

Appendix 4

## Equality Impact Assessment / Equality Analysis

<b>Title of service or policy</b>	Implementation of Additional Licensing of Houses in Multiple Occupation (HMOs) around the Oldfield , Westmoreland and Widcombe areas of Bath.
<b>Name of directorate and service</b>	Directorate: People and Communities Service: Housing Services
<b>Name and role of officers completing the EIA</b>	Jeremy Manners , Senior Environmental Health Officer, Housing Services
<b>Date of assessment</b>	23 <sup>rd</sup> August 2012 updated March 2013

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites.

<b>1. Identify the aims of the policy or service and how it is implemented.</b>		
	<b>Key questions</b>	<b>Answers / Notes</b>
<b>1.1</b>	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> <li>● How the service/policy is delivered and by whom</li> <li>● If responsibility for its implementation is shared with other departments or organisations</li> <li>● Intended outcomes</li> </ul>	<p>Implementation of additional Houses in Multiple Occupation (HMO) Licensing. A licence would be required for all HMOs<sup>1</sup> with shared facilities in Oldfield, Westmoreland and Widcombe and small areas of adjoining Wards. This would be managed and enforced by the Housing Standards and Improvement Team.</p> <p>The intended outcomes of this service is to ensure all HMOs comply with higher standards of safety, quality and management. It is intended this should lead to :</p> <ul style="list-style-type: none"> <li>● Improved quality of life for residents;</li> <li>● Safer and healthier homes;</li> <li>● Higher quality HMOs making it easier to attract and keep employees in Bath: and</li> </ul>

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<sup>1</sup> A House in Multiple Occupation (HMO) can be defined as a house with 3 or more people from 2 or more households (a full definition can be found in the 2004 Housing Act).

		<ul style="list-style-type: none"> <li>Better quality housing will be available for potentially vulnerable people.</li> </ul>
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> <li>Is it a new service/policy or review of an existing one?</li> <li>Is it a national requirement?).</li> <li>How much room for review is there?</li> </ul>	<p>Additional licensing of HMOs is an extension to the existing Mandatory licensing scheme. This is already required for all properties with three or more storeys and 5 or more occupants living as two or more households.</p> <p>It is not a national requirement. Local Housing Authorities are given the flexibility to implement additional licensing where there is the need in a specific local area.</p> <p>A 2011 Study by consultants Arup suggested that additional licensing could be used as one part of a suite of measures to help create more balanced communities.</p> <p>A ten week consultation was undertaken from August – November 2012, where much of the detail of the additional licensing proposals were review and commented on. The Council cabinet will make the final decision on implementation expected June 2013.</p>
1.3	<p>Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>The implementation of additional licensing for HMOs is proposed to be implemented alongside planning controls over HMOs in the whole of the city of Bath</p> <p>The benefits of this option are highlighted in section 1.1.</p> <p>The proposed aims of this policy link in with the following:</p> <ul style="list-style-type: none"> <li>Two of the key themes in the '<a href="#">Housing and Wellbeing Strategy</a>' are 'better homes' and 'happy and healthy lives'. Additional licensing contributes towards both of these by improving the quality and safety of significant numbers of rented homes.</li> <li>Additional licensing contributes towards the <a href="#">corporate vision</a> in a number of ways by improving standards for potentially vulnerable individuals and households. Good housing will contribute towards people fulfilling their potential, leading happier and healthier lives, increasing their prospects for the future and improving communities and neighbourhoods.</li> <li>By promoting and informing managers and occupants about recycling and rubbish arrangements, additional licensing in partnership with Waste Services will help</li> </ul>

		<p>contribute towards the council's vision of <a href="#">zero waste</a>.</p> <ul style="list-style-type: none"> <li>• Additional licencing will improve energy efficiency and contribute towards the corporate vision of low carbon communities by ensuring, where needed, energy ratings are improved.</li> </ul> <p>Challenges identified include:</p> <ul style="list-style-type: none"> <li>• The costs of additional licensing to landlords may push up rental prices marginally if landlords see an opportunity to pass on costs to the tenants; conflicting with objectives around affordability</li> <li>• It could lead to a disparity of standards of HMO across the city; conflicting with equality objectives</li> <li>• If the approach taken leads to a perception that HMOs are not welcome in Bath, then this may lead to a shortage in affordable private rented property. This may make it harder for employers to attract lower paid employees, particularly those at the start of their careers, including new graduates. This could damage economic development objectives for the city.</li> </ul>
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## 2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken

- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	<b>Key questions</b>	<b>Data, research and information that you can refer to</b>
<b>2.1</b>	What is the equalities profile of the team delivering the service/policy?	Please see appendix A.
<b>2.2</b>	What equalities training have staff received?	Housing Standards and Improvement Team members have received up to date equalities training including training on the Equality Act 2010 and the 9 protected Characteristics.
<b>2.3</b>	What is the equalities profile of service users?	<p>Through equalities mapping and population profile analysis (B&amp;NES Equality Profile 2009) we now know more about the wider groups of user who will benefit from any improvements to services.</p> <p>Students make up a large proportion of occupants of HMOs in Bath. Data is available from the Higher Education Statistics Agency, on the age, gender and socio-economic profile of students at the Higher Education Institutions in Bath (<a href="http://www.hesa.ac.uk/index.php?option=com_content&amp;task=view&amp;id=2060&amp;Itemid=141">http://www.hesa.ac.uk/index.php?option=com_content&amp;task=view&amp;id=2060&amp;Itemid=141</a>)</p> <p>The BANES Residential Review 2007 provides data across the BANES Wards on items such as population age profile, tenure profile, affordable housing profile and location of accredited properties.</p> <p>There is a lack of specific data about non-student HMO dwellers and their gender, age, disability, transgender and sexual orientation and socio-economic profile. The council has hitherto had no opportunity to monitor this data as HMO below a size threshold of 5</p>

		people or less than 3 storeys have no obligation to register with the Council.
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<p><b>2.4</b></p>	<p>What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</p>	<p>All data referred to above, plus:</p> <ul style="list-style-type: none"> <li>• B&amp;NES House Condition Survey,</li> <li>• Surveys with tenants</li> <li>• Equality monitoring data from tenant’s customer Satisfaction Surveys</li> <li>• Equality monitoring data from landlord’s customer Satisfaction Surveys</li> <li>• Equality monitoring data from consultations</li> <li>• Equalities Profile of the area 2009 V1.0</li> <li>• Voicebox 16 2009: Housing Services</li> <li>• Ward level data, predominantly from 2001 census, as set out in appendix B (and 2011 update).</li> </ul> <p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>• There is a concern that survey data from tenants reflects a small sample, but there was an agreement at the consultation stakeholder workshop that further data from tenants wouldn’t provide new insights.</li> <li>• The total number of HMOs in the City based on existing data is considered to be an underestimate of the real level of provision.</li> <li>• Data on the profile of landlords/HMO developers is lacking.</li> <li>• Data on the profile of HMO residents other than students is lacking.</li> <li>• Much of the data in appendix B is from the 2001 census, and is likely to be hiding changes that have occurred over the last 11 years.</li> </ul>
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<p><b>2.5</b></p>	<p>What engagement or consultation has been undertaken as part of this EIA and with whom?</p> <p>What were the results?</p>	<p>As part of the feasibility study a workshop was held on 24th October 2011 in the Guildhall, Bath to scope stakeholders' views on the issues. The aims of the workshop were:</p> <ul style="list-style-type: none"> <li>• to bring stakeholders together to share and understand different perspectives related to HMOs in Bath;</li> <li>• to share the data related to both need for HMOs and impacts of HMOs; and</li> <li>• to test potential interventions that might help to create balance and sustainable communities</li> </ul> <p>The results included broad support for the introduction of additional licensing. There was a feeling that in many parts of Bath there are smaller HMOs than will currently be included in the mandatory licensing scheme, so additional licensing would deal with some of the existing issues in a way that an Article 4 Direction alone would not.</p> <p>Following the initial feasibility study, a further workshop was held on 19<sup>th</sup> July 2012. The aims were to:</p> <ul style="list-style-type: none"> <li>• inform stakeholders of research undertaken to date on options and proposals for HMO licensing and planning controls in Bath.</li> <li>• share the emerging evidence base, approaches taken by other local authorities and gather feedback</li> <li>• clarify aspects of licencing and planning policy formulation where stakeholders have the opportunity to influence, and gather feedback.</li> </ul> <p>There was general support for additional licensing at this workshop and general consensus that Wards selected look appropriate.</p> <p>A wide range of stakeholders were represented at these workshops, including:</p>
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		<ul style="list-style-type: none"> <li>• Ward Councillors from across Bath</li> <li>• Planning Officers, B&amp;NES Council</li> <li>• Housing, Transport, Research, Community and Economic Development Officers, B&amp;NES Council</li> <li>• University of Bath</li> <li>• Bath Spa University</li> <li>• Royal United Hospital</li> <li>• Bath Spa University Students' Union</li> <li>• University of Bath Students' Union</li> <li>• HMO Landlords</li> <li>• HMO Developers</li> <li>• Letting Agents</li> <li>• Local Residents</li> <li>• Avon and Somerset Police</li> </ul> <p>Other groups engaged with as part of the formal consultation:</p> <ul style="list-style-type: none"> <li>• B&amp;NES Equality officer – Cordelia Johnney</li> <li>• B&amp;NES EIA quality control group</li> <li>• Polish Community group</li> </ul>
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		<ul style="list-style-type: none"> <li>• Various drop in sessions held in community venues in Oldfield and Westmoreland and the One stop shop.</li> <li>• National Landlords Association (NLA) meeting.</li> <li>• Visit to Oxford City Council</li> <li>• Visit to Cardiff City Council</li> </ul>
<p><b>2.6</b></p>	<p>If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</p>	<p>A full consultation process was planned with respect to additional licensing, over 10 weeks. It was run alongside the consultation on the Houses of Multiple Occupation Supplementary Planning Document (SPD) to provide clarity on the issues and overlaps. The consultation would target all groups of user who would be affected by the proposals. In addition to an online consultation, there are also drop in events at the One Stop Shop In Manvers Street, St Alphege’s Church, Oldfield Lane and Oldfield Baptist Church on Moorland Road as well at events at Bath Spa and Bath University and a National Landlords Association (NLA) meeting.</p> <p>Specific efforts will be made to engage with equalities groups and they will be invited to the events, one to one meetings will also be held as necessary.</p> <p>Housing officers attended an event run by the Polish Community in Oldfield Park on 27<sup>th</sup> October 2012. Housing officers also attended an electric blanket testing event at Southdown Methodist church to engage with older people.</p> <p>Other opportunities to engage with groups such as transgender and BME communities have also been suggested by the EQIA Quality Assurance group, these will be followed up where possible. The following groups have been contacted to seek their views and to try and encourage involvement in the consultation process:</p> <ul style="list-style-type: none"> <li>• BEMSCA (Bath ethnic minority senior citizens association)</li> <li>• Manvers Street Mosque (Bath Islamic Society)</li> <li>• Age UK</li> <li>• BFESG (Black families education support group)</li> </ul>

		<ul style="list-style-type: none"> <li>• B&amp;NES people first</li> <li>• LGBT workers challenge group</li> <li>• Bangladesh Association Bath</li> <li>• REC (Bath racial Equalities Council)</li> <li>• CAB</li> <li>• Housing Options and Homelessness Team</li> <li>• St. John’s Catholic Church, Bath</li> <li>• RUH Communications</li> <li>• Equalities dip-in sample group</li> <li>• Learning Partnership Support West</li> <li>• Swan advice network</li> <li>• BEACH (Bath East Asian, Chinese and Friends Group)</li> </ul>
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**3. Assessment of impact: ‘Equality analysis’**

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

		<b>Examples of what the service has done to promote equality</b>	<b>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</b>
<b>3.1</b>	<b>Gender</b> – identify the impact/potential impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?)	The process of requiring a licence will mean that action will be taken to raise the quality of private rented accommodation, resolve hazards and ensure higher standards. The improved standards will	This could lead to a disparity of standards of HMO across the city, with HMOs outside of the proposed areas becoming poorer quality (e.g. in relation to energy efficiency, fire safety etc).

		<p>be particularly beneficial for the most vulnerable tenants, who perhaps currently live in sub-standard accommodation. These more vulnerable residents often fall into one or more equality groups.</p> <p>NB this positive impact will apply to all the groups considered below.</p>	<p><b>Action:</b> <i>On-going monitoring of impacts of licensing to be used to consider whether it might be appropriate to extend the scheme to other Wards.</i></p>
3.2	<b>Transgender</b> – – identify the impact/potential impact of the policy on transgender people	<p>There is no evidence of a positive or negative impact on this Equalities group, due to lack of data and knowledge about HMO landlords and HMO dwellers in B&amp;NES. Responses from the online additional licensing consultation will be considered. Officers should be sensitive when investigating occupancy of rooms and inspecting properties.</p>	
3.3	<b>Disability</b> - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)	<p>As in 3.1 above; and</p> <p>The higher standards applied with the additional licensing will mean that provision with respect to disabled persons is improved.</p> <p>A paragraph has been added to enforcement notices, informal and formal, stating that reasonable adjustments may be required.</p> <p>Note: Care homes are exempt from licensing.</p>	<p>As in 3.1 above; and</p> <p>The completion of a licence application form can be difficult for those with certain impairments. There can also be communication difficulties if legal action is taken for noncompliance with the HMO licence provisions.</p> <p><b>Action:</b> <i>Assistance to be offered to all landlords to complete the application form and on-going help and advice will be given.</i></p> <p><i>A strapline will added to standard letters and notices saying that they are available in other formats.</i></p>
3.4	<b>Age</b> – identify the impact/potential impact of the	<p>As in 3.1 above</p>	<p>Licensing may push up rental prices if landlords see the opportunity to pass on costs to tenants,</p>

	<p>policy on different age groups</p>	<p>More choice of high quality HMOs will make it easier to attract young professionals/lower paid employees to Bath.</p> <p>The requirements for greater energy efficiency will reduce fuel poverty amongst the elderly and other age groups such as younger people on lower incomes.</p> <p>Young families and elderly people are more likely to be attracted to and enjoy certain areas.</p> <p>Note: Childrens homes and care homes are exempt under the Housing Act 2004.</p>	<p>(will affect those with lower salaries and students that tend to be younger people).</p> <p><b>Action:</b> <i>The formal consultation raises the potential impact on vulnerable people and asks for comments.</i></p> <p><i>Further consultation on the costs to consider how this potential impact can be minimised.</i></p>
<p><b>3.5</b></p>	<p><b>Race</b> – identify the impact/potential impact on different black and minority ethnic groups</p>	<p>As in 3.1 above and</p> <p>Increasing availability of HMOs that reach minimum standards.</p> <p>The imposition of a framework for good management, the provision of a good basic level of standard amenities and the subsequent remedying of actionable hazards in licensed HMOs has a positive impact for all ethnic groups. This would particularly be the case where a property is used for asylum seekers and migrant workers.</p> <p>Any cultural issues will be considered</p>	<p>As in 3.1 above and</p> <p>Wards with highest proportion of BME populations Bathwick with 16% and Abbey with 15%, also have high proportions of HMOs, so these groups may be adversely affected by the potential for poorer standards outside of the areas where additional licensing is proposed. Small parts of Bathwick will be included in the proposed scheme.</p> <p><b>Action:</b> <i>On-going monitoring of impacts of licensing to be used to consider whether it might be appropriate to extend the scheme to other Wards.</i></p>

		before enforcing standards.	
<b>3.6</b>	<b>Sexual orientation</b> - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people	There is no evidence of a positive or negative impact on this Equalities group, due to lack of data and knowledge about HMO landlords and HMO dwellers in B&NES. Officers should be sensitive when investigating occupancy of rooms and consider that same sex couples may be living as a household.	
<b>3.7</b>	<b>Religion/belief</b> – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	As in 3.1 above  Note: Certain buildings occupied by a religious community are exempt from additional licensing.	As in 3.1 above
<b>3.8</b>	<b>Socio-economically disadvantaged</b> – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	As in 3.1 above  The requirements for greater energy efficiency will reduce fuel poverty amongst those on lower income as it should reduce energy bills.  Better quality housing will be provided to tenants on lower incomes.  Good quality housing is important for people to achieve their educational and professional potential.  Note: Properties managed by a social landlord are exempt.	As in 3.1 above; and  May push up rental prices as landlords pass the licensing costs onto the tenants which would affect amongst others, students, people on housing benefit and those with lower incomes. However, this will be a marginal cost.  May make those on lower incomes vulnerable to lower standards outside of the areas where additional licensing is applied.  <b>Action:</b> <i>Further consultation on the costs to consider how this potential impact can be minimised.</i>  <i>On-going monitoring of impacts of licensing to be used to consider whether it might be appropriate to extend the scheme to other</i>

			<i>Wards. Consider other proactive area based initiatives.</i>
<b>3.9</b>	<b>Rural communities</b> – identify the impact / potential impact on people living in rural communities	Increasing the quality of affordable areas within the city to live, e.g. young people living at home in rural areas, may be able to move out.	May make those in rural areas, outside of the areas where additional licensing is applied, more vulnerable to lower standards in shared housing. The cost of shared housing may increase in the proposed area making it harder for young people from rural communities to move out in to shared accommodation in the areas they may want to live – limiting choice.

#### **4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan**

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

<b>Issues identified</b>	<b>Actions required</b>	<b>Progress milestones</b>	<b>Officer responsible</b>	<b>By when</b>
Ensure the consultation on additional licensing is accompanied by appropriate guidance and that additional support is available for equalities groups.	Ensure equalities groups are included in the consultation process	Preparation of appropriate guidance in time for the consultation.	Housing Standards and Improvement Team	In time for consultation
The completion of a licence application form can be	Assistance to be offered to all landlords to complete the	Assistance available from when the licensing requirements are	Housing Standards	When licensing requirements

difficult for those with certain impairments. There can also be communication difficulties if legal action is taken for noncompliance with the HMO licence provisions.	application form.	implemented.	and Improvement Team	are implemented
Licensing may push up rental prices if landlords see the opportunity to pass on costs to tenants, (will affect those with lower salaries and students).	Further consultation on the costs to consider how this potential impact can be minimised.  Where possible, efficiency savings to be made and passed on to landlords. Initial enquiries indicate that licensing does not push up costs.	Consultation on how costs are implemented to minimise this impact	Housing Standards and Improvement Team	Prior to implementation of additional licensing scheme
May make those outside the areas where additional licensing is proposed more vulnerable to lower standards in shared housing (this may impact adversely on a number of equality groups)	On-going monitoring and consideration as to whether the scheme should be extended.	Annual monitoring reports	Housing Standards and Improvement Team	Post implementation of additional licensing scheme.
Potential for people to be uncomfortable or give inaccurate information when asked about living arrangements.	Sensitive consideration will need to be undertaken by Housing Officers when asking questions of people about their living arrangements when seeking to establish if a property is an HMO.	Customer Service standards.	Housing Standards and Improvement Team	Ongoing



## 5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team ([equality@bathnes.gov.uk](mailto:equality@bathnes.gov.uk)), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

**Signed off by:**

(Divisional Director or nominated senior officer)

**Date:**

## Appendix A

### Equalities profile of Housing Services and B&NES residents

<b>Gender</b>	Male	Female				
HS	32.65%	67.35%				
B&NES	49%	51%				
<b>Ethnicity</b>	White	Mixed	Not known	Asian/Asian British	Black/Black British	Chinese or other ethnic
HS	93.88%	4.08%	2.04%	0%	0%	0%
B&NES	94.5%	1.4%		1.4%	1%	1.7%
<b>Religion</b>	Christian	Buddhist	Not revealed	Muslim	No religion	Other
HS	51.02%	2.04%	12.24%	0%	34.69%	0%
B&NES	71.01%	0.33%	8.03%	0.39%	19.50%	0.71%
<b>Sexuality</b>	Heterosexual	Lesbian/Gay/Bisexual	Not stated			
HS	28.57%	2.04%	69.39%			
B&NES	93%	7%*	0%			
<b>Disability</b>	Disabled	Not revealed	Not disabled			
HS	2.04%	6.12%	91.84			
B&NES	15% (3.1% aged under 65)	0%	85%			
<b>Age</b>	Under 24	25-44	45-64	65+		
HS	0	42.86%	55.10%	2.04%		
B&NES	17.19%	26.03%	24.04	17.24%		

Source: ONS 1997 mid year population estimates / DWP Disability Living Allowance & Attendance Allowance May 2008

\* Estimate provided by B&NES, <http://wwwi/communityandliving/equality/Pages/Equality%20Census%20Summary%202001.aspx>

## Appendix B

### Equalities profile of B&NES residents and wards most affected by proposals

	B&NES	Westmoreland	Oldfield	Widcombe
<b>Age (Jun 2010)</b>				
25-49	31.5%	28.4%	26.6%	32.1%
16-24	16.6%	39.5%	37.5%	31.9%
0-15	16.7%	9.9%	11.9%	11.3%
50-59 / 50-64	14.6%	9.5%	9.7%	11.2%
Over 60 / 65	20.6%	12.8%	14.3%	13.5%
<b>Sexuality</b>	no data available at ward level			
<b>Gender (2001 Census)</b>				
Male	51.4%	51.3%	51.9%	49.8%
Female	48.6%	48.7%	48.1%	50.2%
<b>Ethnicity (2001 Census)</b>				
White: British	93.96%	93.24%	92.13%	88.57%
White: Other	3.26%	3.48%	3.55%	7.50%
Mixed	0.58%	1.04%	1.38%	0.70%
Asian or Asian British	0.54%	0.42%	0.96%	0.90%
Black or Black British	0.47%	0.74%	0.74%	0.57%
Chinese or other	0.80%	0.86%	1.00%	1.48%
<b>Religion (2001 Census)</b>				
Christian	71.02%	68.25%	66.96%	59.03%
Buddhist	0.33%	0.32%	0.28%	0.64%

Hindu	0.16%	0.13%	0.31%	0.21%
Jewish	0.12%	0.11%	0.07%	0.17%
Muslim	0.39%	0.21%	0.63%	0.73%
Sikh	0.07%	0.00%	0.00%	0.15%
Other	0.36%	0.42%	0.33%	0.60%
No religion	19.51%	22.81%	22.75%	30.29%
<b>Disability</b>				
Living with a long-term limiting illness	15.8%	14.7%	17.2%	11.8%