

Why do an Equalities Impact Assessment (EqIA)?

1. Equalities Impact Assessment (EqIA) is part of Oxford City Council's [Public Sector Equality Duty \(PSED\) \(Equality Act 2010\)](#).

The General PSED enables Oxford City Council to:

- a. **identify and remove discrimination,**
 - b. **identify ways to advance equality of opportunity,**
 - c. **foster good relations.**
2. [An EqIA must be done before making any decision\(s\)](#) that may have an impact on people and/or services that people use and depend on.
 3. [An EqIA form is one of many tools](#) that can simplify and structure your equalities assessment.
 4. We are passionate about equalities, and we highly recommend that [Corporate Management Team \(CMT\) reports and all projects must attach an EqIA](#).

A good EqIA has the following attributes:

1. **Comprehensively considers the [9 protected characteristics](#).**

1. Age	6. Race & Ethnicity
2. Disability	7. Religion or Belief
3. Gender Reassignment	8. Sex
4. Marriage & Civil Partnership	9. Sexual Orientation
5. Pregnancy & Maternity	NEW- Socio-economic inequalities (voluntary adoption)

2. It has **considered equality of treatment** towards service users, residents, employees, partners, council suppliers & contractors, and Council Members
3. Sufficiently considered **potential and real impact** of proposal or policy on service users, residents, employees, partners, council suppliers & contractors, and Council Members.
4. **Systematically recorded and reported** any potential and real impact of your proposal or policy on service users, residents, employees, partners, council suppliers & contractors, and Council Members
5. **Collected, recorded, & reported sufficient information and data** on how your policy or proposal will have an impact.
6. Offers **mitigations or adjustments** if a PSED has been impacted.
7. Provides clear **justifications** for your decisions.
8. It is written in **plain English** with simple short sentence structures.

Section 1: General overview of the activity under consideration

1. Name of activity being assessed.	Renewal of Additional HMO licensing Scheme	2. The implementation date of the activity under consideration:	June 2026
3. Directorate/Department(s):	Planning and Regulation	4. Service Area(s):	Regulatory Services
5. Who is (are) the assessment lead(s): Please provide: -Name -Email address	Courtney Bennett cbennett@oxford.gov.uk	6. Contact details, in case there are queries: Please provide: -Name -Email address	Courtney Bennett cbennett@oxford.gov.uk Error! Bookmark not defined.
7. Is this a new or ongoing EqlA?	New <input type="checkbox"/>	8. If this is an extension of a previous EqlA, please indicate where the previous EqlA is located and share the link to the said EqlA.	
9. Date this EqlA started:	01/09/2025		
10. Will this EqlA be attached to Corporate Management Team (CMT) reports/updates, which will be published online?	No	11. Give a date (tentative or otherwise) when this assessment will be taken to the CMT.	

Section 2: About the activity, change, or policy that is being assessed.

<p>12.</p>	<p>Type of activity being considered:</p> <p>Check the most appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/> Decommissioning	<input type="checkbox"/> Commissioning	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input type="checkbox"/> x Others. Please specify: Renewal of an enforcement scheme			
<p>13.</p>	<p>Which priority area(s) <u>within Oxford City Council's Corporate strategy (2024-2028)</u> does this activity fulfil?</p> <p>Please check as needed.</p>	<input checked="" type="checkbox"/> Good, affordable homes	<input type="checkbox"/> Strong, fair economy	<input type="checkbox"/> Thriving Communities	<input type="checkbox"/> Zero Carbon Oxford	<input type="checkbox"/> Well run council
<p>14.</p>	<p>Which priority area(s) within <u>Oxford City Council's Equality, Diversity & Inclusion Strategy (2022)</u> does this activity fulfil?</p> <p>Please check as needed.</p>	<input checked="" type="checkbox"/> Responsive services and customer care.	<input type="checkbox"/> Diverse and engaged workforce.	<input type="checkbox"/> Leadership & organisational commitment.	<input checked="" type="checkbox"/> Understanding and working with our communities.	
<p>15.</p>	<p>Outline the aims, objectives, & priorities of the activity being considered.</p>	<p>The licensing of all HMOs in Oxford has been in operation since 2011. The aim of the activity is to renew and designate a citywide Additional HMO Licensing Scheme for a further five years. The scheme seeks to ensure minimum standards of safety and management in HMOs, protect tenants who may be more vulnerable in the private rented sector, and promote responsible landlord practices.</p>				

<p>16. Please outline the consequences of not implementing this activity. For example, -Existing activity does not fulfill Corporate Objectives, -existing activity is discriminatory and not fulfilling Council's PSED, ... to name a few.</p>	<p>The current designation expires in June 2026. Failure to renew would result in only a portion of the sector being regulated, leaving some tenants without the protection of licensing. This would increase risks to health and safety, reduce housing standards, and undermine the Council's strategic objectives on housing, community wellbeing, and equity.</p>
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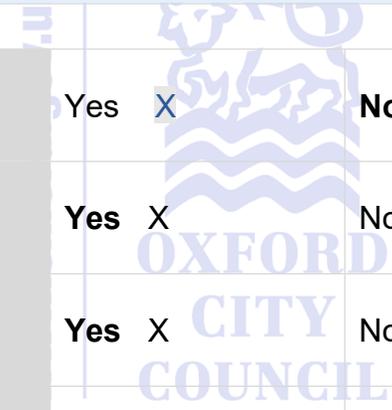
Section 3: Understanding service users, residents, staff and any other impacted parties.

<p>17. Have you undertaken any consultations in the form of surveys, interviews, and/or focus groups?</p> <p>Please provide details— -when, -how many, and -the approach taken.</p>	<p>A statutory consultation was undertaken between November 2025 and January 2026, including an online survey and in-person engagement through landlord and agent forums.</p>
<p>18. List information and data used to understand who your residents or staff are and how they will be impacted.</p> <p>These could be- -third-party research, -census data, -legislation, -articles, -reports, -briefs.</p>	<p>Licensed HMOs record information Census and ONS housing tenure data Local affordability data showing reliance on HMOs as a housing option Reports on housing and community resilience in Oxford</p>

19.	If you have not done any consultations or collected data & information, are you planning to do so in the future? Please list the details – -when, -with whom, and -how long will you collect the relevant data.	No – consultation has been completed and informed the decision to renew the scheme.
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Section 4: Impact analysis.

20.	Who does the activity impact?	Service Users	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Check as needed.	Members of staff	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	The impact may be positive, negative or unknown.	General public	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Partner / Community Organisation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		City Councillors	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Council suppliers and contractors	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>

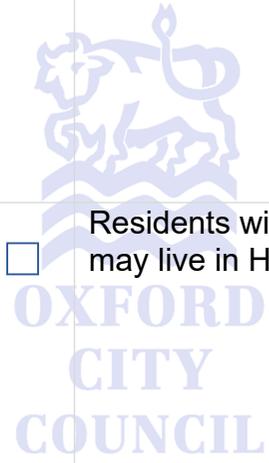


21.

Does the activity impact positively or negatively on any protected characteristics as stated within Equality (Act 2010)?

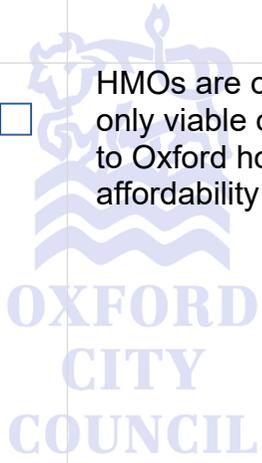
Protected Characteristic	Positive	Negative	Neutral	Don't know	Data/information/evidence supporting your assessment	Analysis & insight Mitigations
Age	X	<input type="checkbox"/>		<input type="checkbox"/>	High proportion of young adults & students rely on HMOs	Positive impact: licensing protects younger tenants' housing conditions.
Disability (Visible and invisible)	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residents with disabilities may live in HMOs	Licensing can ensure safe, suitable housing. Ensure accessibility requirements considered in enforcement.
Gender re-assignment		<input type="checkbox"/>	X	<input type="checkbox"/>	No direct evidence	Neutral
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	No direct evidence	Neutral

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Race, Ethnicity and/or Citizenship	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HMO	Licensing may affect BME landlords disproportionately, tenants from migrant backgrounds often in HMOs. Inclusive consultation, multi-language materials, monitoring landlord impacts
Pregnancy & Maternity 407	XError! Bookmark not defined.	<input type="checkbox"/>	www.oxford.gov.uk	<input type="checkbox"/>	Families with young children may reside in HMOs 	Licensing can protect family health & safety Consultation with family support services
Religion or Belief		<input type="checkbox"/>	X	<input type="checkbox"/>	No direct evidence	Neutral
Sex	Yes			<input type="checkbox"/>		Licensing improves standards. Target

						information via women's community networks
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No direct evidence	Neutral
Socio-economic inequalities such as: - income and factors that impact income. - access to jobs This was voluntarily adopted by Oxford City Council on the 13th of March 2024.	Yes	<input type="checkbox"/>	www.oxford.gov.uk	<input type="checkbox"/>	HMOs are often the only viable option due to Oxford housing affordability	Licensing addresses inequality by ensuring affordable housing is safe Fees structured to be proportionate and cost-neutral



Section 5: Conclusion(s) of your Full Impact Assessment

22.	Conclusions.							
	<input type="checkbox"/> Stop and reconsider the activity.	<input type="checkbox"/>	Adjust activity before beginning the activity and continue to monitor.	X	No major change(s) or adjustments and continue with activity but continue to monitor.	<input type="checkbox"/>	No major change(s) or adjustments and continue with the activity. No need to monitor in the future.	
23.	Please explain how you have reached your conclusions above.		<p>Benefits of Implementation: The EqIA concludes that renewal of the Additional HMO Licensing Scheme is likely to have a positive impact on equality groups who are more reliant on HMOs, including younger people, low-income households and people from migrant backgrounds. No new negative impacts have been identified as a result of renewal. The scheme will continue to be monitored to ensure it operates proportionately and fairly.</p> <p>Promotes Equity: Ensures everyone has equal opportunities.</p> <p>Enhances Diversity:</p> <p>Improves Representation:</p>					

Section 6: Monitoring and review plan.

The responsibility for maintaining a monitoring arrangement of the EqlA action plan lies with the service/team completing the EqlA.

These arrangements must be built into the performance management framework such as KPIs or Risk Registers.

<p>24.</p>	<p>Who or which team or service area will be responsible for monitoring equalities impact?</p> <p>For example- - team, -directorate, -service area, -Equalities Steering Group,etc.</p>	<p>Residential Regulation Team, Regulatory Services</p>		
<p>25.</p>	<p>Who (individual, team, or service area) will be responsible for carrying out the EqlA review?</p>	<p>Regulatory Services Management team</p>		
<p>26.</p>	<p>How often will the equality impact be reviewed for this activity?</p> <p>For example- -quarterly, -yearly, etc.</p>	<p>Annually</p>	<p>27.</p> <p>Date when the EqlA will be reviewed again.</p>	<p>February 2027</p>

Section 7: Sign-off

Name: Courtney Bennett

Job Title: Regulatory Services
Manager

Signature:
Cbennett

Name:

Job Title:

Signature:

Name: Full Name

Job Title: Type here

Signature:

Suggested list of people to include are:

- 1) Project lead/manager.
- 2) Head of service area or team.
- 3) Person who completed the EqlA.
- 4) EDI Lead.
- 5) EDI Specialist.
- 6) For joint projects, please consider the following:
 1. Other project leads
 2. Other service area and/or team lead/managers.

This is not an exhaustive list.

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Name: Gail Malkin

Job Title: Head of People

Signature:
G Malkin

Name: Full Name

Job Title: Type here

Signature:

You have now reached the end of the assessment.

⚠ Please appended this to any reports and project files for reference.

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