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| | DBC Equality Impact Assessment Form | | | | |
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Directorate: Housing and Regeneration

Service: Housing Strategy

Policy / function / activity being reviewed: Housing Allocations Policy

Supporting Directorate Support Officer:

Date completed and by whom: 4 January 2012, Isabel Connolly, Housing Strategy and Partnerships Officer

Review date: January 2014

Step 1 – Identifying the Purpose / Aims

1. What type of policy, service, activity or function is this?

- Changing and updating existing policy.

2. What is the aim and purpose of the policy, activity, service or function?

- The Housing Allocations Policy sets out the policy and procedure for the allocation of affordable housing by Dacorum Borough Council (the Council).

3. Outline any proposals being considered.

- Introduction of new qualifying and non-qualifying groups of applicants to the housing register;

- Changes to the levels of points given to applicants meeting specific criteria;
- Changes to some of the Housing Panel responsibilities; and
- Changes to bedroom eligibility.

4. Who is the policy, activity, service or function intended to help / benefit / serve?

The Housing Allocations Policy is intended to:

- Meet the 1996 Housing Act requirement for all local housing authorities to publish an allocation scheme;
- Provide a clear rationale for all stages in the decision making process available for reference to all members of the public; and
- Produce a document that will be suitable for use by the Councils' Housing Options Team, who will use this document to process all applicants to the housing register, and in making offers of housing to applicants as properties become available.

5. Does the policy, activity, service or function have any specific aims or objectives in relation to equality, social inclusion or community cohesion?

The Housing Allocations Policy aims to:

- Ensure that all sectors of the community have equal access to accommodation offered by the Council and its housing association partners;
- Recognise statutory duties under the Equalities Act 2010 to ensure that no person will receive less favourable treatment than others because of age, disability, race, religion or belief, sex, marriage or civil partnership, pregnancy or maternity, sexual orientation, or gender reassignment;
- Ensure that advice and information is available about the right to make an application for housing; and
- Ensure that assistance is given to anyone likely to have difficulty making an application for housing.

Step 2 – Considering existing information and what this tells you

6. Summarise any data / research or performance management information about the policy, function or activity that is available.
This could include equalities monitoring information; surveys; complaints or grievances.

Data / Information

Dacorum void turnover – adapted properties

From April 2012 out of 427 general needs properties (not including sheltered schemes) only the following were suitable for applicants requiring disabled access:

4 x 3 bed

4 x 2 bed
1 x 1 bed

Quarter 3, 2012 – Dacorum allocations from the housing register

| | |
|-----------------------------------|----|
| Percentage to Transfers | 27 |
| Percentage to Home-seekers | 40 |
| Percentage to Homeless households | 33 |

National Social Lettings Statistics

(Communities and Local Government, 2011)

General needs social lettings made by housing associations (HA) and local authority (LA) landlords 2010/11, England: age by gender of household reference person

| 2010/11 | | | | | | | | |
|--------------------------|---------------|---------------|----------------------------|---------------|------------------|----------------|---------|--------|
| age of HRP | HA | | LA (adjusted) ² | | Total (adjusted) | | Total % | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 16-17 | 144 | 753 | 258 | 860 | 402 | 1,613 | 0.4 | 1.1 |
| 18-24 | 10,728 | 25,344 | 8,720 | 17,885 | 19,448 | 43,229 | 17.2 | 29.6 |
| 25-29 | 8,311 | 14,203 | 5,986 | 9,771 | 14,297 | 23,974 | 12.7 | 16.4 |
| 30-39 | 14,831 | 18,031 | 11,434 | 12,913 | 26,265 | 30,944 | 23.3 | 21.2 |
| 40-49 | 13,418 | 12,105 | 9,797 | 8,629 | 23,215 | 20,734 | 20.6 | 14.2 |
| 50-59 | 8,269 | 7,030 | 6,101 | 4,813 | 14,370 | 11,843 | 12.7 | 8.1 |
| 60-69 | 4,924 | 3,828 | 4,452 | 3,605 | 9,376 | 7,433 | 8.3 | 5.1 |
| 70-79 | 1,989 | 1,964 | 2,018 | 1,966 | 4,007 | 3,930 | 3.6 | 2.7 |
| 80 and above | 668 | 1,055 | 807 | 1,210 | 1,475 | 2,265 | 1.3 | 1.6 |
| TOTAL³ | 63,282 | 84,313 | 49,573 | 61,652 | 112,855 | 145,965 | | |

General needs social lettings made by housing associations (HA) and local authority (LA) landlords

2010/11, England: economic status of household reference person

| 2010/11 | | | | |
|--|----------------|----------------------------------|-------------------------|----------------|
| | HA | LA (adjusted)² | Total (adjusted) | Total % |
| Working full-time ³ | 33,200 | 19,546 | 52,746 | 21.1 |
| Working part-time ⁴ | 15,528 | 8,778 | 24,306 | 9.7 |
| Govt training/New Deal | 287 | 349 | 636 | 0.3 |
| Jobseeking | 30,711 | 22,286 | 52,997 | 21.2 |
| Retired | 11,276 | 9,706 | 20,982 | 8.4 |
| Home/not seeking work | 33,120 | 21,551 | 54,671 | 21.9 |
| Student | 2,480 | 1,691 | 4,171 | 1.7 |
| Unable to work due to sickness or disability | 18,339 | 11,627 | 29,966 | 12.0 |
| Other adult (over 16) | 2,423 | 6,812 | 9,235 | 3.7 |
| TOTAL | 147,364 | 102,347 | 249,711 | |

General needs social lettings made by housing associations (HA) and local authority (LA) landlords 2010/11, England: ethnic origin of household reference person

| 2010/11 | | | | |
|--|----------------|----------------------------------|-------------------------|----------------|
| Ethnic origin of HRP | HA | LA (adjusted)² | Total (adjusted) | Total % |
| White | 124,533 | 85,056 | 209,589 | 82.6 |
| Mixed | 3,869 | 3,138 | 7,007 | 2.8 |
| Asian or Asian British | 5,527 | 5,393 | 10,920 | 4.3 |
| Black or Black British | 11,026 | 12,302 | 23,328 | 9.2 |
| Chinese or Other ethnic group ⁴ | 1,127 | 1,720 | 2,847 | 1.1 |
| TOTAL | 146,082 | 107,609 | 253,691 | |

National Statutory Homelessness Statistics

(Communities and Local Government, 2012)

Homeless households in priority need accepted by local authorities, by age of applicant (CLG, 2012)

| | Total number of households accepted during period | 16 - 24 | 25 - 44 | 45 - 59 | 60 - 64 | 65 - 74 | 75 & Over | |
|--|--|--------------|--------------|--------------|--------------|--------------|--------------|--|
| | | (% of total) | (% of total) | (% of total) | (% of total) | (% of total) | (% of total) | |
| | | | | | | | | |
| | | | | | | | | |

| 2012 | Q1 | 13,130 | 33% | 51% | 12% | 1% | 1% | 1% |
|------|----|--------|-----|-----|-----|----|----|----|
| | Q2 | 12,860 | 33% | 52% | 12% | 1% | 2% | 1% |
| | Q3 | 13,890 | 32% | 53% | 12% | 1% | 2% | 1% |

Homeless households in priority need accepted by local authorities, by household type (CLG, 2012)

| | | | All | | |
|--|--|--|------------|-----|-----------|
| | | | lte | per | of total: |

| | | Total number in Temporary Accommodation | Couple with dependent children (% of total) | Male Applicant (% of total) | Female Applicant (% of total) | Male Applicant (% of total) | Female Applicant (% of total) | other household groups (% of total) | Minority ethnic |
|------|----|---|---|-----------------------------|-------------------------------|-----------------------------|-------------------------------|-------------------------------------|-----------------|
| | | | | | | | | | |
| 2012 | Q1 | 50,430 | 24% | 3% | 42% | 13% | 11% | 6% | 50% |
| | Q2 | 51,640 | 25% | 3% | 43% | 13% | 11% | 6% | 49% |
| | Q3 | 52,960 | 24% | 3% | 43% | 13% | 10% | 6% | 48% |

Violence (including domestic violence) – Gender, Race, Disability, Sexuality

(Women’s Resource Centre)

Access to services

- A 2009 report found ‘*understanding the needs of ethnic minority women who experience violence and appropriate support to be lacking*’.
- Research in 2007 found that only 25 per cent of women who stayed in refuges went to council housing upon leaving the refuge.
- Research in 2007 found that a woman victim of domestic violence has on average 11 contacts with agencies before getting the help she needs - this rises to 17 if she is Black.

Disabled women & abuse

- The disabled women who were interviewed for research in 2008 had experienced a wide range of abuse. The perpetrators included intimate partners, personal assistants, and family members, and some women had been abused by more than one person. All the respondents said that being disabled made the abuse worse, and also severely limited their capacity to escape or take other preventative measures.
- Research in 2009 found that barriers to disabled women seeking help included: women not recognising their experience as abuse; blaming themselves; being unaware of any other options; fear of losing their independence or of being institutionalised; fear that their children would be taken away; and not trusting agencies to respond effectively.

Lesbian women & abuse

- A 2002 report found that 75% of lesbians who had been assaulted felt unable to report the crime to the Police.

Access to online services – Age, Disability

Oxford Internet Survey (2011)

Internet use among people aged 65 and over sits at only about 30% and has not changed much since 2005, despite campaigns to get more older people connected. This compares with 85% of people of working age and 99% of students.

Access is one problem, confidence another: only about half of retired people are confident of their internet skills, compared with 74% of employed people and 88% of students.

Disability remains a key source of digital exclusion. Internet use by people with a disability remained steady from 2009 to 2011, at 41%, and is about half that of non-disabled (78%).

Access to health services – Race, Religion

(Postgraduate Medical Journal)

Both language barriers and cultural competence are known to reduce the likelihood of individuals accessing services. It is well reported that various dimensions of culture can influence successful healthcare delivery to ethnic minority populations. Cultural differences are also likely to be more persistent than language needs in immigrant groups. Cultural dimensions might include: patients' health, healing, and wellness belief systems; how illness, disease, and their causes are perceived; the behaviour of patients/consumers seeking health care, and their attitudes toward healthcare providers; the views and values of those delivering health care.

Religion may affect compliance or access to services, and sex is commonly mentioned as an obstacle to service access by women.

Mental Health – Gender, Age and Social Factors

(Reference: www.mentalhealth.org)

The statistics:

- Women are more likely to have been treated for a mental health problem than men (29% compared to 17%).
- Depression is more common in women than men. 1 in 4 women will require treatment for depression at some time, compared to 1 in 10 men.
- Women are twice as likely to experience anxiety as men.
- Post-natal depression is believed to affect between eight and 15% of women after they have given birth.
- Men are more likely than women to have an alcohol or drug problem. 67% of British people who consume alcohol at 'hazardous' levels, and 80% of those dependent on alcohol are male. Almost three quarters of people dependent on cannabis and 69% of those dependent on other illegal drugs are male.
- Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes.
- Dementia affects 5% of people over the age of 65 and 20% of those over 80.
- About 700,000 people in the UK have dementia (1.2% of the population) at any one time.
- Two thirds of people with dementia are women. Risk of dementia increases with age, and women have a higher life expectancy than men.
- Estimates suggest that 20% of older people living at home have symptoms of depression, rising to 40% for older people living in care homes. The majority of people affected are women. Those over the age of 85 are at particular risk.

Demographic characteristics of foster carers in the UK – Age, Race, Gender

(Childhood Wellbeing Research Centre)

The majority of foster carers are found to be in middle age. Carers aged less than 35 years are found to be the smallest proportion of carers in existing samples.

Research suggests that those from BME and mixed ethnicity backgrounds are underrepresented in the foster carer population compared to the national population of looked after children. The issue of ethnicity should be considered in the light of the relatively high proportion of children looked after from ethnic minority and mixed backgrounds.

7. Is there any evidence of negative differential impact on any of the following? (Some equality categories may be more relevant than others) [Blue type has been used to highlight those bits of the evidence above relevant to each category](#)

Age

Older people may find it harder to access services.

[Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes. Dementia affects 5% of people over the age of 65 and 20% of those over 80. About 700,000 people in the UK have dementia \(1.2% of the population\) at any one time.](#)

The main way to apply (and renew applications) to the housing register is online.

The initial assessment and points allocation is based on the information given in the online application – requiring the ability to understand and use the online form.

[11% national social lettings 2010/11 went to over 60s](#)

[Internet use among people aged 65 and over sits at only about 30% and has not changed much since 2005](#)

In some cases an additional bedroom may be given to a household seeking to foster or adopt children, and it is known that adults under 35 are less likely to be foster parents.

[The majority of foster carers are found to be in middle age. Carers aged less than 35 years are found to be the smallest proportion of carers in existing samples.](#)

Disability

The main way to apply (and renew applications) to the housing register is on line.

The initial assessment and points allocation is based on the information given in the online application – requiring the ability to understand and use the online form.

[Internet use by people with a disability remained steady from 2009 to 2011, at 41%, and is about half that of non-disabled \(78%\).](#)

There are a limited number of properties available with full disabled access.

[Of the voids available to re-let since April 2012, totalling 427 general needs properties \(not including sheltered schemes\), only the following were suitable for applicants requiring disabled access: 4 x 3 bed; 4 x 2 bed; and 1 x 1 bed.](#)

Welfare housing panel cases look at evidence relating to an applicant's case, and this process could disadvantage disabled applicants.

[Disabled women interviewed for research in 2008 had experienced a wide range of abuse. The perpetrators included intimate partners, personal assistants, and family members, and some women had been abused by more than one person. All the respondents said that being disabled made the abuse worse, and also severely limited their capacity to escape or take other preventative measures.](#)

[Research in 2009 found that barriers to disabled women seeking help included: fear of losing their independence or of being institutionalised; fear that their children would be taken away; and not trusting agencies to respond effectively.](#)

Race or ethnicity

The main way to apply (and renew applications) to the housing register is online.

The initial assessment and points allocation is based on the information given in the online application – requiring the ability to understand and use the on line form.

16% national social lettings 2010/11 went to non-white British applicants.

Black, Minority and Ethnic (BME) groups, and especially women from these groups, may be less likely to have supporting documentation from the police, social services or other agencies, for either medical assessments or welfare housing panel cases.

Language barriers and cultural competence are known to reduce the likelihood of individuals accessing services. Cultural differences can even be more persistent than language needs in immigrant groups. Cultural dimensions affecting access to health services might include: patients' health, healing, and wellness belief systems; how illness, disease, and their causes are perceived; the behaviour of patients/consumers seeking health care, and their attitudes toward healthcare providers; the views and values of those delivering health care.

A 2009 report found '*understanding the needs of ethnic minority women who experience violence and appropriate support to be lacking*' and research in 2007 found that a woman victim of domestic violence has on average 11 contacts with agencies before getting the help she needs - this rises to 17 if she is Black.

In some cases an additional bedroom may be given to a household seeking to foster or adopt children, and it is known that BME groups are less likely to be foster parents.

Research suggests that those from BME and mixed ethnicity backgrounds are underrepresented in the foster-carer population compared to the national population of looked after children (there is a much higher proportion of BME children in care than adult carers).

Religion or belief / faith communities

Religious groups, and especially women from these groups, may be less likely to have supporting documentation from the police, social services or other agencies, for either medical assessments or welfare housing panel cases.

Religion may affect compliance or access to services, and sex is commonly mentioned as an obstacle to service access by women.

Gender and transgender

A parent with access to children, where the child does not permanently reside with them are not awarded priority under the policy.

Men are less likely to be the main carers of dependent children in lone parent households. Of those homeless households in priority need accepted by local authorities in 2012, 43% were female lone parents, only 3% were male lone parents.

Older women in particular may find it hard to access services.

Estimates suggest that 20% of older people living at home have symptoms of depression, rising to 40% for older people living in care homes. The majority of people affected are women. Those over the age of 85 are at particular risk.

Women from religious groups may be less likely to have supporting documentation from the police, social services or other agencies, for either medical assessments or welfare housing panel cases.

Religion may affect compliance or access to services, and sex is commonly mentioned as an obstacle to service access by women.

Sexual orientation

Non-heterosexual groups may be less likely to have supporting documentation from the police, social services or other agencies, for either medical assessments or welfare housing panel cases.

A 2002 report found that 75% of lesbians who had been assaulted felt unable to report the crime to the Police.

Step 3 – Assessing the Impact

8. Is there any evidence of higher or lower take-up of the service, facility or opportunity by any group /community and if so, is there an explanation for this?

The service has not been formally assessed for non-take-up, however it is considered likely that individuals with lower levels of English and from ethnic and cultural minority groups may well be underrepresented on the housing register.

9. Could any of the associated rules, requirements or regulations of the function, activity or policy affect the accessibility of the service/ activity to any groups or communities?

Gender

Housing Act 1996, Part 7 of the Housing Act gives applicants a statutory homelessness duty where there is a pregnant woman or other dependent children.

Men are less likely to be the main carers of dependent children in lone parent households. Of those homeless households in priority need accepted by local authorities in 2012, 43% were female lone parents, only 3% were male lone parents.

Additional Preference for Armed Forces (England) Regulations 2012 give additional priority to members of the armed forces who have an urgent housing need. In addition, certain members of the armed forces are exempt from any local connection criteria.

Men hold the majority of positions in the armed forces.

10. If the impact or effects are adverse for any community or group, can they be defended i.e. in order to provide equality for another community under legislation or policy?

Yes for those impacts related to legislation in the Housing Act 1996 and Armed Forces Regulations

Gender – Housing Act 1996 Part 7 of the Housing Act gives applicants a statutory homelessness duty where there is a pregnant woman or other dependent children. Women are more likely to be the main carers of dependent children in lone parent households.

This legislation is there to protect young people and children forming part of households that become homeless.

Gender - Additional Preference for Armed Forces (England) Regulations 2012 give additional priority to members of the armed forces who have an urgent housing need. In addition, certain members of the armed forces are exempt from any local connection criteria. Men hold the majority of positions in the armed forces.

This legislation is there to protect members of the armed forces who will not have lived in settled accommodation for a sufficient length of time to meet excluding local connection criteria.

Step 4 – Dealing with adverse or unlawful impact

11. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

A paper version of the application form is available and support to complete the form online can be given to applicants who need assistance.

Applicants who need assistance (whether due to age, not having English as a main language, illiteracy, disability, or another vulnerability) can be supported by members of the Council's Housing Strategy Team at all stages of applying to the register and bidding for properties. Members of this team will also signpost to other agencies to help applicants with specific support needs.

Members the Council's Housing Strategy Team, the Housing Panel, and the Customer Services Teams will have training, which will include:

- Mental health and substance misuse; Domestic abuse; Religious, ethnic and cultural minority groups.

Female members of staff will be allocated to cases where there is domestic abuse involving a woman.

Alternative forms of evidence (other than formal doctors' letters, police and other agency reports) will also be considered by the Medical Advisor and Housing Panel.

The Council will continue to adapt properties at point of being void where there is potential to give

disabled access.

A specific homeless leaflet will be given to applicants seeking assistance who are unlikely to be given the statutory duty (often single young men).

12. What would be needed to be able to do this? Are the resources available?

Communications budget for leaflets.

Commitment to training by the Housing Strategy Team, Housing Panel and Customer Services.

Investment budget to adapt suitable properties to have full disabled access.

Step 5 – Consultation and Feedback

13. Outline your proposals to consult with those affected on proposed changes.

Consultation on the Housing Allocations Policy is due to commence on 24th January 2013 for the six week statutory period.

Statutory partners (including Registered Providers) will be included in this consultation as well as targeting the wider public (including applicants currently on the housing register).

Step 6 – The decision

14. What needs to be done?

Complete the consultation process and consider all feedback.

Adoption of the policy in April 2013.

Step 7 – Monitoring, review and evaluation

15. What monitoring and review mechanisms are in place or will be developed?

Monitoring of housing register and allocations will be possible through the 'Abitas' computer system, which holds all applicants' records and manages the short-listing process.

Regular monitoring, to be carried out quarterly, will enable the Council to identify any potentially negative impacts.

Step 8 – The service plan

16. What needs to be included in the Service Development Plan?

The actions as set out in Step 4, Section 11.

17. Does an Action Plan need to be put together to ensure everything is actioned?

The actions identified are contained within relevant Corporate and Service Development Plans.

Step 9 – Publishing the Results

The EqIA will be published on the Council's website; therefore as the author of the document it is your responsibility to ensure that it is written in an understandable way, free from Council jargon.

In order for the EqIA form to be published it must be reviewed and signed off by the relevant Head of Service. It is the service manager's responsibility to ensure that this is done.

Once the form this has been completed an electronic copy should be sent to Anne Stunell / Emma Harvey – Human Resources, ext. 2089 / 2258