

Report to Sustainable development panel

25 March 2015

Report of Head of planning service

Subject Planning policy options for Houses in Multiple Occupation (HMOs)

Item

5

Purpose

To inform members and allow debate on consultation feedback on planning policy options for addressing issues relating to Houses of Multiple Occupation (HMOs) and a proposed future planning policy approach.

Recommendation

To note that consultation option 4 promoting the development of accommodation types to reduce demand for conversion of existing housing to HMOs will be taken forward, allowing time to assess housing accreditation and licensing options.

Progress will be monitored and assessed in 2017, when the need for policy restrictions on new HMOs in wards with areas of high HMO concentrations through an Article 4 Direction and a threshold (an adaptation of consultation option 2a) will be considered.

Corporate and service priorities

The report helps to meet the corporate priority Decent housing for all and the service plan priority to implement the local plan for Norwich.

Financial implications

Short term costs, relying on currently adopted planning policy and housing accreditation, will be relatively low. Longer term costs from 2017 will be higher if it is concluded that an Article 4 Direction and new policy development is required.

Ward/s: All wards

Cabinet member: Councillor Stonard – Environment and transport

Contact officers

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Background documents

None

Report

Background

1. A 'House in Multiple Occupation' (HMO) is a house or flat which is shared between 3 or more unrelated occupants living as 2 or more households who share basic amenities such as kitchen or bathroom facilities. There are two different types of HMO:
 - a 'small HMO' of between 3 and 6 occupants (classified in planning terms as a 'C4 HMO'), and;
 - a 'large HMO' that generally has 7 or more unrelated occupants (termed a 'Sui Generis HMO').
2. Ordinary houses are classified as C3. Purpose-built student accommodation, both self-catering accommodation and halls of residence, is classed as C2 (residential institutions).
3. Planning permission is not required nationally to convert from C3 to C4 or visa-versa. Such a requirement can be set locally, at some expense, through the introduction of an "Article 4 Direction". At present, there is no policy in Norwich which specifically attempts to restrict an increase in the total number of either smaller or larger HMOs in any locations in the city. No requests were made through the recently completed Local Plan making process to introduce such a policy.
4. Norwich, like most cities, particularly those in which education forms an important part of the local economy, has a large number of HMOs. These play an important role in meeting people's housing needs by providing shared accommodation that is affordable. HMOs generally provide accommodation for a range of people such as young professionals, students and temporary workers, amongst others. Without HMOs, many people would not be able to afford to live in Norwich.
5. However, the growth in HMOs in some areas has led some people to believe that their communities are becoming unbalanced, because the number of short-term tenants with less established community ties has grown too large. The main issues raised relate to the appearance of properties (bins, gardens etc.) and anti-social behaviour. There are also concerns that growth in HMOs restricts the amount of housing available to enable people to get on the housing ladder.
6. Some residents, particularly in the College Road area of the Nelson ward, have recently expressed concerns about the growth in the number of HMOs in their area and have requested that planning controls be introduced to prevent further growth. As a result, a consultation was held on planning policy options for HMOs.

The Consultation

Consultation material

7. At its meeting on 24 September 2014, the sustainable development panel considered a report and draft options paper on planning for HMOs and potential links to licensing policy. The panel approved the options paper for consultation subject to clarification of the nature of the concerns over HMOs.
8. The consultation ran from 3 November to December 19 2014. Consultation material (<http://www.norwich.gov.uk/YourCouncil/Consultations/Pages/NorwichLocalPlanPlanningForHMOs.aspx>) on the council website consisted of:
 - (a) A revised options consultation paper (<http://www.norwich.gov.uk/YourCouncil/Consultations/Documents/HMOOptionsConsultationDocument.pdf>) covering firstly the evidence relating to the growth of HMOs in Norwich and secondly which planning policy measures could be taken to address the issues around HMOs. It also takes account of how any planning policy measures could be combined with licensing measures.
 - (b) A consultation response form requesting views on the proposed options, other possible approaches and additional evidence.
9. The policy options consulted on, along with considerations and implications associated with them, are set out in table 1 below.

Table 1 - Policy options consulted on

Option	Policy intent	Mechanism / Work	Considerations and Implications
1	Blanket restriction on additional HMOs in the city as a whole	<ul style="list-style-type: none"> City wide Article 4 Direction to bring C3-C4 conversion under planning control City wide single issue Local Plan policy review to place blanket ban on additional HMOs 	<ul style="list-style-type: none"> Approach not taken anywhere else Significantly reduced housing choice for those with fewest housing options Very difficult to justify policy approach given housing need Significant resource implication from Article 4 Direction and Local Plan review Some ongoing resource implications to implement policies
2a	Restrict additional HMOs in areas of over-concentration through percentage threshold e.g. maximum 20% HMOs in any street potentially combined with	<ul style="list-style-type: none"> City wide Article 4 Direction to bring C3 to C4 conversion under planning control Develop new policy framework through city wide single issue Local Plan Requires city wide compulsory licensing regime to enable data to be collected on the location of all HMOs 	<ul style="list-style-type: none"> Dependent on the threshold set and the size of the areas in which over- concentration is limited, likely to lead to significant dispersal of HMOs across the remainder of the city Potential difficulty in defining and justifying thresholds for areas of over-concentration Significant resource implication from Article 4 Direction, Local Plan review and licensing Considerable ongoing resource implications to implement policies Significant financial implications as no fee can be charged for Article 4 related planning applications
2b	Drive up standards and management of new HMOs and ensure HMOS are only created in appropriate types of housing (Note: option 2b could be pursued without 2a)	<ul style="list-style-type: none"> City wide Article 4 Direction Policy review to ensure C4 HMOs are only created in suitable types of housing 	
3	Limit the concentration of HMOs through a blanket ban on additional HMOs in one particular area, with no threshold	<ul style="list-style-type: none"> Targeted Article 4 Direction for defined area Neighbourhood Plan or Area Action Plan for area of over-concentration Possibly also implement licensing regime in the defined area 	<ul style="list-style-type: none"> Difficulty in defining and justifying single area of over-concentration Dependent on the size of the defined area, likely to lead to some dispersal of HMOs across the remainder of the city Some resource implications from focussed Article 4 Direction and new plan

			<ul style="list-style-type: none"> Some ongoing resource implications to implement policies and possibly for licensing
4	Promote development of accommodation types to slow HMO conversion rate through planning and assess licensing options	<ul style="list-style-type: none"> Use JCS policy 4 to promote development of property types to slow HMO conversion rate by encouraging development of new flats and bedsits in different tenures Continue to support provision of additional purpose-built student accommodation through implementation of Local Plan allocations at UEA and support of planning applications in other appropriate locations Implement city wide voluntary housing licensing regime and accreditation and then assess policy implications 	<ul style="list-style-type: none"> No current reduction in housing choice for those with fewest housing options No new plans required Workload justifiable Allows opportunity to assess further evidence base requirement and ongoing resource implications

10. The conclusion was reached from the baseline information presented in the options consultation that while the demand for student only HMOs may decline in the future as more purpose-built student accommodation is provided and student numbers increase at a relatively slow rate, it seems highly likely that many additional people, mainly younger people, will enter the HMO market. The effect over the next decade is likely to be increasing demand in Norwich for HMOs to meet the needs of those with the fewest housing options.

Consultation responses

11. Thirty nine responses were received to the consultation. Table 2 below sets out a breakdown of the number of responses favouring the different options.

Table 2 Consultation responses favouring the different options

Option	Local Residents	Landlords/ landlords' organisations	Student organisations	Agents/ developers	Total
1, blanket ban on additional HMOs across the whole city	11				11
2a threshold based approach	15				15
2b, preventing new HMOs in certain types of housing (e.g. terraced housing)	8			1	9
3, blanket ban on additional HMOs in one particular area with no threshold	7				7
4 - Promote development of accommodation types to slow HMO conversion rate through planning and assess licensing options	2	3	2	1	8
No controls necessary/do nothing		5			5
No option specified	4	3		1	8

Note

- The numbers in this table do not equate to the overall number of responses (39) as a number of respondents supported more than one option
- It has become apparent that some respondents misunderstood the intention of Option 1 (a total ban on new HMOs through a city wide article 4 and a new policy preventing the development of any new HMOs) and option 2a (a city wide Article 4 Direction supported by policy with a threshold to prevent additional HMOs in areas of high concentration).

12. Further detail on the consultation responses is in the Report of Consultation in appendix 1. This summarises the responses briefly by options and in more detail by theme. It also contains summarised versions of each consultation response in appendix 1, annex 1.
13. No clear consensus emerged from the consultation, which showed that there are divided and strongly held views on this issue. Many responses were detailed and presented compelling arguments.

14. Broadly, the responses can be divided into two camps (for further detail, see appendix 1):

- a. There was strong opposition to the use of Article 4 Directions in any part of Norwich to require planning permission for new small HMOs. This opposition came mainly from landlords' associations, the University of East Anglia (UEA), other student bodies, letting agents and developers. Opponents of Article 4 Directions generally favoured a greater focus on effective implementation of existing powers and, in many cases, landlord accreditation rather than planning controls. It was argued this would be an effective approach to addressing problems associated with HMOs as it would cover existing HMOs, whilst Article 4 Directions would only relate to new HMOs.
- b. A number of respondents, mainly residents of areas currently with high numbers of HMOs, expressed the view that an Article 4 Direction is urgently required in Norwich. It was argued that a direction is required to prevent a further increase in HMOs in areas already suffering significant problems resulting from their high concentration. Many of these respondents also favoured measures to reduce problems from existing HMOs, such as landlord accreditation, in addition to planning controls. It was also argued that Article 4 controls should be implemented in a staged way alongside a planned approach to housing development so that those with fewest housing choices really do have options. One respondent questioned the method by which an Article 4 Direction would be introduced, stating that there might be a rush to convert housing to HMOs in advance of the introduction of a direction.

Option1 - Blanket ban on additional HMOs across the whole city

15. A blanket ban on further HMOs or was seen by a significant minority of respondents as draconian and unworkable, and should not be imposed in areas where there was no perceived HMO problem. The view was expressed that isolated problematic properties were being used as a justification for draconian controls on HMOs when problems are not prevalent everywhere; Norwich has a lower proportion of HMOs than any of the comparator cities and the problem is not as severe as it is sometimes portrayed.
16. On the other hand, some felt that Option 1 would best support and manage balanced communities throughout the city and prevent HMOs having such an adverse impact on the general character of an area and the amenity of its permanent residents. The view was expressed that it is far simpler and less confusing to administer a city wide direction than one based on smaller defined zones. A city wide Article 4 Direction would not reduce housing choice, rather it would improve housing choices for first time buyers/young families. It would bring regulation to an unregulated market by requiring the submission of a planning application. This in itself would hopefully deter speculative 'buy to let' landlords pursuing solely investment/income driven objectives. It was also stated that the council should take action to stop the loss of any further units of family housing to HMO use and take positive action to remedy the adverse impacts that have arisen in those areas where an excessive concentration already exists due to the lack of action by the council over the last 4 years. A respondent stated that contrary to the city council's statement in the consultation report, several cities were said to have implemented option 1 (see appendix 1, annex 2).

17. One respondent felt that stopping any further conversion of single family dwellings to HMOs would not disadvantage those most in housing need, but would compel academic institutions to provide accommodation themselves.

Option 2a - Threshold based approach

18. This option was supported by many as an effective means of addressing the issue in streets where the proportion of HMOs was highest. A common view expressed was that the twenty per cent threshold for HMOs suggested in option 2a was too high, though some supported it. Ten per cent was most often cited as the relevant “tipping point” beyond which communities became imbalanced and any threshold based approach should look to use that figure. It was also argued that a threshold based approach could only succeed if a ward based approach were combined with strict limits in specific streets with existing high concentrations of HMOs.

Option 2b - Preventing new HMOs in certain types of housing

19. Some stated that planning regulation of HMOs through Article 4 Directions should be limited by area or house type to the Victorian terraced housing areas. It was suggested that an effective option would be to focus such an approach on the Nelson and Town Close wards, particularly the College Road area, potentially taking in other similar areas across Norwich. The justification given for this approach was that HMOs should ideally only be created in detached houses with scope for adaptation where there is ample room for parking. They should not be created in terraced houses where every room is converted to a bedroom and where multiple occupants can cause significant noise disturbance and can have a general lack of regard for neighbours.

Option 3 - Blanket ban on additional HMOs in one particular area with no threshold

20. There was some support for this approach, all from local residents in areas with high concentrations of HMOs. While street by street limits on HMOs were felt by some to be unworkable and costly, many however strongly supported a freeze on further HMOs in specific streets.

Option 4 - Promote development of accommodation types to slow HMO conversion rate through planning and assess licensing options

21. Though favoured by some, in particular the landlord and student bodies, the Option 4 approach was regarded by many as ineffectual – it could not work without Article 4 controls to back it up and would otherwise just perpetuate the status quo.
22. Several respondents argued that elements of the option 4 approach, including working with landlords on licensing, should be implemented alongside Article 4 Directions, either for specific areas or city wide.
23. Opponents of Article 4 Directions argued that a combination of measures, using existing powers rather than introducing Article 4, was the best approach. The need for a cooperative and collaborative approach to addressing problems was emphasised, with constructive engagement and cooperation with private landlords and information sharing to drive up standards and avoid rogue landlords blighting the sector.
24. Opinions varied on the desirability of encouraging more purpose built student accommodation whether on or off campus. On the one hand this option was seen as freeing up more general needs housing stock that was reasonably affordable, on the other there was a perception that this approach could lead to student “ghettos” with development in unsuitable, perhaps less sustainable, locations, but could be acceptable if done well.

25. The development of property types which would meet the demand for affordable rented accommodation for individuals with limited housing options was supported by a number of respondents. This might include long-term Norwich residents with limited incomes, workers on fixed-term contracts, and young professionals who need to be mobile to progress their careers and whose choices may also be limited by significant student loan debt.

Additional option proposed through consultation – Do nothing

26. A limited number of respondents stated that no change at all was required, arguing either that problems related to HMOs were not as significant as they were perceived to be by some people or that market mechanisms would be the best way of addressing any problems.

Additional evidence from the consultation

27. One of the stated purposes of the consultation was to gain information on additional available evidence. This additional evidence, supplementing that in the consultation options report, has assisted in producing this report.

28. It has shown that:

- The conclusion drawn in the options paper that the numbers of HMOs occupied by students was unlikely to increase significantly, and may fall, was further evidenced through the consultation. The UEA stated while it was not capable of meeting all accommodation demand either on campus or in off-campus developments, significant recently completed purpose built accommodation along with additional planned expansion of on-campus accommodation at the former Blackdale School site would limit the pressure on the private rented sector. There are already over 1,000 student bed spaces in the planning pipeline. In addition to the purpose built accommodation already planned for, there is a strong possibility that additional student bed spaces will be delivered as the market grows for accommodation provided for students through private sector development. There has recently been growth in such development in Norwich. This trend is shared with other university cities, both with and without Article 4 Directions.
- Best available evidence strongly suggests that the growth in need for HMOs will mainly be among young people other than students. Evidence set out in the options paper that there will almost certainly be an increase in demand for HMOs over the next decade to meet the needs of non-students, who are often those with the fewest housing options, was not challenged through the consultation.
- Government work on this issue, through both the Rugg Report (2008) into the private rented sector and the October 2014 Parliamentary “All Party Parliamentary Group for the Private Rented Sector” has drawn the same conclusions as the option evidence, identifying problems associated with high concentrations of HMOs, whilst also stressing the importance of HMOs to the economy. The parliamentary group supported the view that Article 4 Directions should continue to be available as a tool for local authorities to use to respond to the local needs concerning HMOs. Significantly, the parliamentary group concluded that it is important that legislation designed to tackle anti-social behaviour is properly enforced, rather than simply reaching for planning powers to start with. The key findings of the parliamentary group are set out in annex 3 of appendix 1.

- It is likely some accommodation aimed at this housing market will be provided through office conversions, which currently does not require planning permission. While the scale of such delivery is difficult to predict in the longer term, since 2013 approximately 400 office conversion dwellings have gained “prior approval”. There is currently a proposal for conversion of an office in the city centre to single bedsits at extremely high density which is understood to be aimed at the student market.

29. Some respondents criticised aspects of the consultation process, including its content, and the council’s recent approach to planning for HMOs. A summary of these criticisms, along with a response from the council on each, is in annex 2 of appendix 1. In the interests of brevity and comprehensibility, annex 2 summarises the main issues raised rather than directly addressing each statement made in detail.

Proposed approach

30. The choice of option 4 followed by considering the need to implement an adaptation of option 2a in 2017 effectively rejects progressing the other options consulted on or proposed through the consultation:

Consultation Option	Decision	Reason
1, blanket ban on additional HMOs across the whole city	Not favoured	This option received some support, wholly from local residents. Given the evidence that there is highly likely to be an increase in demand for HMOs this option would not be appropriate as it would significantly reduce housing choice for those with fewest housing options. It would also be a poor use of resources which would not necessarily target existing problems.
2a Threshold based approach in wards with high HMO concentrations	To be considered in 2017	See paragraphs 31-34
2b, preventing new HMOs in certain types of housing (e.g. terraced housing)	Not favoured	This would remove large numbers of houses capable of providing HMOs from the potential stock without clear evidence that some types of housing are more appropriate for HMOs than others.
3, blanket ban on additional HMOs in one particular area with no threshold	Not favoured	Although this approach would be likely to lead to some dispersal of HMOs across the remainder of the city, there would be great difficulty in defining and justifying a single area of over-concentration.
4 Promote development of accommodation types to slow HMO conversion rate through planning and assess licensing options	Favoured approach	See paragraphs 31-34 below
Additional option proposed through the consultation of taking no action at all to address HMO issues.	Not favoured	The consultation has shown that there is an issue with HMOs in areas of high concentration that needs to be addressed. Therefore a do nothing approach is not appropriate.

31. Option 4 is being proposed as it will enable accreditation and any subsequent licensing initiatives to be assessed before the need for further measures through an Article 4 Direction and a threshold based policy is considered in 2017. It is anticipated that this approach will

assist in addressing the current problems that exist in areas of high concentrations of HMOs. Implementation of option 4 and monitoring of the delivery of purpose-built student accommodation will enable evidence for this to be assessed in 2 years. Monitoring of the accreditation scheme will assess both take up and compliance. The need for licensing will be assessed based on the success of accreditation. If accreditation is very successful, it will not be necessary to introduce licensing for small HMOs.

32. While there was no consensus identified through the consultation, the great majority agreed that there are problems associated with HMOs in areas of high concentration. Therefore, a key question to be addressed is how best to reduce those problems. There was strong support, both from residents and from many other respondents, for measures to support implementation of existing powers. Although this consultation did not focus on the detail of the city wide housing accreditation scheme and any subsequent housing licensing regime to be progressed separately by Norwich City Council's strategic housing team, in principle support for such measures as part of option 4 was expressed.
33. It is incumbent upon the council to plan to meet the growing need for HMOs to address the needs of those with the fewest housing options. Any Article 4 Direction would need to be focussed only on the areas with the highest proportions of HMOs if those housing needs are to be met. It is anticipated that if it is concluded that an Article 4 Direction is required, this would only be applied, using a percentage threshold, to the specific wards currently with areas of high concentrations of HMOs. This is an adaptation of option 2a, as the Article 4 Direction would not be applied city wide as proposed in the consultation document, but only to those wards with areas of over-concentration. Further evidence work over the next two years can be collected on this issue.
34. This approach would be likely to lead to significant dispersal of HMOs across the remainder of the city in different types of, largely lower cost, properties. The decisions made by those with the greatest housing need are unlikely to lead to a further increase in HMOs in those areas between the city centre and the university which currently have high proportions of HMOs. HMOs in these areas are mainly occupied by students and are in relatively high housing cost areas.

Conclusion

35. This is a finely balanced issue with strongly held and often opposing views, to which there is no single right or wrong answer. It is clear from the consultation and evidence that many feel that it is necessary to introduce measures to address problems in areas with high numbers of HMOs, whilst at the same time there will be a need for more HMOs in the city in the future to address housing need. As a result, and taking account of the recent government recommendations, option 4 will be implemented. An evidence based review of progress will take place in 2017, when it will be considered whether it is necessary to introduce an Article 4 Direction to implement an adaptation of option 2a, a threshold based approach in wards with high concentrations of HMOs.

Appendix 1 - REPORT OF HMO OPTIONS CONSULTATION

Introduction

1. A [draft options paper](#) on planning for Houses in Multiple Occupation (HMOs) and potential links to licensing policy was taken to Norwich City Council's Sustainable Development Panel on September 24 2014. The panel approved the options paper for consultation subject to clarification of the nature of the concerns over HMOs.
2. In response to invitations, presentations on the consultation options paper were made to two local landlords associations in October.
3. The consultation ran from 3 November to December 19 2014 (this included an extension of a week at the request of consultees). All consultation information was available on the [Norwich City Council website](#) throughout the consultation period.
4. 378 individuals and groups, (including individuals who had previously contacted the council in relation to HMO issues, residents and landlords associations and letting agencies) were contacted by email or letter and a press release was sent out.
5. 39 responses to the consultation were received. A table summarising each response is in annex 2. As stated in the consultation response form, this table does not name individual respondents, but does identify organisations which responded to the consultation.
6. No clear consensus emerged from the consultation responses, which showed that there are divided and strongly held views on this issue. Broadly, the responses can be divided into two camps.
7. Firstly, there was strong opposition to the use of Article 4 Directions in any part of Norwich to require planning permission for the new small HMOs. This opposition came mainly from landlords associations, the University of East Anglia (UEA), other student bodies and agents and developers (see table 1 below). Opponents of Article 4 Directions favoured a greater focus on effective implementation of existing powers and, in some cases, housing accreditation rather than planning controls. It was argued this would be an effective approach to addressing problems associated with HMOs as it would cover existing HMOs, whilst Article 4 Directions would only relate to new HMOs. A limited number of respondents argued that no change at all was required.
8. Secondly, a number of respondents, mainly residents of areas currently with high numbers of HMOs, expressed the view that an Article 4 Direction is urgently required in Norwich. It was argued that a direction is required to prevent a further increase in HMOs in areas already suffering significant problems resulting from high concentration of HMOs. Many of these respondents also favoured measures to reduce problems from existing HMOs such as landlord accreditation in addition to planning controls.

9. Such polarised views on this issue are by no means exclusive to Norwich. In October 2014 the “All Party Parliamentary Group for the Private Rented Sector” heard that Article 4 Directions for shared housing have been a response to growing fears within many communities that the transitory nature of tenants in shared housing destabilises communities and can cause problems of tenants being unable to integrate properly into community life.
10. Conversely, it also heard arguments that such directions are not the right tool for the problem they are designed to solve and are unfair, impractical and ineffective. The vital role that HMOs play to the economies of towns in attracting and retaining young workers was also emphasised.
11. The remainder of the report summarises the consultation responses briefly by the proposed options and in more detail by theme.
12. Norwich City Council’s response to issues raised is set out both in the Sustainable Development Panel report and in annex 2, which covers specific comments on the consultation content and process, as well as the existing policy approach to HMOs.
13. Please note that this report does not cover detailed comments made through the consultation by landlords’ associations about the operation of housing accreditation schemes as this subject will be addressed through separately by the Strategic Housing department.

The options consulted on – some key points

14. The policy options consulted on described in table 1 below are set out, along with considerations and implications associated with them, in the [summary of options](#).
15. Table 1 below sets out a breakdown of the responses on the options.

Option	Local Residents	Landlords/ landlords’ orgs	Student orgs	Agents/ developers	Total
1, blanket ban on additional HMOs across the whole city	11				11
2a threshold based approach	15				15
2b, preventing new HMOs in certain types of housing (e.g. terraced housing)	8			1	9
3, blanket ban on additional HMOs in one	7				7

particular area with no threshold					
4 - Promote development of accommodation types to slow HMO conversion rate through planning and assess licensing options	2	3	2	1	8
No controls necessary/do nothing		5			5
No option specified	4	3		1	8

Note:

- The numbers in this table do not equate to the overall number of responses (39) as a number of respondents supported more than one option*
- It has become apparent that some respondents misunderstood the intention of Option 1 (a total ban on new HMOs through a city wide article 4 and a new policy preventing the development of any new HMOs) and option 2a (a city wide Article 4 Direction supported by a policy with a threshold to prevent additional HMOs in areas of high concentration).*

A **blanket ban** on further HMOs (**Option 1**) or was seen by a significant minority of respondents as draconian and unworkable, and should not be imposed in areas where there was no perceived HMO problem.

The view was expressed that isolated problematic properties were being used as a justification for draconian controls on HMOs when problems are not prevalent everywhere; Norwich has a lower proportion of HMOs than any of the comparator cities and the problem is not so severe as sometimes portrayed.

Some felt that Option 1 would best support and manage balanced communities throughout the city and prevent HMOs having such an adverse impact on the general character of an area and the amenity of its permanent residents. The view was expressed that it is far simpler and less confusing to administer a city wide direction than one based on smaller defined zones. A city wide Article 4 Direction would not reduce housing choice, rather it would improve housing choices for first time buyers/young families. It would bring regulation to an unregulated market by requiring the submission of a planning application. This in itself would hopefully deter speculative 'buy to let' landlords pursuing solely investment/income driven objectives. It was also stated that the council should take action to stop the loss of any further units of family housing to HMO use and take positive action to remedy the adverse impacts that have arisen in those areas where an excessive concentration already exists due to the lack of action by the council over the last 4 years.

A respondent stated that contrary to the city council's statement in the consultation report, several cities were said to have implemented option 1 (see annex 2).

One respondent felt that stopping any further conversion of single family dwellings to HMOs would not disadvantage those most in housing need, but would compel academic institutions to provide accommodation themselves.

Street by street limits on HMOs were felt by some to be unworkable and costly – many however strongly supported a freeze on further HMOs in specific streets.

Option 1 and 2a in particular were supported as an effective means of addressing the issue in streets where the proportion of HMOs was highest. A common perception amongst proponents of Article 4-based controls was that the twenty per cent threshold for HMOs suggested in option 2a was too high (though some supported it). Ten per cent was most often cited as the relevant “tipping point” beyond which communities became imbalanced and any threshold based approach should look to use that figure. It was also argued that a threshold based approach could only succeed if a ward based approach were combined with strict limits in specific streets with existing high concentrations of HMOs.

A respondent stated that the city council should aspire to be leading the way in effective management of HMOs. Article 4 controls should be implemented in a staged way alongside a planned approach to housing development so that those with fewest housing choices really do have options.

Some stated that planning regulation of HMOs through Article 4 Directions should be limited by area or house type (**options 2b and 3**) to the Victorian terraced housing areas. It was suggested that an effective option would be to focus such an approach on the Nelson and Town Close wards, particularly the College Road area, potentially taking in other similar areas across Norwich. The justification given for this approach was that HMOs should ideally only be created in detached houses with scope for adaptation where there is ample room for parking. They should not be created in terraced houses where every room is converted to a bedroom and where multiple occupants can cause significant noise disturbance and can have a general lack of regard for neighbours.

One respondent questioned the method by which an Article 4 Direction would be introduced, stating that there might be a rush to convert housing to HMOs in advance of the introduction of a direction.

Though favoured by some, in particular the landlord and student bodies, the **Option 4** approach was regarded by many as ineffectual – it could not work without Article 4 controls to back it up and would otherwise just perpetuate the status quo.

Several respondents argued that elements of the option 4 approach, including working with landlords on licensing, should be implemented alongside Article 4 Directions, either for specific areas or city wide.

Opponents of Article 4 Directions argued that a combination of measures, using existing powers rather than introducing Article 4, was the best approach. The need for a cooperative and collaborative approach to addressing problems was emphasised, with constructive engagement and cooperation with private landlords and information sharing to drive up standards and avoid rogue landlords blighting the sector.

Opinions varied on the desirability of encouraging more purpose-built student accommodation whether on or off campus. On the one hand this option was seen as freeing up more general needs housing stock that was reasonably affordable, on the other there was a perception that this approach could lead to student “ghettoes” with development in unsuitable, perhaps less sustainable, locations, but could be acceptable if done well.

The UEA stated while it was not capable of meeting all accommodation demand either on campus or in off-campus developments, significant recently completed along with additional planned expansion of on-campus accommodation at the former Blackdale School site would limit the pressure on the private rented sector.

The development of property types which would meet the demand for affordable rented accommodation for individuals with limited housing options was supported by a number of respondents. This might include long-term Norwich residents with limited incomes, workers on fixed-term contracts, and young professionals who need to be mobile to progress their careers and whose choices may also be limited by significant student loan debt.

Environmental degradation

A common perception amongst those favouring Article 4 Directions was that sustained and uncontrolled growth of HMOs and associated problems of mismanagement and antisocial behaviour had already degraded, and would eventually further compromise, the character and appearance areas.

Noise, neglect of property, poor waste management, rubbish and litter were common complaints. Problems of irresponsible and antisocial HMO households were often described as intolerable.

In some parts of Nelson ward, particularly the College Road area, the sustained increase in HMOs were said to have completely altered the character of what was once an attractive and desirable area, with chronic neglect of properties and gardens making many streets eyesores. Some suggested these cases were restricted to relatively few problem properties, others said the problem was endemic and could only be addressed meaningfully by a total ban on further HMOs in that area.

Absentee buy to let landlords and those described as “reluctant amateur” landlords (that is, people renting out their homes only because they have been unable to sell) were said to often ignore their responsibilities to maintain properties properly and keep common areas tidy. This results in poor standards of amenity and neighbourhoods with an increasingly run down appearance – tenants are often unable or unwilling to take on basic maintenance tasks themselves resulting in general neglect and decline.

Conversely, the view was also expressed that it was unfair to attribute environmental degradation issues solely to HMOs, with some owner occupied properties causing similar problems. One respondent stated that buy-to-let landlords are often willing to refurbish and maintain previously run down family housing to a high standard, improving the appearance of streets and areas and ensuring they stay in good condition.

Community balance

A number of respondents expressed the view that urgent action was needed, particularly in those wards between the city centre and the UEA, to redress a steadily worsening situation of community imbalance. Respondents noted that census data shows the growth in the number of HMOs in Norwich between 2001-2011 had been 31%, far more than in comparator cities.

The HMO proportion in College Road was regarded by many as far too high for a balanced community, with anecdotal evidence suggesting the proportion in the neighbourhood is increasing. The wider Unthank Road area and parts of Three Score were also specifically identified as problem areas. Environmental degradation and housing affordability issues (see below) were seen as deterring families from living in areas with high numbers of HMOs. This in turn critically erodes any sense of community, with short-occupancy tenants being regarded by some as not having a real stake in the community.

Many people felt that HMOs ought to make up no more than 10% of the housing stock in a given area. Beyond this limit, the community becomes increasingly unbalanced and the identified adverse impacts become more tangible and costly to manage.

Some respondents emphasised that this should not be viewed as a case of a fairly affluent middle class community simply wishing to protect their exclusivity, but as a genuine and serious problem. A number of respondents asserted the right to have a say in shaping the character, direction and quality of life of their neighbourhoods: the uncontrolled spread of HMOs was seen to be taking away this right, placing too much power in the hands of absentee landlords, whose only interest was profit.

One respondent referred to the council's strategic objective to become a city of character and culture. The respondent stated that building social capital and community spirit in neighbourhoods throughout the city was key to this, taking the view that unrestricted HMOs mean that communities suffer.

Other respondents stated that changing demographics and shifting populations inevitably mean that areas change. The consultation evidence was said to give undue emphasis to students - HMOs provide an essential source of accommodation for young professionals, migrant workers and others unable to afford to buy or wishing to share.

Many said it was unfair to assign blame to a specific group of people, be they students or other HMO residents, and issues need to be tackled case by case, using existing powers. The view was expressed that the requirement for planning permission for HMOs would not address current problems and was not the right tool to address community imbalance issues.

Landlords' associations were anxious to point out that they strove for responsible management of property and did not condone any form of antisocial behaviour. The view was expressed that the council needs to work with all the agencies involved to ensure that these problems are addressed. Universities, students unions, landlords and the police should ensure robust action is taken where shared housing causes repeated trouble.

Parking problems

Feedback from local residents in the Unthank Road area suggested that parking problems generated both by HMO residents and "park and striders" (people parking and walking to work) had reached intolerable levels within the narrow terraced housing streets.

Other respondents took the view that an Article 4 Direction would not address parking problems – research suggests that in a close comparator city (University of Kent [Canterbury]) only 9% of students have cars so problem may lie with other sectors of population: migration of students to other areas of the city would merely oblige more students to drive as public transport links would be poorer.

Housing quality

Landlords' representative organisations stated that there is no direct link between the implementation of Article 4 Directions and an improvement in the quality of private sector rented accommodation. Improvements could be achieved using other available powers such as the Housing Health and Safety Rating (HHSR).

There was also a strong suggestion from the landlords' organisations that the council should look very carefully at policy approaches based on area wide management, using voluntary agreements with local stakeholders and landlord accreditation to secure higher quality accommodation standards before considering Article 4 based planning controls.

A letting agent stated that a number of small modern student accommodation developments in Norwich are well designed and professionally managed, operating the UUK voluntary code to help prevent antisocial behaviour. Concerns were expressed that any restrictive policy should not block similar beneficial developments in the future, with purpose built housing schemes taking longer to deliver than the more cost effective HMO conversion option.

Several comments were made to the effect that traditional smaller 2 and 3 bedroom terraced houses are unsuited for use as HMOs because of poor soundproofing in party walls. The common practice of letting front rooms as living accommodation (and subdividing larger rooms into 2) exacerbates problems, concentrating noise and disturbance at the rear of properties to the detriment of neighbours.

Housing market impacts/housing choice with and without Article 4

All the landlords' organisations suggested the impact of the introduction of Article 4 in other parts of the UK had affected house prices to prevent new entries into the market and increased the cost of renting. They argue that over regulation would stagnate the market, discouraging investment and removing certainty for landlords who could not be sure that HMO conversion was an available option. The question was asked whether there is evidence that market forces would not be as effective and at no additional cost to the council.

Landlords assert that HMOs represent an appropriate market response to a legitimate local housing need and an identified shortage of housing in Norwich with high levels of demand across all tenures (though this point was debated by the Union of UEA Students (UUEAS) who suggested an oversupply of student housing). Article 4-based controls would not remove that demand: if there were no demand for such a form of accommodation it would not be provided. A restrictive HMO policy would skew the proper operation of this market and create an imbalance between property values for family housing and properties with an existing lawful small HMO (C4) use. HMOs would become more sought after, and more expensive to rent, in an Article 4 regime, whereas the value of general family housing for which the option of flexible HMO conversion was no longer available would decline sharply. The quoted fall in house prices following the introduction of Article 4s ranged from 15 to 20% in Leeds to up to a third in Nottingham.

Councils, it was argued, should not be engaging in a course of action described variously as "market manipulation" and "social engineering" amounting to an attack on the private rented sector. Landlords' associations (and some individual respondents) were strongly opposed to any intervention by the planning system in the housing market through city-wide or area-specific Article 4 Directions.

However in some cases there appears to have been a misconception about the purpose of the consultation. Responses were sometimes made on the apparent understanding that a decision to introduce an Article 4 Direction in Norwich had already been taken, rather than commenting on the options

actually presented. This may be as a result of “customising” a generic response document intended for those councils which had already reached the stage of taking forward an Article 4.

It was also stated that housing options have been significantly restricted by legislative changes and reductions in housing allowance, particularly for under 35s, making house sharing the only affordable option. Owner occupation is unattainable because of high house prices and limited mortgage ability. The council was said to be ignoring the increase in demand from these groups (see annex 2). Although some blamed these high house prices on the attractiveness of buy to let and the HMO market itself driving up property values, others felt that the dominance of HMOs was driving down property values for traditional family housing.

Respondents stated that Article 4 Directions could negatively impact UEA’s recruitment and retention rates, which in turn would harm the local economy. Pushing students into expensive purpose-built private developments remote from where many of them want to live was stated as being likely to increase segregation between students and ‘locals’. Introducing an Article 4 Direction in Norwich would restrict supply and increase prices leading to an exodus of young talent, the opposite of what is needed for the long term success of our community.

It was also stated that Article 4 Directions are not an appropriate tool to address the problems of existing HMOs. An Article 4 Direction would do nothing to address the problems created by existing HMOs, which have a valid lawful planning use. The higher value of retained HMOs in an Article 4 regime would mean that HMO numbers would not reduce and might persist for decades.

Many residents took the opposite view, saying that market intervention was needed to address the escalating problem. Several respondents cited the failure of the city council to take action to introduce Article 4 Directions to manage the unregulated growth of HMOs when officers could have brought the issue to members’ attention four years ago - 40 councils are said to have done so (see annex 2). This lack of action is said to show a failure of corporate responsibility which has served residents of the city poorly by allowing neighbourhoods to be swamped by the uncontrolled growth of HMOs in the meantime. In cities where Article 4 Directions are operating the private rented sector tends to be more manageable because landlords are reluctant to risk investment in a form of housing they know they will need to seek planning permission for and may not get. Conversely Norwich remains a hugely attractive investment location for the private rented sector as landlords know there is a “free for all” with no planning controls on HMOs and they have free rein to invest where they like.

A number of respondents stated that options for first time buyers wishing to live in the Unthank Road area are limited as they cannot compete with buy to let ‘investment landlords’ whose rental values are much higher for student/HMO rental than single family occupancy. Therefore families are forced out.

Student households

A number of respondents, including landlord and student bodies, stated that students make a valuable contribution to the local economy by generating a substantial spend (figures on the contribution of students to the economy were quoted by the Eastern Landlords Association) as well as numerous voluntary and permanent employment opportunities. Students and other occupiers of rented accommodation help to support and sustain local businesses particularly in the Unthank Road area, which could be impacted if an over-restrictive HMO policy were introduced. Students also support the vitality and vibrancy of Norwich as a cultural centre and visitor destination. Standards of student housing (and satisfaction with it) are significantly higher in Norwich than in other cities and the city is high on the “quality of life” index.

The UEA stated that student numbers in Norwich are not forecast to grow significantly. Market commentators report that foreign and final year students are returning to halls, freeing up more rented accommodation in the community. The UEA pointed to over 1,000 additional on campus purpose built bed spaces are currently being planning for and/or delivered and more could be developed on campus. However, recent changes in education policy (including the government's removal of the cap on student numbers and the practice of some education institutions of offering places well before A level results are available) make it difficult to predict levels of demand for HMO accommodation in the short term.

It was also stated that much student housing benefits from effective management and community liaison through various initiatives and accreditation schemes operated by the UEA.

Some pointed out that after their first year most students wanted to move out of halls and live in the community, which encourages them to learn to manage a household responsibly. The trend to stay in Norwich and work through vacations now means that the fear of areas becoming "ghost towns" out of term time may be largely unfounded. One respondent highlighted the potential for the redundant space above city centre shops to be converted to student accommodation and other forms of communal housing.

It was argued that the areas with high proportions of HMOs are popular as students want to live as close as practicable to bus routes and sustainable transport links serving their particular institution (predominantly UEA) and also want to live close to their friends and colleagues. Public transport services are only as good as they are in the Nelson and University wards because students choose to live there, but the whole community benefits.

Area specific restrictions on HMOs were viewed by some as merely moving problems to other areas of Norwich and could increase homelessness amongst the poorest whose only option is a house share. Dispersal of students to other areas because of an over-restrictive HMO policy would be counterproductive as students would have further to travel, be more reliant on cars and bus services would lose support. In the longer term this would impact on the UEA's ability to attract and retain students and impact on its expansion programme.

The converse argument also had strong support. The possible dispersal of HMOs across the wider area of the city should be welcomed if it means that the excessive concentration of HMOs and the 'studentification' of certain areas and their associated adverse impacts can be avoided. A respondent stated that academic institutions should exercise greater controls over housing used by their students – compulsory registration of landlords, codes of practice to ensure acceptable standards of behaviour - and the city council should impose limits on the maximum size of student households.

Evidence and consultation

There were concerns at the apparent lack of advance publicity for the consultation (prompting a separate neighbourhood-led leafleting exercise of householders in College Road and Nelson ward). There was a suggestion that this would skew the response, with a disproportionate reliance on evidence from very small areas focused on College Road and Three Score, Bowthorpe rather than a genuinely objective analysis.

Respondents also stated that:

- No effort has been made by the city council [in the consultation report] to use more recent and up to date data than the 2011 census;

- Census evidence showing an increase in non-student HMOs 2001-11 confirms need. Introduction of Article 4 would be social engineering, reducing choice and diversity.

The Eastern Landlords Association questioned whether the city council had sought advice from Nottingham City Council about the experience and costs of operating a city wide Article 4 Direction. It was stated that in Nottingham 50 HMO applications a year had been budgeted for from the inception of the Article 4 in March 2012, only seven applications had been made to date, of which six had been refused. It was suggested that this was either because the regulations were being ignored or landlords were not buying. The selection of comparator cities was also questioned.

It was suggested that the evidence showed a lack of real detail or statistics to support the claim that some areas suffer as a result of HMOs, also there was an assumption that areas which did not have a high representation of HMOs were more “stable” – again without evidence.

A number of respondents referred to the 2008 government commissioned Rugg Report into the Private Rented Sector. Some respondents highlighted the section of this report which sets out the typical problems experienced in areas with high proportions of HMOs. Other respondents focussed on the research findings quoted in the report which stated that such problems were confined to less than 1% of council wards.

In considering the impact of Article 4, the city council was also recommended to consider the October 2014 report of the All Party Parliamentary Group on the Private Rented Sector into the impact of housing benefit changes on the under 35s, which the Eastern Landlords Association has contributed to.

The consultation options were also criticised for being presented in terms of where HMOs might be restricted, rather than suggesting areas of Norwich where they could be encouraged.

Practicalities of implementation/appropriateness of Article 4

The view was expressed that the requirement for planning permission for HMOs was not the right tool to address problems in areas with high proportions of HMOs. It was important for the city council to recognise that Article 4 Directions are primarily about exercising planning control over HMOs as a *use* (occupied by all kinds of residents) and the common perception of a need to impose restrictions on a particular *social sector* – be it students, migrant workers or other groups commonly living in shared accommodation. These were different issues which required different tools to address them.

The legal distinction between a dwellinghouse (use class C3) and a small HMO (use class C4) turns on whether or not household members are related rather than any physical characteristics of a property – it is not correct to refer to “conversion” to an HMO when often no actual “conversion” work takes place.

Some respondents referred to the many practical difficulties this would pose for enforcement: a change of lawful use requiring planning permission under an Article 4 regime might depend solely on a change in the marital status of a couple in a three-adult household. In the absence of any physical works to the property, it would be virtually impossible for a planning officer to determine whether such a change had taken place, and if so, when. Also under an Article 4 regime a planning application would be needed every single time landlords wished to let a property to an unrelated household after having first let it to a family. The implication is unnecessary bureaucracy and expense (albeit some did not appreciate that there would be no planning fee for an application).

Conversely, it was also pointed out that much work on implementing HMO Article 4s and formulating policy has already been done by other local authorities, so practical implementation models are available and resource implications can be significantly reduced by adapting the work of others to the Norwich context.

Cost implications, monitoring and enforcement

It was suggested that no mention had been made in the consultation paper of the considerable costs for the council of administering planning applications, enforcement and monitoring related to an Article 4 Direction on HMOs. Some respondents also suggested that such a cost burden could not be resourced by the city council which is struggling with effective enforcement already. With some local authority finance chiefs (e.g. Hull) sounding warning bells, is this the kind of resource intensive exercise the council should be embarking on at all? An inadequately resourced Article 4 regime would only encourage greater numbers of rogue landlords to flout and ignore regulations.

However some commentators argued that the overall cost of policing and addressing the impacts of HMOs would be offset by the benefits. Two respondents questioned why the excessive cost burden argument was being used for Article 4 controls on HMOs when this had not been the case for the Article 4 Direction already introduced to control minor householder development in terraced housing areas. Respondents also argued the cost of introducing an Article 4 Direction should not be a determining factor for such an important issue, which already adversely affects a number of streets/wards across the city. In many university cities student HMOs create a loss of tax revenue as students are exempt from council tax and landlords make large profits but do not pay for council services. The indirect costs falling to the council in respect of the adverse impacts of concentrations of HMOs cannot be ignored. The financial resource implications associated with planning fee income are unknown but should not be as significant as the report states.

It was also argued that many potential 'investors' will be discouraged by the need to submit an application where the policy is sufficiently robust. In any event, the potential loss of fee income cannot be considered as an appropriate test when considering the validity of pursuing action which is demonstrably in the best interests of Norwich's permanent residents and the character and amenity of the areas we all live in.

One respondent commented that if further regulations are introduced it is essential that they are properly enforced – reference was made to unauthorised alterations to a terrace house in one particular street subject to Article 4 Direction on minor householder alterations where no enforcement action had apparently been taken.

Annex 1 - Summary of comments received in response to the consultation

Rep Ref	Organisation	Option(s) supported	Comments Summary
1	Local resident	None stated	<ul style="list-style-type: none"> Value of students to the local economy should be recognised and suitable accommodation for our student population should be available. Acknowledged that HMO occupiers are not just students. Main beneficiaries are the landlords who buy family houses to let as HMOs but fail to properly maintain them and have little regard for tenants' welfare. <p>General concern about the decline in family housing in the College Road area and the ease by which a family community is changing to an area dominated by HMOs, with consequent adverse effect on residents.</p>
2	Local resident	No preference expressed - contributing general comments to help councillors come to a decision.	<ul style="list-style-type: none"> Has had HMO neighbours on both sides since 1990 - and increasingly in other properties nearby. Most student neighbours reasonable but some "truly terrible". Recognises need for residents to be tolerant of thoughtlessness of young people living independently for first time, but nocturnal lifestyle often incompatible with densely developed terrace housing with thin walls. Growing problem of amateur buy-to-let landlords completely disregarding need for investment and tenant welfare despite their large rental income. General appearance of area significantly worsened in the last decade with poorly maintained eyesore property discouraging family homebuyers. In turn this tends to attract students and other tenants who don't care about their property and "tend to have habits to match" – noise, night-time disturbance (partying, gate slamming), anti-social behaviour, use of garage roofs as sun decks with associated loss of privacy; litter, rats. Common practice of letting front room moves main entrance to back door and concentrates problems: people coming and going at all hours; noisy groups congregating under bedroom windows. Difficult to engage with HMO tenants to discuss problems – often met with bewilderment or abuse. <p>Residents paying high price because of the over-concentration of HMOs and losing the 'quiet enjoyment' of their homes as a direct result of dismal small investors making a guaranteed income</p>

Rep Ref	Organisation	Option(s) supported	Comments Summary
			at everyone else's expense (not least their tenants).
3	Landlord	Option 4	<ul style="list-style-type: none"> • Option 1 too draconian – where are residents supposed to live? • Options 2a and 2b similarly draconian and difficult to monitor. • Option 3 could not be effectively policed – if a married couple with a friend living with them divorced but stayed living together for the sake of the mortgage their home would then be an HMO, but if one partner formed a relationship with the friend and married it would then become a family house again. Enforcement would depend on occupiers informing the council every time their domestic arrangements changed. • Option 4 most sensible as most UEA students would want to be close to the UEA either in the Golden Triangle or Earlham where there are a high proportion of council houses but which are generally less suitable for student accommodation. • Restrictive HMO policy could impact future development and expansion of the university if prospective students struggle to find somewhere to live close by. UEA purpose built accommodation programme in recent years insufficient to allow for the future growth in student numbers and after their first year students likely to want to live off campus anyway. • Sympathises with residents feeling swamped by students but advocates tolerance - problems no different with families with small children or immigrant families. Difficult for the council to start to regulate who lives where. As long as the students are in small groups and respect their neighbours then no problem. Over time numbers of non-local students may decline if fees become unaffordable and therefore the problem will reduce of its own accord. • Ongoing high house prices/scarcity of mortgages will mean that young professionals, temporary workers, students etc. are all likely to be renting rather than buying: most want to live close to their workplace/college. A more restrictive HMO policy would be to drive potential occupiers to seek less accessible places to live or remain with parents – neither option attractive or beneficial. •
4	Local resident	Option 1 Option 2a (if lower	Recognition that a city with a significant student population requires accommodation over and above the need for housing for resident families and workers, however makes following points.

Rep Ref	Organisation	Option(s) supported	Comments Summary
		threshold than 20% applied)	<ul style="list-style-type: none"> • Option 1 would best support and manage balanced communities throughout the city as well as help drive up standards of accommodation and appearance of HMOs. • Option 2[a] would need to set the bar far lower than the 20% mentioned; HMOs need to be kept in single figures. Any option other than a city wide one could drive the problem further afield. As a minimum, the council needs to prevent any further conversion of single dwellings to HMOs in areas where the concentration is in double figures. • High concentrations of HMOs have negative effects on neighbourhoods, especially high density terraced areas: therefore city wide Article 4 would be most effective. Where the concentration of HMOs is 10% or above, essential to restrict new HMOs; would encourage new types of suitable housing. • Stopping further conversions of single family dwellings would not disadvantage those with fewest housing options; rather the increasing spread of HMOs merely excuses the institutions that generate housing demand from providing accommodation themselves. • Unrestricted conversion to HMOs worsens problems for those with the fewest housing options. In Nelson ward the vast majority of HMOs are occupied by students who it could be argued should have housing provided by their institutions of learning. • If Norwich is to improve its neighbourhoods for all residents, and remain an attractive place to live, work and invest in, then it is important that residents can influence shape and direction of their neighbourhoods and deserve as much power over the quality of life in those communities as largely absentee landlords. • HMO pressure not unique to Norwich and named councils with similar problems have taken action with Article 4 Directions to secure a coherent housing policy for their cities. Otherwise impossible to maintain a balance between long term residents and the facilities that serve them and students and other short term residents. • In the absence of such a policy HMOs have proliferated so that they make up approximately a fifth of houses in Nelson Ward. Direction of the city's housing stock determined by largely absentee landlords whose only stake in the area is maximising profit. Results in houses in poor structural condition and/or very run down – poor waste management, litter; noise, especially at night; increased pressure on car parking where this is already at a premium, general negative impact on community cohesion.

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<ul style="list-style-type: none"> • The area has always been a mixed area of private and rented family homes, HMOs, and special needs/institutional housing but the over-dominance of HMOs has allowed the balance to tip. • Approximately 40% of homes have an HMO next door. Excessive HMOs have negative impact on amenities such as school intake and catchments. As the area becomes more dominated by HMOs, people who want a quiet community to rent or buy in are unwilling to commit to it because it is becoming run down and noisy, hence a downward spiral. Conversions from single dwellings to HMOs also reduces the number of family dwellings from the housing stock; thus people seeking to rent for a family in this area have fewer and fewer opportunities. Also may tend to drive up house prices. • Favours Norwich City Council using powers to licence and control any further conversion of single family dwellings into HMOs across the city as a whole, regardless of the number of residents that would be accommodated and allow community input into decisions about conversion. Council could either refuse to allow any further HMO conversion, require proposed HMO to meet minimum standards including limits on maximum number of cars allowed: present situation with five or more residents' cars serving a single property with a 17ft frontage unacceptable. • Council should increase enforcement of requirements to keep properties in good condition, front gardens maintained, bins put out correctly to allow proper collection, taken in at the end of the day, etc. In some areas there are already too many HMOs and the default position should be no more, but there might be parts of the city where proper consideration and consultation could allow a limited increase. However, unless the City Council takes the power to consider and consult, they happen regardless of the benefit or detriment to the neighbourhood and residents. • Proper vision for Norwich's housing stock needed (using Article 4 powers) to prevent Nelson Ward being wholly dominated by student housing with negative consequences for community at large. Resource implications shouldn't stop the council managing the direction of something as essential to communities and residents as housing.
5	Landlord	Option 4, (or Do Nothing option)	Option 1 excessive given that HMO complaints are localised in specific streets/areas. Blanket restriction unwarranted in areas with no problems and would affect all those for whom house sharing is the only affordable option.

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<ul style="list-style-type: none"> • HMOs essential in providing much needed accommodation and do not have to be a bad thing. Views the issue as divisive - polarising “rich” vs. “poor” i.e. homeowners vs. renters. • Will have an adverse effect on the local economy as would drive those who can only afford to live in an HMO out of Norwich impacting on the market for lower paid jobs. <p>Options 2 and 2a will hit the poorest in the communities who can only afford to live in HMOs, as the demand for them will still exist. Might not solve the supposed “problem” for decades as it would only be addressed when existing HMOs are sold on. Restricting investment will lead to a decline in market values which local residents would not support.</p> <ul style="list-style-type: none"> • Fear of “ghost neighbourhoods” outside of term time unfounded – important to acknowledge role of students in the local economy. Many successful businesses in the Golden Triangle would fail but for the support of its student population. • Issues highlighted – deliberate neglect of properties and anti-social behaviour – limited to small numbers of people but blamed on HMO residents as a whole; many HMO occupiers are responsible members of society with much to contribute. The problem does not relate to HMOs but people, therefore problems should be addressed individually. • Fixed amount of demand in Norwich for HMOs, therefore restricting HMOs in one area will only move problem to another area, not prevent it. • Queries who would set the threshold and how demand in one specific area would be assessed, also concerned re. mechanisms to monitor breaches in compliance and the council’s resource implications in ensuring such compliance. <p>Option 3 – all comments on to Options 2 and 2a also apply: localised blanket ban may work now but may not be appropriate in a few years: also foresees problems when HMOs are turned back into family housing (further restricting supply).</p> <p>Option 4 supported. HMOs exist because there is a need for them – supply is market driven and if there was no demand, then there would be no supply. Investors will not buy unlettable properties.</p> <ul style="list-style-type: none"> • Policy of intervention needs to understand the root cause of why so many HMOs exist. Could be addressed by developing more student accommodation/restricting number of students coming to Norwich to study/providing more affordable housing. Restricting HMOs would not solve any of the identified “problems” but simply move them to a different area.

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<p>In the absence of affordable housing the more anti-social tenants may sleep rough on the streets, creating another problem.</p> <ul style="list-style-type: none"> Problems identified considered to be nothing to do with HMOs. Those inclined to anti-social behaviour will cause problems irrespective of type of property they live in. To address this, the council should be looking at cracking down on these issues – use ASBOs, work with those with untidy properties to clean up. If problems are caused by HMOs, then work with landlords to solve the problems together. Introduce a proper licensing scheme where landlords are inspected (not like the Accreditation Scheme that is coming into effect, as this is very much a soft scheme with no real impact). Interfering in HMOs will affect the poorest in society who cannot afford to buy a house. It is not a good policy for the city council to consider. <p>Also suggests a do nothing option – council should not interfere in a market which is operating to meet a legitimate demand. More pro-active approach needed to address HMO problems e.g. provide better transport links to other areas of Norwich so students are not concentrated in areas most accessible to their place of study.</p> <p>Need to tackle actual problems identified (anti-social behaviour, untidy properties, ghost-towns out of term time) not HMOs per se which are not the problem. May be addressed by: increase in policing, ASBOs, property inspections, landlord licencing, increase in summer jobs for students, permit student houses to be used as holiday accommodation in the summer (without having to apply for planning permission).</p>
6	Local residents' group (West Parade Association)	Options 2a and 2b	<p>Option 1 - Objections as per officers notes – considerations and implications</p> <p>Option 2a - proposed management on a street by street basis is impractical – requiring repeated costly consultations. However the same principle applied on a ward-by-ward basis seems a reasonable balance using a 10-15% limit to any ward, implying a freezing of approvals for Nelson ward and possibly for University ward.</p>

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<p>In parallel we would encourage the council to seek both by policy and funding [from other sources] for the conversion of more flats above shops in Mancroft to raise the nos. of young people actually living in the city centre. This has been encouraged before in reports from the Norwich Society. This would put a cap on the growth of HMOs in those wards already clearly under strain and encourage HMOs instead to grow in number in the city centre, both attractive to young people and with good public transport links to the university.</p> <p>Comments on the officer's notes – considerations and implications:</p> <ul style="list-style-type: none"> • We challenge the suggestion that there is insufficient data to allow effective justification of thresholds, IF the limits are cast at ward not street level. • Re financial implications, there will be a continued flow of Art.4 planning applications, regardless of any moratorium in any ward – it will simply mean that there will be a dispersal of these to other wards. <p>Option 2b - Whilst the principle of 2b is welcomed, given the pattern of dispersal of appropriate premises for conversion across the city and the concern of landlords to place HMOs as near of possible to both the city centre and the university, this alone will not achieve any significant reduction in the level of fresh HMOs in the wards already under strain. In summary of marginal use and should be policy anyway for the sake of those living in HMOs.</p> <p>Option 3</p> <ul style="list-style-type: none"> • Option too draconian • Difficult to implement/enforce • Likely to cause increased retrospective applications for C3-C4 conversions • Remaining objections as per officers notes – considerations and implications <p>Option 4</p> <p>This is the 'kicking into the long grass option', being seen to do something but actually achieving little:</p> <ul style="list-style-type: none"> • It would have provide little if any constraint on the continuing rate of conversions to small HMOs in the wards under strain

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<ul style="list-style-type: none"> The encouragement of purpose-built student accommodation to reduce demand for HMOs is to be welcomed – indeed should there not be a planning obligation on higher educational establishments themselves to provide student accommodation. However as the accompanying consultation paper makes clear, there will continue to be growth in the underlying demand for HMOs across the city that must be more actively managed than option 4 proposes. <p>General Comments - Whilst West Parade itself is not directly experiencing an increase in the number of HMOs, there are clear strains elsewhere within the Nelson ward. We recognise the need for an increasing number of HMOs across Norwich as a whole, for the reasons well explained in the consultation document. However those wards placed between the city centre and the university must be protected if they are to maintain the proper mix of housing essential for healthy communities. Nelson ward already has a 16% level of HMOs and constraints must be put in place without delay to encourage dispersal of fresh HMOs elsewhere. The city centre [Mancroft] is an ideal target and through planning policy and seeking funding from elsewhere towards suitable conversions of the often empty floors above retail premises, we could see a resurgence of population actually living in the city itself.</p> <p>It is not clear to us what happens following this consultation – will there be an opportunity to consider the responses from others and to comment with others on the officers’ consequent recommendations before the full council meeting?</p>
7	Local resident	Option 1 (with provisos) Option 2a (with provisos) Option 2b (when used in conjunction with 2a or 1) Option 3 (though 1	<p>Option 1</p> <ul style="list-style-type: none"> Evidence suggests issues raised by College Road and adjacent streets residents are not as prevalent in other areas of Norwich. Therefore hard to justify a city wide restrictive option though this could be remedied if you incorporate a threshold figure thus allowing additional HMO development in some areas whilst essentially banning additional growth in other areas – using a cross-city approach. It is time in the Nelson ward to stop unregulated conversion of C3 (“family”) dwellings into C4 HMOs or 7+ Sui Generis HMOs.

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		preferred)	<p>Option 2 - Much of the commentary provided for Option 1 also relates to Option 2a/2b.</p> <ul style="list-style-type: none"> Specifically (relating to Option 2a), a threshold approach is sound, though setting the threshold level and enforcing it creates challenges. A city-wide approach with thresholds would be better though this should be set at a level that leads to a cessation of HMO growth in a number of streets in Nelson ward. Concern that the need to issue a targeted Article 4 Direction will lead to a rush to convert prior to these changes. What could be done to safeguard against this? Figure of 20% too high. Fully support 2b - not as a stand-alone but as part of either Option 1 or 2a. This should apply to existing and new HMOs. <p>Option 3</p> <ul style="list-style-type: none"> Addresses many concerns, could best be achieved as part of a Norwich-wide overview with sensible use of thresholds to limit/ban additional conversions to C4 or 7+ HMOs. In any option there is a very good case for a zero growth approach being taken on roads such as College Road, where I believe the HMO % has already increased to a level far in excess that is sensible or sustainable. <p>Option 4</p> <p>Although the principle is commended, this offers no safeguards as to the further over expansion of HMO concentrations in our area.</p> <p>Additional evidence</p> <ul style="list-style-type: none"> An increase in the % of HMOs in an area does more than just increase the population of a local neighbourhood. As HMO dwellers are largely independent from each other they tend to generate more waste, noise and vehicle ownership. With a large % of HMO dwellers being students this also increases the incidence of late night activities and visits from other non-local people. As the % of HMOs increases this exacerbates these issues making more permanent residents feel disrupted and concerned. As a range of (by no means exhaustive) issues this leads to: Late night parties/disruption affecting working people and young families; the

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			<p>number of powerful stereos increases; the amount of bins and waste increases; the number of cars increases....from our street and owing to the total lack of parking control adjacent streets too. This last point is especially an issue with students who drive to Norwich “from home” and then leave their cars during the term on the street while they make use of other transport around the city/during term time.</p> <p>General Comments</p> <ul style="list-style-type: none"> • Norwich’s growth rate among comparators has been by far the most rapid with a 31% increase between 2001-11 (compared to 22% in Nottingham; 13% in Cambridge and a 1% drop in Oxford). • As is the case in the other cities, the concentration of HMOs is in a number of specific wards most notably Nelson. This concentrating influence has been why a number of university towns/cities have introduced local controls on the number and/or concentration of this type of accommodation. • Anecdotally, the increase in the number of HMOs in our immediate neighbourhood has increased quite markedly in the last 3 years – making your figures in 009D and 009E artificially low in comparison to 2014/15. This is supported by your map 1, which seems to indicate that our street has >33% HMOs, far higher than your figures and way too high to create a balance in our local community. • The number of people occupying the housing in College Road impacts on parking, bins, sewerage + broadband connectivity speeds. • Opposition to unregulated HMO conversions is not in any way an attack on students though with an increase in HMOs and their concentration there has been a marked increase in the occurrence and magnitude of anti-social behaviour over the last 3-5 years. Issues not exclusively caused by students, though I cannot remember the last time I had to get up in the middle of the night to ask a family household (C3) to turn down the noise, or stop shouting obscenities in the street outside our children’s windows. • Opposed to unregulated way houses in neighbourhood bought by landlords, destroying family accommodation and create small bed-sit style accommodation for people including students. This dramatically changes the nature and sustainability of the local community – reducing the numbers of children for local schools; and increasing night time activity and levels of noise. If students followed the UEA’s “Being a good neighbour” guidance – linked

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			<p>to their disciplinary policy this would help [ref: https://portal.uea.ac.uk/dos/money-matters/other-information/private-accommodation]</p> <p>When the number of HMOs reaches levels similar to that found in our street what is considered “normal” behaviour shifts and streets that were not designed with the 21st century in mind strain under the sheer number of cars and people. This has already driven a number of more elderly residents out of the area and in 2 out of 3 cases in the last few years these properties have been converted to HMOs.</p>
8	Local resident	General comments made via local councillor	<ul style="list-style-type: none"> • Several generic problems associated with houses occupied by students - not using term "student housing" as it implies that lower standards apply and the phrase may in fact have contributed to the prevailing city wide problem. • Highlights ongoing issues of late night noise from houses occupied by students - city council's anti-social behaviour team has addressed amplified music and street rowdiness issues but cannot address general “human noise” nuisance. • Noise from side gate banging, internal doors clattering and general noise transmission from loud socialising - problem worsened by practice of letting front rooms as study bedroom and using back door as main entrance leading to constant heavy use of communal access passage serving four properties, which is often left unlocked. • Landlords need to maximise return on investment means that main bedroom often subdivided into two (3 bed terrace occupied by 5 students) and do not provide carpets, which in turn amplifies internal noise. No respite from noise as study bedroom allocation means that all rooms in adjoining properties may share a party wall with a student bedroom. Result is over occupied poorly sound-insulated accommodation full of intrusive noise generating students with no interest in local community. • Students undoubtedly make a big contribution to the dynamism of the city and the success of the local economy. However Norwich's evident offer of the “best student experience” may have little regard for the impact on local residents. No apparent interest in discouraging students from coming. • Control measures already put in place by the council and academic institutions focus on rogue students but problem more systemic. Noise and general exuberance from student households is incompatible with neighbours who are elderly or mothers with babies. • City council should impose limits on numbers of students per house: not unreasonable to

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			<p>expect a three bedroom house to have a maximum of three unrelated occupiers. Government rules should be modified to allow houses occupied by 3 or more people to be registered as HMOs. Council could then limit the number of HMOs per street and charge if the front reception room is converted into a bedroom or ban this practise.</p> <ul style="list-style-type: none"> Landlords/agents offering accommodation to students could be registered by the universities (which have a statutory duty of care) and licensed by the council only where fit and proper. The scheme would be funded by annual fee from the letting agencies/landlords for the privilege of using part of our jointly used and paid for residential streets as a source of private income. The universities and institutes should do more to ensure that students behave appropriately and not as if they were still living on campus. Education should include learning to live communally in society as part of a maturing process. Young persons' experimental lifestyles should not be at the expense of local resident's peace of mind. Hopes that with coordinated effort by the city council and educational institutions responsible for attracting students to Norwich the long suffering permanent residents may have a peaceful future. Notes that he will continue to engage with students and landlords in an effort to resolve problems but disillusioned having moved from a city with a significantly more effective controls on student population.
9	Planning consultant (Richard Pike Associates)	Not directly stated	<ul style="list-style-type: none"> Dealt with issue in previous employment, aware it is very difficult despite robust policies and generates concern and opposition from residents. However, would not be comfortable with removing the policy (<i>assumed to refer to policy DM13 for larger HMOs</i>) from the document as this would have significant implications A separate policy would be most appropriate Percentage limits as suggested is enforceable but could be seen as unfair by some applicants. However by limiting the amount of this type of residence allowed in one road, would give definitive boundaries as to what would and wouldn't be allowed, which has worked in other areas. HMOs by their nature are difficult to monitor. Whilst the planning system does need to remain flexible, it should not be at the detriment to existing residents and the character of the area and HMOs are becoming increasingly popular, particularly in larger dwellings.

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10	Developer/ investor (Glenfield Real Estate Limited)	Options 2b and 4 and alternative option as set out in the next column	<ul style="list-style-type: none"> • Three developments in Norwich owned / managed by Glenfield (Rochester Court, Stanford Court and Harvard Court) provide accommodation for 112 students. • Two of the sites are currently managed in conjunction with NUA and operate under the UUK Code for student accommodation. • These well designed and managed sites meet council's four objectives of preventing unbalanced communities – they provide a pleasing appearance and are managed to a level designed to reduce or eliminate anti-social behaviour with little impact on services out of term times as many second year students find part time jobs within the community over extended holiday periods. • Trust that any new planning policy for student accommodation: <ol style="list-style-type: none"> 1. Would not seek to restrict new small developments like Rochester, Stanford and Harvard Court providing managed student accommodation. 2. Student housing currently maintained under the UUK code would carry the same weight in planning terms as existing HMOs.
11	Local authority (Norfolk County Council)	n/a	No comment
12	Local residents	Options 1 Option 2a Option 2b Option 3 Option 4	<ul style="list-style-type: none"> • Support any option that reduces the number of HMOs in residential areas. • There should be a restriction over the city to converting two or three bedroom terrace houses into HMOs. The houses are not sound proof and were built to house families, not students. Suffered from neighbouring HMO - would prefer to have a young family as neighbours. • Support 2b only if it was purpose built housing in an area or location that would not disturb the normal residents who look after their properties. • The UEA should take far more responsibility for attracting students to Norwich and supply accommodation on the campus.
13	Local residents	Not specified	<ul style="list-style-type: none"> • Concerns regarding HMOs in the College Road area – there are too many already, they have a negative impact on the area in terms of noise, parking and general untidiness. • There should be restrictions to avoid this happening further.

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14	Local resident	Option 1 Option 2a with caveats - only if HMOs limited to no more than 10% to ensure family housing continues to support school rolls	<ul style="list-style-type: none"> • Most HMOs owned by absentee landlords who fail to maintain properties properly and fail to ensure that gardens and shared areas looked after. • Noise is problematic even in detached properties. • Concerned at effect of proliferation of HMOs on property values. • Considers city-wide Article 4 Directions necessary for effective control of C3 to C4 conversions – pointless to target areas selectively as problems which are already spreading to areas nearest UEA will quickly escalate elsewhere. • Just because other cities have not pursued Option 1 is not a valid reason for Norwich not to consider it. It would encourage institutions like UEA to build adequate accommodation for their students: UEA seem happy to take exorbitant fees while deflecting responsibility of dealing with the problems of student housing onto the city council. • Norwich could set an example for other cities by ensuring that the local university does not escape its moral obligation to house students without detriment to local people. •
15	Landlord	Option 4 with caveats – would support if “done well”	<ul style="list-style-type: none"> • Option 1 not supported – would impact most on those whose only option is a room in a shared house (housing benefit for under 35s may only be able to stretch to this). It would leave people in these circumstances with nowhere to live and vastly increase homelessness in the city. • Option 2a not supported – Nelson ward for example is clearly highly sought after for shared accommodation and the presence of young people in that area can be argued to benefit vibrancy and combat urban decay. Policy of preventing further HMOs would merely increase rents for remaining ones and create disparity between property values of shared and family housing. • Option 2b – undecided: queries how “appropriate types” of housing for conversion would be defined. • Option 3 – No justification for this option at all - precludes possibility of addressing actual housing needs in an area. Market forces should dictate provision and attempting to create HMO-free “havens” would merely pander to wishes of those who want to make their

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			<p>neighbourhoods exclusive. Would also artificially skew property values as in option 2a.</p> <ul style="list-style-type: none"> • Option 4 supported if done well – acknowledged demand for small unit accommodation does not currently appear to be met [by new build] as most recent development is “high end” flats or larger housing. <p>General comments Any kind of blanket restriction seeking to control who and what kinds of people occupy housing is illogical. Such a policy would:</p> <ul style="list-style-type: none"> • Directly ignore the actual housing needs of the population of the city. If there were not a desperate need for such housing it would not be created. • Result in abnormal skewing of property values. • Make it increasingly difficult for young people to find suitable accommodation and greatly increase homelessness. • Create an impossible administrative burden for the council who are already struggling with effective enforcement – this would only encourage further “rogue landlords” willing to operate outside the law. • Council has available powers to address anti-social behaviour, rubbish etc. (but already lack the capacity to enforce them effectively). Problems not unique to HMOs and diverting resources to HMOs alone would most likely worsen the situation.
16	Landlord	None	<p>Option 1 and 3 not supported for the reasons stated in the report.</p> <p>Options 2a and 2b not supported. “Driving up standards” is not a legitimate use of Article 4 and it is difficult to see how such a measure could achieve this.</p> <p>Option 4 not supported.</p> <p>Evidence: Has let property to UEA students for 20 years. Over the last 5-8 years, more students stay during the summer because more have jobs in the city whilst studying. Considers “ghost town” comment less accurate than in past years.</p> <p>General comments:</p> <ul style="list-style-type: none"> • Norwich has lowest percentage of HMOs of all the comparator cities – suggests problem not as great as is being portrayed. • Students and other HMO tenants want to live in the community. Many reasons for this including feeling more mature/grown up, fewer distractions than campus life, desire to have some distance between living and studying etc. Why should they not be allowed to do so?

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			<ul style="list-style-type: none"> • Private renting encourages students to learn how to manage a household and develop relationships with neighbours unlike the “artificial construct” of halls. This is a process of education. Good management by the landlord is an important contributor to this process. • Student numbers not forecast to grow significantly. Recently, UEA has had unfilled private accommodation. Market suggests that owners of empty properties will find an alternative type of tenant or sell. • In addition, new purpose-built accommodation is planned and under construction which will, broadly, accommodate the increases in numbers. • A number of recent landlord-entrants into the buy to let market are “reluctant landlords”, unable to sell their properties. The Help-to-buy scheme and recent SDLT [Stamp duty land tax] changes will help the sales of such properties and the numbers offered for rent will reduce. • Response quotes Savills as reporting that foreign and final year students are returning to halls which will free up HMO properties for families. • Article 4 is not an appropriate tool for the proposed use.
17	Local residents	Option 2a (implicit)	<ul style="list-style-type: none"> • Adjacent to student house in a terrace. Issues with noise (people running jumping and screaming); smoke alarms going off; inability to deal with their rubbish/recycling because of apparent reluctance to wheel bins short distance for collection. • Majority of homes in neighbouring Neville Street seem to be student occupied – street often obstructed by open bins full of rubbish and bottles - front gardens are too small to accommodate large bins. • Neighbours suffering sleep deprivation because of some students' unsocial hours. Loud stereos less of a problem now due to “earphones culture” but frequent parties can be. • The council must better manage the distribution of student population to reduce stress on existing residents. Landlords and letting agencies willing to “pack students in” need to be managed by local law to ensure communities are not hurt by the transient and sometimes selfish student population. • Supports setting a limit of perhaps 20% [i.e. option 2a] welcomed by many. Freeing rentable homes for families at a time of housing shortage would also be laudable. • The council has a responsibility to Norwich residents to ensure that terrific institutions like UEA and NUA do not diminish their quality of life.

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18	Local resident/ Local authority ward councillor (Nelson Ward)	Option 1 (with application to Victorian terrace areas) Option 2b.	<p>Option 1 Reference to 'a blanket ban on additional HMOs misleading and likely to colour responses. Article 4 would regulate the creation of smaller additional HMOs taking into account the character of the area and other local factors.</p> <p>Dealing with issues arising from high density living and high concentration of HMOs in certain areas currently resource intensive and not always effective. Cost of area-wide Article 4 for smaller HMOs has to be set against the cost of dealing with issues relating to amenity, noise parking, etc.</p> <p>Unsure it is the case that no other cities have introduced city-wide Article 4 for smaller HMOs.</p> <p>Proposes Article 4 governing smaller HMOs in the Victorian terraced areas – starting with Nelson and Town Close wards where HMOs make up 10% of the housing stock or more.</p> <p>Option 2a not supported: Imposing percentage limit for HMOs in any one street would move problem to next street. Threshold should be applied across Victorian terrace housing areas in specific wards.</p> <p>Option 2b is supported. Proposed option is to introduce Article 4 in Victorian terrace areas in Nelson and Town Close wards (areas with the highest HMO concentrations) or Victorian terraced areas across the city as a whole.</p> <ul style="list-style-type: none"> • Concerned with high density of occupation as landlords seek to maximise returns (e.g. by letting front rooms as sleeping quarters which they were not designed to be) in turn giving rise to problems such as noise and parking which the council cannot easily address. • Smaller terraces lack hall entrances and have poor sound insulation with thin party walls - low level everyday noise can easily be heard. This gives little opportunity for residents to escape from noise from houses on both sides. • Serious on-street parking problems occur in very narrow terrace streets exacerbated by sheer numbers of vehicles and inconsiderate and/or illegal parking from HMO tenants. Operation of controlled parking restricts households to two permits, but only half the streets in Nelson ward are covered and in some cases all occupants of an HMO may in theory own (and park) their own cars. The city council is poorly resourced to meet residents' requests for permit parking. UEA does not support curbs on students bringing their cars into Norwich as this would restrict student's freedoms.

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			<ul style="list-style-type: none"> • In the absence of any other solutions, the planning regulation of smaller HMOs in Victorian terraces is one way forward. Houses and neighbourhoods post-dating this period tend to be more spacious, avoiding the worst of the problems these areas exhibit. <p>Option 3</p> <ul style="list-style-type: none"> • The need to submit a planning application to convert C3 houses to HMOs would give the Council the ability to regulate the number of new HMOs in any one area. A target Article 4 area could be defined by housing type – in this case, proposing that it applies to the Victorian terraced areas – either just Nelson and Town Close or else those types across the whole city. • The need to apply for planning permission would enable the Council to limit the number of occupants living in a property. <p>Option 4 not supported</p> <ul style="list-style-type: none"> • A “do-minimum” option which does not address the issue of concentrations of HMOs near higher education establishments. Neither does it fulfil the commitment in July 2014 by the leader of the city council that limiting the number of HMOs will be a council priority for the coming year. • Justification of option 4 on basis of limited resources [to support other options] does not acknowledge significant council resources already devoted to managing HMOs. <p>General comments</p> <ul style="list-style-type: none"> • The lack of advanced publicity for this consultation is regrettable, especially given the council leader’s priority for the HMO issue in her statement of aims and objectives for 2014/15. • Wider advanced publicity could have been given to the issue in the Citizen [magazine] but consultation was limited to a press release and consultation material on the city council website. Local councillors’ distributed information about the issue in Nelson Ward reaching a handful of residents only. • Queries whether the city council informed the landlords/letting agents. Preponderance of responses from landlords (likely to favour Option 4) likely to skew the consultation. • The use of the term 'blanket ban' is misleading and likely to colour responses.

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19	Local residents	Option 1 or 2a implied	<p><u>Issues raised for MP</u></p> <ul style="list-style-type: none"> • Growth of rented accommodation in Norwich (and other cities) has wide ranging impacts – problem recognised as long ago as 2000 with formation of National HMO lobby group to address adverse impacts of HMO proliferation in cities with large educational establishments. These impacts are itemised in 2008 Government-commissioned research (Rugg report). • Introduction in April 2010 by the previous Labour government of new C4 planning use class for smaller HMOs and requirement for planning permission to change from C3 dwellings to C4 was widely supported – the present government’s reversal of this in October 2010 (making C3 to C4 permitted development) allowed for Article 4 directions to be introduced to remove these rights and bring smaller HMOs within planning control where necessary. Circular 08/2010 refers to these available powers. • Despite 40 local authorities having taken action by reporting Circular 08/10 and its implications to members and subsequently progressing local Article 4 directions to restrict smaller HMOs, Norwich has never done so. The city council had intended to prepare a guidance note on HMOs in the wake of the April 2010 regulation change (LDF Working Party, May 2010), but did not proceed after the subsequent rule change in October. The issue of control over HMOs had thus never been reported to members until the present consultation four years later. • Belated recognition by city council of HMO issue is welcomed but options report gives limited weight to problems of over-concentration of HMOs in specific areas – Nelson and Town Close wards’ stock of affordable smaller terraced housing is well suited to first time buyers but Nelson’s proportion of HMOs is almost 20%. National research suggests that “tipping point” beyond which communities become unbalanced should be c. 10%. • Recognition that HMOs are important in meeting a sector specific housing need but unwelcome and unintended problems of HMO proliferation need urgent action. Council must introduce controls through Article 4 direction – not a ban but an opportunity to assess proposals case by case in context of planning policies and character of area (and for residents to have a say in that process).

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			<p><u>Questions to city council officers/members</u></p> <ul style="list-style-type: none"> • Why were the legislative changes deregulating C3-C4 changes of use in October 2010 (and circular 8/2010 referring to Article 4 powers) not reported to members for information and action? • Why does the HMO options report to sustainable development panel in September 2014 make no reference to these same changes and also ignores national research on the adverse impacts of HMOs? (Nottingham has city wide Article 4 in place: contrary city council statement that this option not pursued in other cities). • Why does the options report not comment on reasons for proliferation of HMOs and impacts on the property market, house prices and growing influence of buy to let investor in restricting supply of affordable homes for first time buyers? • Why does the report overemphasise the costs of introducing Article 4 for HMOs when this was apparently not a consideration for Article 4s in conservation areas to restrict alterations to houses?
20	Local resident	Option 4 (Option 1 is stated as not supported, although comments later in the response appear to favour an approach which is similar)	<p>Option 1 not supported – cannot see how it could be implemented</p> <p>Option 2a unworkable</p> <p>Option 2b – housing for students should be purpose built and on UEA campus</p> <p>Option 3 – would just move the problem elsewhere</p> <p>Option 4 is supported</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • Main problem is increased number of student houses and absent landlords. • Purpose built accommodation on campus should be provided by UEA. This would enable anti-social behaviour to be dealt with at source by the UEA authorities. Would help reduce anti-social behaviour in neighbourhoods as fewer student HMOs. • Compulsory full planning permission (change of use) should be applied to [required for?] all existing and proposed student accommodation/other HMOs, preventing overrepresentation in any one area and enabling issues such as parking misuse to be addressed. • Current high rents for student lets make family housing unaffordable. Saturation of student houses in Speedwell Way/Tizzick Close [Bowthorpe Three Score] results in problems for residents – poor management of rubbish, indiscriminate parking, noise and disturbance, damage to property, poor standards of maintenance/tidiness.

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			<ul style="list-style-type: none"> • Absentee landlords difficult to contact. Suggests landlord contact details should be made available to adjoining or close neighbours (or placed on a central register) so if a problem arises they are contactable. • Landlords should be forced to maintain the exterior of their properties and gardens so as not to devalue other properties. Regular checks needed to ensure compliance. • Too many student houses deters potential purchasers reluctant to live next to a HMO and destroys any sense of community.
21	Landlord's representative body (National Landlords Association)	General comments – not directly responding to the options presented but in principle objection to controls	<ul style="list-style-type: none"> • Any additional regulation of the private rented sector should balance the aim of secure and sustainable communities with the increasing need for good quality housing. The introduction of an Article 4 Direction (sic) will have adverse impacts on the housing market in Norwich, as in other cities. • Additional regulation needs constructive engagement with private landlords and information sharing to drive up standards and avoid rogue landlords blighting the sector. Parties should work together to facilitate the best possible outcomes for landlords and tenants. • Article 4 should be considered as an option of last resort, rather than a tool to be applied indiscriminately especially on a district wide basis. Its operation in other areas has negatively impacted on house prices. • Use Class C4 considered unnecessary and serves only to create greater confusion and bureaucracy for the private rented sector. NLA views difference between C3 and C4 use (smaller HMOs) as insignificant in terms of its impacts on local infrastructure: similar impacts would occur from three unrelated renters as a family with teenage dependents. This position supported on appeal. The NLA does not believe the justification put forward by the city council for further intervention in the housing stock to control legitimate use of property. • Demographic and legislative changes and welfare reforms all point to greater need for shared housing/HMO-type housing in and around Norwich. Flexibility and affordability of such housing is critical for many who are unwilling or unable to buy their own home or to live alone. • The number of students going to university and seeking accommodation is decreasing,

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			<p>whereas many university graduates wish to stay in the area. The introduction of the Article 4 Direction (<i>sic</i>) will (<i>sic</i>) push many of these people out of Norwich. The availability of shared housing is also important to support migrant workers and transient workers who by their nature do not wish to put down roots. Demand from these groups is not static although they are important to the local job market and socio-economic profile of an area which would suffer if they were displaced.</p> <ul style="list-style-type: none"> • The council has not considered the impact of Universal Credit and the increased requirement for shared housing. Prospective buy-to-let purchasers also need to be confident about their ability to rent out a property. • Rights and responsibilities devolve both on landlord and tenant: those in shared housing (as with all types of accommodation) must behave in a socially acceptable way. Both the landlord and the local authority have powers to tackle unacceptable behaviour where this occurs. • Extensive statutory powers exist for local authorities (greater than those available to landlords) to deal with such issues, which it is argued should be explored and exhausted before an Article 4 Direction is made. It is more difficult for landlords to address problems of anti-social behaviour directly as these need to be reported by neighbours or the city council before landlords can take action. • Problems of anti-social behaviour often blamed by residents on the generic type of property rather than the occupants so grievances build up without appreciation of whether problems have been or are being dealt with by local authority or landlord. This leads in turn to a feeling that a “tipping point” has been reached. Legal action to address problems can be a time consuming and complex process. The introduction of an Article 4 Direction will not alter this process and builds false expectations. • Tackling these problems needs a cooperative approach and active engagement by local authorities with all stakeholders including the landlords. • Norwich faces a shortage of housing with high levels of demand across all tenures, including a considerable need for rented accommodation. Landlords base business plans on existing population and expected future demand and are better placed to react to changes in demand than social housing providers or the owner-occupied market. The proposed Article 4 Direction (<i>sic</i>) is likely to limit the ability of landlords in Norwich to react to changing

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			<p>housing needs by removing the general permissions currently available for development. This will have a distorting effect on the housing market and diminish the value of housing potentially suitable for investment for shared use but unable to convert to C4, increasing isolation in certain communities.</p> <ul style="list-style-type: none"> Replacement Annex D to CLG Circular 9/95 states that there should be a particularly strong justification for the withdrawal of permitted development rights. <p>Conclusion</p> <ul style="list-style-type: none"> An Article 4 Direction should not be used as a check-box or census exercise by the local authorities to identify landlords operating in their area. The attack by the council on the local private rented sector, when the council requires it to solve many of the other challenges that the council faces (sic). The council is (sic) acting in direct market manipulation which will discourage investment within the city. The impact of the introduction of Article 4 in other parts of the UK has affected house prices to prevent new entries into the market and increased the cost of renting. It would discourage investment and remove certainty for landlords who could not be sure that HMO conversion was an available option. We have concerns around the introduction of the article 4 Direction at the same time as the introduction of Additional Licensing. The NLA is awaiting answers to questions as to where HMOs can be developed in the city and the number [allowed] in each ward.
<p><i>Council officer comments</i></p> <p><i>It should be noted that the Association's response in relation to HMO additional licensing is not summarised here as it is not the subject of this consultation. The comments will be passed on to the relevant housing professional within the council's housing service. There is no commitment to introduce housing licensing at this point – this will be dependent on the success of housing accreditation.</i></p>			
22	Landlord	None Supports a do-nothing option allowing the market	<p>Option 1 not supported.</p> <ul style="list-style-type: none"> The private rented sector meets a demand from students and young professionals seeking accommodation that that the Council and housing associations are unable to meet. Property investors are in a position to invest and refurbish older buildings to meet the

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		to decide	<p>demand from those who are either unable to buy their own home or need a temporary one.</p> <ul style="list-style-type: none"> • Growing numbers of such investors are providing quality accommodation to reliable, responsible young people who expect a high quality product and will commit to staying in such rented accommodation for longer periods. • Buy-to-let landlords are often willing to refurbish and maintain previously run down family housing to a high standard, improving the appearance of streets and areas and ensuring they stay in good condition. <p>Option 2a not supported.</p> <ul style="list-style-type: none"> • If landlords are unable to buy to let [for HMO conversion] in certain areas, local property prices will stagnate and families wanting to move may find that they are unable to sell. <p>Option 2b not supported.</p> <ul style="list-style-type: none"> • Restricting HMOs to certain types of housing likely to dissuade landlords from creative refurbishment projects and add unnecessary bureaucracy/expense. <p>Option 3 not supported</p> <ul style="list-style-type: none"> • Will reduce choice of housing. Favours market forces determining supply of HMOs, market will be self-regulating. Once there are enough HMOs in an area, landlords will look to invest elsewhere and not risk poor returns on their investment. <p>Option 4 not supported.</p> <ul style="list-style-type: none"> • Purpose built student accommodation will take a long time to deliver, and will result in higher rental cost for students. Students often want to experience living in a shared house, as part of their transition from living at home to becoming an independent adult.
23	Local residents	Option 4	<p>Options 1, 2a, 2b and 3 not supported</p> <p>Option 4 comments</p> <ul style="list-style-type: none"> • Even young professionals with moderate incomes struggle to buy their own home: essential for them to have access to HMOs which allows independent living reasonably economically as service costs are shared. • Government policy is pushing people into HMOs so it seems illogical to restrict access to this sector on economic or social grounds. • Students are not the only users of HMOs and restricting this sector will impact on young people unable to afford home ownership. • Better to have no restrictions on HMOs but tighten enforcement against noise nuisance and

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			<p>poor maintenance.</p> <ul style="list-style-type: none"> Many tenants of HMOs are temporary. It could have far worse consequences if neighbours were unruly and stayed for extended periods. <p>In Nottingham where restrictions on additional HMOs have been imposed the value of existing HMOs has risen because they have a guaranteed HMO status making it very unlikely that they will ever come back to the general housing market.</p>
24	Local residents	Option 2a Option 2b	<p>Options 1, 3 and 4 not supported.</p> <p>General comment</p> <ul style="list-style-type: none"> Important to enforce regulations when introduced. Refers to a house in the street where PVC non sash windows have been installed with no apparent penalty. Without enforcement, landlords will do what they want.
25	Students' representative body (Union of UEA Students - UUEAS)	Option 4	<p>Options 1, 2a, 2b and 3 not supported</p> <p>Comments</p> <ul style="list-style-type: none"> With 14,500 students the UEA makes a significant contribution to the local economy through student spending as well as generating countless voluntary and permanent job opportunities. UUEAS has developed a cooperative approach with the UEA and the city council to address community issues – the long established “Home Run” accreditation scheme has acted to drive up standards of rented accommodation in Norwich and is now supplemented by the UEA’s own Home Let agency which aims to ensure that community concerns are addressed in high standards of property management. UUEAS operates the Arlington Neighbourhood Agreement [in the Golden Triangle area] seeking to ensure that students have access to good quality housing, students are aware of the benefits of properly managed/maintained properties for them and for the area in general and that landlords comply with the agreement. UEA have been proactive in raising awareness of waste management responsibilities in the community. UEA must remain competitive in the face of higher fees and declining student numbers both in their own and city council’s interest, as good accommodation is one of key considerations informing student’s decision on choice of university. Imposition of Article 4 only likely to distort the market and increase rents for established HMOs, driving students out of

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			<p>traditional student areas and reducing UEA's competitive edge.</p> <ul style="list-style-type: none"> • Higher demand for shared housing driven as much by national changes in housing allowances for under 35s as changes in student demographics and an adequate supply of rented accommodation is essential to address that increase. The national picture must be taken into account when reaching a decision. Where Article 4 has been introduced, rents increase dramatically to the benefit of no-one except the landlords. • Objective evidence confirms relatively few incidents of HMO noise nuisance and anti-social behaviour but these consistently used as justification by local supporters of Article 4. Regular liaison between UEA, UUEAS, the police and the city council offers opportunity to tackle individual problems. • Level of student satisfaction with local standards of accommodation consistently much higher in Norwich than national average – relatively few complaints about landlords and letting agents lodged this academic year with Home Run-accredited properties in the minority. This strongly supports the argument for mandatory minimum standards and city wide accreditation. • Restricting the market would not address quality - no direct link between the implementation of Article 4 Directions and an improvement in the quality of private sector rented accommodation. Would drive up prices and introduce arbitrary boundaries. • Waste management, noise and parking issues can all be dealt with by existing initiatives and cannot be influenced by Article 4. Responsibility for ensuring proper disposal of bulky and general waste devolves on the landlord and requires effective regulation/enforcement of landlord responsibilities, assisted by city council's awareness-raising of waste collection options. • Unreasonable to link neglect of the aesthetic nature [i.e. amenity/ external appearance] of HMOs to one particular group. Rather, the responsibility of maintaining property and its external areas is the landlord's – many student tenants would be willing to look after gardens but landlords do not provide the tools to do so and are reluctant to take on small external repairs and cosmetic maintenance. An article 4 would not address any of these issues. • An Article 4 direction would not address parking problems in the golden triangle area – research suggests that in a close comparator city (University of Kent [Canterbury]) only 9%

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			<p>of students have cars so problem may lie with other sectors of population: migration of students to other areas would merely oblige more students to drive as public transport links would be poorer.</p> <ul style="list-style-type: none"> • Students usually choose to live near their peers, favouring locations near available and affordable public transport routes to UEA campus. Both students and other residents benefit from high frequency and evening operation of these buses. Access to these high quality transport services would tend to deter dispersal of student HMOs to areas of the city that are less well served. The alternative of moving to purpose built accommodation may be unpopular as returning students prefer to live in the community. Questions whether an Article 4 would do anything to address existing concentrations of students in an area as it could only apply to new HMOs not existing ones. Priority for the council should really be the impact of “de-studentification” (as student numbers decline) rather than raising the studentification “problem” afresh. • Not enough has been done by bodies outside UEA to tackle irresponsible and absentee landlords. Article 4 Directions do not offer any sureties that these failings would be addressed. Improvements may be secured by dialogue between stakeholders such as UUEAS, landlords and the council. Accreditation schemes are the best way to improve standards and address issues of most concern for the community. • Demographic evidence supplied within the consultation showing student growth between 2001 and 2011 all relates to the period before the introduction of higher fees, the national decrease of home student numbers and the drop of overseas students studying at UK universities. • Norwich now has an oversupply of student rental properties and the impact of new build student accommodation on the take up of student HMOs in the coming year has not yet been factored in. With flexible planning options and accreditation landlords can meet differing demands at different times and work with local authorities to provide safe, decent homes. • In conclusion, UUEAS rejects the notion of an Article 4 Direction. Evidence shows that Article 4 Directions are not effective in solving community issues, and could negatively impact Norwich's housing market and UEA’s recruitment and retention rates, which in turn would harm the local economy. Concern at disproportionate impact on the most vulnerable in

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			<p>society for whom HMOs are the only option. Not just students that rely on HMOs, but those on low incomes, migrant workers and young professionals. Pushing students into expensive purpose-built private developments remote from where many of them want to live will increase segregation between students and 'locals'. Introducing an Article 4 Direction in Norwich would restrict supply and increase prices in an exodus of young talent which is the opposite of what we need for the long term success of our community.</p> <p>Option 4 comments</p> <ul style="list-style-type: none"> The Union does not support the introduction of Article 4 and supports option 4 of the consultation document to expand the number of purpose built development types to slow the conversion rate of HMOs and the adoption of a citywide accreditation and licensing programme.
26	Local resident	Option 2b Option 3	<p>General comments</p> <ul style="list-style-type: none"> Would support any option that requires planning permission to convert houses to HMOs. Furthermore I would like to see a ban in certain areas. Live on a street which had a number of houses converted to flats. Have a great relationship with a number of other families on the street. There is good community spirit enabling us all to help each other out. Concerned that having more and more housing on the street converted to flats will destroy this. Residents of flats tend to stay for short periods and do not have a real stake in the community. While fully support mixed communities, very concerned that over time more and more family homes will be converted into flats changing the make-up of the street and destroying our community. One of the council's strategic objectives is to become a city of character and culture. I believe that building social capital and community spirit in neighbourhoods throughout the city is key to this. Unrestricted HMOs will undoubtedly mean that communities will suffer.
27	Local resident	Option 1	<ul style="list-style-type: none"> Endorse the comments made by respondent 32 The spread of HMOs in College Road threatens the quality of life of a stable, long-term community and the character of the area.

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			<ul style="list-style-type: none"> Lives of residents of other streets in the Nelson ward are also constantly disrupted by the proliferation of HMOs. <p>Problems include:-</p> <ul style="list-style-type: none"> Noise between properties and a general lack of regard for neighbours. Often poorly maintained properties. Poor management of front gardens, rubbish bins and litter. Pressure on parking in an area of high density with insufficient parking. An imbalance between the existing community/family housing and short-occupancy tenants who have no real stake in the community. <p>Council should take action by applying planning laws to licence, control, and manage HMOs as other cities have already done.</p> <p>Option 1 would best support and manage balanced communities throughout the City and prevent HMOs having such an adverse impact on the general character of an area and the amenity of its permanent residents.</p>
28	Landlords' representative body (CEO, Eastern Landlords Association - ELA)	None specified	<ul style="list-style-type: none"> ELA against both restrictions through planning and additional licensing to address perceived problems with HMOs. The ELA has written to all SD panel and Cabinet councillors with 20 questions on HMOs, with only one reply. <p><u>Options 1 - 3 - Use of Article 4 to restrict the number of HMOs in a number of ways from citywide blanket ban on HMOs to implementation in over concentrated areas</u></p> <ul style="list-style-type: none"> Prior to any Article 4 being introduced, councillors should very carefully consider all options. <p>Maintaining 'sustainable neighbourhoods'</p> <ul style="list-style-type: none"> Norwich is very proud of its university and students, who have lived in the city for many years. References to student housing creating 'ghost towns' at odds with alternative view

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			<p>expressed that student areas are too noisy. Which view is given preference?</p> <ul style="list-style-type: none"> • Although the Council has not produced its own data on the value to the city of students, the 2013 report from Alumno states that students spend £265 million per year, and the average student more than £10,000 per year, with £2,650 on housing, with more than 19,000 studying at the two HEIs in the city. Many graduates choose to stay in Norwich. • There is an over emphasis on students in the evidence. HMOs provide accommodation especially for younger workers. Areas with HMOs are nationally known as vibrant areas, as in Norwich. • Census evidence showing an increase in non-student HMOs 2001-11 confirms need. Introduction of Article 4 would be social engineering, reducing choice and diversity. • The 2008 government commissioned Rugg Report into the Private Rented Sector argued strongly against the use of planning powers to limit HMOs, with research showing problems were confined to less than 1% of council wards. <p>The impact on the Under 35s access to shared housing</p> <ul style="list-style-type: none"> • The council has a duty to meet demand for housing and is largely ignoring the rise in demand from the under 35s (mainly males). Those in receipt of Local Housing Allowance have found housing more difficult to access under the extension of the Shared Accommodation Rate from 25 to 35. They have the double whammy of having benefit cut due to age, and are generally lower down on any housing waiting list. • The All Party Parliamentary Group on the Private Rented Sector launched an inquiry for this group, which the ELA has contributed to. The Council should consider the report, and the impact of Article 4. • The report recommended that councils should be allowed to use “flipping”. At present, if a property is an HMO under Article 4, and a landlord then wishes to let to a family (which they are able to do without planning permission), but then wanted to revert back to a HMO, they would need to re-apply for planning permission. We have spoken to Norwich officials who have said that flipping will not be permitted. Flipping means that once a landlord had received permission for a building to be used as a HMO, it would be in force, so that he or she could flip from HMO to family use and back to HMO. • ELA fully supports group’s view that legislation is in place to tackle anti-social behaviour and

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			<p>should be enforced where tenants cause repeated trouble.</p> <p>Reductions in value</p> <ul style="list-style-type: none"> It's important that home owners are made aware that in places where Article 4 Direction have been introduced, homes that can only be used as a single dwellings can be worth one third less than a similar adjoining property which can be used as a small HMO e.g. in Nottingham, since introduction of April 2010 agents and lenders have down valued such properties by up to a third + in Leeds by 15% - 20%. <p><u>The Evidence</u></p> <ul style="list-style-type: none"> We have concerns about the consultation procedure. There have been no real details to assess and study. In particular, there are no statistics or evidence to support claims that certain areas suffer as a result of HMOs. <p>The cost</p> <ul style="list-style-type: none"> No mention is made of costs and resources for planning applications, enforcement and monitoring – applications will be free, but with costs to the council. Article 4 was introduced in Nottingham from March 2012 with budget of £18,000 per year for 50 applications p.a. To date there have been 7 applications, and of these 6 have been rejected. This may be because the regulations are being ignored, or landlords are not buying. Have the Council spoken to Nottingham, or other towns and cities that have introduced Article 4, and others like Cambridge that have not? <p>Outcomes</p> <ul style="list-style-type: none"> There are no targets or objectives in the documentation. There is an assumption that any area with less of a concentration of HMOs will be more stable, with no evidence. Another expected outcome is to improve the quality of the properties, which the ELA is fully supportive of. This does not require Article 4. The Council could undertake an inspection programme, and use HHSRS, for which it already has full power, without adding another piece of legislation. <p>Local plans</p> <ul style="list-style-type: none"> Directing tenants to live in one area or another could be referred to as 'social engineering'

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			<ul style="list-style-type: none"> • There is no evidence to say where smaller HMOs may be encouraged. People may be displaced to neighbouring districts with the predicted increasing demand for HMOs to meet the need of those with the fewest housing options as set out in the document. <p>Evidence from the Draft Options Paper (DOP)</p> <ul style="list-style-type: none"> • Is there a reason for the choice of comparator cities and the omission of others? • Cambridge has no plans to implement controls on HMOs. • The document clearly states that HMOs play an important role in meeting people's housing needs by providing shared accommodation that is affordable and without HMOs, many people would not be able to afford to live in Norwich. So why restrict? • It would have been welcome to have more details on concerns over HMOs in College Road and Three Score, as this is being used partly as a justification for the proposal. • No effort has been made to use more recent and up to date data than the census 2011. <p>Summary of considerations and implications</p> <p>Option 1 states that this would be a first, would significantly reduce housing choice, and be very difficult to justify on housing need. The second options have possible difficulty in areas of over-concentration. All three have ongoing resource implications to implement policies.</p> <p>Conclusion</p> <ul style="list-style-type: none"> • Concern that new legislation, in addition to existing, is being proposed to solve perceived problems. Criminal operators will not come into line with yet more legislation, whether local or national. • No statistics are provided in relation to the mandatory HMO licensing scheme in Norwich. The Council has not tried to determine the effectiveness of the existing mandatory HMO licensing in the city. There is no comment or data on attempts made by the council to find unlicensed landlords. • Having studied the documentation, and widely discussed the proposal, we feel that the claimed problems referred to do not appear to be very significant, and clearly seem to be a change of policy within the Council. When we approached the Council some three years ago, we were informed there were no plans at that time for Article 4 in Norwich. We have seen nothing to change this view and can see no justification of planning restrictions

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			<p>through Article 4.</p> <ul style="list-style-type: none"> • The Council has local knowledge of the HMO locations. Local inspections could be carried out, with HHSRS powers already held by the council, for issues such as overcrowding. • The ELA are very keen and willing to continue to work with the council in any way we can to improve housing in the city. • Any additional bureaucracy as set out above, and unknown costs, would be disproportionate to the issues referred to in the consultation. • The ELA very strongly urge Cabinet to very carefully re-look at these options, and to reject them.
<p><i>Council officer comment</i></p> <p><i>It should be noted that the Association's response in relation to HMO additional licensing is not summarised here as it is not the subject of this consultation. The comments will be passed on to the relevant housing professional within the council's housing service. There is no commitment to introduce housing licensing at this point – this will be dependent on the success of housing accreditation.</i></p>			
29	Local resident	Options 2a and b	<ul style="list-style-type: none"> • The number of HMOs in Nelson ward, especially street off Unthank Road, needs to be restricted. Private rented houses (especially buy-to-let) and student houses dominate, preventing people getting onto property ladder. • This has caused a deterioration of living standards and loss of community spirit over last 30 years. • Problems with overcrowding, noise, bins and the appearance of properties lead to people moving out of the area. • Council needs to make landlords responsible for looking after properties and anti-social behaviour.
30	Commercial letting agent (Spalding and Co.)	Not specified	<ul style="list-style-type: none"> • In many instances, it will not be possible to distinguish between a home in use as an HMO or otherwise – i.e. between C3 and C4 properties. • Proposals assume that there is to be a 'conversion' from a single home to an HMO - there is often no such 'conversion'. A house is let to different types of tenants - single people, couples, families and groups of people.

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			<ul style="list-style-type: none"> • Properties may be jointly owned by unrelated parties, or shared by an owner with friends. If there is to be the need to obtain planning consent to occupy a property, it must be possible to define exactly when such a planning consent would be needed. • To get the planning system involved in the way suggested would be completely impracticable.
31	Landlords' representative body (Residential Landlords Association - RLA)	Not directly stated.	<ul style="list-style-type: none"> • RLA against both restrictions through planning and additional licensing to address perceived problems with HMOs. <p>Options 1 - 3 - Use of Article 4 to restrict the number of HMOs in a number of ways from citywide blanket ban on HMOs to implementation in over concentrated areas.</p> <p>General concerns:-</p> <ul style="list-style-type: none"> • Aware of concerns in certain areas about small HMOs - planning laws are not the right approach. • Problems are not caused by the material existence of HMOs, but by the behaviour of tenants - planning laws will not be able to reverse changes in areas. • Problems should be dealt with by intensive area management and better enforcement of existing legislation to combat anti-social behaviour and environmental concerns. • This has been tried successfully and, importantly, it provides an immediate solution to local problems, where they exist. • Prior to any Article 4 being introduced, councillors should very carefully consider all options. <p>Maintaining 'sustainable neighbourhoods'</p> <ul style="list-style-type: none"> • Key argument used for restricting HMOs in the chosen ward (<i>sic</i>) is the assumption that HMOs cause a loss of community due to the transient nature of some residents or are causing 'ghost towns'. This is dated and inaccurate. • Populations have shifted and demographics have changed - a fact poorly reflected by the current Use Classes. • In many HMO concentration areas, landlords make intensive use of the existing stock in

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			<p>places where it might be otherwise underutilised and poorly maintained. This has contributed to regeneration of inner city areas, example Leeds, Nottingham and Manchester.</p> <ul style="list-style-type: none"> • HMOs economically vital in cities – they are key to the mobility of the workforce, especially the young workers and professionals Norwich aims to attract and retain. • Areas with concentrations of HMOs renowned for their vibrant nature with local, independent retailers and a café culture, which help promote a diverse and strong local economy. • HMOs are not just occupied by students, but with rising rents and difficulties with getting a mortgage, are increasingly required by working people. <p>The impact on the Under 35s access to shared housing</p> <ul style="list-style-type: none"> • The council has a duty to meet demand for housing and is largely ignoring the rise in demand from the under 35s who need access to shared housing because: they choose to; of the benefit cap and extension of the Shared Accommodation Rate from 25 – 35; they are priced out of buying a home; or, they are still on a social housing waiting list. • The All Party Parliamentary Group on the Private Rented Sector has launched an inquiry for this group. What became clear throughout the inquiry is the strength of feeling the issue of Article 4 Directions raises, with growing evidence raising questions about whether they are necessarily the right tool for the problem they are designed to solve. • The report recommended that Local Authorities should be allowed to use “flipping”. At present, where a property is allowed to be an HMO under an Article 4 Direction, if a landlord then decides later to let it to a family (which they are able to do without planning permission) but after that wanted to revert to it being a HMO, they would need to reapply for planning permission. Flipping would mean once a landlord had received permission for a building to be used as a HMO it would be in force indefinitely enabling them to flip the use of the property from HMO to family use and back to HMO again, if they so wish. This would avoid the situation faced in some areas whereby HMOs remain empty because landlords do not want to have to go through the planning application process if they decide to let the property to a family.

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			<ul style="list-style-type: none"> It also suggested that legislation designed to tackle anti-social behaviour should be properly enforced, rather than using planning powers to start with. The RLA feels that where occupants of shared housing cause repeated trouble, universities, students unions, landlords and the police should ensure robust action is taken. <p>Reductions in value</p> <ul style="list-style-type: none"> It's important that home owners are made aware that in places where Article 4 Direction have been introduced, homes that can only be used as a single dwellings can be worth one third less than a similar adjoining property which can be used as a small HMO e.g. in Nottingham, since introduction of April 2010 agents and lenders have down valued such properties by up to a third + in Leeds by 15% - 20%. <p><u>The Evidence</u></p> <ul style="list-style-type: none"> We have concerns about the consultation procedure. There is no formal proposal document and no statistics or evidence to support claims that certain areas suffer as a result of HMOs. <p>The cost</p> <ul style="list-style-type: none"> In some councils e.g. Hull City Council finance chiefs are sounding warning bells. With cutbacks is this an issue local planning authorities should be embarking on at all? No mention is made of costs and resources for planning applications, enforcement and monitoring – applications will be free, but with costs to the council. Shouldn't local resources be better utilised to actually deal with problems as they arise with better tenant education on refuse collection and more effective enforcement, for example? <p>Outcomes</p> <ul style="list-style-type: none"> There are no targets or objectives in the documentation. There is an assumption that any area with less of a concentration of HMOs will be more stable, with no evidence. If anything, a proposal of this kind stigmatises areas concerned. There is no suggestion that there are any particular problems of overcrowding so how can one see any result from this? As to requiring the upgrading of properties, this can be dealt with by a programme of

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			<p>inspections and the use of HHSRS powers.</p> <p>Local plans</p> <ul style="list-style-type: none"> • If an Article 4 Direction is made local plans will have to say where smaller HMOs are encouraged, if they are to be banned or restricted in certain areas. To meet need, other areas will have to be designated to encourage small HMOs instead. Local Authorities cannot duck this obligation to say where else in their areas the need for shared accommodation is to be met. There is no reference to any alternative sites for HMOs in Norwich at all. <p>Article 4 directions are all about small HMOs and not students and other groups that seek shared housing.</p> <ul style="list-style-type: none"> • Contrary to popular perception, the changes to the use classes order are meant to be about supposed problems from concentrations of small HMOs; not about restricting students or migrant workers. • Popular demand from residents, however, is to ban students or, in some cases, migrant workers. It is very important that local planning authorities appreciate the difference between the number of small HMOs on the one hand and trying to impose restrictions on students/migrant workers on the other. Nottingham City Council, for example, have recognised this and it is important that other local planning authorities understand it as well. • To justify an Article 4 direction, all types of HMOs occupied by all kinds of residents must be looked at by the local planning authority. <p>Conclusion</p> <p>Object to the additional licensing option and any HMO restrictions placed on the city especially on a citywide basis.</p> <p>Concerns regarding the consultation as detailed above.</p> <ul style="list-style-type: none"> • Strongly suggest that the Council looks at alternatives such as a voluntary approach

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			<p>working with all stakeholders, including local residents on an area basis.</p> <ul style="list-style-type: none"> • The level of problems referred to do not appear to be significant and in many cases are less than the sector average and would not justify the imposition of additional HMO licensing or planning restrictions through Article 4. The resulting bureaucratic procedures and costs would be totally disproportionate • RLA strongly urge the Council to reconsider options - before even contemplating changing planning rules or imposing additional licensing, the council use improved area management. • The council appears from the consultation paper to have a good idea where the HMOs are located. Street by street property inspections can be carried out. HHSRS powers can be used to effect improvements, if voluntary co-operation will not work. Rather than implementing Article 4 directions, time would be far better spent “out on the street” looking at properties and making sure that any that are needed are brought up to standard. • Landlord accreditation can also be used to ensure that HMO management is of a high standard. These and other measures have an immediate impact and address the current position whereas the Article 4 direction may only prevent new HMOs (and even this is questionable). • If planning restrictions are to go ahead we would recommend the use of “flipping”, if demand changed in the three designated wards (<i>sic</i>) and more HMO accommodation is needed. • We are pleased to at least see that as yet no formal decisions have been made and you are willing to look at a variety of ways to manage HMOs. The RLA would be happy to work with Norwich City Council in any way to find a solution that works for landlords, tenants and local residents that are home owners.
<p>Council officer comments</p> <p><i>It should be noted that the Association’s response in relation to HMO additional licensing is not summarised here as it is not the subject of this consultation. The comments will be passed on to the relevant housing professional within the council’s housing service. There is no commitment to introduce housing licensing at this point – this will be dependent on the success of housing accreditation.</i></p>			
32	Local resident	Option 1	Option 1

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<ul style="list-style-type: none"> • Housing policy should be city wide. There are far too many HMOs in Nelson ward, impacting negatively on permanent residents and area amenity, removing housing stock for families to buy or rent, and unbalancing the neighbourhood. So there should be no more HMOs in Nelson, and fewer than 10% HMOs in any area. Restricting further HMOs only in areas of concentration would just disperse the problem. While that would be better than nothing for Nelson, it would mean the council would then be faced a few years down the line with the same problem in other areas. • Student housing needs to be responsibly managed; landlords give lip service to being responsible. Concerns over state of properties, their front gardens, noise and anti-social behaviour. • A city wide housing policy restricting further HMOs would mean that the educational institutions would have to fulfil their responsibilities. Cities which have already taken Article 4 Direction predict a far lower rise of HMOs than Norwich does. There needs to be immediate action now to restrict further HMOs in order to preserve the character of Norwich as well as schools, parks and other amenities. <p>Option 2</p> <ul style="list-style-type: none"> • Less good than Option 1. What is appropriate housing? The HMOs are virtually all in terrace housing, areas of high density, where the problems they create are exacerbated by the high density. Option 2 better than nothing, but a city wide policy best - and the threshold would need to be keeping HMOs in single figure percentages. <p>Option 3</p> <ul style="list-style-type: none"> • Better than nothing but criteria need to be established. There will be lots of lobbying by landlords and estate agents, who profit from the situation. Better to have a blanket, city wide restriction and let the housing sort itself out properly. Unrestricted ability to convert single dwelling housings into HMOs initially drives up house prices, so families can't buy, as well as lessening the stock for families to rest. Eventually, HMOs run neighbourhoods down so the house prices fall. All in all, they do no one other than landlords and estate agents no favours. <p>Option 4</p> <ul style="list-style-type: none"> • The council should have acted when other councils did, so option 4 would solve nothing. Only by stopping further HMOs will other accommodation types be developed - why should

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<p>the university/colleges spend money on student housing when they don't have to, when the council allows the destruction of family neighbourhoods to house their students?</p> <p>General Comments</p> <ul style="list-style-type: none"> • Action to stop further HMOs needs to be taken now. There need not be a total ban on further HMOs in areas where there are virtually none, but having the power to licence them would mean conditions could be imposed which could insist on insulation, noise reduction, bin storage, numbers of cars needing parking, and a system of ensuring tenants did not disturb their neighbours, etc. • The free-for-all must end. • <p>Additional comments</p> <ul style="list-style-type: none"> • As a city with a number of FE and HE institutions, NNUH and Science Park, Norwich requires accommodation over and above the need for housing for resident families and workers. This is not unique to Norwich - Nottingham, Reading, Manchester, Bath, Southampton, Worcester, Plymouth, Leicester, Canterbury, Brighton and Hove, Oxford and Charnwood have Article 4 Directions to ensure coherent housing policy. Otherwise, it is impossible to maintain a balance in neighbourhoods between long term residents, families, the amenities that serve them such as schools, parks and a range of shops catering for both the day and night-time economies, and students and other short term, often transient, residents. Unfortunately, Norwich City Council has not taken Article 4 Direction, and HMOs have proliferated so that now approximately one out of every five houses in Nelson Ward is an HMO. Instead of the elected representatives, residents and council tax payers controlling the direction of the city's housing stock and their communities, it has been left to largely absentee landlords whose only stake in the area is maximising the profit of their investment. • There are many negative results of this on the housing stock and area; houses in poor condition; bins/litter; noise; increased cars and demands for parking, and a general negative impact on community coherence. Much of the area is becoming run down, which is a shame because it has always been a mixed area of private and rented family homes, some HMOs, and some 'institutional housing'. But to be successful, the mix of an area requires balance and uncontrolled conversion of single family dwellings into HMOs has allowed that

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			<p>balance to tip. One in five houses as an HMO in an area of terraced housing means that approximately 40% have an HMO adjoined to their house. Having too many HMOs can have a negative impact on amenities such as school intake and catchments. As the area becomes more given over to HMOs, families or people who want a quiet community to rent or buy in are unwilling to commit to it because it is becoming run down and noisy, hence a downward spiral. Conversions from single dwellings to HMOs also reduces the number of family dwellings from the housing stock; thus people seeking to rent for a family in this area have fewer and fewer opportunities. I suspect that it also drives up house prices.</p> <ul style="list-style-type: none"> • The key is balance. Norwich City Council needs to take powers to licence and control any further conversion of single family dwellings into HMOs across the city as a whole, regardless of the number of residents that would be accommodated in any proposed new HMO, and allow community input into decisions about converting. By doing so, the council could either refuse to allow any further HMO conversion, and/or place requirements on any proposed HMO to meet standards of insulation, noise prevention measures, bin storage. It could stipulate the number of cars allowed at a property; in an area where there is pressure for car parking, as in Nelson ward, for example, to potentially allow for five or more cars belonging to a house with a frontage of no more than 17 feet is neither reasonable nor responsible. There could be greater enforcement of requirements to keep properties in good condition, front gardens maintained, rubbish bins put out correctly so the operatives are able to take them, taken in at the end of the day, etc. In some areas there are already too many HMOs and the default position should be no more, but there might be parts of the city where proper consideration and consultation could allow a limited increase. However, unless the City Council takes the power to consider and consult, they happen regardless of the benefit or detriment to the neighbourhood and residents. • If Nelson ward is not to become an area where only students are willing to live, with negative consequences for the area's schools as well as the city as a whole, it is essential that some proper vision for Norwich's housing stock is thought out by the council and an Article 4 Direction is taken so that control can be taken by tax paying residents through their elected members, of all political parties, and managed by council policies. Given that it

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			<p>takes effort and will, all the other councils which have taken Article 4 Direction have done so for presumably similar reasons, not whim, and although I believe that Norwich should have done so earlier, it should now do so. Resource implications should not stop the council managing the direction of something as essential to communities and residents.</p> <ul style="list-style-type: none"> Option 1 would best support and manage balanced communities throughout the city as well as help drive up standards of accommodation and appearance of HMOs. I think it is recognised that high concentrations of HMOs have negative effects on neighbourhoods, especially high density terraced neighbourhoods, and therefore a city wide Article 4 would be most effective. Certainly in areas where the concentration of HMOs is 10% or above, it is essential to restrict any new HMOs; this should encourage new types of suitable housing. I do not think that stopping further conversions of single family dwellings would restrict further the housing options for those with fewest housing options; rather that the ever increasing spread of HMOs merely cushions the institutions that bring in more occupants for HMOs from having to provide accommodation for them; in fact, I think unrestricted conversion to HMOs exacerbates the problems for those with the fewest housing options. In Nelson Ward, for example, the vast majority of dwellers in HMOs are students who it could be argued should have their housing provided by their institutions of learning. If Norwich is to improve its neighbourhoods for all residents, and remain an attractive place to live, work, and invest in, then it is important that residents have input into the shape and direction of their neighbourhoods. Surely those who have invested their time, energy and commitment to their communities, often as well as financially in their homes, should have as much power over the quality of life in those communities as largely absentee landlords. If the council goes for Option 2, it would need to set the bar far lower than the 20% mentioned; HMOs need to be kept in single figures. I also believe that any option other than a city wide one could drive the problem further afield. However, as a minimum, the council needs to prevent any further conversion of single dwellings to HMOs in areas where the concentration is in double figures.
33	Local resident	Option 2a	General Comments

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			<ul style="list-style-type: none"> The circulated newsletter from concerned residents, College road raises some valid points and concerns about the effects of proliferation of HMOs in Nelson ward. With the increase of property investors HMOs are on the increase creating an imbalance that would appear difficult to reverse.
34	Local resident	Option 3	<p>Option 3 will help prevent the over concentration of HMOs in any one area of the city. Increasingly concerned regarding the impact HMOs are having in the College Road area including anti-social behaviour, noise, rubbish, poorly maintained property and the loss of homes for first time buyers.</p>
35	Local residents	Option 2a Option 3	<ul style="list-style-type: none"> Option 1 Do not support on the grounds of all the considerations and implications stated Options 2a – yes, but 20% may be too high in some areas and so it may be appropriate in some cases to agree a lower limit e.g. secondary to poor parking capacity. Option 2b – would not support unless incorporated alongside a threshold. Would also need clarity about what is deemed ‘appropriate’. (Concerned that this question has been put in such a way that it is not clear to those responding whether it includes 2a or is separate – decreases its validity potentially). Option 3 Emphatically support. Believe there’s a perception in some quarters that the residents of College Road, Glebe Road, Girton Road and Bensley Road are in some way a privileged middle class set who have a wonderful area in which to live and who are anti anything that disturbs this ‘privileged’ existence. This could not be further from the truth. Have seen the Unthank Road end of College Road and Girton Roads deteriorate massively as a result of HMOs (leading to IMPOSSIBLE car parking conditions - no permit parking, park and striders massive issue); proliferation of waste bins and uncared for gardens and general under-investment e.g. in tree replacement. No further HMOs should be allowed in these areas. Love the diversity of our area and welcome the students who keep the area lively, vibrant and young. Need to halt area’s decline in what was once a beautiful area and one in which its residents felt that their individual contributions could sustain it that way. Sadly, our

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			<p>ability to achieve this has been overwhelmed by HMOs and no council support to mitigate their proliferation and impact.</p> <p>Option 4 - Would not support as only option, but would if incorporated within 2a and 3</p> <p>General Comments Feel isolated as only single family occupiers among HMOs; the vast majority of which are less well maintained, the environment spoilt by the incredible number of bins and poorly maintained gardens. Permit parking needed.</p>
36	Students' representative body (Deputy Dean of Students (Residences and Services), UEA)	Option 4	<p>Option 1</p> <ul style="list-style-type: none"> Although some residents have expressed concern about the concentration of HMOs in certain locations, Norwich does not have the same degree of concentration experienced by a number of other towns and cities with large proportions of students relative to the long-term population where such a restriction has not been imposed. A higher percentage of HMOs are not occupied by students only. In the current housing market, demand for shared accommodation among young people will continue and they will look for accommodation in areas convenient for their work. <p>Options 2 and 3</p> <ul style="list-style-type: none"> 2a) Agreeing objective criteria for defining areas of over-concentration is difficult + potentially expensive to monitor implementation. There may already be areas with a concentration above the accepted threshold. If one of the objectives of policy would be to address the concerns of those who objected to the impact of HMOs on their communities, any change which resulted in the dispersal of HMOs into other areas would potentially increase levels of dissatisfaction elsewhere. The impact of HMOs is not purely negative. The behaviour of a minority of HMO occupants has an adverse effect on their neighbours, but the same can be said of people living in conventional family homes. Where there are concentrations of HMOs there tend to be better bus services and a range of shops and services which might not otherwise be sustained. It can also be argued that house prices are pushed up in areas where there is competition from buy-to-let landlords. Option 2b) The idea of driving up the standards and management of new HMOs through regulation is attractive, but what evidence is there that market forces would not be as

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<p>effective and at no additional cost to the Council?</p> <ul style="list-style-type: none"> • Would restrictions on the types of housing able to be converted into HMOs unreasonably limit the affordable housing options for single people in the city including non-students? Changes in Housing Benefit yet to have full impact and may force an increase in demand for shared housing. The housing market remains difficult for first time buyers. The size of deposit required will prolong the period during which young people are forced to rent. Rising private sector rents make shared housing a more attractive option. Also applies to option 3. • Whilst the census information shows a growth in the proportion of HMOs occupied by students, they're still a minority of HMO residents in Norwich. The development of property types which would meet the demand for affordable rented accommodation for individuals with limited housing options would be highly desirable. This might include, for example, long-term Norwich residents with limited incomes, workers on fixed-term contracts, and young professionals who need to be mobile to progress their careers and whose choices may also be limited by significant student loan debt. • Students: UEA has the ambition and capacity to grow but despite the recent development of Crome Court cannot offer the full campus university experience to all those who wish to live in our residences. Currently developing proposals for the construction of additional student residences on the former Blackdale School site to accommodate the planned growth in student numbers and extend the opportunity to live in residences to groups of students who have been excluded from our accommodation guarantee in recent years and have therefore relied on the private rented market. Further development on campus could minimise future growth in the demand for student-only HMO accommodation and limit the number of additional journeys to and from the University. • Whilst the University wishes to continue its steady growth in student numbers, higher education is going through a particularly volatile period: Undergraduates - the government is removing the cap on student numbers and the sector is not yet able to assess the impact on individual institutions. Similarly, it is unclear how the practice in some institutions of making unconditional offers (ie before A level results are known) will affect recruitment. Postgraduates - funds are to be made available to enable more postgraduates to pursue

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			<p>Masters level study although it is not known how many will be willing to take on additional debt on top of the considerable burden of debt accumulated during their undergraduate studies. A significant proportion of those who do go on to undertake postgraduate study continue their studies at the same institution and would already be housed locally or return to their families so that they can live at home at reduced expense.</p> <ul style="list-style-type: none"> • All these factors make it difficult to predict changes in demand for HMO accommodation by students in the short-term. • Not in favour of large scale developments aimed at the student market which would place concentrations of students in locations where there is potential for disruption to the lives of existing residents in areas without the kind of out-of-hours support services in our residences and which also enable the University to manage student behaviour. • Whilst licensing arrangements might be desirable, unless they are compulsory it is unlikely that the worst performing landlords would sign up to the scheme.
37	Local resident	Option 1 Option 2a	<p>Option 1</p> <ul style="list-style-type: none"> • Fairest longer-term approach, would prevent the knock-on effects of option 2 being felt in other parts of the city. The City Council should aspire to “leading the way”. Should be implemented in a staged way alongside a planned approach to housing development so that those with fewest choices really do have options. <p>Option 2a</p> <ul style="list-style-type: none"> • Support this option as an immediate solution to the problems in College Road. Would like the area to be the family-friendly area it has always been with good local leisure and education facilities nearby. Recent decline in the properties. Problems with overgrown gardens, litter, late night noise, car parking. • Properties sell quickly for as HMOs, families priced out. • Taking action to protect residents’ quality of life should be a priority. <p>Option 2b</p> <ul style="list-style-type: none"> • Standards should be set to protect those who take up the tenancies. With regard to the types of housing suitable for conversion to HMOs, I am not sure how this would be defined as developers seem to be able to do just about anything. <p>Option 3</p> <ul style="list-style-type: none"> • If the first two options are not pursued then I would support this option as an immediate

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			<p>solution to the local issue for College Road. However, I think it is short-sighted and unfair and the council may then be required to implement the same solution in other areas in the future.</p> <p>Option 4</p> <ul style="list-style-type: none"> This approach would result in the status quo. If you do the same as you have always done you will get what you have always got and the inherent problems will escalate. If the planners want to manage their workload they need to take a different approach.
38	Local resident	Preference Option 1, also support 2a, 2b and 3	<p>Option 1</p> <ul style="list-style-type: none"> Comprehensive city wide approach would allow managing of all HMOs and support delivery of balanced communities throughout the city. It could also help to drive up standards of HMO accommodation and to manage the effects of additional HMOs through imposing planning conditions. There should be a total ban on additional HMOs in areas which already have more than 10% HMOs. <p>Option 2a</p> <ul style="list-style-type: none"> If option 1 not approved then I support option 2a with 10% threshold, which is recognised as the tipping point for the detrimental impact of over concentration of HMOs in a community. An area should firstly be defined at ward level to determine levels of concentration rather than at street level. But also no street should have more than 10% of housing stock as HMOs even if the ward has less than 10%. There should be a total ban on additional HMOs in those wards which already have more than 10% of housing stock as HMOs. <p>Option 2b</p> <ul style="list-style-type: none"> HMOs should ideally only be created in detached houses and not in terraced houses where every room is converted to a bedroom and where multiple occupants can cause significant noise disturbance and can have a general lack of regard for neighbours. This option should be in conjunction with restrictions on areas of over concentration. <p>Option 3</p> <ul style="list-style-type: none"> There should be a total ban on additional HMOs in wards which have concentrations

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			<p>greater than 10% such as Nelson ward, which already has 19% of houses as HMOs.</p> <p>Option 4</p> <ul style="list-style-type: none"> Do not support limited intervention without Article 4, but action should be taken to provide additional accommodation to reduce the demand for conversion of existing houses to HMOs in conjunction with Article 4 direction. <p>General Comments</p> <ul style="list-style-type: none"> Support option 1, which a number of other councils have already introduced e.g. Bath, Bournemouth, Manchester, Milton Keynes, Nottingham, Oxford, Portsmouth and York. Will enable the number, distribution and effects of shared properties throughout the City to be managed through the planning process. The threshold for a total ban on additional HMOs should be set at 10%, which is similar to Nottingham and Portsmouth. This 10% threshold is recognised by a number of organisations as an appropriate balance between meeting HMO and student accommodation needs within the City and supporting sustainable and inclusive communities. Whilst recognising that shared accommodation is a valuable use of housing assets the Council needs to ensure that the concentration of HMOs (particularly student households) do not impact on the wider housing market. Housing should not be seen as an investment opportunity for landlords. As other Cities/towns have taken control through the early introduction of Article 4 direction there is a risk that Norwich could be seen as a good investment opportunity for maximising rental income and therefore get more demand for HMOs. This could lead to greater houses prices in certain areas of the City and family homes becoming more unaffordable for first time buyers. The cost of introducing an Article 4 direction should not be a determining factor for such an important issue, which already adversely affects a number of streets/wards across the City. In many university cities student HMOs create a loss of tax revenue as students are exempt from council tax and landlords make large profits but do not pay for council services.

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			If the Council introduced option 1 then an annual monitoring and review process could be undertaken to check changes in concentrations of HMOs across the City and assess the number of applications received for HMOs and whether approved or refused and any appeals and the overall cost.
39	Local resident	Preference Option 1, also support 2a, 2b and 3	<p>Option 1</p> <ul style="list-style-type: none"> • A City wide Article 4 Direction would allow a more comprehensive approach to managing all HMOs and to support the delivery of balanced and sustainable communities in neighbourhoods throughout the City. It would limit the likelihood of the known adverse impacts of concentrations of HMOs being transferred to other parts of the city through positive control measures, which are currently completely absent. It could also help to drive up standards of HMO accommodation and to manage the potential impacts of additional HMOs through imposing planning conditions e.g. sound attenuation between buildings, bin storage, on-site parking provision etc. More effective monitoring and licencing would also be possible. • It is far simpler and less confusing to administer a city wide direction than one based on smaller defined zones. • There should be a total ban on additional HMOs in those areas which already have more than 10% of housing stock as HMOs. Unfortunately this figure has already been exceeded in Nelson ward and so action to implement an Article 4 with a ban on further HMOs in the ward is now urgently required. • Contrary to the report to members and the consultation document, a city wide Article 4 direction has been implemented by many other councils. Such action was also taken shortly after the legislative changes and publication of circular guidance on the subject in 2010. • Norwich has poorly served the interests of its permanent residents by not considering this issue when it should have done so some 4 years ago. Many more unregulated HMO conversions have occurred than would have otherwise been the case had action been taken and unfortunately this will continue to be the case until the city act. This has been to the detriment of individual residents, the wider community, general residential amenity and the wider environment of those areas of the city which have significant concentrations of HMOs, many occupied by the transient student community with no stake in the areas in which they temporarily live.

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			<ul style="list-style-type: none"> • A city wide Article 4 direction would not reduce housing choice, indeed it would improve housing choices for first time buyers/young families. It brings regulation to an unregulated market and merely requires the submission of a planning application. This in itself would hopefully deter the speculative 'buy to let' landlord from pursuing their solely investment/income driven objectives. • The significant rise in the number of HMOs in Norwich is a major factor in removing a large number of first time buyer properties from the market at a time when it is widely recognised that there is a major shortage of affordable first time buyer housing. In Norwich much of this loss has occurred in areas which are residentially highly sustainable, well served by schools and other community facilities and within easy walking/cycling distance of the city centre and employment options. These areas used to be attractive locations for families but this is no longer the case. Young families en route to school for example, may now have to pass unkempt gardens, overflowing rubbish bins, discarded booze bottles/cans, street litter eg take away cartons /packaging and unfortunately vomit. The continuation of these problems and the anti-social behaviour that occurs at night through noise and general disturbance promotes further decline and drives even more permanent residents out of the area. • For those first time buyers still wishing to live in the area their options are limited as they simply cannot compete with buy to let 'investment landlords' whose rental values are much higher for student /HMO rental than single family occupancy. Families eventually forced to rent due to mortgage constraints are also effectively excluded from the market/area where much of the rental market has been converted to more profitable HMO accommodation in particular exploiting the rise in student numbers to their advantage. • Over the last 4 years many towns and cities have taken action and introduced an Article 4 direction to control HMOs. The buy to let market is quite fluid and is not necessarily loyal to a geographic area. They will track down investment opportunities on a national basis with advice from their own representative body and the property market. Those towns and cities with an Article 4 direction in place are now less attractive than they were as a place to buy property .It is therefore probable that Norwich is now seen as the unrestricted easy option and hence the continuing and significant rise in the numbers of HMOs over the last several years. Until action is taken this will continue to be the case to the detriment of the city as a

Rep Ref	Organisation	Option(s) supported	Comments Summary
			<p>balanced, sustainable and attractive place to live and work.</p> <ul style="list-style-type: none"> • Much work by other LAs has already been done on this topic. The resource implications for introducing an Article 4 direction can as a result be significantly reduced simply by adapting the work of others to the Norwich context. <p>Option 2a</p> <ul style="list-style-type: none"> • If option 1 is not approved then I support option 2a to restrict HMOs in areas of over concentration and the threshold should be set at 10% which is recognised as the ‘tipping point’ above which the adverse and detrimental impacts of over concentration of HMOs in a community become self-evident. If this option is taken I believe that an area should firstly be defined at ward level to determine levels of concentration rather than at street level. In any event no street should have more than 10% of its housing stock as HMOs even if the ward itself has less than 10%. When determining an application within a street, account should not just be taken of the threshold figure but also of specific site characteristics and the potential impacts on neighbours and the wider environment. • There should be a total ban on additional HMOs in those wards, which already have more than 10% of its housing stock in use as HMOs. • It is not difficult to define a threshold as much work has already been done on this topic by the National HMO lobby and some LAs eg Nottingham. A 10% limit has been acknowledged as a ‘tipping point’ where, beyond this limit, the community becomes increasingly unbalanced and the identified adverse impacts become more tangible and costly to manage for permanent residents and the host LA.eg the costs associated with litter, rubbish disposal, graffiti, anti-social behaviour and crime. • The possible dispersal of HMOs across the wider area of the city should be welcomed if it means that the excessive concentration of HMOs and the ‘studentification’ of certain areas and their associated adverse impacts can be avoided. • The financial resource implications associated with planning fee income are unknown but should not be as significant as the report states. Many potential ‘investors’ will be discouraged by the need to submit an application where the policy is sufficiently robust. In any event ,the potential loss of fee income cannot be considered as an appropriate test when considering the validity of pursuing action which is demonstrably in the best interests of the cities permanent residents and the character and amenity of the areas we all live in.

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			<p>The indirect costs falling to the council in respect of the adverse impacts of concentrations of HMOs cannot be ignored. Remember, students (and their landlord) do not pay council tax!! It's the council and its permanent residents who have to live with and pay for the problems that arise in areas of high HMO concentration and particularly high levels of student occupation.</p> <p>Option 2b</p> <ul style="list-style-type: none"> HMOs should ideally only be created in detached houses where noise transmission through walls is avoided, where the curtilage is large enough to accommodate multiple waste bins in more discreet locations than is usually the case and where the possible requirements for several cars to be parked can be met off street. The conversion of smaller terraced houses should always be avoided. Problems include multiple occupation with overcrowding as every room is converted to a bedroom, occupants creating significant noise disturbance through poorly sound attenuated structures, often poorly maintained buildings and external spaces in close proximity to neighbours and a general lack of regard for neighbours by both absentee landlord and tenants. There is rarely no curtilage to park vehicles. The possibility arises that rather than one or possibly two vehicles parking on the already congested street you may get up to 6 following conversion to an HMO. This parking is often long term ie the vehicles infrequently move, resulting in a severe loss of parking for permanent residents and problems for the council on street cleaning days when requests to move vehicles are ignored. This increases the time and effort to clean the street and adds to the costs of the service. Option 2b should in any event also be considered in conjunction with the introduction of an Article 4 direction on a city wide or area basis linked to measures to control areas of over concentration. <p>Option 3</p> <ul style="list-style-type: none"> There should be a total ban on additional HMOs in wards which have concentrations greater than 10% such as Nelson ward, which already has 19% of houses as HMOs. There will be no difficulty in defining ward areas and information is already available on a more localised basis e.g. Portland Street where the number of HMOs is close to 50%. Dispersal should not be seen as an adverse consequence of any ban but a benefit to ensure significant concentrations of HMOs can be avoided in the future. An Article 4 direction also

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			<p>brings the ability of not only control but also the positive benefit of monitoring numbers and impacts and facilitates links to any licence regime.</p> <p>Option 4</p> <ul style="list-style-type: none"> Do not support limited intervention without Article 4, but action should be taken to provide additional accommodation to reduce the demand for conversion of existing houses to HMOs in conjunction with Article 4 direction. <p>Other options</p> <ul style="list-style-type: none"> Option 4 should not be seen in isolation. Action to promote new development which provides sector specific accommodation is to be encouraged but any such work has to have at its core a strong and powerful disincentive to stop simply continuing as we are now utilising existing inappropriate housing stock in an unregulated and unlicensed manner to provide HMOs at the whim of the buy to let landlord. An article 4 direction is now urgently required in Norwich. <p>Additional evidence</p> <ul style="list-style-type: none"> There are numerous documents and sources of information /evidence in respect of HMOs which should be utilised by the City in helping to formulate both its actions and resulting policy requirements. <p>Information includes:-</p> <ul style="list-style-type: none"> Legislative framework e.g. statutory instruments Circular guidance -in particular DCLG circular 08/2010-Changes to Regulations for Dwellings and Houses In Multiple occupation Government commissioned research published in 2008-Evidence gathering: Houses in Multiple Occupation and possible Planning Responses. This research identified the main impacts as :- <ul style="list-style-type: none"> Anti-social behaviour, noise and nuisance Imbalanced and unsustainable communities Negative effects on the physical environment and streetscape Pressure upon parking provision Increased crime Growth in private rented sector at the expense of owner-occupation Pressure upon local facilities

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			<ul style="list-style-type: none"> - Restructuring of retail, commercial services and recreational facilities to suit the lifestyles of the predominant population. <p>Note: all these implications are evident to a greater or lesser degree in those areas of Norwich, which has experienced the greatest influx of HMOs and resulting loss of family housing.</p> <ul style="list-style-type: none"> • Readily available documentation from the numerous LAs that have already taken action and introduced Article 4 directions in response to the legislative changes and circular guidance. Many of the reports to the members of the respective LAs eg Nottingham are comprehensive in content and provide compelling arguments in favour of action. They are also supported by the parallel policy formulation. As a result, for Norwich, coming to the issue some 4 years after action was possible, the wheel has already been invented so making the required tasks to progress an Article 4 direction that much easier to take!! The Council can simply follow the actions of others and adapt documentation to the Norwich context. <p>General comments</p> <ul style="list-style-type: none"> • Support option 1 – a City wide restrictive option, which a number of other Councils have already introduced. These include Bath, Bournemouth, Manchester, Milton Keynes, Nottingham, Oxford, Portsmouth and York. • Norwich should now take similar action as a matter of urgency. As it is in order to avoid the possibility of compensation payments, a further year will pass before any control becomes possible –some 5 years after it became possible!! This is a terrible state of affairs and cannot be ignored. • The threshold for a total ban on additional HMOs should also be set at 10%, which is similar to the threshold set by Nottingham and Portsmouth. This 10% threshold is recognised by the National HMO lobby, amongst other bodies as an appropriate balance between meeting HMO and student accommodation needs within the City and supporting sustainable and inclusive communities. • Whilst recognising that shared accommodation is a valuable use of housing assets the Council needs to ensure that concentration of HMOs (particularly student households) do

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			<p>not impact on the wider housing market. It should be taking action to stop the loss of any further units of family housing to HMO use and take positive action to remedy the adverse impacts that have arisen in those areas where an excessive concentration already exists due to the lack of action by the Council over the last 4 years.</p> <ul style="list-style-type: none"> • The cost of introducing an Article 4 direction should not be a determining factor when considering such an important issue, which already affects a number of communities across the City. It does not appear to be an issue when imposing Article 4 directions to control minor householder development in Conservation areas. • The Council will no doubt receive the standard representations from interested parties such as the National Landlord Association and the National Union of Students. Their arguments have been made previously to the other Councils who have introduced Article 4 directions and have been ignored as they are clearly representing the specific interests of a vested minority. If the Council is genuinely the 'Listening Council' it purports to be it needs to hear and respond to the needs and concerns of its permanent residents and take action to regulate the unfettered growth of HMOs in Norwich, which is having significant and adverse impacts on the community and unbalancing the housing market at a localised level.

Annex 2 - Comments and city council responses on the consultation content/process and on the existing policy approach to HMOs

Issue	Norwich City Council response
Consultation content	
<ul style="list-style-type: none"> Contrary to the statement in the consultation report, several cities have implemented option 1 (Bath, Bournemouth, Manchester, Milton Keynes, Nottingham, Oxford, Portsmouth and York). Reference to 'a blanket ban' on additional HMOs for option 1 is misleading and likely to colour responses. 	<p>As stated in the consultation material, option 1 is intended to be a total ban (a “blanket restriction”) on any further HMOs through a city wide Article 4 Direction and a new wholly restrictive policy. The named cities do have authority-wide Article 4s regulating HMOs by imposing a requirement for planning permission to be sought for them, but do not have an option 1 type authority wide blanket restrictions on further HMOs. Option 2a is a city wide Article 4 Direction with accompanying policies to limit/prevent additional HMOs in areas of over concentration. This is similar to the policy approach taken in some other cities. This was set out in the Summary of Options table as part of the consultation. This table is also in the HMOs Options consultation document.</p>
<p>Data sources were not up to date and comparator cities used were chosen to favour a particular viewpoint</p>	<p>As set out in the options paper, the data used was primarily from the census and from specific research undertaken for Norwich City Council by the Building Research Establishment (BRE) using data from the census 2011, Experian, the English Housing Survey and other sources. More up to date data is not currently available. Comparator cities chosen, also as stated in the paper, are, like Norwich, tightly bounded urban authorities with significant student populations. Time and resources did not allow additional cities to be covered or further research to be undertaken. Every effort was taken to ensure the commentary with the data was not biased.</p>
<p>The HMO options ignore national research on the impacts of HMOs.</p>	<p>The report briefly summarised both views previously presented to the city council on the adverse impacts of HMOs (see particularly paragraph 19) and views on their importance in providing affordable accommodation (paragraph 18). The city council welcomes the references provided through the consultation both to the evidence in the 2008 Rugg Report and the October 2014 Parliamentary Group provided by consultees. One of the stated purposes of the consultation was gain information on available evidence. This evidence has assisted in producing the 2015 Sustainable Development Panel report.</p>
<p>The report overemphasises the costs of</p>	<p>The council is required to consider cost implications when considering policy approaches. This was</p>

introducing Article 4 for HMOs when this was apparently not a consideration for Article 4s in conservation areas to restrict alterations to houses	the case with the consideration of the Article 4 direction for alterations to houses.
Consultation process	
The lack of advanced publicity for this consultation is regrettable, especially given the council leader's priority for the HMO issue in her statement of aims and objectives for 2014/15.	378 individuals and groups, (including individuals who had previously contacted the council in relation to HMO issues, residents and landlords associations and letting agencies) were contacted by email or letter to inform them of the consultation.
Wider advance publicity could have been given to the issue in the Citizen [magazine] but consultation was limited to a press release and consultation material on the city council website. Local councillors' distributed information about the issue in Nelson ward which had reached a handful of residents only.	A press release was sent out. It was not possible to place an article in Citizen magazine due to the timing of the consultation not coinciding with the production of either the autumn or winter editions.
Query whether the city council informed the landlords/letting agents. Preponderance of responses from landlords (likely to favour Option 4) likely to skew the consultation.	Presentations on the consultation were made to 2 local landlords associations in October in response to invitations. This was subsequent to the draft options report being considered by the Sustainable Development Panel and being available to all on the council's website. No other invitations were received. It is clear table 1 in paragraph 16 above that there has not been a preponderance of responses from landlords.
Policy approach	
The council is ignoring the increase in demand for HMOs	The options report clearly set out that it is anticipated that there will be an increase in demand for HMOs in the future (see Future demand for HMOs section, particularly paragraph 47). The view expressed that the council is ignoring this issue appears to assume that a firm commitment had already been made to introduce Article 4 Direction ahead of the consultation. This is not the case.
Officers could have brought the issue of legislative changes deregulating C3-C4	During 2010 the draft Development Management Policies Plan was being finalised prior to formal public consultation between January and March 2011. As part of this process the HMO issue and the

<p>changes of use in October 2010 (and circular 8/2010 referring to Article 4 powers) to members' attention four years ago for information and action.</p>	<p>recent change in HMO definitions was in fact discussed by officer and member panels with a view to making a possible distinction in policy between smaller HMOs of three to six residents (C4) and larger ones of seven and over (sui generis) supported by a possible Article 4 Direction to respond to the subsequent Coalition government rule change. Research was undertaken around the subject of HMOs and a guidance note was drafted following the initial introduction of the C4 use class, but not progressed given the advanced stage of work on the emerging local plan, which would soon supersede the policies the guidance note referred to. In the judgement of both officers and members, the problems presented by smaller HMOs in Norwich at that stage did not warrant a specific policy response in the emerging local plan.</p> <p>No objections were received at any stage of consultation on the DM policies plan either to the lack of detail in policy DM13 (which deals with institutional and communal housing) or the need for an Article 4 Direction to address problems with C4 class HMOs, nor were concerns expressed by members to that effect.</p> <p>A report on feedback to consultation on the draft Development Management Policies Plan with recommendations for change was considered by the council's Sustainable Development Panel on 29 June 2011 when the issue was in fact referred to. Notwithstanding that there had been no comments on the HMO policy through consultation, officers nevertheless recognised that without an Article 4 Direction the policy could not apply to C4 HMOs: consequently clarification was included in the supporting text that it was not applicable to smaller HMOs. Appendix 1 of that report (following paras 50-53) has the following commentary:</p> <p>"The change of use of single dwellings (use class C3) to houses in multiple occupation occupied by between three and six unrelated residents (use class C4) does not require permission unless these rights have been removed by Article 4 direction. Although some authorities have chosen to [use] these directions, there is considered to be no strong case for introducing restrictive planning controls on smaller HMOs in Norwich and there is an acknowledged need to support the University of East Anglia and other educational institutions in providing an adequate range and choice of student housing. However, conversion of larger houses to multiple occupation for 7 residents and over may only be acceptable in limited cases and is not usually appropriate or desirable in areas of the city dominated by larger family housing. Commentary needs to be added to this effect".</p> <p>It was subsequently concluded that the issue was adequately addressed by text in paragraph 130 of the draft plan (now in paragraph 13.3 of the adopted plan) so no further commentary was added.</p>
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Annex 3 Main relevant conclusions of October 2014 Parliamentary “All Party Parliamentary Group for the Private Rented Sector”

The parliamentary group supported the view that Article 4 Directions should continue to be available as a tool for local authorities to use to respond to the local needs concerning HMOs. However, significantly, the group concluded that it is important that legislation designed to tackle anti-social behaviour is properly enforced, rather than simply reaching for planning powers to start with.

The parliamentary group also concluded that:

- Government should work with local authorities, through the Local Government Association, to review what impact Article 4 Directions are having on the ability of those requiring it to access shared housing.
- Initiatives such as the ‘Leave Leeds Tidy’ (a campaign bringing together residents, students, the university and the local authority to ensure students leave their streets and surrounding areas in a fit state when they leave for term breaks) should be replicated as a way of properly integrating students into their local communities and addressing some of the concerns those residents have about high concentrations of such tenants.
- Where students and other occupants of shared housing cause repeated trouble and fail to respond to warnings about their behaviour, universities, students unions, landlords and the local police should ensure that robust action is taken against such tenants, with a much swifter process to evict them where need be.