Equality Impact Assessment (EQIA) Screening Form

A successful EQIA screening will look at 5 key areas:

1. **Identify the Policy, Project, Service Reform or Budget Option to be assessed.**
   A clear definition of what is being screened and its aims.

2. **Gathering Evidence and Stakeholder Engagement**
   Collect data to evidence the type of barriers people face to accessing services (research, consultations, complaints and/or consult with equality groups).

3. **Assessment and Differential Impacts**
   Reaching an informed decision on whether or not there is a differential impact on equality groups, and at what level.

4. **Outcomes, Action and Public Reporting**
   Develop an action plan to make changes where a negative impact has been assessed. Ensure that both the assessment outcomes and the actions taken to address negative impacts are publicly reported.

5. **Monitoring, Evaluation and Review**
   Stating how you will monitor and evaluate the **Policy, Project, Service Reform or Budget Option** to ensure that you are continuing to achieve the expected outcomes for all groups.

Section 1: Identify the Policy, Project, Service Reform or Budget Option

Name of the Policy, Project, Service Reform or Budget Option to be screened	Introduction of Article 4 Directions in Wisbech to remove the right to convert a dwelling house to small Houses in Multiple Occupation (HMO) without planning permission and vice versa.
Reason for change in Policy or Policy Development	In January 2025, Cabinet decided to adopt both the Immediate and Non-Immediate Article 4 Directions after determining that there was evidence that the level of HMO conversions has reached the point where it is causing detrimental impact on local amenity and wellbeing.
List main outcome focus and	The Council acknowledges that HMOs are an important source of affordable housing for those who

supporting activities of the Policy, Project, Service Reform or Budget Option	may be on a low income and aren't eligible for housing by the Council. So, this decision is not about introducing a blanket ban on HMOs, but more to make sure the impact of such conversions can be assessed against key criteria, to ensure they do not have an unacceptable impact on local amenity/character and other planning considerations.
Name of officer completing assessment (signed and date)	Kirsty Paul – Planning Policy Manager
Assessment verified by (signed and date)	

If applicable, please provide further details about the name and description of policy being analysed

HMOs are properties that are occupied by three or more unrelated people, who have shared amenities at the property. Small HMOs are properties which are occupied by between 3 and 6 separate households – if the property is occupied by more than 6 separate households, it is classed as a Large HMO.

In England, family-sized houses can be converted into small HMOs without planning permission, if they are intended to be for between 3 and 6 separate households unless there is an Article 4 Direction in place that removes this right.

The wards of Wisbech Riverside and Wisbech South were subject to this change with immediate effect at the end of January, changes to planning rules in Wisbech North; Wisbech Walsoken and Waterlees; and Leverington and Wisbech Rural wards are intended to come into effect in February 2026.

Section 2: Gathering Evidence and Stakeholder Engagement

The best approach to find out if a policy, etc. is likely to impact positively or negatively on equality groups is to look at existing research, previous consultation recommendations, studies or consult with representatives of those groups. You should list below any data, consultations (previous relevant or future planned), or any relevant research or analysis that supports the Policy, Project, Service Reform or Budget Option being undertaken.

Reminder – protected characteristics include age, disability, race and/or ethnicity, religion or belief (including lack of belief), gender, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity.

Name any research, data, consultation or studies referred to for this assessment	**State if this reference refers to one or more of the protected characteristics**	**Do you intend to set up your own consultation? If so, please list the main issues that you wish to address if the consultation is planned; or if consultation has been completed, please note the outcome(s) of consultation.**
Cambridgeshire and Peterborough Insight - cambridgeshireinsight.org.uk	• Local demographic profiles and small-area statistics for Wisbech • Deprivation indices (IMD) at LSOA level, highlighting vulnerable communities • Housing stock data and private rented sector analysis	N/A
Healthy Places - Joint Strategic Needs Assessment 2024 (published by Cambridgeshire County Council and Peterborough City Council)	• Local health inequalities data, including housing-related health outcomes	N/A
Fenland District Council Housing Team & Licensing Data	• Existing licensed HMO stock • Complaints and enforcement data relating to HMOs (noise, waste, overcrowding)	N/A

Planning policy documents including National Planning Policy Framework and the Planning Practice Guidance	• For context on how Article 4 Directions should be justified	N/A
Consultation responses to the consultation on HMOs in Wisbech launched by the Council in January 2025 – all relevant stakeholders were invited to participate including residents within the Norfolk part of Wisbech.	• No explicit reference was made to specific protected characteristics groups (as defined under the Equality Act 2010).	Consultation exercise has already been undertaken.

If applicable, please provide further Information about stakeholder engagement or detail used for customer analysis
Note relevant consultation; who took part and key findings; refer to, or attach other documents if needed; include dates where possible

Wisbech is home to approximately 26,800 residents within the built-up area and 24,800 residents within the civil parish, reflecting around 7.5 % population growth since 2011.

The age profile shows both a significant younger population and an established older community. Around 20 % of residents are under 17 years old, and 20 % are aged 65 and over. This indicates two groups with distinct housing needs: young people forming new households and older people potentially needing smaller, accessible homes.

The town is predominantly White (95 %), but with one of the highest EU-born populations in Cambridgeshire (23.5 %). Non-UK-born residents account for more than 30 % of the population in some central wards, with many from Eastern Europe. This creates high levels of linguistic diversity, and some local schools report up to 50 % of pupils with English as an additional language.

Religion remains an important characteristic, with 57 % identifying as Christian and 34 % reporting no religion, alongside small but significant Muslim, Hindu, Sikh, Buddhist, and Jewish populations.

Wisbech has around 10,500 households, with higher levels of medium-sized (3–6 person) families and some larger households (7+ residents). Overcrowding is a notable issue, with up to 7.6 % of households classed as over-occupied and some wards showing as few as 15 %–40 % of homes with enough bedrooms.

There are also high levels of deprivation, especially in income and education. 35 % of adults have no formal qualifications (twice the county average), and several neighbourhoods fall within the most deprived 20 % nationally.
HMOs often serve groups with specific housing needs, including:

- Low-income workers (often in agriculture, manufacturing, logistics, and seasonal employment – sectors common in Wisbech).
- Young adults and students who need affordable, flexible accommodation.
- Migrant workers, including short-term residents who may not meet criteria for social housing or traditional rental markets.
- Single-person households, particularly under-35s affected by Local Housing Allowance caps, who are often only eligible for a shared room rate.
- Vulnerable or transient populations, including people at risk of homelessness, those leaving care, or people recovering from relationship breakdowns.

These groups are more likely to have protected characteristics such as race, age, and sometimes disability.

Feedback from the consultation

The consultation attracted 39 responses, mostly from residents who do not live in HMOs, with no responses from businesses or HMO residents.

Respondents strongly supported higher living standards, including minimum room sizes, adequate communal space, and improved property management. Key concerns included overcrowding, waste and bin storage, parking pressures, and the wider impact of HMOs on neighbourhood character and community cohesion. Many called for better enforcement, including regular inspections, landlord management plans, tenant feedback mechanisms, and policy tools to prevent over-concentration of HMOs. Some supported purpose-built HMOs as an alternative to retrofitted homes, alongside measures such as screened refuse areas, improved cycling infrastructure, and landlord training.

While there was broad support for the Article 4 Direction, some respondents were concerned about transparency, timing, and potential impacts on affordable housing. A minority highlighted the positive role of HMOs in providing low-cost accommodation and urged the Council to avoid overregulation. Others emphasised the need to balance enforcement with proactive support for responsible landlords, tenant protections, and the reuse of vacant buildings. The Council is encouraged to monitor the impact of the Directions, maintain transparent engagement, and promote well-managed, affordable housing options.

Section 3: Assessment and Differential Impacts

Use the table below to provide some narrative where you think the Policy, Project, Service Reform or Budget Option has either a positive impact (contributes to promoting equality or improving relations within an equality group) or a negative impact (could disadvantage them) and note the reason for the change in policy or the reason for policy development, based on the evidence you have collated.

Please note that:

- a Positive Impact could benefit an equality group, and a negative impact could disadvantage an equality group
- for reasons of brevity race is not an exhaustive list – please edit the list if appropriate to reflect the complexity of other racial identities
- a definition of disability under the Equality Act 2010 is available on the gov.uk website
- there are too many faith groups to provide a list, therefore, please input the faith group e.g., Muslims, Buddhists, Jews, Christians, Hindus, etc. Consider the different faith groups individually when considering positive or negative impacts

Protected Characteristic	Specific Characteristics	Positive Impact	Neutral	Negative Impact	Socio Economic/Human Rights Impacts
Sex or Gender	Women		X		
	Men		X		
	Transgender		X		
Race	White		X		
	Mixed or Multiple Ethnic Groups		X		
	Asian		X		
	African		X		
	Caribbean or Black		X		
	Other Ethnic Group		X		
Disability	Physical disability		X		
	Sensory Impairment (e.g. sight, heading)		X		

Protected Characteristic	Specific Characteristics	Positive Impact	Neutral	Negative Impact	Socio Economic/Human Rights Impacts
	Mental health		**X**		
	Learning disability		**X**		
LGBT	Lesbians		**X**		
	Gay Men		**X**		
	Bisexual		**X**		
Age	Older people (60+)		**X**		
	Younger people (18-25)		**X**		
	Children (0-16)		**X**		
Marriage and Civil Partnership	Women		**X**		
	Men		**X**		
	Lesbians		**X**		
Pregnancy and Maternity	Women		**X**		
Religion and belief	See below		**X**		

Summary of Protected Characteristics most impacted	**Age** (Young People) • Young adults (particularly under 35s) are more likely to live in HMOs due to affordability and flexible housing needs. • Restricting new HMOs could reduce the availability of entry-level housing, affecting students, apprentices, and young workers. **Race / Ethnicity** • HMOs are often occupied by migrant workers and individuals from ethnic minority backgrounds who may not have immediate access to mortgage finance or family housing.

	• Limiting HMOs could disproportionately affect these groups if there is insufficient affordable rented housing. • Restricting the supply of HMOs or delaying their approval could increase the risk of people becoming homeless or being forced to remain in unsafe or unsuitable housing. **Disability** • Some disabled people live in HMOs as an affordable housing option, including those with mental health conditions or requiring supported housing arrangements. • Any reduction in supply may reduce choice and potentially push people into unsuitable or more expensive accommodation. **Socio-Economic Status** (not legally protected but relevant under Public Sector Equality Duty – which is a statutory duty that the Council has to comply with) • People on low incomes, including those on benefits, are more likely to rely on shared housing as an affordable option. • Article 4 restrictions could reduce availability and increase rents, impacting this group disproportionately.
Summary of Socio-Economic impacts	The Article 4 Direction removes permitted development rights for converting homes into small HMOs in Wisbech. It does not ban HMOs but introduces a requirement for planning consent, allowing the Council to manage quality, location, and neighbourhood impact. **Positive Socio-Economic Outcomes** • Housing Quality & Community Cohesion: Planning control helps prevent substandard conversions and overcrowding, reducing risks to disabled residents (who may need accessible housing) and families with children (who rely on stable neighbourhoods). • Infrastructure Protection: Managing concentrations of HMOs supports public services such as waste collection, parking, and environmental health, benefitting older residents and disabled people who are disproportionately affected when local infrastructure is under pressure.

	• Housing Mix Safeguard: Limiting over-conversion helps retain family-sized homes, benefitting pregnant women, children, and older residents seeking settled accommodation. **Potential Negative Impacts on Protected Groups** • Age (Younger Adults): Younger single people (often under 35) frequently use HMOs because single-person rents are unaffordable, particularly where Local Housing Allowance is capped. Reduced HMO availability could make housing harder to access for young workers or students. • Race & Nationality (Migrant Workers, Ethnic Minorities): Wisbech has a high proportion of migrant workers, especially from Eastern Europe, who often rely on shared, low-cost accommodation. Restricting automatic HMO conversions may reduce availability for these groups, indirectly impacting individuals with protected characteristics linked to race. • Disability: Some disabled people live in shared housing (particularly those with mental health conditions or needing support) as it is more affordable. Requiring planning consent could slow down provision of shared housing options, impacting accessibility for people who cannot afford self-contained housing.
Summary of Human Rights impacts	The introduction of an Article 4 Direction in Wisbech, removing permitted development rights for the conversion of residential properties to small HMOs, has been considered in the context of the Human Rights Act 1998. This measure engages Article 8 (Right to respect for private and family life, home and correspondence) and Article 1 of Protocol 1 (Protection of property) of the European Convention on Human Rights. While these rights are relevant, they are qualified rights and may be lawfully restricted where it is proportionate and in the public interest to do so. The Article 4 Direction does not prohibit the creation of HMOs but requires planning permission to ensure conversions are of good quality, appropriately located, and do not place disproportionate pressure on local services or undermine community cohesion which in turn can develop/ increase local tensions. This approach balances the rights of tenants to access housing with the rights of existing residents to live in safe and sustainable neighbourhoods, and the rights of property owners to use their property.

	No unlawful discrimination under Article 14 (Non-discrimination) has been identified. However, an Equality Impact Assessment scoping has been prepared to ensure that groups with protected characteristics, including younger people, low-income households, and minority ethnic communities who are more likely to rely on HMOs, are not unfairly disadvantaged.
Summary Explanation of the scoring against the protected characteristics	In assessing potential impacts consideration has been given to local demographic data and general assumptions about the types of people who are likely to use HMOs. This is because there was no specific demographic data for HMO users in Wisbech.

Section 4: Outcomes, Actions and Public Reporting

Screening Outcome	Yes, No or not at this stage
Was a significant level of negative impact arising from the project, policy or strategy identified?	No
Does the project, policy or strategy require to be amended to have a positive impact?	No
Does a Full Impact Assessment need to be undertaken?	No

If applicable, please state the overall outcome of the assessment, impacts and customer analysis

The introduction of an Article 4 Direction in Wisbech, removing permitted development rights for converting properties into HMOs is assessed as having a neutral to slightly positive impact on people with protected characteristics. The policy does not prohibit HMOs but introduces a requirement for planning permission, ensuring that conversions are of a high standard, appropriately located, and less likely to cause issues such as overcrowding, anti-social behaviour, or increased pressure on local services. This approach is expected to improve the quality of accommodation and community cohesion, benefiting those reliant on HMOs, such as younger people, low-income households, some minority ethnic communities, and migrant workers.

However, there is potential for short-term impacts on housing availability, as the additional planning control could slow the pace of HMO development. This may disproportionately affect groups who rely on affordable shared housing and have limited alternative housing

options. These risks can be mitigated through proactive monitoring of housing supply, supporting responsible landlords, and ensuring any decisions consider the needs of vulnerable groups. On balance, the Article 4 Direction is expected to have a neutral to slightly positive overall effect, improving housing standards and neighbourhood quality while protecting vulnerable residents from poor living conditions.

Section 5: Monitoring outcomes, evaluation and review

The Equalities Impact Assessment (EQIA) screening is not an end in itself but the start of a continuous monitoring and review process. The relevant Service responsible for the delivery of the Policy, Project, Service Reform or Budget Option, is also responsible for monitoring and reviewing the EQIA Screening and any actions that may have been taken to mitigate impacts.

Arrangements for Monitoring	Monitoring will be undertaken by the Planning Policy Team on an annual basis.
Timing of the current review	July 2025
Next scheduled review	July 2026

If applicable, please provide details of the arrangements for future monitoring:
Note when analysis will be reviewed; include any equality indicators and performance against those indicators

To ensure the Article 4 Direction effectively balances housing quality with availability, a robust monitoring framework should be established, including:

- Regular Review of HMO Planning Applications: Track the number, location, and outcomes of planning applications for HMO conversions to assess trends and identify any unintended barriers to housing supply.
- Housing Supply and Demand Analysis: Monitor local housing market data, focusing on availability and affordability of shared housing options, particularly for groups reliant on HMOs such as younger people and low-income households.
- Resident and Community Feedback: Collect and review feedback from residents, landlords, and community organizations to understand the social impact of the policy on neighbourhood cohesion and accommodation standards.

- Compliance and Quality Checks: Undertake periodic inspections of approved HMOs to ensure compliance with planning conditions and standards, addressing issues related to overcrowding, safety, and maintenance.
- Engagement with Stakeholders: Maintain ongoing dialogue with landlords, housing providers, and support agencies to encourage responsible management of HMOs and to address emerging housing needs proactively.
- Reporting and Review: Produce regular reports summarising monitoring findings and use these insights to inform any necessary adjustments to the policy or supporting measures.

If applicable, please provide details of any supporting data/ research linked to monitoring arrangements (both FDC & Partners)**:**

Legislation

Equality Act (2010) – the Equality Act 2010 (Specific Duties)

The 2010 Act consolidated previous equalities legislation to protect people from discrimination on grounds of race, sex, being a transsexual person (transsexuality is where someone is changed, is changing or has proposed changing their sex – called 'gender reassignment' in law), sexual orientation (whether being lesbian, gay, bisexual or heterosexual), disability (or because of something connected with their disability), religion or belief, having just had a baby or being pregnant, being married or in a civil partnership and age.