street and into sustainable accommodation.

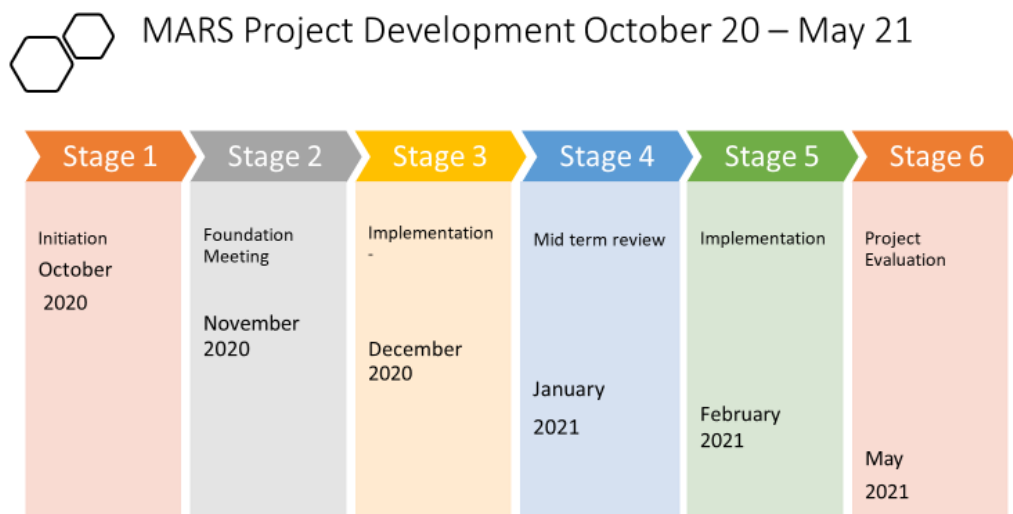
Over the last few years partners have started to work closer together as rough sleeping numbers have grown. More recently statutory, voluntary and charitable sectors have worked to reduce rough sleeping through 'Outside In'.

‘Outside In’ is a partnership of voluntary and faith groups, businesses, forfutures, the council and the police – that work together to reduce rough sleeping in Cheshire West.

The Housing Advocacy Group, a subgroup of the “Outside In” meeting led by the voluntary sector, had been meeting regularly to discuss cases of rough sleepers and was supported by several agencies. This meeting formed a basis for regular discussions about individuals who were rough sleeping or at risk of returning to rough sleeping. The HAG members agreed that the basis of this positive approach should continue and be further developed by the council. This was the basis for the development of MARS.

2. Project development

A project plan was developed in October 2020 building on the previous work around rough sleepers and those at risk of returning to rough sleeping. As part of the development of the project, work was undertaken in scoping and designing the project in conjunction with partners building on previous knowledge and best practise. This involved staged timescales from project initiation, foundation, implementation, review, and evaluation over the life of the project.



In October 2020 Sam Chapman took on MARS as a project alongside his substantive role as a Community Safety Officer, working with Rough Sleeper Co-ordinator Rachael Stephens.

Prior to launching MARS, several elements needed to be put in place to enable the project to function in the best way possible.

All partner agencies were contacted directly by the MARS Co-ordinator inviting them to participate. The multi-agency approach was identified as being key to the project

and that co-production ideas were essential. The key focus was to build a person-centred trauma informed approach with the right agencies around the table at MARS.

To develop MARS information sharing was to be a core element. We therefore carried out a Data Protection Impact Assessment. Once approved we drafted an Information Sharing Agreement for all partners to agree and sign, a Privacy Notice for the Council's website, and a Confidentiality Statement to be agreed at every meeting.

The project development included drafting the Terms of Reference which defines the scope and aims of MARS (see Appendix).

MARS was officially launched as a pilot in November 2020 and the first meeting took place on 11 November.

During the first meeting a foundation presentation was given by the Co-ordinator which outlined the principles to build MARS. These are:

Engage

- Customers on the street
- Partners to play a major part in developing the pathway processes
- Partners understanding of roles and how we are joining up to improve service delivery

Explain

- To Customers and partners how we are doing things differently
- Provide clear direction for all customers
- Action planning with the person at the centre of the plan, removing barriers to accommodation

Encourage

- All individuals to be encouraged onto the pathway towards accommodation
- Working with all partners to develop accommodation pathways
- Bringing Adult Social Care, Health and others to the table.

Educate

- Provide agencies, customers and the public with the knowledge and information about MARS to embed it into working practise moving towards a team around the person approach
- Build MARS as part of the culture of supporting people on the street

- Build trust and understanding moving people off the street

(Enforce)

- As a last resort
- When all else has failed and no movement towards working with agencies
- Where there is necessity based on risk and behaviour

3. What is MARS?

MARS is a group made up of partners from statutory and third sector agencies involved in working with those sleeping rough in and around the Cheshire West and Chester borough. The group meets fortnightly to discuss referrals. MARS is chaired by CWAC Head of Housing Alison Amesbury and coordinated by Sam Chapman. The aims of MARS are to:

- Discuss referrals of disengaged and entrenched rough sleepers
- Agree an action plan for everyone on a case by case basis looking at the best pathway to accommodation and support
- Identify systematic issues and common barriers to gaining accommodation and support which can be fed back to the Homelessness Reduction Board.

4. MARS membership

The MARS group includes representatives and single point of contacts from:

- | | |
|------------------------------------|---|
| • Housing Options | • St Werburgh's Medical Practise |
| • Forfutures – Outreach Service | • Integrated Offender Management |
| • Forfutures – Complex Needs | • Adult Social Care |
| • Homeless 2 Housed | • CATH |
| • Community Safety Team | • SHARE |
| • Police | • Flynn's Port in the Storm Crisis Café |
| • Probation | • Soul Kitchen |
| • Community Rehabilitation Company | • Voluntary agencies |
| • Number 71 Crisis Cafe | • Regulatory Services |
| • New Beginnings WDP | • DWP / Job Centre |

5. MARS referrals

MARS was developed to support rough sleepers with complex needs off the streets and the aim will always be to prioritise these cases. The pilot however started during the Covid pandemic when every rough sleeper was made an offer under the governmental scheme “Everyone In” meaning most of the referrals to date were already in emergency accommodation. MARS is for those individuals who are not

engaging with services and have the most entrenched behaviours. They are most likely to have several complex issues (mental health issues, substance misuse, physical health problems, history of offending) that require a joined up and multi-agency response and action plan.

The MARS group discusses the top 10 cases and the Co-ordinator prioritises people who are known to have regularly slept rough for at least 6 consecutive months or who have a history of rough sleeping over the past 3 years.

A MARS referral form (see Appendix) was designed to include an assessment by the referrer. This was developed in conjunction with a priority criterion for all cases.

6. Case Priority

The aim of MARS is to focus on priority cases of entrenched rough sleepers (red) and those showing significant identified risks of returning to rough sleeping (yellow). It also provides opportunity for action planning for other cases (green/blue) to be either removed from the agenda or for planned future intervention.

Red – entrenched rough sleeper

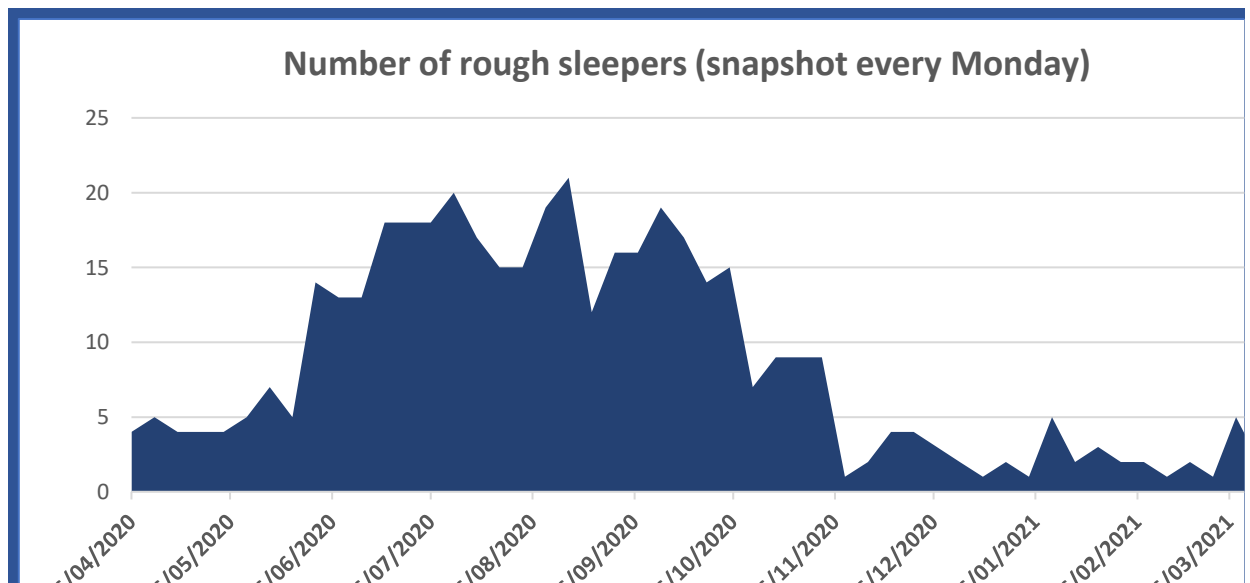
Yellow – person at risk of returning to rough sleeping

Green – person moved into temporary accommodation without risk

Blue – person moved out of area or in prison

7. Summary of rough sleeping April 2020 to March 2021

Individual Rough Sleepers verified 94	Female 12	Male 82
Oldest 64	Youngest 19	Average age 38
Longest time on streets 44 weeks	Highest recorded day 17/8/20 21 people	Average stay on the streets 4.5 weeks
Located in Chester 80	Located in Ellesmere Port 2	Located in Northwich/Winsford/Malpas 12
No Recourse to Public Funds 2	From outside the area 21	Referrals to MARS 22



Commentary

Everyone In stopped and restarted. Annex opened

8. MARS referrals

At the point the evaluation was undertaken the MARS meeting had met 10 times since it started. In total 19 different agencies have been represented at the meetings. Referrals have been made mainly by the Forfutures, Outreach team and Complex Needs Co-ordinator. Other referrals have been received from Housing Options, Police, CATH, SHARE, Homeless to Housed, Soul Kitchen, Probation.

There have been 22 referrals to MARS – 21 male and 1 female. 17 cases are ongoing. Five cases have been closed because of going to prison/hospital or due to lost contact.

The current whereabouts of referrals (26/3/21):

- Rough sleeping 2
- Direct Access 2
- Own accommodation 2
- Hotel or Temporary Accommodation 3
- Annex (hotel with support) 8
- Hospital 1
- Prison 2
- Lost contact 2

9. MARS case studies and outcomes

Joined up support from Forfutures, Housing Options, Social Care, St Werburgh's and the charitable sector has been one of the main successful outcomes of the MARS approach. This can be shown by the six typical case summaries below:

CASE A

Prior to MARS was rough sleeping for 10 weeks, causing significant anti-social behaviour and was coming to police attention. The court-imposed a Criminal Behaviour Order due to displayed behaviour in the community.

Outcomes since being referred to MARS:

- engaged with services
- sustained accommodation
- opened a bank account
- worked with Mental Health Social Worker
- Full Care Act assessment completed
- CBO varied following dialogue at MARS it was agreed that it would be beneficial for him to be allowed to enter exclusion zone to work with charities, this request was agreed by the court
- Participated in activities organised by the charitable sector

CASE B

Prior to MARS had previously rough slept for 2 weeks, had been placed in 15 different placements in accommodation through the pandemic with deteriorating behaviour with an identified increase in risk. Non engagement with services and regular police attention. Breakdown of final accommodation placement.

Outcomes since being referred to MARS:

- assessment by mental health services
- now in hospital receiving treatment

CASE C

Prior to MARS had been rough sleeping for 26 weeks and was regularly causing anti-social behaviour including street drinking. Issued a Community Protection Notice warning prior to MARS. Non engagement with services, no paperwork completed for housing or benefits and regular police attention on the street.

Outcomes since being referred to MARS:

- sustaining accommodation
- engaging with drug and alcohol services
- working with Forfutures and Housing Options
- attending medical appointments
- completed paperwork for benefits and housing

CASE D

At the start of MARS had been rough sleeping for 18 weeks, refusing to engage with services. A few reports regarding behaviour to the Police and regular invite to engage with service but refused offers. No application for housing.

Outcomes since being referred to MARS:

- sustaining accommodation
- working with support services and transactional services
- Homeless to Housed have organised and paid off former arrears
- made new Housing Application and started bidding on properties
- working with St Werburgh's

CASE E

Prior to MARS had been rough sleeping for 22 weeks and was previously accommodated in a range of accommodation. Had been placed on the do not pace list due to anti-social behaviour. During the pandemic regularly causing anti-social behaviour including street drinking, had been issued with four Community Protection Notice warnings. Limited engagement with any agencies and no applications for housing made.

Outcomes since being referred to MARS:

- sustaining accommodation
- engaging with drug and alcohol service
- engaging with support from range of services

10. Other MARS outcomes

- A reduction in rough sleeping from 14 to 4 (Official Rough Sleeper Count 2019 and 2020)
- An increase in sustained short-term accommodation for this cohort
- An increase in homeless applications and West Cheshire Homes applications for this cohort
- An increase in bidding on WCH properties for this cohort
- An increase in engagement with support services, health (physical and mental), substance misuses service, social care and the charitable sector
- A reduction in visible street activity and anti-social behaviour in Chester
- An increase in Mental Health and Care Act assessments for this cohort
- Development of a Directory of Services with key contacts
- Training sessions for MARS partners providing trauma informed approach to practise
- Development of a rough sleeper database and tracker for MARS cases
- Individual professionals' meetings held for the most difficult cases

- Developed links into the bi-weekly prison release meetings

11. Negative outcomes and ongoing issues

Although MARS has provided significant multi-agency partnership work around rough sleepers there are still difficulties working with cohort due to their complex needs. For example:

- one entrenched rough sleeper that refuses to engage and come in
- some unrealistic expectations of accommodation e.g. location
- maintained drug and alcohol use
- some inconsistent engagement with support
- some poor behaviour that has required an accommodation move

12. Evaluation of MARS

An evaluation exercise took place the week of 22 March 2021 with all the agencies represented on MARS. Most people attended an online evaluation meeting via Teams and those that couldn't make it had individual telephone or online interviews with Sam Chapman. The purpose of the evaluation was to gauge the success of the project and to find out what partners thought. Overall, we needed to know whether it should continue and in what format.

As part of the evaluation a Strength, Weaknesses, Opportunities and Threats (SWOT) analysis was carried out. The SWOT analysis offered a simple way of capturing and communicating key factors about the MARS project.

The purpose of this activity was to work with stakeholders to identify internal and external factors that affect the current MARS project and any future performance of the project being reviewed, collating their views in a consistent way.

The SWOT analysis was undertaken with different stakeholders who were part of MARS and reflects holistic views. The evaluation meetings included staff from different levels of seniority (Senior Managers and front line) across the partnership.

Here are the main feedback themes;

Strengths	Threats
<ul style="list-style-type: none"> • Joined up and shared ways of working • More management of outcomes • Partners have formed new links/closer relationships • Able to get the support for the customers involved • Working on a case by case basis • Right people around the table 	<ul style="list-style-type: none"> • Partners capacity to attend meetings • Passing problems onto another meeting • Managing day jobs – MARS is a full-time role • Post Covid messages need to be very clear about how it will work without Everyone In, and as soon as possible • Customers need to engage more so that they don't return to the streets post

<ul style="list-style-type: none"> • Effective action plans • Positive outcomes • Structure of the meetings better than informal conversations • Online meetings have worked really well; accessible • The outcomes from actions are discussed • Sharing information, skills and expertise • Professionals meetings are a great use of time – very high standard, orderly and well prepared • Good attendance at meetings • Peace of mind that risk is always managed, spread across different agencies • Everyone is accountable for actions • Often customers tell different stories to individuals, collaborative meetings mean all communications can be shared • You don't have to start from scratch • Holistic multi-agency approach that's different • Person centred • Hand holding works for some and is a good approach – getting the basics right • It conveys the same message to customers • Good support network for partners and customers • It gives customers more confidence knowing they are being supported • It gives visible actions when work is completed with customers • The actions and information can be shared more widely with teams to ensure a consistent approach and enforcement • Some really positive outcomes through joint working with Mental Health 	<p>covid restrictions</p> <ul style="list-style-type: none"> • People accommodated in CWAC from outside the area e.g. by Wrexham BC may choose to stay in CWAC if they are not supported back to the area they came from. This may increase rough sleeping and the demand on MARS post Covid. • Lack of funding may threaten MARS as it requires a full-time post. • The project needs to be driven by the right people with a passion for the work • Don't make it too big. If meetings get too long it may lead to disengagement from partners • More work needed around those cases already open to mental health • Some overlap with Complex Needs (around 3 cases) but the approach works well with the overlap
<p>Opportunities</p> <ul style="list-style-type: none"> • Need to take a business case to the Homeless Reduction Board and Senior Management to show the need for MARS as it could be more cost effective than evictions, probation, and prison... • More capacity for Health teams, e.g. a full-time mental health team to free up GP's at St Werburgh's • Key support workers to help navigate life 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Workloads and capacity • Unable to support all customers • Meetings overload • There needs to be crisis meetings – not everything is relevant to MARS • Need to look at those who are not necessarily rough sleeping, but who are "revolving doors" with regards to accommodation and support services

<p>outside of supported accommodation/hotels/rough sleeping when a tenancy is acquired, helping with life skills and mental health</p> <ul style="list-style-type: none"> • A community rehab or sorts to support detox and addictions on the move between the streets to a tenancy • Including people with lived experiences in MARS to support and advise • Other meetings such as PPO scheme should adopt the MARS principles and way of working 	<ul style="list-style-type: none"> • There are no specific women's services • The process for reporting rough sleeping for agencies needs reviewing, made clearer and more accessible. Needs some clarity around the process. • For those who work on the streets, it's hard to contact people for information and advice • Over reliance on hotel accommodation • Lack of units for Housing First • Shortage of supported accommodation
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13. Conclusions from the evaluation

MARS has seen several key developments working together in partnership improving the vision for entrenched and people significantly at risk of rough sleeping.

- In the first instance MARS has provided an opportunity to discuss the most difficult cases and join up working. It has removed gaps in services which prevented rough sleepers and those at risk of returning to rough sleeping progressing into suitable accommodation.
- The focus has also helped avoid delays in rough sleepers and those at risk of returning to rough sleeping securing housing making their situation more entrenched. This meeting has ensured that creative solutions can be found when possible, using flexible approaches to service delivery.
- MARS has collated information from the cases discussed and established action plans and a reporting processes with the organisations represented on MARS.
- As mentioned in the second bullet point, MARS is reliant upon a flexible approach to service delivery. The usual policies and procedures often don't work and MARS allows and enables an alternative approach that is based around providing joined up services to an individual rather than the individual having to 'fit' with mainstream services.

There are lessons to be learned for wider service delivery from this approach, however it is recognised that there isn't the capacity within services to deliver this approach to everyone. Going forward, the capacity of services to deliver MARS and the scale of MARS will need to be considered.

- MARS cases can return to mainstream services when the group agrees there is clear progression in the case, they are no longer rough sleeping, their

situation has been stabilised, they are engaging with services, and bidding on WCH.

- MARS was introduced at a time when the Council was operating the Everyone In policy so that nobody had to sleep rough, therefore there was an accommodation offer for everyone (most but not all took up this offer). Consideration needs to be given to whether MARS would be able to deliver the same outcomes without an immediate accommodation offer.
- The learning from the MARS meetings can be used to promote system change in processes for those with multiple and complex needs who rough sleep and those at risk of returning to rough sleeping.

It has also:

- a) Provided a point of contact for agencies to raise cases and concerns
- b) Promoted dialogue between agencies
- c) Allowed the shared interest held by the bodies attending MARS to support people appropriately when they have complex needs by taking a joint approach to common issues.
- d) Speeded up the support and intervention process
- e) Ensured that partnership working supports individuals rough sleeping and those at risk of rough sleeping with high risk behaviour to come into service.
- f) Gathered evidence as to gaps in provision with the potential to inform and influence future service delivery and funding bids.
- g) Shown that specialist 24-hour provision for the most entrenched works in the private sector where support is in place.
- h) Ensured that Adult Social Care/Mental Health has provided targeted engagement with those rough sleeping and in temporary accommodation provision.
- i) Reduced the of number of reports and cases needing Police intervention including Community Protection Notice Warning Letters through to the court process for Criminal Behaviour Orders.

14. Report recommendations:

Operational

1. Develop a full time MARS Lead Coordinator role and look to mainstream into Housing Services
2. Further improve links with Adult Social Care as part of a housing complex needs team to support people in the housing pathway

3. Develop a Housing First Panel that will consider cases for suitability for the Housing First service and will screen out referrals that are not suitable or where alternative accommodation/support is seen to be available.
4. Development of further trauma informed training and practise and common language development to benefit customers and understanding of behaviours.
5. Listen to the views and experiences of rough sleepers and those in supported accommodation.

Strategic

6. Scope and review the basis for broadening this approach to other areas of overlapping work e.g. Complex Needs, Integrated Offender Management. Ensure there are clear criteria for each cohort, and this is widely understood.
7. Identify gaps in service provision, and what changes are needed to existing services.
8. Review the Reconnection Policy to support individuals back to their area.
9. Develop a communication strategy to inform all agencies, organisations and the public of the work undertaken to prevent rough sleeping across the borough.
10. Development of twin track approach of support and sanctions for those not engaging with services and involved in street activity.
11. Review of existing services and accommodation provision for those who have exhausted all forms of housing and are now on the do not place list.
12. Learn from the Covid response including “Everyone In” and identifying what positives can be embedded into service delivery.

Structure, reporting and processes

13. Develop suitable governance arrangements to ensure fully linked in with Homeless Reduction Board with strategic buy-in and a route to escalate issues.
14. Further consultation with key partner organisations to maintain this approach.
15. Maintain and improve the rough sleeping database and MARS tracker to provide more accurate data.
16. Use an integrated assessment tool across all agencies in the borough working in securing accommodation for individuals. Extend the use of the “Outcome Star” across agencies which would provide continuity of assessment.
17. Strengthen our management and support processes in short-term accommodation to prevent people returning to street e.g. eviction criteria
18. Review again in 6 months’ time.

END

15. APPENDIX

Appendix A

MARS Group
Terms of Reference

1) Introduction

This Terms of Reference relate to the working arrangements of the Cheshire West and Chester MARS group which is made up of attendees from statutory and third sector agencies involved in working with those sleeping rough in and around Cheshire West and Chester.

2) Aims of the meeting

- a) To discuss referrals of disengaged and entrenched rough sleepers
- b) To agree an action plan for each individual on a case by case basis looking at the best pathway to accommodation and support
- c) To identify systematic issues and common barriers to gaining accommodation and support which can be fed back to the Homelessness Reduction Board

3) Frequency of the meeting

The MARS meeting is fortnightly on a Thursday. Meetings times and venues are agreed as far in advance as possible. In addition to the full meetings, case conferences regarding individual clients will be convened as necessary to ensure that urgent or complex actions are promptly and fully addressed.

4) Role of the Chair

The MARS meeting is chaired by a CWAC Senior Manager and vice chaired by a representative from the voluntary and faith sectors. At each meeting the Chair will:

- Read out the confidentiality statement at the start of each meeting and to ensure all that are present have signed.
- Review the actions from previous meeting and ensure progress is being made.
- Structure and run the meeting in line with the agenda and prioritise cases in such a way that all those attending are able to use the time available as efficiently as possible.
- To assist in the identification of lead agency, actions and timescales.

5) Administration

The Council is responsible for the administration of the MARS meeting. A MARS Coordinator manages and prioritises the list of referrals so that the meeting works with a manageable number and maintains its focus on actions and solutions. The Coordinator also provides administration support by coordinating agenda items, sending out invitations and case summaries to attendees, taking minutes, and completing, holding and updating the task tracker. The Coordinator will submit the names of new referrals to all attendees so that they are able to prepare fully for the meeting.

The meeting is administrated via secure Egress communication. Documents are only visible to those who are on the distribution list who have been granted access. Information will only be shared with those who signed up to the Information Sharing Agreement and the Terms of Reference.

6) Attendance

Attendees should be empowered to make decisions and agree actions without undue delays or bureaucracy. The MARS group should include representatives from:

- Housing Options
- Forfutures
- Community Safety Team
- Police (not invited to Manchester's meeting due to data sharing concerns)
- Probation
- Westminster Drugs Project
- Mental Health services
- St Werburgh's Medical Practise
- Adult Social Care
- CATH
- Voluntary agencies

Attendance will be flexible in order to meet the needs of the client and only those who are able to make a contribution to the resettlement and support plan of the clients being discussed need to attend.

7) Cases to be discussed

The client group is those living on the streets with complex needs. The meetings focus on those who are not engaging with services or who are the most entrenched. They will most likely have a number of complex issues that require a joined up and multi-agency response including mental health issues, substance misuse, physical health problems, history of offending. Each meeting will discuss the top 10 cases of rough sleepers who require a multi-agency approach and a plan of action and will include rough sleepers who are considered as 'stock' - people who are known to have regularly slept rough for at least 6 consecutive months or who have a history of rough sleeping over the last 3 years.

8) Referral process

Individual agencies can submit referrals for discussion to the Coordinator who will collate and review data held against the individual on Mainstay and Locata. To enable a full picture of the individual's circumstances other participating agencies will be required to review the held data and return any updates from their agency to the Coordinator within the necessary timescales before the meeting. Following this the Coordinator will confirm and circulate the 10 cases to discuss at the next meeting. Referrals are categorised as red, amber, or green depending on the length of time sleeping rough and any risks. All red cases are discussed at the meeting whilst amber and green are monitored by the Coordinator.

9) Standard agenda items

- Welcome and introductions.
- Signing in and confidentiality statement.
- Cases that can be closed
- Current cases and update on actions (10 mins per case)
- New cases or repeat cases – agree and assign actions
- Any other business
- Date, time and location of next meeting

10) Decision-making process

- The agency that has referred the case presents it at the MARS meeting (name and organisation to be taken for the records).
- All agencies involved in discussing a case are responsible for agreeing a plan for the client and must therefore come to meetings prepared with information about their service and how they can cooperate with other agencies.
- Actions are recorded and agreed in the meeting and followed up at the next meeting.
- The process is a collective approach but with a single identified lead for each case.
- Outcomes and achievements are reported to the Homelessness Reduction Board and Health and Wellbeing Board.

11) Confidentiality and information sharing

Information will be shared at the meeting in accordance with the information sharing agreement. Information sharing is strictly limited to the aims of the meeting. All members should only share information at the meeting that is relevant, proportionate, succinct and focused. Information gained at the meeting cannot be used for other purposes without reference from the person/agency who supplied it. At the discretion of the Chair certain agencies not normally part of the MARS process can be invited to share information or volunteer actions in respect of specific cases.

In addition a confidentiality statement will be read out by the Chair at the commencement of each meeting and all agency representatives will sign a copy of the confidentiality agreement to evidence their agreement and understanding of the statement and also document their attendance at the meeting.

All agencies should be aware that any breaches may place the client in further risk or impact on their human rights relating to data confidentiality. Breaches should be reported to the Chair who will decide on the best course of action.

12) Review

These Terms of Reference will be reviewed annually or earlier by agreement of member organisations.

6 October 2020

Appendix B**MARS Referral Form**

For questions or to return the form please email: sam.chapman@cheshirewestandchester.gov.uk

Referral details			
Date of referral			
Name of person referring			
Name of agency/organisation/group			
Are you supporting this person?		YES/NO	
If yes, in what capacity?			
Case details			
Name			
Current address if not rough sleeping			
Date of birth			
Telephone number			
Length of time in the area			
Confirmed local connection with CWAC through previous addresses/family/work/special circumstances		YES/NO	
Location of rough sleeping			
Length of time rough sleeping			
Verified by Outreach		YES/NO	
Support needs			
		Please score Low (0-4), Medium (4-6), High (7-9), Very High(10=very high support needs)	
Motivation/taking responsibility	Yes/No		
Offending	Yes/No		
Managing tenancy/accommodation	Yes/No		
Meaningful use of time	Yes/No		
Emotional and mental health	Yes/No		
Physical health	Yes/No		
Drug and alcohol misuse	Yes/No		
Social networks/relationships	Yes/No		
Managing money	Yes/No		
Self-care living skills	Yes/No		
Are there any known risks in relation to this person e.g. violence, drugs, self-harm?			
Additional relevant information e.g. accommodation goal, help needed			
Other agencies/groups involved:			
Forfutures <input type="checkbox"/>	Housing Options <input type="checkbox"/>	Spider Project <input type="checkbox"/>	Campbell Hall <input type="checkbox"/>
Adult Social Care <input type="checkbox"/>	Police <input type="checkbox"/>	SHARE <input type="checkbox"/>	Street Pastors <input type="checkbox"/>

St Werburgh's Medical Practice <input type="checkbox"/> Probation <input type="checkbox"/>	WDP <input type="checkbox"/> CATH <input type="checkbox"/>	The Mission <input type="checkbox"/> Soul Kitchen <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)
To be completed by MARS Coordinator:			
Referral accepted/rejected			
MARS meeting date to be discussed			
Placed on waiting list		YES/NO	
MARS reference number			