

Equality Impact Analysis:	
Policy / Project / Function:	Town Wide Article 4 Direction: Houses in Multiple Occupancy
Date of Analysis:	12 th March, 2021
Analysis Rating: (See Completion Notes)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> Red</div> <div style="text-align: center;"><input type="checkbox"/> Red Amber</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Amber</div> <div style="text-align: center;"><input type="checkbox"/> Green</div> </div>
Type of Analysis Performed: Please Tick ✓	<div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; justify-content: space-between;">Systematic Policy Analysis<input checked="" type="checkbox"/></div> <div style="display: flex; justify-content: space-between;">Consultation<input checked="" type="checkbox"/></div> <div style="display: flex; justify-content: space-between;">Meeting<input checked="" type="checkbox"/></div> <div style="display: flex; justify-content: space-between;">Other (external research)<input checked="" type="checkbox"/></div> </div>
Please list any other policies that are related to or referred to as part of this analysis ?	<p>Article 4 of the <i>Town and Country Planning General Permitted Development Order 1995</i></p> <p><i>The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) - England Regulations 2006.</i></p>
Who does the policy, project or function affect ? Please Tick ✓ * This could extend to property owners seeking to convert houses and flats into HMOs, potential property investors, future HMO residents and businesses located within the vicinity of HMOs.	<div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; justify-content: space-between;">Employees<input type="checkbox"/></div> <div style="display: flex; justify-content: space-between;">Service Users<input type="checkbox"/></div> <div style="display: flex; justify-content: space-between;">Applicants<input type="checkbox"/></div> <div style="display: flex; justify-content: space-between;">Members of the Public *<input checked="" type="checkbox"/></div> <div style="display: flex; justify-content: space-between;">Other (List Below)<input type="checkbox"/></div> </div>

Equality Impact Analysis:

<p>1.1 What are the aims and intended outcomes of the policy, project or function being assessed ?</p>	<p>In the last five years, the number of domestic properties developed across Harlow as ‘<i>Houses of Multiple Occupation</i>’ (HMOs) has grown by 128%. This growth has resulted in a corresponding increase in the number of complaints relating to HMOs and wider concerns in respect of social, environmental and economic impacts.</p> <p>The Council is proposing to restrict the future development of HMOs in Harlow by a combined use of greater licencing enforcement, legal covenants and planning regulation. (See page three of this document ‘<i>Project Background</i>’ for more detailed information.)</p>
<p>1.2 Is any Equality Data available relating to the use or implementation of this policy, project or function ?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>1.3 List any Consultation e.g. with employees, service users, or members of the public that has taken place relating to this activity.</p> <p><small>* Specific, bespoke consultation in respect of this activity has taken place with:</small></p> <p><i>Streets to Homes</i> – a local third sector organisation working with homeless people.</p> <p><i>Rainbow Services</i> – a Harlow based Charity which tackles disadvantage, deprivation and social exclusion.</p> <p><i>Integration Support Services</i> – another Harlow based organisation set up to help migrants, refugees, asylum seekers and BME community members in the area.</p>	<p>Following the decision to implement the Article 4 Direction relating to future HMO developments, a 21 day public consultation was undertaken in March 2020.</p> <p>Whilst originally proposed in March 2020, this direction / policy may not come into force across the district until April 2021 – effectively providing a further 12 month period of notice. A summary of the responses to Public Consultation is provided as an appendix to this document.</p> <p>As part of this Equality Analysis, specific consultation was also undertaken with a number of different Council departments and local third sector organisations with the aim of ascertaining the potential community impacts of the implementation of this direction. (*Please see opposite.)</p>
<p>1.4 Financial Analysis</p> <p>If applicable, state any relevant cost implications (e.g. expenses, returns or savings) as a direct result of the implementation of this policy, project or function.</p>	<p>Costs (£m)</p> <p>Implementation <input type="text" value="£"/></p> <p>Projected Returns <input type="text" value="£"/></p> <p>Projected Savings <input type="text" value="£"/></p>

1.5 Project Background:

1.5.1 Houses in Multiple Occupation - Background and National Perspectives:

A *House in Multiple Occupation* (HMO) is a property rented out to at least three people who are not from one 'household' (for example, a family) and who share common facilities such as a bathroom and kitchen. Sometimes called a 'House Share', HMOs form an integral part of the private rental housing sector in the UK and typically provide cheaper accommodation for people for whom housing options may be limited for *Socio and Economic* reasons.

At a national level, whilst HMOs¹ are commonly known to be occupied by students, there is also evidence of a growing number of young professionals and migrant workers sharing HMOs. It is also reported that HMOs may also be occupied by some of the most vulnerable people in society.

Demand and growth of HMOs² at a national level has increased significantly in the last decade and this growth appears to have resulted in some adverse impacts on local communities. For example, in respect of inadequate rubbish storage, noise nuisance, parking congestion and health and safety concerns.

1.5.2 Houses in Multiple Occupation – District of Harlow:

The last five years has also seen a significant increase³ in the number of HMOs in Harlow. At the end of 2019, there were 319 licensed HMOs in the district compared to just 140 in 2015 - an increase of 128%. Also, and as per the national picture, there has been a corresponding increase in the number of complaints concerning HMO properties and wider concerns regarding the social and economic impacts of HMO growth in the area.

The representation and growth of HMOs in Harlow also appears to be disproportionately higher than neighbouring districts. For example, in 2020, a total of 211 licenced HMOs was recorded in Stevenage and only 42 in Basildon.

1 and 2: House of Commons Briefing Paper: Houses in Multiple Occupation & Planning restrictions July 2017 and Gov.co.UK HMOs

3: Harlow Council – Article 4 Briefing Paper

Project Background (continued):

1.5.3 Complaints Relating to HMOs in the District of Harlow:

The table below illustrates complaints recorded by the Environmental Health team at Harlow Council relating to HMOs: (Note a 83% percentage increase in noise related complaints.)

Year:	Complaint Type:			Total:
	Waste / Rubbish	Housing Standards	Noise Nuisance	Total Complaints
2015	14	6	29	49
2016	23	7	22	52
2017	18	8	26	52
2018	17	9	25	51
2019	13	12	53	78

1.5.4 Reported Density of HMOs in Harlow:

Your Harlow (a local online newspaper) recently reported one street in the district as having HMOs at No 86, 87, 90, 96, 97, 98, 101, 104, 105, 106, 107, 117, 118, 131, 132, 136, 138. This (according to the report) could mean that “Up to 140 people are living in 17 houses very close to each other resulting in up to a hundred cars in a small area.”

1.5.5 The Importance of HMOs within the Harlow Rented Housing Portfolio.

The Council recognises that HMOs are an important part of the housing mix³ and that for some people, there are few alternative housing options. The Council also acknowledges that the majority of HMOs are well managed. However, in a relatively small number of cases, poorly run HMOs can result in significant problems for neighbours and tenants of HMO properties.

1.6.1 Overall Aims of the Project Being Analysed:

From April 2021, the Council is proposing to introduce new rules and regulations relating to HMO growth with three primary aims:

- Create an environment in which well-managed HMOs can exist in Harlow whilst the Council retains sufficient powers / resources to better manage existing HMOs and restrict future inappropriate HMO conversions.
- Adopt measures to prevent further overall disproportionate growth of HMOs in the district.
- Tackle / reverse any adverse social and economic impacts linked to the increased number of HMOs in the area.

1.6.2 Council Plans to Implement the New Rules and Regulations:

Three discrete approaches are proposed from April 2021 onwards. (Note these are **not** intended to be used retrospectively):

- **Enforcement of Covenants** placed on properties originally build by the Development Corporation. These Covenants would effectively restrict the use of former Development Corporation properties to single family dwelling use only.
- **Licencing – Monitoring and Enforcement:** Currently, all large HMOs (six residents or more) are required to secure a mandatory licence from the Council designed to ensure that the HMO meets minimum amenity standards. For example, having a suitable fire safety system, minimum room sizes and being managed by a ‘fit and proper’ person. Since 2015, smaller HMOs in Harlow have also been required to comply with similar standards through a HMO *Additional Licensing Scheme*. From April 2021, the *Environmental Health* team in the Council is proposing to increase its staffing resources to allow greater monitoring and management of all licensed HMO properties in the district.
- **Planning Regulation:** Under existing rules, large HMOs (6+ residents) are required to seek full planning consent prior to converting a single dwelling into a HMO. Smaller HMOs currently do not have to apply from planning under existing *Permitted Development Rights* rules. The proposed *Article 4* direction, if implemented, will remove the existing *Permitted Development Rights* from small HMOs, thus requiring all property owners seeking conversion of their properties (to a HMO) to seek full planning permission prior to conversion.

1. 7 Purpose of this Document:

1.7.1 **Equality Analysis:** This document details an analysis of the potential impact the implementation of this activity may have on different sections of society – especially people who share ‘Characteristics’ protected by *The Equality Act 2010*. The aim of this analysis being to identify, mitigate or justify any risks of adverse impact towards people on the grounds of their:

- Sex
- Ethnicity / Race
- Age
- Religion / Belief
- Sexual Orientation
- Marriage / Civil Partnership Status
- Disability
- Transgender Status
- Pregnancy / Maternity Status.

1.8.1 **Statutory Compliance:** This document also seeks to establish if the Council is meeting its statutory obligations under the *Public Sector Equality Duty 2011* to:

- Eliminate any form of unlawful discrimination (including direct or indirect discrimination, harassment, victimisation and any other conduct prohibited under the Act).
- Advance equality of opportunity between people who share a relevant characteristic and people who do not, and
- Foster good relations between people who share a protected characteristic and people who do not.

1.8.2 **Demonstrate Due Regard for Equality:** Due regard means such regard as it is appropriate in all the circumstances. The three aims of the general equality duty must be considered and reflected upon during: 1: Decision-making processes 2: Design of policies 3: Delivery of services.

2.1 National Equality Profiling Data HMO Landlords and Residents:

Currently, there is no comprehensive national (equality related) data for the private sector housing rental market. The absence of this information ultimately prevents any accurate identification of both the volume or profile of people living in HMOs in Britain. Broad data does exist indicating some facts relating to the private rental sector more generally, For example, the latest report issued by the *Office For National Statistics* to 2017 indicates:

(Our underlining and the potential relevance to this activity)

- The number of households in the private rented sector in the UK increased from 2.8 million in 2007 to 4.5 million in 2017, an increase of 1.7 million (63%) households.
- Younger households are more likely to rent privately than older households; in 2017 those in the 25 to 34 years age group represented the largest group (35%).
- Households in the private rented sector are getting older. Between 2007 and 2017, the proportion of households renting aged 45 to 54 has increased from 11% to 16% while those aged 16 to 24 dropped from 17% to 12%.
- As at financial year ending (FYE) 2017, 62% of households in the private rented sector in the UK had spent under three years in the same accommodation and only a small proportion (4%) had been in the same residence for 20 years or longer.

More anecdotally⁴ it is established that people living in HMOs tend to be young and single forming households and more transient - only living in the premises for a short time.

In more deprived areas, HMO residents tend to be low-income households, migrant workers, full-time students or single people working in low-paid jobs. In the case of London, where property prices and rental are particularly high, HMOs are known to provide an accommodation source for young professionals.

4: Evidence Gathering - Houses in Multiple Occupation Gov.UK

2.2 Local Equality Profiling Data: HMO Landlords and Residents within the District of Harlow:

2.2.1 There is a public register of people holding a HMO licence in the district. (See extract below):

HMO Mandatory Licensing Public Register						
Key for extra conditions: R= Rubbish issues, FP= Fire Protection, A= Amenity, ASB= Anti-social behaviour, S= Structural, P= Prohibition						
Licence Ref.	Address of Licence Holder	Name of Licence holder	Name of Person Managing	Address of Manager	Address of HMO	Location
08/01203	Red Pines, Danesbury Park, Benego, Hertford SG14 3HX	Mr L Haestier	Mr L Haestier	Red Pines, Danesbury Park, Benego, Hertford SG14 3HX	426, Milwards, Harlow CM19 4SR	2 Storey, End of Terra
05/02532	Stort House, River way Harlow, Essex CM20 2DW	Mr P Mapp	Mr R Silins and Mr A Simko	Mr A Simko 49 Bromley Close, Harlow, Essex CM18 6NA & Mr R Silins 139 Church End, Harlow	6 Five Acres CM18 6UX	2 storey, Mid Terrace
16/00486	Stort House, River way Harlow, Essex CM20 2DW	Mr P Mapp	Mr R Silins and Mr A Simko	Mr A Simko 49 Bromley Close, Harlow, Essex CM18 6NA & Mr R Silins 139 Church End, Harlow	121 Brockles Mead, Harlow CM18 6NA	2 storey, Mid Terrace
16/00536	13 Rowney Gdns, Sawbridgeworth, Herts CM21 0AT	Ms G Jennings	Ms G Jennings	13 Rowney Gdns, Sawbridgeworth, Herts CM21 0AT	53 Pittmans Field, Harlow CM20 3LB	2 storey, End terrace
18/00434	3 Old Park Ridings, Winchmore Hill, London N21 2EX	Mr G Payne	Mrs K Nickolds	Nickolds HMO Management, 6 Slacksbury Hatch, Harlow, Essex CM19 4ET	116 Red Willow, Harlow CM19 5PD	2 Storey, Mid-Terrace
16/00124	24 High Street, Saffron Walden, Essex CB10 1AX	Heritage HMO & Property Solutions	Mrs K Nickolds	Nickolds HMO Management, 6 Slacksbury Hatch, Harlow, Essex CM19 4ET	51 Collins Meadow, Harlow	3 Storey, Mid-Terrace
17/00483	Caines Farm, Caines Lane, Hastingwood, Harlow CM17 9LD	Mr C Lewin	Mrs K Nickolds	Nickolds HMO Management, 6 Slacksbury Hatch, Harlow, Essex CM19 4ET	35 Glebelands, Harlow CM20 2PA	2 storey, End Terrace
02/01571	1, Alders Walk, Sawbridgeworth, Hertfordshire CM21 9NQ	Mr P Dolan	Mr P Dolan	1, Alders Walk, Sawbridgeworth, Hertfordshire CM21 9NQ	5, Whitewaits, Harlow CM20 3LJ	2 storey, Mid Terrace
04/00516	Red Pines, Danesbury Park, Benego, Hertford SG14 3HX	Mr L Haestier	Mr L Haestier	Red Pines, Danesbury Park, Benego, Hertford SG14 3HX	296, Berecroft, Harlow CM18 7SH	2 storey, Mid Terrace
03/01987	PO Box 12303, Stone Cross, Harlow CM20 1AA	Mr P Dolan	Mr P Dolan	PO Box 12303, Stone Cross, Harlow CM20 1AA	104 Ladysshot, Harlow, Essex CM20 3EW	3 Storey, Mid-Terrace
02/00097	PO Box 12303, Stone Cross, Harlow CM20 1AA	Mr P Dolan	Mr P Dolan	PO Box 12303, Stone Cross, Harlow CM20 1AA	107 Ladysshot, Harlow, Essex CM20 3EW	3 Storey, Mid-Terrace
02/01552	P.O.Box 12303, Harlow Essex CM20 9NS	Mr M Dolan	Mr M Dolan	P.O.Box 12303, Harlow Essex CM20 9NS	4, Tunnmeade, Harlow CM20 3HJ	2 storey, end of terrac
06/02198	PO Box 12303, Stone Cross, Harlow CM20 1AA	Mr P Dolan	Mr P Dolan	PO Box 12303, Stone Cross, Harlow CM20 1AA	63, Longfield, Harlow CM18 6LA	2 storey, Mid Terrace

Fig 1.0 Extract HMO Mandatory Public Licencing Register – Harlow Council March 2021

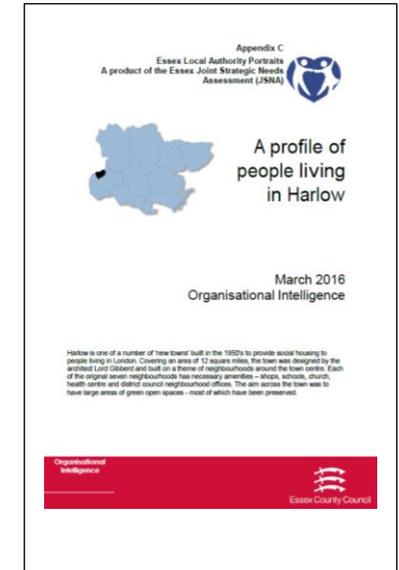
There is no formal Equality profiling data collected for HMO landlords in Harlow. From the current record of 340 licences, with the obvious exception of *Sex* (and in some cases *Marital Status*) it is not possible to understand anything more e.g. *Ethnicity, Age*, of HMO landlords in the area.

2.2.2 There is also no data available to indicate the profile of HMO residents. If this is recorded at a local level, for example, by a landlord as part of a tenancy application, it is not subsequently requested or made available to the Council. Equality profiling data is also not currently captured / analysed by the Council in respect of HMO related complaints made by residents, the public or HMO landlords.

2.3 Equality Data – Harlow District:

Using data produced by Essex County Council in March 2016, we do know that:

- Harlow is the fourth smallest district in Essex in terms of total population numbers, accounting for 6% of the total population in Essex.
- Harlow has a lower proportion of over 65's compared to the county as a whole - although an 21% increase is expected between 2015 and 2025 equating to 2,800 more people. This ageing population will put greater demand on health, social care services and housing needs.
- The **working population - essential for economic growth, require adequate housing**, access to jobs and businesses and the Harlow proportion is forecast to decrease by 3% by 2024.
- Harlow is ranked **101 out of 326 local authorities in England on overall deprivation**.
(Where '1' is the highest level of deprivation).
- Just 57.0% of households in Harlow are people that own their own homes (either with a mortgage or outright). This is the lowest district figure and significantly less than nationally (64.2%) or in Essex (72.0%). There is a very high proportion of social tenants (31.2%), who may be impacted by low housing stock levels, **but a low proportion of private tenants** (11.7%).
- **3.07 per 1,000 households were homeless or in priority need in Harlow in 2014/15**, the fourth highest rate in Essex. The rate of homeless households in temporary accommodation at 4.09 per 1,000 households was the second highest in the County.
- The population of Harlow is 81,944 and is made up of approximately 52% females and 48% males. The average age of people in Harlow is 38, while the median age is lower at 37.
- 86.6% of people living in Harlow were born in England. Other top answers for country of birth were 1.0% Ireland, 1.0% Scotland, 0.9% India, 0.6% Zimbabwe, 0.6% Wales, 0.5% Ghana, 0.5% Nigeria, 0.4% Pakistan, 0.4% Philippines.



2.4 Anecdotal Equality Data / Experience of Harlow HMOs and HMO Residents / Landlords:

Whilst arguably unreliable and useful in equal measure, we are including in this report, the anecdotal experiences shared with us as part of this Equality Impact Analysis exercise.

- Council professionals interviewed from various teams stated that in their experience, that was no obvious predominance of any particular group of people (e.g. migrant workers, women, ethnic minorities, men etc) as HMO residents.
- A former employer in the town did historically lead to some HMOs being used by migrant workers but this is no longer the case.
- There may be some slight trends relating to HMO resident age. This applies in respect of young career professionals using HMOs and older (often divorced) single people.
- Whilst there is no equality data captured in respect of complaints ('complainants' or people being complained about) there was no obvious link to any particular sections of the community identified by the Council professionals who deal with HMO related complaints.

Clearly, other people have slightly different experiences (see below).

Residents of the Berecroft Estate say there has been a big rise in the number of HMOs over recent years and it is causing the community to become fragmented.

Zulqarcheema is the Secretary of the Residents' Association.

He says while he recognises there are many HMOs lived in by nurses and students that do not cause any issues, there are many lived in by migrant workers who have recently come to the country and these are the ones causing the problems: "They're transient and it's not the same fixed so there's a considerable amount of people going in and out.

"Because they are not familiar with how or when the rubbish is collected, they'll just throw the rubbish out or dump it anywhere."

He says there are other problems too: "They're away from home, bored and so they're going to drink and because they're not familiar with the area they dump the bottles.

"As a community that breaks us up a bit because they're not involved in the community. They're just here to do a job and then leave."

John lives on the estate with his wife, but plans to move away because of the issues to do with the HMOs.

2.5 Comparison of this Assessment to Similar Equality Impact Assessments Undertaken by Other Local Authorities:

As part of a wider quality assurance exercise, we have reconciled the findings of this report to comparable Equality Impact Assessments (EqIAs) performed by other local authorities relating to HMO licensing, restriction and *Article 4* directions. This includes an analysis of EqIAs undertaken by:

- Cheshire East Council – HMO Planning and Regulation
- Bath and Somerset – Article 4 HMOs
- Havering Council – Article 4 HMOs
- Plymouth Council HMO Licensing
- Southwark Council – HMOs Management Henshaw Street
- Northampton Council HMO

From the above six EqIA documents, we report similar findings in that an absence of robust Equality profiling data (nationally or locally) is preventing the accurate identification of any adverse, neutral or positive Equality related impacts.

This draft report is submitted to Council for wider circulation and comment. It is dated: 12th March, 2021 and was led / overseen by:



Mike Burnitt
Senior Partner
McKenzie LLP

Equality Impact Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<p>Sex (Men and Women)</p>	<p>✓</p>			<p>There is no evidence to suggest this activity would have any adverse impacts on HMO landlords, potential landlords, residents or potential residents on the grounds of their Sex.</p> <p>Whilst the existing register of landlords does indicate the majority of existing licences are held by men, we conclude that the proposed use of this activity would, ostensibly, be neutral on the grounds of Sex.</p> <p>There is no data (nationally or locally) relating to resident profiles to indicate whether HMOs are likely to be used by one Sex more than another.</p> <p>On balance, we conclude a neutral impact in respect of Sex.</p>

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What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Race (All Racial Groups)			✓	<p>Whilst there is no statistical data indicating the profile of HMO residents by Ethnicity, we conclude that a risk of potential adverse impact may exist towards people of different ethnicities if the future growth of HMOs is restricted in Harlow.</p> <p>One of the third sector organisations contacted during this activity – <i>Rainbow Services</i>, stated they had reported a marked increase in the number of requests for food parcels from HMO residents in the area during the <i>Covid 19</i> pandemic. The (anecdotal) accounts of the profile of the HMO residents concerned were reported as “<i>A predominance of Eastern European, Black and African people and Migrant workers.</i>”</p> <p><i>Rainbow Services</i> has very kindly offered to undertake a small piece of separate analysis in respect of the profile of their HMO service users by postcode and known <i>Ethnicity</i>. When this analysis is complete, we will add the information as an appendix to this document.</p> <p>Whilst this adverse impact is not proven, <u>it also cannot be wholly discounted</u> due to an absence of accurate Equality profiling data.</p> <p>We therefore conclude, on balance, a risk of adverse impact.</p>

Equality Impact Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<p>Disability (Mental, Physical and Carers of Disabled people)</p>	✓	✓		<p>There is no evidence (nationally or locally) to indicate that people with disabilities are more likely to live in HMOs. (This is unlike, for example, social housing, where a clear level of disproportionality exists). We therefore conclude that the implementation of this activity is unlikely to have any adverse impacts on people with disabilities.</p> <p>We also conclude that the very nature of HMO accommodation would not lend itself easily to people with physical disabilities and would be less likely to be able to be adapted to meet a disabled person’s physical needs.</p> <p>In respect of the positive impact shown, we have identified that should a more controlled approach to HMO growth be implemented and this results in a reduction in parking / congestion related issues, this could represent a potential positive impact for people who have physical disabilities and require to park their vehicle in close proximity of their home.</p>

Equality Impact Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Religion or Belief	✓			No potential impacts identified (positive or negative).
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			No potential impacts identified.
Pregnancy and Maternity	✓			No potential impacts identified.
Transgender	✓			No potential impacts identified.
Marital Status (Married and Civil Partnerships)			✓	Anecdotal evidence given by both Council employees and third sector organisations concur in that there is likely to be more single people living in HMOs in Harlow. The implementation of this activity could therefore have an adverse impact on single residents (NB: on a technical note, not a specific legal consideration in respect of this 'Characteristic'.)

Equality Impact Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Age (People of all ages)			✓	<p>Statistical evidence(nationally and locally) indicate that younger people are more likely to rent privately than older people.</p> <p>Anecdotal evidence provided by both Council employees and third sector organisations consulted with as part of this activity, indicate a predominance of younger people residing in HMOs in the Harlow district. This includes young working professional couples.</p> <p>We therefore conclude that an adverse impact in respect of Age is, on balance, more likely than it is not, in the implementation of this activity.</p>
Socio and Economic Status:			✓	<p>A risk of adverse impact exists in the implementation of this activity towards people in the district of lower <i>Socio and Economic</i> status who are, on balance, are more likely to require access to a HMO as an affordable housing option.</p> <p>This is particularly relevant given that Harlow is currently ranked 101 out of 326 local authorities in England for overall deprivation.</p>

Initial Actions Identified as a Result of Undertaking this Equality Impact Analysis:

1: Launch an external and confidential on-line survey with all existing licenced HMOs with the aim of gathering the *Age, Sex, Disability* and *Ethnicity* of Licence Holders. The survey should additionally request information known about existing HMO residents by *Age, Sex, Disability* and *Ethnicity*. This could be effectively marketed as 'Supplementary census information' with the genuine aim of informing future approaches to inclusivity. An alternative paper based option could be sent to all licence holders.

This suggestion is made as a *first step* in collecting profiling data for HMOs. Whilst we are mindful of potentially low return rates, it represents a start and does begin to contribute to the Council's statutory obligations under the *Public Sector Equality Duty 2011* to have 'Due regard' for Equality which, with the obvious exception of this Equality Impact Analysis, is difficult to evidence in respect this particular activity. As this suggested action is ours, (McKenzie LLP), we will design and host the on-line part of this survey for the first 12 months at no cost to the Council.)

2: Add mandatory Equality questions (with the option of '*Prefer not to say*') to all future HMO licencing or planning application documents.

3: In addition to the suggested survey, undertake further community consultation – possibly by undertaking field work to gain a better understanding of the profile of HMO residents in the Harlow district.

4: Perform a more detailed and formal consultation with identified third sector providers in the area to greater inform this Equality Impact Analysis.

5: Review the current list and profile (if known) of homeless people in the area. Use this as a benchmark to analyse further changes post implementation of this activity.

6: Repeat the on-line survey with HMO licence holders annually.

7: Record a lifecycle of all future HMO planning applications by (*Age, Sex, Disability* and *Ethnicity* of applicants). This should show applications, acceptances and rejections.

8: Develop a system for capturing Equality data relating to HMO complaints – particularly in respect of the *Age, Sex, Disability* and *Ethnicity* of both complainants and people/groups being complained about.

Suggested Other Actions:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
(To be completed by Council representatives and elected members where relevant)				

Completion Notes:	
Analysis Ratings:	<p>After completing this document, rate the overall analysis as follows:</p> <p>Red: As a result of performing this analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the activity or policy be suspended until further work or analysis is performed.</p> <p>Red Amber: As a result of performing this analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this activity or policy and further professional advice should be taken.</p> <p>Amber: As a result of performing this analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p>Green: As a result of performing this analysis, the policy or activity does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>
Equality Data:	<p>Equality data is internal or external information that may indicate how the activity or policy being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1: Application success rates by <i>Equality Groups</i> 2: Complaints by <i>Equality Groups</i> 3: Service usage and withdrawal of services by <i>Equality Groups</i> 4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i>
Legal Status:	<p>This document is designed to assist organisations in “<i>Identifying and eliminating unlawful Discrimination, Harassment and Victimisation</i>” as required by <i>The Equality Act Public Sector Duty 2011</i>. An Equality Impact Analysis is not, in itself, legally binding and should not be used as a substitute for legal or other professional advice.</p>
Genuine Determining Reason	<p>Certain discrimination may be capable of being justified on the grounds that:</p> <ol style="list-style-type: none"> (i) <i>A genuine determining reason exists</i> (ii) <i>The action is proportionate to the legitimate aims of the organisation</i> <p>Where this is identified, it is recommended that professional and legal advice is sought prior to completing an Equality Impact Analysis.</p>