

## EQUALITY IMPACT ASSESSMENT – HMO Additional Licensing

Completing an EIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EIAs should be carried out at the earliest stages of policy development or a service review, and then updated as the policy or review develops. EIAs must be undertaken when it is possible for the findings to inform the final decision.

### SECTION 1:

Title	HMO Additional Licensing
<p>What are you analysing?</p> <ul style="list-style-type: none"> <li>• What is the policy/project/activity/strategy looking to achieve?</li> <li>• Who is it intended to benefit? Are any specific groups targeted by this decision?</li> <li>• What results are intended?</li> </ul>	<p><b>HMO Additional Licensing</b></p> <p><u>Background</u></p> <p>In March 2021, Full Council resolved to approve that the Council adopt an HMO Additional Licensing Scheme. The Designation was made on 21 April 2021 and the scheme came into effect on 30 August 2021.</p> <p>The purpose of Additional HMO Licensing is to:</p> <ul style="list-style-type: none"> <li>• Improve housing standards in properties where data has shown there are the worst conditions</li> <li>• Put the onus on landlords to be compliant with the conditions of the licence which includes requirements around fire safety and overcrowding</li> <li>• Provide councils with increased powers to address poor conditions and other issues such as the let-to-let practice</li> </ul> <p>The additional HMO licensing scheme extended the requirement to license to:</p> <ul style="list-style-type: none"> <li>• smaller HMOs occupied by 3 or more persons who form more than one household (section 254 of the HA 2004)</li> <li>• certain buildings converted wholly into self-contained flats (section 257 of the HA 2004). Section 257 HMOs are those where the standard of conversion does not meet the 1991 building regulation standard and where fewer than two-thirds of the flats are owner-occupied.</li> </ul> <p>The EIA for the adoption of the scheme can be found here <a href="#">Decision - Housing in Multiple Occupation (HMO) Additional Licensing Scheme   Westminster City Council</a></p> <p><u>Covid19 Impact and Proposed Policy Change</u></p> <p>Since the designation was made, it is clear that the pandemic has had a major impact on Westminster’s economy. As people are changing the way they live and work and the Council is concerned that this may mean rented accommodation falling into further disrepair and placing our most vulnerable tenants at further risk. It is predicted that over 80% of s.254 HMOs have at least one Category 1 hazard in the home and that these HMOs are more likely to be occupied by those with lower</p>

	<p>incomes and less security of tenure, and consequently at greater risk of exploitation by landlords.</p> <p>The Council considers efforts should be focused on the proactive identification and inspections of s.254 HMOs, to ensure we are doing all we can to improve living conditions within people's homes at this time.</p> <p>The Council therefore recommends revoking the designation of s.257 HMOs so that focus can be directed to protecting the most vulnerable, namely residents in s.254 HMOs which are not required to be licensed under mandatory licensing. Improving standards and conditions of the communal parts within s.257 HMOs will continue to be met through the Council's existing housing and environmental health regulatory frameworks.</p> <p><u>EIA focus</u></p> <p>The intention of the scheme is to provide the Council with an additional power to existing legislative tools, to help bring up housing standards for our residents in the Private Rented Sector. This EIA is to review whether the decision to revoke s.257 HMOs from the Policy following a review of the scheme, would disproportionately impact on people with a protected characteristic.</p>
<p>Details of the lead person completing the screening/EIA</p>	<p>(i) Full Name:</p> <p>(ii) Position:</p> <p>(iii) Unit:</p> <p>(iii) Contact Details:</p>
<p>Date sent to <a href="mailto:Equalities@westminster.gov.uk">Equalities@westminster.gov.uk</a></p>	<p>N/A</p>
<p>Version number and date of update</p>	<p>V.3 – September 2021</p>
<p><i>You will need to update your EIA as you move through the decision-making process. Record the version number here and the date you updated the EIA. Keep all versions so you have evidence that you have considered equality throughout the process. However <u>only</u> the most updated version will be saved in the Equalities SharePoint folder.</i></p>	

**SECTION 2: Do you need to complete a full Equality Impact Assessment (EIA)?**

Not all proposals will require a full EIA, the assessment of impacts should be proportionate to the nature of the project/policy in question and its likely impact. To decide on the level of detail of the assessment required consider the potential impact on persons with protected characteristics.

<p><b>2.1</b></p>	<p><b>Please provide an overview of who uses/will use your service or facility and identify who are likely to be impacted by the proposal<sup>1</sup></b></p> <ul style="list-style-type: none"> <li><i>If you do not formally collect data about a particular group then use the results of local surveys or consultations, census data, national trends or anecdotal evidence (indicate where this is the case). Please attempt to complete all boxes.</i></li> <li><i>Consider whether there is a need to consult stakeholders and the public, including members of protected groups, in order to gather information on potential impacts of the proposal</i></li> </ul>	
	<p>How many people use the service currently? What is this as a % of Westminster’s population?</p>	<p>c.10,000 HMOs are estimated in the PRS - this is based on average HMO occupation. Over 7% of Westminster’s population live in this type of housing.</p> <p>The Council estimates there are c.4800 s.254 HMOs across the borough and c.4800 s.257HMOs.</p> <p>Landlords will be required to license their properties, however we have no data on this group.</p>
	<p>Gender</p>	<p>We do not collect information on gender in our HMOs.</p>
	<p>Race</p>	<ul style="list-style-type: none"> <li>HMO occupants are estimated to be predominantly white (around 88.9% for 254 HMOs, 89% for 257 HMOs).</li> <li>With the next most prominent group estimated as Asian (around 6.5% for 254 HMOs, 5.8% for 257s).</li> <li>However, HMOs particularly s.254 HMOs are more likely to house harder to reach and hidden migrant groups<sup>2</sup>.</li> </ul>
	<p>Disability</p>	<p>Around 7.5% of all HMO occupants are predicted to require disability living allowance.</p>
	<p>Sexual orientation</p>	<p>We do not collect information around sexual orientation in our HMOs.</p>
	<p>Age</p>	<ul style="list-style-type: none"> <li>Amongst 254 HMOs age demographic is quite evenly spread.</li> <li>In 257 HMOs however, it appears that there are slightly more 55-64 year olds.</li> </ul>

<sup>1</sup> Please note all the analysis in this proposal is based on predictive data from Acorn. Therefore the figures in this report can only be indicative of the demographics prevalent in the occupants of Houses in Multiple Occupation.

<sup>2</sup> ESRO 2007, Behind the Numbers, Migrant Patterns in Westminster

	<p>Religion or belief</p>	<ul style="list-style-type: none"> <li>Both HMO type occupants are predicted to be predominantly of Christian faith (around 88%) with the next most prevalent predicted faith being Muslim (around 6.7%).</li> </ul>																			
<p><b>2.2 Are there any groups with protected characteristic that are overrepresented in the monitoring information relative to their size of the population? If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service.</b></p>	<p>Using predictive data for s.257 HMOs, occupants are more likely to have a white background, be aged 55 – 64 and be predominantly of Christian Faith. However, as demonstrated below this group is not over-represented relative to the size of the population.</p> <ul style="list-style-type: none"> <li>Census 2011 data indicates that in Westminster’s total population the main ethnic group is white British - making up 35% of the City population. This increases to 59% when including all other white ethnic groups (table below).</li> <li>The main ethnic group in Westminster’s total PRS is also predominantly White (table below).</li> <li>The majority of residents (70%) are of working age between 18 – 64<sup>3</sup></li> <li>ONS data indicates that the majority of Westminster residents identify as Christian (all denominations)<sup>4</sup></li> </ul> <table border="1" data-bbox="408 999 1259 1346"> <thead> <tr> <th></th> <th>Private tenants (City Survey 2018 &amp; 2019)</th> <th>Westminster population (City Survey 2018 &amp; 2019)</th> </tr> </thead> <tbody> <tr> <td><b>White</b></td> <td>54%</td> <td>59%</td> </tr> <tr> <td><b>Black</b></td> <td>13%</td> <td>12%</td> </tr> <tr> <td><b>Arab</b></td> <td>5%</td> <td>4%</td> </tr> <tr> <td><b>Asian</b></td> <td>17%</td> <td>15%</td> </tr> <tr> <td><b>Other/Unspecified</b></td> <td>11%</td> <td>10%</td> </tr> </tbody> </table>				Private tenants (City Survey 2018 & 2019)	Westminster population (City Survey 2018 & 2019)	<b>White</b>	54%	59%	<b>Black</b>	13%	12%	<b>Arab</b>	5%	4%	<b>Asian</b>	17%	15%	<b>Other/Unspecified</b>	11%	10%
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<p><b>2.3 Are there any groups with protected characteristics that are underrepresented in the monitoring information relative to their size of the population? If so, this could indicate that the service may not be accessible to all groups or there may be some form</b></p>	<p>Based on the data we are able to analyse there is a low proportion of other ethnic groups residing in s.257 HMOs<sup>5</sup>. The below table displays the predicted occupancy in all HMO types.</p> <table border="1" data-bbox="408 1458 1206 1536"> <thead> <tr> <th>White</th> <th>Mixed</th> <th>Asian</th> <th>Black</th> <th>Other ethnicity</th> </tr> </thead> <tbody> <tr> <td>88.9%</td> <td><b>1.2%</b></td> <td><b>6.5%</b></td> <td><b>2.7%</b></td> <td><b>0.7%</b></td> </tr> </tbody> </table>			White	Mixed	Asian	Black	Other ethnicity	88.9%	<b>1.2%</b>	<b>6.5%</b>	<b>2.7%</b>	<b>0.7%</b>								
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<sup>3</sup> Westminster [city profile 2018 \(1\).pdf](#)

<sup>4</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/adhocs/009830religionbylocalauthoritygreatbritain2011to2018>

<sup>5</sup> We do not hold information on this group regarding age or disabilities.

of direct or indirect discrimination occurring.

**2.4 Does the project, policy or proposal have the potential to disproportionately impact on people with a protected characteristic? If so, is the impact positive or negative?**

Based on current data, those who are white are more likely to be residing in s.257HMOs, however this trend is representative of our resident profile across the wider PRS and is therefore not a disproportionate impact.

	None	Positive	Negative	Not sure
Men or women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of a particular race or ethnicity (including refugees, asylum seekers, migrants and gypsies and travellers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled <sup>6</sup> people (consider different types of physical, learning or mental disabilities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups (consider in particular children, under 21s and over 65s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are intending to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact due to pregnancy/maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If any of the answers to the questions above is, “negative” or “unclear” you will need to undertake a detailed impact assessment.**

**2.5 Based on your responses, should a full, detailed EIA be carried out on the project, policy or proposal**

<sup>6</sup> Disability discrimination is different from other types of discrimination since it includes the duty to make reasonable adjustments.

	Yes    No <b>X</b>
<b>2.6</b>	<b>Provide brief reasons on how have you come to this decision?</b>
	<p>The purpose of HMO additional licensing is to improve property standards across Westminster. Removing s.257 HMOs from the additional licensing scheme will not disproportionately impact any protected characteristic. Whilst those who are White, are more likely to be living in s.257 HMOs than any other group, this trend is representative of our resident profile across the wider PRS and population of Westminster. The decision to remove s.257s from the Designation is mitigated by the Council’s existing housing and environmental health regulatory frameworks which will continue to manage any issues arising in these properties.</p> <p>s.254 HMOs remain in the scheme. This type of housing is also more likely to house vulnerable low-income groups, including hard to reach and hidden migrants. The previous EIA identified s.254 HMOs as having a positive impact on those with protected characteristics due to raising living conditions and standards. Due to a financial burden attached to the scheme, the council is to keep fees and charges under review.</p>

**THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER**

**SIGNATURE:** .....

**FULL NAME:** .....

**UNIT:** .....

**EMAIL & TELEPHONE EXT:** .....

**DATE (DD/MM/YYYY):** .....

**WHAT NEXT?**

It is the responsibility of the service to complete an EIA to the required standard and the quality and completeness of EIAs will be monitored by EMT.

All EIAs for proposed changes to levels of service arising from budget proposals must be completed by (insert date).

All completed EIAs should be sent to [Equalities@westminster.gov.uk](mailto:Equalities@westminster.gov.uk)