
Canteen Building and Block H, Former Nestle Factory, Hayes

Equalities Impact Assessment

June 2022

Canteen Building and Block H,
Former Nestle Factory,
Hayes

Equalities Impact Assessment

Prepared on behalf of BDW Trading Limited (Barratt London)

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EXECUTIVE SUMMARY

Introduction

The Equality Act 2010ⁱ mandates a duty to give due regard to equalities impacts in public sector decision making. The Act also defines the following '*protected characteristics*': age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. A local authority needs to have consciously addressed the potential effects on equalities when making a decision on a development proposal. This Equalities Impact Assessment reviews the potential impacts on the defined protected characteristics.

The Development

The Development comprises the full demolition and redevelopment of the former canteen building to provide a new healthcare facility (Class E(e), nursery (Class E(f) and reconfigured residential building (Block H) (Class C3 and Class E), including associated landscaping, access, car parking and other engineering works. The wider site is subject to planning permission and has mainly been built out since 2019. An Equalities Impact Assessment was prepared to support the original planning application for development of the wider site.

The Development has been designed to provide a high quality, attractive and healthy environment for future residents and users. As part of the design of the scheme, particular attention has been given to creating a balanced, mixed-use community which meets local housing needs and provides employment opportunities.

The Development responds to the wider regeneration of the area, the strategic and emerging local planning policy context and increase in public transport accessibility from the upgrades to be made to Hayes & Harlington Station due to the introduction of the Crossrail service.

The Assessment

The assessment has been undertaken using the Equalities Impact Assessment table provided by the London Borough of Hillingdon whereby the assessment is split into four different sections:

- STEP A) Description of what is to be assessed and its relevance;
- STEP B) Consideration of information; data, research, consultation, engagement;
- STEP C) Assessment; and

- STEP D) Conclusions.

Conclusions

Equality has been considered through the assessment when acknowledging the positive and negative impacts of the Development during the construction and operational phases. The Development will knit into the wider site and will provide various beneficial effects as seen the assessment section. This EqIA finds that the Development will not adversely impact on any protected groups and will contribute to a cohesive and high quality community.

1 INTRODUCTION

- 1.1 This Equalities Impact Assessment (EqIA) has been prepared on behalf of BWD Trading Limited (Barratt London) (the "Applicant") to accompany a planning application to the London Borough of Hillingdon (LBH) for the demolition and redevelopment of the former canteen building to provide a new healthcare facility, nursery and reconfigured residential building (Block H), including associated landscaping, access, car parking and other engineering works (the "Development"), at the Canteen Building and Block H of Former Nestle Factory (the "Site").
- 1.2 This EqIA sets out:
- the legislative and planning policy context to EqIA;
 - the background to the Site and Development;
 - the methodology used in this assessment;
 - the baseline data collected;
 - the Equalities Impact Assessment; and
 - Conclusions.

Planning History

- 1.3 On the 28th June 2018, planning permission was granted for the redevelopment of the former Nestle Factory site (the "wider site") to provide 1,381 dwellings, community facilities, retail / commercial uses, commercial floorspace, a data centre, amenity and play space and car parking on the former (planning application ref. 1331/APP/2017/1883).
- 1.4 Following this, two Section 73 (S73) applications were granted. The first (ref.1331/APP/2019/1666) for the residential land was granted on 19 May 2019 and the second (ref.1331/APP/2021/751) was granted on 10 November. Planning permission ref.1331/APP/2021/751 is now the operational consent.
- 1.5 A drop-in application has also recently been approved (1331/APP/2019/2314) on the 28 June 2021 which included Block H.
- 1.6 The relevant planning conditions have been discharged for the demolition phase of the approved scheme and the Applicant has commenced with the demolition work across the wider site. Since June 2019, much of the wider site has been built out and is now operational, occupied by residents.

Site Context

- 1.7 The Site (see Appendix 1) is located at the Former Nestle Factory, Nestles Avenue, Hayes, in the southern part of LBH in West London. The Site is located towards the south of the wider wite.
- 1.8 The Site is located approximately 500m to the south-east of Hayes Town Centre, bounded to the north by the Great Western Railway Line and Grand Union Canal and to the south by Nestle's Avenue. To the west is the existing Squirrels Trading Estate, accessed from Viveash Close and to the east is North Hyde Gardens, which is a public road. To the north-east of the Site is Hayes & Harlington Railway Station.
- 1.9 A residential area lies immediately to the south of the Site, on the opposite side of Nestle's Avenue. The A312 (North Hyde Road) is located approximately 140m to the south of the Site and the M4 motorway is a further 1km away. Heathrow is approximately 4km to the south of the Site.

Site Description

- 1.10 The Site, which extends to 0.34 hectares (ha), currently comprises two vacant buildings; the former Nestle Canteen and a 'L' shaped building. The buildings are joined together within the Site and are locally listed by LBH.

The Development

- 1.11 The Development will include the efficient use of brownfield land and will deliver homes as well as healthcare centre and nursesey in the area. In summary the Development will deliver the following:
- Healthcare centre (Class E(e)) (2,233 square meters (sqm) (Gross External Area) (GEA));
 - Nursesey (Class E(f) (559 sqm (GEA)));
 - 11.4m in height (including rooftop plant enclosure);
 - 20 car parking spaces;
 - 58 cycle parking spaces (30 spaces for the healthcare centre and 28 spaces for the nursery); and
 - 6,600 litre waste and recycling bins (4,400 litres for the healthcare centre and 2,200 litres for the nursery).

Within the redeveloped Block H building:

- 41 discounted Market Sales Units, with each unit being 37sqm (GIA);
- Overall residential area of 2,466 sqm (GEA);
- 252sqm (GEA) commercial unit (Use Class E);
- Masterplan will retain 40% affordable housing;
- 6 storey building; and
- 52 cycle parking spaces (44 spaces for the residential units and 8 spaces for the commercial unit);
- 11,340 litre waste and recycling bins (5,980 litres for the residential use and 5,360 litres for the commercial unit).

1.12 The formal Description of Development can be seen below:

'Full demolition and redevelopment of former canteen building to provide a new healthcare facility (Class E(e), nursery (Class E(f) and reconfigured residential building (Block H) (Class C3 and Class E), including associated landscaping, access, car parking and other engineering works.'

2 LEGISLATIVE AND POLICY CONTEXT

The Equality Act 2010ⁱⁱ

- 2.1 The purpose of the Equality Act is to ensure that *'Ministers of the Crown and others when making strategic decisions about the exercise of their functions to have regard to the desirability of reducing socio-economic inequalities...'*. The act goes on to say at paragraph 1 that *'An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage...'*. The Act outlines the three aims of the general duty to have due regard for Equality, across all organisations:

1. *'Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by the Equality Act 2010;*
2. *Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and*
3. *Foster good relations across all protected characteristics – between people who share a protected characteristic and people who do not share it.'*

- 2.2 The Act also defines the following *'protected characteristics'*: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. All of this means that a local authority needs to have consciously addressed their mind to the Equality Act duty and considered the impacts of any new plan in light of the potential impact on equalities.

*The London Plan (March 2021)*ⁱⁱⁱ

- 2.3 The London Plan plans for growth on the basis of its potential to improve the health and quality of life all Londoners, to reduce inequalities and to make the city a better place to live, work and visit. A key part of reviewing the London Plan is undertaking a full integrated Impact Assessment, which addresses the Mayor's legal duties to carry out a comprehensive assessment of the Plan. The integrated Impact Assessment incorporates a number of statutory requirements, including an Equalities Impact Assessment.
- 2.4 Policy GG1 refers to *'building strong and inclusive communities'* and part F (a) sets out that those involved in planning and development must *'support and promote the creation of an inclusive London where all Londoners, regardless of their age, disability, gender identity, marital status, religion, sexual orientation, social class, or whether they are pregnant or have*

children, can share in its prosperity, culture and community, minimising the barriers and challenges and inequalities’.

- 2.5 Policy GG3 ‘*creating a healthy city*’ states that to improve Londoners’ health and reduce health inequalities, those involved in planning and development must:
- a) ‘Ensure that the wider determinants of health are addressed in an integrated and co – ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities;*
 - b) Promote more active and healthy lives for all Londoners and enable them to make healthy choices;*
 - c) Use the Healthy Streets Approach¹ to prioritise health in planning decisions.*
 - d) assess the potential impacts of development proposals and development plans on the mental and physical health and well-being of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessment²;*
 - e) plan for appropriate health and care infrastructure to address the needs of London’s changing and growing population;*
 - f) seek to improve London’s air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution;*
 - g) plan for improved access and quality of green spaces, the provision of new green infrastructure, and spaces for play, recreation and sports;*
 - h) ensure that new buildings are well insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold; and*
 - i) seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options’.*

- 2.6 Paragraph 2.10.2 of the London Plan sets out that where proposed, large-scale development in Areas of Regeneration should seek to reduce spatial inequalities.

Housing Supplementary Planning Guidance (SPG), May 2016^{iv}

- 2.7 The Mayor of London published the SPG on housing in March 2016 and subsequently updated in May 2016. The SPG replaced the 2012 Housing SPG and the Mayor’s Housing Standards Policy Transition Statement.

¹ The Health Streets Approach is a long-term plan for improving Londoner’s and visitors’ experiences. The approach will help improve the air quality, reduce congestion and make the road networks.

² A Health Impact Assessment will be submitted as part of the planning application.

- 2.8 Policy 3.5, Part B of the Housing Supplementary Planning Guidance, within the section Neighbourhood Scales, identifies at paragraph 2.2.8 that '*...An Equality Impact Assessment should be undertaken to ensure that the needs of all those with 'protected characteristics' are considered*'.

Inclusive London, The Mayor's Equality, Diversity and Inclusion Strategy, May 2018v

- 2.9 Inclusive London is a strategy set out by the Mayor of London which aims to: '*build strong, thriving and connected communities*' that '*overcome the barriers and inequalities*' and which everyone can share '*regardless of their age, social class, disability, race, religion, gender, gender identity, sexual orientation, marital status, or whether they are pregnant or on maternity leave*'. The strategy further highlights that '*Development in London should always create inclusive, barrier-free environments*' and that '*by placing the principles of inclusive design at the heart of the planning process, the Mayor will make sure the needs of all Londoners – but in particular older and disabled people and those with young children – are acknowledged and addressed*'. This EqIA has been prepared to ensure that equality opportunities have been considered in the design and broader pre-application process.

London Borough of Hillingdon Local Plan^{vi}

- 2.10 The LBH Local Plan was adopted in November 2012 and sets out policies and guidance for development within the Borough up to 2026. Part 1 of the Local Plan (Strategic Policies^{vii}) is the key strategic planning document for Hillingdon and supports the delivery of development within the region. The document sets out the long-term vision and objectives. Part 1 does not however set the guidelines for decisions about planning applications. This information is set out within Part 2 of the Local Plan (Development Management Policies^{viii}).
- 2.11 Within the Core Policy – The Economy, Strategic Objective 6 seeks to promote social inclusion through equality of opportunities and equality of access to social, educational, health, employment, recreational, green space and cultural facilities for all within the Borough.

Assessment Methodology

Approach

- 2.12 The methodology and approach to the EqIA has been informed by completed EqIAs located on the London Borough of Hillingdon Council website^{ix} and professional judgement.

- 2.13 Other documents submitted in support of the planning application contain further information of use and should be read in conjunction with this report, including the Health Impact Assessment (HIA) and the Economic Benefits Statement.

Baseline Conditions

- 2.14 Existing baseline demographic conditions are based on the latest published data sets available including the 2019 Mid – Year Population Estimates and Office for National Statistics (ONS) 2011 Census statistics unless otherwise stated.
- 2.15 No data is available for the residents that currently reside within the wider site therefore it is not known how the specific demographic groups differ from the Botwell ward and also LBH. Therefore, it is assumed that the baseline data collected at ward level and borough level is representative of the current population and will be used in this assessment.
- 2.16 The assessment draws upon the extensive community consultation undertaken with interested groups and residents and is reported in full in the Pre-Application Consultation and Statement of Community Involvement within the Planning Statement produced for the Development.

Assessment

- 2.17 The assessment has sought to identify the potential effects on protected characteristic groups during the construction works and on completion of the Development. A schedule of expected effects has been prepared using professional judgement of EqIA, and the assessment has sought to address the effects on the future residents within the Development as well as future users and employees of the both the healthcare centre and nursery. Where detailed assessment has been undertaken in other planning documents such, this information has been used in support of this EqIA.
- 2.18 As noted above, assumptions have been made on the demographics of the current residents in the wider site being concordant with the demographics at ward level. This assessment assumes that all '*protected characteristics*', as highlighted in the Equality Act, may be impacted by the Development during the construction and operational phases.

Summary

- 2.19 A summary of actions to be taken is provided at the end of this EqIA assessment.

3 BASELINE CONDITIONS

- 3.1 The Site is located within the Botwell Ward in LBH. To appropriately capture the baseline data relevant to the protected characteristics identified by the Equality Act, for the purposes of assessment, the baseline demographics for a Study Area comprising the ward of Botwell will be compared with those of the wider LBH.
- 3.2 With recognition of the aims of the Development to deliver a healthcare centre and nurse on the Site, this EqIA has utilised data produced within the Economic Benefits Statement, which provide the current baseline for the number of GP practices and nurseries in the local area. The Economic Benefits Statement has been produced by Barton Willmore, now Stantec.
- 3.3 The wards in which the GP provision have been assessed are Botwell, Pinkwell and Townfield (all Hillingdon), Heston West (London Borough of Hounslow) and Southall Green (London Borough of Ealing). The wards assessed for the nursery audit match that of the GP provision (Botwell, Pinkwell, Townfield, Heston West and Southall Green).

Table 1: Gender

	Botwell	LBH
Males	7,419 (49.3%)	134,811 (49%)
Females	7,615 (50.7%)	138,125 (51%)
TOTAL POPULATION	15,034	273,936

Source: NOMIS derived ONS, 2011 Census Table KS101EW

Table 2: Age

	Botwell	LBH
Younger Population (0 to 15 years)	3,753 (25.0%)	56,893 (21%)
Working Age Population (16 to 64 years)	9,919 (66.0%)	181,865 (66%)
Older Population	1,362 (9.0%)	35,178 (13%)

Source: NOMIS derived ONS, 2011 Census Table KS102EW

Table 3: Ethnicity

	Botwell	LBH
White (English/Welsh/Scottish/Northern Irish/British/ Irish/Other)	5,986 (40.0%)	166,031 (60%)
Mixed/Multiple Ethnic Group (White and Black Caribbean/White and Black African/ White and Asian/Other)	580 (3.9%)	10,470 (3.8%)
Asian/Asian British (Indian/Pakistani/Chinese/Other)	5,572 (37.0%)	69,253 (25.2%)
Black/African/Caribbean/Black British (African/Caribbean/Other)	2,316 (15.4%)	20,082 (7.3%)
Other Ethnic Group (Arab/Other)	580 (3.9%)	8,091 (2.6%)

Source: NOMIS derived ONS, 2011 Census Table QS201EW

Table 4: Country of Birth

	Botwell	LBH
Europe (inc UK)	9,811 (65.2%)	212,577 (77.7%)
Africa	1,621 (10.8%)	17,226 (6.3%)
Middle East and Asia	3,296 (21.9%)	39,339 (14.4%)
The Americas and the Caribbean	285 (1.9%)	3,992 (1.5%)
Antarctica and Oceania	21 (0.14%)	800 (0.29%)

Source: NOMIS derived ONS, 2011 Census Table QS203EW

Table 5: Economic Activity

	Botwell	LBH
Economically Active	7,307 (48.6%)	141,542 (51.0%)
Economically Active but Unemployed	679 (4.5%)	8,693 (3.2%)
Economically Inactive	3,370 (22.4%)	58,384 (21.3%)

Source: NOMIS derived ONS, 2011 Census Table KS601EW

Table 6: Occupation

	Botwell	LBH
Managers, directors, senior officials	505 (7.6%)	13,353 (10.2%)
Professional occupations	742 (11.5%)	22,237 (17.1%)
Associate professionals, technical occupations	642 (10.0%)	16,961 (13.0%)
Administrative and secretarial occupations	775 (12.0%)	17,313 (13.3%)
Skills trades occupations	642 (10.0%)	13,565 (10.4%)
Caring, leisure and other services	775 (12.0%)	11,542 (8.9%)
Sales and customer service	672 (10.4%)	11,242 (8.6%)
Process, plant and machine operatives	620 (9.6%)	9,716 (7.5%)
Elementary occupations	692 (10.4%)	14,361 (11.0%)

Source: NOMIS derived ONS, 2011 Census Table QS606UK

Table 7: Level of Qualifications Gained

	Botwell	LBH
1-4 O levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma	3,167 (28.0%)	67,711 (31.19%)
No qualifications	2,709 (24.0%)	41,548 (19.1%)
5+ O level (Passes)/CSEs (Grade 1)/GCSEs (Grades A*-C), School Certificate, 1 A level/2-3 AS levels/VCEs, Higher Diploma, Welsh Baccalaureate Intermediate Diploma	2,366 (21.0%)	68,884 (31.7%)
Foreign qualifications	2,038 (18.0%)	29,707 (13.7%)
Degree (e.g. BA, BSc), Higher degree (for example MA, PhD, PGCE)	1,614 (14.3%)	41,447 (19.1%)
NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma	1,294 (11.5%)	25,440 (11.7%)
Other vocational/work-related qualifications	1,198 (10.6%)	30,229 (13.9%)
2+ A levels/VCEs, 4+ AS levels, Higher School Certificate, Progression/Advanced Diploma, Welsh Baccalaureate Advanced Diploma	1,170 (10.4%)	38,709 (17.8%)
Professional qualifications (for example teaching, nursing, accountancy)	922 (8.2%)	26,966 (12.4%)
NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma	926 (8.2%)	19,305 (8.9%)
NVQ Level 1, Foundation GNVQ, Basic Skills	839 (7.4%)	13,983 (6.4%)
Apprenticeship	363 (3.2%)	10,675 (4.9%)
NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level	358 (3.2%)	8,145 (3.7%)

Source: NOMIS derived ONS, 2011 Census Table QS502EW

NB: Based on a study of population 16 and over

Table 8: Religion

	Botwell	LBH
Christian	5,616 (37.3%)	134,813 (49.2%)
Muslim	2,936 (19.5%)	29,065 (10.6%)
Sikh	1,818 (12.1%)	18,230 (6.6%)
Hindu	1,659 (11.0%)	22,033 (8.0%)
No religion	1,775 (11.8%)	46,492 (16.9%)
Religion not stated	947 (6.3%)	17,495 (6.4%)
Buddhist	197 (1.3%)	2,386 (0.8%)
Other religion	78 (0.5%)	1,669 (0.6%)
Jewish	8 (0.05%)	1,753 (0.6%)

Source: NOMIS derived ONS, 2011 Census Table QS208EW

Table 9: General Health

	Botwell	LBE
Very good health	7,006 (46.6%)	133,627 (48.8%)
Good health	5,316 (35.4%)	96,647 (35.2%)
Fair health	1,860 (12.4%)	31,492 (11.49%)
Bad health	634 (4.2%)	9,404 (3.4%)
Very bad health	218 (1.5%)	2,766 (1.0%)

Source: NOMIS derived ONS, 2011 Census Table QS302EW

Deprivation levels

- 3.4 The baseline conditions of health are also identified for the local area using the English Indices of Deprivation (EID) at small areas (or neighbourhoods) which are also known as lower super output areas (LSOAs) which on average contain around 1,500 people. There are 32,844 of these neighbourhoods across England as a whole.
- 3.5 The Site is located within LSOA Hillingdon 030A, within the Botwell Ward.
- 3.6 LSOA Code Hillingdon 030A is ranked 11,705 out of 32,844 LSOAs in England, on the 2019 IMD; where 1 is the most deprived LSOA. Table 10 below details how the LSOAs are ranked, both overall and by each deprivation domain, against all the boroughs within England.

Table 10: IMD deprivation ranking for Hillingdon 030A (where the Site is located)

Domain of Deprivation (Rank out of 32,844 where 1 is the most deprived)	Hillingdon 030A
Overall IMD Rank	11,705
IMD % Decile	40% most deprived
Income Rank	12,339
Income % Decile	40% most deprived
Employment Rank	17,784
Employment % Decile	50% least deprived
Education, Skills and Training Rank	15,732
Education % Decile	50% most deprived
Health, Deprivation and Disability Rank	26,024
Health % Decile	70% most deprived
Crime Rank	6,452

Domain of Deprivation (Rank out of 32,844 where 1 is the most deprived)	Hillingdon 030A
Crime % Decile	20% most deprived
Barriers to Housing and Services Rank	1,435
Housing % Decile	10% most deprived
Living Environment Rank	8,052
Environment % Decile	30% most deprived

Healthcare Infrastructure Audit

- 3.7 A total of 17 GP practices (included four additional GP branches) are considered to be available for the future residents of the Development. To determine the GP practices' ability to take on further patients, the GP practices have been assessed compared to the Healthy Urban Development Unit (HUDU) standard of 1 GP for every 1,800 people.

Table 11: GP Practices as of 28 February 2022

No	Name	Patients	GP	Ratio	Capacity
1	North Hyde Road Surgery	5,150	1.5	1:3,673	Over Capacity
2	Hayes Medical Centre	16,400	4.9	1:3,347	Over Capacity
3	HESA Medical Centre	17,459	5.5	1:3,174	Over Capacity
4	Shakespeare Health Centre	3,992	2.3	1:1,736	Under Capacity
5	Kincora Doctors Surgery	3,219	1.8	1:1,788	Under Capacity
6	Townfield Doctors Surgery	8,458	3.9	1:2,169	Over Capacity
7	Kingsway Surgery	5,049	2.0	1:2,525	Over Capacity
8	Belmont Medical Centre	8,149	3.6	1:2,264	Over Capacity
9	Featherstone Road Health Centre	8,829	2.0	1:4,415	Over Capacity
10	Hammond Road Surgery	4,727	0.8	1:5,909	Over Capacity
11	Welcome Practice	5,051	2.0	1:2,526	Over Capacity
11a	Sadhu P J S				
12	HMC Health Heston Great West	9,160	4.5	1:2,036	Over Capacity
13	Jersey Practice				
13a	Jersey Practice				
13b	Greenbrook Chinchilla				
14	Skyways Medical Centre	5,371	2.8	1:1,918	Over Capacity
15	Guru Nanak Medical Centre	13,033	3.8	1:3,430	Over Capacity
15a	Singh G				
16	Heathrow Medical Centre	6,010	1.5	1:4,007	Over Capacity
17	Glendale Medical Centre	6,790	2.8	1:2,425	Over Capacity

- 3.8 As seen from Table 11, of the GP practices identified only two are considered to be under capacity and have the ability to take on new patients when measured against the HUDU

standard. These practices are Shakespeare Health Centre with 148 places and Kincora Doctors Surgery with 21 places.

Nursery Facilities Audit

- 3.9 A total of 16 registered, non-domestic childcare and early years facilities have been identified within the wards of Botwell, Pinkwell, Townfield, Heston West and Southall. As shown on Table 12, the number of places each nursery currently has been included.

Table 12: Current Capacity of Primary Schools Within the Local Area

No	Name	Authority	Spaces
1	London Borough of Hillingdon, Nestles Avenue Children's Centre	Hillingdon	107
2	Wonderland Nursery Ltd	Hillingdon	33
3	Kiddiecare Nursery	Hillingdon	24
4	Little Gems Nursery School	Hillingdon	30
5	Sunflower House Nursery Wentworth	Hillingdon	30
6	Peapods Early Learning Centre Ltd (Hillingdon)	Hillingdon	30
7	Tiny Gems Day Care	Hillingdon	44
8	Kiddiecare Nursery	Hillingdon	46
9	Lullabies Day Nursery	Hillingdon	74
10	Greenfields Nursery School and Children's Centre	Ealing	30
11	Hani Little Nursery Ltd	Ealing	10
12	Southall Montessori Nursery & Pre-School	Ealing	72
13	Coat of Many Colours Nursery Hayes Branch	Hillingdon	58
14	Little Marvels Nursery – Rosedale	Hillingdon	80
15	McMillian Early Childhood Centre (Daycare)	Hillingdon	24
16	Berkeley Pre-School	Hounslow	24
TOTAL			716

- 3.10 A total of 716 nursery places are currently provided, however, capacity data is not currently available for the nurseries.

Summary of Baseline Conditions for Botwell and LBH

- 3.11 The following section provides the summary of the baseline data collected for the ward of Botwell and LBH, where insufficient data has been available, a number of assumptions have been made on the baseline conditions on specific protected characteristics.

Age

- 3.12 The majority of the population in both Botwell (66.0%) and LBH (66.0%) is of working age (16-64 years). Botwell demonstrates a higher percentage the younger population (25%) than the LBH (21%) and fewer numbers of the older population than LBH with 9% in Botwell

compared with 13% in the wider LBH as seen in Table 2. With an understanding of the population of Botwell being younger than that of the wider LBH population, the assessment will understand the impacts of the Development to ensure that the younger population (0-15) is not disproportionately affected.

Disability

- 3.13 There is insufficient data to accurately assess the proposed development's impact with regard to those with disabilities. This assessment will assume that the Development will be used and occupied by those with varying disabilities.

Gender Reassignment

- 3.14 There are insufficient local or national data to accurately assess the potential impact of the proposals on gender identity. However, research suggests that transgender people are disproportionately impacted by mental health problems, hate crime and domestic violence. In this assessment it is assumed that those who have gone through or currently are going through gender reassignment may be affected by the proposed development.

Marriage and Civil Partnership

There is insufficient data to accurately assess the potential impact on those who are married and are in civil partnerships. This assessment will assume that the Development will be used and occupied by those who are married and in in civil partnerships and ensure that the Development does not affect them disproportionately.

Pregnancy and Maternity

- 3.15 There is insufficient live data on the number of women who are currently pregnant within the wider site. However, as stated in Table 2, the Botwell ward has a higher population of

Race

- 3.16 In both areas the White ethnic group was the majority group, with 40% of the population in Botwell compared to 60% in LBH. The next most common group was Asian/Asian British, with 37% and 25.2% in Botwell and LBH respectively as seen in Table 3.
- 3.17 In addition, the most common country of birth of both areas was Europe (including the UK) at 65.2% and 77.7% for Botwell and LBH respectively. The second most common country of

birth was the Middle East and Asia with 21.9% and 14.4% for Botwell and LBH respectively as seen in Table 4.

Religion or Belief

- 3.18 As seen in Table 8, Christianity was the most common religious belief in both Botwell and LBH. 37.3% of the population of Botwell identify as a Christian compared with 49.2% in LBH. This was followed by Islam in Botwell (19.5%) and No Religion in LBH (16.9%).

Sex

As informed by Table 2, Botwell and LBH shows very similar proportions of males and females in the areas. Within Botwell, 49.3% of the population are males whilst 50.7% are female. Similarly, 49% of the population within Botwell are males whilst 51% are female. As such, it is assumed that the wider site and those impacted by the Development will be an equal proportion of males and females.

Sexual Orientation

This assessment does not currently hold sufficient data within the wider site of residents' sexual orientation to analyse the potential impacts of the Development concerning this characteristic. National data on sexual orientation taken from ONS reports that the percentage of over 16s identifying as heterosexual decreased from 95.3% in 2014 to 94.6% in 2018. Men are more likely to identify as LGB (lesbian, gay or bisexual) than women at 2.5% and 2.0% respectively. In 2018, young people (aged 16–24) were most likely to identify as LGB (4.4%). More than two-thirds (68.7%) of the LGB population is single, having never entered into a marriage or civil partnership. As identified from Table 2, the population demographic at ward level is younger than seen at borough level with 25% of population being 0-15 compared to 21% at borough level. As such, it may be assumed that there is likely to be a higher average percentage of the population who do not identify as heterosexual.

Social Class

- 3.19 Within Botwell, 7,307 (48.6%) of those are economically active whilst within the LBH 141,652 (51.0%) are economically active and of those groups, 4.5% and 3.2% are unemployed respectively. 22.4% and 21.3 are economically inactive in the two areas as seen in Table 5.
- 3.20 Of the nine different occupation sectors, both areas show generally an even distribution between the sectors. The most common occupation grouping was Professional Services at

11.5% for Botwell and 17.1% for LBH as seen in Table 6.

- 3.21 Botwell generally showed a lower level of education compared with the wider Borough of Hillingdon with a lower percentage attainment of almost all qualifications, with the exception of NVQ Level 1 and Foreign Qualifications. In addition, Botwell had a higher level of the population holding no qualifications (24.0% compared with 19.1%) as seen in Table 7.
- 3.22 As shown by Table 10, LSOA Hillingdon 030A has a range of domains of deprivation with generally performing lower than the national average for each domain. For the Crime, Hillingdon 030A demonstrates the lowest individual rank of 6,552 and is therefore among the lowest 20% in the country. This domain indicates that the risk of personal and material victimisation at a local level is high. The best scoring domain for the LSOA was Health, Skills and Disability, the LSOA ranked 26,024 and therefore was included in the 70% most deprived in the country.

4 ASSESSMENT

- 4.1 This assessment is based on the LBH EqIA form to fulfil their statutory obligation to undertake equalities impact assessment. Where appropriate the form has been adapted for the purposes of this assessment.

STEP A) Description of what is to be assessed and its relevance

What is being assessed? Please tick

Review of a service	X	Changing a policy	X
Staff restructure	X	Tendering for a new service	X
Decommissioning a service	X	A strategy or plan	✓

The Development assessed within this document relates to a planning application made to the London Borough of Hillingdon for the redevelopment of a former Canteen building to provide a healthcare facility and nursery. The Development will also provide a reconfigured residential building (Block H), including associated landscaping, access, car parking and other engineering works. For completeness, a formal description of Development is shown below:

'Full demolition and redevelopment of former canteen building to provide a new healthcare facility (Class E(e), nursery (Class E(f) and reconfigured residential building (Block H) (Class C3 and Class E), including associated landscaping, access, car parking and other engineering works.'

Who is accountable? E.g Head of Service or Corporate Director

The Applicant is BDW Trading Limited (Barratt London) and the determining authority is LBH.

Date assessment completed and approved by accountable person

May 2022.

Names and job titles of those carrying out the assessment

Barton Willmore, now Stantec on behalf of the Applicant.

A.1) What are the main aims and intended benefits of what are you are assessing?

The specific aims of the Development within the scope of this EqIA are set out below:

The purpose of the planning application is to provide a new healthcare centre and nursery through the redevelopment of the existing Canteen and 'L' shaped building currently on the Site. The Development will respond to the wider regeneration of the area and sits within the wider site for which planning permission was granted in June 2018. The planning application was supported by an Equalities Impact Assessment. Consent was granted for the part demolition of existing factory buildings to provide 1,386 dwellings, office, retail, community and leisure uses with additional commercial floorspace. The majority of this Development has been implemented and is occupied by residents.

The intended benefits of the Development include the provision of housing, a healthcare centre and a nursery on the Site, including employment opportunities during both the construction phase and operation phase of the proposed development. The employment opportunities include comprise temporary full-time jobs during the construction phase and permanent full-time jobs for the non-residential areas of the Site. The end users of the Development will more likely by those with protected characteristics, as defined by the Equalities Act.

As identified above within Table 10, the Site is located within LSOA Code Hillingdon 030A and is ranked 11,705 out of 32,844 LSOAs in England, on the 2019 IMD; where 1 is the most deprived LSOA. The LSOA ranked generally below average on all the indicators in the baseline assessment indicating that the area is deprived with the overall IMD score demonstrating the LSOA is contained within the 40% most deprived LSOA in the country. Living Environment and Crime the lowest ranked indicators at 30% and 20% most deprived respectively.

Additionally, as set out with Table 11, 15 of the 17 GP Practices identified were assessed to be currently working over their capacity.

With consideration of the baseline in that the LSOA 030A currently sits within the 40% most deprived LSOA's in the country and that there is currently a lack of GP provision within the local area, the Development will aim to decrease the current level of deprivation by providing construction and operational jobs to those in the local community whilst also providing additional spaces for GP provision for those in the local area.

A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

People affected by the Development will include the residents occupying the wider site, local community and future residents and employees and users of the nursery in the Development. The construction phase has the potential to affect existing residents on the wider site and the local community, of which it is assumed may include representatives from all protected groups.

During the operation phase of the Development, it is likely that the users and employees will include representatives of protected groups, in particular from a variety of different ethnic backgrounds, which is supported by published statistics. As set out in Table 3 of the baseline assessment, the percentage of the population in Botwell who identify as White is lower than the wider LBH area with 40.0% compared to 60.0% respectively. As a result, the area of Botwell contains a higher percentage of remaining ethnicities than the LBH. The next highest ethnic group in Botwell is Asian/ Asian British with 37.0% of the population.

A.3) Who are the stakeholders in the assessment and what is their interest in it?

Stakeholders	Interest
Applicants	Ensure that they are supported in the application process by LBH.
Residents occupying the completed phases of development on the wider site.	Potential for construction phase disturbance. Ensure that construction phase effects are minimised as far as possible giving due regard for Protected Characteristics and differential impacts.
Local community	Potential for construction phase disturbance, benefits of construction phase employment and multiplier effects. The Development should be designed with the diverse population of Botwell in mind, having due regard for all Protected Characteristics.
Employees that will work at the Site during construction and operation.	Construction workers and employees of the proposed nursery may include representatives of Protected Groups.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box

Age	✓	Religion / Belief	✓
Disability	✓	Sex	✓
Gender Reassignment	✓	Sexual orientation	✓
Marriage or civil partnership	✓	Community cohesion	✓
Pregnancy or maternity	✓	Community Safety	✓
Race/ ethnicity	✓	Other – Please state	N/A

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data – What have you got and what is it telling you?

Chapter 2 of this EqIA contains the information used in this assessment. The comprehensive baseline data collection identifies the current demographics of the ward of Botwell and LBH. The baseline demographics identified include Gender, Age, Ethnicity, Country of Birth, Economic Activity, Occupation, Level of Qualification gained, Religion, Health and Level of Deprivation and can be seen in Tables 1-10. Additionally, a healthcare and nursery audit has been undertaken to assess the current number of GP practices and nursery spaces respectively, as seen in tables 11 and 12.

The majority of the population in both Botwell (66.0%) and LBH (66.0%) are of working age (16-64 years). Botwell demonstrates a higher percentage of younger population (25%) than the LBH (21%) and fewer numbers of the older population than LBH with 9% in Botwell compared with 13% in the wider LBH as seen in Table 2.

In both areas the White ethnic group was the majority group, with 40% of the population indicating in Botwell compared to 60% in LBH. The next most common group was Asian/Asian British, with 37% and 25.2% in Botwell and LBH respectively as seen in Table 3.

In addition, the most common country of birth of both areas was Europe (including the UK) at 65.2% and 77.7% for Botwell and LBH respectively. The second most common country of birth was the Middle East and Asia with 21.9% and 14.4% for Botwell and LBH respectively as seen in Table 4.

Within Botwell, 7,307 (48.6%) of those are economically active whilst within the LBH 141,652 (51.0%) are economically active and of those groups, 4.5% and 3.2% are unemployed respectively. 22.4% and 21.3 are economically inactive in the two areas as seen in Table 5.

Of the nine different occupation sectors, both areas show generally an even distribute between the sectors. The most common occupation grouping was Professional Services at 11.5% for Botwell and 17.1% for LBH as seen in Table 6.

Botwell generally showed a lower level of education compared with the wider Borough of Hillingdon with a lower percentage attainment of almost all qualifications, with the exception of NVQ Level 1 and Foreign Qualifications. In addition, Botwell had a higher level of the population holding no qualifications (24.0% compared with 19.1%) as seen in Table 7.

As seen in Table 8, Christianity was the most common religious belief in both Botwell and LBH. 37.3% of the population of Botwell identify as a Christian compared with 49.2% in LBH. This was followed by Islam in Botwell (19.5%) and No Religion in LBH (16.9%).

The general health of the population in both Botwell and LBH can be seen to comprise mainly 'Very Good' and 'Good' health with 82% and 84% in the groups respectively as seen in Table 9.

As shown by Table 10, LSOA Hillingdon 030A has a range of domains of deprivation with generally performing lower than the national average for each domain. For the Crime, Hillingdon 030A demonstrates the lowest individual rank of 6,552 and is therefore among the lowest 20% in the country. This domain indicates that the risk of personal and material victimisation at a local level is high. The best scoring domain for the LSOA was Health, Skills and Disability, the LSOA ranked 26,024 and therefore was included in the 70% most deprived in the country.

As shown in Table 11, of the 17 GP Practices that currently operate within the local area (the local area defined by the wards of Botwell, Pinkwell, Townfield, Heston West and Southall), 15 are currently working at over-capacity, meaning that there are more than 1,800 patients per 1 GP who works full time.

Lastly, Table 12 shows that there are currently 16 nursery level educational facilities currently operating within the local area, Cumulatively the nurseries currently provide 716 spaces, however, the currently number of places within each nursery is not currently known.

No primary data on the residents of the wider site or local area has been collected. It has therefore been assumed that all Protected Characteristics have the potential to be affected by the

Development during the construction and operational phases. This has been considered sufficient to ensure that due regard has been given to the potential for differential effects with regard to equality.

In addition to the baseline demographics included in Chapter 2, the planning application is accompanied by the suite of documents including:

- Air Quality Assessment;
- Construction Management Plans;
- Demolition Reports;
- Design and Access Statement;
- Ecological Reports;
- Economic Statement;
- Energy Statement;
- Flood Risk and / Drainage Assessment;
- Health Impact Assessment;
- Planning Statement;
- Site Waste Management Plan;
- Statement of Community Involvement;
- Sustainability Statement;
- Townscape and Visual Impact Assessment; and
- Travel Plans.

These reports include baseline data on a variety of social, environmental and economic topics and demonstrate a good understanding of the conditions of the site and surroundings.

Consultation

B.2) did you carry out any consultation or engagement as part of this assessment

Stakeholders include existing residents of the surrounding local community, LBH and statutory consultees. A comprehensive engagement exercise was undertaken prior to submission of the planning application for the redevelopment of the wider site in 2017. This included consultation over the masterplan, listening to ideas from those in the local community and provided an opportunity for those to impact on the final design of the wider site. Methods of consultation involved a variety of communication channels to ensure that all groups were involved in the process and were as follows:

- **Website:** a dedicated website (<http://formernestlefactory.co.uk/>) was maintained to provide

information on regarding the development and changes to the plans;

- **Meetings:** the development team organised a set of meetings throughout the pre-application period to engage with local stakeholders, community groups and local organisations;
- **Community Open Day:** a Community Open Day was held to introduce the vision for the development and welcome the community to provide feedback on the development plans;
- **Public Exhibition:** two further exhibitions were held for the key political and community stakeholders and members of the local community. The design of the development for the wider site was displayed and feedback was welcomed on the proposals;
- **Mailings:** invitations for the Community Open Day were distributed to 2,632 addresses and invitations to the public exhibitions reached 4,525 addresses.
- **Freephone helpline:** a dedicated helpline was maintained to allow members of the local community to enquire about future consultation activities;
- **Email:** an email database was maintained to update stakeholders and the local community on updates to the development; and
- **Newsletter:** regular newsletters were produced summarising the wider site development to members of the local community.

For the proposed development, the Applicant has held three pre-application meetings with LBH to discuss the redevelopment of the canteen building and Block H. The meetings were held on 13th January, 4th February, and 25th March 2022.

The first pre-application meeting was held virtually. It was confirmed that the North-West London Clinical Commissioning Group (CCG) formally agreed to operate a health centre on the Site.

The second pre-application meeting was also held virtually. Officers requested further information in relation to the need / demand of the space within the existing building and further justification for the redevelopment of the building, as well as further heritage assessment. This discussion was not relevant to equality issues.

The third pre-application meeting was held on Site and included a walk-around of the canteen building. During this pre-application meeting, it was demonstrated that there were structural issues with the existing Canteen building which prevents the retention of the L-shaped block. Officers requested further information in relation to the structure of the building. This discussion was also not relevant to equality issues.

Additionally, in order to reach the local community, which it is assumed includes representatives from all protected groups, Forty Shillings (a communications and engagement agency) were

commissioned to engage with local residents about the Development, the engagement included a two-page A4 'Community Update' leaflet which was delivered to 551 address (512 houses and 39 businesses) in the local area, which asked the residents to respond with their opinion of the Development. The response rate was very low, with only six responses received. A summary is set out below:

- Two responses were positive and in favour; and
- Two objections were received. The objections related to noise and congestion and light and noise pollution.
- The remaining responses were neutral.

All responses were acknowledged and responded to through the engagement process. No comments relevant to protected characteristics were made but objections mentioned noise, light pollution and congestion, which may potentially affect some protected groups disproportionately if not addressed adequately.

B.3) Provide any other information to consider as part of the assessment

The Development is a small part of a much wider regeneration project, the majority of which has been constructed and is occupied. Therefore it is considered that relying on statistical data and assumptions and the extensive engagement and design evolution process undertaken for the original planning application for the wider site is a suitably proportionate approach to assessment of equalities effects.

STEP C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

C.1) Describe any NEGATIVE impacts (actual or potential):

Group	Impact on this group and actions you may need to take
All Groups: Age Disability Gender Reassignment	As outlined above, a variety of consultation methods of were undertaken for the Development as well as for the wider site to ensure that all groups, including groups of

<p>Marriage or civil partnership</p> <p>Pregnancy or maternity</p> <p>Race/ ethnicity</p> <p>Religion / Belief</p> <p>Sex</p> <p>Sexual orientation</p> <p>Community cohesion</p> <p>Community Safety</p>	<p>protected characteristics, could access information on the design of the proposals and respond accordingly. The construction and operation phase negative impacts and there significance on protected groups has been outlined below:</p> <p><i>Construction Phase Effects</i></p> <p>Access to Play Space: as mentioned above, the Development will comprise the redevelopment of brownfield land and therefore will not impact on the play space provision during the construction phase and not disproportionately impact those with protected characteristics;</p> <p>Impact on Community Cohesion: the Development will provide additional housing, a nursery and a healthcare facility and will be contained within the wider site where residents are currently inhabiting. As such, the construction phase will inevitably cause distribution to the existing residents as expected for the construction of development of the scale proposed. However, best practice measures will be employed to mitigate the impacts and ensure that protected groups are not adversely impacted;</p> <p>Construction Noise and Air Quality Impacts: the Development will produce noise and changes to the air quality in the local environment as expected for a housing, nursery, and healthcare development and may impact on the residents that currently reside within the wider site and the wider community. However, due to the scale of the Development and the incorporation of best practice</p>
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	<p>measures, the impacts are not expected to be adverse and therefore not impact protected groups disproportionately;</p> <p><i>Operational Phase Effects</i></p> <p>No negative impacts have been identified during the operational phase of the Development that might adversely impact on protected groups.</p> <p>There are no significant negative impacts associated with the Development in terms of disproportionate impacts on protected groups.</p>
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C.2) Describe any POSITIVE impacts:

Group	Impact on this group and actions you may need to take
<p>All Groups:</p> <p>Age</p> <p>Disability</p> <p>Gender Reassignment</p> <p>Marriage or civil partnership</p> <p>Pregnancy or maternity</p> <p>Race/ ethnicity</p> <p>Religion / Belief</p> <p>Sex</p> <p>Sexual orientation</p> <p>Community cohesion</p> <p>Community Safety</p>	<p>The Development will also produce positive impacts on the local community and specifically the protected groups outlined in the methodology. The construction and operation phase positive effects and the significance they may cause to protected groups can be seen below:</p> <p><i>Construction Phase Effects</i></p> <p>Access to employment: the construction phase of the Development will provide employment opportunities and provide beneficial impacts across all protected groups and not adversely impact on any group.</p> <p><i>Operational Phase Effects</i></p>

	<p>Access to and through the site: the Development will sit within the wider site and provide linkages to existing infrastructure that is contained on the wider site. The site contains two vacant buildings associated with the former nestle factory and therefore lies in a brownfield state, the Development will provide a beneficial impact in terms of the ability of residents to move around the wider site and the local environment. The Development will be built in line with M4(2) building regulations, as such, the Development will be 'accessible and adaptable'. This requirement is met when a new building or dwelling provides reasonable provision for most people to access and includes features that make it suitable for a range of potential occupiers and users. The users include older people, individuals with reduced mobility and wheelchair users. Therefore, the Development does not prejudice protected groups of age, disability and whether or not someone is pregnant or on maternity / paternity leave. Additionally, the healthcare facility during the operational phase is more likely to be accessed by those with protected characteristics than those without, therefore providing positive impacts and not adversely impacting upon those with protected characteristics.</p> <p>Access to Education, Leisure and Healthcare Facilities: the Development will provide the provision of a healthcare facility (2,233 sqm GIA), aiming to address to the lack of GP provision in the local area, as set out within Table 11. Additionally, the Development will provide a nursery (559 sqm GIA) and</p>
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	<p>therefore provide additional nursery spaces for the local community and residents of the wider site and future residents of the proposed development. The provision of the aforementioned facilities will positively impact on the younger generation in terms of educational opportunities, community cohesion in the addition of employment opportunities, those who are pregnant or in maternity / paternity through childcare provision as well as the elderly population by provide additional healthcare provision.</p> <p>Access to Affordable Housing: the Development will provide the provision of 41 discounted Market Sales Units and will retain 40% affordable housing across the wider site. 100% of housing within the Development will be affordable housing. As set out within Table 10, the LSOA that the Site is contained in (030A) which ranks within the 40% most deprived with the country and in the 10% most deprived for barriers to housing in the country. The high provision of affordable housing will respond to the needs to the local environment and allow those who live in the local area access to housing. The Development will therefore not prejudice against social class.</p>
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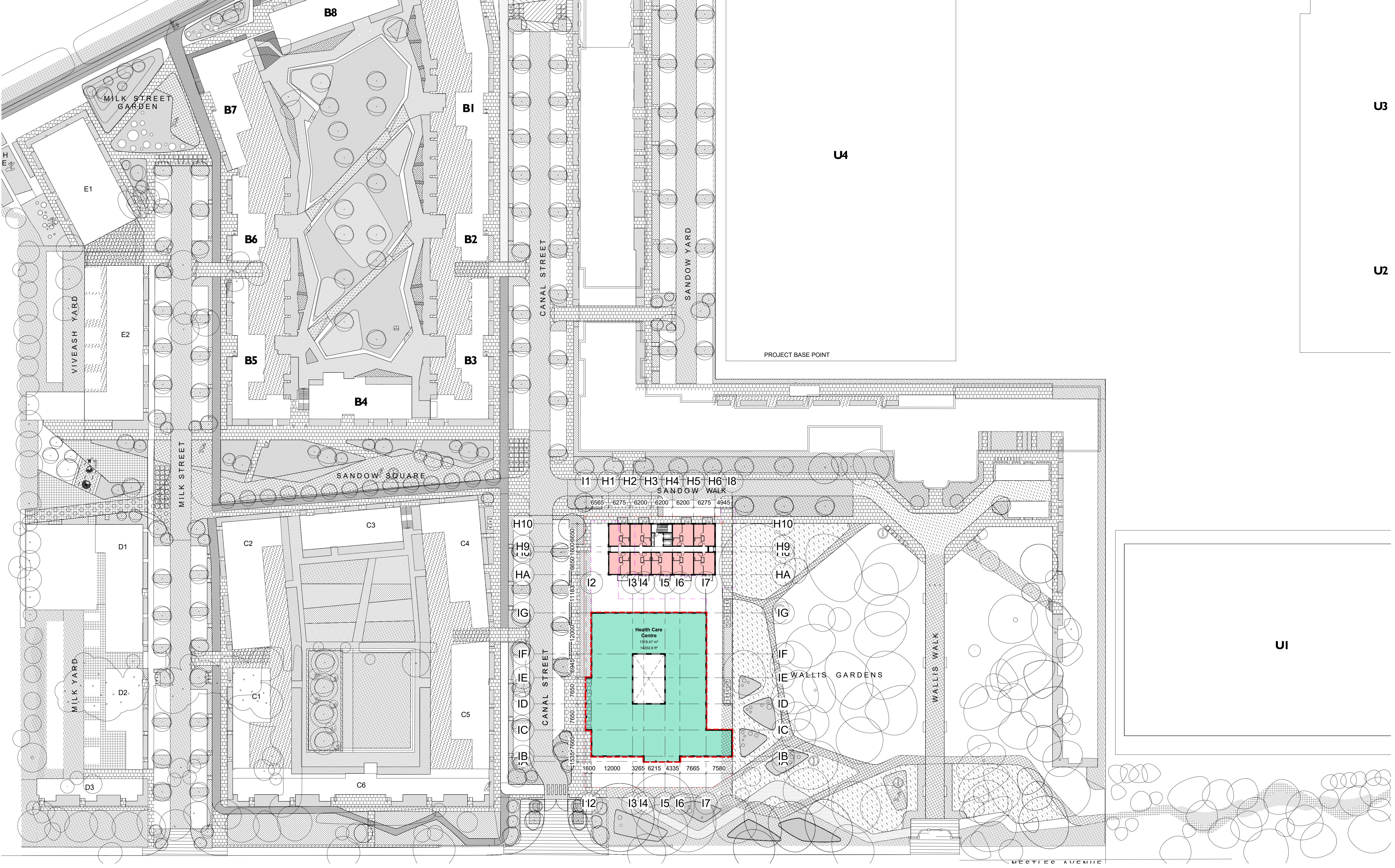
STEP D) Conclusions

The Development will provide the provision of a nursery level educational facility, a healthcare centre and 41 Discounted Market Sales Units, equating to 100% affordable housing. The Development has been shaped by thorough stakeholder engagement and community consultation in order to effectively provide a development that is required by the local area. Three pre-application meetings have been held with LBH as well a leaflet drop to 551 addresses.

Equality has been considered through the assessment when acknowledging the positive and

negative impacts of the Development during the construction and operational phases. The Development will knit into the wider development site and will provide various beneficial effects as seen the assessment section. This EqIA finds that the Development will not adversely impact on any protected groups and will contribute to a cohesive and high quality community.

APPENDIX 1:
SITE LOCATION PLAN



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- ⁱ <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- ⁱⁱ <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- ⁱⁱⁱ Greater London Authority (March 2021) *The London Plan: The Spatial Development Strategy for Greater London*
- ^{iv} https://www.london.gov.uk/sites/default/files/housing_spg_revised.pdf
- ^v <https://www.london.gov.uk/sites/default/files/mayors-equality-diversity-inclusion-strategy.pdf>
- ^{vi} <https://www.hillingdon.gov.uk/local-plan>
- ^{vii} London Borough of Hillingdon (2012) Local Plan Part 1 Strategic Policies
- ^{viii} London Borough of Hillingdon (2020) Local Plan Part 2 Development Management Policies
- ^{ix} <https://modgov.hillingdon.gov.uk/documents/s50650/Appendix%2014%20-%20Refreshed%20OPD%20Equality%20and%20Human%20Rights%20Impact%20Assessment.pdf>