



# RTPI

mediation of space · making of place

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Email response sent to: [UCOHMOConsultation@communities.gsi.gov.uk](mailto:UCOHMOConsultation@communities.gsi.gov.uk)

Dear Sir/Madam,

**RESPONSE TO CONSULTATION PAPER: [Houses in Multiple Occupation and Possible Planning Responses](#)**

Thank you for the opportunity to respond to the above consultation. The RTPI is a membership organisation representing over 22,000 spatial planners. It exists to advance the science and art of town planning for the benefit of the public.

This response is based on input by the RTPI Development Management Network following an internal consultation and a network event on the planning system and houses in multiple occupation (HMO) in Brighton in June 2009. The National Association for Planning Enforcement (NAPE) has also contributed to the response.

The RTPI's comments below are largely general in nature, relating to issues connected to HMOs and the planning system. Comments are not submitted in relation to the detailed consultation questions.

At the event which took place in June, the RTPI was alerted to the problems encountered by various local planning authorities which could be attributed to high concentrations of HMOs within their areas. There was a general feeling that the current framework does not give sufficient control to planning authorities to effectively control them, nor does it necessarily recognise the variety of issues arising from different types of HMO in different circumstances.

We are of the view that many places and communities are diverse, with no two areas alike, and many face a wide variety of pressures, challenges and priorities. It is very clear that different areas experience different issues. In our discussions with stakeholders who have experience of HMOs, it was found that the main issues arose in large urban concentrations, as well as coastal and university towns who can have significant concentrations of HMOs. However, they can suffer different effects depending on a number of factors, some of which were connected with the types of occupier.

It is well documented that university towns have high concentrations of students living in HMOs, and this has led to the term 'studentification'. Some of our members felt that in these areas, problems peak during term time, with increased parking difficulties and other associated impacts, such as noise and litter. Outside term time there can be a significant decline in the population, and this leads to the loss of certain facilities in a community. And yet other members reported problems in certain areas of cities/towns that aren't just apparent during term time, but remained outside these times. These members noted the negative impacts upon the physical environment and streetscape in these areas, along with an increased crime rate. They have found that this can have a series impact on local retail, commercial services and recreational facilities that often need to restructure to suit the lifestyles of the predominant population.

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It also has to be recognised that in some areas large numbers of small family houses are acquired by landlords because of the large rents commanded by the use of every room in the house as a bedroom; this removes relatively inexpensive family housing from the local stock. This can have an impact even where houses are not converted to HMOs as property prices rise due to the opportunity value associated with conversion.

Many coastal towns, such as Southampton and Brighton are experiencing a growth in HMOs accommodating migrant workers and their families. Benefit claimants also can have an impact on the housing stock, Rhyl in North Wales is an example of a place where housing stock is used for multiple occupation to the detriment of local amenities and with an adverse impact on local communities.

Higher concentrations of HMOs are often associated with highly transient populations, which in turn can result in little sense of belonging and an increased density of population which can be prone to fluctuation.

We urge the Government to consider HMOs as part of the bigger picture, that of sustainable communities, and it is recognised that this type of accommodation is in demand, but we consider that there should be a clearer regulatory regime for local planning authorities to deal with the adverse impacts of this kind of accommodation. Consideration should be given to local supply and demand for HMOs and the dependency on this type of accommodation, as well as consideration for alternative housing provision. It is important to recognise the impact the current economic climate is having on the housing market and housing supply and relate that back to HMO.

The RTPI supports joined up thinking and working in relation to HMOs, in line with a spatial planning approach. It is important that links are made between planning, environmental health, housing, licensing, management and building control functions.

A clearer, more consistent approach will not only be beneficial for local authority planning officers, but also for their colleagues in environmental health and housing departments, as well as landlords, developers and tenants. An ideal system will ensure that when a landlord is considering setting up an HMO, all relevant regulatory regimes use the same thresholds.

In relation to the options set out in the consultation document the **RTPI supports option 2**, but coupled with the clarification of definition for all parties. Because the important question that planning officers need to assess is if residents are living together or separately it is necessary to have a clear definition of a single family household, alongside a clearer single definition of a HMO.

Clarity needs to be given in the Use Classes Order and related definitions to ensure that distinctions can be drawn between HMOs that are intended to provide the flexible, affordable accommodation for students, single person households, etc usually associated with the term, and other uses such as care homes.

The RTPI would in principle support a "ratchet" mechanism that allowed for HMOs to revert to a single family dwelling without the need to apply for planning permission. Consideration would need to be given to circumstances such as where the HMO was purpose-built, and so reversion would not apply.

Option 1 would involve disseminating good practice and allowing local areas to find a solution for local problems, leaving planning legislation unchanged. Whilst this option appears to promote a better managed approach at local level, there are many authorities that are already effectively managing the situation, yet are still faced with issues and problems relating to HMO. However, the Government should avail itself of good practice in this managed approach which could form the basis of good practice guidance.

Option 3 is considered to be reactive rather than proactive. Particular concern is expressed regarding the lengthy process of serving an Article 4 Direction, as well as the complications of compensation. We also feel that there could be a significant impact on the affordable housing stock if the conversion of dwellings to HMOs were to be made permitted development.

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If you require any further assistance, please contact Rhian Brimble, RTPI Network Manager on 01443 229852 or email [rhian.brimble@rtpi.org.uk](mailto:rhian.brimble@rtpi.org.uk)

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Matt', followed by a long horizontal flourish.

Matt Thomson  
**Head of Policy & Practice**