

Notes of Networks meeting on Houses in Multiple Occupation and operationalising Article 4 Directions

Wednesday 15th December 2010

Comments / questions raised by delegates at the event

Thresholds:

Should unauthorised HMOs be counted in determining whether a particular threshold has been reached – or would enforcement be needed prior to counting?

Is it practical to have 'mixed use' permissions allowing both C3 & C4 uses without any need for further consent when moving between them? But in the same locality may want to re-gain some C3 uses from C4 if opportunity arises. Are such flexible permissions a step too far in defending refusals to an Inspector?

Blanket thresholds will not work – many areas already beyond the threshold and no mechanism – nor political will? – to regain threshold levels. But which areas to abandon to HMO inevitabilities – and is that likely to be politically acceptable?

More concern for stopping spread of HMOs than restoring existing concentrations – wise use of limited resource?

Permitted Development extensions to larger dwellings directly encouraging HMOs – possible to remove such Permitted Development rights within the Article 4 Direction? – felt to be unlikely or at least would need second Article 4 Direction.

HMOs recognised as an important part of housing supply that will become more in demand not less. Responses need to be proportionate not OTT blanket ones. Potential to use LDO noted.

Need to build a GIS database to be clear about the significance of the issue and its distribution. Suggested relevant data:

Private sector housing staff records

Fire protection inspections

Electoral roll

Encouraged neighbour reporting – and investigation.

Never likely to be perfect but Portsmouth are determined to be transparent about what they are using and their methodology.

Possible exemption for properties managed by education bodies defined in SI – not defined as HMOs and now housing definition is being used for planning. But these could be included in a local threshold policy?

Private rented sector is very fluid so no local authority ever likely to be able to keep tabs on the private rented sector? Newham experience is that even a basic attempt to distinguish between tenure types is extremely resource-intensive.

Critical to get together the range of Departments/organisations involved with the issue to identify common issues and effective resolutions that can be enforced as voluntarily as possible.

HMOs and conservation areas often interlinked and real tensions arise in trying to deliver objectives for both. Issues are around changed activity as much as physical change.

Important to garner whole community views and the occupants of the HMO – students and others – are a part of the community probably contributing to its wellbeing whilst at the same time perhaps giving rise to unwelcome change. HMO occupants needs deserve attention – Welwyn has a Housing Officer solely addressing bad student housing conditions.

Seaside towns: macro evidence does not exist, micro data does not even aid the definition of an HMO! Many local authorities turn away from HMO issues because they see it as too resource demanding and with, at best, unclear potential to deliver better outcomes than the market is presently delivering. This despite the fact that HMOs are less likely to have the defence of occupants 'living as a single household'. No other market for the properties affected.

HMO controls discriminate against single person households - not to address HMOs discriminates against the decent housing of single people??

Good HMOs are not evident and therefore do not demand great efforts to identify them and then 'tackle them' with disproportionate demands. Transient people need somewhere to live and are part of legitimate housing demand.

In London there is justified resistance to the loss of valued HMOs. Lack of joined-up thinking within and between local authorities means that landlords are confused, often not respected and are unsure that their role is recognised.

If HMOs were defined and treated as 'a business' would that clarify the difference between building uses on the basis of controls needed and appropriate? But in occupancy it is difficult to distinguish between the use of the building by a large family and a use by several unrelated people sharing.

Judicial Review pending challenging the use of a housing definition of an HMO for planning purposes since this is clearly not a land-use issue. Perhaps need for additional licensing across the C3/C4 boundary?

Need for balanced communities: HMO lobby has suggested – from research in Headingley Leeds, that where one type of household goes over 20% then that represents a tipping-point that may require interventions. Inevitably perhaps final judgements and the factors influencing these will be quite subjective.

In areas of existing concentration need more sensitive management – more engagement with HMO residents, build relationships that will help to resist further encroachment.

Are there any approved Core Strategies that have threshold levels included? – apparently the approach is accepted in Scotland. But thresholds may be too inflexible to succeed in achieving their objective? Danger of being seen to make everywhere the same, whereas some places need claw-back and others enhanced protection, whereas many will be self-managing just because of property costs/location attractiveness to home-buyers. Could define areas where HMOs would be acceptable – close to transport nodes, edges of central areas, over shopping streets?

HMOs might be characterised as an invisible and moving target! And the factors that encourage HMOs may be increasing: reduced benefits, more unemployment, less grant-aid for students – all creating the need for cheap accommodation.

Compensation: has intimidated local authorities into avoiding Article 4 Directions without notice. In current economic climate local authorities must be expected to be risk-averse. Minister has apparently retorted that it would take landlords a year to set up HMOs anyway.

Intensification – are C4 properties dwelling houses for the purposes of PD? Opinion divided – need for test cases?

There is a huge difference between established and emerging HMO areas. Too little joined-up working apparent.

Need for: FAQs; Forum Area, and Exchange of attendee email addresses.

