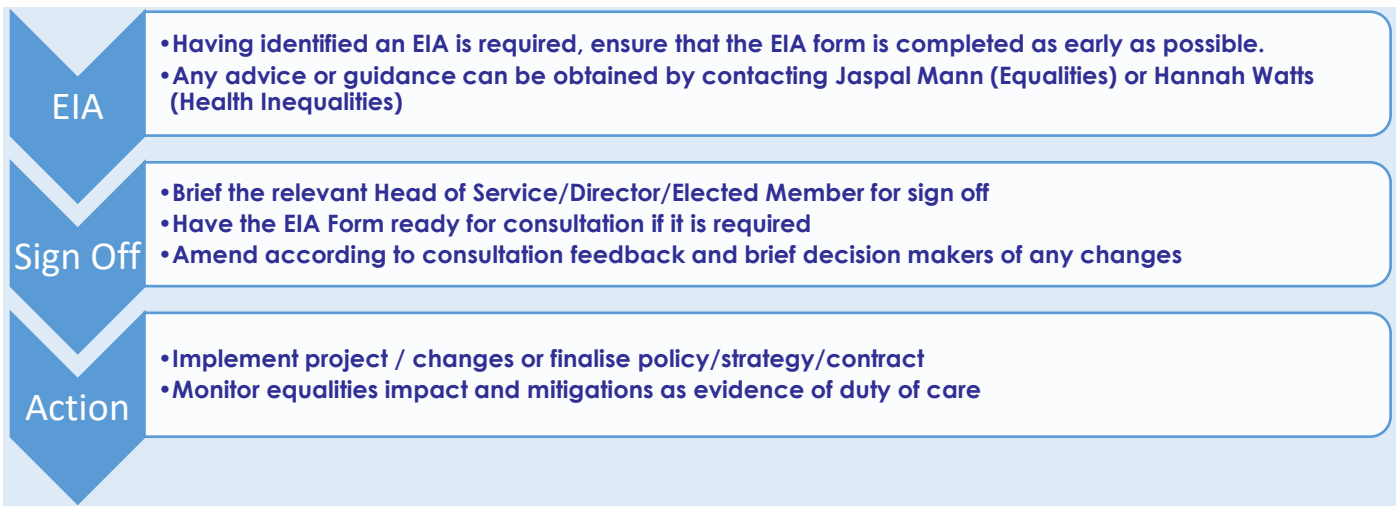


# EQUALITY IMPACT ASSESSMENT (EIA)



<b>Title of EIA</b>		<b>Homes in Multiple Occupation (HMO) DPD Consultation Draft (Regulation 18)</b>
<b>EIA Author</b>	Name	<b>Rob Haigh</b>
	Position	<b>Senior Planning Policy Officer</b>
	Date of completion	<b>25/07/2022</b>
<b>Head of Service</b>	Name	<b>David Butler</b>
	Position	<b>Head of Planning Policy and Environment</b>
<b>Cabinet Member</b>	Name	<b>Councillor David Welsh</b>
	Portfolio	<b>Housing and Communities</b>



**PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM**

## SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

- New policy / strategy
- New service
- Review of policy / strategy
- Review of service
- Commissioning



Other project (please give details) *Development Plan Document for Homes in Multiple Occupation (HMO).*

### 1.2 In summary, what is the background to this EIA?

The HMO (DPD) adds further complementary policy details to the Local Plan which was adopted on 6<sup>th</sup> December 2017 and for which EIA was undertaken. DPDs introduce new policy and provide further detail to enable and manage future development in the city.

Delivering sufficient land to enable homes to be built over the Plan period to 2031 is a key objective of the adopted Coventry Local Plan. The aim of this DPD is to set out the detailed policy framework that will be used for the determination of HMO planning applications in Coventry. The policies contained within the DPD will provide further detail to the strategic policies set out in the Council's Local Plan and City Centre Area Action Plan and national policy as set out in the National Planning Policy Framework.

### 1.3 Who are the main stakeholders involved? Who will be affected?

Applicants who are required to submit planning applications for HMO schemes, agents and individuals who may want to let private housing and those members of the community who need to access HMOs. The Government defines a HMO<sup>1</sup> as:

*"Your home is a house in multiple occupation (HMO) if both of the following apply:*

- at least 3 tenants live there, forming more than 1 household*
- you share toilet, bathroom or kitchen facilities with other tenants*

*Your home is a large HMO if both of the following apply:*

- at least 5 tenants live there, forming more than 1 household*
- you share toilet, bathroom or kitchen facilities with other tenants*

*A household is either a single person or members of the same family who live together. A family includes people who are:*

- married or living together - including people in same-sex relationships*
- relatives or half-relatives, for example grandparents, aunts, uncles, siblings*
- step-parents and step-children".*

### 1.4 Who will be responsible for implementing the findings of this EIA?

Coventry City Council Planning Policy Service.

<sup>1</sup> [www.gov.uk/private-renting/houses-in-multiple-occupation](http://www.gov.uk/private-renting/houses-in-multiple-occupation)

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## SECTION 2 – Consideration of Impact

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not

### 2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

The HMO DPD was formulated using detailed evidence including a bespoke evidence gathering document and an independent study. The HMO DPD will be independently examined by a Planning Inspector to ensure that its policies are robust and formulated using appropriate evidence before it can be adopted. Further detail on the HMO DPD and the evidence base can be found here:

[www.coventry.gov.uk/planning-policy](http://www.coventry.gov.uk/planning-policy)

This DPD sets out the policy position in managing and guiding decision makers in determining HMO planning applications across the city.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 – not below*

Protected Characteristic	Impact type	Nature of impact and any mitigations required
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## EQUALITY IMPACT ASSESSMENT (EIA)



	P, N, PN, NI or ID	
Age 0-18	<b>P</b>	HMOs are aimed at those whose needs are not met by the market. Whilst those aged 0-18 would generally not be directly able to access HMO products, many will live in households where their parents and carers will not be able to afford open market homes and thus they will indirectly benefit from the policies. 22.5% of children live in low income families which is above the regional and national average (20.2% and 17% respectively) <sup>2</sup>
Age 19-64	<b>P</b>	HMO housing is aimed at those whose needs are such that they cannot or are unable to buy in the open market for a variety of social and economic reasons. The average gross disposable household income for Coventry is below the regional and national average (£15,353 per head per annum compared to £18,222 and £21,609 respectively in 2018), and the average house price was £185,000 (October 2019 to September 2020 figures). Currently the claimant count stands at 15,320 (ONS July 2021) compared to 8,000 in March 2020. The DPD has the potential for improvement of the quality of HMOs. HMOs have the potential to benefit the wider local community by reducing social and environmental factors associated with high concentrations of HMOs relating to noise, rubbish and general upkeep.
Age 65+	<b>P</b>	See above in terms of disposable household income and average house prices. Some HMO products (as defined by the Government in the National Planning Policy Framework) will be applicable depending upon the individual / household circumstances
Disability	<b>ID</b>	No direct impact although some HMO products will be applicable depending upon the individual / household circumstances
Gender reassignment	<b>ID</b>	No direct impact although some HMO products will be applicable depending upon the individual / household circumstances
Marriage and Civil Partnership	<b>ID</b>	No direct impact although some HMO products will be applicable depending upon the individual / household circumstances
Pregnancy and maternity	<b>ID</b>	No direct impact although some HMO products will be applicable depending upon the individual / household circumstances
Race (Including: colour, nationality,	<b>ID</b>	No direct impact although Coventry has a diverse population and affordable products will be applicable depending upon the individual / household circumstances

<sup>2</sup> <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-201415-to-201819>

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citizenship ethnic or national origins)		
Religion and belief	<b>ID</b>	No direct impact although some HMO products will be applicable depending upon the individual / household circumstances
Sex	<b>ID</b>	No direct impact although some HMO products will be applicable depending upon the individual / household circumstances
Sexual orientation	<b>ID</b>	No direct impact although some HMO products will be applicable depending upon the individual / household circumstances

### HEALTH INEQUALITIES

<b>2.3</b>	<p>Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.</p> <p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity</p> <p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities</p> <p><b>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Hannah Watts (<a href="mailto:hannah.watts@coventry.gov.uk">hannah.watts@coventry.gov.uk</a>) in Public Health for more information. More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>	
Question	Issues to consider	
2.3a What HIs exist in relation to	<ul style="list-style-type: none"> <li>Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>)</li> </ul>	

## EQUALITY IMPACT ASSESSMENT (EIA)



<p>your work / plan / strategy</p>	<ul style="list-style-type: none"> <li>● Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation</li> </ul>
	<p>Response:</p> <p>The HMO DPD supplements and provides complementary policies to Policy H11 of the adopted Local Plan which was subject to a Health Impact Assessment. The Health and Wellbeing chapter of the plan, which includes Policy HW1, requires Health Impact Assessments for particular types and scale of development where there could be significant impacts. See <a href="http://www.coventry.gov.uk/localplan">www.coventry.gov.uk/localplan</a> This was supplemented by a Health Impact Assessment SPD which provided further detail and guidance including that in relation to HMOs. See <a href="http://www.coventry.gov.uk/downloads/file/28900/health_impact_assessment_spd">www.coventry.gov.uk/downloads/file/28900/health_impact_assessment_spd</a></p>
<p>2.3b How might your work affect HI (positively or negatively).</p> <p>How might your work address the needs of different groups that share protected characteristics</p>	<p><b>Consider and answer below:</b></p> <ul style="list-style-type: none"> <li>● Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income</li> <li>● Consider what the unintended consequences of your work might be</li> </ul>
	<p>Response:</p> <p style="padding-left: 40px;">a. Potential outcomes including impact based on socio-economic status or geographical deprivation</p> <p>The Health Impact Assessment SPD referred to above includes the following:</p>

## EQUALITY IMPACT ASSESSMENT (EIA)



### Category 1: Housing Quality and Design

Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has an impact on community welfare, cohesion and mental wellbeing.

Considerations	Negative effects	Positive Effects	Relevant Local Plan Policies and Supplementary Planning Documents
<ul style="list-style-type: none"> <li>• Accessible and adaptable dwellings</li> <li>• Internal space standards, orientation and layout</li> <li>• Affordable housing and dwelling mix</li> <li>• Energy efficiency</li> <li>• High Quality Design</li> </ul>	A lack of affordable housing within communities may compromise the health of low-income residents as they are likely to spend more on housing costs and less on other daily living needs.	Making provision for affordable housing has the potential to improve wellbeing, while housing quality can be improved by use of appropriate construction methods. This includes use of good materials for noise insulation and energy-efficiency, and detailed design considerations to make sure that homes are accessible, adaptable and well oriented.	<ul style="list-style-type: none"> <li>• AC2: Road Network</li> <li>• DE1: Ensuring High Quality Design</li> <li>• DS3: Sustainable Development Policy</li> <li>• EM2: Building Standards</li> <li>• EM5: Sustainable Drainage Systems SuDS</li> <li>• H3: Provision of New Housing</li> <li>• H4: Securing a Mix of Housing</li> <li>• H5: Managing Existing Housing Stock</li> <li>• H6: Affordable Housing</li> <li>• H8: Care Homes, Supported Housing, Nursing Homes and Older Persons accommodation</li> </ul>
	Poor choice of location, design and orientation of housing developments can be detrimental to physical and mental health.	Providing a sufficient range of housing tenures with good basic services is also essential. Adaptable buildings for community uses such as health, education and leisure can contribute towards a sustainable community.	
	The quality of design, including internal sound insulation, daylighting and provision of private space can influence the health and wellbeing of occupiers.	Providing adaptable homes allows residents to remain in their home despite changing accommodation requirements. In this context, adaptable housing allows care to be	

		provided in the community more easily.	<ul style="list-style-type: none"> <li>• Sustainable Urban Extension Design Guide SPD</li> </ul>
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- b. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.

Ensuring access to a range of HMO products to meet a range of needs and circumstances is a key aim of the HMO DPD which provides the further detail to ensure that policies within the DPD can be delivered.

The HMO DPD which seeks to safeguard the amenities of future occupants and the local community and meets relevant housing standards. The HMO DPD will have a direct linkage with the Environmental Health department and licencing of relevant HMOs. For example, HMOs have a higher risk of fire and overcrowding. Its important that residents of HMOs have access to decent facilities. The HMO DPD will accord with Local Plan policy H11 which addresses HMOs in Coventry. Planning policy resists the loss of local character and family housing. All members of the population including young, single people, care leavers, homeless people, students may be more satisfied given the impact of managing HMOs to deliver accommodation of a higher quality than existing for all HMOs.

Whilst the DPD cannot directly influence the behaviour of the end-user of the product (as this is for the private landlords who deliver the products to determine in terms of prioritisation and access to the product), Policy H11 of the Local Plan (upon which this DPD provides a detailed suite of complementary policies) sets the strategic context for appraising and assessing HMOs across the city. For example, Policy H11 sets out a suite of criteria upon which HMO schemes are assessed. However, the policies in the HMO DPD



provide a more detailed issue specific response to the challenges HMOs can represent. These include strategic issues such as concentrations, sandwiching and thresholds. Other localised issues include:

- **Reduced social cohesion** resulting from the short-term nature of residencies involved with HMOs which may involve younger people overall. demographic imbalance.
- **Reduced housing choice** resulting from housing type/tenure imbalance (e.g. a shift from permanent family housing to more transient accommodation);
- **Reduced community engagement** from residents resulting from an increase in the transient population of an area;
- **Noise and disturbance** resulting from intensification of the residential use and/or the constantly changing nature of households;
- **Overlooking and loss of privacy** resulting from poorly considered internal layouts and intensification of use;
- **Detriment to visual amenity** resulting from poor waste management, poor property maintenance, accumulative external alterations to properties and use of frontage areas for off-street parking;
- **Reduced community services** resulting from a shift in the retail/business offer towards a narrower demographic such as the proliferation of Hot Food Takeaways; and
- **Highway safety concerns** resulting from congested on-street parking and poor waste management.

It is considered that the HMO DPD would have an overall positive impact for landlords, tenants, residents and businesses, by virtue of the potential improvement to the quality of HMOs and the management of them by bringing them within the planning system. The assessment of planning applications for HMOs will provide the opportunity for the assessment of the potential impacts on amenity, city character and issues arising from concentrations of HMOs. In addition there are potential benefits arising from the increased choice of quality housing.

### 2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

This was considered through the Local Plan and this document provides the detail to ensure the Local Plan policies can be delivered effectively.

The Draft HMO DPD contains 04 policies in addition to the strategic Local Plan policy H11 and has the underlying principle to deliver sustainable development to secure a better quality of life for everyone now and for future generations. Every policy in the DPD is intended to positively impact all residents of Coventry, regardless of gender, faith, race, disability, sexuality, age, rural isolation and social deprivation.





It will promote improved equal access to opportunities throughout the city. All the policies within the DPD contribute towards achieving sustainable development and balanced communities.

Planning applications for HMOs will be considered based on their individual planning merit on a case by case basis, in a manner that is fair to all sections of the community with due regard on potential impact on amenity. By bringing the consideration of all HMOs within the remit of the planning system enables the involvement of the public in the planning decision making process.

Large HMOs already require planning permission and licencing from the environmental health services. The proposal is an extension of the planning permission requirement to cover all HMOs. It is difficult to assess differential impacts arising for the implementation of a HMO DPD which will require greater control and assessment criteria for all HMO proposals. The Council does not collate any data on equalities profiles of private landlords.

By requiring all HMO proposals to be assessed against a clear suite of bespoke policies provides the opportunity for people to make informed representations through the planning application process. The HMO DPD advocates higher quality housing and management which helps to promote good relations between different communities in that it addresses some of the negative impacts of the over concentration of HMOs (refer to the HMO Article 4 evidence base). However some landlords, having to submit a planning application for new HMOs may continue to creating HMOs without the benefit of a planning application in breach of planning legislation. This will be managed, as with all potential planning contraventions, through the planning enforcement service.

### 2.5 How will you monitor and evaluate the effect of this work?

The Local Plan already includes monitoring indicators which keep track of HMO completions delivered annually. These will be linked to this DPD for continuity. However, the DPD provides clarity to the process which will assist with more efficient delivery of HMOs. However, there is scope to improve the monitoring process, we will be looking at this in more detail once this consultation stage is complete.

### 2.6 Will there be any potential impacts on Council staff from protected groups?

No.

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You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:**

Female	
Male	

**Age:**

16-24	
25-34	
35-44	
45-54	
55-64	
65+	

**Disability:**

Disabled	
Not Disabled	
Prefer not to state	
Unknown	

**Ethnicity:**

White	
Black, Asian, Minority Ethnic	
Prefer not to state	
Unknown	

**Religion:**

Any other	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
No religion	
Sikh	
Prefer not to state	
Unknown	

**Sexual Orientation:**

Heterosexual	
LGBT+	
Prefer not to state	
Unknown	

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups

Positive impact has been identified for one or more protected groups

## EQUALITY IMPACT ASSESSMENT (EIA)



Negative impact has been identified for one or more protected groups

Both positive and negative impact has been identified for one or more protected groups

### 4.0 Approval

<b>Signed: Head of Service: David Butler</b>	<b>Date:</b>
<b>Name of Director: Andrew Walster</b>	<b>Date sent to Director:</b>
<b>Name of Lead Elected Member: Councillor D Welsh</b>	<b>Date sent to Councillor:</b>

Email completed EIA to [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)