

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Public Health	Service area: Strategy & Commissioning
Lead person: Julie Staton	Contact number: 0113 395 7580
Date of the equality, diversity, cohesion and integration impact assessment: February 2016	

1. Title: Housing Related Support Review (Adult Services)
Is this a:
<input type="checkbox"/> Strategy /Policy <input checked="" type="checkbox"/> Service / Function <input type="checkbox"/> Other
If other, please specify

2. Members of the assessment team:

Name	Organisation	Role on assessment team
Eleanor Clark	Strategy and Commissioning	HRS Review Project Team
Lorna Bustard	Housing Management	HRS Review Project Team
Tracey Phillips	Strategy and Commissioning	HRS Review Project Team
Julie Staton	Strategy and Commissioning	HRS Review Project Team
Andrew Harter	Adult Commissioning	HRS Review Project Team
Phil Pelter	Leeds Housing Options	HRS Review Project Team
Megan Godsell	Leeds Housing Options	HRS Review Project Team
Simon Pickering	Strategy and Commissioning	HRS Review Project Team
Aidan Smith	Strategy and Commissioning	HRS Review Project Team
Veena Kumar	Strategy and Commissioning	HRS Review Project Team
Stacey Gilman	Projects Programmes & Procurement Unit	HRS Review Project Team
Katie Myers	Strategy and Commissioning	HRS Review Project Team
Sukhdeep Kaur	Strategy and Commissioning	HRS Review Project Team
Jackie Calvert-Wiley	Strategy and Commissioning	HRS Review Project Team

3. Summary of strategy, policy, service or function that was assessed:

Leeds City Council commissions a programme of services that deliver a combination of floating (visiting) and accommodation based housing support to vulnerable people, including those who are homeless. The programme supports around 10,500 individuals and families a year, many of which are also Leeds City Council tenants, to achieve and maintain independent living.

A review of these services has been undertaken to ensure the best outcomes for our customers and that we are making best use of commissioned resources. This is in the context of changing needs and demands, changes in the wider policy context, particularly in relation to welfare reform, and interdependencies with other service provision.

Key findings from the review have resulted in the development of principles and features for a new model. It is this model which is the subject of the assessment.

Although young people may be supported by these services on occasion, dedicated young people's services are subject to a separate review.

4. Scope of the equality, diversity, cohesion and integration impact assessment
(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

4a. Strategy, policy or plan
(please tick the appropriate box below)

The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy or plan	<input type="checkbox"/>

Please provide detail:

4b. Service, function, event
please tick the appropriate box below

The whole service (including service provision and employment)	<input checked="" type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>
Procuring of a service (by contract or grant)	<input checked="" type="checkbox"/>

Please provide detail:
The Housing Related Support (HRS) review was carried out to improve access to services

and to ensure services effectively and efficiently continue to meet the identified complex needs of the client group. It was intended to have four key benefits that would improve the housing and support outcomes for vulnerable people in housing need:

- streamlined and clear pathways for referrals and clients;
- services that are integrated, flexible and responsive to changes in need and demand;
- timely support to prevent clients' needs becoming more complex;
- accommodation that is fit for purpose and delivers the best outcomes with links to wider outcomes of employment, financial inclusion and improved health and wellbeing.

A set of key principles and features of a new model have been derived from the review work. Key features of the new HRS model include:

- A single adult visiting support service, a generic service with a multi-skilled workforce for families and singles;
- Multi-agency teams with the longer-term ambition of this including specialist services such as drug and alcohol and mental health services;
- Locality working to allow for the development of local expertise, knowledge and integrated working
- Continuity of support for clients where possible (i.e. consistent support worker)
- Integrated working with LCC Housing Options and Housing Management
- Peer/befriending/volunteer support integral to the model. This is already an element of some of the newer services and has been very successful.
- Provision of short-term direct access emergency accommodation for assessment and need-based move on
- Emergency accommodation to include easy access provision for those who are difficult to engage or who have no recourse to public funds
- Intensive supported accommodation for complex clients to receive a programme of support (temporary supported accommodation)
- A portfolio of flexible dispersed community properties where people receive support, (temporary supported accommodation);
- A single gateway into the services with multiple access points.

Gateway

- The Gateway is a uniform access point for all clients who wish to access accommodation or support.
- It is not a single physical entry point, but rather a virtual collective of partners/stakeholders who are unified by a single IT solution and information sharing hub, where joint working, collaboration, case conferencing, empathy and understanding client needs are at the heart of how the gateway will operate.
- Pathway managers and link officers will facilitate joint decision making, joint working and relationship management to ensure the smooth operation of the Gateway and coordinate the responsive transition of client pathways through the HRS model.

Emergency Accommodation

- Instant access, out of hours accommodation for singles and families, which is very short term and prior to assessment and pathway planning.
- It will supplement No Second Night Out policy and accommodate clients with no recourse to public funds.
- It will also support the LCC Severe Weather Protocol.

Intensive Accommodation

- Separate male and female provision which focuses on intensive support to deal with

complex multiple needs.

- Locations across the city.
- The length of stay will be flexible to meet individual needs.
- The accommodation will be staffed 24 hours a day.

Specialist Accommodation

- Distinct accommodation for specific groups, namely serious and long-term offenders, those with entrenched substance misuse and those with acute mental health problems.
- These services will have a strong emphasis on recovery and independent living.

Dispersed Accommodation

- Dispersed tenancies for all client groups within the community.
- There will be a mixture of sizes and tenure.
- Properties will be furnished and clients will be able to access bespoke visiting support packages whilst in the property to assist with their support needs.

Visiting Support

- A single service, based on client need rather than client group, delivered to people within their own homes for a period of up to 24 months' duration.
- Those who access HRS accommodation through the Gateway will be offered Visiting Support to help with the transition and move towards independent living.
- The second focus will be those who have been managing to live independently but require intervention to prevent crisis and loss of accommodation.
- Through this provision there will be a requirement for clients to easily return for short-term support should they require it, rather than have to re-refer and go through the process from start to finish. Informal drop-in and surgery sessions will be made available for this.
- The Visiting Support must be interlinked with other forms of provision, e.g. a client being referred to volunteer and befriending support to maintain their independence, or a client being referred for ASC assessment to help facilitate a care package within the home, or if that person needs to move in to nursing/residential care.

Assertive Outreach & Drop In

- Short term assertive outreach and drop in provision of support for rough sleepers and beggars
- Assertive work for those wanting to exit prostitution
- Support will include personal care, signposting, advocacy, welfare support, crisis intervention and health support.

5. Fact finding – what do we already know

Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

Information from a variety of sources has informed the development of the new service model and also been used in the undertaking of this assessment as detailed below:

Client Data

Data relating to new clients is collected on a quarterly basis. This includes: age, gender, ethnicity, disability, sexual orientation, religion, economic status, carer status, number of children, postcode, their support needs, homeless status and whether they are subject to a MAPPA, MARAC or CPA.

Performance Data

Quarterly performance data gives us information about demand and need, through where referrals have come from, waiting list size, numbers supported, length of support needed and outcomes.

Provider Questionnaires

Providers were sent questionnaires that gathered information on pathways in and out of services, client needs, gaps, barriers and lessons learnt.

Consultation Findings

Consultation has been a key element of the review and extensive consultation has taken place with stakeholders including council directorates, Members, other public sector partners, providers and a broad range of clients. Further details are given in section 6 below.

Mapping Information

Mapping and interdependencies work has also taken place to understand the wider landscape of service provision for our client group, how people access these services and how commissioned housing related support services can effectively contribute to the City offer. This includes linkages to statutory and commissioned provision in Children's Services, Adult Social Care, Citizens and Communities, Employment and Skills, Public Health, the Better Care Fund, the Breakthrough Projects, NHS, Housing Management and Housing Support. It also includes reading across to other reviews which are being delivered concurrently within the Service such as those related to domestic violence, offenders and Drug Intervention Programme (DIP)/Integrated Offender Management (IOM). We have also mapped the locations of our accommodation premises in order to identify whether there are any areas of the city that are under- or over-supplied.

Reports and Policy/Strategy Documents

- Vision for Leeds 2011-2030
- Best Council Plan 2015-20
- Leeds Breakthrough Projects
- Leeds Homelessness Strategy 2012-2015
- Leeds Housing Strategy 2015-18
- Leeds Drug and Alcohol Strategy and Action Plan
- Leeds Health and Wellbeing Strategy 2016-2021
- Adult Social Care Better Lives Programme

- The Leeds Mental Health Framework 2014-2017

Findings from Project Team

The Project Team undertook an exercise to consider in detail how the new service model would impact on different groups. This provided a check that due regard to equality, diversity and community cohesion had been paid throughout the review of service provision and development of the new model. There was a particular focus on looking at the issues faced by different equality groups and the positives and negatives of the new service model. Actions to ensure benefits are realised, barriers overcome and potential risks mitigated were also considered.

Are there any gaps in equality and diversity information

Please provide detail:

Currently we do not collect information on gender reassignment, marital status or pregnancy.

Action required:

The type and level of data to be obtained from providers and clients will be reviewed by commissioners during the tender process and periodically thereafter to ensure consistency of information collected and that it meets current and ongoing monitoring requirements. Provision for the collection and reporting of equality and other data as required on a regular and ad hoc basis by providers will be built in to the tender / contract documentation as appropriate.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes

No

Please provide detail:

Outcome Based Accountability Events

An Outcomes Based Accountability (OBA) session 'Housing Related Support – delivering a step change' was held in May 2015 with stakeholders, providers and clients. The session discussed the key trends/issues affecting homelessness, tenancy sustainment and independent living, the strengths and weaknesses of the current city response, key gaps or challenges and what a new model for delivery should look like to achieve a step change. Principles and key features for a new delivery model were then shared and discussed at a follow up event in September.

Clients

Officers visited existing groups to get their views on client needs, barriers to accessing services and moving on, and what does and doesn't work about the current support.

Current Providers

Providers were sent questionnaires that gathered information on pathways in and out of services, client needs, gaps, barriers and lessons learnt.

Front-Line Staff

A workshop was held with front-line staff in existing services in June 2015 to discuss positives and shortcomings of the current approach, client needs and barriers, referral

routes, engaging with clients and client complexity. A follow up session was held in February 2016 to discuss the proposed model and how we can measure success. A separate session was also held with Sex Workers Practitioners.

Other Stakeholders

A wide range of other key stakeholders have been consulted through face to face meetings and events such as the two OBA sessions. They were asked to comment on what should be taken into account, both in general and in relation to any specific client groups they worked with.

Consultees included:

- Current providers
- Current clients
- Leeds Housing Options
- Housing Leeds
- Adult Social Care
- Homeless Link
- Care Leavers Council
- Positive Pathways Clients
- Leeds Tenants Federation
- EU Migrants Staff
- Gypsy and Traveller Exchange (GATE)
- Children's Services
- West Yorkshire Community Rehabilitation Company
- West Yorkshire Police
- LCC Citizens & Communities
- LCC Equality Team
- Safer Leeds
- Leeds Citizens Advice Bureau
- Youth Offending Service
- Voluntary Action Leeds
- NHS Leeds Clinical Commissioning Groups
- Families First, LCC
- LGBT Network

Full details of all the consultations and key findings can be provided on request.

Action required:

A communication plan including engagement and communication with a wide range of stakeholders has been drafted. Implementation of this plan should ensure that all stakeholders are kept informed of developments as appropriate.

We will ensure that we involve clients in the commissioning process.

Contract managers will liaise with existing providers to ensure that clients are reassured about the continuity of service and that any transitional arrangements from provider to provider are implemented so as to minimise disruption.

7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics		
<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Carers	<input checked="" type="checkbox"/> Disability
<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or Belief
<input checked="" type="checkbox"/> Sex (male or female)	<input checked="" type="checkbox"/> Sexual orientation	
<input checked="" type="checkbox"/> Other – looked after children and care leavers, those on a low income, those in the criminal justice system, area of residence, homeless status.		
Stakeholders		
<input checked="" type="checkbox"/> Services users	<input type="checkbox"/> Employees	<input type="checkbox"/> Trade Unions
<input checked="" type="checkbox"/> Partners	<input type="checkbox"/> Members	<input type="checkbox"/> Suppliers
<input type="checkbox"/> Other please specify		
Potential barriers.		
<input type="checkbox"/> Built environment	<input checked="" type="checkbox"/> Location of premises and services	
<input checked="" type="checkbox"/> Information and communication	<input type="checkbox"/> Customer care	
<input checked="" type="checkbox"/> Timing	<input type="checkbox"/> Stereotypes and assumptions	
<input checked="" type="checkbox"/> Cost	<input type="checkbox"/> Consultation and involvement	
<input type="checkbox"/> Financial exclusion	<input type="checkbox"/> Employment and training	
<input checked="" type="checkbox"/> Other – partnership working		

8. Positive and negative impact
 Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

The HRS services have always been, and will continue to be, inclusive and available to all who require them. In response to our analysis, this has been taken a step further, with support no longer being split according to client groups, other than in a small number of targeted accommodation services. This will ensure that clients receive a holistic service which takes all of their needs into account.

The Gateway will provide an integrated, consistent means of entering the service and assessing need. As all client information will be stored in a central database, clients will only have to tell their story once. Furthermore, sharing with key partners such as Leeds Housing Options and Housing Leeds will ensure that they have all the background information they need to provide their own support if necessary.

The partnership approach, with all providers and key stakeholders working together through the Gateway, will increase efficiency in terms of time and resources, providing a better service and capacity to support more people.

Locality working will have several positive impacts. The Gateway will have a presence in various locations across the city, many in venues that clients may be attending for other purposes. This will both raise awareness and make it easier for people to access, reducing travel time and costs and making it easier to keep appointments if it is nearer home and / or in places they would have been going to anyway. Emergency accommodation will also be more spread out than currently, offering choice of location and potential for links to local services. Similarly, the locality focus is intended to link clients with other services in their area to improve community integration and sustainable outcomes.

The commissioned services will be expected to have links with existing services and organisations, particularly those working with specific communities, e.g. age or ethnic groups. This will enable us to target information about what is being offered, for example through the LGBT Hub, and to refer our clients to additional support networks if appropriate.

There will be a website, which acts as a first point of information for those who may turn to the internet for advice, such as younger people and those with mobility issues that make it difficult to leave the house. It will also contain various self-help guides, which will promote self-sufficiency and therefore sustainable outcomes.

Action required:

The provider(s) will be involved in the development of the IT solution, to ensure that all necessary information is being captured.

Any communication and branding will need to make it clear that the service is fully inclusive and available to all.

Appropriate venues for drop-in sessions and / or co-located staff to be identified as part of the mobilisation process.

The successful provider(s) will have to demonstrate as part of their tender that they have or are able to make suitable links with other local services / organisations.

8b. Negative impact:

The Gateway will be a new way of working, and we need to ensure that clients are not disadvantaged while it is being embedded. For example, with referrals being managed centrally there may be a bottle neck and longer waiting times. There may also be initial confusion about roles and responsibilities amongst the various staff within the Gateway, which would also cause delays to support.

Online access is not universal, so some people could miss out on the self-help guides and service information.

A presence in a shared venue / facility may be hard to find amongst all the other things that are going on there. Similarly, potential clients may not even know that they can access the service locally.

There may be some local or cultural sensitivities about certain venues that put people off from going there.

At present there is separate provision for certain client groups e.g. the homeless, those with mental health problems and older people. There is a potential risk that by incorporating these specialisms into one generic visiting support service the offering may be weakened and the high level of specialist knowledge and experience currently found in the separate services will be lost.

Small to medium sized organisations may not have the capacity or experience to deliver a contract of this scale. Allowing the service to be delivered by a consortium will overcome any such barriers. A consortium arrangement may also provide greater opportunity for maintaining specialist expertise as some small to medium sized providers are specialists in different fields.

The remodelling of the accommodation element will reduce the provision, which will impact on the number of staff required.

Action required:

Clear guidance about roles, responsibilities and processes for the Gateway to be developed and communicated to all staff.

Service information to be publicised in a wide variety of formats and settings, e.g. through local support networks.

Appropriate venues for drop-in sessions and / or co-located staff to be identified as part of the mobilisation process.

Staff training and development will be key in ensuring that specialist expertise and knowledge is maintained across the service.

Delivery of the service by a consortium to be permitted.

The capacity of the visiting support element will be increased, and thus it is likely that more staff will be required. Commissioners will work with the successful provider(s) to focus recruitment towards existing staff in accommodation services whose jobs may be at risk.

9. Will this activity promote strong and positive relationships between the groups/communities identified?

Yes

No

Please provide detail:

The new model has more focus on linking clients to local support networks and locality working.

Action required:

The requirement for a greater emphasis on family support, volunteering and peer mentoring opportunities and links to local support networks and employment will need to be incorporated in the service specification.

10. Does this activity bring groups/communities into increased contact with each other? (e.g. in schools, neighbourhood, workplace)

Yes

No

Please provide detail:

Since services are open to all, clients will regularly come into contact with people from different groups and communities.

Furthermore, the vision is that the service has a visible presence in multiple venues across the city. The locations are still to be agreed as part of the commissioning process, but may include one stop centres, children's centres, advice and support agencies and other community venues.

Action required:

Suitable local venues to be identified as part of the commissioning process.

11. Could this activity be perceived as benefiting one group at the expense of another? (e.g. where your activity/decision is aimed at adults could it have an impact on children and young people)

Yes

No

Please provide detail:

The HRS services have always been, and will continue to be, inclusive and available to all who require them, and access will be possible through a range of means and across the whole city.

Action required:

12. Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
The type and level of data to be obtained from providers and clients to be reviewed to ensure consistency of information collected and that it meets current and ongoing monitoring requirements.	Finalised during mobilisation. To be reviewed periodically as part of contract management processes.	Appropriate data is being collected	Strategy and Commissioning
Provision for the collection and reporting of equality and other data by providers will be built in to the tender / contract documentation as appropriate.	Finalised during mobilisation.	Appropriate data is being collected	Strategy and Commissioning
Communication plan to ensure all stakeholders are kept informed of developments as appropriate throughout the commissioning process.	Communication Plan already in place. Actions implemented as per agreed timescales in plan.	Plan in place, stakeholders informed and adverse publicity minimised/avoided.	Plan development: Strategy and Commissioning Plan Actions: Project Team.
Client involvement in the commissioning process.	Prior to tenders being published	Clients are able to provide feedback on the specification and to input to evaluation criteria	Strategy & Commissioning / Project Team
Contract managers will liaise with existing providers to ensure that clients are reassured about the continuity of service and that any transitional arrangements from provider to provider are implemented so as to minimise disruption.	Ongoing	Continuity of service	Contract Managers
Provider involvement in the	During mobilisation	Relevant information is	Strategy & Commissioning

Action	Timescale	Measure	Lead person
development of the IT solution.		recorded	
Any communication and branding will need to make it clear that the service is fully inclusive and available to all.	Ongoing	A diverse client base	Provider(s) / Strategy & Commissioning
Appropriate venues for drop-in sessions and / or co-located staff to be identified.	During mobilisation		Provider(s) / Strategy & Commissioning / Project Team
The successful provider(s) demonstrate that they have or are able to make suitable links with other local services / organisations.	During the tender process	Clients are linked with appropriate local services	Provider(s)
Clear guidance about roles, responsibilities and processes for the Gateway to be developed and communicated to all staff.	During mobilisation	Gateway operates efficiently and appropriately	Provider(s) / Strategy & Commissioning / Project Team
Service information to be publicised in a wide variety of formats and settings, e.g. through local support networks.	Ongoing	A diverse client base	Provider(s)
Staff training and development will be key in ensuring that specialist expertise and knowledge is maintained across the service.	Ongoing	Clients' needs are met, as verified through quality monitoring processes	Provider(s)
Focus recruitment for visiting support towards existing staff in accommodation services whose jobs may be at risk.	During mobilisation		Provider(s)
Specification to emphasise family support, volunteering and peer mentoring opportunities and links to local support networks and employment.	Prior to tenders being published	Locality focus to the new service	Strategy & Commissioning / Project Team

13. Governance, ownership and approval

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job Title	Date
Julie Staton	Head of Commissioning	07/03/2016
Date impact assessment completed		07/03/2016

14. Monitoring progress for equality, diversity, cohesion and integration actions (please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board
Please specify which board
- Other (please specify)

15. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality impact assessment should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality impact assessments that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached assessment was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent: 12/09/2016
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: