

# **Southampton Local Plan**

## **Consultation Statement**

### **Revised Houses in Multiple Occupation Supplementary Planning Document (HMO SPD)**

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## Introduction

1. This report covers the consultation on the revised Houses in Multiple Occupation Supplementary Planning Document (HMO SPD) which was adopted 4<sup>th</sup> May 2016. This SPD updates the original Houses in Multiple Occupation SPD which was adopted in 2012. It provides further details on how the council will determine applications for the conversion of dwellings into Houses in Multiple Occupation (HMO). This covers the assessment of whether there is an overconcentration of HMOs in the surrounding area, based on the proportion of existing HMOs within a 40m radius, and the standards for HMOs.
2. After monitoring the impact of the approach taken and following a scrutiny inquiry and stakeholder workshops, it was decided to revise the SPD. This update addresses implementation issues and provides the opportunity to update the document and make it clearer.
3. The principal changes in the revised HMO SPD are as follows:
  - Removal of the 20% threshold to determine if there is an overconcentration of HMOs in the immediate surroundings and application of the 10% threshold, previously applying only to Bassett, Portswood and Swaythling, throughout the city
  - Introducing a new policy to prevent the 'sandwiching' of properties between HMOs on both sides
  - Clarification that the policy on exceptional circumstances applies where 80% of properties are existing HMOs
4. This statement sets out information on the consultation of the revised HMO SPD, key issues raised and the council response. It has been prepared in accordance with Regulation 12 of the Town & Country Planning (Local Planning) (England) Regulations 2012.

## Methodology

5. The formal consultation on the revised HMO SPD ran for four weeks from 1<sup>st</sup> - 29<sup>th</sup> March 2016. This four weeks consultation period is in accordance with the Statement of Community Involvement (adopted 2013).
6. Prior to the formal consultation, the council had considered the HMO SPD at a Scrutiny Panel Inquiry in 2013/14. The panel had a number of recommendations including gathering further information on housing need, HMO numbers and tipping points. It proposed amending the HMO SPD to include no new HMOs which would 'sandwich' family homes. Other recommendations relating to the HMO SPD included amending the guidance to reflect population density (instead of property density) and placing greater emphasis on amenity and neighbourhood character when considering HMO applications.
7. The council also held three workshops with stakeholders to identify issues and potential options for the revision of the SPD. These workshops were held as follows:
  - Residents' Associations - 31<sup>st</sup> March 2015
  - Landlords and Letting Agents' Representatives – 31<sup>st</sup> March 2015
  - Joint Meeting of RAs and Landlords/Agents – 16<sup>th</sup> June 2015
8. Notes from the workshops are set out in appendix 1 and 2.

### Who was consulted?

9. The council sent out emails and letters to selected contacts on the Planning Policy database and respondents from previous consultations on HMO issues. These included members of the public, residents associations, developers, landlords and letting agents. A total of 147 emails and 129 letters were sent. In addition to this correspondence, a public notice was placed in the Hampshire Independent (see Appendix 3).
10. In order to further publicise the SPD, emails were sent to all city council members at the start of the consultation and information was included in the Members bulletin towards the end of the consultation to highlight the closing date (see Appendix 4).
11. The revised HMO SPD was available online at [www.southampton.gov.uk/hmospd](http://www.southampton.gov.uk/hmospd) and in libraries and housing offices. In addition to the SPD, the council made available the following documents; a background evidence paper (setting out further information on housing mix in Southampton and the approach), notes of workshops held in summer 2015, the Strategic Environmental Assessment Screening Report and the Equality and Safety Impact Assessment.
12. Consultees were able to respond in two ways – either sending comments in writing to Planning Policy (by letter or email) or filling in an electronic survey online at <http://www.southampton.gov.uk/council-democracy/have-your-say/surveys.aspx>.
13. A total of 22 written comments were received (see Appendix 5 for a list of respondents). A further comment was received from a local resident after the end of the consultation period. The types of respondents are shown below:

Type of respondent	No. of responses
Residents groups	9
Local residents	11
Councillors and political groups	2
<b>Total</b>	<b>22</b>

14. A total of 37 electronic surveys were completed. All the surveys were completed by residents of Southampton. A summary of the results is included in appendix 6.
15. During the consultation planning officers attended HMO Licensing's landlord liaison meeting on 24th March 2016 to discuss the revised HMO SPD. The issues raised by landlords' representatives are included in the key issues and suggestions table on page 5. This is in order to reflect the range of concerns raised prior to and during the consultation.

### Key issues raised

16. Residents and residents' associations were generally supportive of the proposed 10% citywide threshold. There were however suggestions that the threshold is applied over a larger area, that it should apply to large HMOs and that halls of residence be counted in the assessment. Concerns were raised about the impact of large HMOs and their intensification. The introduction of a sandwiching measure was supported but it was

argued that this should also be applied to properties at the rear and opposite. There were concerns about not applying the 10% threshold where 80% of properties are existing HMOs. This related to the further loss of family homes and impact on character in these areas because of applying these exceptional circumstances. Many of the comments focused on the negative impacts of HMOs - changing the character of areas and the need to improve standards and maintenance including gardens and address anti-social behaviour, noise, and crime, parking problems.

17. Landlords' representatives were concerned that the changes would stop new HMOs coming forward and therefore worsen housing problems. They suggested that a different threshold be introduced such as 15% citywide. They did not expect that the recent increase in purpose built student accommodation would free up HMOs due to increases in student numbers. It was also argued that occupiers on low incomes needed to be in central areas and so would not benefit from the freeing up of any student properties close to the university.
18. Table 1 sets out more detail on the key issues raised during the consultation period and the council response. Following the consultation, the SPD was revised to address two points in particular;
  - a. the impact of the intensification of large HMOs; and
  - b. considering way to make the flipping of properties between HMO and C3 uses easier.
19. The post-consultation changes to the SPD clarify that the impacts of intensifying large HMOs are taken into account when considering applications for extensions (paragraphs 4.8.3 and 4.8.5). Also, the approach to flipping could be extended to enable more established HMOs who have not got permission for a flexible C4/C3 use to be rented out to families without changing their use. As this may require changes to the Article 4 Direction, the changes state that the council will investigate how this could be extended to C4 HMOs and large HMO (4.7.2).
20. Further minor changes made to the SPD include updating references to licensing to refer to the additional license scheme and removing text about the consultation and proposed changes. Following the cabinet meeting on 19<sup>th</sup> April when the council agreed to adopt the HMO SPD, additional minor formatting and wording changes were made by the Planning and Development Manager under delegated powers.

Table 1 - Main issues and suggestions raised during the consultation period

Comments	Council response	Changes to SPD
<p>1. Information provided on the negative impacts of living next to HMOs: how they change the character of areas; the need to improve standards and maintenance; and the issues of anti-social behaviour, noise and crime; and parking problems.</p>	<p>The aim of the SPD is to prevent new concentrations of HMOs from establishing and thus encourage a more even distribution around the city. It is also intended to improve the quality of new HMO accommodation. The council will continue to use its own powers and work in partnership with others to address these issues.</p>	<p>No change</p>
<p>2. Concern about the impact of intensifying larger HMOs – suggestions that the threshold approach should be applied for increases in the number of people living in larger HMOs (or where the balance of a community will be adversely affected) and that no more large HMOs are permitted where areas are already over 10% limit</p>	<p>The threshold is designed to provide a mix of housing types in each area taking into account the concentration of existing HMOs surrounding the application site. Although the level of occupation of a large HMO is higher than a small HMO, they are treated as the same type of household. Whilst the threshold approach will not apply to intensification of existing large HMOs, amenity issues will be assessed as part of the planning application, in addition to considerations such as living standards and parking provision.</p> <p>Change – extra text added to clarify the policy and highlight the potential impacts of intensifying the use of existing HMOs.</p>	<p>New paragraphs 4.8.3 and 4.8.5 (4.8.2 and 4.8.4 remain the same):</p> <p>4.8.3 The council however recognises that the intensification of persons when existing C4 HMOs increase the number of bedrooms and become large HMOs can have a harmful impact on neighbouring occupiers. This is due to increased comings and goings, especially those associated with the independent lifestyle pattern of occupiers living individually of one another.</p> <p>4.8.5 The council has been regularly supported in these concerns at appeal, where it has been demonstrated that increasing the number of occupants can lead to negative amenity impacts on local residents. It is evidence from past applications, since the introduction of the larger HMOs sui generis class, that this has become a significantly greater issue</p>

Comments	Council response	Changes to SPD
		for the character and amenities of local communities in areas with a high proportion of HMOs. As such the council will carefully consider the impacts on the local community arising from intensifying larger HMOs in an area with a high proportion of existing HMOs.
3. Need to clarify the approach to allow changes between C4 and C3 lets and back again - 'flipping' properties between rentals to families and sharers. Large HMOs should be allowed to flip/revert back to family use	The approach of the revised HMO SPD is to support family housing and prevent the over-concentration of HMOs in saturated areas. Although new HMOs will have a flexible C4/C3 permission, this does not apply to large HMOs or existing C4 uses. The current approach therefore acts as a disincentive to landlords without this flexible permission to rent properties out to families. The council will investigate the changes required, which may include changes to the Article 4 direction, and other requirements to enable an authorised C4 to flip between a C3 and C4 use.	Amend paragraph 4.7.2 as follows:  The flexible planning condition <u>currently only applies to</u> <del>can only be applied to</del> new permissions for HMO dwellings; <del>and will not apply to large HMOs or existing C4 uses.</del> <u>The council is investigating how this could be extended to include authorised C4 uses and large HMOs.</u>
4. Suggestion that the threshold is applied over a different area i.e. street, ward, identified areas of restraint	To apply a threshold to an area wider than the current 40m radius would not be workable for planning officers due to the increase in properties to be assessed. Individual wards have not been used because there is little correlation between ward boundaries and the distribution of impacts arising from potential new HMOs. Any new HMO will primarily affect the immediate locality around the property, so it is appropriate that the threshold is set at this level. In addition the approach needs to be clear, easily understood and easily applied.	No change
5. Suggestion to apply a different percentage threshold i.e. a compromise of 15% citywide	The introduction of a 10% threshold will provide consistency throughout the city. It is also in response to concerns reported by local residents to officers and members of the planning panel about the negative impacts of introducing a new HMO into their neighbourhood. The council's experience in applying the SPD shows inspectors have supported 10% as a reasonable threshold. Since the adoption of the SPD a 10% threshold has also been	No change

Comments	Council response	Changes to SPD
	widely adopted nationally by councils including Portsmouth City Council and Bournemouth Borough Council.	
6. Concern that changes to the approach would make housing issues worse as there is a need for affordable housing such as bedsits and it is important that occupiers on low income are in accessible locations in and near the city centre	It is acknowledged that there will continue to be demand for HMO accommodation in the city including the cheapest types of accommodation and the city centre will be a draw for many people. The revised SPD does not prevent new HMOs in central areas where the local area is below the 10% threshold, even though individual wards are above the threshold. The background evidence paper also highlights that the majority of HMO postcodes assessed (2,000) were in two Mosaic classifications which cover students, recent graduates and older residents. There is a need for a range of HMO accommodation fulfilling a variety of roles and a more even spread within local areas, recognising that Southampton is generally an accessible city.	No change
7. Concern that proposals will not address issues from HMOs or stop permanent residents leaving affected areas	The aim of the SPD is to prevent new concentrations of HMOs from establishing and thus encourage a more even distribution around the city. The distribution of applications shows this has happened since its introduction. The revised SPD will introduce a consistent approach across the city and address issues in areas with a 20% threshold currently. The revised SPD also clarifies the policy for exceptional circumstances where the introduction of further HMOs would not change the character of the area and last remaining owner occupiers may struggle to sell their property for continuing C3 use.	No change
8. SPD should state a presumption in favour of the change of use if the proportion of existing HMOs in the local area are below the threshold	The threshold approach is one of the tests for planning applications. A new HMO will be permitted where the threshold limit has not been breached subject to the impact on amenity and character of the local area.	No change
9. Suggestion that large HMOs count double when assessing the proportion of existing HMOs due to their increased impact	The threshold is designed to provide a mix of housing types in each area taking into account the concentration of existing HMOs surrounding the application site. Although the level of occupation of a large HMO is higher than a small HMO, they are treated as	No change

Comments	Council response	Changes to SPD
	the same type of household. When assessing proposals for new HMOs, in addition to the threshold test, amenity and character issues will also be assessed. The amenity and character impacts of large HMOs will be considered in assessing planning applications for extensions to these type of properties. Changes proposed above (1.) clarify this.	
10. Need to take into account halls of residence as part of assessment due to their impact on the demographics of an area and its character. Population density should be considered in addition to the number of HMOs.	The threshold approach assesses the residential properties in the immediate surroundings of the application site in order to prevent the loss of family homes. The Housing Act excludes halls of residence either managed by or on behalf of educational establishments from the buildings which are defined as HMOs. When applications are received, planning officers determine whether they are halls of residence or C4 HMOs depending on the type of accommodation, management arrangements etc. The council generally supports purpose built student accommodation to relieve the pressure on local housing markets as set out in the Core Strategy. Amenity issues will however be considered when determining applications for new purpose built student accommodation.	No change
11. Mixed views were expressed about the impact of the recent increase in purpose built student accommodation. It either provides an alternative to HMOs and increases the supply in existing HMOs or will be unattractive to students after their first year and will be used to enable to universities to expand further.	The background evidence document states that future demand for HMO accommodation for students remains uncertain. The council has been advised that there is likely to be some growth in student numbers in the future. In the last 5 years, over 1,000 new student bedspaces have been completed. There are also over 4,000 bedspaces in the pipeline. The nature of these properties which include small flats and studios in addition to larger cluster flats may be attractive to some students returning to student accommodation later in their courses and postgraduates who would not consider traditional halls of residence.	No change
12. Need to apply sandwiching approach to properties at the rear	The sandwiching approach is designed to avoid the potential negative impacts of HMOs on both sides of a residential property. This is a particular issue where properties share a party wall and	No change

Comments	Council response	Changes to SPD
and opposite to reflect potential impact on all sides	the impacts when people are using their front door and driveway. In a dense urban area, extending this to include properties to the rear and opposite would be overly complex and restrictive.	
13. Extending HMO definition in accordance with the Housing Act 2004 to include 2 bedroom flats as they are capable of being used as HMOs	1 and 2 bed flats continue to be excluded as it is considered that they are unlikely to be used as HMOs. Including small flats would also considerably increase the number of properties included in the assessment and skew the concentration of HMOs in some roads with a mix of flats and houses.	No change
14. Requiring planning permission to be in place before HMOs can be licensed	Planning and licensing are two separate systems assessing different aspects of HMOs. The Planning team is working closely with Licensing to improve the flow of information and ensure both teams are aware of the approach taken on issues and any changes proposed.	No change
15. Housing standards should be more rigorously applied, there is a need for better monitoring and enforcement including use of 215 notices to maintain gardens	The council works with landlords to resolve issues directly. It seeks to avoid using 215 notices which can be expensive and time consuming to implement.	No change
16. Suggestion for a regulation 7 direction to tackle 'to let' boards	Consent for the display of signs is controlled under existing Advertisement Regulations. The Enforcement team will investigate breaches of the regulations as set out in their enforcement policy. They are working closely with the Licensing team to address the issue.	No change
17. Need for updated parking standards as current levels of parking are insufficient	There are no current plans to update the parking standards in the city. Part of the application for a new HMO will be an assessment of parking to show this is sufficient for the size of the property proposed.	No change

## **Appendix 1 Key points raised in HMO SPD Stakeholders' workshops**

### **Workshop 1 – Residents' Associations – Monday 30<sup>th</sup> March 2015**

- Licensing should not be granted in advance of planning permission. Also, the Magistrates don't seem to understand the difference between the two regulatory regimes
- Space standards are necessary – there is a conflict between HMO Licensing and ideal planning space standards
- Was public consultation ever undertaken on HMO space standards – and do they need revising and then including within the Local Plan?
- The Policy should be 10% City-wide – this still gives headroom for some provision
- Residents are most concerned about the issue of the concentration of HMOs within an area
- Landlords claim there is “no demand” east of the Itchen – this is not true
- Why are landlords so keen on student HMOs? – Residents think that this is because of the short-term nature of such lets
- We need a clear statement of the rules of “switchability” between C3 and C4 uses
- A 40m radius is too low – it should be 100m
- Most students possess cars – yet no evidence put forward for this
- How do we prevent undue concentration of HMOs?
- We need to know how many HMOs we actually do have – this should be the logical starting point for any HMO Policy revision
- It should be based on the number of people, not the number of HMOs – how do we obtain the necessary evidence?
- We need a clear criteria-based policy PLUS account to be taken of amenity impact and population criteria
- If there is more than 10% of properties (or people) in HMO use within a Ward, no further HMOs should be permitted in that Ward
- Can we control Change of Use of student halls of residence to flats, hostels or other uses?
- Why should Halls of Residence be excluded from HMO calculations?
- Transport links across the City should be improved to make access to universities and places of work easier, thus making all areas of the City equally attractive for HMO use
- HMOs do result in the loss of family housing

## **Workshop 2 – Landlords and Letting Agents – Tuesday 31<sup>st</sup> March 2015**

- Consider that the council has a *de facto* embargo against further HMOs in the City
- There are real difficulties in identifying HMOs, given the large number that seem to be unlicensed and/or without planning permission
- There is a problem in differentiating between licensing and planning regimes
- When seeking to buy a property, it can be difficult to determine the property's planning history
- There is a problem with flipping back to C3 use. There is a need to see the history of letting contracts, especially with reference to the qualifying date
- The rental market is continuing to expand and rents are increasing, and therefore so are capital values. There is an increasing problem of affordability, both for tenants and for landlords seeking to expand their stock
- There are clear reasons why young professionals prefer HMO living. It makes economic sense to share Council Tax and utility bills. There is also a cultural issue of living amongst similar other people, especially amongst younger people
- There is a real supply-side problem. There have been very few additions to the HMO stock recently. Proportion of supply is reducing in relation to demand. Rents are increasing as demand rises
- HMOs provide an important contribution to longer-term owner-occupancy as people can save for deposits whilst they are living in HMOs. This advantage is being eroded now that rents are rising. There are long-term implications for younger people being able to get onto the housing ladder in the City as a result
- Increasing prices are leading to mortgage difficulties for landlords. Often have to pay commercial mortgage interest rates as lenders don't really understand the market. These costs have to be passed on, leading again to higher rents and affordability problems
- The City Council shouldn't be restricting student HMOs close to the Universities
- The HMO market needs to be allowed to grow to meet housing need. Not just a "student issue." Concern, for example, over availability for staff at Hospital being able to find accommodations and also young professionals. Will have long-term implications for the employment market in Southampton
- SCC should make a clear example of small number of rogue landlords – they should be prosecuted and there should be attendant publicity "*pour encourager les autres*"
- Legitimate C4 properties are selling for "well above their true value" as a result of the licensing regime and planning restrictions

## **Appendix 2 Notes of joint Residents' Associations / Letting Agents and landlords workshop**

### **Workshop 3 – Joint Residents Association and Landlords/Agents – Tuesday 16<sup>th</sup> June 2015**

**Many of the points raised reiterated those that were discussed at the earlier workshops. Notwithstanding this, debate focussed around the following main issues:**

The weak position that the City Council is in due to the difficulty and practical problems associated with assembling and maintaining a detailed evidence base re HMOs

The need to focus upon the small number of 'rogue' landlords who create a disproportionate amount of the problem, and the need to 'name and shame' them in the event of a successful prosecution

Car ownership levels for students – some students do have cars – medical and nursing students were cited as examples of student groups who were more likely to need a car for their studies

Government should be lobbied to create a statutory duty of care that could be placed upon all landlords

What exactly are the anti-social behaviours created by HMO residents? Can a multi-agency approach be taken? Could behavioural contracts be encouraged between Universities and their students?

There is a pressing need to maintain the vitality of the City. This can only be achieved if the resident population has a wide and inclusive character.

There are problems in practically measuring the level of demand for HMOs, both overall and in terms of individual areas/Wards. The problem of measuring demand is exacerbated by the perceived number of unauthorised HMOs across the City, as these are effectively "hidden" indicators of supply and demand.

What levels of demand are there from HMOs east of the Itchen?

The problem of 'ghettoisation.'

## Appendix 3 Public notice

**SOUTHAMPTON – REVISED HOUSES IN MULTIPLE OCCUPATION SUPPLEMENTARY PLANNING DOCUMENT (HMO SPD): CONSULTATION DRAFT**

The council is consulting on a revised HMO SPD. The consultation period runs until **29 March 2016**.

The consultation draft HMO SPD, background evidence and supporting documents are available online at <http://www.southampton.gov.uk/HMOspd>. They can also be viewed at Gateway (One Guildhall Square) and in libraries and housing offices.

The council accepts representations by letter and by email. Comments should clearly specify the matters to which they relate. There is also a short survey online at <https://www.southampton.gov.uk/council-democracy/have-your-say/surveys.aspx> which can be used to give your views.

Representations should be sent to [city.plan@southampton.gov.uk](mailto:city.plan@southampton.gov.uk) or to: Planning Policy, Southampton City Council, Lower Ground Floor Civic Centre, Southampton SO14 7LY

## **Appendix 4 Members bulletin article (11 & 18 March 2016)**

### **Consultation on the Revised Houses in Multiple Occupation Supplementary Planning**

Consultation on the Revised Houses in Multiple Occupation Supplementary Planning Document ends on 29<sup>th</sup> March 2016. This document provides further guidance on how we will consider planning applications for the change of use of homes to Houses in Multiple Occupation (HMO). It updates our current guidance which introduced a threshold approach applying a 10% threshold in Bassett, Portswood and Swaythling and 20% elsewhere. If the proportion of HMOs within a 40 metre threshold (or 10 nearest houses) of the application property exceeds the threshold, planning permission will be refused. The draft Revised HMO SPD proposes to use a consistent 10% threshold across the city. It introduces a new policy preventing 'sandwiching' where homes are hemmed in both sides by HMOs. The policy on exceptional circumstances is clarified. We have also taken the opportunity to redraft the document to make it clearer and easier to use.

The HMO SPD and supporting documents are available at [www.southampton.gov.uk/hmospd](http://www.southampton.gov.uk/hmospd)

If you have any queries, please email [city.plan@southampton.gov.uk](mailto:city.plan@southampton.gov.uk) or contact Dawn Heppell on 8083 3828

## Appendix 5 Respondents using the formal response form

Ref.	Name / organisation	Type of respondent
1.	East Bassett Residents Association	Residents Association
2.	North East Bassett Residents Association	Residents Association
3.	Carol Freeman	Local Resident
4.	Mary Scott	Local Resident
5.	Cllr Les Harris	Councillor
6.	North Southampton Community Forum	Residents Association
7.	Highfield Residents' Association	Residents Association
8.	Portwood Central Residents' Association	Residents Association
9.	Huw and Vanessa Rees	Local Resident
10.	Thornbury Avenue and District Residents' Association	Residents Association
11.	Julie Meadows	Local Resident
12.	Tanya Fay	Local Resident
13.	Chris Fay	Local Resident
14.	Elizabeth Gates	Residents Association
15.	Cllr Jeremy Moulton	Political group
16.	Prof. Brian Cotton	Residents Association
17.	Pam Farley-Pettman	Local Resident
18.	Prof. Janice Barton	Local Resident
19.	Tina Edwards on behalf of Mrs J Colyer	Local Resident
20.	Outer Avenue Residents Association	Residents Association
21.	Evelyn Walker	Local Resident
22.	Charlie Nelson	Local Resident

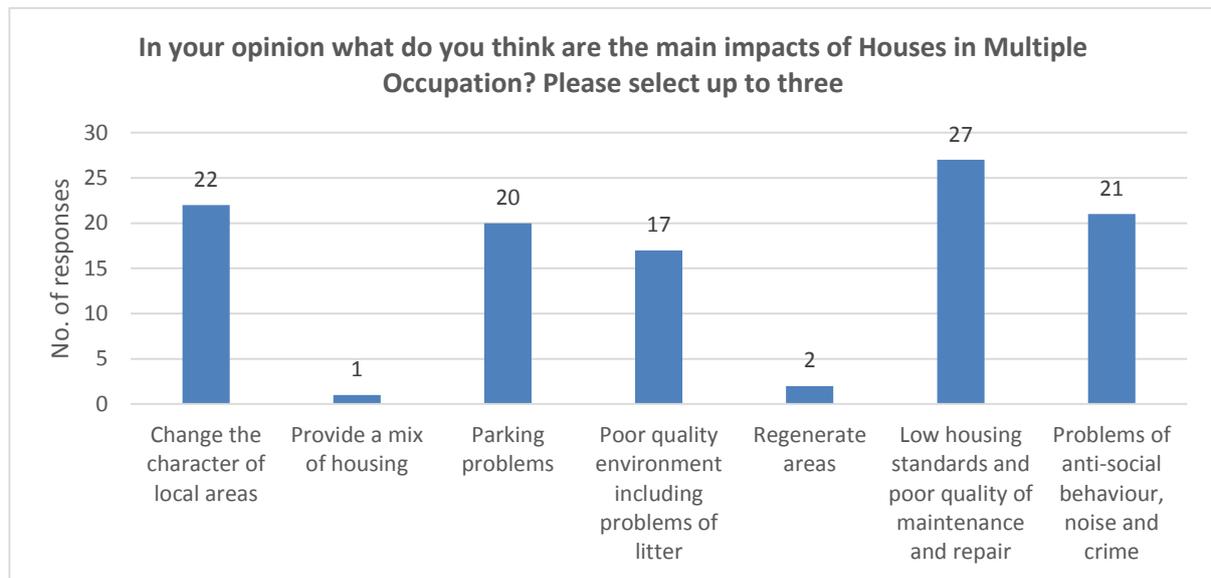
## Appendix 6 Electronic survey results

### Planning controls of Houses in Multiple Occupation

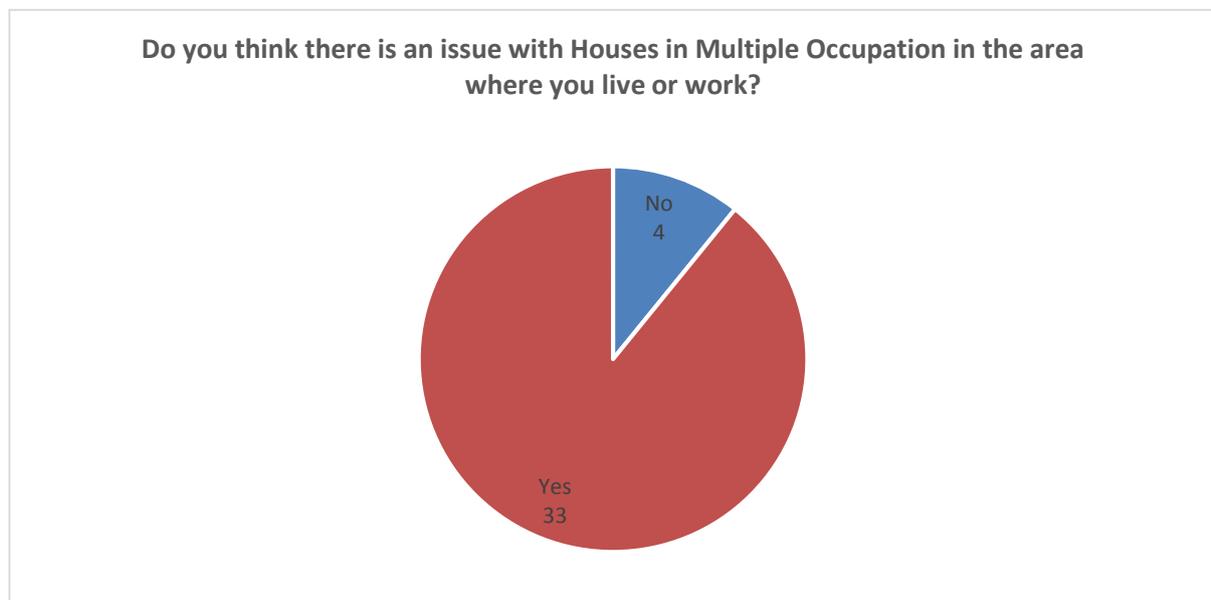
Overall 37 respondents completed this survey. The survey was opened on 29<sup>th</sup> of February and closed on 29<sup>th</sup> of March 2016.

Note: Percentages were not used due to the number of respondents.

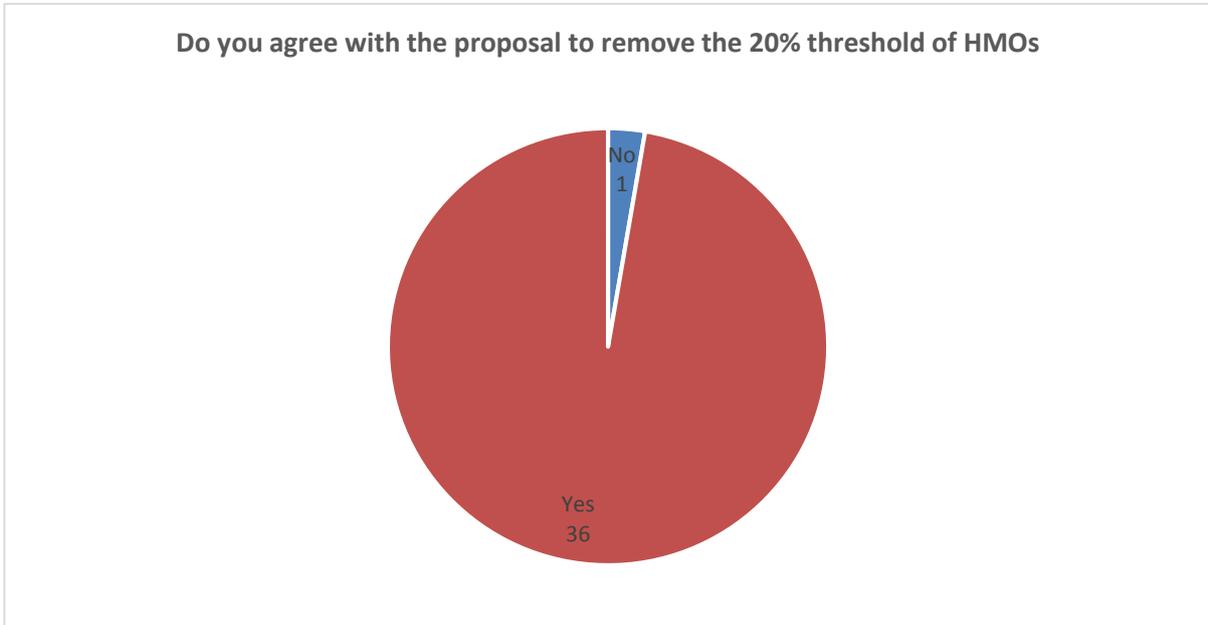
- **In your opinion what do you think are the main impacts of Houses in Multiple Occupation? Please select up to three.**  
**Respondents: 37**



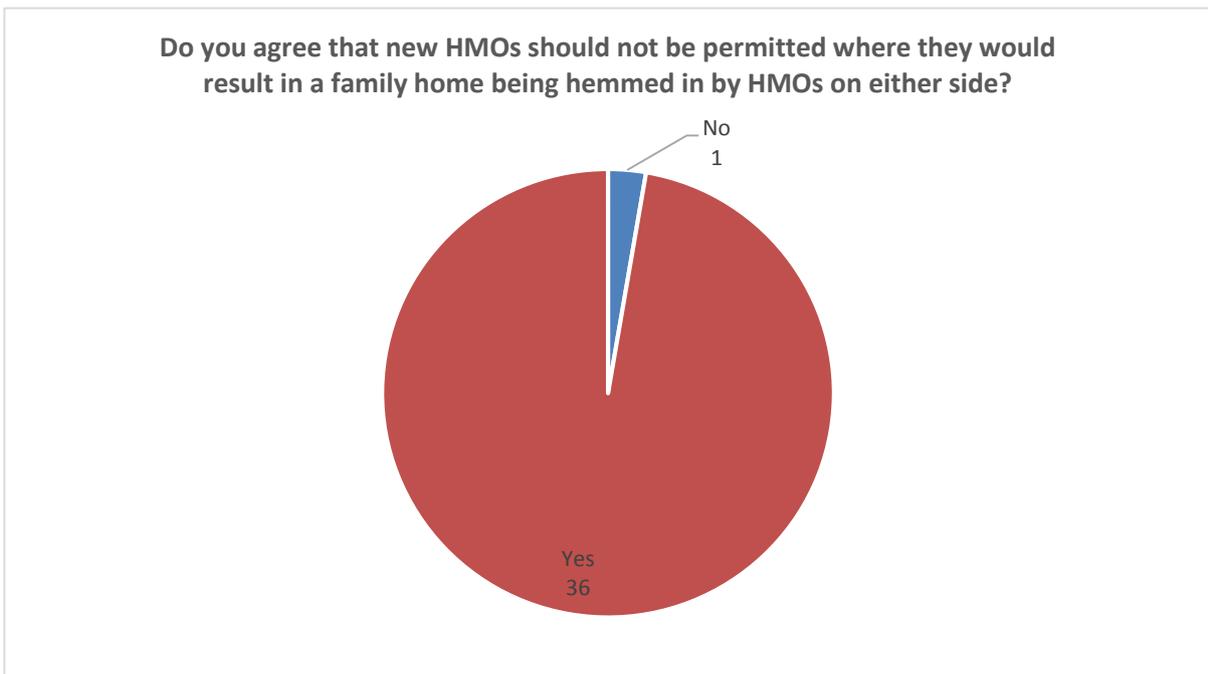
- **Do you think there is an issue with Houses in Multiple Occupation in the area where you live or work?**  
**Respondents: 37**



- Do you agree with the proposal to remove the 20% threshold of HMOs which currently applies in all wards except Bassett, Swaythling and Portswood and to apply a consistent 10% threshold across the city? (This would prevent new HMOs if more than 10% of properties within 40 metres of the application properties are already HMOs).  
Respondents: 37

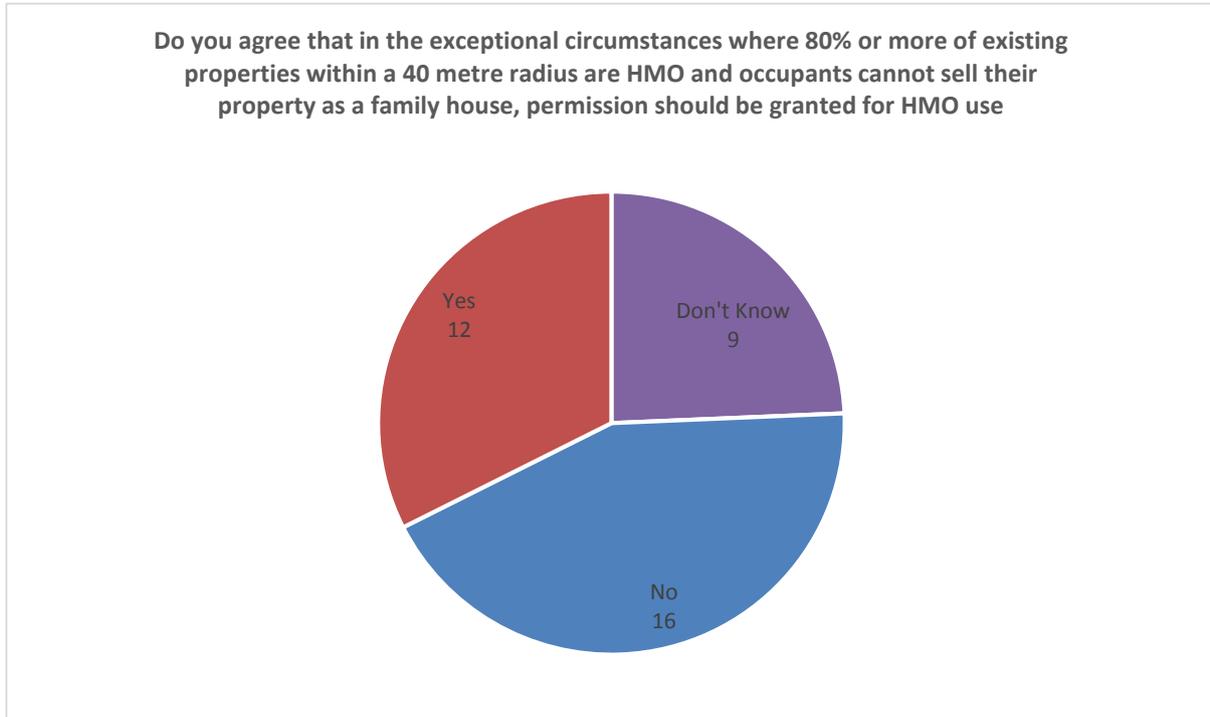


- Do you agree that new HMOs should not be permitted where they would result in a family home being hemmed in by HMOs on either side?  
Respondents: 37



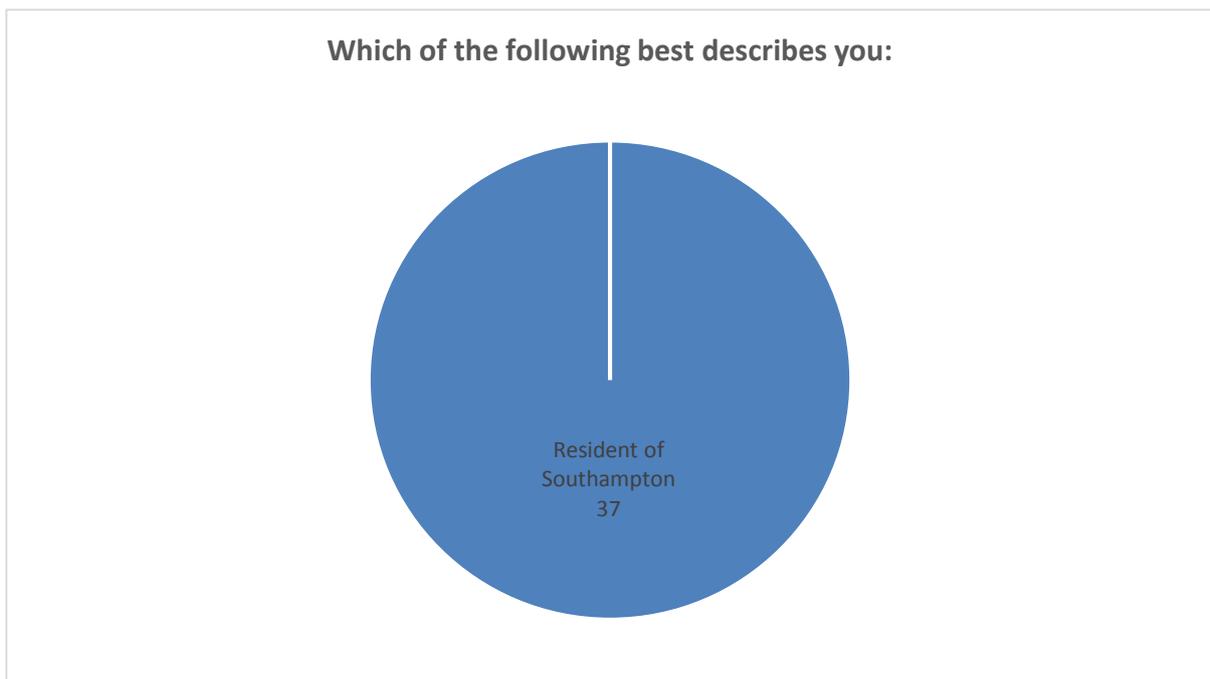
- **Do you agree that in the exceptional circumstances where 80% or more of existing properties within a 40 metre radius are HMOs and occupants cannot sell their property as a family house, permission should be granted for HMO use?**

**Respondents: 37**

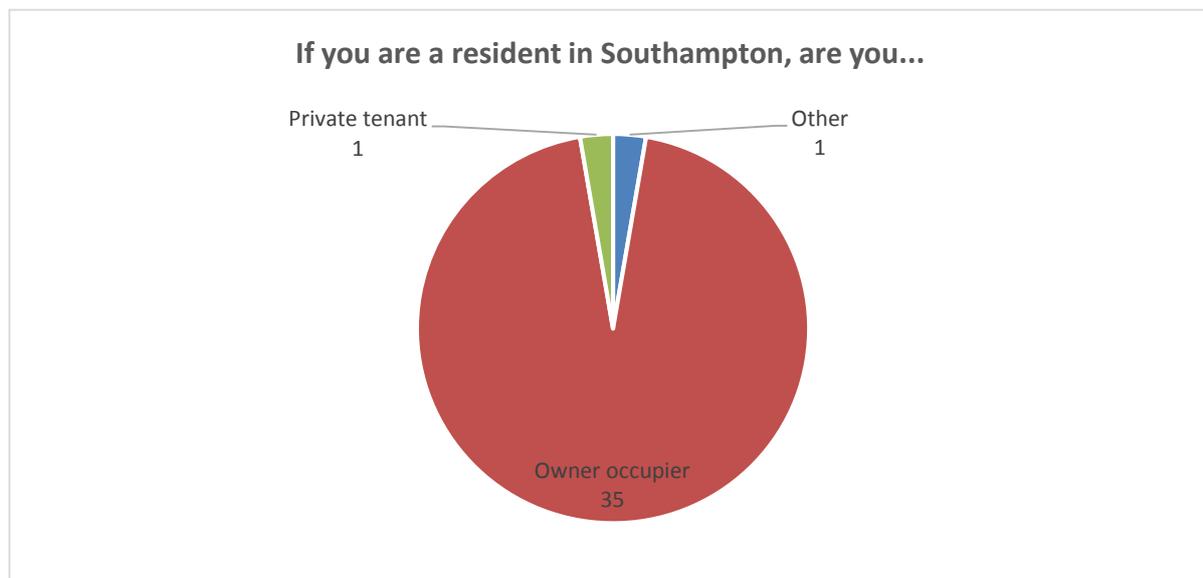


- **Which of the following best describes you:**

**Respondents: 37**



- **If you are a resident in Southampton, are you...**  
Respondents: 37

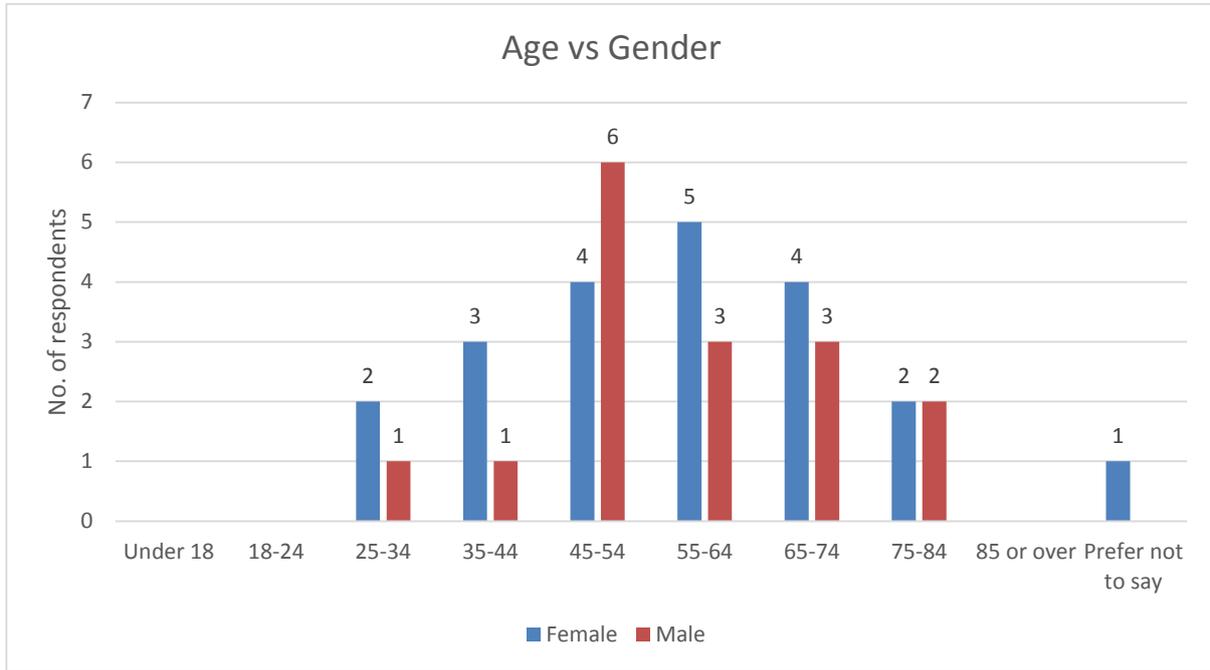


Please state: Council Tenant

- **Please state your postcode or the area(s) in the city in which your business predominately operates:**  
Respondents: 29

So14	1
SO15	6
SO15 2FY	2
so15 3du	1
SO15 3EF	1
SO15 3EL	1
so15 3gh	1
SO15 5AS	2
SO15 5AW	1
SO15 5BU	1
SO15 5ED	1
SO15 5FL	1
SO151JL	1
SO152BT	1
So155bu	1
SO155BY	1
SO16	1
SO16 7EN	1
SO17 3SH	1
SO19	1
so19 1bl	1
SO19 5EW	1

- **Age vs Gender**  
Respondents: 37



- **Please use the area below for further comments or to expand on the choices you have made above**

Accommodation is being exploited as HMOs by landlords who have no regard for their tenants or their interests, or for other residents locally and their interests, or the fabric of the buildings involved or for the local environment. Poorly managed HMOs are progressively turning Southampton into a slum. The process may well already be irredeemable in certain areas.

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Anti-social behaviour and a general lack of pride and interest in area lived in - excess litter and rubbish.

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Bad behaviour by drunken students and others has driven out families and full time workers from the HMO ghettos. Some long term residents have got criminal records through no fault of their when the authorities fail to quell noise and parties and punch ups occur. Not many people are brave enough to stay in an area terrorised by burglars who come to rob the student houses. So there are very few family homes left in the city areas.

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HMO Noise makers ignore EHO letters and complainants live too far away from noisy houses for Abatement. The HMO ghetto Polygon is plagued by drug dealers and users, burglars abound weekly to raid the HMOs and families dare not open back door or sit in their gardens. None of this happened before HMOs blighted the area.

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I have lived in Albany Road Freemantle for over 30 years and have seen the impact HMOs have made on this area. It has not been a positive improvement in my opinion.

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I live in an area where there is a large proportion of HMOs they do not improve an area generally as they are not well managed by the owners and often kept in a run down condition with minimum maintenance

Landlords do not maintain gardens especially back gardens causing unsightly, rundown look to area and problems with weeds especially brambles for other residents. Some folk in HMOs do not understand the refuse bins, putting too much stuff in so dustman cannot empty them safely and so the bins are not emptied. At end of university year students discard alot of rubbish which stays on the street for weeks.

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Living in a high density HMO area POLYGON the last 25 years have been dreadful due to the arrogance of landlords of these HMO properties. The result is the great reduction in value of property in this area should a home owner wish to sell. Reference the "arrogance" of HMO buy to let property owners...negative impact on what used to be a well kept residential area such as noise, unkempt gardens garden walls being in perilous condition is often met with a refusal to comply. Nights being kept awake by noisy young people living in these HMO property is also met with "WHY ARE YOU LIVING IN A STUDENT AREA??" Our properties have been GREATLY devalued by these landlords and SHOULD one want to sell it is IMPOSSIBLE

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Mainly all of the above although we are only allowed to select 3

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Parking needs to be controlled in some way (limited permits) Other issues can be mitigated with effective control of responsible landlords

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The above answers are based on living next door to an HMO and close to the many concentrated on the eastern side of Freemantle.

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The street landscape in Southampton has changed for the worse immeasurably with the expansion of numbers of wheelie bins in HiMOs and loss of front gardens to concrete car parks.

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There are a number of problems created by absentee landlords ignoring the repair and maintenance of properties, the intense concentration of people and the fact that many of the tenants are part of a mobile population with little social investment in the area.

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- **What issues do you think there are with Houses in Multiple Occupation?**

A complete imbalance of properties given over to landlords and HMO property. Resident owner occupiers have become ignored abused and made fools of due to the HMO unrestrained conversion of homes in this area, THE POLYGON

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All those previously described plus filthy HMO gardens, bins left on street all years, since 1999, wrong things in recycle bins, some loud music and abuse from noise makers, plus drug dealers customers banging on front doors, car doors slamming, HMO dwellers lose keys and bang on doors and windows at night to gain entry. These are not issues, please use the correct words- Problems.

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Anti social behaviour and noise, poor appearance and condition of some properties, bins left on pavements/not used property

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Anti-social behaviour and a general lack of pride and interest in area lived in - excess litter and rubbish.

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As above

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Concentrations of HMOs can contribute to anti-social behaviour in their respective neighbourhoods, and they are often poorly managed with low standards and dangerous hazards

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HMOs are generally not well kept, which adversely impacts the neighbourhood.

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Houses in poor state of repair, litter and rubbish overflowing in bins, sofas and fridges etc left in gardens etc. Generally the local environment suffers. Also problems with smoking on streets and cigarette butt litter. Have also experienced frequent drunken anti social behaviour by Hmo residents.

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I live in Portswood and there are already more than 10% of HMOs in my street. More houses have been converted recently despite this restriction causing the area to feel like a student area rather than a community

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in my experience the landlords often do not care about the conditions their tenants live in, poor quality housing, the landlord has no regard for the local residents and the impact it can have. Often keep different social hours, due to poor living conditions it can impact on how they feel about living in property and can influence the way they behave and take no pride in where they live. By changing houses to multiple occupancy it also substantially increases the number of residents initially intended for that property, therefore having a negative impact on the parking.

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#### Irresponsible Landlord (Solent Real estates) over parking

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It is not an issue, it is a PROBLEM, some HMO dwellers are too lazy to take in their bins, they stay on street for years to be kicked over by drunken revellers at night. Also we have to deal with loud music and parties as EHO are not at work all the time. This can be dangerous and complainants have been injured in confrontations about noise at student HMOs.

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It is not clear whether there are houses that fit the definition of houses in multiple occupation but have not applied for relevant permissions and how this is regulated. But the overcrowding of street landscapes with too many cars, poor maintenance and too many bins ensure a depreciation of the character of the local area without itemising concerns about noise, and additional litter. Communities thrive where this is a pride in our environment. Temporary residents do not appear to have time to be concerned about the neighbourhood. But there are bigger issues which causes this problem that relates to: 1) inability to build more social housing and 2) the inability of young people to keep up with house prices and therefore not in a position to buy 3) the actions of bad landlords and profiteering 4) government policies which sustain house price bubbles.

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Landlords doing absolute minimum regarding upkeep, maintenance. Overcrowding, overpricing Inner avenue is becoming like Milton rd where I used to live, litter/rubbish everywhere - it's disgraceful that landlords and tenants are not brought to book!

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Main issues set out above. Generally, occupants of HMOs of any size have little or no investment in the community. A large, mainly transient population defines an area as neglected, having perceived problems of anti-social behaviour including noise nuisance, excessive fly-tipping and general littering.

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#### noise at night

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Noise, litter from overflowing bins and all of the above

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One of the less obvious problems is the extent to which back gardens in this area have been concreted over to provide parking space. (HMOs are not the only source of this development, but add considerably to the pressure) This has led to a loss of trees and a significant impact on local wildlife. It also contributes to run-off and local flooding.

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People do not generally choose to live in HMOs they do it because there is not other option at a price they can afford. This means that the poorer sections of our society are exploited unscrupulous landlords that do not take care of the properties adequately resulting in run down and cramped living conditions - with inadequate sanitary facilities.

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#### Poorly maintained house in an otherwise pleasant street

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Poorly maintained properties not fit for human habitation and overcrowded with tenants. Antisocial behaviour of tenants. Serious problems with parking. Degeneration of neighbourhood in general with impact on property values.

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Rubbish - both litter and large household items (e.g. mattresses/ sofas) left outside. Parking - not just tenants but their long stay guests, Landlords failing to monitor what is going on and failing to maintain their properties.

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See above. All the negative issues identified in the survey options and the previous response apply.

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#### Significant concentration around the University

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The quality of maintenance and repair is absolutely abysmal and there is no incentive or allowance generally for tenants to even try and maintain a level of appearance. The HMO's are simply a cash return for private landlords with no compunction to maintain or give consideration for existing residents, homeowners or quality of the area.

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The three issues picked out in the above answer + parking and litter. Character change probably sums it up.

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There aren't too many HMOs in our area of Shirley but those that are consistently have problems with noise, litter and parking pressure.

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They support a wide variety of housing tenures and promote a thriving community, supporting investment in older housing stock

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Too many local houses have turned in HMOs over the past 15 years, changing the character of the area. There are increasing parking problems, and the general environment is affected. Most of the landlords do not live in the area, so there seems to be no direct identification with the area except as a source of income.

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Too many which results in excess noise, litter and parking problems.

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When problems occur it is not easy to know who you can complain to, especially if this happens late at night. How are you supposed to know who actually owns the property, do the landlords themselves live locally or is this just an easy way for them to make money. If you complain there is also the worry that there may be repercussions to you, your family or your property.

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- **Do you have any other comments on the proposals?**

**Respondents: 22**

A good start and evidence of local democracy in action

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Even in exceptional circumstances, weight should be given to local residents views.

Granting further HMOs will further compound a problem not solve it.

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Good proposal. The 10% general cap on HMOs is long overdue!

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HMO should be inspected regularly by the council to ensure the living conditions meet acceptable standard and should also look to providing decent home for people.

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I agree whole heartedly with the enhanced restrictions and regulation of Hmos as many of them in my own experience in Southampton are run down, poor quality housing with landlords that seem to give little regard to the negative impact on the environment for local residents, or the poor quality of living standards for their tenants.

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I believe Southampton council Needs to urgently address their licensing rules around hmo's. Large areas of our city are suffering due to the disproportionate number of hmo properties. These are not being monitored effectively by the council which means that landlords are blatantly breaking their licensing agreement, allowing more tenants than allowed to stay at the property. Let's try to regain some of the character back in to our city and increase the number of family residential properties available.

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I completely support the equalising of the thresholds on HMOs across the city - it seems incomprehensible to me that there should be different thresholds and strongly suggests that the council have in the past cared more about what some wards might have thought (and voted) than others!

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I think that each application in residential areas should be dealt with on a case by case basis. Also that residents who may be affected should be made aware of any applications and be given the opportunity to comment on the proposals.

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I welcome the proposed uniform application of 10% as a long-overdue step in the right direction. However, the proposal to allow an HMO where a house is 'trapped' in an area of 80% existing HMOs is not an acceptable solution to this particular problem and could lead a spread of 100% HMOs in this part of Freemantle.

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I would like to see a Draft revised version of the changes, so that it is possible to make comparisons and enable a proper assessment of the scope of any changes and any further or coincidental changes that might be desirable or potentially necessary - as contingent on the current changes being proposed. The scope of change is not apparent from the format of the consultation response 'required' by this survey method.

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I would propose to refuse all HMO applications except in exceptional circumstances. They provide poor quality, undersized living conditions that are always to the detriment of their locale. I don't hold with student use, Polygon has been absolutely destroyed over thirty years of allowing HMO's; from an area that should be providing good family housing (as it did) close to the city centre amenities and of value, into streets of undermaintained, unkempt housing with inconsiderate tenants and landlords. This trend has moved into other areas of the city and it was time this was reversed and houses used for their original purpose not simply the best rental yields. All student accommodation should be on a whole house basis as a minimum or purpose built.

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It is clear from looking at the list of registered HMO that a number of landlords have failed to comply with the regulations. Inspection and enforcement should be given a priority. Funding should be provided. There is no such thing as a zero budget, a budget has priorities and while the willingness to bring in the regime is welcomed, the general public outcry against HMO makes it imperative that funding should be appropriately enhanced.

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Moved to this area 30 years ago and unfortunately have seen it deteriorate badly because of HMOs causing all of the previously mentioned problems. When you walk along the streets the sight and state of some of the properties is bad. It's lost its feel of being a nice residential environment. Please bring back nice family residential area which it was 30 years ago when I moved here

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No

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Permanent residents of this Ward feel let down by the constant erosion of controls - proliferation of HMOs, parking congestion and excessive alcohol licencing. We are desperate for significant improvements.

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Please please address these issues as a matter of urgency, Southampton used to be such a good decent place to live but has frankly gone to the dogs

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Thank goodness the council is taking action to stop areas of the city becoming too unpleasant for families to live there. I realise people have got to live somewhere but the problems created by greedy and irresponsible landlords and tenants without any sense of responsibility for where they live do need to be addressed. The proposals will help.

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The last option, to let a bad problem become worse, is extremely depressing, especially as it is often the result of council decisions taken earlier. In my area, an HMO or two have reverted to family use. Could this be because the price has been low enough given their previous use to make them family-accessible. The effect on the neighbourhood has been very positive

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The proposals do seem to be fair

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They should have been implemented at least ten years ago to prevent the disgraceful state of the HMO areas and detriment to the health and safety of long term residents who have had to fight for survival and sanity. Some of them have not made it and few will have the strength left in them to fill in this questionnaire. But thank you for the opportunity to relate my opinions and facts of the case.

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They should have been brought in 15-10 years ago before the city areas were allowed to become crime filled slum ghettos. We long term citizens will never forgive the Council and Government for ignoring our calls for control during all that time. The Polygon in particular is always mentioned at nationwide conferences as being the worst example of ghettoism caused by too slack planning policies, for which the Government was directly to blame.

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We as a family have had to put up with almost everything which is NOT democratic in THE POLYGON. A once lovely quiet area close to the centre of town, a sought after location has now become destroyed by the violent increase of HMO property. We are heartily in favour of the 10% limit reference conversion....it is almost too late as the proliferation of such property is almost 100% in our street Morris Road and in the POLYGON in general. We do not find pleasure when callow youths suggest we "MOVE TO AN AREA WHICH IS NOT A STUDENT AREA" when complaints about noise rubbish car parking is addressed. Would prefer if a 0% rule was implemented

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