



**Form to be used for the Full Equalities Impact Assessment**

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| **Service Area:**  **Environmental Development** |  | **Section:**  **Environmental Health** | | **Date of Initial assessment:**  **31/03/2015** | | **Key Person responsible for assessment:**  **Adrian Chowns** | | | **Date assessment commenced:**  **17/04/2015** | | | | |
| **Name of Policy to be assessed:** | | | | CEB Report: Review of HMO Licensing | | | | | | | | | |
| **1. In what area are there concerns that the policy could have a differential impact** | | | | ***Race*** | | | ***Disability*** | | | | ***Age*** | | |
| ***Gender*** | | | ***Religion or Belief*** | | | | ***Sexual Orientation*** | | |
| **Other strategic/ equalities considerations** | | | | ***Safeguarding/ Welfare of Children and vulnerable adults*** | | | ***Mental Wellbeing/ Community Resilience*** | | | | ***Marriage & Civil Partnership*** | | |
| **2. Background:**  Give the background information to the policy and the perceived problems with the policy which are the reason for the Impact Assessment. | | | | A licensing scheme requiring all HMOs in Oxford to be licensed was introduced in 2011 and following a recent review of the Licensing Scheme the aim is to consult with all relevant parties on the future renewal of the Scheme.  A statutory consultation project of 10 weeks would have to be delivered to tight timescales because the Scheme is due to expire in January 2016 and failure to make a new designation could result in certain parts of the sector being regulated and other parts not regulated. This may also put occupiers at risk. | | | | | | | | | |
| **3. Methodology and Sources of Data**:  The methods used to collect data and what sources of data | | | | Data held on the Council`s systems has been used to identify the number of potential licensed HMOs that could fall outside of the requirements to be licensed if the statutory consultation is not completed and the Scheme is allowed to expire without renewal.  An assessment on the proportion of landlords from BME groups has indicated that 25% are of Asian origin. This group make up 10% of the population of Oxford as a whole.  An annual study was conducted in partnership with Health Visitors carrying out visits to HMOs where there were new born babies or families with children living in HMOs, which indicated that there had been an increase in this group living in shared accommodation.  The profile of the PRS in Oxford has changed considerably since the introduction of the Scheme. Oxford is now the least affordable City to live in and has the highest proportion of young people. High house prices create a situation where they are unlikely to be able to access home ownership consequently the PRS is the most viable option and sharing reduces the cost of accommodation further. | | | | | | | | | |
| **4. Consultation**  This section should outline all the consultation that has taken place on the EIA. It should include the following.  • Why you carried out the consultation.  • Details about how you went about it.  • A summary of the replies you received from people you consulted.  • An assessment of your proposed policy (or policy options) in the light of the responses you received.  • A statement of what you plan to do next | | | | Approval has been sought through the Project Involvement board to commence the statutory consultation once the report being submitted to CEB has been considered.  No consultation has been carried out on this impact assessment because the proposals are still subject to approval through the CEB process.  If the recommendations of the CEB report are supported then officers will proceed with the 10 week statutory consultation as approved by the Project Involvement Board. | | | | | | | | | |
| **5. Assessment of Impact:**  Provide details of the assessment of the policy on the six primary equality strands. There may have been other groups or individuals that you considered. Please also consider whether the policy, strategy or spending decisions could have an impact on safeguarding and / or the welfare of children and vulnerable adults | | | | The project is based on the need to fulfil the requirements of national legislation. A key consideration is to ensure that all persons who are likely to be affected are consulted and any representations are taken into account.  Data gathered will assist in informing the impact on target groups such as landlords from BME groups, tenants, students and migrants. The levels of impact vary across each group with 25% of BME landlords operating HMOs, young people likely to access this type of accommodation, the increase in families living in HMOs and vulnerable groups being the key considerations.  In regulating HMOs, owners and agents who are regulated against may feel that they have been adversely impacted upon. However there are no other ways in which the service could be provided that would achieve these aims without adverse impact. Ultimately, when working within the legislative framework, people have a right to legal redress should they feel that a decision was unfairly/unlawfully taken; this can be via an appeal process or the Council’s Complaints system. | | | | | | | | | |
| **6. Consideration of Measures**:  This section should explain in detail all the consideration of alternative approaches/mitigation of adverse impact of the policy | | | | The key groups that are likely to affected by these proposals have been identified and a consultation project developed to address the implications of the scheme. The proposed approach to consultation has been set out by the recent PIB report and approved. The report setting out recommendations will be considered by CEB and if approved the consultation will be conducted in accordance with the project plan approved. | | | | | | | | | |
| **6a. Monitoring Arrangements:**  Outline systems which will be put in place to monitor for adverse impact in the future and this should include all relevant timetables. In addition it could include a summary and assessment of your monitoring, making clear whether you found any evidence of discrimination. | | | | The fee and charges structure associated with licensing of HMOs is reviewed on an annual basis to consider the impact this has on landlords generally.  When enforcement activity is carried out each case is reviewed to ensure that the Council is being fair, consistent and proportionate in its approach. This review ensures that the impact of particular groups is monitored. Feedback is also obtained from relevant groups. | | | | | | | | | |
| **7. 12. Date reported and signed off by City Executive Board:** | | | |  | | | | | | | | | |
| **8. Conclusions**:  What are your conclusions drawn from the results in terms of the policy impact | | | |  | | | | | | | | | |
| **9. Are there implications for the Service Plans?** | | | YES |  | **10. Date the Service Plans will be updated** | | | 2015/2016 | | **11. Date copy sent to Equalities Officer in HR & Facilities** | |  |
| .**13. Date reported to Scrutiny and Executive Board:** | | |  |  | **14. Date reported to City Executive Board:** | | |  | | **12. The date the report on EqIA will be published** | |  |

Signed (completing officer) Signed (Lead Officer)

**Please list the team members and service areas that were involved in this process:**

Organisational Development & Learning Advisor/ Equalities