



**WATFORD
BOROUGH
COUNCIL**

Equality Impact Analysis

Title of policy, function or service	The Private Sector Renewal Policy Update
Lead officer	Neil Walker
Person completing the EIA	Neil Walker
Type of policy, function or service:	Existing (reviewed) <input checked="" type="checkbox"/> New/Proposed <input type="checkbox"/>
Version & Date	9 th January 2017, version 1

1. Background

The Private Sector Renewal Policy is an update to the 2006 policy. The update is informed by the 2017 Stock Modelling and Health Impact Assessment (HIA) carried out by the Building Research Establishment (BRE) on behalf of the Council.

The aim of the policy is to improve and maintain housing standards to support an accessible private sector housing stock in an environment which promotes health, wellbeing and sustainability, which is targeted to those most in need.

The basis for all assistance is to remove or reduce housing related defects that are detrimental to an occupant's health, in terms of physical and mental wellbeing.

The policy is open to applications from residents in the borough that are in need and meet the qualification criteria.

2. Focus of the Equality Impact Analysis

This EIA therefore considers the potential equality related impacts, both positive and negative of the policy update on the people in the groups or with the characteristics protected in the Equalities Act 2010.

These are:

1. Age
2. Disability
3. Gender Reassignment
4. Pregnancy and maternity
5. Race
6. Religion or belief
7. Sex (gender)
8. Sexual Orientation
9. Marriage and Civil Partnership.

3. Engagement and consultation

Two surveys were undertaken using e-mail distribution to the Council's resident consultee group as well as being advertised on the council's web and intranet sites. Internal consultation also took place; which led to receiving a total of 177 respondents (with the internal survey of staff returning 26 and the public

resident surveys returning 151). The survey gathered data on the existing financial assistance offered as well as seeking views on new assistance determined under this policy. In addition to the wider consultation various officers within different council departments have helped inform this policy.

A wide range of responses were received from the various tenures, with the majority at 74% being homeowners. Just 11 responses had previously used assistance (2 of which were disabled facilities grants, 2 had general advice with a further 7 having used 'Other Council schemes').

Of those that responded to the survey the majority came from the age banding of between 45 and 54 (forming a bell curve with this bracket at the peak). Very few responded from below the age of 34, probably in part due to low ownership rates of younger residents and as could be expected from surveys in relation to housing there are often more responses from retired households. Retired households feature in 40% of the respondents (with just under 30% having a person working in the household).

In the health related questions we asked if people's day-to-day activities were limited because of a health problem or a disability (which has lasted, or is expected to last, at least 12 months). In response around a quarter of respondents said 'yes'. This percentage was similar for those who had a fall in their home. This is important to note as falls constitutes many of the hazards found in a property.

The existing policy's financial assistance is limited in its reach and in its ability to help large numbers of residents. This policy update therefore reflects this by looking to broaden the number of people it helps. This will be achieved by including project based approaches; so that more residents benefit from assistance. We already know from the current grant assistance and our previous project work that the projects reach many more residents than the direct financial enquires lead to. The assistance we offer to the ad hoc enquires will be very focused on those most vulnerable and be through a professional referral led approach.

4. What we know about the Watford population

To inform this policy with up to date information an Integrated Dwelling Level Housing Stock Modelling and Quantitative Health Impact Assessment were carried out by the Building research Establishment BRE.

The BRE have modelled Watford's housing by using the councils own data, national census information, lodged EPCs, Ordnance Survey, Mosaic (with electoral role information) as well as English House condition survey data. This data is modelled into software to provide the expected attributes of individual properties within Watford. In addition a report detailing the costs and influences the stock condition has in relation to assessing health impact has been completed.

Various other sources of information have been used to inform this EIA and the policy. An Economic, Social and Environmental Summary Profile of Watford was completed by Grant Thornton in 2016 with some of the notable differences in Watford's population that differ significantly from the national averages detailed below.

With an average age of 36.46 years, Watford is in the lowest 20% of districts nationally and is in a sub region that has an average age in the lowest 40% of sub regions nationally.

The proportion of the resident population aged 0-14 was estimated at 19.34% in 2011, which is very high by national standards, with Watford ranking in the top 20% of districts. By comparison, the Hertfordshire figure was 18.75%

The proportion of the resident population aged 25-44 was estimated at 33.8% in 2011, which is very high by national standards, with Watford ranking in the top 20% of districts. By comparison, the Hertfordshire figure was 27.92%

The proportion of the resident population aged 45-64 was estimated at 22.32% in 2011, which is very low by national standards, with Watford ranking in the bottom 20% of districts. By comparison, the Hertfordshire figure was 25.72% and the national average was 25.44%.

The proportion of the resident population aged 65 and over was estimated at 12.35% in 2011, which is very low by national standards, with Watford ranking in the bottom 20% of districts. By comparison, the Hertfordshire figure was 15.58% and the national average was 16.45%.

The number of live births per 1000 of the resident population was 16.93 in 2010, which is very high by national standards. This placed Watford in the top 20% of districts

With around 30% of its residents classified as Non-White, Watford is in the top 20% of districts and is in a sub region that is in the top 40% of sub regions nationally on the proportion of the population that is Non-White.

The Census 2011 shows the following more detailed breakdown for the top five ethnicity groups as being:

Groups: White British (61.9%), White other (7.7%), Pakistani (6.7%), Indian (5.5%) and Other Asian (4.4%).

From the census the religious breakdown between the main belief groups was: Christian (54.1%), Muslim (9.8%), Hindu (4.8%), with no religion stated at 21.4%.

5. How will the council ensure equality is promoted through the update to the policy?

Under the Equality Act 2010, three areas need to be considered when analysing the equality impact of the policy :

1. **eliminate** discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
2. **advance** equality of opportunity between people who share a relevant protected characteristic and people who do not share it
3. **foster** good relations between people who share a relevant protected characteristic and people who do not

A. Positive impacts

1) The grant and loan assistance qualification criteria is open to all vulnerable owner occupiers or private rented tenants with repairing responsibilities in the borough, regardless of any other characteristics of the applicant. Referrals are to be from a health related professional and therefore there is a wide net to include referrals from all sections of the community (for example via the GP surgeries, Hertfordshire County Council social services and other various care workers in the communities). This therefore has a good potential to enable applications for those in need, regardless of their backgrounds and characteristics.

2) The update to the policy now includes the potential to include project work as part of assistance delivered. Previous experience of projects show that one of the best ways to increase engagement and referrals is through the existing community groups in the project areas. Examples have been faith groups, resident associations and community groups. In small projects with defined geographical areas these groups are often minorities within the borough as a whole.

3) This policy includes details of how the council processes Disabled Facilities Grants (DFG's). There is now an improvement to the services the council offers with the inclusion of assistance offered by the newly formed Herts Home Improvement Agency. The purpose of the agency is to help vulnerable persons to live more independently and safely at home (with an initial focus on the discharge of the statutory duty placed on the Council in relation to Mandatory DFGs). Therefore the service plans to evolve should offer better assistance to all vulnerable residents with housing improvement or adaptations needs. The key deliverables of the shared Home Improvement Service are set out below;

- Ensure that all individuals in Hertfordshire who need housing adaptations to support independent living will have access to an appropriate service that is timely, accessible, equitable and fit for purpose to address rising demographic pressures.
- Deliver a fully standardised service, enhancing operational efficiency, customer satisfaction and improving value for money.
- Implement robust monitoring arrangements against key performance indicators.
- Improve service resilience through joined up working, adopting a common methodology and service standards, sharing staff knowledge, skills and expertise.
- Open up future opportunities to expand into private sector adaptations and align to wider Clinical Commissioning Group activity in order to maximize income generation, efficiency and value and impact of the DFG element of the Better Care Fund.

B. Negative impacts

1) The update to the policy will still heavily rely on referrals for the direct financial assistance as well as those residents the service comes across in their day to day activities. Therefore there is still a potential for under-represented minorities to be excluded; where their engagement with authorities is less than the majority of other residents in the borough. Some mitigation is possible by outreach work with minority community groups to advertise the services offered through this policy. Where specific projects take place targeted awareness will be undertaken to ensure minority groups are included and represented.

6. Overall conclusion

This update to an existing policy has the potential to improve the number of referrals from minorities due to the wider referral routes expected as well as through the targeted project work. The policy is non-discriminatory in its nature; being open to

all vulnerable residents and those considered 'able to pay' with some of the expected project based work. In addition advice and help to choose reputable builders is to be offered to all of the boroughs residents.

Through project based work the policy should advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it as all selected households are targeted in a project area regardless, of the characteristics of those living in them. In addition the community involvement and creation will help foster good relations between people who share a relevant protected characteristic and people who do not. An example of this in practice is the work through the Street Improvement Project in Cassio Road, which has brought neighbours together through their proximity to one another to act as a community. Other examples that would fall under this policy are the two areas that were recently targeted for external solid wall insulation – where extensive works have been completed to whole areas at Boundary Way estate and the Harebreaks area. Participation, regardless of resident characteristics was aided by community engagement such as via the residents groups, faith groups and other organisations in the area like the scout group.

Summary of potential positive impacts and ways in which they can be ensured

Positive Impact	Protected characteristics	Ways to ensure the positive impact
<p>The grant and loan assistance qualification criteria is open to ALL vulnerable owner occupiers or private rented tenants with repairing responsibilities in the borough, regardless of any other characteristics of the applicant.</p>	<p>All vulnerable residents</p>	<p>Referrals are to be from a health related professional and therefore there is a wide net to include referrals from all sections of the community. Promotion of the assistance will be provided to the diverse health professional practitioners.</p>
<p>Project work will enable better inclusive applications within a set geographical area (i.e. everyone in that area would be pro-actively targeted as opposed to reliance on a reactive referral from an individual)</p>	<p>All residents in the targeted areas</p>	<p>Previous experience has enabled us to achieve good results and inclusivity in our project related work to ensure inclusivity. We will continue to use this learning in future work.</p>
<p>Disabled Facilities Grants (DFG's): There is now an improvement to the services the council offers with the inclusion of assistance offered by the newly formed Herts Home Improvement Agency.</p>	<p>Any disabled applicant</p>	<p>Streamline the referral mechanism and look at how we work jointly together with information exchange.</p>

Summary of potential negative impacts and ways in which they can be removed or mitigated

Negative Impact	Protected characteristics	Ways to mitigate the negative impact
As with the existing policy this policy will still heavily rely on referrals for the direct financial assistance. Therefore there is still a potential for under-represented minorities to be excluded	Minority groups	Ensure community groups and relevant professional services are aware of the offers. It is proposed to offer training to some of the health professionals to support the professional referral led approach.

This EIA has been approved by:-

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Date: 9th January 2018