

# Charnwood Borough Council Houses in Multiple Occupation Assessment

Final Report

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**RRR**Consultancy  
High Quality Social Research & Training



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## **The Authors**

*RRR Consultancy Ltd* was founded by Dr Alan Rust-Ryan and Dr Kate Rust-Ryan. They undertake research and consultancy in all areas of social policy from small-scale projects to long-term research studies.

The *RRR Consultancy* team has a proven successful track record in research and training relating to children, young people and adults, policy and practice, families and communities, housing, community development, hard to reach people and groups, education, multi-agency working, and service users and service provision.

*RRR Consultancy* also offer 'best practice' training courses to help ensure that public, voluntary and private organisations understand and successfully implement policies in areas such as domestic violence, children and families.



## Executive Summary

- ES1. Charnwood Borough Council is preparing a new Local Plan for the period to 2036, and as part of this is seeking to update its policies on Houses in Multiple Occupation (HMOs). It is recognised that HMOs help meet local housing needs and are an important part of the housing market. However, there are a number of areas in Loughborough that have a high concentration of HMOs and this has created a number of problems for communities. These problems can include anti-social behaviour, crime, poor maintenance of properties, car parking and highway safety issues, and an imbalance in the mix of the community which can leave community facilities under-resourced.
- ES2. In recognition of these issues the Secretary of State granted an Article 4 Direction for Loughborough to remove the normal permitted development rights that allow for a change of use from a family home to a HMO occupied by three or more unrelated people. The Direction means that planning permission is required for any change of use from a family dwelling in Loughborough to an HMO after 12<sup>th</sup> February 2012. This has enabled the Council to have greater control over the number of HMOs in Loughborough, particularly in areas where a proliferation of HMOs was considered to be damaging community cohesion.
- ES3. The policy context for HMOs in Charnwood is provided by Core Strategy Policy CS4 Houses in Multiple Occupation. The Council's Housing Supplementary Planning Document (SPD) (May 2017) provides further guidance on the Core Strategy policy and sets out a methodology (Policy HSPD11 Houses in Multiple Occupation) for assessing the concentration of HMOs as part of understanding the potential for cumulative impacts. The methodology identifies a 20% threshold above which no further HMOs will generally be granted planning permission and assesses the concentration of HMOs within 100m radius of the application site.

- ES4. In December 2018 the Council commissioned *RRR Consultancy Ltd* to undertake a study to understand and assess the impacts of HMOs on local communities in Charnwood, assess the positive and negative impacts HMOs have on a community, and review the effectiveness of the current policy approach to managing the proportion of HMOs. This includes analysis of quantitative evidence as well as the collection of qualitative evidence through site visits and stakeholder engagement with HMO providers, people who live in HMOs, local residents' associations and agencies.
- ES5. The methods used to undertake the research included a literature review, analysis of secondary data, survey of external agencies and stakeholders, interviews with selected key stakeholders, stakeholder events, and visits to areas in the Borough containing both high and low proportions of HMO properties. The range of different research methods were adopted to ensure that the opinions and views of key stakeholders were captured. They also ensured that the research objectives were met in a holistic and reliable manner.
- ES6. Whilst the revised National Policy Planning Framework (NPPF) (February 2019) does not explicitly mention Houses in Multiple Occupation (HMOs), it does state that the purpose of the planning system is to contribute to the achievement of sustainable development. Importantly, Local Government Circular 08/2010 'Changes to Planning Regulations for Dwellinghouses and Houses in Multiple Occupation' recognises that a high concentration of shared homes can sometimes cause problems, especially if too many properties in one area are let to short-term tenants with little stake in the local community. As such, local authorities are able to apply for an Article 4 Direction to remove permitted development rights for new HMOs in defined areas.
- ES7. There are two types of Houses in Multiple Occupation (HMOs) recognised by the planning system in the Town and Country Planning (Use Classes) Order 1987: small HMOs occupied by between 3 and 6 unrelated individuals who share basic amenities; and large HMOs with more than 6 people sharing,



unclassified by the Use Classes Order and described as being sui generis (of their own kind).

- ES8. The exclusion of student halls of residence from the definition of HMOs is emphasised by the Housing Act 2004 which states that any building managed or controlled by such an establishment and occupied solely or principally by its students will not be a house in multiple occupation (“HMO”) for the purposes of the Act. Whilst the purpose of the Act was to introduce licencing for some HMOs, it provides a useful distinction between HMOs and Halls of Residence. However, the distinction between purpose built student accommodation (PBSA) or any other purpose-built shared accommodation and HMOs is less certain. However, local authorities such as Swansea City Council have defined PBSAs which could usefully be adopted by Charnwood Borough Council.
- ES9. An examination of key literature identifies issues and problems associated with high concentrations of HMOs including increased crime, anti-social behaviour, increased stress on local services, and decreasing community cohesion. There is evidence that poor quality HMO accommodation can detrimentally impact on both physical and mental health. An important finding of the literature is that local communities become ‘unbalanced’ if more than 20% of the population reside in HMOs or more than 10% of properties are HMOs.
- ES10. Planning policies which set out a threshold for assessing the concentration of HMOs have been implemented by a number of other local authorities. The majority of the local authorities examined had implemented a lower threshold than the 20% within 100m radius implemented by Charnwood.
- ES11. Analysis of 55 planning applications received and processed by Charnwood Borough Council for HMOs since the adoption of the Core Strategy in 2015 and January 2019 suggests that the implementation of a 10% threshold, to respond to the evidence, would considerably decrease the proportion of planning applications being granted planning permission. This would suggest

that reducing the threshold in Charnwood could have an impact and help to reduce the concentration of HMOs in certain parts of the Borough.

ES12. In terms of the radius, modelling undertaken by Worcester City Council on differing radiuses and an analysis of a sample of the HMO applications in Charnwood was not conclusive in determining whether increasing or decreasing the radius would impact on the concentration of HMOs being approved. In general, reducing the radius increased the percentage of HMOs in the defined area and increasing the radius both increased and decreased the percentage of HMOs in the defined area. The type of built environment surrounding the proposed HMO may impact on the proportion of HMO properties within the 100m radius for example whether there is a road or park included in the radius area. Since changing the radius had varying results, this would suggest that keeping the radius at 100m in Charnwood would be appropriate but that other factors will need to be taken into consideration when assessing the radius such as whether roads or other physical features take up a large proportion of the area.

ES13. An assessment of planning appeal decisions for HMO planning applications which have been dismissed by Planning Inspectors indicates that the main reason in Charnwood for upholding a refusal is based on evidence that the proposals would be harmful to the residential character of the areas and living conditions of neighbouring residents in areas with an already high proportion of HMOs. An assessment of planning appeal decisions from areas such as Brighton, Manchester and Portsmouth show that Planning Inspectors have reached similar conclusions regarding dismissing appeals in areas in which the HMO proportion is already above the HMO policy threshold. However, the assessment has also shown that in some parts of the country Planning Inspectors in some cases have allowed planning appeals in areas where the proportion of HMOs is already above the Local Plan threshold on the basis that there is limited or no evidence of an increase in harm to the local community. This illustrates that the HMO policy threshold is only one material

consideration and that other factors are considered when decisions on HMO planning applications are made by Inspectors and planning officers.

ES14. An analysis of data provided by work undertaken by Loughborough University and Loughborough College (2018) 'A study of Housing in Multiple Occupation (HMO) in Charnwood' confirms that HMOs are concentrated around the Loughborough wards closest to Loughborough University and Loughborough College. Only 2 of Charnwood's 28 wards Loughborough Southfields and Loughborough Storer, contain more than a 20% concentration of HMOs. There are other 'pockets' of high concentrations of HMOs but just below 20% located in Ashby and Hastings Wards. The remaining wards have less than 10% (with most being under 3%). Similarly, of the 99 Charnwood Lower Super Output Areas (LSOA) levels only 6 contain over 10% HMOs (all located in Loughborough). However, there is evidence of non-student HMO market towards the east of Loughborough, and, to a lesser extent, in some outlying towns and villages. A large proportion of HMOs consist either of terraced dwellings, HMOs not further divided into self-contained flats or bedsits, or semi-detached dwellings.

ES15. There is a very strong correlation between the number of HMOs and number of recorded anti-social behaviour (ASB) incidents recorded by ward. A large proportion of ASB incidents occurred in wards which contain the highest proportion of HMOs i.e. around the Loughborough Southfields and Storer wards. Although the data records a wide range of different ASB incidents, the three most commonly recorded included noise, nuisance and rowdy behaviour. The ASB data recorded by the local authority only shows only a few ASB incidents committed by students, whilst data provided by Loughborough University suggests that a substantial number of complaints made by local residents regarding student behaviour were recorded by the university each academic year. Many of these took place in areas with high proportions of HMOs. In response, Loughborough University has implemented a wide range of policies attempting to deal with issues around student behaviour.

ES16. Although noise nuisance is an issue commonly associated with areas containing large proportions of HMOs, evidence suggests that there is only a weak correlation between the two factors. Data shows that most recorded noise incidents took place in single family houses, with only small proportions taking place in bedsits or HMOs. Although the statistical analysis suggests that there is a weak correlation between noise nuisance and HMOs, Loughborough University data suggests that there may be a stronger relationship. In response to public complaints regarding noise caused by students the university has implemented a wide range of policies including working alongside Leicestershire Police and Charnwood Borough Council to make direct contact with as many students as possible to provide them with key advice and information.

ES17. However, data shows that there is a very strong relationship between the number of HMOs and incidences of waste accumulation. The four highest number of incidents were recorded in the wards of Loughborough Southfields, Loughborough Storer, Loughborough Hastings, and Loughborough Lemyngton. Whilst analysis of secondary data regarding HMOs and issues such as anti-social behaviour, noise and waste may not be conclusive, it shows that such issues are more likely to occur in areas with high proportions of HMOs.

ES18. As part of this project extensive consultation was undertaken with local stakeholders using various methods including an online survey, telephone interviews, two stakeholder events, and a 'roundtable' discussion. Key stakeholders consulted including elected members, local businesses, landlords, local authority employees, representatives of resident/community groups, Leicestershire Police, and Loughborough University. The survey was administered between 28 January 2019 and 15 February 2019 and attracted 201 responses.

ES19. Stakeholders acknowledged the important role that HMOs play in accommodating mainly low-income households and students. Stakeholders also recognised that the local HMO market is evolving with some areas

becoming 'destudentified' and HMOs becoming occupied by professionals requiring flexible accommodation close to places of work. Whilst HMOs are perceived to be concentrated around Loughborough University, stakeholders are aware that there are small pockets of HMOs located throughout the Borough. HMOs are perceived to make an important contribution to local economies and can play an important role in providing young people with experience of running households. Also, they contribute towards the Borough's diversity by accommodating people from a wide range of differing backgrounds.

ES20. However, the extent to which stakeholders believe that high proportions of HMOs can negatively impact on local areas was clearly evident. For stakeholders, there is a clear association between HMOs and higher levels of anti-social behaviour, noise nuisance, and issues regarding waste disposal and parking. Lifestyle differences between HMO occupants (especially students) and neighbours such as issues caused by parties or people transiting to and from HMOs late at night were perceived to be key issues.

ES21. Increased litter and issues with waste disposal were also regarded by stakeholders as being associated with areas containing high proportions of HMOs. According to stakeholders, such areas are more likely to be littered by items such as fast food containers, plastic bags, and bottles. Litter may accumulate not only down streets with high proportions of HMOs, but also in front and rear gardens, and down adjacent alleys and side streets. Another key problem cited by stakeholders was parking. Large numbers of people residing in HMOs with access to cars can mean that parking can become an issue for local residents. Parking may take place in inappropriate places such as on pavements, verges, and gardens causing health and safety issues as well as impacting on the character of a local area.

ES22. Too high a concentration of HMOs is perceived by many stakeholders as 'unbalancing' local communities leading to too few family homes. It was suggested that high proportions of HMOs lead to a lack of affordable housing. Landlords purchasing houses for use as HMOs means that there are fewer

affordable properties available for families. The larger number of people residing in HMOs is perceived by stakeholders as placing greater pressure on local services such as schools and health centres. Conversely, stakeholders cited an example of a local primary school in an area with a high proportion of HMOs which closed due to a reduction in the number of families. Stakeholders also associate high proportions of HMOs with increased crime. This view is validated by the local police who stated that although HMO occupants are no more likely to commit crime, HMOs are frequently regarded by opportunistic thieves as places with poor security containing items such as laptops and ipads which can quickly be sold.

ES23. Stakeholder responses to Charnwood Borough Council's current 20% within 100m radius threshold was mixed. It was appreciated by some that such a policy enables transparency in decision-making regarding HMO planning applications. Planning decisions made on the basis of the threshold policy have been upheld at appeals. Generally, stakeholder attitudes towards the threshold policy were more negative. Most survey respondents who commented on the 20% threshold stated that it is too high and ineffective in areas where there are already high proportions of HMOs. Stakeholders also suggested that there may be a need to revise the 100m radius or develop alternative methods such as considering the number of existing HMOs on a street by street basis. Also, it was suggested that the threshold policy needs to be better implemented. Very few stakeholders suggested that the threshold should be higher, and this was mainly to allow the development of HMOs in areas which already have very high concentrations above the 20% threshold.

ES24. Stakeholders suggested a wide range of policy responses to issues around HMOs including more purpose-built student accommodation; better communication between the Council and University; the implementation of additional or selective licensing; more punitive attitude towards poor landlords; more affordable housing to help reduce demand for HMOs; amendments to the current threshold and radius; maintaining accurate and up-to-date information on HMOs and more consultation with local residents regarding HMOs.

ES25. Following consideration of the evidence discussed in this report one option could be to maintain the current 20% threshold and 100m radius. This policy is already understood by all stakeholders and regarded by some as an effective and transparent means of deciding the outcomes of planning applications for HMOs in Loughborough. However, following consideration of all the evidence and discussions with key stakeholders it is recommended that the Council's HMO policy threshold is updated to reflect the need to support the well-being, character and amenity of the local community.

ES26. It is recommended that the 20% threshold is reduced to 10%. As discussed in Chapter 5, there are 3 main reasons why it would be advantageous to adopt a 10% threshold: first, the literature indicates that local communities become 'unbalanced' if more than 10% of properties are HMOs; second, the majority of local authorities assessed have adopted a 10% threshold; and third, most local stakeholders consider that a 10% threshold would be more appropriate.

ES27. It is recommended that the radius remains at 100 metres. Both increasing and decreasing the radius had varying results, therefore maintaining the same radius would seem appropriate for Loughborough. There is evidence that natural (e.g. rivers) and built environment features (e.g. roads) may impact on the number and type of properties within the radius. On average there were 92 residential properties within 100m of the 55 HMO planning application properties. Also, more than half (54%) of all application properties had 80 or more properties within the 100m radius. As such, it is recommended that where the number of residential properties is fewer than 80 the radius is expanded until it covers at least 80 properties. This would ensure that there was an average number of properties considered for each application.

ES28. It is recommended that population density is considered in determining planning applications. This would determine the likely number of people residing in existing and proposed HMOs rather than just the number of HMOs themselves. Having a better understanding of the number of occupants would help to give a better idea about the scale of the likely impacts of a HMO

although there are practical limitations to this approach and it could be difficult to estimate the number of people residing in HMOs. This could be done using existing data such as Council Tax data and planning applications. However, as there would be a certain level of estimating the number of occupants, this method might not provide a consistent approach and could also be resource intensive. An alternative approach could be to consider the number of large HMOs in the radius to provide a picture of the scale of density in that particular radius.

ES29. Whilst the HMO policy threshold is an important factor in determining whether a HMO application should be approved, it is only one material consideration and other factors will also need to be assessed for example, impact on local amenity, car parking and noise and disturbance. It is recommended that the Council continues to take account of all material considerations when determining HMO applications.

ES30. It is recommended that planning permission for HMOs is not granted where it would lead to a non-HMO property being 'sandwiched' between two HMOs. Similar to other local authorities such as Portsmouth City Council who have adopted a 'non-sandwich' policy this would minimise the negative impact of HMOs on individual properties.

ES31. It is recommended that the HMO policy threshold policy continues to apply only to Loughborough. This is because most wards outside of Loughborough have only small proportions of HMOs – usually under 3%. However, the local authority should continue to review the proportion of HMOs on a ward or LSOA basis to help determine if and when the policy should be applied to areas outside of Loughborough.

ES32. It is recommended that the Council adopts the following definition of purpose built student accommodation (PBSA):

“...predominantly larger-scale residential accommodation specifically for occupation by students. This may include new



build development or the conversion of existing premises (e.g. large office blocks). It includes accommodation developed by Universities and also by the private sector”.

ES33. The literature review highlighted that the Council had granted planning permission for a small number of extensions to HMOs. The extension of existing HMOs was raised as an issue during the stakeholder consultations as having a negative impact on the local community. This was because of an intensification of uses which would increase problems such as noise, litter and parking. It is recommended that the Council makes a clear reference in the new Local Plan HMO policy on how it will approach decisions on planning applications for extensions to existing HMOs.



## 1. Background

- 1.1. Charnwood Borough Council is preparing a new Local Plan for the period to 2036, and as part of this is seeking to review its policies on Houses in Multiple Occupation (HMOs) within the Borough. It is recognised that HMOs help meet local housing needs and are an important part of the housing market. However, there are a number of areas in Loughborough that have a high concentration of HMOs and this has created a number of problems for local communities. These problems can include anti-social behaviour, crime, poor maintenance of properties, car parking and highway safety issues, and an imbalance in the mix of the community which can leave community facilities under-resourced.
- 1.2. In recognition of these issues the Secretary of State granted an Article 4 Direction for Loughborough in 2011 which was implemented in February 2012. The Direction requires that planning permission is sought for all new HMOs in the town occupied by 3 or more unrelated people which has enabled greater control, particularly in areas where a proliferation of HMOs was considered to be damaging community cohesion.
- 1.3. The Local Plan Core Strategy includes a policy specifically on HMOs – Policy CS4. The policy seeks to enable development of HMOs where the social and physical character of the area would not be detrimentally damaged. The Council's Housing Supplementary Planning Document (May 2017) sets out a methodology (Policy HSPD11) for managing the concentration of HMOs as part of understanding the potential for cumulative impacts. The methodology identifies a 20% threshold above which no further HMOs will generally be granted permission, measured within 100m radius of the application site. The threshold assessment of concentration is an important factor in determining planning applications. However, it is only one material consideration and a number of other matters also need to be considered including the impact on character and amenity of the area and safe operation of the highway.
- 1.4. The determination of applications against Policy CS4 of the Core Strategy requires robust evidence. A database of HMOs in the Borough has been

developed by Loughborough University in partnership with the Borough Council and Loughborough College, which provides an insight into the HMO market in Charnwood and provides evidence of the numbers, type and location of HMOs in the Borough.

1.5. In December 2018 the Council commissioned *RRR Consultancy Ltd* to undertake a study to understand and assess the impacts of HMOs on local communities in Charnwood and to review the effectiveness of the current policy approach to managing the proportion of HMOs. This includes analysis of quantitative evidence as well as the collection of qualitative evidence through site visits and stakeholder engagement with HMO providers, those who live in HMOs, local resident associations and agencies.

1.6. The scope of the assessment includes the following:

- What are the impacts on a community of a high concentration of HMOs and how should these be measured?
- Does the current 20% threshold meet the aims of Core Strategy Policy CS4 to support the well-being, character and amenity of our communities by managing the proportion of houses in multiple occupation?
- Does the current radius meet the aims of Core Strategy Policy CS4 to support the well-being, character and amenity of our communities by managing the proportion of houses in multiple occupation?
- How should the policy approach take account of the different types and sizes of HMOs in an area?
- What are the definitions of Purpose-Built Student Accommodation, Halls of Residence and Houses in Multiple Occupation?

1.7. The methods used to undertake the research included a literature review, analysis of secondary data, survey of external agencies and stakeholders, interviews with selected key stakeholders, stakeholder events, and visits to areas in the Borough containing both high and low proportions of HMO

properties. The range of different research methods were adopted to ensure that the opinions and views of all stakeholders were captured. They also ensured that the research objectives were met in a holistic and reliable manner. The results of the research are set out and discussed below.

## 2. Literature review

### *Introduction*

- 2.1. The following draws on a wide range of publications to discuss the impact of national policies regarding HMOs, local planning policies, policies relating to HMO policy thresholds, the types of people who may reside in HMOs, and issues caused by high concentrations of HMOs and possible policy responses.

### *National planning policy*

- 2.2. Whilst the revised National Policy Planning Framework (NPPF) (July 2018) does not explicitly mention Houses in Multiple Occupation (HMOs), it does state that the purpose of the planning system is to contribute to the achievement of sustainable development. It cites three overarching, interdependent objectives, which need to be pursued in mutually supportive ways:

- a) an economic objective – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;
- b) a social objective – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being; and
- c) an environmental objective – to contribute to protecting and enhancing our natural, built and historic environment; including making effective use of land, helping to improve biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.

(NPPF 2018 p.5)

*Defining HMOs, purpose-built student accommodation and halls of residence  
HMOs*

2.3. There are two types of Houses in Multiple Occupation (HMOs) recognised by the planning system in the Town and Country Planning (Use Classes) Order 1987:

- Small HMO: small shared houses or flats occupied by between 3 and 6 unrelated individuals who share basic amenities, classified as C4 Houses in Multiple Occupation in the Use Classes Order.
- Large HMO: those with more than 6 people sharing, unclassified by the Use Classes Order and described as being sui generis (of their own kind).

2.4. Importantly, Local Government Circular 08/2010 recognises that a high concentration of shared homes can sometimes cause problems, especially if too many properties in one area are let to short-term tenants with little stake in the local community<sup>1</sup>. As such, local authorities are able to apply for an Article 4 direction to remove permitted development rights for new HMOs in defined areas.

*Halls of Residence*

2.5. There is no national planning definition of Halls of Residence. The exclusion of student halls of residence from the definition of HMOs is however emphasised by the Housing Act 2016 in relation to licencing HMOs. It states that any building managed or controlled by such an establishment and occupied solely or principally by its students will not be a house in multiple occupation (“HMO”) for the purposes of the Act. This is because Schedule 14 to the Act excludes certain types of buildings from the definition of an HMO. One such type is a building occupied solely or principally by full-time students undertaking a course

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<sup>1</sup> Changes to Planning Regulations for Dwellinghouses and Houses in Multiple Occupation, Communities and Local Government Circular 08/2010)

of higher or further education at a specified educational establishment or educational establishment of a specified description, where the person managing or having control of the building is the educational establishment in question. Whilst this distinction was defined for the purpose of the Act which was to introduce licencing of HMOs, it also provides a useful distinction for planning purposes.

- 2.6. One reason student halls of residence are excluded from the HMO legislation is that it is assumed the management of such properties will be guided by the Universities UK 'Code of Conduct'<sup>2</sup> regarding student accommodation. This covers issues such as the landlord and tenant relationship, repair and maintenance management health and safety standards and procedures, and security. One key issue noted by the HESA 'Code of Conduct' is that higher education establishments must demonstrate procedures to minimise and, deal with, any anti-social behaviour by tenants or their visitors. Given that halls of residences are managed by higher education establishments, are occupied wholly by students, and adhere to the HESA 'Code of Practice' it is clear that they substantially differ from private sector HMOs.

#### *Purpose built student accommodation (PBSA)*

- 2.7. Over recent years there has been increasing investment in PBSA as an alternative to student HMOs. PBSA schemes may provide more modern facilities and are usually situated closer to university campuses compared to more traditional HMOs. There is also no national planning definition of purpose-built student accommodation. Also, in planning terms Loughborough University does not apply a specific definition of PBSA. However, a useful definition of PBSA could be "housing specifically built for university students by private developers". It may also be useful to consider the definition adopted by Swansea City Council which defines PBSAs as:

“...predominantly larger-scale residential accommodation specifically for occupation by students. This may include new build development

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<sup>2</sup> Universities UK/Guild HE Code of Practice for the Management of Student Housing (Revised August 2010 v18)



or the conversion of existing premises (e.g. large office blocks). It includes accommodation developed by Universities and also by the private sector". (Swansea City Council, July 2017)

### *HMOs in Charnwood*

2.8. In December 2018 Charnwood Borough Council published work undertaken by Professor Darren Smith and Dr Andreas Culora of Loughborough University regarding HMOs within the Borough. Key aims of the project included creating a comprehensive and updateable database identifying HMOs in the Borough including where student HMOs are located, an understanding of the occupancy levels of HMOs and purpose-built student properties, and an assessment of student housing policies. The work led to the development of a 'Houses in Multiple Occupation Geography Database' (HiMOG database) which recorded 2,509 HMOs in Charnwood of which 1,653 were previously unrecorded. The work concluded that there are two distinct dimensions to the local HMO market. The student HMO market is increasingly 'wrapped' around the north, east and south edges of the campus of Loughborough University, and to a lesser extent, Loughborough College. The non-student HMO market is most marked in the wards of east Loughborough, and to a lesser extent, in some outlying towns and villages.

### *Local planning policies*

2.9. Charnwood Borough Council's Local Plan Core Strategy 2011-2028<sup>3</sup> recognises the significant economic, social, and cultural contribution that the University of Loughborough and its students make to the Borough. However, it also acknowledges the negative impact of over-concentrations of HMOs in areas with large student populations can have on community facilities, the character and appearance of the area, as well as disturbances and parking problems

2.10. In response, Policy CS4 of the Council's Local Plan Core Strategy 2011-2028 states:

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<sup>3</sup> Charnwood Borough Council Local Plan Core Strategy 2011-2028 adopted November 2015.

“We will support the well-being, character and amenity of our communities by managing the proportion of houses in multiple occupation. We will do this by preventing houses in multiple occupation that, either in themselves, or cumulatively with other houses in multiple occupation:

- damage the social and physical character and amenity of a street or residential area; or
- generate noise and disturbance which is detrimental to the amenity of the street or residential area; or
- generate a demand for on-street car parking that would prejudice the safe operation of the highway, or cause detriment to amenity.

We will also prepare further policy and guidance in our Site Allocations and Development Management Development Plan Document and Supplementary Planning Document on Houses in Multiple Occupation”. (Local Plan Core Strategy 2011-2028 p.41)

2.11. The Borough of Charnwood Local Plan (2004) also has a saved policy on Student Halls of Residence, Policy H/12. Policy HSPD 16 Campus and Purpose-Built Student Accommodation of Charnwood Borough Council’s *Housing Supplementary Planning Document* (May 2017) provides additional guidance on this policy and states that:

In accordance with the Borough of Charnwood Local Plan Policy H/12 additional student housing provision within the campus and in locations with good accessibility by cycle, public transport or on foot to the university and college campuses will be encouraged in principle.

In assessing applications for campus student accommodation we will take into account the University’s existing sustainable transport plan which is reviewed with Leicestershire County Council on a regular

basis.

### *Article 4 Direction*

2.12. Charnwood Borough Council was granted an Article 4 Direction in 2011 for Loughborough by the Secretary of State which was implemented in February 2012. The Article 4 Direction removes permitted development rights which would normally allow a change of use from a family home to a HMO. The Housing Supplementary Planning Document (May 2017) explains that planning permission regarding HMOs in the Borough is required when:

- converting a dwellinghouse (C3) to a large HMO (sui generis);
- converting a dwellinghouse (C3) to a HMO (C4) in Loughborough;
- converting a HMO (C4) to a large HMO (sui generis);
- converting a non-residential building to a HMO (C4);
- converting a non-residential building to a large HMO (sui generis); and
- converting a large HMO (sui generis) to a single dwellinghouse.

2.13. Planning permission is not required where:

- an owner of a property is living with no more than two lodgers;
- no more than six residents are living together as a single household and receiving care; and
- a HMO (C4) is changed into a dwellinghouse (C3).

(Charnwood Housing Supplementary Planning Document, May 2017 p.20)

2.14. The Housing Supplementary Planning Document sets a threshold of 20% within a 100m radius above which no further HMO will generally be granted permission. Stakeholders consulted as part of this study (see Chapter 4) suggested that the implementation of a threshold has helped clarify the decision-making processes regarding HMO planning applications in Loughborough. However, it is important to note that the threshold method forms only part of the decision-making process i.e. it is of material consideration but

not the only factor which determines a planning application decision by the local authority.

2.15. Policy HSPD 11 of the Charnwood Borough Council 'Housing Supplementary Planning Document' (May 2017) outlines the methodology by which the current concentration of HMOs is determined:

- the 100m radius will be measured from the centre of the proposed HMO for which the application applies;
- the number of Houses in Multiple Occupation will be measured as a proportion of the total number of residential properties within the radius;
- each dwellinghouse within the radius will be counted as a single property, regardless of number of bedrooms;
- each House in Multiple Occupation will be counted as a single property, regardless of the number of bedrooms;
- a property will be included in the calculation where the centre of the property falls within the radius;
- halls of Residence and purpose built student accommodation will not be included within the calculations; and
- any Halls of Residence and purpose built student accommodation falling within the radius will be recorded and the impacts considered as part of the decision making process.

(Charnwood Housing Supplementary Planning Document, May 2017 p.21)

2.16. The threshold method has been adopted by a number of local authorities in England as a means of determining whether planning permission for new or adapted HMOs should be granted by planning authorities. In 2012, in order to determine its own HMO policy threshold, Southampton City Council examined the HMO policy thresholds implemented by 15 local authorities (determined by those whom had already implemented thresholds rather than any other factor such as locality or population). As part of this evaluation the 15 local authorities contained in the original 2012 study were contacted by email – they were asked to confirm the current local HMO policy thresholds and radius (if applicable);

and state how such thresholds were determined by the local authority. HMO policy thresholds were then determined for an additional 26 local authorities by examining the most recent planning policies – a total of 41 cases (including Charnwood).

2.17. Table 2.1 summarises the comparisons between the 41 local authority HMO policy thresholds. It shows that of the 41 local authorities whom had Article 4 Directions, 15 (37%) had lower thresholds compared to Charnwood, 14 (34%) had set no thresholds, 9 (22%) had the same 20% threshold as Charnwood, and 3 local authorities (7%) had higher thresholds compared to Charnwood (Hull, Nottingham and Reading). However, Nottingham City Council is considering reducing its threshold from 25% to 10%. The extent to which radiuses were applied to the HMO policy thresholds also varied considerably from 40m (Manchester, Southampton, Trafford and Welwyn & Hatfield) to 200m (Sheffield). However, 14 local authority areas with Article 4 Directions did not implement thresholds or radiuses. In these areas all planning applications for new or converted HMOs are considered individually. Whilst most local authorities adopt a radius system based on distance in meters from the proposed HMO, some adopt alternative methods. For example, in Hull the proportion of HMOs is determined by examining the number of HMOs along specific streets, whilst Nottingham determines the proportion of HMOs in contiguous output areas.

Table 2.1 Comparison of HMO policy thresholds		
	No.	%
Lower	15	37%
No threshold	14	34%
Same	9	22%
Higher	3	7%
Total	41	100%

Source: Charnwood Borough Council HMO Study 2019

2.18. Most of the 15 local authorities surveyed as part of this evaluation stated that the decision to apply specific thresholds and radiuses was based on local evidence such as using council tax and planning records to determine the proportion of HMOs in local areas, examining the relationship between the

proportion of HMOs and issues such as noise nuisance and anti-social behaviour, and stakeholder consultation. However, two local authorities (Birmingham and Portsmouth) cited work undertaken by the National HMO Lobby (2008) on the 'studentification' of local areas which influenced HMO policy threshold levels. An important finding of the report was that local communities become 'unbalanced' if more than 20% of the population reside in HMOs or more than 10% of properties are HMOs. This is one reason why many local authorities adopt a 10% threshold.

2.19. Interestingly, Worcester City Council examined the impact that applying differing radiuses would have on planning applications for HMOs<sup>4</sup>. Its current policy is to limit planning approval for HMOs in areas with 10% HMOs within a radius of 100m. The council considered the impact of applying radiuses of 75m and 125m to 11 planning applications for HMOs made between July 2014 and August 2015. It found that the application of a 75m radius would have increased the percentage of HMOs found within the 11 applications, and would have resulted in 2 fewer proposals passing the threshold criteria. Alternatively, the application of a 125m radius would have decreased the percentage of HMOs in 7 of the 11 applications, and increased the percentage in 4 of the applications.

2.20. Worcester City Council concluded that a smaller radius increases the percentage of HMOs found within the defined area, and therefore increases the possibility that an application will not pass these criteria and will not gain planning permission. However, it also determined that a larger radius has a less conclusive effect, as whilst it increases the number of residential properties, it both increased and decreased the percentage of HMOs found within it, depending on the extent of how many more HMOs were captured within an area. However, considering that HMOs constitute an important source of affordable accommodation the Council decided to maintain the 100m radius.

2.21. A key issue considered by local authorities and noted by local stakeholders

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<sup>4</sup> Worcester City Council, Review of the Article 4 Direction and the Houses in Multiple Occupation Supplementary Planning Document, 10th August 2015.

(see Chapter 4) is 'sandwiching'. This occurs when planning permission for HMOs is granted to properties adjacent to both sides of a non-HMO property. This means that negative issues related to HMOs such as noise nuisance may become exacerbated for occupants of the non-HMO property. In response, some local authorities such as Portsmouth City Council recently decided that developers would be banned from building three or more HMOs in a row or 'sandwiching' residential homes by putting an HMO on either side.

### *Charnwood HMO planning applications*

- 2.22. Between the adoption of the Core Strategy in 2015 and January 2019 there were 55 planning applications for new or conversion to HMO properties of which 36 (65%) were granted planning permission (either initially or on appeal), and 14 (25%) were refused planning permission (initially and dismissed on appeal). A small number of planning applications were either withdrawn (5%) or constituted pre-application advice (4%).
- 2.23. As stated above, Charnwood Borough Council's Housing Supplementary Planning Document sets a threshold of 20% HMOs within a 100m radius above which no further HMO will generally be granted permission. Table 2.3 shows the proportion of HMOs within 100m of the 55 planning application properties. Over two fifths (42%) of planning applications had up to 10% of HMO properties within 100m, over a quarter (27%) had between 10% and 20%, and almost a third (31%) over 20%. The average proportion of HMOs within 100m of the planning application property was 19.9%. 7 of the 55 proposals were located in areas which had proportions of HMO properties within 100m of 3% or below, whilst 10 proposals were located in areas which had proportions of 50% or more within 100m.
- 2.24. Excluding the planning applications which were withdrawn (3 applications) or constituted pre-application advice (2 applications) means that 50 of the 55 planning applications were either granted or refused either on initial application or after appeal. Table 2.4 shows that applying the current 20% threshold at 100m led to 36 (72%) of 50 planning applications being granted planning

permission. Table 2.5 shows that considering a scenario in which a 10% threshold within 100m was strictly applied would lead to planning permission being granted to only 19 (38%) of planning applications being granted and 31 (62%) being refused.

2.25. As discussed above, Worcester City Council considered the impact of applying differing radiuses on proportions of HMOs. It is possible to undertake a similar exercise in relation to the Charnwood planning applications. Table 2.6 considers the impact of applying 75m and 125m radiuses to a sample of 5 planning applications for HMO properties which were granted planning permission between 2016 and 2018 in Charnwood. It shows that the impact of varying radiuses on the proportion of existing HMO properties within the radius is inconsistent. Applying a 75m radius leads to an increase in the proportion of HMOs within the radius in 3 instances, and a decline in 2. Applying a 125m radius leads to an increase in the proportion of HMOs within the radius in 1 instance, and a decline in 4. So, applying a smaller radius of 75m compared to the current 100m radius is slightly more likely to lead to a higher proportion of HMOs under the 20% threshold, whilst applying a larger radius of 125m compared to the current 100m radius is more likely to lead to a smaller proportion of HMOs under the 20% threshold. On average, the proportion of HMOs within the 100m radius is 23.7% compared to 26.1% applying a 75m radius and 23.3% applying a 125m radius.

2.26. It is also important to note that the type of built environment surrounding the proposed property may impact on the proportion of HMO properties within the 100m radius. On average, there were 92 residential properties within 100m of the application property. Two of the 5 sample planning applications were located on the same street around 420m apart. However, one property was located adjacent to a dual carriageway. Subsequently, the number of residential properties (including HMOs) within 100m of the property adjacent to the dual-carriageway (42 properties) was significantly smaller compared to the second application property on the same street (81 properties). It is likely that both natural features e.g. rivers, open-spaces and built features e.g. business parks, shopping malls – will produce a similar effect.



Table 2.2 HMO planning applications 2015-2019		
	No.	%
Granted	36	65%
Refused	14	25%
Withdrawn	3	6%
Pre-application advice	2	4%
Total	55	100%

Source: Charnwood Borough Council 2019

Table 2.3 HMO percentages for planning applications 2015-2019		
	No.	%
0-10%	23	42%
10-20%	15	27%
20% or over	17	31%
Total	55	100%

Source: Charnwood Borough Council 2019

Table 2.4 Actual planning application decisions at 20% threshold		
	No.	%
Granted	36	72%
Refused	14	28%
Total	50	100%

Source: Charnwood Borough Council 2019

Table 2.5 Likely planning application decisions at 10% threshold		
	No.	%
Granted	19	38%
Refused	31	62%
Total	50	100%

Source: Charnwood Borough Council 2019

Table 2.6 Impact of differing radiuses on proportions of HMOs			
	100m	75m	125m
HMO Planning Application 1	22.2%	12.9%	21.7%
HMO Planning Application 2	14.6%	22.7%	12.2%
HMO Planning Application 3	53.5%	68.5%	50.8%
HMO Planning Application 4	11.7%	12.8%	10.5%
HMO Planning Application 5	16.7%	13.6%	21.4%
Average	23.7%	26.1%	23.3%

Source: Charnwood Borough Council 2019

2.27. Importantly, the 20% threshold within 100m approach is only one factor which

may determine whether planning permission for new or converted HMOs are granted or not. Between 2015 and 2019 Charnwood Borough Council granted planning permission for HMOs in areas which exceeded 20% within 100m: two applications involved granting planning permission for extending existing HMOs which did not involve an increase in the number of residents; and a third which was a retrospective application. In contrast, between 2015 and 2017, 3 planning appeals against initial refusals for HMOs in Charnwood in areas with proportions above the 20% threshold were dismissed by Planning Inspectors. The main reasons for dismissing the appeals in all 3 cases were that the Planning Inspectors acknowledged that the proposals would be harmful to the residential character of the areas and living conditions of neighbouring residents, having regard to the concentration of HMOs in the streets and localities. Examination of planning appeal documents from areas such as Brighton, Manchester and Portsmouth show that Planning Inspectors have reached similar conclusions regarding dismissing appeals in areas in which the HMO proportion is already above the HMO policy threshold.

2.28. However, it is also useful to consider Planning Inspector decisions regarding planning applications for HMO properties in areas across the country which already contain proportions of HMOs above planning policy threshold levels. In all cases the planning applications were initially refused planning permission but granted on appeal. In 2017, 4 planning appeals against refusal by Swansea City Council to grant planning permission for HMO properties were successful<sup>5</sup>. In one instance the appellant property was located in an area which already contained 53% HMOs and in another 40%. This compares with the adopted HMO policy thresholds of 25% within 50m in a 'HMO Management' area (those areas which already contain high proportions of HMOs), and 10% within 50m outside it. In allowing the appeals the Planning Inspectors found little evidence to support assertions that the addition of a further HMO would harm the character or amenity of the areas concerned. They noted the high percentage of HMOs prevalent in the respective streets and areas in general but made it clear that without evidence of harm the Local Planning Authority is not able to

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<sup>5</sup> Swansea City Council, Report of the Head of Planning and City Regeneration Planning Committee, 6 June 2017.

sustain a refusal of such applications.

2.29. Similarly, in 2017 Planning Inspectors allowed appeals in relation to 5 HMO properties located in Portsmouth in areas with HMO proportions already above the City Council's 10% threshold. The main reasons for allowing the appeals were that the addition of bedrooms to existing HMOs and/or change from a small HMO to a large HMO was unlikely to materially impact on the local community<sup>6</sup>. Similarly, Bournemouth Borough Council implemented a Borough-wide 10% HMO policy threshold policy. In 2018 the council refused planning permission for a change of use for a Use Class C3 dwellinghouse to a 6-bedroom HMO (Use Class C4) in the Winton East Ward of the town. However, the Planning Inspector allowed an appeal even though this would lead to a breach of the 10% threshold on the basis that there was little substantive evidence that it would adversely impact on the character or appearance of the area or would be exacerbated by allowing the change of use<sup>7</sup>. Given the above, it is apparent that local plan HMO policy thresholds are only one material consideration for the Planning Inspector to consider in determining whether to allow or dismiss an appeal.

### *People residing in HMOs*

2.30. Work undertaken on behalf of the Department for Local Government and Communities (DCLG) (2008) suggested that the majority of people occupying HMOs tend to be young and single forming households and tend to be transient, only living in the premises for a short time. They tend to be low-income households, mainly because they are economically inactive, full-time students or working in low-paid jobs. In the case of London, where property prices and rents are particularly high, HMOs provide an accommodation source for young professionals. In some cases, HMOs are the only alternative for otherwise homeless households.

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<sup>6</sup> Portsmouth City Council, *Appeal decisions relating to change of use applications from C4 HMO to Sui Generis HMO*, no date.

<sup>7</sup> The Planning Inspectorate, Appeal Decision: APP/G1250/W/17/3190653 dated 20 June 2018.

2.31. A minority of people select HMOs as a preferred choice for a variety of personal or lifestyle reasons, such as weekday accommodation but return to another home at weekends. Shared accommodation may also be attractive to young professionals not only due to house prices but also the desirability of higher levels of disposable income due to residing in lower cost shared housing<sup>8</sup>. Research undertaken by Liverpool City Council (2015) identifies the types of people who may occupy HMOs and reasons for occupation:

Table 2.7: Who Lives in HMOs and Why	
<i>Who lives in HMOs</i>	<i>The reasons why</i>
<ul style="list-style-type: none"> <li>• Students (including further education, undergraduates, postgraduates, overseas, language school)</li> <li>• Unemployed – single and couples</li> <li>• Those moving to the area for work, seasonal or transient/contract workers</li> <li>• Residents in hostels / refuges</li> <li>• People with special social needs – with live in carers or social workers</li> <li>• Migrant workers</li> <li>• Older house sharers who cannot afford to buy or rent separately</li> <li>• Lodgers</li> <li>• People on bail / domestic abuse / refugees</li> <li>• Newly homeless / people being rehabilitated into the community</li> <li>• Local Housing Allowance (Housing Benefit) claimants under the age of 35</li> <li>• Live-in staff for example hotel workers</li> <li>• Trainee and recent qualified medical staff</li> <li>• Young professionals and recent graduates</li> <li>• Young non-professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Affordability (low cost)</li> <li>• Personal development / right of passage</li> <li>• Short term contracts / flexibility / work</li> <li>• Locality / convenience</li> <li>• Lack of university accommodation</li> <li>• Cultural / peer support</li> <li>• Isolation / not wanting to live alone</li> <li>• Good transport links / travel costs</li> <li>• Only option – no longer welcome at home</li> <li>• Provided by employer to allow immediate start on job</li> <li>• Housed in HMOs as a step back into the community or to receive support</li> <li>• Work commitments – live in HMO during week and at home during weekend</li> </ul>

*Source: Liverpool City Council 2015*

2.32. In low-income areas HMOs are often utilised by people who find it difficult to access self-contained housing in the private rental sector, as well as by those waiting for (or excluded from), social housing. By contrast, in areas of high

<sup>8</sup> *ibid*

housing cost, for example, city centre locations, HMOs are often utilised by young professionals or students. In many seaside towns the transition of former bed and breakfast tourist accommodation into HMO accommodation is symptomatic of the decline of the traditional UK seaside resort. Provision of cheap accommodation in the private rented sector has acted as a draw for state benefit claimants, migrant workers and others seeking low-cost housing<sup>9</sup>.

2.33. A survey undertaken by *Spareroom.co.uk* of 10,000 tenants in shared accommodation showed that more than 70% were aged under 30 years, while more than half were not in a relationship<sup>10</sup>. When asked why they share accommodation 57% of the 10,000 respondents stated for financial reasons, 37% for both financial and social reasons, 3% for social reasons alone, and 3% for other reasons<sup>11</sup>.

2.34. One reason that low-income households are more likely to reside in HMOs is the decreasing affordability of alternative housing options. The findings from the English Housing Survey 2013-14 confirmed that affordability of housing is becoming an increasingly important issue. Private renters had the highest weekly housing costs, paying on average £176 per week in rent. Mortgagors paid an average of £153 per week in mortgage payments, while mean weekly rents in the social housing sector were £98 for housing association renters and £89 for Local Authority renters. Rent payments took up a larger proportion of household income for all renters than did mortgage payment for mortgagors. On average, those buying their home with a mortgage spent 19% of their income on mortgage payments whereas rent payments were 31% of income for social renters and 43% of income for private renters. Excluding housing benefit, the average proportion of income spent on rent was 42% for social renters and 52% for private renters.

2.35. Evidence provided by the Retail Price Index (RPI) indicates that both housing

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<sup>9</sup> Barratt, Caroline, Green, Gillian and Speed, Ewen (2015), Caroline Barratt Gillian Green Ewen Speed, (2015), "Mental health and houses in multiple occupation", *Journal of Public Mental Health*, Vol. 14 Issue 2 pp. 107 – 117.

<sup>10</sup> BuyAssociation, *HMO property market evolving according to new report*, 16 September 2016 located at: <https://www.buyassociation.co.uk/2016/09/16/hmo-property-market-evolving-according-new-report/>

<sup>11</sup> *Ibid*

costs and rents have increased over recent years. Based on a standardised index which measures the relative cost of goods and services, the 2016 RPI (2016) indicated that between 2001 and 2015 the index for housing costs increased from 200 to 263 points (an increase of 31%), whilst rents increased from 47 to 84 points (an increase of 56%). Figures from Sparerroom.co.uk show only 31% of UK adults living in shared accommodation could afford to rent on their own if they wanted, while only 12% could afford to buy a property.

2.36. In comparison with all households, those living in the private rented sector are typically much younger, with those under 35 accounting for over half of private tenants, despite this age group comprising one fifth of the population. The vast majority of growth in the sector over the last decade has come from the younger three age groups, with 35% coming from 25-34 year olds and around a quarter coming from each the 16-24 and 35-44-year-old groups. The Sparerroom.co.uk survey showed that 72% of respondents were aged 29 years or under, and 20% between 30 and 39 years. More than half (54%) of all survey respondents described themselves as single, with around a third (30%) describing themselves as in a relationship but not living together, and only 10% in a relationship and living together, 3% married, and 3% divorced or separated<sup>12</sup>.

2.37. Households in the private rented sector are also highly mobile, with over half of all households having moved in the last two years. There are two ways of viewing this high level of mobility in the sector: flexibility and insecurity. For many households, particularly younger households, the flexibility of the private rented sector is a desirable quality, allowing people to move for work, for example. However, a significant minority of tenancies, end against the wishes of the tenant. In more extreme cases, this can result in homelessness, but at least creates instability for households and an uncertainty regarding the future.

### *Students*

2.38. Students comprise an important component of HMO residents in areas close to

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<sup>12</sup> ibid

higher education institutes. Since the 1990s successive UK governments have implemented policies which have attempted to increase the proportion of people studying in higher education. In 2013-14 UK 159 higher education institutions were teaching around 2.3m students (Universities UK, 2015). By 2013 around a third (32.6%) of 55-64 years olds in the UK were educated to tertiary level, compared to almost half (47.9%) of 25-34 year olds (42.9% in France and 29.0% in Germany) (Universities UK, 2015). The Universities UK figures for 2016/2017 show that a total of 17,130 students were studying at Loughborough University including 13,550 students deriving from the UK, 2,705 students deriving from non-EU countries, and 875 students deriving from EU countries<sup>13</sup>. There are also around 11,000 students registered at Loughborough College<sup>14</sup>.

2.39. Although a large proportion of students reside in purpose-built accommodation, for reasons of housing affordability and social reasons many reside in HMOs. Compared to many boroughs Charnwood has a relatively large student population related to Loughborough University. Areas which have high numbers of students residing in HMOs such as Nottingham and Leeds have developed housing strategies and implemented policies including student/community liaison officers, neighbourhood helplines and anti-social behaviour disciplinary procedures, and landlord accreditation schemes to help ameliorate the impact of HMOs (DCLG 2008). The impact of 'studentification' on local areas is discussed in more detail below.

### *Impact of HMOs on individuals and communities*

2.40. Whilst recognising that HMOs can provide an important source of housing for many groups including students, young professionals, migrant workers and often people on lower incomes, according to Cardiff City Council (2016) concentrations of HMOs, clustered in small geographical areas can detract from the character of the area and actively contribute towards a number of perceived problems including:

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<sup>13</sup> Higher Education Statistics Agency (HESA) located at: <https://www.hesa.ac.uk/news/11-01-2018/sfr247-higher-education-student-statistics/location>

<sup>14</sup> See <https://international.loughcoll.ac.uk/why-choose-us/about-loughborough-college>

- Increased population density, leading to greater demand for infrastructure, such as waste collections and on-street parking.
- Higher proportion of transient residents, potentially leading to less community cohesion, undermining existing community facilities.
- Areas of higher HMO concentrations becoming less popular with local residents, with many properties taken out of the owner-occupier market.
- A proliferation of properties vacant at certain points of the year
- Subsequent impact on crime, local centre viability, as a result of the number of properties temporarily vacant for long periods.

(Cardiff City Council, 2016: p.7)

2.41. Work undertaken on behalf of the DCLG (2008) suggest that high concentrations of HMOs can have social, environmental and physical, and economic impacts on local communities. In social terms, the concentration of a young transient social grouping, such as students, living in relatively insecure accommodation can lead to increased levels of burglary and crime in an area. Added to this, the behaviour of some students, particularly drunken behaviour, is often considered to be anti-social by families or elderly residents. In environmental and physical terms, concentrations of HMOs, especially noted in student areas, can lead to a poor-quality local environment.

2.42. Increased population densities associated with houses in multiple and shared occupation and the lifestyles that accompany such occupants can place a strain on existing services such as refuse disposal and street cleansing, as well as car parking provision. In economic terms, a geographical concentration of HMOs and students can lead to substantial changes to a local neighbourhood and the negative impacts associated with this discussed above. The DCLG (2008) also outline the negative impact that concentrations of migrant workers (who often reside in HMOs) can have on local communities including displacement of the established population and increasing demand for local services.



2.43. The DCLG (2008) suggest implementing a range of solutions to problems deriving from high concentrations of HMOs ranging from using the statutory powers that are available through existing legislation, to collaborative and partnership working. It cites Belfast City Council who have implemented policies which seek to influence and shape the market for HMOs positively, rather than simply controlling and curtailing further development in areas where such accommodation is currently concentrated, such as:

- protecting the amenity of areas where multiple occupation is, or is likely to become concentrated
- accommodating the need and demand for multiple occupation
- focusing HMO development in areas where it can contribute to regeneration and
- promote appropriate development of purpose-built student accommodation

(DCLG, 2008: p.31)

2.44. As noted above, the 'studentification' of local areas whereby the expansion of higher education has led to high densities of students residing in some localities leading to the displacement of local communities. The National HMO Lobby (2008) is a network of local community associations trying to redress the impact on their communities of concentrations of shared houses or houses in multiple occupation (HMOs). It argues that large student populations residing in HMOs leads to 'unbalanced' communities i.e. ones in which are dominated by one particular household type, size or tenure. It suggests that this occurs when HMOs exceed 20% of the population or 10% of properties. It cites social, environmental and economic problems arising from such an imbalance including increased crime, anti-social behaviour, a distorted retail market, increased stress on public services, and decline of community (National HMO Lobby, 2008: p.10). In response, the Lobby suggest a 10-point plan involving housing, management, and planning solutions.

2.45. In contrast, although acknowledging difficulties associated with high HMO

concentrations Liverpool City Council (2015) cite Rugg and Rhodes (2008) whose analysis of Census data concluded that of more than 8,000 wards in England, only 59 had student densities where a student household reference person comprised 10% or more of all household reference persons in the ward. Nonetheless, the Council has implemented a 10% threshold policy in 9 neighbourhoods whilst Policy H5 of the draft Local Plan (2018) seeks to restrict the development of purpose-built student accommodation outside the city centre.

2.46. A report by Universities UK (2006) recognised tensions between students and established residents, and offered examples of good practice at both strategic and local levels including working with key partners to coordinate responses to 'studentification', implementing local student housing strategies, formalising communication between different groups through local student housing groups, and employing student strategy managers and/or community liaison officers. Examples of good practice cited included Leeds University developing a housing strategy in consultation with the community and local authority, and Nottingham City Council employing a Student Strategy Manager. Loughborough University was cited as implementing good practice by creating the senior post of Community Relations Officer and promoting the *Silent Students Happy Homes* (SSHH!) campaign.

### *Summary*

2.47. To summarise, it is apparent that HMOs play an important role in accommodating (mostly) low income households and students. Decreasing housing affordability of other housing sectors and a lack of investment in social housing means that HMOs are an attractive option for some social groups. The types of people occupying HMOs vary, but it is predominantly young single people, students and migrant workers who reside in them. This is particularly the case in areas of high housing costs such as London where even professionals may initially need to access shared housing such as HMOs. Perhaps unsurprisingly, of the 10,000 tenants residing in shared accommodation surveyed by *Spareroom.co.uk* more than half stated they

resided in such accommodation for financial reasons, and over a third for both financial and social reasons.

2.48. Whilst the revised National Policy Planning Framework (NPPF) (July 2018) does not explicitly mention Houses in Multiple Occupation (HMOs), it does state that the purpose of the planning system is to contribute to the achievement of sustainable development. Also, there are key differences between housing and planning regulations, guidance and policies regarding HMOs. A key issue is the definitions of purpose-built student accommodation and halls of residence in relation to HMO policy. The exclusion of student halls of residence from the definition of HMOs is emphasised by the Housing Act 2016 which states that any building managed or controlled by such an establishment and occupied solely or principally by its students will not be a house in multiple occupation (“HMO”) for the purposes of the Act.

2.49. However, the planning status of purpose-built-student-accommodation (PBSA) is less certain. There is also no national planning definition of purpose-built student accommodation. Also, in planning terms Loughborough University does not apply a specific definition of PBSA. However, a useful definition of PBSA could be “housing specifically built for university students by private developers”. Also, it may be useful to consider the Swansea City Council definition discussed above.

2.50. The literature identifies issues and problems associated with high densities of HMOs including increased crime, anti-social behaviour, increased stress on local services, and decreasing community cohesion. Local planning policy thresholds have been implemented by local authorities such as Charnwood Borough Council in order to manage the concentration of HMOs. Most of the local authorities examined had implemented a threshold below the 20% within 100m radius implemented by Charnwood. Examining the HMO policies of 41 local authorities (including Charnwood) suggests that they were mainly based on local evidence.

2.51. Analysis of Charnwood Borough Council’s 55 planning applications regarding

HMOs made between 2015 and 2019 suggests that the implementation of a 10% threshold would considerably decrease the proportion of HMOs being granted planning permission. Applying different radiuses to a selected number of Charnwood Borough Council planning applications is not conclusive. Applying a 75m radius to a sample of 5 planning applications is slightly more likely to lead to a higher proportion of HMOs under the 20% threshold, whilst applying a larger radius of 125m compared to the current 100m radius is more likely to lead to a smaller proportion of HMOs under the 20% threshold. Also, the type of built environment surrounding the proposed property may impact on the proportion of HMO properties within the 100m radius.

2.52. Examining local planning appeal decisions which were dismissed by Planning Inspectors indicates that dismissals are usually based on evidence that the proposals would be harmful to the residential character of the areas and living conditions of neighbouring residents in areas with above threshold proportions of HMOs. However, it should be noted that between 2015 and 2019 Charnwood Borough Council granted planning permission to 3 proposals in areas with HMO proportions above the 20% threshold limit although 2 proposals did not involve an increase in the number of residents, and the third was a retrospective application. Also, an examination of decisions from across the country indicate that Planning Inspectors sometimes allow planning appeals in areas with above threshold proportions of HMOs on the basis that there is limited or no evidence of an increase in harm to the local community.



### **3. Analysis of secondary data**

#### *Introduction*

- 3.1. The following chapter analyses secondary data relating to Houses in Multiple Occupation (HMOs) across the Borough derived from a range of sources including data held by the local authority, and data regarding anti-social behaviour and noise. The analysis suggests that HMOs are concentrated around urban areas such as Loughborough which contain high student numbers although some outliers occur in surrounding areas.

#### *Analysis of HMO data*

- 3.2. As noted in Chapter 2, Charnwood Borough Council jointly commissioned the University of Loughborough and Loughborough College to undertake an analysis of the geographic distribution of different types of HMOs in Charnwood ('A Study of Housing in Multiple Occupation in Charnwood', December 2018). The study details the work undertaken to create a new database of HMOs in the Borough which provides evidence of the numbers, type and users of HMOs in Charnwood. The HMO database was constructed using a range of data derived from Charnwood Borough Council, Loughborough University, and Loughborough College including:

- The Local Land and Property Gazetteer (LLPG) for Charnwood
- Public HMO Register for Charnwood
- Loughborough University student term-time addresses
- Loughborough College student term-time addresses
- Electoral Register for Charnwood
- List of Council Tax Exempt properties

- 3.3. The latest database records 2,442 HMO properties in Charnwood. Perhaps unsurprisingly, a large proportion of HMOs are concentrated in wards closest to Loughborough University and Loughborough College such as Loughborough Southfields (21.8%) and Loughborough Storer (19.8%). However, as Table 3.1

indicates HMOs are not confined to Loughborough wards but are distributed throughout the Borough. As the Study confirms, the student HMO market is increasingly 'wrapped' around the north, east and south edges of Loughborough University campus, and to a lesser extent, Loughborough College. The non-student HMO market is most marked in the wards of east Loughborough, and, to a lesser extent, in some outlying towns and villages. Table 3.2 shows the type of HMO in the Borough. Just under a third (31%) of HMOs are categorised as terraced dwellings, whilst just over a quarter (26%) are categorised as 'HMOs – not further divided (into bedsits)'. Around a sixth (17%) are categorised as semi-detached and around a tenth (12%) as detached. Fewer proportions are categorised as 'dwellings' (7%), flats or apartments (5%), or other (2%).

Table 3.1 HMOs by ward 2018		
	No.	%
Loughborough Southfields	531	22%
Loughborough Storer	483	20%
Loughborough Ashby	181	7%
Loughborough Lemyngton	174	7%
Loughborough Hastings	127	5%
Loughborough Nanpantan	97	4%
Loughborough Shelthorpe	75	3%
Thurmaston	59	2%
Loughborough Garendon	55	2%
Loughborough Outwoods	54	2%
Loughborough Dishley and Hathern	49	2%
Syston West	48	2%
Sileby	48	2%
Mountsorrel	44	2%
Quorn and Mountsorrel Castle	44	2%
Anstey	43	2%
Barrow and Sileby West	38	2%
Birstall Wanlip	37	2%
Shepshed West	37	2%
Syston East	35	1%
Rothley and Thurcaston	32	1%
Shepshed East	29	1%
Birstall Watermead	25	1%
Wreake Villages	23	1%
East Goscote	21	1%
Forest Bradgate	22	1%
The Wolds	17	1%
Queniborough	14	1%
<b>Total</b>	<b>2,442</b>	<b>100%</b>

Source: Charnwood Borough Council 2019

Table 3.2 Type of HMO property 2018		
	No.	%
Terraced Dwelling	767	31%
HMO - Not Further Divided (into bedsits)	642	26%
Semi-Detached Dwelling	412	17%
Detached Dwelling	297	12%
Dwelling	159	7%
Flat/Apartment	121	5%
Other	44	2%
<b>Total</b>	<b>2,442</b>	<b>100%</b>

Source: Charnwood Borough Council 2019



3.4. It is also possible to determine the concentration of HMOs in Charnwood at smaller spatial levels than wards. Lower Super Output Areas (LSOA) are geographical units used by the Office for National Statistics (ONS) to analyse census data. LSOAs usually contain between 400 and 1,200 households equating to a population of between 1,000 and 3,000 people. Charnwood Borough contains 99 LSOAs. The smaller sized LSOAs are clustered around more densely populated areas such as Loughborough whilst the larger sized HMOs are concentrated in more rural areas (see Figure 3.1).

3.5. The proportion of HMOs in each LSOA is calculated by comparing the number of residential properties with the number of HMOs as determined by the HiMOG database. The distribution of HMOs by LSOA within the Borough is very uneven. As can be seen by Table 3.3 almost all LSOAs contained fewer than 10% HMOs, whilst only 6 contain over 10% (see Appendix 3 for a complete list of HMO proportions by LSOA). The exceptions containing over 10% HMOs are listed in Table 3.4. All 6 LSOAs are located in Loughborough.

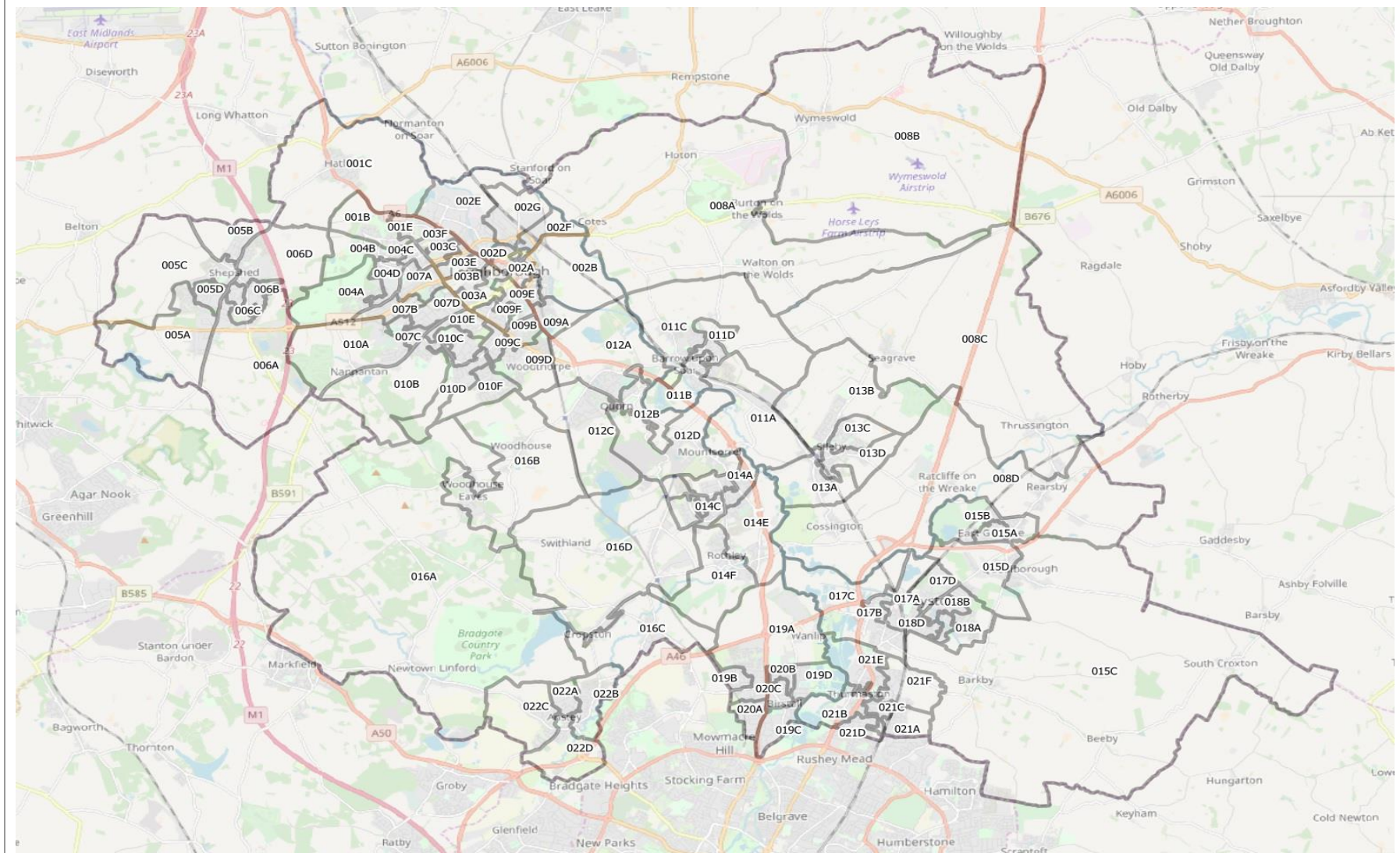
Table 3.3 HMOs by LSOA summary		
	No.	%
0-10%	93	94%
10-20%	2	2%
20-30%	0	0%
30-40%	3	3%
40%+	1	1%
<b>Total</b>	<b>99</b>	<b>100%</b>

Source: Charnwood Borough Council 2019

Table 3.4 LSOAs with over 10% proportion of HMOs		
LSOA	Area	%
003E	Oxford St., Loughborough	44.39%
003B	William St./Radmoor Rd., Loughborough	36.64%
003A	Frederick St., Loughborough	33.97%
003D	Cumberland Road, Loughborough	31.17%
007A	Ashby Road (south), Loughborough	14.27%
007B	Ashby Road (north), Loughborough	13.38%

Source: Charnwood Borough Council 2019

Figure 3.1 Charnwood LSOAs



3.6. A key issue commonly associated with HMOs is antisocial behaviour. Data obtained from Charnwood Borough Council indicates that there were 1,495 instances of anti-social behaviour recorded in the Borough between January 2013 and December 2018. Table 3.3 shows the number of ASB incidents per ward. By far the largest proportion (29%) of recorded ASB incidents occurred in the Loughborough Southfields ward. Table 3.4 shows the type of ASB incident recorded between January 2013 and December 2018 in the Borough. In total, there were 2,085 different types of ASB recorded (each incident could record more than one type of ASB). The most common type of ASB incident was 'noise (37%)', followed by 'nuisance' (18%), and 'rowdy behaviour' (12%). Smaller proportions of ASB incidents were recorded in relation to 'drug misuse' (7%), 'intimation/harassment' (7%), 'begging' (6%), 'vehicle nuisance' (4%), 'litter/rubbish' (3%), criminal damage/vandalism' (3%), or 'other' (3%).

Table 3.3 ASB by ward 2018		
	<b>No.</b>	<b>%</b>
Loughborough Southfields	430	29%
Loughborough Storer	123	8%
Quorn and Mountsorrel Castle	112	8%
Loughborough Lemyngton	75	5%
Loughborough Hastings	71	5%
Forest Bradgate	62	4%
Loughborough Nanpantan	61	4%
Syston West	60	4%
Loughborough Dishley and Hathern	54	4%
Loughborough Ashby	46	3%
Loughborough Shelthorpe	43	3%
Sileby	42	3%
Mountsorrel	34	2%
Syston East	34	2%
Anstey	33	2%
Loughborough Outwoods	33	2%
Loughborough Garendon	22	2%
Thurmaston	21	1%
Barrow and Sileby West	20	1%
Shepshed West	19	1%
Birstall Watermead	17	1%
Birstall Wanlip	14	1%
Rothley and Thurcaston	11	1%
Wreake Villages	9	1%
Queniborough	7	1%
The Wolds	6	0%
Shepshed East	4	0%
East Goscote	3	0%
Unknown	29	2%
<b>Total</b>	<b>1,495</b>	<b>100%</b>

Source: Charnwood Borough Council 2019

Table 3.4 Type of ASB 2018		
	<b>No.</b>	<b>%</b>
Noise	766	37%
Nuisance	377	18%
Rowdy behaviour	260	12%
Drug misuse	148	7%
Intimidation/harassment	143	7%
Begging	135	6%
Vehicle nuisance	88	4%
Litter/rubbish	67	3%
Criminal damage/vandalism	57	3%
Other	44	3%
<b>Total</b>	<b>2,085</b>	<b>100%</b>

Source: Charnwood Borough Council 2019

- 3.7. One method of determining the strength of the relationship between areas with high proportions of HMOs with numbers of ASB incidents is to undertake a 'correlation'. Correlation is a statistical measure that indicates the extent to which two or more variables fluctuate together. A positive correlation indicates the extent to which those variables increase or decrease in parallel; a negative correlation indicates the extent to which one variable increases as the other decreases. Table 3.5 shows the number of HMOs in each ward compared to the number of ASB incidents recorded in each ward between January 2013 and December 2018 (excluding the 29 ASB incidents whose location was unknown). Although Loughborough contains around 35% of all households in the Borough, almost two thirds (64%) of all recorded ASB incidents occurred in the 10 Loughborough wards.
- 3.8. Undertaking a statistical correlation on the two columns i.e. undertaking a statistical test to determine the relationship between the two factors produces a measure of 0.84. This indicates a very strong positive relationship between the two columns i.e. as the number of HMOs in any particular ward increases, the number of ASB incidents also increases. Although it cannot be proven that a high number of HMOs in any one particular area causes a high number of ASB incidents, it can be stated that statistically, there is a very strong relationship between the number of HMOs in each ward and the number of ASB incidents.

Table 3.5 HMOs/ASB by ward 2018		
	<b>HMOs</b>	<b>ASB</b>
Anstey	43	33
Barrow and Sileby West	38	20
Birstall Wanlip	37	14
Birstall Watermead	25	17
East Goscote	21	3
Forest Bradgate	22	62
Loughborough Ashby	181	46
Loughborough Dishley and Hathern	49	54
Loughborough Garendon	55	22
Loughborough Hastings	127	71
Loughborough Lemyngton	174	75
Loughborough Nanpantan	97	61
Loughborough Outwoods	54	33
Loughborough Shelthorpe	75	43
Loughborough Southfields	531	430
Loughborough Storer	483	123
Mountsorrel	44	34
Queniborough	14	7
Quorn and Mountsorrel Castle	44	112
Rothley and Thurcaston	32	11
Shepshed East	29	4
Shepshed West	37	19
Sileby	48	42
Syston East	35	34
Syston West	48	60
The Wolds	17	6
Thurmaston	59	21
Wreake Villages	23	9
<b>Total</b>	<b>2,442</b>	<b>1,466</b>

Source: Charnwood Borough Council 2019

3.9. As well as recording noise as part of its ASB records, Charnwood Borough Council also keeps more detailed records regarding noise nuisance. Between January 2013 and December 2018, the Council recorded 2,084 noise related incidents. Table 3.6 shows that over a third (34%) of noise incidents recorded between January 2013 and December 2018 related to barking dogs, over a quarter (27%) to music, and over a sixth (17%) to people. Table 3.7 shows noise incidents by property type. Interestingly, it shows that over four fifths (83%) of noise incidents took place in single family houses with the second most incidents (11%) taking place in purpose-built flats. In contrast, only small proportions of noise incidents took place in bedsits/HMOs (4%).

Table 3.6 Noise related incidents 2018		
	No.	%
Noise-Barking Dog	703	34%
Noise-Music	564	27%
Noise-People	351	17%
Nuisance - Accumulations	116	6%
Noise-Other Animals and Birds	85	4%
Noise-Party	83	4%
Noise-Plant/machinery (mobile)	44	2%
Noise-Machinery (fixed)	44	2%
Noise - Other	94	4%
<b>Total</b>	<b>2,084</b>	<b>100%</b>

Source: Charnwood Borough Council 2019

Table 3.7 Noise incidents by property type 2018		
	No.	%
Noise-Single family house	1,722	83%
Noise-Purpose built flat	220	11%
Noise-Bedsit/HMO	92	4%
Noise-Hotel/Guest House	16	1%
Noise-Converted flat	16	1%
Noise-Other	9	0%
Not Applicable	7	0%
Noise-Hostel/Student Halls	2	0%
<b>Total</b>	<b>2,084</b>	<b>100%</b>

Source: Charnwood Borough Council 2019

3.10. Similar to the above, it is possible to test the statistical relationship between the number of HMOs in any one particular area, and the number of noise related incidents. Table 3.8 shows the number of HMOs in each ward compared to the number of noise incidents recorded in each ward between January 2013 and December 2018. Undertaking a statistical correlation on the two columns i.e. undertaking a statistics test to determine the relationship between the two columns produces a measure of 0.34. Unlike the relationship between the number of HMOs and ASB, a value of 0.34 indicates a weak positive relationship between the two columns i.e. as the number of HMOs in any particular ward increases, the number of noise incidents increases only slightly. An alternative explanation is that the number of HMOs is not a good predictor of the number of recorded noise incidents. The largest number of noise incidents occurred in the ward of Thurmaston which is situated towards the south of the

Borough (although the wards with the next three highest levels of noise incidents were located in Loughborough). Also, Loughborough contains around 35% of all households in the Borough and around the same proportion (38%) of all noise incidents occurred on the 10 Loughborough wards. There are two reasons as to why the correlation between the proportion of HMOs and noise nuisance incidents recorded by the local authority is weak: first, it may be (as evidence discussed below suggests) that complaints regarding noise nuisance due to student activities are more likely to be presented to the university or police than the local authority; and second, it may be that a large proportion of the noise nuisance incidents are repeat complaints arising from the same property i.e. the figures are skewed.



Table 3.8 HMOs/noise by ward 2018		
	<b>HMOs</b>	<b>Noise</b>
Anstey	43	72
Barrow and Sileby West	38	68
Birstall Wanlip	37	69
Birstall Watermead	25	92
East Goscote	21	26
Forest Bradgate	22	36
Loughborough Ashby	181	43
Loughborough Dishley and Hathern	49	82
Loughborough Garendon	55	43
Loughborough Hastings	127	118
Loughborough Lemyngton	174	117
Loughborough Nanpantan	97	24
Loughborough Outwoods	54	18
Loughborough Shelthorpe	75	123
Loughborough Southfields	531	106
Loughborough Storer	483	111
Mountsorrel	44	79
Queniborough	14	18
Quorn and Mountsorrel Castle	44	110
Rothley and Thurcaston	32	66
Shepshed East	29	95
Shepshed West	37	101
Sileby	48	112
System East	35	70
System West	48	95
The Wolds	17	32
Thurmaston	59	142
Wreake Villages	23	16
<b>Total</b>	<b>2,442</b>	<b>2,084</b>

Source: Charnwood Borough Council 2019

3.11. Although Table 3.7 above records only 2 noise complaints deriving from hostels or student hall of residence, Loughborough University recorded 1,296 complaints regarding student behaviour during the academic years 2016/17 (740 complaints) and 2017/18 (556 complaints). Complaints regarding student behaviour tend to peak during the period when new students are enrolled at the university i.e. 'Freshers' week which takes place during October of each academic year, and then towards the end of the academic year (July and August are the months with fewest complaints). Table 3.9 shows that three quarters of public complaints regarding student behaviour between August 2016 and July 2018 recorded by the University related to either noise

emanating from a house (57%), or noisy behaviour in the street (18%). In response to public complaints regarding noise caused by students the University has implemented a range of policies including: security patrols along the main route from the University into Loughborough (Ashby Road); the Student Street Support Scheme by which security trained University students patrol off campus in a bid to support student welfare and reduce late night noise and anti-social behaviour; briefing all new Loughborough University students about their own personal safety, security and behaviour on arrival at the University; alongside the Leicestershire Police and Charnwood Borough Council undertaking door knocking exercises in the early weeks of each academic year to make direct contact with as many students as possible to provide them with key advice and information; campaigns by the Students' Union to educate and inform students about the local community and how to be a responsible neighbour; finally, the university employs a Community Warden Team which provides students with support and essential information about living off campus and works to promote good relations between local residents and students.

Table 3.9 Student incidents 2016-2018		
	No.	%
Noise- house	733	57%
Noise- street	237	18%
Traffic - off campus parking	69	5%
Other - street	58	4%
Noise- hall of residence	51	4%
Noise	38	3%
Other - house	37	3%
Rubbish litter	20	2%
Other - campus	19	1%
Other	34	3%
<b>Total</b>	<b>1,296</b>	<b>100%</b>

Source: Loughborough University 2019

3.12. One final issue that is commonly related to high proportions of HMOs in local areas is waste accumulation i.e. HMOs with large numbers of occupants may not contain sufficient waste disposal facilities and/or occupants may not adhere to council regulations regarding the disposal of waste. This can lead to issues

such as the accumulation of waste outside HMO properties which present both health and safety, and environmental risks. In response, in October 2018 the MHCLG issued new guidance<sup>15</sup> for local authorities which states that after 1 October 2018 HMO licenses will need to include a condition requiring the compliance with the council's storage and waste disposal scheme (if one exists). A licence holder's failure to comply with the scheme is a breach of the licence and a criminal offence. The guidance also states that local authorities should be mindful that HMOs are residential properties, and as such, they should provide a comprehensive and frequent waste collection service for such households which is free at the point of use, including HMOs occupied by students.

3.13. Table 3.10 shows the number of HMOs in each ward compared to the number of incidents of waste accumulation by ward recorded by the local authority between January 2013 and December 2018. It shows that the four highest number of incidents were recorded in the wards of Loughborough Southfields (137 incidents), Loughborough Storer (61), Loughborough Hastings (53), and Loughborough Lemyngton (44). Although Loughborough contains around 35% of all households in the Borough, over half (54%) of all waste accumulation incidents occurred on the 10 Loughborough wards.

3.14. Undertaking a statistical correlation on the two columns i.e. undertaking a statistics test to determine the relationship between HMOs and waste accumulation produces a measure of 0.84. Similar to the relationship between the number of HMOs and ASB, a value of 0.84 indicates a very strong positive relationship between the two columns i.e. as the number of HMOs in any particular ward increases, the number of waste accumulation incidents increases. An alternative explanation is that the number of HMOs in any particular area is a good predictor of the number of the number of recorded waste accumulation incidents.

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<sup>15</sup> Ministry of Housing, Communities and Local Government, *Houses in Multiple Occupation and residential property licensing reform Guidance for Local Housing Authorities*, December 2018.

Table 3.10 Waste accumulation by ward 2018		
	<b>HMOs</b>	<b>Waste</b>
Anstey	43	22
Barrow and Sileby West	38	15
Birstall Wanlip	37	10
Birstall Watermead	25	8
East Goscote	21	5
Forest Bradgate	22	8
Loughborough Ashby	181	15
Loughborough Dishley and Hathern	49	17
Loughborough Garendon	55	12
Loughborough Hastings	127	53
Loughborough Lemyngton	174	44
Loughborough Nanpantan	97	10
Loughborough Outwoods	54	7
Loughborough Shelthorpe	75	35
Loughborough Southfields	531	137
Loughborough Storer	483	61
Mountsorrel	44	23
Queniborough	14	17
Quorn and Mountsorrel Castle	44	10
Rothley and Thurcaston	32	10
Shepshed East	29	16
Shepshed West	37	14
Sileby	48	24
System East	35	20
System West	48	24
The Wolds	17	30
Thurmaston	59	43
Wreake Villages	23	6
<b>Total</b>	<b>2,442</b>	<b>696</b>

Source: Charnwood BC 2019

### Summary

3.15. The section above has analysed secondary data in relation to HMOs within the Borough and issues commonly associated with high proportions of HMOs such as anti-social behaviour, noise, and waste accumulation. Analysis of the Housing in Multiple Occupation in Charnwood Study data confirms that HMOs are concentrated around Loughborough wards closet to Loughborough University and Loughborough College. However, there is evidence of a non-student HMO market towards the east of Loughborough, and, to a lesser extent, in some outlying towns and villages. Analysis shows that a large proportion of HMOs consist either of terraced dwellings, HMOs not further

divided into self-contained flats or bedsits, or semi-detached dwellings.

3.16. Analysis of data shows that there is a very strong correlation between the number of HMOs and number of recorded ASB incidents recorded by ward. A large proportion of ASB incidents occurred in wards which contain the highest proportion of HMOs i.e. around the Loughborough Southfields and Storer wards. Although the data records a wide range of different ASB incidents, the three most commonly recorded included noise, nuisance and rowdy behaviour. The ASB data recorded by the local authority only shows only a few ASB incidents committed by students, whilst data provided by Loughborough University suggests that a substantial number of complaints made by local residents regarding student behaviour were recorded by the university each academic year. Many of these took place in areas with high proportions of HMOs. In response, Loughborough University has implemented a wide range of policies attempting to deal with issues around student behaviour.

3.17. Although noise nuisance is an issue commonly associated with areas containing large proportions of HMOs, evidence suggests that there is only a weak correlation between the two factors. Data shows that most recorded noise incidents took place in single family houses, with only small proportions taking place in bedsits or HMOs. Although the statistical analysis suggests that there is a weak correlation between noise nuisance and HMOs, Loughborough University data suggests that there may be a stronger relationship. In response to public complaints regarding noise caused by students the university has implemented a wide range of policies including working alongside the Leicestershire Police and Charnwood Borough Council to make direct contact with as many students as possible to provide them with key advice and information.

3.18. Finally, data shows that there is a very strong relationship between the number of HMOs and incidences of waste accumulation. The four highest number of incidents were recorded in the wards of Loughborough Southfields, Loughborough Storer, Loughborough Hastings), and Loughborough Lemington. Whilst analysis of secondary data regarding HMOs and issues

such as anti-social behaviour, noise and waste may not be conclusive, it shows that such issues are more likely to occur in areas with high proportions of HMOs.

## 4. Stakeholder consultation

### *Introduction*

4.1. It is recognised that there are many stakeholders within the Borough who have an interest in the number of HMOs within local areas, the types of people residing in them, the planning regulation of HMOs, and the resolution of issues and problems arising from HMOs. As part of the research an online survey, telephone interviews, two stakeholder events, and a 'roundtable' discussion were undertaken with key stakeholders including elected members, local businesses, landlords, local authority employees, representatives of resident/community groups, Leicestershire Police, and Loughborough University.

### *Stakeholder Survey*

4.2. Key stakeholders were invited to complete an online survey which included 13 questions about HMOs between 28 January 2019 and 15 February 2019. In total 201 respondents completed the survey and a breakdown of the type of respondents is shown in Table 4.1 below.

Table 4.1 Type of respondent to HMO online survey		
Type of respondent	No.	%
A local resident	151	75%
An elected member	18	9%
Other	16	8%
A local authority/housing association worker	5	3%
A local landlord	5	2%
A local business	3	2%
A Loughborough University employee or student	2	1%
Someone who lives in an HMO property	1	0%
<b>Total</b>	<b>201</b>	<b>100%</b>

Source: Charnwood HMO Assessment Survey 2019

4.3. Survey respondents were asked whether there are any specific areas in Charnwood which contain a higher than average proportion of HMOs. Respondents cited a very wide range of streets including many located in Loughborough. Respondents cited areas in Loughborough around the

university as most likely to contain higher than average levels of HMOs. Areas most commonly cited included the Kingfisher Way Estate and the wards of Loughborough Southfields, Loughborough Storer, and Loughborough Nanpantan<sup>16</sup>. It was noted that the 'Golden Triangle', a highly sought-after area of student housing in Loughborough, situated roughly halfway between the university campus and the town centre contains a high proportion of HMOs. Kingfisher, an estate containing modern town houses situated close to the university was also cited by survey respondents as containing a high proportion of HMOs. One respondent stated that they are the only a very few non-student HMO residents left in the estate. One estimate was that the estate consists of up to 70% HMOs. It was suggested that on parts of Storer Road in Loughborough, the proportion of HMOs is more than 50%. It was similarly suggested that more than half of properties between Wallace Road and Epinal Way in Loughborough consist of HMOs not including nearby purpose-built student accommodation. HMOs were described as 'dominating' this area. According to survey respondents the area between Nanpantan Road and Forest Road is experiencing a surge in HMOs let to students due to its proximity to the university. However, it was also suggested by some survey respondents that HMOs are not confined to Loughborough, but occur throughout the Borough.

- 4.4. Survey respondents were asked about the main factors leading people to move into HMOs in Charnwood. The main factor identified by most respondents was the need for students to find cheap accommodation close to the university in Loughborough (the word 'student' was mentioned 134 times by 201 respondents). It was suggested that, considering its size, Loughborough contains a relatively large student population. It was noted that Loughborough University usually houses first year students in halls or residence, but that subsequently students usually seek accommodation within the private rented sector. In some areas of Loughborough, this has led to fewer properties being available for family housing. More recently, students prefer to occupy more modern, well-equipped HMOs rather than older properties with poor facilities.

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<sup>16</sup> See Appendix 2 for a list of all streets mentioned by survey respondents.



- 4.5. Loughborough University representatives outlined that the university's Student Advice and Support Service advises students on a variety of issues regarding HMOs including contract checks, problems with deposits, disrepair, breach of contract etc. The University's Student Accommodation Centre provides an advertising service for landlords of HMOs (only landlords who are accredited by *Decent and Safe Homes (DASH)*<sup>17</sup> are allowed to advertise through the University). The University recognises that HMOs make an important contribution to the overall supply of housing for students. They can be a cost-effective option for students which enable them to reside in close proximity to the University campus. Also, licensed HMOs provide higher levels of health and safety which is important for students and it can be an effective way of enforcement for sub-standard accommodation.
- 4.6. According to survey respondents, the high proportion of students residing in some local areas has 'tilted the balance' of communities. It was suggested that letting agencies present HMOs as easy, 'one-stop-solutions' to housing which are relatively cheap and enable students to reside with friends. However, it was also suggested that some landlords seek to profiteer from the HMO market, and that the rental income from a HMO is usually greater than if the house was let as a single property. It was suggested that, although regarded as a cheaper option, HMOs consist of some of the most expensive properties within the Borough. Some HMO landlords may reside outside the Borough and absent landlords were cited as being an issue. This is because respondents deemed them less likely to undertake repairs and maintenance or to manage tenants.
- 4.7. A lack of affordable private rented properties in Loughborough makes it difficult for families unable to buy to access affordable properties as many of these properties have been converted to HMOs. Although the demand for accommodation by students was cited as the most important factor in determining the number of HMOs, it was acknowledged by survey respondents that HMOs may also provide accommodation for single people unable to

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<sup>17</sup> DASH Services is a joint-working initiative with local authorities, property owners, landlords and tenants. It aims to improve housing conditions in the private sector, with particular emphasis on the private rented sector. The service has operated across the East Midlands region since 2005 providing a service to over 40 Local Authorities

access other parts of the private rented sector or to buy a property. As one survey respondent stated:

“People on the lowest end of the socio-economic spectrum are often priced out of the nicer end of the private rental market in Charnwood. As social housing waiting lists are enormous, this leaves two alternative options: poor quality private rental properties or better-quality shared housing in HMOs.”

- 4.8. HMOs are regarded as fulfilling the housing needs of people with transient employment who may work locally on a temporary basis. A survey respondent stated that a nearby HMO previously occupied by students is now occupied by taxi drivers who are working in Charnwood, but do not reside in the Borough permanently. Some HMO residents may be temporarily residing in an area before committing to buying. It was suggested that some young professionals who previously occupied HMOs as students, continue to do so. Also, some people may prefer the social aspect of sharing accommodation with several people.
- 4.9. Although HMOs are commonly associated with particular issues such as overcrowding, ASB, noise nuisance, and issues regarding parking, survey respondents acknowledged the positive contribution they make to the local housing market (although 36 of the 201 respondents stated that there are no positive benefits of HMOs for local areas). The main benefit mentioned by survey respondents was that HMOs provide relatively cheap accommodation to those households unable to access alternative accommodation (mainly students in Loughborough). It was also acknowledged that many HMOs reside close to Loughborough University (and to a lesser extent the college), so provide cheap accommodation in accessible locations close to places of study. Some respondents regard this factor as more environmentally sustainable as it enables HMO occupants to access places of work or study on foot or by bicycle thereby reducing reliance on cars. There is generally a good supply of HMOs within the Borough and many are kept to a good standard. It was also acknowledged that HMOs and their occupants contribute towards the local economy. Also, they contribute towards the Borough's diversity by

accommodating people from a wide range of differing backgrounds:

“HMOs bring younger people and more 'life' into the community; bringing more spending power. Students must be a substantial share of customer spend in local 'convenience' retail outlets. Supporting the housing market (imagine what the market would be in many parts of town without HMO owners – lower prices (good) – empty properties (bad).”

4.10. HMOs may offer the first step on the ‘housing ladder’ for young people which provides them with good experience and responsibility of running a household. Shared utility costs mean that HMOs are more accessible to households with limited incomes:

“HMOs for professional individuals can be very positive in creating cheaper living thus enabling them to save money to eventually purchase a property of their own.”

4.11. Since a large proportion of young people do not have the earning capacity to buy their own properties, they share either the rent or ownership costs. This helps them to be more independent and helps those who aspire to buy their properties in the future. The local authority works with landlords and protects tenants’ rights, as well as helping to protect the local community from issues of anti-social behaviour.

4.12. Respondents working with landlords suggested that the standard of licenced HMOs in the Borough is generally high. However, it can be difficult to locate non-student HMO landlords and there are some HMOs of poor standard but many, particularly student HMOs are registered with *Decent and Safe Homes* (DASH) and are accredited.

4.13. A DASH representative explained that accreditation of properties is optional. They stated that the quality of HMOs in Charnwood is generally good – “in the top 5” – and in particular, properties occupied by students tend to be of good quality. Many HMOs in Loughborough belong to the DASH scheme. Landlords wanting to advertise properties to university students have to be accredited by

DASH. It costs £150 to be licensed by DASH, although they provide housing-related training and accreditation services and offer a one-stop-shop for local authorities to engage and work with the private rented sector. DASH does not have any licensing or enforcement powers

4.14. Respondents stated that landlords sometimes struggle with HMO legislation and licensing. There was a view expressed that there are sufficient powers to enforce HMO standards, although there are insufficient resources (especially in terms of manpower) to enforce them which means the authority is reactive rather than proactive.

4.15. Respondents highlighted that it is important for there to be good 'joined-up' working between the local authority, agencies and landlords to ensure that issues regarding HMOs are resolved. It was stated that there are some good, active community groups across the Borough dealing with such issues.

4.16. The survey asked two questions which elicited similar responses: 'what do you think are the main negative aspects of HMOs in Charnwood?', and 'how do you think high proportions of HMOs in one street or local area impacts on local communities?'. The responses to these questions were far more extensive compared to the question regarding the more positive aspects of HMOs. Key negative factors of high proportions of HMOs cited by survey respondents included:

- Poor living conditions and poor maintenance of properties
- Increased noise and disturbance including transient noise at unsociable hours
- Increased anti-social behaviour
- Lack of waste disposal facilities and increased litter in gardens and on streets
- Waste causing an increase in vermin such as rats and urban foxes
- Reduction number of properties available for families
- Empty properties during the summer months
- Creation of student 'ghettos'
- Lack of responsible 'good neighbours'
- Difficulty in parking and parked vehicles causing health and safety issues
- Less security and increased crime

- Transient population and less community cohesion
- Lower house prices and difficulty in selling houses
- Absentee landlords

4.17. One important issue regarding HMOs mentioned by survey respondents was increased anti-social behaviour. A specific problem is increased noise taking place either in HMO properties, or whilst HMO occupiers are transiting neighbouring streets. HMOs occupied by young people or students may be more likely to hold social gatherings which emit high levels of noise. It was suggested that noise nuisance issues were more likely to take place during summer months when parties overspill into gardens and streets, and neighbours are more likely to have windows open. Areas with high concentrations of HMOs were also regarded by survey respondents as more likely to experience noise caused by people transiting through local areas during late or anti-social hours. This could have a deleterious impact on neighbours containing families with small children or older people.

4.18. A representative from Leicestershire Police highlighted that many issues reported to them regarding HMOs relate to those occupied by students. There may be differences in lifestyle between HMO occupants and neighbours. This not only includes issues with parties, but also noise occurring due to people entering or leaving HMOs late at night. These types of issues are more evident in HMOs occupied by students. However, it was also noted that students residing in HMOs are more likely to be targets of crime. Areas containing large numbers of students can become targets for thefts as properties are perceived as more likely to contain items such as laptops which can be quickly sold.

4.19. One survey respondent stated that:

“I have reported at least four instances of anti-social behaviour. Public nuisance caused by the occupants of HMOs based close by my home. I can't comment on increased crime, but certainly increased noise nuisance. My immediate neighbours have all experienced the same, and have reported incidents to the police and university.”

4.20. A contrasting opinion was that:

“As regards student tenants, I don't think a high concentration of HMOs in a street or area necessarily leads to increased anti-social behaviour. I think anti-social behaviour is more to do with the nature of the individual. The vast majority of students do not behave anti-socially. A minority of students do behave anti-socially, but then there are also plenty of non-students that behave anti-socially whether of student age or older.”

4.21. According to a Loughborough University representative, the University's Student Advice and Support Service provide help and advice to students around a range of issues linked to students living in HMOs. Issues include: disrepair to properties, compensation issues, deposits, harassment and illegal eviction, infestation, problems with utilities. The University has anecdotal evidence that students may experience issues and problems with accommodation but simply put up with them rather than take action to address them. The University also receives complaints from members of the public about issues linked to students living in HMOs including problems with waste and recycling, noise, and parking. HMOs are also often regarded as easy targets for burglary and each year the university supports students who have been victims of crime. The University is also aware of concerns about an over-supply of HMOs in some locations leading to empty properties the condition of which can rapidly deteriorate without ongoing maintenance. However, the University has no direct evidence base which proves this one way or the other.

4.22. Another key issue for survey respondents is the perceived increase in crime in areas with high perceptions of HMOs. HMO properties were commonly regarded as being less secure compared to other types of properties and less likely to be protected by security equipment such as burglar alarms and window locks. The transient occupiers of HMOs combined with the likelihood that young people are more likely to possess items such as computer tablets and laptops was also regarded as more likely to lead to crimes such as theft from the individual. According to one respondent:

“Increased crime could be an indirect consequence. My house, for

example, is less safe now, because the HMO next door does not have a garden gate, and thieves could enter easier from the back. Also, tenants could leave windows or doors open, leave things around in the garden, or leave laptops in plain sight, not realising that thieves are on the look-out."

4.23. Increased litter and issues with waste disposal were also regarded by survey respondents as being associated with areas containing high proportions of HMOs. According to respondents, such areas are more likely to be littered by items such as fast food containers, plastic bags, and bottles. Litter may accumulate not only down streets with high proportions of HMOs, but also in front and rear gardens, and down adjacent alleys and side streets. Litter is regarded as a particular problem on high-footfall routes used at night, which may have limited lighting. An associated problem is that respondents suggested that HMOs may have insufficient waste disposal facilities to cater for the number of people residing in the property. This can lead to rubbish overflowing from bins, bins not being left out for collection, or bins being left on pavements obstructing pedestrians. According to one respondent high levels of HMOs attract:

"An unreasonable amount of anti-social behaviour and noise nuisance and filth i.e. thrown away food packets resulting in plagues of rats and foxes, the latter I don't mind, but rat infestations are abhorrent. One also finds there is no respect for other people's property. My drive is very often used by strangers ignoring a polite notice not to park, my fence was ruined when used for two concurrent years as a park post for strangers' bikes, my front area is used as an ashtray."

Another issue is rubbish – because there are a new lot of residents every year, some of whom are living in a shared house for the first time, they take a long time to understand the refuse collections. This results in bins not being put out regularly, overflowing bins that are then not collected, bags being put out next to the overflowing bins which then get attacked by foxes or badgers, and rubbish goes everywhere. We have had rats because of this."

4.24. A key problem cited by survey respondents was parking. Large numbers of

people residing in HMOs with access to cars can mean that parking can become an issue for local residents. Parking may take place in inappropriate places such as on pavements, verges, and gardens causing health and safety issues as well as impacting on the character of a local area. This also leads to traffic issues during certain times e.g. when parents are dropping/off picking up HMO residents at the beginning or end of term, and can cause issues for public transport such as buses. As two respondents stated:

“Our estate was built with a maximum of 2 parking spaces per house, yet if you have an HMO with 6 residents, there is often more than 2 cars and it creates a problem as they park inconsiderately on shared drives and are often aggressive when asked not to.”

“Parking, cars are parked anywhere where there is a space especially where parking is by permit only. Spaces on the street very often full. Visitors including workmen e.g. plumbers to permanent residents find it very difficult to park.”

4.25. Survey respondents were likely to cite more general negative issues regarding areas with high proportions of HMOs. It was suggested that high proportions of HMOs lead to a lack of affordable housing. Landlords purchasing houses for use as HMOs means that there are fewer affordable properties available for families. According to some survey respondents, this is leading to unbalanced communities, and in some cases, ‘student ghettos’. Such factors lead to “a slow decline in the general upkeep which impacts on the local environment and sense of community. By providing increased individualised housing models you further reduce the sense of community”. A loss of family-housing means that prospective buyers may be less willing to purchase properties in areas with high proportions of HMOs, meaning that house prices may be depressed. The loss of family homes may also impact on local services. According to one survey respondent too high proportions of HMOs may negatively impact on the local community including reducing the number of properties occupied by families. In one instance this had led to the closure of a local school.

4.26. Similarly:



“The surplus of HMOs leads to areas where there is a real loss of community. Poor living conditions are not as big of a problem in Loughborough (unlike in other parts of the UK), however the rapid loss of community is. There are no examples of where ex-HMOs have been successfully converted back into habitable family homes in Loughborough, however there are hundreds of examples of where family homes have been brought by landlords and now remain as habited or empty HMOs.”

“There is less respect for the property, the other residents and the needs of the local community. Much work needs to be done to integrate people renting properties into the community, especially if they are short-term and not families. I have seen the enormous changes in the area. Noise and anti-social behaviour affect other residents most but where there are numbers of students in one house they are a tempting target for burglars.”

4.27. It was suggested by a stakeholder that large numbers of HMOs can change communities, which may then cause tension between people with different views and at different stages in life. This can lead to increased reported ASB, noise nuisance (both house and transient) and increased reported crime.

4.28. Survey respondents were more likely to state that larger HMOs (occupied by more than 6 people) impact differently on local compared with smaller HMOs (occupied by between 3 and 6 people). Whilst key issues remained the same e.g. problems with ASB, noise, waste disposal, parking etc. it was generally regarded that larger HMOs may exacerbate issues and problems. In particular, they may create more noise and waste, and may lead to greater problems with parking compared to smaller HMOs. According to survey respondents:

“Large HMOs are frequently (but not exclusively) student accommodation and living close to these means we experience greater noise nuisance, increased likelihood of large house parties, greater street crime such as substance abuse in public, and a greater sense of personal insecurity due to the large number of transient tenants who are not invested in the local community in any way. Bigger HMOs seem more prone to neglect and seem more likely to be badly managed.”

“I live between two HMOs with 3 students in each and in my experience, they are in the main very studious, pleasant, polite and respectful. However, in a larger HMO across the road we experienced lots of noise and parties until the early hours of the morning. We spoke to them and they promised not to be noisy again but it continued, so we had no other option but to complain and contact the warden and police.”

4.29. According to a Loughborough University representative, the University does not have any particular evidence to suggest larger HMOs impact differently, but they appear to have the potential to impact more significantly e.g. greater potential for tenancy disputes, lack of co-ordination for dealing with aspects of property management such rubbish or security, and more problems with parking etc

4.30. Survey respondents suggested ways in which the council could reduce the impact of HMOs in Charnwood including:

- Encourage more purpose-built student accommodation to reduce student reliance on HMOs
- The University to impose penalties on students for committing anti-social behaviour
- Impose stricter parking regulations and introduction of resident permits in areas with high proportions of HMOs
- Provide more social housing as an affordable alternative to HMOs for low income families
- Stricter enforcement of planning and housing regulations e.g. ensure landlords undertake repairs to properties in poor condition
- Implementation of additional or selective licensing in areas with high proportions of HMOs
- Ensure that data regarding HMOs in Charnwood is accurate and up-to-date
- Consider implementing a ‘no-sandwich’ policy i.e. not granting planning permission for new/adapted HMOs which would lead to a property being ‘sandwiched’ between two HMOs
- Use planning policy to ensure that HMOs are more evenly distributed around the Borough
- Better patrolling of wardens and police in areas with high proportions of HMOs

- Offer financial incentives to encourage landlords to reconvert HMO properties back into family houses
- Mandatory standards and regular checking of properties to ensure standards are met

4.31. Survey respondents were also asked whether Charnwood Borough Council's current policy threshold for resisting further HMOs should be higher or lower (or remain the same). Of the 201 survey respondents, 80 (40%) stated that the 20% threshold should be lower, 21 (10%) stated that the threshold should remain the same, whilst 4 (2%) stated that the 20% threshold should be higher. 95 respondents (47%) did not state or did not know. Some respondents suggested that, as well as changing the 20% threshold, the 100m radius may need to be amended e.g. making it larger to incorporate a larger number of properties:

"There is a big issue unaddressed by the '100m radius' rule: where the radius extends into areas where there are few properties (e.g. parks or roads around the university), the results become subject to 'discretisation error'. The 100m radius should be one in which the property sits, but not extended over non-residential areas of the map. Without this, the assessment of all 'corner properties' becomes unacceptably erratic."

4.32. Importantly, survey respondents acknowledged that there are areas within the Borough which already contain substantially more than a 20% proportion of HMOs. Some survey respondents suggested that in such areas, the proportion of HMOs should be allowed to increase in order to lessen demand for HMOs in areas which had not yet reached saturation point:

"If the percentage of properties has already risen above the upper threshold all other HMO applications should be granted. For example, almost all the properties in the area I live are already HMOs. It is 90% or more. My house is one of the very few which is not an HMO. If any of the remaining non-HMO houses became HMO it would have minimal impact. As the percentage is already so high, I feel I wouldn't notice, and neither would any of the other non- HMOs."

"I would suggest the upper limit could be 70%. Anything above that is

already studentified and might as well be left to go to 100%.”

4.33. However, a majority of respondents were in favour of reducing the current 20% threshold and/or increasing the 100m radius:

“A 10% limit would be more appropriate but local area residents groups know that the 20% limit is well exceeded in many areas of the town. In some areas the concentration is well in excess of 50%. Concentrations of this level drive families away from the area which then becomes dominated by students and a transient workforce that have no interest in the local community.”

“20% is too much. Half that would be better, and each area should be licenced on its own merit. No HMOs close to retirement bungalows etc.”

“The 20% ratio is not being rigorously applied in our ward where the percentage of HMOs is 30%. The existing ratio is too high and should be reduced to 10%. Our area has a high number of large properties which have been converted into HMOs which creates a ghetto-like feel in the local area and undermines any sense of local community. 100m is definitely not long enough and should be increased to prevent further ghettoisation of town centre areas as well as further out”.

“Having seen how the criteria is applied I think it fails to properly account for wider impact housing has on the local area. The system isn't transparent and didn't account for halls of residence. Without a freely available HMO register for the area which could help show hotspots and areas where concentrations will occur an arbitrary 20% within a 100m doesn't really showcase the true impact. On our stretch of road 4 of the 7 properties are HMOs, but this didn't stop the application being processed. I think a wider radius is required and a lower threshold before HMOs can be built”.

4.34. According to some respondents, the policy approach needs to take better account of areas which had very concentrations of HMOs before the policy was introduced:

“The [20% threshold] is appropriate. However, the problem had already got out of hand before the new restrictions came into power.

My road has about 70% HMOs in occupation. This is difficult to manage and follow as there are so many properties already letting and pre-2010, so they do not show up on any licences or database. The percentages are way too high for the distance”.

“I think 20% is fine. I don't object to living near students on the whole. But the council has to be sensitive to areas which are already over 20% when the law is introduced, otherwise people like us get stranded. We applied for permission ourselves for our house to have HMO status so we could get out, but were refused. It literally would make no difference to the ambiance of the estate if our house was an HMO, as we are in such a minority - but the council has a one-size-fits-all approach and really doesn't think, or seem to care, about the impact its policies have had on residents like us.

4.35. Only 4 respondents believed that the current 20% threshold should be higher.

Two respondents stated that the threshold should be higher to reflect the fact that some local areas in Charnwood already have proportions of HMOs above 20%. Another stated that a higher threshold would help meet the local housing shortage, whilst a fourth suggested that a 25% threshold was more reasonable but difficult to control.

4.36. Some survey respondents stated that there is a need for more flexibility in implementing the threshold policy:

"Some common sense should be used. If there is an HMO with many problems, you may not want to approve another one nearby (even if it is more than 100m), while the current problems have not been resolved, if the other property could face the same problems. On the other hand, there could be a small HMO with no problems belonging to a responsible landlord. Then another one could be right next door if there is also a responsible landlord, and then there could be 200m to the next one to be approved. The situation in the neighbourhood should be taken into account, and there should be some flexibility."

“The present criteria are too low and control is less effective than it needs to be. In some areas with larger properties 100m radius includes only a relatively few properties. The 20%, or whatever threshold should be weighted by number of HMO occupants.”

4.37. One respondent suggested that a set threshold and radius is restrictive. The 20% threshold means that it can be difficult for landlords to sell properties in areas which already exceed the threshold. It would be better for HMO planning applications to be considered on an individual basis.

4.38. One suggestion was for a 100% limit in areas which already have more than 20% HMOs, but a 10% limit in areas with relatively few HMOs. Also, it was suggested that the proportion be based on the number of HMOs on a street, rather than a 100m radius.

4.39. It was suggested that the current policy does not consider purpose-built student accommodation. However, it was also suggested that, irrespective of which HMO policy is adopted by the local authority, in a university town such as Loughborough there will always be high demand for some form of student accommodation. Also, it was suggested that in order to better implement current planning policy, the local authority needs to ensure that the HMO database is accurate and up to date.

4.40. Finally, survey respondents were asked if there were any alternative methods that could be used to help better manage the proportion of HMOs in Charnwood. This question elicited a wide range of views although many repeated the responses to the question regarding the ways in which the council could reduce the impact of HMOs in Charnwood discussed above. Key themes included:

- the need for stricter enforcement of planning and housing regulation
- more purpose-built student accommodation
- better communication between the council and university
- consider the implementation of additional or selective licensing
- more punitive attitude towards poor landlords
- more affordable housing to help reduce demand for HMOs
- amend the current threshold and radius
- maintain accurate and up-to-date information on HMOs;
- more consultation with local residents regarding HMOs;

- encourage the development of beehive units (small accommodation or business units using sustainable development principles) which would increase the supply of affordable accommodation and help employ local people;
- limiting the number of properties a landlord can own in a particular area; and
- an ‘amnesty’ for all HMO landlords whose properties had not been registered.

### *Stakeholder events*

4.41. Two events were undertaken with key stakeholders on Friday 22 March at Charnwood Borough Council offices with the aim of discussing key stakeholders experiences of HMOs in Charnwood. The first stakeholder event took place in the morning of Friday 22 March and consisted of 12 stakeholders from a range of backgrounds including local residents’ groups, local landlords, Loughborough University, Leicestershire Police, and Charnwood Borough Council employees. The second stakeholder event took place in the afternoon of Friday 22 March and consisted of 12 elected Members. Both stakeholder events were attended by 3 Charnwood Borough Council staff who introduced the purpose of the events and helped facilitate group discussions. The events were led by two *RRR Consultancy* staff. Attendees at both stakeholder events were asked to discuss three key questions:

1. What are the impacts of HMOs on local communities?
2. How effective are current local plan policies in managing the proportion of HMOs?
3. What could be done to better manage the proportion and concentration of HMOs in Charnwood?

4.42. Attendees were split into groups of 3 or 4 and asked to discuss each question for around 10-15 minutes. Nominated representatives fed back the results of the discussion to all attendees. The events ended by *RRR Consultancy* staff providing a progress report on the consultation findings.

4.43. The key findings from both group discussions are outlined below:

### *Positive impact of HMOs on local communities*

- Provides accommodation for low level income families
- It provides accommodation for university students as it grows
- Able to accommodate a large number of people in one property
- Provides accommodation for ex-students and people coming to work in area who may not easily be able to get onto the 'housing ladder'
- Meeting housing demand – people with no other option and people who want to live together
- New residents can share accommodation before getting to know the locality better
- HMOs help build a relationship with the community
- Students get used to living in communities and in their own house
- More money spent in town centre
- HMOs linked to university which brings economic benefits
- HMO bring diversity into local areas in term of types of people
- Jobs and spending in local areas – HMOs make a contribution
- Provide affordable housing
- HMO dwellers can provide support of other occupants
- People learn about living together and as part of a community
- Social skills for tenants – learning to live as adults
- Supporting local shops and businesses
- Provides income for owners
- Affordable/cheaper way of living

### *Negative impact of HMOs on local communities*

- Fewer properties for first-time buyers
- Increased perceived crime and ASB
- Closure of local schools due to fewer families with children
- Loss of traditional community
- Increased household and transient noise
- Overflowing bins and litter
- Absentee landlords not ensuring upkeep of properties
- High densities of student HMOs are a problem
- Gardens overgrown and neglected
- Extensions and internal changes
- Lack of maintenance
- Clash between different people with differing life-styles
- Congestion and parking issues
- Cost of having to enforce problems
- Lower property prices



- Fear of crime in the area
- Not all paying council tax so less income for LA
- HMOs do not very often return to family homes
- Removes family homes from residential communities
- Transient population
- Areas become desolated at certain times (e.g. holidays)

*Comments regarding the Threshold and Radius levels*

- Reviewing the 20% threshold is too late for some areas
- Different wards having different densities of HMOs
- 20% might be okay in some areas but not others
- No 'one size fits all' threshold
- Accurate data needed regarding the number of HMOs
- Need to stop sandwiching properties between HMOs
- 20% threshold too high
- Leads to high concentration of HMOs in some areas area and 'no-go' areas
- Need lower percentage threshold and radius
- Depends on size and type of building
- Depends on geography and density of properties
- Current policy does not consider impact of HMO conversions
- Need to consider number of people on HMOs rather than just number of HMOs
- 100m radius is problematic
- Density should be based on number of people per HMO
- HMOs are not fully listed – so difficult to know how many there are

*What else can be done?*

- Review threshold and radius
- More purpose-built student housing
- Improved transport links so people can live in other area and commute
- Better joining up between CBC departments – quicker resolution of issues
- Stricter planning enforcement
- Landlord licensing – mandatory and/or selective
- Daily enforcement – bins, noise, and fine for bins on pavements
- Approved landlord scheme (although any licensing scheme needs to be self-funding)
- Better waste management etc
- Better ASB management etc

- CBC licensing scheme to cover these issues – would need enforcement
- HMOS need to be listed

4.44. As can be seen from the above, many of the comments made at the stakeholder events reflected comments made by survey respondents. There was acknowledgment that, although sometimes problematic, HMOs play a positive role in providing accommodation for people who not able to access alternative accommodation. Stakeholders acknowledged the positive economic benefits that HMOs may bring to local areas. The role that HMOs may play in providing valuable experience to young people cohabiting for the first time, as well as the potential social support that HMO occupants may experience was also recognised.

4.45. However, stakeholders also acknowledged the negative impact of too high a proportion of HMOs in local areas including increased anti-social behaviour and crime, and noise emanating from both HMOs and transient noise. Stakeholders suggested that high proportions of HMOs can also lead to environmental issues such as poor maintenance of properties, increased litter, untidy gardens and surrounding areas, and issues with waste disposal and parking. Too high proportions of HMOs were also considered to lead to too few properties suitable for first-time buyers, differences between the lifestyles of HMO occupants and neighbours, and unbalanced communities.

4.46. Stakeholders suggested that reviewing the current threshold policy will not impact on local areas which already have HMO densities above 20%. Some localities with too high proportion of HMOs become 'no-go' areas for non-HMO residents. Stakeholders suggested that there is no 'one-size-fits-all' approach to determining whether planning application for new or adapted HMOs should be resisted or not. It may be necessary to consider the number of people residing in a HMO rather than just the number of HMOs within a specific radius as well as type, size and location. Other ideas included selective licensing, more purpose-built student housing, approved landlord schemes (although it was acknowledged that these would have to be self-funded), stricter enforcement of planning regulations, and better communication between relevant agencies.

4.47. On Thursday 21 March 2019 a 'round table' discussion on HMOs was undertaken with Charnwood Borough Council officers. The discussion was attended by officers from the planning department to discuss the effectiveness of current local plan policies and practicalities of implementing the current policy.

### *Summary*

4.48. This chapter has discussed the views on key issues regarding HMOs of over 200 stakeholders. It is apparent from the consultation that although there are many issues regarding HMOs in the Borough, stakeholders acknowledged the important role they play in accommodating mainly low-income households and students. Stakeholders also recognised that the local HMO market is evolving with some areas becoming 'destudentified' and HMOs becoming occupied by professionals requiring flexible accommodation close to places of work. Whilst HMOs are perceived to be concentrated around Loughborough University, stakeholders are aware that there are small pockets of HMOs located throughout the Borough. HMOs are perceived to make an important contribution to local economies and can play an important role in providing young people with experience of running households. Also, they contribute towards the Borough's diversity by accommodating people from a wide range of differing backgrounds:

4.49. However, the extent to which stakeholders believe that high concentrations of HMOs can negatively impact on local areas is clearly evident. For stakeholders, there is a clear association between HMOs and higher levels of anti-social behaviour, noise nuisance, and issues regarding waste disposal and parking. Increased litter and issues with waste disposal were also regarded by stakeholders as being associated with areas containing high proportions of HMOs. Another key problem cited by stakeholders was parking. Large numbers of people residing in HMOs with access to cars can mean that parking can become an issue for local residents. Too high proportions of HMOs are perceived by many stakeholders as 'unbalancing' local communities leading to too few family homes. Stakeholders also associate high proportions of HMOs

with increased crime.

4.50. Stakeholder responses to Charnwood Borough Council's current threshold of 20% within 100m threshold policy was mixed. Generally, stakeholder attitudes towards the threshold policy were more negative. Most survey respondents who commented on the 20% threshold stated that it is too high and ineffective in areas where there are already high concentrations of HMOs. Stakeholders also suggested that there may be a need to revise the 100m radius or develop alternative methods such as considering the number of existing HMOs on a street by street basis.

## 5. Conclusions

- 5.1. The main objectives of this study have been to assess the impact of HMOs on local communities in Charnwood and to determine whether the current threshold and criteria are appropriate for managing the proportion of HMOs or whether it needs updating. It is apparent that HMOs constitute an important component of the local and national private rented sectors. They play an important role in accommodating mainly low-income households and students.
- 5.2. The work undertaken by Smith and Culora (2018) shows that there are two distinct dimensions to the local HMO market. The student HMO market is increasingly 'wrapped' around the north, east and south edges of the campus of Loughborough University, and to a lesser extent, Loughborough College. The non-student HMO market is most marked in the wards of east Loughborough, and to a lesser extent, in some outlying towns and villages.
- 5.3. Analysis of ward data confirms that a large proportion of HMOs are concentrated in wards closest to Loughborough University and Loughborough College such as Loughborough Southfields (21.8%) and Loughborough Storer (19.8%). The remaining 26 Charnwood wards contain less than 10% proportions of HMOs. Similarly, analysis of LSOA level data indicates that almost all Charnwood LSOAs contained fewer than 10% HMOs, whilst only 6 (all located in Loughborough) contain over 10%.
- 5.4. The local HMO market is evolving with some areas becoming 'destudentified' and HMOs becoming occupied by professionals requiring flexible accommodation close to places of work. Whilst HMOs are perceived to be concentrated around Loughborough University, they also occur throughout the Borough. HMOs make an important contribution to local economies and can play an important role in providing young people with experience of running households. Also, they contribute towards the Borough's diversity by accommodating people from a wide range of differing backgrounds.

- 5.5. Whilst consultation with key stakeholders has highlighted the benefits of HMOs, stakeholders have also overwhelmingly stated that too high a concentration of HMOs can negatively impact on local communities including issues around anti-social behaviour, noise nuisance, waste disposal and parking. It is also evident from consultation that stakeholders perceive too high a concentration of HMOs leads to unbalanced communities and impact on demand for local services. In relation to HMOs occupied by students, it is apparent that both the local authority and Loughborough University have done much to help ameliorate the impact of negative issues such as noise nuisance on local communities. This includes working alongside Leicestershire Police to make direct contact with as many students as possible to provide them with key advice and information, creating the senior post of Community Relations Officer, and promoting the *Silent Students Happy Homes* (SSHH!) campaign.
- 5.6. One issue regarding student accommodation is (for planning purposes) defining student halls of residence and purpose-built-student-accommodation (PBSA). The exclusion of student halls of residence from the definition of HMOs is emphasised by the Housing Act 2004 which states that any building managed or controlled by such an establishment and occupied solely or principally by its students will not be a house in multiple occupation (“HMO”) for the purposes of the Act. The planning status of PBSA is less certain although it be useful to adopt the definition used by Swansea City Council (see recommendations in Chapter 6 below).
- 5.7. To some extent, the data analysed in Chapter 3 supports stakeholder perceptions of the negative impact of a high concentration of HMOs. Analysis of data shows that there is a very strong correlation between the number of HMOs and number of recorded ASB incidents recorded by ward. A large proportion of ASB incidents occurred in wards which contain the highest proportion of HMOs i.e. around the Loughborough Southfields and Storer wards. Similarly, evidence suggests that there is a very strong relationship between the number of HMOs and incidences of waste accumulation. Evidence suggests that there is only a weak correlation between the two factors. Importantly, data shows that most recorded noise incidents took place in single family houses, with only small

proportions taking place in bedsits or HMOs. Whilst analysis of secondary data regarding HMOs and issues such as anti-social behaviour, noise and waste may not be conclusive, it shows that such issues are more likely to occur in areas with high proportions of HMOs. Such factors can be used by the local authority to help future assessments determine the impact of high proportions of HMOs on local communities.

- 5.8. Stakeholder responses to Charnwood Borough Council's current threshold of 20% within 100m threshold policy is mixed. It is apparent that some stakeholders appreciate that such a policy helps ensure transparent planning decisions. However, overall stakeholder attitudes towards the threshold policy tended to be more negative. Most survey respondents who commented on the 20% threshold stated that it is too high and ineffective in areas where there are already high proportions of HMOs. Stakeholders also suggested that there may be a need to revise the 100m radius or develop alternative methods such as considering the number of existing HMOs on a street by street basis or taking an alternative approach in very high concentration areas. Very few stakeholders suggested that the threshold should be higher, and this was mainly to encourage the development of HMOs in areas which are already above the 20% threshold.
- 5.9. It is apparent from the data presented in Chapter 2 that Charnwood Borough Council's 20% threshold within 100m tends to be higher than most local authority thresholds. Of the 41 local authority HMO policy thresholds considered by this report 15 were lower, 9 were the same, and only 3 were higher. It is also important to note that 14 local authority areas with designated Article 4 areas did not implement thresholds or radiuses. According to local authorities surveyed, HMO policy thresholds were mainly based on local evidence.
- 5.10. However, two local authorities (Birmingham and Portsmouth) cited work undertaken by the National HMO Lobby (2008) on the 'studentification' of local areas which influenced adopted HMO policy threshold levels. An important finding of the report was that local communities become 'unbalanced' if more

than 20% of the population reside in HMOs or more than 10% of properties are HMOs. This is one reason why many local authorities adopt the 10% threshold.

5.11. Chapter 2 examined planning applications relating to HMOs in Charnwood. Between 2015 and 2019 Charnwood Borough Council recorded 55 planning applications relating to applications for new or converted HMO properties (although 3 were withdrawn and 2 were pre-applications). Applying the current 20% threshold at 100m led to 72% of the remaining 50 planning applications being granted planning permission, whilst a scenario considering a 10% threshold within 100m would lead to 38% of planning applications being granted.

5.12. It is also important to consider the impact of the radius element of the HMO policy in helping to determine HMO planning application decisions. As discussed in Chapter 2, Worcester City Council undertook an exercise which considered how applying radiuses of 125m and 75m would impact on HMO proportions previously based on a 100M radius. Worcester City Council concluded that a smaller radius increases the percentage of HMOs found within the defined area and increases the possibility that an application will not pass the HMO policy threshold criteria. However, it also determined that a larger radius has a less conclusive effect, as whilst it increases the number of residential properties, it both increased and decreased the percentage of HMOs found within it, depending on the extent of how many more HMOs were captured within an area.

5.13. Repeating the exercise with Charnwood planning applications led to fairly similar results i.e. applying a smaller radius of 75m compared to the current 100m radius is slightly more likely to lead to a higher proportion of HMOs under the 20% threshold, whilst applying a larger radius of 125m compared to the current 100m radius is more likely to lead to a smaller proportion of HMOs under the 20% threshold. However, the results are not conclusive and are likely to vary depending on the built form surrounding the planning application property. As such, this report recommends that the radius component of the HMO policy threshold methodology is not changed from its current 100m.



However, the type of built environment surrounding the proposed property may impact on the proportion of HMO properties within the 100m radius. This requires a reconsideration of how the radius is determined.

5.14. Examining planning applications from both Charnwood Borough Council and other local authorities provides interesting evidence as to why they are granted or not. The main reasons for Planning Inspectors dismissing appeals were that the proposals would be harmful to the residential character of the areas and living conditions of neighbouring residents. Examination of planning appeal documents from areas such as Brighton, Manchester and Portsmouth show that Planning Inspectors have reached similar conclusions regarding dismissing appeals in areas in which the HMO proportion is already above the HMO policy threshold. However, it should also be noted that on occasion Planning Inspectors have decided to allow planning appeals in local authority areas with HMO proportions above thresholds on the basis that there is limited evidence of damage to local communities or neighbourhoods.

5.15. To conclude, the evidence suggests that current Core Strategy CS4 policy does support the well-being, character and amenity of Charnwood communities by managing the proportion of HMOs. However, the methodology used to determine whether planning applications for HMO properties should be granted i.e. a 20% threshold within 100m – needs to be amended to 10% for several reasons. First, evidence discussed in the literature review (National HMO Lobby, 2008) indicates that local communities become ‘unbalanced’ if more than 10% of properties are HMOs. Second, based on local evidence a large proportion of the 41 local authorities whose HMO policy thresholds were examined as part of this report have adopted a 10% threshold. Third, there is strong evidence that most local stakeholders consider the current 20% threshold to be too high, and a 10% threshold to be more appropriate for Charnwood. Also, as the proportion of HMOs in 26 out of 28 Charnwood wards is currently lower than 10% (most contain 1%-2%), applying a 10% threshold would ensure that the proportion of HMOs does not become too high.

5.16. The evidence regarding whether adopting a 100m radius is appropriate is less

conclusive. The modelling of differing radiuses undertaken by Worcester City Council showed that they impact on the proportion of HMOs within the radius. Similarly, the testing of 5 Charnwood planning applications with differing radiuses showed that, to some extent, they do impact on the proportion of HMOs found within the radius. Nonetheless, the results from both studies were not conclusive and using different planning application case studies may lead to different results. As such, it is recommended that the 100m radius is maintained.

5.17. However, there is some evidence that the type of built environment surrounding the proposed property may impact on the proportion of HMO properties within the 100m radius. For example, natural features such as open spaces or built features such as dual-carriage roads may impact on the number of properties (and HMOs) measured within the 100m radius. As such, where built environment features impact on the number of properties within the radius, it may be necessary to extend the radius to encompass a minimum number of properties e.g. 80 properties.

## 6. Recommendations

- 6.1. One option would be to maintain the current 20% threshold and 100m radius – business as usual. This policy is already understood by all stakeholders and regarded by some as an effective and transparent means of deciding the outcomes of planning applications for HMOs in Loughborough. However, following consideration of all the evidence and discussions with key stakeholders detailed in this report, it is recommended that the Council's HMO policy threshold is updated to reflect the need to support the well-being, character and amenity of the local community.
- 6.2. It is recommended that the 20% threshold is reduced to 10%. As discussed in Chapter 5, there are 3 main reasons why it would be advantageous to adopt a 10% threshold: first, the literature indicates that local communities become 'unbalanced' if more than 10% of properties are HMOs; second, the majority of local authorities assessed have adopted a 10% threshold; and third, that most local stakeholders consider that a 10% threshold would be more appropriate.
- 6.3. It is recommended that the radius remains at 100 metres. Both increasing and decreasing the radius had varying results, therefore maintaining the same radius would seem appropriate for Loughborough. There is evidence that natural (e.g. rivers) and built environment features (e.g. roads) may impact on the number and type of properties within the radius. On average there were 92 residential properties within 100m of the 55 HMO planning application properties. Also, more than half (54%) of all application properties had 80 or more properties within the 100m radius. As such, it is recommended that where the number of residential properties is fewer than 80 the radius is expanded until it covers at least 80 properties. This would ensure that there was an average number of properties considered for each application.
- 6.4. It is recommended that population density is considered in determining planning applications. This would determine the likely number of people residing in existing and proposed HMOs rather than just the number of HMOs

themselves. Having a better understanding of the number of occupants would help to give a better idea about the scale of the likely impacts of a HMO. There are practical limitations to this approach and it could be difficult to estimate the number of people residing in HMOs. This could be done using existing data such as Council Tax data and planning applications. However, as there would be a certain level of estimating the number of occupants, this method might not provide a consistent approach and could also be resource intensive. An alternative approach could be to consider the number of large HMOs in the radius to provide a picture of the scale of density in that particular radius.

- 6.5. Whilst the HMO policy threshold is an important factor in determining whether a HMO application should be approved, it is only one material consideration and other factors will also need to be assessed for example, impact on local amenity, car parking and noise and disturbance. It is recommended that the Council continues to take account of all material considerations when determining HMO applications.
- 6.6. It is recommended that planning permission for HMOs is not granted where it would lead to a non-HMO property being 'sandwiched' between two HMOs. Similar to other local authorities such as Portsmouth City Council who have adopted a 'non-sandwich' policy this would minimise the negative impact of HMOs on individual properties.
- 6.7. It is recommended that the HMO policy threshold policy continues to apply only to Loughborough. This is because most wards outside of Loughborough have only small proportions of HMOs – usually under 3%. However, the local authority should continue to review the proportion of HMOs on a ward or LSOA basis to help determine if and when the policy should be applied to areas outside of Loughborough.
- 6.8. It is recommended that the Council adopts the following definition of purpose-built student accommodation (PBSA):

“...predominantly larger-scale residential accommodation

specifically for occupation by students. This may include new build development or the conversion of existing premises (e.g. large office blocks). It includes accommodation developed by Universities and also by the private sector”.

- 6.9. The literature review highlighted that the Council had granted planning permission for a small number of extensions to HMOs. The extension of existing HMOs was raised as an issue during the stakeholder consultations as having a negative impact on the local community. This was because of an intensification of uses which would increase problems such as noise, litter and parking. It is recommended that the Council makes a clear reference in the new Local Plan HMO policy on how it will approach decisions on planning applications for extensions to existing HMOs.

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## Appendix 1: Local Authority HMO Thresholds

LA	Threshold	Radius
Ashford	No threshold	The Direction removes permitted development rights for the Change of Use from class C3 (single dwelling) to class C4 (small HMO) in 4 wards.
Barking & Dagenham	10%	Total properties in road
Barnet	No threshold	All conversions from C3 to C4 require planning permission.
Bath & North East Somerset	10%	100m
Birmingham	10%	100m
Bournemouth	No threshold	The Direction removes permitted development rights for the Change of Use from class C3 (single dwelling) to class C4 (small HMO) in 4 wards.
Brighton & Hove	No threshold	All conversions from C3 to C4 require planning permission in 5 wards.
Bristol	No threshold	All conversions from C3 to C4 require planning permission in 3 wards.
Canterbury	10%	100m
Cardiff	20% in 2 wards, 10% rest of the city	50m
Charnwood	20%	100m
Exeter	20%	Within certain areas
Haringey	No threshold	The Direction removes permitted development rights for the Change of Use from class C3 (single dwelling) to class C4 (small HMO) in 12 wards.
Harlow	No threshold	The Direction removes permitted development rights for the Change of Use from class C3 (single dwelling) to class C4 (small HMO) in 2 areas.
Hastings	10%	100m
Hillingdon	20%	100m
Hull	50%	Houses and flats in specific street
Leeds	No threshold	
Leicester	No threshold	
Lincoln	10%	100m
Manchester	10% in 3 wards, 20% rest of the city	40m
Milton Keynes	20%	100m
Newcastle	No threshold	All conversions from C3 to C4 require planning permission in certain areas.
Northampton	15%	50m
Norwich	20%	Any street
Nottingham	25%	Contiguous output areas
Oxford	20%	100m

Plymouth	10%	100m
Portsmouth	10%	50m
Reading	25%	50m
Sheffield	20%	200m
Southampton	10%	40m
South Somerset	No threshold	All conversions from C3 to C4 require planning permission in Yeovil.
Stevenage	No threshold	The Direction removes permitted development rights for the Change of Use from class C3 (single dwelling) to class C4 (small HMO) in the Gunnels Wood and Pin Green Employment areas.
Sunderland	No threshold	All conversions from C3 to C4 require planning permission in 5 wards.
Tendring	No threshold	The Direction removes permitted development rights for the Change of Use from class C3 (single dwelling) to class C4 (small HMO) in the district.
Trafford	10%	40m
Warwick	10%	100m
Welwyn & Hatfield	20%	40m
Worcester	10%	100m
York	10%	100m

## **Appendix 2: List of streets with high numbers of HMOs mentioned by survey respondents**

- Alan Moss Road
- Arthur Street
- Ashby Crescent
- Ashby Road
- Beacon Road
- Blackbrook Road
- Browns Lane
- Burfield Avenue
- Burleigh Road
- Colgrove Road
- Coniston Crescent
- Cotswold Close
- Cumberland Road
- Curzon Street
- Derby Road
- Derwent Drive
- Fearon Street
- Forest Road
- Frederick Street
- Goldfinch Close
- Gracideu Road
- Grove Road
- Heathcoat Street
- Herrick Road
- Holywell Drive
- Kingfisher Way
- Kirsktone Dive
- Leopold Street
- Mountfields Avenue
- New Ashby Road
- Oxford Street
- Paget Street
- Park Road
- Radmoor Road
- Roseberry Street
- Royland Road
- Schofield Road
- Station Street

- Storer Road
- Thorpe Acre
- Wallace Road
- Westfield Drive
- York Road

## Appendix 3: HMOs by LSOA

Table A1: % HMOs by LSOA (sorted by proportion)	
LSOA	%
Charnwood 018C	0.38%
Charnwood 015C	0.45%
Charnwood 006B	0.46%
Charnwood 022B	0.53%
Charnwood 020B	0.58%
Charnwood 005B	0.60%
Charnwood 013C	0.61%
Charnwood 016C	0.77%
Charnwood 019D	0.78%
Charnwood 011A	0.79%
Charnwood 021A	0.85%
Charnwood 014F	0.85%
Charnwood 014E	0.96%
Charnwood 019C	1.00%
Charnwood 006C	1.01%
Charnwood 005A	1.03%
Charnwood 019B	1.04%
Charnwood 005C	1.05%
Charnwood 021F	1.05%
Charnwood 018B	1.06%
Charnwood 004D	1.06%
Charnwood 012B	1.07%
Charnwood 010C	1.07%
Charnwood 006A	1.09%
Charnwood 022C	1.10%
Charnwood 020C	1.10%
Charnwood 015D	1.16%
Charnwood 014D	1.18%
Charnwood 014C	1.21%
Charnwood 006D	1.23%
Charnwood 016D	1.26%
Charnwood 001E	1.26%
Charnwood 011D	1.26%
Charnwood 008A	1.26%
Charnwood 009D	1.26%
Charnwood 011C	1.27%
Charnwood 010F	1.30%
Charnwood 019A	1.30%
Charnwood 020A	1.31%
Charnwood 017A	1.32%
Charnwood 014B	1.32%
Charnwood 012A	1.34%
Charnwood 001C	1.37%

Charnwood 018A	1.37%
Charnwood 013D	1.38%
Charnwood 008B	1.39%
Charnwood 018D	1.40%
Charnwood 011B	1.40%
Charnwood 012C	1.40%
Charnwood 016B	1.41%
Charnwood 009A	1.42%
Charnwood 017B	1.43%
Charnwood 021D	1.45%
Charnwood 008C	1.46%
Charnwood 010D	1.46%
Charnwood 021B	1.50%
Charnwood 013B	1.56%
Charnwood 005D	1.58%
Charnwood 022A	1.58%
Charnwood 012D	1.58%
Charnwood 021E	1.59%
Charnwood 016A	1.62%
Charnwood 015A	1.64%
Charnwood 013A	1.67%
Charnwood 004A	1.67%
Charnwood 017D	1.72%
Charnwood 014A	1.85%
Charnwood 015B	1.97%
Charnwood 022D	2.04%
Charnwood 010B	2.06%
Charnwood 021C	2.06%
Charnwood 004B	2.13%
Charnwood 010A	2.19%
Charnwood 017C	2.24%
Charnwood 008D	2.34%
Charnwood 003F	2.35%
Charnwood 002A	2.38%
Charnwood 001B	2.48%
Charnwood 009B	3.23%
Charnwood 004C	3.40%
Charnwood 009C	3.45%
Charnwood 002G	3.50%
Charnwood 002C	3.68%
Charnwood 010E	5.26%
Charnwood 002F	5.84%
Charnwood 002E	5.88%
Charnwood 003C	5.90%
Charnwood 009E	6.15%
Charnwood 002D	6.33%
Charnwood 002B	6.88%
Charnwood 007C	7.18%
Charnwood 009F	8.47%
Charnwood 007D	8.83%

Charnwood 007B	12.52%
Charnwood 007A	13.90%
Charnwood 003D	28.53%
Charnwood 003A	29.35%
Charnwood 003B	30.62%
Charnwood 003E	39.09%