

## **Housing Services**

### **Bath & North East Somerset Council**

#### **Houses in Multiple Occupation Evidence base for additional licensing**

**V 1.7  
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## 1. Executive summary

Houses in multiple occupation (HMOs) are buildings or parts of buildings which are occupied by more than one household. These may be occupied as bedsits, shared houses, self-contained flats or hostels, or a combination of these. The majority of HMO accommodation is privately rented.

The Housing Act 2004 increased Local Housing Authority's (LHA) abilities to regulate HMOs by introducing licensing. Mandatory licensing applies to HMOs of 3 storeys or more, occupied by 5 or more people who are not a single household. Additional licensing allows LHA to designate all or part of their district to be subject to additional licensing for classes of HMOs specified by the LHA. Operating a property covered by the designation without a licence is an offence punishable by a fine up to £20,000.

Following the introduction of a General Approval Order in March 2010 an LHA can now introduce additional licensing without the need for Secretary of State approval. However, introducing additional licensing is not a decision to be taken lightly by the Council. The conditions that must be satisfied are contained in Part 2 of the Housing Act 2004 and are further detailed in guidance issued by the Department of Communities & Local Government (CLG) issued in December 2007 & in draft form in February 2010, (1) (2).

For a Local Authority to bring in an additional licensing scheme the evidence must consider that a significant proportion of the HMOs to be covered by the scheme are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public. The objective of this report is to investigate the evidence to ascertain whether the legislative conditions for introducing additional licensing have been met.

This report will focus on Bath and North East Somerset (B&NES) and more specifically on the area proposed as benefiting most from the introduction of an additional licensing scheme, namely the Wards of Oldfield, Westmoreland, Widcombe and small sections of adjoining Wards.

The evidence presented throughout this report indicates that a significant proportion of the HMOs (included in the proposed scheme) are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public. Therefore, on the basis of totality, despite widespread tenant satisfaction there remains a sufficient number of concerns for occupants and members of the public to justify additional licensing.

- In B&NES 18% of dwellings are privately rented and nearly half of these are considered to be HMOs. The B&NES Private Sector Housing Stock Condition Survey, 2012 indicates there are 4,420 buildings currently defined as HMOs in the district, making up a total of 6,310 dwellings. 3,850 of these are described as 'house' HMOs and the remainder are made up of converted flats.

- The majority of HMOs are located in the City of Bath. Whilst the three Wards of Kingsmead, Abbey and Widcombe have the highest number of total HMOs; the 3 Wards of Westmoreland, Oldfield and Widcombe have the highest number of HMOs with shared facilities (excluding section 257 HMOs in flats) estimated to be in the region of 700-1,400.
- Using Avon Fire and Rescue Service fire incident statistics, the likelihood of a fire in a HMO in B&NES is 1.78 times (78%) more likely than in a single household property.
- The mandatory HMO licensing scheme covers around 364 properties across the district. Over 89% of all new licences issued through mandatory licensing were served with schedules of work to bring them up to the licensing standard. In the main these included fire precautions, improvements to kitchen facilities, improvements to bathroom and toilet facilities and heating improvements.
- Despite these schedule of works Housing Services subsequently identified 159 significant housing health and safety hazards in 90 different licensed HMOs during inspections. This represents 25% of the current licences in place (currently 364), the three most common hazards being Falling on Stairs, Fire and Excess Cold. However, the proposed additional licensing area contained a disproportionate rate of identified hazards (30%) to the remaining district (20%).
- Housing Services operate a voluntary accreditation scheme and there are currently around 1,500 privately rented properties included across B&NES, the majority being HMOs. 31% of properties in the accreditation scheme have been improved through the Council's requirements for works. However, in 2011-12 the number of new properties joining the scheme was 25% lower and reaccreditation was down 18% from 2010-11.
- Housing Services receive in the region of 300-400 property condition complaints every year of which around 22% are in relation to HMOs. Of HMO complaints, 38% originated from the Wards of Oldfield, Westmoreland and Widcombe. For comparison this area contains 32% of all HMOs known to Housing Services.
- Following pro-active and reactive inspections the rate of hazards identified within the proposed licensing area was broadly similar to the rest of the district.
- The Council as a whole receive on average 428 general service requests per year which can be directly related to the domestic use of HMOs. Of these service requests received nearly half of the ones related to 'management', came from HMOs in the proposed area and over 40% of request relating to accumulations and disrepair from HMOs came from HMOs in the proposed additional licensing area. For comparison this area contains 32% of all HMOs known to Housing Services (50% of all HMOs with shared facilities). In addition 83% of all complaints in the proposed area related to HMOs with shared facilities.

- For the 3 Wards of Widcombe, Westmoreland and Oldfield combined, in the 2011 calendar year Council Connect received a total of 237 requests for street sweeping and 95 complaints of domestic waste being left out on the wrong day. A relationship was found between these requests/complaints and HMOs by Ward.
- Occupants of HMOs in Oldfield, Westmoreland and Widcombe were given the opportunity through a survey to provide the Council with their views. 78 responses were received. Results indicated that the majority of HMOs were 2 or 3 storeys and were occupied by 4 to 7 occupants. 95% of respondents have lived in their current home no longer than 2 years and 73% of respondents did not live in a HMO that would fall under the mandatory licensing scheme. The majority indicated there was one person per room and most had suitable toilet and bathroom facilities.
- The majority of respondents reported that they did not need a key to unlock their front door from the inside. Nearly one fifth did, potentially delaying their escape. Two thirds of respondents had a fire blanket in their kitchen whereas nearly one quarter advised they did not. Fire blankets are considered essential in HMOs.
- Nearly all respondents reported that they had working smoke alarm(s) in their home and 39% of these were mains powered alarms. However, 27% advised they had just battery operated alarms, considered inadequate due to national evidence which suggests a 45% failure rate; 37% did not know what type of alarm. Two thirds of respondents were not advised by their landlords to check their smoke alarms weekly, 15% were. Two thirds were also not shown how to check their smoke alarms; nearly one quarter were shown. Over half were not told what to do if there was a problem with the alarms; one third were.
- Respondents were asked about garden maintenance. Where applicable, 57% of respondents said the landlord does not maintain the garden compared to 43% who said the landlord did. Where the landlord does not maintain the garden, 65% indicated that they were not provided with the equipment to maintain their garden themselves. 28% were.
- Over two thirds of respondents said they were told about refuse and recycling collection days when they moved in and more than 80% of respondents felt very or fairly well informed about recycling and household waste collections.
- 40% of respondents advised they were not given a copy of the energy performance certificate when they moved in, a legal requirement; 36% were and 24% did not know. In addition 58% advised they were given a copy of the gas safety certificate when they moved in. However, significantly 23% advised they were not. This is a legal requirement.
- 72% of respondents indicated that they were provided with 24 hour contact details for their landlord when they moved in. However, 23% were not and 5%

did not know which means they may not be able to quickly contact their landlord in an emergency.

- More than two thirds of respondents were very or fairly satisfied with their home but nearly one fifth were fairly or very dissatisfied. Just under two thirds were very or fairly satisfied with the management of their home but nearly a quarter were fairly or very dissatisfied.
- Most respondents indicated that they were either very or fairly satisfied with the facilities in their home, the information provided by their landlord or agent and that their home provides a safe and healthy place to live. However, a sizeable proportion of respondents were dissatisfied with all three areas questioned on. Most noticeably, regarding information provided by landlords and agents, nearly one fifth were neither satisfied nor dissatisfied and a further 22% were either fairly dissatisfied or very dissatisfied.
- Housing Services only prosecute landlords as a last resort where all other means have been exhausted. In the last 2 years (December 2010 - December 2012) Housing Services have taken 4 successful prosecutions, all of which were in relation to HMOs and all were located in the proposed additional licensing area.
- Some local residents felt strong enough to give their views on HMOs and some common concerns included waste and rubbish, upkeep of gardens and visual appearance.

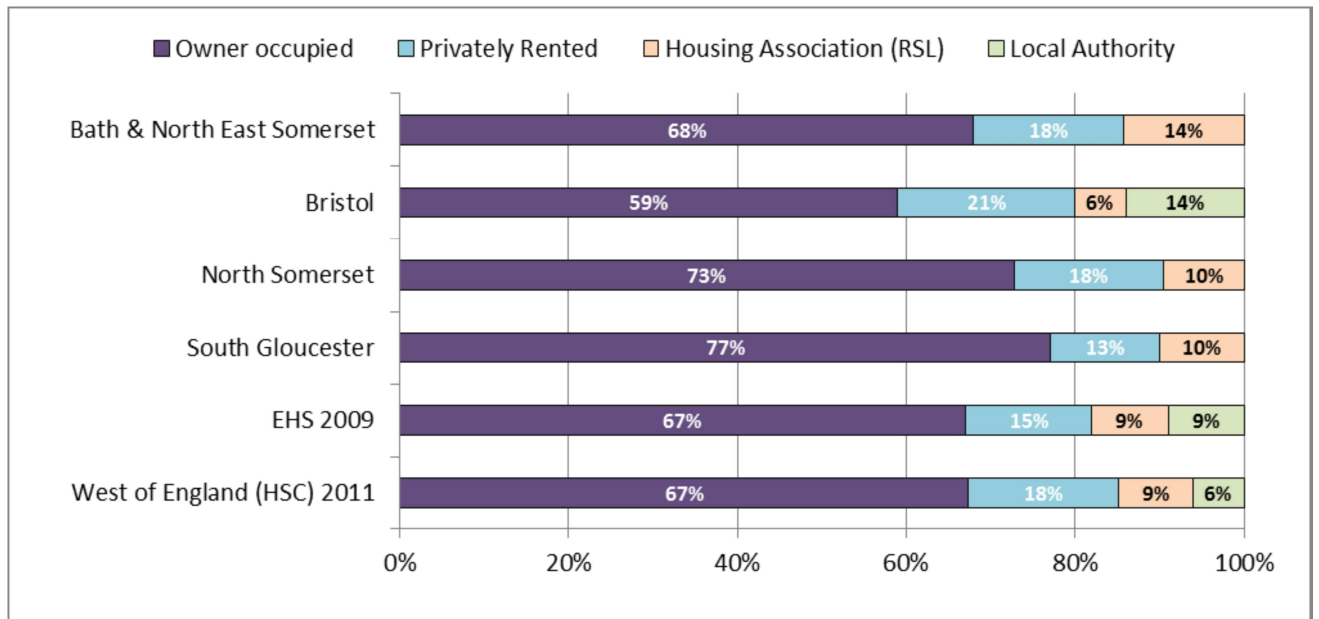
## **2. Background to Houses in Multiple Occupation (HMOs) in Bath and North East Somerset (B&NES)**

The resident population of Bath and North East Somerset is estimated to be 179,700 (Office of National Statistics [ONS], 2010). The B&NES Private Sector Housing Stock Condition Survey, 2012, (Opinion Research Services [ORS], 2012) estimates the total housing stock within the district to be 77,530.

The majority of dwellings are owner occupied (68%), but around 32% of dwellings are tenanted and nearly 18% are rented from private landlords (see figure 1). Of the privately rented stock, 6,310 dwellings (4,420 buildings) are defined under the Housing Act 2004 as Houses in Multiple Occupation (HMOs) (ORS, 2012). 3,850 of these are described as 'house' HMOs and the remainder are made up of converted flats. From this information HMOs account for nearly half the private rented sector dwellings in B&NES. Figure 1 is taken from the West of England Private Sector Housing Stock Condition Survey (HSC), 2012. It shows that the private rented sector stock in B&NES is higher than the national average when compared to the English Housing Survey (EHS), 2009.

18% of dwellings in B&NES are privately rented

**Figure 1 Tenure proportions (Source: 2011 House Condition Survey & EHS 2009)**

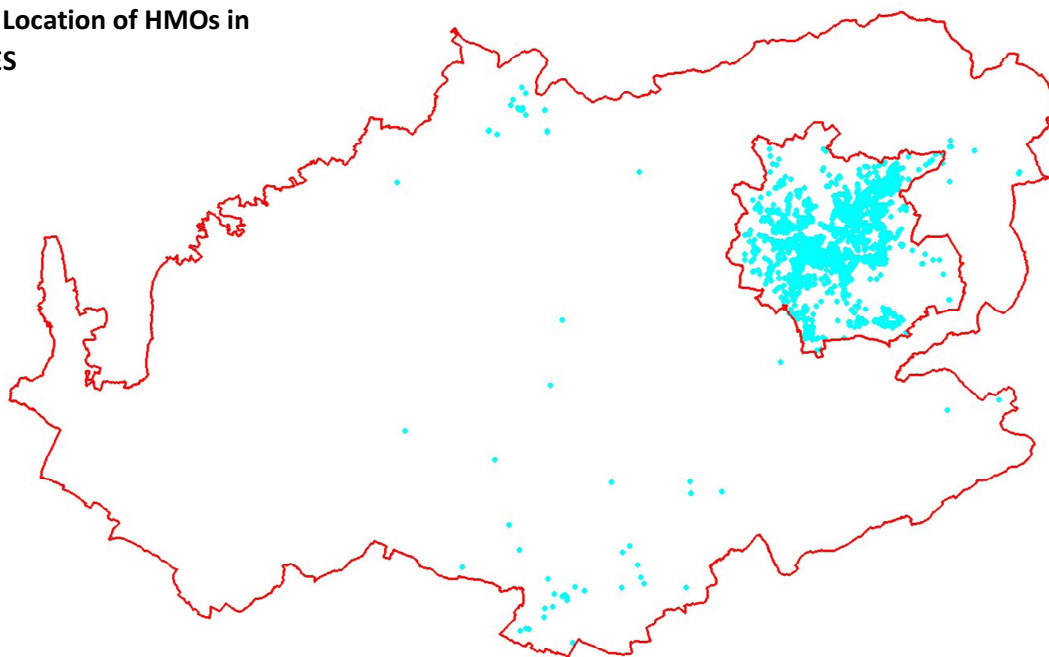


HMOs make up an important part of the private rented sector and provide essential accommodation for many people in Bath and North East Somerset. HMOs with shared facilities are a well-established source of housing for students who tend to concentrate in certain localities, often around transport routes, intensifying demand in these areas. In addition, other groups such as migrant workers, young professionals and individuals on low income or in receipt of housing benefit are using HMO accommodation as an achievable and essential form of housing.

## 2.1 What we know about HMOs in B&NES

Whilst research suggests there are 6,310 HMOs in B&NES (ORS, 2012), Housing Services are aware of approximately 3,500 HMOs of which around 1,800 have shared facilities. This figure is fluid and constantly changing when new information becomes available to Housing Services. These figures were taken in March 2012 from the council's housing database. The map below (Fig. 2) shows in simple terms the spread of HMOs in B&NES, with the vast majority located in the City of Bath.

**Fig. 2 Location of HMOs in  
B&NES**



The table below (table 1) shows by Ward, the number of total HMOs known to Housing Services, compared to the number of mandatory licensed HMOs and student exemptions recorded by Council Tax. These figures start to give an indication of the scale of the HMO stock in the district.

<b>Table 1</b>			
<b>Total HMOs known to Housing Services and student exemptions by Ward</b>			
<b>Ward</b>	<b>Total HMOs</b>	<b>Mandatory Licensed</b>	<b>Council tax student exemptions</b>
KINGSMEAD	512	39	244
ABBEY	505	19	268
WIDCOMBE	412	62	310
WESTMORELAND	372	65	408
WALCOT	333	12	135
OLDFIELD	312	54	323
LANSDOWN	212	8	91
NEWBRIDGE	175	23	62
LYNCOMBE	143	13	63
LAMBRIDGE	96	3	19
COMBE DOWN	72	4	58
ODD DOWN	71	19	45
BATHWICK	69	6	49
TWERTON	51	2	50
SOUTHDOWN	35	3	50
WESTON	31	0	21
BATHAVON NORTH	7	1	10
MIDSOMER NORTON NORTH	6	0	4
KEYNSHAM NORTH	5	0	2
BATHAVON SOUTH	3	0	2
MIDSOMER NORTON REDFIELD	3	0	2
RADSTOCK	3	1	7
BATHAVON WEST	2	0	6
HIGH LITTLETON	2	0	0
KEYNSHAM EAST	2	0	3
PAULTON	2	0	4
PEASEDOWN	2	0	10
CLUTTON	1	0	1
FARMBOROUGH	1	0	3
KEYNSHAM SOUTH	1	0	3
PUBLOW AND WHITCHURCH	1	0	1
SALTFORD	1	0	0
WESTFIELD	1	0	2
CHEW VALLEY NORTH	0	0	1
CHEW VALLEY SOUTH	0	0	1
MENDIP	0	0	1
TIMSBURY	0	0	1

The three Wards of Kingsmead, Abbey and Widcombe have the highest numbers of all known HMOs accounting for nearly 42%. This figure includes all HMOs including shared houses, bedsit accommodation and buildings converted into flats that meet the HMO definition under section 257 of the Housing Act 2004. Widcombe, Westmoreland and Oldfield Wards account for around 32% of all HMOs known to Housing Services combined.

### 2.1.1 Section 257 HMOs

Section 257 (s257) HMOs are buildings converted in to self-contained flats which do not meet the 1991 Building Regulations and less than two thirds of the flats are owner occupied.

S257 HMOs are difficult to keep an accurate record of as the factors that dictate whether they are HMOs or not is determined by, amongst other criteria, the ratio of flats that are owner occupied compared to privately rented. Therefore these properties may regularly switch from being HMOs to non-HMOs and can have multiple lease holders and interested parties involved.

The Housing Act 2004 covers converted buildings through Part 1 powers (Housing Health and Safety Rating System {HHSRS}) and appropriate management regulations. The common parts are also covered by the Regulatory Reform (Fire Safety) Order 2005, enforceable by Avon Fire and Rescue Service (AFRS). B&NES and the West of England Local Authorities (WoE) have a fire safety protocol in place with AFRS to ensure where dual legislation applies, there is appropriate consultation and a lead authority assigned ([WoE Fire Safety Protocol](#)).

Individual flats within s257 HMOs may be flats in multiple occupation in their own right, and therefore they will be subject to the same requirements as other non-s257 HMOs. Housing Services experience is that the majority are not multiple occupancy flats and are generally occupied by single households.

### 2.1.2 HMOs with shared facilities

Of the known HMOs in the district (excluding s257 HMOs), over 50% are contained within the 3 Wards of Westmoreland (20%), Oldfield (16%) and Widcombe (15%). Of the known HMOs in these Wards only a minority are covered by the mandatory licensing scheme as shown in table 2.

Over half of all known HMOs\* are located in Westmoreland, Oldfield and Widcombe

It is also possible to compare the number of HMOs in each ward to the total number of households, also shown in the table below. In the three wards of Westmoreland, Oldfield and Widcombe, HMOs known to Housing Services account for a sizeable proportion of households; 16%, 13% and 11% respectively. It is harder to compare the percentage of the population that live in HMOs as there is no accurate record on how many occupants live in each HMO.

**Table 2**  
**HMOs known to Housing Services compared to ward, population and households (not including Section 257 HMOs)**

Ward	HMOs*		HMOs* not covered by mandatory licensing	Population	Households	% of households that are HMOs*
	% of total	Number				
WESTMORELAND	20	356	291	6522	2209	16
OLDFIELD	16	287	233	6587	2260	13
WIDCOMBE	15	263	201	6234	2287	11
KINGSMEAD	10	180	141	5810	2647	7
WALCOT	6	113	101	6044	2769	4
NEWBRIDGE	5	93	70	5981	2326	4
ABBEY	5	86	67	5491	3092	3
LYNCOMBE	4	71	58	5599	2070	3
ODD DOWN	4	66	47	5912	2180	3
COMBE DOWN	3	46	42	5674	2342	2
TWERTON	2	43	41	5552	2334	2
LANSDOWN	2	41	33	4458	2215	2
LAMBRIDGE	2	40	37	5535	2332	2
SOUTHDOWN	2	35	32	5774	2336	1
BATHWICK	2	28	22	5061	1174	2
WESTON	1	13	13	5222	2321	1
BATHAVON NORTH	0	5	4	7248	3078	0
MIDSOMER NORTON NORTH	0	5	5	5823	2182	0
BATHAVON SOUTH	0	3	3	3000	1155	0
RADSTOCK	0	3	2	5887	2152	0
KEYNSHAM NORTH	0	2	2	5110	2020	0
MIDSOMER NORTON REDFIELD	0	2	2	5260	2041	0
BATHAVON WEST	0	1	1	2663	830	0
CLUTTON	0	1	1	2519	924	0
FARMBOROUGH	0	1	1	2603	1024	0
HIGH LITTLETON	0	1	1	3040	1119	0
KEYNSHAM EAST	0	1	1	5473	2304	0
PEASEDOWN	0	1	1	6687	2559	0
PUBLOW AND WHITCHURCH	0	1	1	2408	911	0
SALTFORD	0	1	1	4117	1682	0
WESTFIELD	0	1	1	5785	2152	0
CHEW VALLEY NORTH	0	0	0	2309	910	0
CHEW VALLEY SOUTH	0	0	0	2470	888	0
KEYNSHAM SOUTH	0	0	0	5148	2224	0
MENDIP	0	0	0	2777	1017	0
PAULTON	0	0	0	5251	1966	0
TIMSBURY	0	0	0	2670	1062	0

\*Not including Section 257 HMOs (buildings converted into self-contained flats which don't meet the 1991 Building Regulations and less than 2/3 are owner occupied)

### 2.1.3 How many properties may be included in an additional licensing scheme?

If an additional licensing scheme is introduced in the three Wards with the highest number of HMOs (Oldfield, Westmoreland and Widcombe), Housing

In just 3 Wards, additional licensing would include 700-1,400 properties

Services estimate there will be in the region of 700-1,400 properties included in addition to the mandatory scheme already in operation if all HMOs, excluding s257 HMOs were to be included. This is when considering the information held by Housing Services (see table 2) and information obtained from the Private Sector Housing Stock Condition Survey, 2012. If more Wards come in to the scheme then the number of HMOs will increase accordingly and table 2 can be used as a rough guide to the numbers of HMOs per Ward.

Council tax exemptions indicate there are over 1000 dwellings occupied exclusively by students in these three Wards. This figure clearly does not take account of the HMOs occupied by young professionals and other individuals who are not students. Some of these exempt properties will already be included in mandatory licensing and some will not be classified as HMOs. However, experience tells us that realistically, the true number of HMOs will be much higher than Housing Services records suggest. All Ward areas are shown in figure 3. Figure 4 shows the three Wards of Oldfield, Westmoreland and Widcombe that are currently being considered for an additional licensing scheme.

Fig. 3 B&NES Ward boundaries

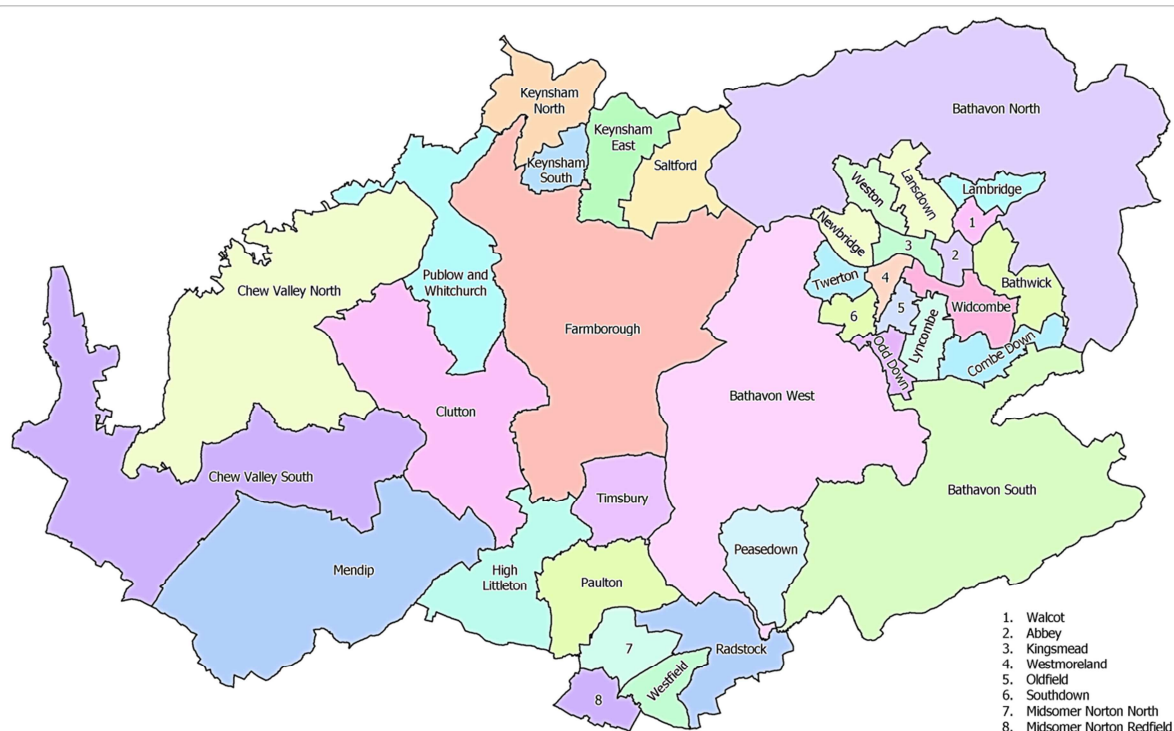
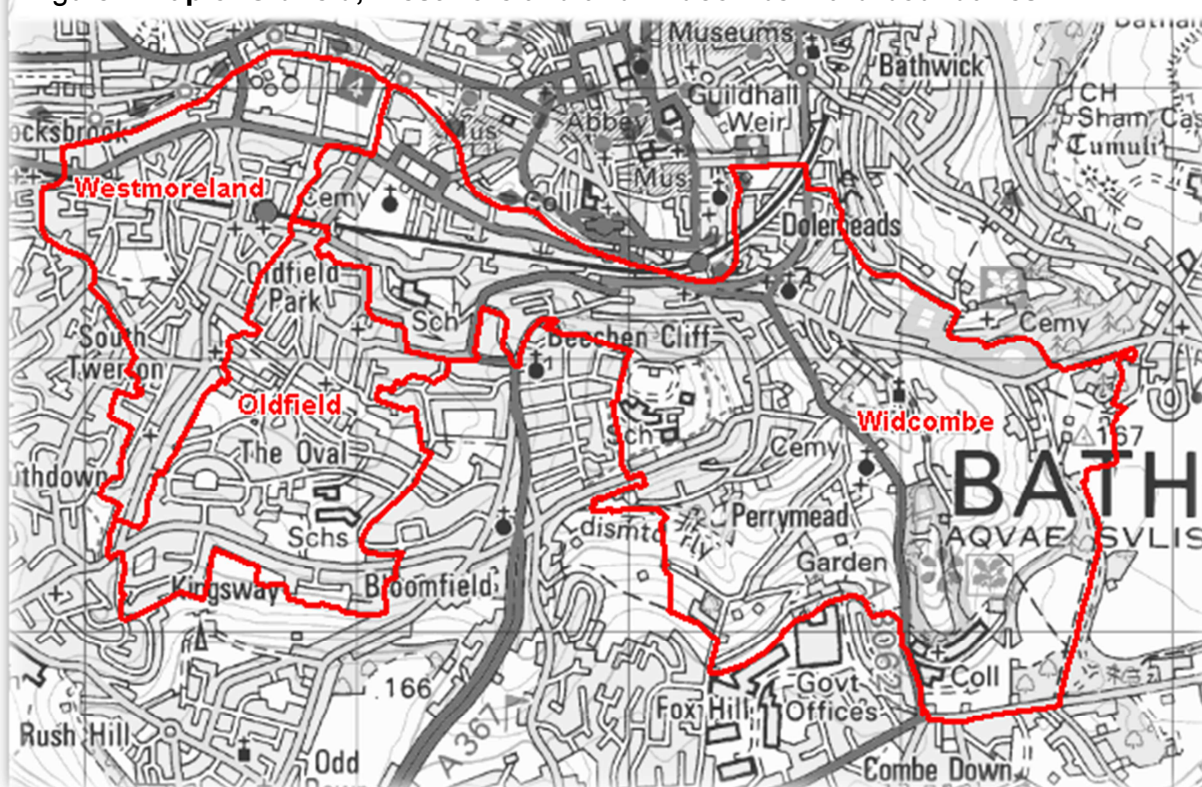


Figure 4 Map of Oldfield, Westmoreland and Widcombe Ward boundaries



For practical implementation of a scheme the Ward boundaries may not be followed exactly as they appear above. The proposed area in reality will cover Oldfield, Westmoreland and Widcombe and encroach to a small extent into adjoining Wards including Abbey, Bathwick, Combe Down, Lyncombe, Odd Down, Southdown, Twerton.

### 3. Evidence of ineffective management

#### 3.1 Management and conditions

##### 3.1.1 Property condition complaints received by Housing Services

B&NES Housing Services directly receive in the region of 300-400 property condition complaints every year. These are mainly associated with single households although a sizeable proportion are related to HMOs. The table below (table 4) shows the number of property condition complaints received by Housing Services and the proportion related to HMOs and more specifically the HMOs located in the three Wards of Oldfield, Westmoreland and Widcombe.

Table 4 Housing Condition complaints related to HMOs			
Year	Total property	Number of complaints relating to	Number of complaints relating to HMOs located in

	<b>condition complaints</b>	<b>HMOs</b> (% of total complaints)	<b>Oldfield, Westmoreland and Widcombe</b> (% of all HMO complaints)
08/09	307	70 (23%)	25 (36%)
09/10	374	70 (19%)	28 (40%)
10/11	404	84 (21%)	27 (32%)
11/12	328	74 (23%)	31 (42%)

HMOs account for 6,310 dwellings in the district out of a total of 13,730 privately rented properties (ORS, 2012). HMOs account for between 19% and 23% of all housing condition complaints received. Although we are less likely to receive a complaint about a HMO than a single household, as a general rule HMOs take up considerably more resources per property than other privately rented dwellings.

From April 2008 – March 2012 Housing Services issued 265 notices and 47% were in relation to HMOs.

32-42% of all HMO complaints to Housing Services come from Oldfield, Widcombe and Westmoreland.

Housing Services will only prosecute landlords as a last resort where all other means have been exhausted. In the last 2 years (December 2010 - December 2012) Housing Services have taken 4 successful prosecutions, all of which were in relation to HMOs and all were located in the proposed additional licensing area. Of the complaints received by Housing Services in relation to HMOs, between 32% and 42% are in relation to HMOs located within the three Wards of Oldfield, Westmoreland and Widcombe. This may be as a result of the large number of HMOs concentrated in these three Wards but nonetheless, also indicates that the public have concerns relating to HMOs in these three Wards important enough for them to request an intervention from Housing Services.

### **Damp and Mould complaints received by B&NES Housing Services**

In 2010/11 there were 59 damp and mould complaints received. 16 (27%) of these were in relation to HMOs;

In 2011/12 there were 61 damp and mould complaints received. 17 (28%) of these were in relation to HMOs.

### 3.1.2 Garages used as bedrooms



At least two HMOs have been identified by B&NES Housing Services in the Widcombe Ward where externally located garages have been converted into extra bedrooms. The conversions do not need planning permission as they are not fully self-contained. The occupant of the garage bedroom have their own en-suite shower and toilet but have to access the full kitchen and living area in the main house by crossing the rear garden of the property and entering through the back door. Local residents have expressed their concerns about the conversions and it is anticipated that future conversions may increase as a way to maximise occupancy and income. It is also apparent that 2 storey HMOs can add an extra bedroom through this method and therefore not require mandatory licensing as they may do if they were to add a loft conversion.

### 3.1.3 Health and safety hazards

#### Hazards by properties

Since the introduction of the Housing Act 2004 in 2006, Housing Services have identified 1,175 residential properties with one or more significant health and safety hazards (up until September 2012). Health and safety hazards are assessed under Part 1 of the Housing Act 2004 (Housing health and Safety Rating System (HHSRS)). For these purposes a significant hazard is classified as bands A - D.

Out of these, 446 properties were houses in multiple occupation (HMOs) and 138 of those HMOs were in the three Wards of Oldfield, Westmoreland and Widcombe.

31% of all HMOs identified with significant health and safety hazards were located in Oldfield, Westmoreland and Widcombe

Moreover, 31% of all HMOs identified with significant health and safety hazards were located in the Wards of Oldfield, Westmoreland and Widcombe.

#### Hazards by quantity

Since the introduction of the Housing Act 2004 in 2006, Housing Services have identified 1,474 significant health and safety hazards (up until September 2012).

Out of these, 573 hazards were identified across 446 HMOs. 182 of these hazards were identified in HMOs in the three Wards of Oldfield, Westmoreland and Widcombe. This equates to 32% of all significant health and safety hazards identified in HMOs being located in the 3 Wards of Oldfield, Westmoreland and Widcombe.

32% of all significant health and safety hazards identified in HMOs are located in Oldfield, Westmoreland and Widcombe

#### Private Sector Housing Stock Condition Survey, 2012

The B&NES Private Sector Housing Stock Condition Survey, 2012 (ORS, 2012) is a survey of house conditions across B&NES. The survey looked at 1000 properties across the private sector including 124 HMOs.

The figures from the survey suggest that 12.2% of all HMOs have category 1 hazards, a significant health and safety risk. This compares to 14.5% of the other private rented stock. When drilled down to Wards, Widcombe and Westmoreland show nothing significant. However, figures from Oldfield Ward suggest that HMOs in Oldfield have significantly more category 1 hazards than average over all sampled HMOs in the district. The survey suggested that 34% of HMOs in Oldfield have a category 1 hazard.

HMOs in Oldfield have significantly more category 1 hazards than average over all sampled HMOs in the district

### **3.1.4 Total service requests received by the Council**

From the 1<sup>st</sup> April 2006 until the 31<sup>st</sup> March 2012, the Council's regulatory services received 2,570 service requests related directly to the domestic use of HMOs. This averages out to be 428 service requests per year recorded by the council and requiring investigation and allocation of resources.

Of these requests for a service, 35% (over 900) were directly related to HMOs in the proposed additional licensing area, namely the Wards of Oldfield, Westmoreland, Widcombe and small areas of adjoining Wards.

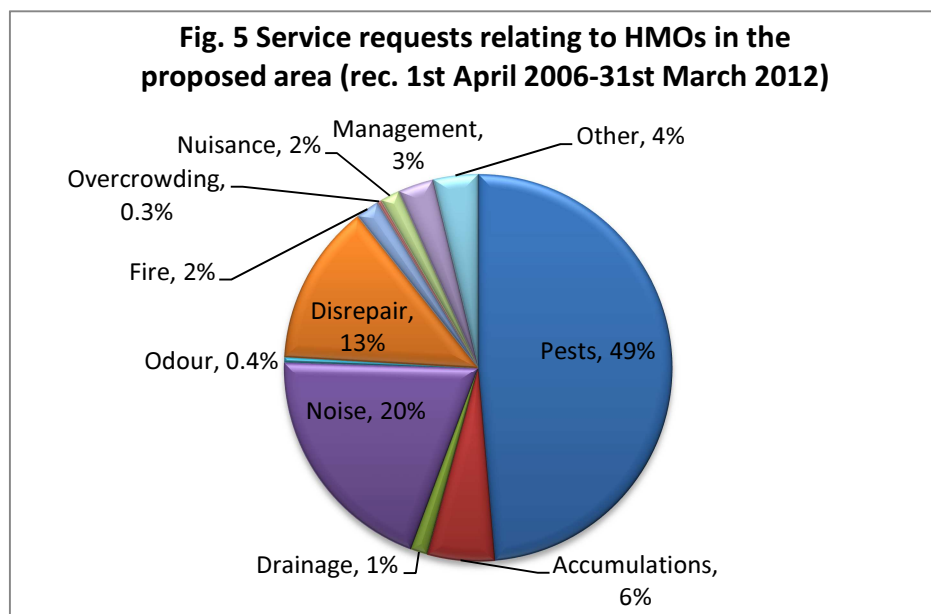
Over one third of all service requests relating to HMOs originate from the proposed additional licensing area.

The nature of these requests for a service can be grouped into the following areas shown in table 5.

Table 5 Service Requests received by B&NES regulatory services			
Pests	Accumulations	Management	Disrepair
Drainage	Noise	Fire	Other
Nuisance	Odour	Overcrowding	

Of all the service requests received by the Council relating to 'management', nearly half came from HMOs in the proposed area. Furthermore, over 40% of all service requests relating to accumulations and disrepair from HMOs, came from HMOs in the proposed additional licensing area.

Figure 5 below shows the percentages of total service requests received in relation to HMOs in the proposed additional licensing area.



The three biggest areas of concern directly related to the domestic use of HMOs that caused people to request a service are pests, noise and disrepair. Combined they account for over 80% of the service requests received relating to HMOs in the proposed area.

Figure 5 indicates that nearly half of the service requests received by the council in relation to HMOs in the proposed area were related to pests (49%). This figure is made up of all range of pests including rats, mice, flies, cockroaches, bedbugs and fleas etc. usually as a result of complaints directly from concerned occupants. The cause of these concerns is often varied although can to some extent, be associated with disrepair and high turnover of occupants.

Pests are responsible for 49% of service requests relating to HMOs in the proposed additional licensing area.

Complaints received about noise are the second biggest source of service requests received in the proposed area. The majority (18%)

Noise is responsible for 20% of service requests relating to HMOs

relate directly to domestic noise. The remainder are made up of intruder alarms and miscellaneous noise.

13% of service requests were related directly to disrepair such as health and safety concerns, asbestos, gas appliances and damp etc. These usually come direct from occupants concerned about their living conditions.

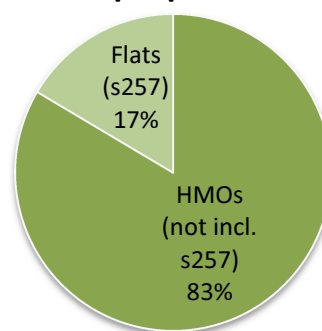
13% of service requests regard disrepair

Accumulations including litter and refuse are related to 6% of service requests and often come from concerned neighbours.

The remainder are made up of a variety of issues including nuisance, management issues, overcrowding, fire, drainage, odour and requests for advice. Combined they account for around 12% of service requests.

Of these service requests received in the proposed area, the majority (over 80%) relate to HMOs with shared facilities such as shared houses and bedsit accommodation. See figure 6.

**Fig. 6 Service requests relating to HMOs in the proposed area**



### 3.1.5 Fire in HMOs

#### Fire incident information

HMO's are often associated with having a higher risk of fire than single family dwellings due to increased occupancy, multiple ignition sources, vulnerable occupants, poor construction and lack of fire prevention measures.

The 'LACoRS Housing - Fire Safety' national guidance document confirms that existing residential accommodation comprises of a wide range of property types, occupancy arrangements and types of occupants. Fire risk in rented accommodation, and in particular in HMOs, can be complex. HMOs often provide accommodation for people from a wide range of backgrounds and may house vulnerable or disadvantaged groups. In some HMOs there is a high occupancy turnover rate with little social interaction or cohesion between occupiers. The mix of often poor-quality, low-cost housing and vulnerable occupants can lead to a higher than normal fire risk (LACoRS, 2008).

According to the Communities and Local Government (CLG) publication, 'Fire safety in shared or rented accommodation' (2008), "*people living in rented or shared accommodation are seven times more likely to have a fire*".

By using available data from Avon Fire and Rescue Service for the financial year 2011-12 there is no correlation between HMOs per 1000 population and fire incidents in B&NES. In addition, according to Avon Fire and Rescue Service, since April 2006 until March 2012, there have been no dwellings fire fatalities in B&NES.

National figures indicate that annual accidental dwelling fire deaths and casualties have decreased dramatically in the 10 year period from 1999/00 to 2009/10 across all tenures (CLG, 2011).

The likelihood of a fire in a HMO in B&NES is 78% more likely than a single household property.

However in B&NES, although the numbers are low, since 2008 there has been a steady increase in fires reported in HMOs in B&NES year on year up until the end of the calendar year 2011. In addition, from the period of October 2008 to February 2012 there have been 2.83 fires per 1000 single household properties in B&NES. This compares to 5.03 fires per 1000 HMOs in B&NES indicating that a fire in a HMO is 1.78 times as likely as in a single household property. Figures relating to fire obtained from Avon Fire and Rescue Service, March 2012. Property numbers obtained from ORS, 2012.

Around 400 people die every year in accidental house fires. Risk of death is doubled if you don't have a working smoke alarm and faulty electrics cause around 7,000 house fires each year (CLG, 2008). In addition to this, battery smoke alarms have a 45% failure rate (ODPM, 2006). Over one quarter of occupants of HMOs in Oldfield, Westmoreland and Widcombe who responded to the B&NES HMO residents' survey, 2012 reported that they only had battery operated alarms.

Fire is one of the most common hazards identified by Housing Services through their reactive and proactive inspection and enforcement work. Mandatory licensing allows the Council to ensure that all HMOs in the scheme have working mains powered smoke alarms and that the electrical installation is checked and maintained. Additional licensing could ensure an adequate level of fire safety is provided.

## **3.2 Environmental and Social Impacts**

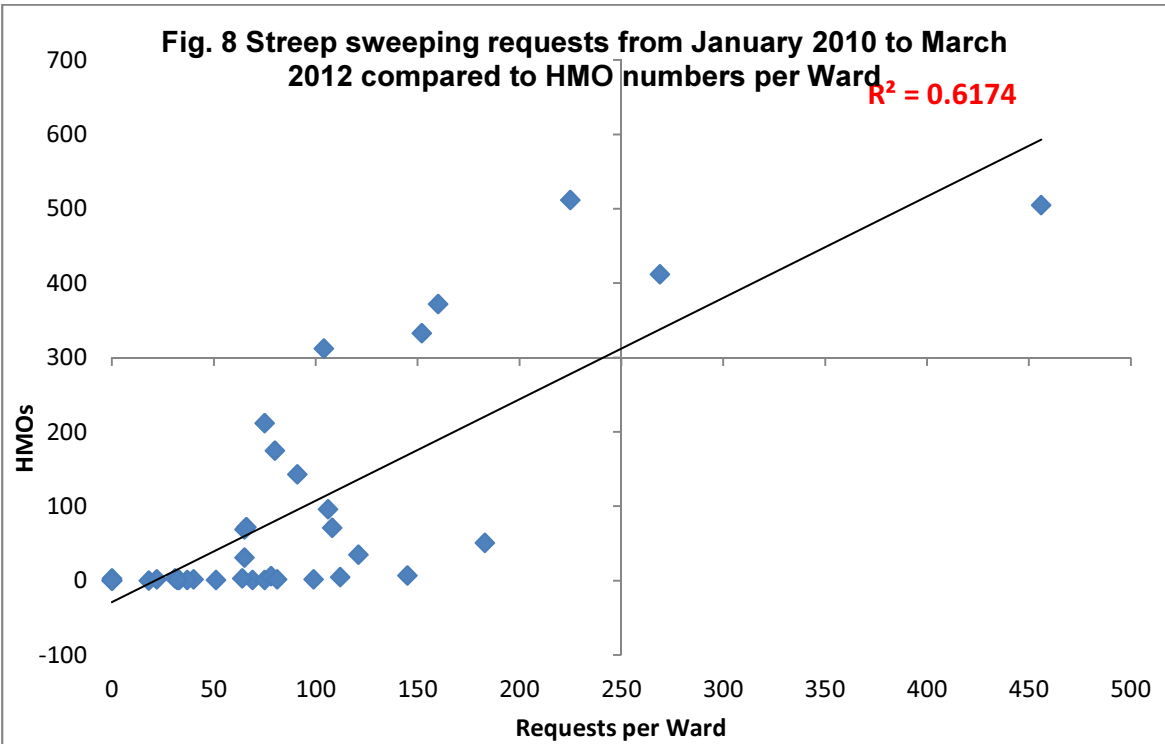
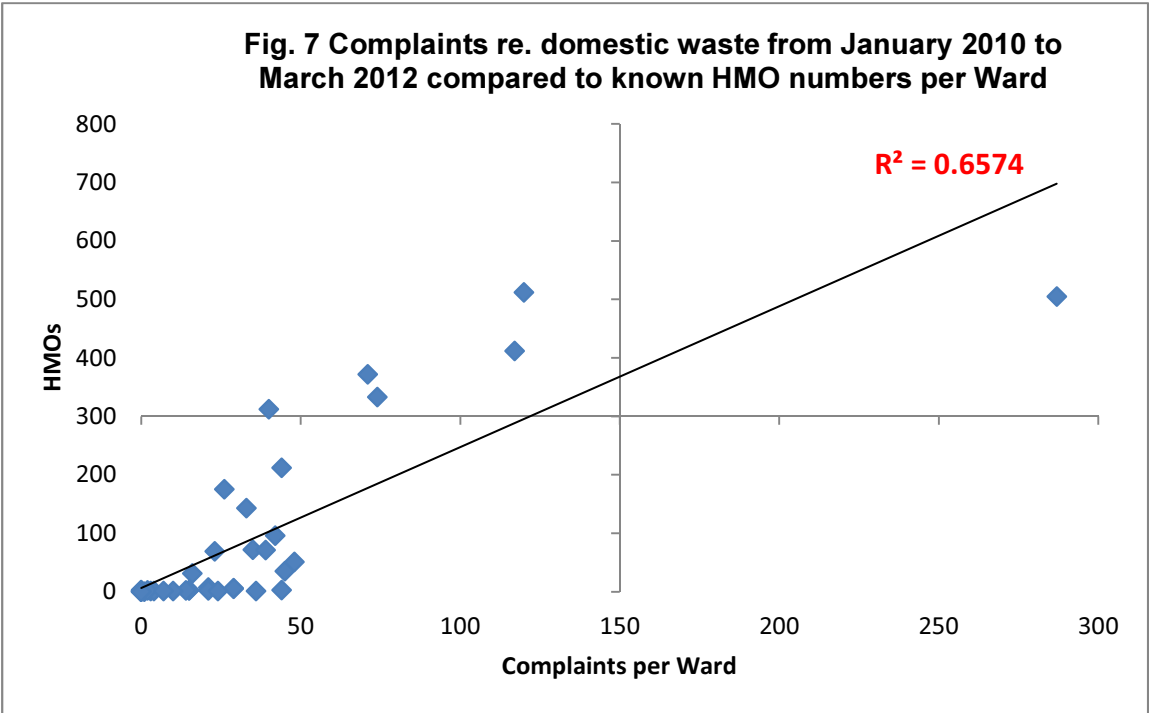
### **3.2.1 B&NES Council Connect enquiries**

#### **Complaints of domestic waste being left out on the wrong day and request for street sweeping**

Council Connect are the front face of the Council and receive enquires related to all manner of services provided by the Council. Amongst other things, they receive public requests relating to domestic waste and street sweeping.

Between January 2010 and March 2012 Council Connect received 1,335 complaints of domestic waste being left out on the wrong day. When compared to HMOs known to Housing Services by Ward, a correlation was found between HMO numbers and complaints. This is shown in figure 7.

During the same period Council Connect received 3,313 requests for street sweeping. When compared to HMOs known to Housing Services by Ward, a correlation was also found between requests for street sweeping received and known HMO numbers per Ward. This is shown in figure 8.



The figures from Council Connect were compared to HMOs known to Housing Services by Ward. The results suggest there is a relationship between 1. HMOs and domestic waste being left out on the wrong day and, 2. HMOs and the increased need for street sweeping.

HMOs are related to Domestic waste complaints

HMOs are related to an increased need for street sweeping

### HMOs with shared facilities

The Wards covering the city centre, Abbey and Kingsmead have the highest number of total HMOs known to the council although the majority of these do not have shared facilities but are buildings converted into self-contained flats. City centre locations such as these also tend to receive higher numbers of complaints as they are more visually apparent and at higher risk from pests such as seagulls.

When considering all the Wards in the district, no correlation was found between HMOs with shared facilities and service requests. However, if you discount the two Wards with the highest total HMOs (Kingsmead and Abbey) then a correlation is formed between street sweeping requests and HMOs with shared facilities and also domestic waste complaints and HMOs with shared facilities.

Calls to Council Connect regarding both street sweeping and domestic waste follow a similar trend as can be seen in figures 7 and 8. This could quite realistically mean that the issues are related. However, it could also mean that residents of certain Wards are more inclined to complain than residents of other Wards or, these residents are more sensitive to certain problems than other residents may be. Areas with high densities of transient populations such as students may also be less likely to complain.

Under the West of England Good Management Code of Practice which all licence holders (in the mandatory licensing scheme) are required to sign up to, landlords are required to “*make reasonable arrangements for the storage and disposal of refuse*”. Therefore, through licensing Housing Services can start to address some of the causes of the two types of complaints discussed

Specifically when looking at the three Wards with the highest numbers of shared HMOs known to the Council, between January 2010 and March 2012, the following requests for a service were received by Council Connect. See table 6.

<b>Fig. 6 Council Connect enquiries</b>		
<b>Ward</b>	<b>Domestic waste complaints</b>	<b>Requests for street sweeping</b>
Widcombe	117	269
Westmoreland	71	160
Oldfield	40	108

In the 2011 calendar year, for the 3 Wards of Widcombe, Westmoreland and Oldfield combined; Council Connect received a total of 237 requests for street sweeping and 95 complaints of domestic waste being left out on the wrong day. This averages out to be over four requests for street sweeping per week and just under two domestic waste complaints per week respectively received from local residents in the proposed additional licensing area.

### **3.2.2 Crime and anti-social behaviour**

#### **Anti-social behaviour**

For the year 2010/11 there were 5421 calls to Avon & Somerset Constabulary relating to specific incidents of anti-social behaviour (ASB), namely rowdy behaviour, street drinking, noise and nuisance neighbours. However, there is inconclusive evidence of any relationship between ASB and HMOs. The largest concentration of ASB is in the centre of Bath, and could be caused by people living in any area of the city (ARUP, 2012). There is also no correlation between HMOs and ASB recorded for the financial year 2011-12.

#### **Other crime**

Theft of pedal cycles per 1000 households shows a significant correlation with HMOs. However, this is the only correlation between crime and crime types and HMOs.

There is a higher risk of having a pedal cycle stolen if you live in an HMO

### **3.2.3 Residents views**

#### **What are local resident's telling us?**

#### **Quotes to Housing Services from local residents**

Below is shown a selection of quotes from local residents as well as photographs of common areas of concern. The photographs are not specifically related to the comments.



Front garden of an HMO in Oldfield Ward (June 2012)

*"Almost every street in OFP [Oldfield Park] has some waste in the gardens of the HMOs at the moment..."*

Cllr Will Sandry, Oldfield Ward (4<sup>th</sup> June 2012)

*"The HMOs look dirty and run down, windows are filthy, paint peeling, walls and fencing falling down or broken and you sense the despair of the remaining few". "Another big issue is the state of the gardens and the fact that a lot of them do not get maintained so look dreadful which in turn makes our area look dreadful and uncared for".*

Cllr. June Player (June 2012)



Garden of a HMO in Westmoreland (June 2012)

A Westmoreland resident spoke of her neighbourhood *"The look of the area of Westmorland has been a downward spiral since the HMOs have been allowed to take over. I no longer enjoy coming into the area due to the neglected and slum like appearance of it"* (22<sup>nd</sup> June 2012)

Regarding rubbish in the front garden of one HMO in Beckhampton Road, an Oldfield resident complained: *"This is a health hazard, attract rats and seagulls [and] is an unsightly mess."*

(3<sup>rd</sup> June 2012)



Overgrown hedge in the front garden of an HMO in Oldfield Ward (June 2012)

*"Landlords must take more responsibility for the upkeep of gardens, windows, external maintenance..." "Landlords must ensure that local rules on storage of dustbins are enforced and that recycling rules are followed." They went on to say: "A comprehensive list, with names and addresses of all the landlords must be available to the council."*

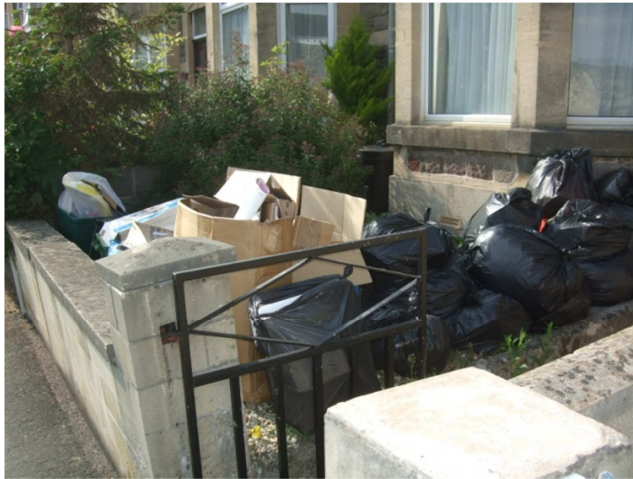
Two residents of Widcombe explaining their feelings on HMOs (7<sup>th</sup> May 2012)

When discussing HMOs, a resident of Westmoreland said *"...we are all fed up, lack of parking, anti-social behaviour, rubbish, properties in need of repair"* (20<sup>th</sup> June 2012)



Rubbish in the front garden of a HMO in Oldfield. Courtesy of Bath News and Media Group (June 2012).

Regarding the HMOs in this Westmoreland residents street, he said *"...most have unkempt gardens /overgrown hedges...most look unkempt, poor appearance needing painting...one has food waste/boxes by the front door, not getting put in the nearby rubbish bin."* (2<sup>nd</sup> July 2012)



Rubbish dumped in the front garden of an HMO in Westmoreland (May 2012)

Some long term residents of Westmoreland explain their experiences of living in a road with a high concentration of HMOs and the problems they face on a daily basis.

Concerning rubbish they explained; *"Not only excessive amounts (most HMOs put out between 5 and 15 bags [of rubbish] a week) but it piles up in front gardens and can stay there for a length of time as they [the occupants] often forget to put the bags out on collection day".*

On noise; *"This is one of the biggest problems."* They went on to explain, *"This year we have spent around 8 months trying to deal with noise issues from one property".*

On visual appearance *"It is easy to identify these properties [HMOs] because of the rundown appearance, ranging from broken guttering/downpipes, peeling paintwork, dirty windows and curtains, poor paving and general neglect. The lack of care by landlords and tenants means we are all dragged down and the area is beginning to look like slums."*



Rubbish on the street in Westmoreland (June 2012)

On the appearance of gardens *"As with the general appearance of the area, both front and back gardens are a battle ground. Grass is only cut in the summer holidays, weeds spread across on the wind and through the ground into residents' gardens so those of us who actually take a pride in our homes have additional work and cost in order to deal with it."*

Regarding the issues around absentee landlords *"Probably one of the biggest problems in our experience..."* *"How are they going to deal with issues? It's a case of out of sight out of mind. However, there is a general unwillingness for landlords and letting agencies in general to deal with issues. Residents are continually made to feel as though they are in the wrong."*



Garden of a HMO in Westmoreland (June 2012)



Front garden of a HMO in Westmoreland (July 12)

-Cont-

And on numbers of tenants *"Often there are more people living/staying in a house than it is let for. This causes additional noise problems but also increases the danger of fire as some properties are deliberately let to smaller numbers of people to avoid some of the more onerous fire regulations. This is something which is ignored by both landlords and letting agencies."*

Most common words and phrases from local residents comments

Front Garden<sub>HMOs</sub>

Issues Landlords

Residents Next Door

Street

Appearance

### **3.2.4 Fuel poverty**

The information below on fuel poverty is taken from the local housing stock conditions survey. While it is useful to have regard to these figures, it is important to remember that there is no direct relationship specifically between HMOs in B&NES and increased incidents of fuel poverty.

Tackling fuel poverty is one of the main issues associated with reducing energy consumption. Occupants of a dwelling are considered to be in fuel poverty if they have to spend more than 10% of their net household income in order to get adequate heating and hot water. Dwellings occupied by residents in fuel poverty generally have poor energy efficiency and are also generally occupied by people on low income and least likely to be able to afford improvements (ORS, 2012).

The Housing Stock Condition Survey (ORS, 2012) tells us that 13.5% of households in the private rented sector are in fuel poverty. The number of occupied private sector properties in fuel poverty in B&NES is slightly lower than the national average but still presents huge issues in terms of both energy efficiency and occupier health (ORS, 2012).

Fuel poverty is in nearly all cases associated with residents on the lowest incomes. In Bath and North East Somerset, 9,090 households (71% of all households in fuel poverty) had an income of less than £10,000 per annum. The majority of the remaining households (2,260) had an income of between £10,000 and £20,000 per year. A small number of households (180) in fuel poverty had an income of over £20,000 per year brought about by the high prices of fuel (ORS, 2012).

The Building Research Establishment (BRE) Models and B&NES Private Sector Housing Stock Condition Survey, 2012 (ORS, 2012) indicate that there are 3 Wards in the City of Bath boundary where over 21% of private sector dwellings have a household in fuel poverty. These are Oldfield, Widcombe and Bathwick. Whereas Bathwick has a low proportion of HMOs, Oldfield and Widcombe Wards have the second and third highest numbers of HMOs (excluding s257) in the City. The Ward with the highest number of HMOs (excluding s257) is Westmoreland and this has between 16% and 19% of households in fuel poverty which is in the mid-range compared to the other Wards in the City.

### **3.2.5 Common trends about people who live in HMOs**

The majority of people occupying HMOs tend to be young and single and transient in nature, only living in the premises for a short period of time. They also tend to make up low-income households, mainly because they are economically inactive, full-time students or working in low-paid jobs (DETR, 1999). In locations where property and rental prices are high such as Bath, HMOs provide essential accommodation for young professionals. In some cases HMOs are the only solution for otherwise homeless households (Rugg, Rhodes and Jones, 2000). A minority of people select HMOs as a preferred choice of accommodation for a variety of personal or lifestyle reasons such as weekday accommodation when they are working away from home.

Harassment and illegal eviction are also more common place for the occupants at the bottom end of the private rented market, living in HMOs or claiming housing benefit (DETR, 2000). These type of tenants are more likely to be vulnerable, have less financial backing and disadvantaged in the marketplace (PA Kemp, 2004).

## **4 The case for additional licensing**

### **4.1 Is accreditation the answer?**

By the end of the financial year 2011-12 there were 1,500 accredited properties in the private rented sector in B&NES making up a figure of 4,761 bed spaces covered by the scheme.

The total number of accredited properties is increasing year on year. However, in 2011-12 the number of new properties joining the scheme was 25% lower than in 2010-11 and reaccreditation was also down 18% during the same period.

207 properties that have been included in the mandatory licensing scheme were part of the voluntary property accreditation scheme prior to their first new licence being issued. This indicates that those landlords had voluntarily chosen to engage with the Council and bring their properties up to and above minimum standards before having to be licensed. However, based on the current figure of 364 licensed properties (March 2012), the mandatory licensing scheme has brought an additional 157 HMOs to the attention of Housing Services, landlords who otherwise had not engaged with the council. Since mandatory licensing commenced in 2006, an additional 46 licensed HMOs have voluntarily joined the Accreditation scheme.

Accreditation has been a great success and has voluntarily encouraged landlords to improve their properties, exceed minimum standards and engage with the Council. However, figures above demonstrate the schemes limitations. Accreditation is voluntary and this is one of its most encouraging features, however this is also one of its drawbacks as the Council has no way of making landlords come forward to improve their properties and often rely on enforcement activities once complaints have been received about property conditions. The Accreditation standard is also higher than minimum enforceable standards, and landlords who can rent their properties regardless may see spending more money when they don't need to as a barrier to the desirability of Accreditation. Property owners are also, on occasions, conscious that if they come forward to the attentions of the authority they may receive unwanted inspections and additional demands for work and subsequent expense.

Some positive aspects and limitations of the voluntary property Accreditation scheme are listed below in table 7.

Table 7 <b>Positive aspects and limitations of Accreditation</b>	
<b>Positives</b>	<b>Limitations</b>
<ul style="list-style-type: none"> <li>• Voluntary improving the private rented sector;</li> <li>• Building of good working relationships with landlords, agents, property owners and partners;</li> <li>• Better engagement with landlords and agents;</li> <li>• Reduced enforcement activity;</li> <li>• Building of local information;</li> <li>• Covers non-HMOs and is district wide</li> </ul>	<ul style="list-style-type: none"> <li>• Not mandatory;</li> <li>• Only limited engagement;</li> <li>• Lack of incentive due to high demand for private sector accommodation;</li> <li>• Requires Council resources;</li> <li>• Confusion with mandatory licensing;</li> <li>• Conflicting standards</li> <li>• Poor landlords choose not to engage</li> </ul>

Out of the properties currently in the Accreditation scheme (1,500), 471 have been required to carry out works. This indicates that 31% of all accredited properties required works in order to bring them up to the statutory minimum standard or the higher Accreditation standard. These are the properties that are owned and managed by the better landlords who want to engage with the Council, and have still required improvement.

Out of the 471 properties that have been improved through Accreditation, 305 were contained within the 3 Wards of Oldfield, Westmoreland and Widcombe. In total there are 636 accredited properties in these 3 Wards many of which will be HMOs and nearly half of these have been improved through Accreditation. However, as figures suggest in section 3, the number of HMOs in these three Wards is much higher than this figure, and these are properties that may remain under the radar and require intervention. Landlords who have not already voluntarily engaged with the Council are unlikely to engage without an incentive or regulatory push.

## **4.2 Information from B&NES mandatory licensing scheme**

### **4.2.1 Health and safety hazards identified and tackled through mandatory licensing**

Since mandatory licensing became a statutory provision in 2006, Housing Services have identified 159 band A-D hazards in licensed HMOs using the Housing Health and Safety Rating System (HHSRS) (from July 2006 until March 2012). These are shown in table 8. A-D hazards are those that are actionable under the Housing Services Enforcement Policy and present a significant risk to safety and health. Bands A, B and C are category 1 hazards as defined under Part 1 of the Housing Act 2004 and the Council have a duty to take action.

159 significant health and safety hazards identified through mandatory licensing

25% of Mandatory licensable HMOs had a significant health and safety hazard

Bands D-J are category 2 hazards and the Council has the power to take action.

Of the 159 hazards identified in licensed properties, they are spread over 90 different premises. This indicates that out of the 364 current licences (end of March 2012), 25% have been identified with an actionable hazard presenting a real risk to the health and safety of the occupants.

<b>Table 8 Actionable (A-D) hazards identified in licensed properties</b>		
<b>Hazard</b>	<b>Number identified</b>	<b>%</b>
EXCESS COLD	46	28.9
FALLING ON STAIRS	36	22.6
FIRE	42	26.4
FALLING BTW LEVELS	9	5.7
OTHER	26	16.4
<b>TOTAL</b>	<b>159</b>	<b>100</b>

Through mandatory licensing 90 HMOs (25% of licensed properties) have been identified as having serious health and safety hazards. Licensing has brought these properties to the attention of the Council so that appropriate action could be taken to make the premises safer and healthier. The three most common hazards identified (see table 8) were Excess Cold, Falling on Stairs and Fire, accounting for 78% of all actionable hazards identified in licensed HMOs.

**‘Excess Cold’, ‘Falling on Stairs’ and ‘Fire’** are the most common hazards in licensed HMOs are

The figures above concerning licensed HMOs with significant health and safety hazards can be split into geographical locations. When looking at the proposed additional licensing area (Oldfield, Westmoreland, Widcombe and small sections of adjoining Wards), 84 hazards have been identified in licensed HMOs in this area. These are broken down into the individual hazards shown in table 9 below.

**Table 9 Significant hazards identified in licensed HMOs in the proposed additional licensing area compared to significant hazards identified across all licensed HMOs in B&NES**

<b>Hazard identified</b>	<b>No. in proposed area</b>	<b>%</b>	<b>As % of all hazards in all licensed HMOs district wide</b>
EXCESS COLD	19	22.62	41.30
FALLING ON STAIRS	28	33.33	77.78
FIRE	21	25.00	50.00
FALLING BTW LEVELS	3	3.57	33.33
OTHER	13	15.48	50.00
<b>TOTAL</b>	<b>84</b>	<b>100</b>	<b>52.83</b>

Table 9 indicates that 84 significant hazards were identified in licensed HMOs in the proposed additional licensing area. One quarter of these were 'Fire' hazards and a third were 'Falling on Stairs' hazards. Table 9 also shows the percentage of significant hazards identified in the proposed area compared to the significant hazards identified over all licensed HMOs across the whole of Bath and North East Somerset. This indicates that the proposed area (mainly 3 Wards out of a total of 37 Wards) accounts for over 50% of all significant hazards identified. It also shows that over three quarters of all significant 'Falling on Stairs' hazards were identified in HMOs in the proposed area and half of all 'Fire' and 'Other' hazards (including electrical hazards, entry by intruders, personal hygiene etc.) were identified in HMOs in the proposed additional licensing area.

The 84 hazards identified were found across 54 licensed HMOs in the proposed additional licensing area. Moreover, 60% of all licensed HMOs with significant hazards were located in the proposed additional licensing area.

There are currently 181 licensed HMOs in the 3 Wards of Oldfield, Westmoreland and Widcombe. It is acknowledged that the proposed additional licensing area is slightly larger than these 3 Wards, however this would equate to around 25-30% of licensed HMOs identified with at least one significant health and safety hazard in this area.

If Housing Services assess hazards to be significant, appropriate action is then taken to address them with the landlord in order to reduce the hazards to an acceptable level through informal and formal requirements.

#### **4.2.2 Management issues identified and improved through mandatory licensing**

Since the introduction of mandatory licensing in 2006 up until the end of May 2012, Housing Services have issued 487 new licences and a further 134 renewals

(a total of 621 licences). Of these, 246 licensed properties have been required to improve their standards up to the minimum. This has been achieved through informal and formal requests for work. Therefore, out of the 621 licences issued, Housing Services have had to serve an additional 246 informal or formal notices.

Out of 621 licences issued, Housing Services have served an additional 246 informal or formal notices

Over 89% of all new licences issued were served with schedule 3 attachments (see table 10). A schedule 3 is a list of work specific to a property specifying works required in order to meet the licensing standards.

89% of all new licences issued were served with schedules of work

<b>Table 10 Data for new licences from the start of licensing in 2006 until end of May 2012</b>	<b>Numbers</b>	<b>%</b>
New licences issued (not including renewals)	487	100.0
New licenses issued with Schedule 3's attached	434	89.1
Individually licensed properties with Schedule 3's attached (based on properties, not licenses issued)	375	77.0

The [licensing standards](#) have been applied in order to meet minimum management requirements for HMOs, and these are required of landlords through schedule 3 of each licence. The requirements added to the schedule of works ensure that adequate bathroom and kitchen facilities are provided for the number of occupants, that there is enough space for occupants in terms of room sizes, that fire precautions are of a minimum standard and where necessary sufficient heating is provided. By ensuring all schedule 3 works are completed to meet the licensing standards, in this regard a landlord is able to demonstrate good management.

Each HMO which had a schedule of works attached had on average 3 separate conditions applied. The conditions applied were made up of the following areas of work as shown in table 11.

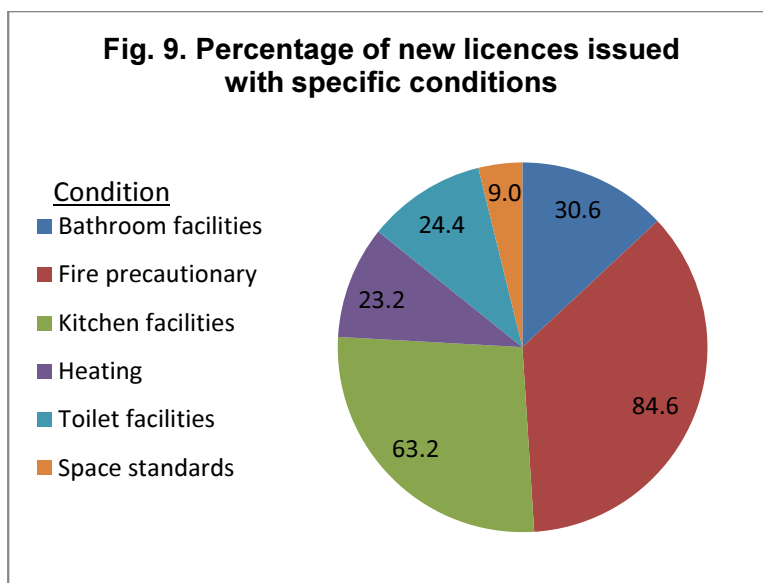
<b>Table 11 Contents of schedules 3s attached to mandatory licences</b>			
<b>Schedule 3 condition</b>	<b>No.</b>	<b>As a % of all conditions</b>	<b>% of new licences issued with the condition</b>
Bathroom facilities	149	13.0	30.6
Fire precautionary	412	36.0	84.6
Kitchen facilities	308	26.9	63.2
Heating	113	9.9	23.2
Toilet facilities	119	10.4	24.4
Space standards	44	3.8	9.0
*Total	1145	100.0	

\* The total does not include the condition requiring wash hand basins in every bedroom which was an original licensing requirement. Following a change in legislation this condition was removed from the majority of licences issued.

The percentage of new licences issued with specific conditions is shown in figure 9.

**Of all the HMOs issued with a new mandatory licence...**

- 85% required fire precautions
- 63% required improvement to their kitchen facilities
- 31% required improvements to their bathroom facilities
- 24% required improvements to their toilet facilities
- 23% required heating improvements



Out of the 487 new licences issued, 412 were required to improve fire precautions in the property. This equates to 85% of all new licences issued requiring fire safety improvements.

The table below (table 12) shows a summary description of the conditions required in all the new mandatory licences issued by Housing Services.

Table 12 <b>Conditions required on mandatory licences</b>	
Conditions on mandatory licence	Description of works included
Nearly 85% required fire precautions	Fire blanket to the kitchen, fire door to the kitchen, install and maintain or upgrade a fire alarm system, providing emergency lighting, changing bedroom and front door locks
Nearly two thirds required improvements to their kitchen facilities	Safe and efficient layout, suitable dining area, sinks, mechanical ventilation, cookers, cupboard space, electric sockets, work tops, fridge, freezers, refuse facilities
Nearly one third required improvements to their bathroom facilities	Mechanical ventilation, additional shower room, additional bathroom
Nearly one quarter required improvements to their toilet facilities.	Additional toilet, separate toilet, wash hand basin to toilet
Nearly one quarter required improvements to their heating	Heating to the bathroom, bedrooms and/or living room
9% required changes relating to available space and occupancy	Increase room sizes (kitchen, bedrooms, living space) or decrease occupancy

### 4.3 Article 4 Direction consultation summary

On 31st May the Council issued a notice of its intention to implement an Article 4 Direction for the entire city of Bath in relation to Houses in Multiple Occupation. This brought with it a 7 week regulatory consultation period which took place between the 31st May – 20th July 2012. The following extract is taken from 'Article 4 Direction for Houses in Multiple Occupation in Bath, Draft Consultation Report, August 2012.'

The information below is taken from section 3 (public consultation overview) of the above report and considered relevant in respect of additional licensing. The whole report is not shown here, only the sections considered relevant to this document.

*A total of 359 responses were received to the Article 4 Direction consultation (although one was not registered as it contained racist comments). Only six of the responses were objections with the remaining responses in support of the Article 4 Direction and other measures to control HMOs in Bath.*

*The majority of the respondents were residents of Oldfield Park and Westmoreland. Some lower Weston and Widcombe residents also supporting the proposals. Other residents groups also replied in support.*

#### **Summary response**

*The consultation gained a significant level of support, particularly from residents for both the Article 4 Direction and additional licensing. The key issues raised by respondents in **support** of the Article 4 Direction are summarised below.*

Sections in red are considered especially relevant to additional licensing.

- Belief that there has been a significant increase in HMOs in Oldfield Park and Westmoreland over the last 10 years
- *Deterioration of appearance of properties is of concern*
- *Rubbish and recycling is considered to be a major issue related to HMOs – with spilt refuse being unsightly and attracting pests and with recycling receptacles blocking pavements*
- Many residents felt that students and young people in HMOs add vibrancy to the area but they also felt that HMOs are now beginning to dominate
- Many were concerned that families and young people looking to buy or rent property are being priced out by HMOs
- It is felt that non-student HMOs lets are still needed
- Westmoreland and Oldfield Park has reached saturation point in terms of HMOs
- Increase in student numbers should be tackled to shot the demand for more HMOs in future.
- *Unkempt front and back gardens visually detracts from the area*
- *Late night noise and parties are associated with HMOs*
- *Irresponsible landlords and property owners are blamed for many of the issues*
- On-street parking pressure is cited as one of the biggest issues linked to HMOs
- In the longer term it is felt that the concentration of HMOs will effect local schools as families are displaced

- Impact on facilities – take away and letting agencies are replacing local convenience shops on Moorland Road
- *Moving in and moving out at each side of the student term are the main times of the year when there are problems*
- Sense that the Article 4 Direction will improve the quality of these neighbourhoods and help to bring back the sense of community
- Still support the proposals although consider that this might suppress existing value of family houses as they no longer have potential sales value of an HMO property
- There should be more student accommodation on campus and in specialist units (as on the Lower Bristol Road)
- In the summer the area is too quiet with many houses remaining empty
- Universities should take more responsibility for housing their students
- *There is a problem with HMO dwellers living in garages (Lorne Road, Westmoreland) and in areas of Widcombe*
- *There is a view that HMOs are often over-occupied with extensions and loft conversions to fit extra people in the houses*
- Many residents report that they live on streets with over 50% or perhaps more HMOs
- *Belief that other approaches (such as voluntary accreditation) have failed to resolve the issues and concentrations of HMOs and associated issues have increased*
- Issues related to HMOs in Lower Weston are also raised
- Sensible balance between different housing types needs to be resumed
- *More direct ways to contact Landlords would be useful*
- *Landlords must be made responsible for property standards*
- Less issues presented by Halls of Residence where they can are management and other controls
- Rapid increase in HMOs is noted
- *Many residents feel that greater control and professional management of HMOs is essential*
- Estate agents “to let” signs are used as free advertising and should be restricted
- Residential parking permits would help

The key issues raised by respondents in **objection** to the Article 4 Direction are summarised below.

<b>Objector</b>	<b>Summary Response</b>
National Landlord Association	<ul style="list-style-type: none"> <li>• Article 4 Direction should be the option of last resort</li> <li>• Believe that the creation of a small HMO is not a material change of use compared to a family house (citing appeals)</li> <li>• <i>Limiting the number of HMOs will have a negative impact on accommodation for young people on low incomes</i></li> <li>• <i>They cite a whole raft of existing statutory powers that can be used to control anti-social behaviour</i></li> <li>• Considerable need for rental accommodation in Bath because of high demand for housing</li> <li>• Will have a distorting impact on housing market as properties in existing HMO use will be regarded as premium investment assets</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>The Council should engage further with local landlords</i></li> </ul>
Residential Landlords Association	<ul style="list-style-type: none"> <li>• Repeat that they have already submitted a document entitled “The Case Against Article 4 Directions”</li> <li>• As yet not one of the 35 local authorities who have made these directions have made any changes as a result of the confirmation procedures</li> <li>• They will scrutinise any relevant planning policy</li> </ul> <p>The key reasons for opposition already cited in their paper are:</p> <ul style="list-style-type: none"> <li>• <i>HMOs play a vital role in providing housing for students and working people.</i> Alternative living arrangements for these people should be considered in the absence of HMOs.</li> <li>• The impact of the Article 4 will be felt by local residents as properties will be worth less after the Direction is in place</li> <li>• <i>Restricting HMO supply will force up rents</i></li> <li>• Resultant planning applications can trigger no fee and this is therefore expensive for Council's to implement</li> <li>• Displacing HMOs to other areas will bring new problems</li> <li>• <i>Existing powers for dealing with issues such as antisocial behaviour should be used first</i></li> <li>• The Article 4 is not enforceable in reality as there is often no real change of use between a family house and an HMO</li> </ul>
Mr N Smith	<ul style="list-style-type: none"> <li>• Opposed on the basis of cost to the Council of implementation</li> <li>• Considers there is no evidence of harm caused by HMOs that has been presented by the Council to justify the approach</li> <li>• Believes that the Feasibility report is biased and written with a pre-supposed outcome</li> <li>• <i>B&amp;NES is targeting the most disadvantaged (lower paid workers, singles on housing benefit, asylum seekers) who are likely to be displaced further from the city centre thereby increasing the social divide</i></li> <li>• Planning policy is a blunt instrument to deal with the issues - enforcement and action around community cohesion is recommended instead</li> <li>• <i>HMOs are not the main cause of anti-social behaviour</i></li> <li>• <i>The B&amp;NES Accreditation licencing scheme should be enhanced instead</i></li> </ul>
Mr A. Masters – Bath University Student	<p><i>On balance considers other measures to control anti-social behaviour should be employed rather than Article 4 Direction with Policy and Additional Licencing. Suggests further monitoring and more on campus student accommodation and later re-evaluate the need for an Article 4 Direction.</i></p>
University	<ul style="list-style-type: none"> <li>• Both are opposed to an Article 4 Direction for HMOs in Bath –</li> </ul>

<p>of Bath Student's Union and Bath Spa University Student's Union</p>	<p>many of membership are reliant on HMOs in order to live in Bath</p> <ul style="list-style-type: none"> <li>• <i>There is no sustained argument as to why people living in HMOs are any worse than those in regular houses</i></li> <li>• There has been no proof that high concentrations of HMOs are a problem apart from rising house prices</li> <li>• Assert that the Article 4 Direction is not justified</li> <li>• <i>Planning controls will not address the problems associated with inefficient management of HMOs</i></li> <li>• An Article 4 Direction will restrict the ability of the Housing Market to respond to local needs</li> <li>• <i>Believe that all other options have not been tried</i></li> <li>• <i>Equalities impact assessment shows that some groups are more adversely affected this contravenes B&amp;NES equal opportunities policy</i></li> <li>• Financial implications of implementing the Article 4 Direction and associated policy are highlighted as being very costly</li> <li>• Objections raised by the Bath Chamber of Commerce to the introduction of an Article 4 Direction are highlighted</li> <li>• Conflicts with the Council's strategy of increasing graduate retention</li> <li>• Practical issues with implementation in relation to transport need further consideration. Students rely on public transport access to dedicated services to the Universities is important in deciding where to live. There is already a bottleneck at the city centre at peak times and further dispersal of HMOs will exacerbate this problem. Travelling home at night is also a consideration and students prefer to be on the main bus routes.</li> </ul>
<p>Cllr Nicholas Coombes</p>	<ul style="list-style-type: none"> <li>• In principle objection that restriction in converting between family house and a small HMO implies that the latter is less desirable, not all HMOs cause issues.</li> <li>• <i>Restricting the supply of HMOs will allow existing HMOs to fall in quality. This is counter-productive in terms of improving areas with concentrations of HMOs.</i></li> <li>• <i>It is not retrospective so it will not lead to improvements or reduction in concentrations of HMOs in areas with existing high HMO concentrations</i></li> </ul>

A full schedule of all of the comments made is available as a background paper to this report.

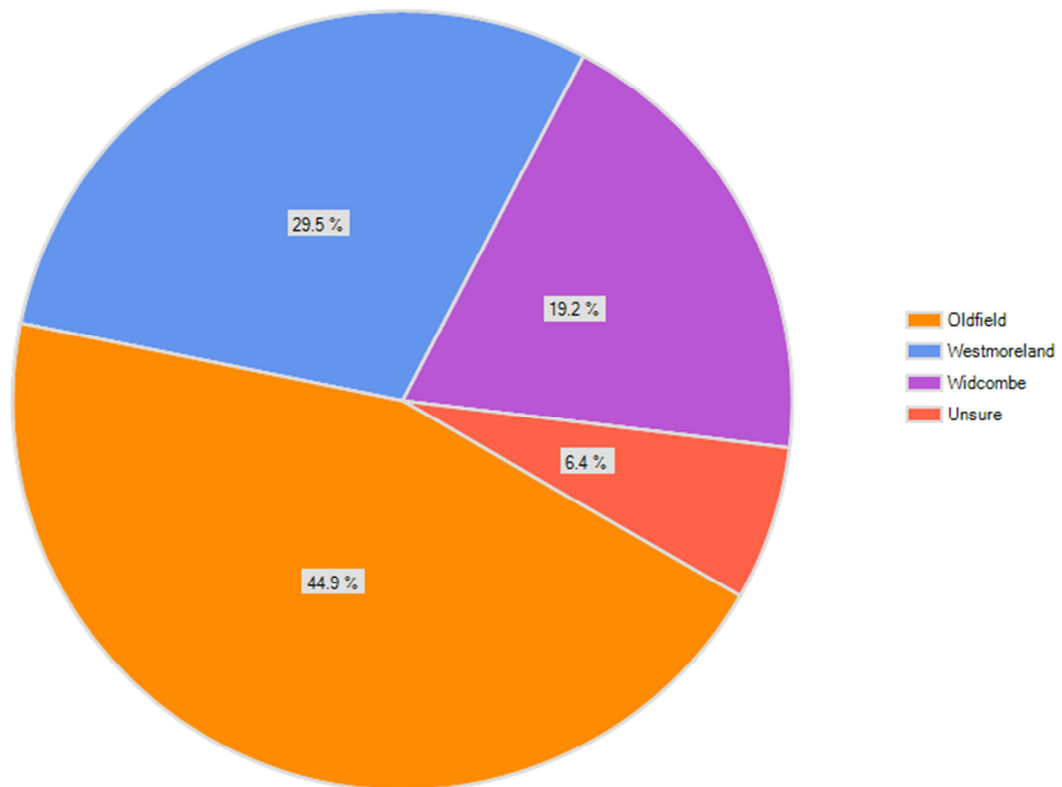
#### 4.4 What are occupants of HMOs telling us?

Housing Services sent out survey forms to all HMOs on their database in the Wards of Oldfield, Widcombe and Westmoreland. The survey was sent out on the 26<sup>th</sup> May 2012 and responses were accepted until the 22<sup>nd</sup> June 2012. A summary of responses from the Bath & North East Somerset, HMO Residents survey (2012) is shown below.

The majority of HMOs that Housing Services know about and surveyed, are as a result of various interventions such as mandatory HMO licensing, accreditation, complaint visits and proactive inspections as well as historical knowledge.

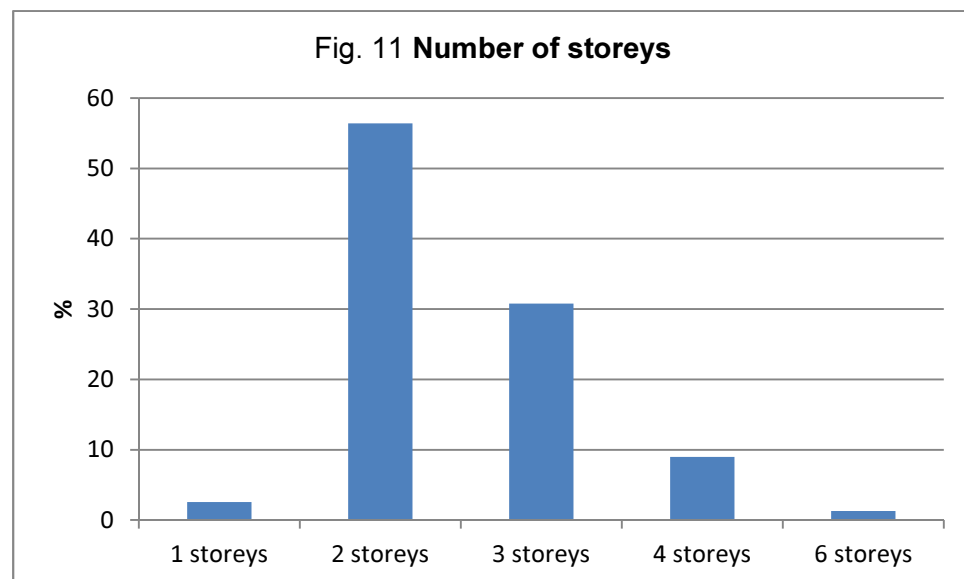
Responses were received from the following Wards as shown in figure 10 below.

Fig. 10 Which ward do you live in?

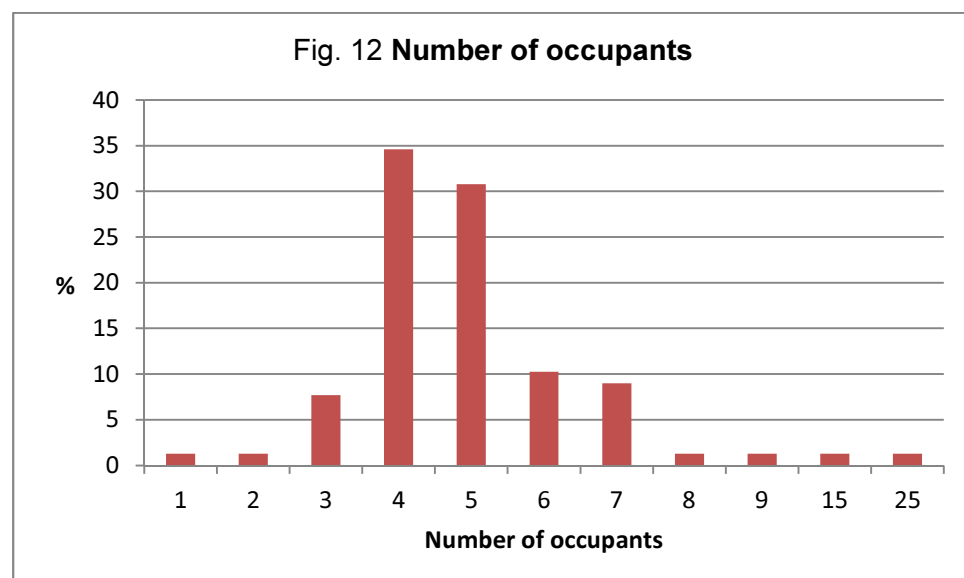


## Size of HMOs

The number of storeys varied between 1 and 6 floors as shown in figure 11 although the results were as expected with the majority of HMOs being 2 or 3 storeys high.



As expected the majority of HMOs had 4 to 7 occupants as shown in figure 12. However, some larger properties were identified including one with 15 occupants and one with 25. Two forms returned indicated there were only 1 and 2 occupants in the premises. These properties would not be classed as HMOs under the Housing Act 2004 unless these were occupants of a flat within a larger HMO. Of the survey forms returned, 73% would not fall under the mandatory licensing scheme.



## **Occupancy and bedrooms**

The majority of returned survey forms indicate that there was one person per room. However, a small number (6%) show that at least one bedroom is occupied by more than one person. This is not necessarily a problem if a room is occupied by a cohabiting couple for example. The mandatory licensing standard states that there should not be any obligate sharing of bedrooms.

## **Sanitary and bathroom facilities**

The results indicate that the majority of properties had suitable toilet and bathroom facilities. However, a small number (5% and 6%) appeared to have inadequate numbers of toilets and baths/showers respectively for the number of occupants. This could be addressed through licensing.

## **Fire safety**

Nearly one quarter of respondents (23%) reported not having a fire blanket in their kitchen. This is a standard recommendation by the Council and Avon Fire and Rescue Service. This is in line with national fire safety guidance and is a requirement of mandatory licensing. Having a fire blanket in the kitchen will allow occupants to quickly and safely contain a fire to prevent it spreading out of control.

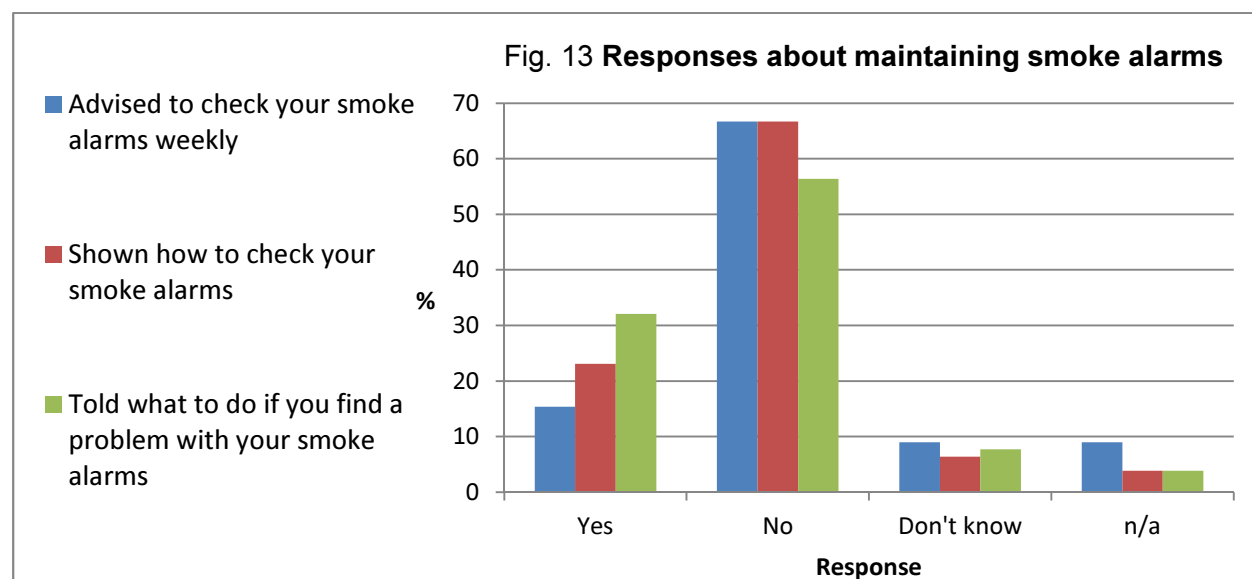
The majority of respondents (82%) reported that they did not need a key to unlock their front door from the inside. The remaining 18% required a key to unlock their front door from the inside, potentially delaying their escape. Being able to unlock your front door from the inside without the use of a key is another standard fire precaution which enables occupants to escape premises quickly and safely in the event of a fire or other emergency. This is a requirement of mandatory licensing.

Government advice is that you are more than twice as likely to die in a fire at home if you haven't got a working smoke alarm (Directgov, 2012). Reassuringly 95% of respondents reported that they had working smoke alarm(s) in their home which was very positive and demonstrates the hard work and promotion by the fire authority and the Council as well as good awareness from tenants and landlords. This figure is comparable to the B&NES Private Sector Housing Stock Condition Survey (ORS, 2012) which estimates nearly 97% of HMOs in B&NES have some form of smoke detection.

Battery operated smoke alarms have a 45% failure rate (ODPM, 2006)

Of those that answered 'yes' to having working smoke alarm(s), over a quarter (27%) had just battery operated alarms. This is again comparable to the B&NES Private Sector Housing Stock Condition Survey (ORS, 2012) which estimates 24% of HMOs only have battery detectors. Battery operated smoke alarms as the only form of fire detection in HMOs are not an appropriate fire safety measure and have a 45% failure rate (ODPM, 2006). In addition, 37% of respondents did not know whether their alarms were just battery or mains wired indicating a lack of knowledge and understanding by tenants.

Figure 13 shows further responses received in relation to management and ensuring the operation of smoke alarms.



This graph (figure 13) indicates that the majority of respondents (two thirds) were not advised by their landlords to check their smoke alarms weekly, something which is standard government advice (Directgov, 2012). The majority of respondents (two thirds) were also not shown how to check their smoke alarms and over half were not told what to do if there is a problem with the alarms.

## Gardens

The survey asked respondents whether their landlord maintains their garden or yard. Not all HMOs have a garden or outside space and indeed the question was only applicable to 90% of respondents. 57% of these respondents, who the question was applicable to, indicated their landlord does not maintain their garden or yard (this represents 40 respondents).

The survey also asked respondents if they were provided with the equipment to maintain their garden. In the 57% of cases where the landlord does not maintain the garden, 65% (26 respondents) indicated that they were not provided with the equipment to maintain their garden themselves. This suggests that 65% of HMOs with a garden (37% overall) are likely to have poorly maintained outside space because the landlord does not maintain it and the occupants have not been provided with the equipment to do it.

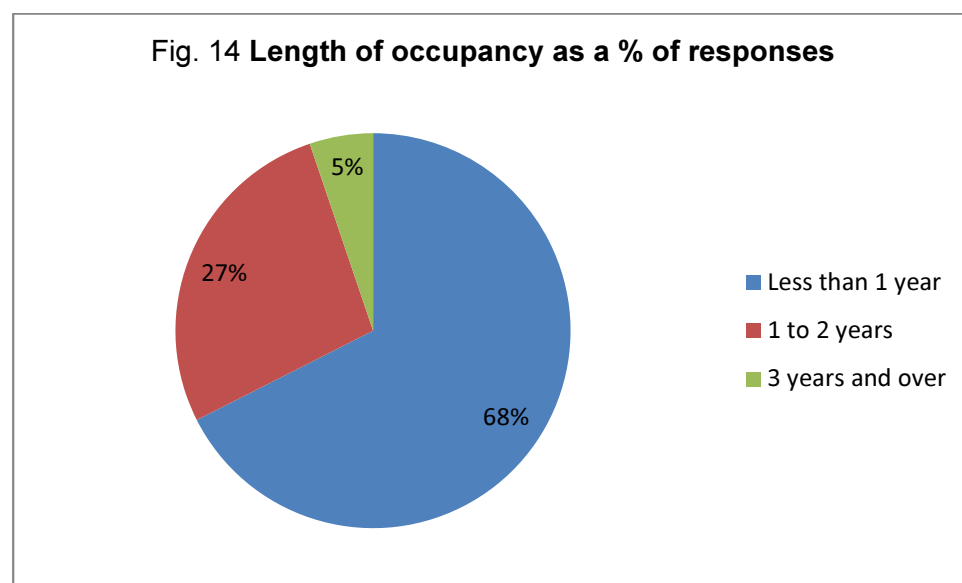
## Waste and recycling information

Occupants were asked if they were told about refuse and recycling collection days when they moved in. Over two thirds (69%) reported that they were which shows a clear message is being provided by landlords, agents and also through the property

accreditation scheme. However, the responses also indicated that over a quarter (26%) were not informed about refuse and recycling and a further 5% did not know whether they had or had not been informed. This suggests that the occupants of nearly one third of the HMOs surveyed, were not given a clear message on recycling and refuse collections when they moved in to their home.

This can be considered with other responses from the survey which indicate that 95% of respondents have lived in their current home no longer than 2 years (see figure 14) and nearly two thirds of landlords visit their properties every 3 months with 80% visiting their properties at least every 6 months.

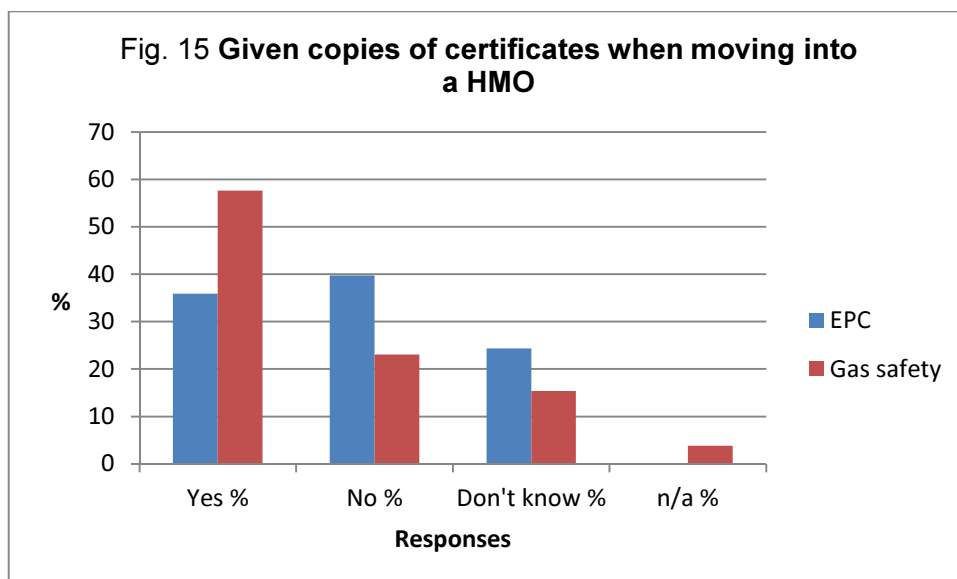
### Length of occupation



### Provided with certificates when moving in

The survey asked respondents if they were given energy performance certificates (EPC) and gas safety certificates when they moved in.

Figure 15 shows the responses received and indicated that 40% of respondents were not given a copy of the EPC when they moved in and nearly a quarter weren't given a copy of the gas safety certificate when they moved in.



It is a requirement under The Gas Safety (Installation and Use) Regulations 1998 that a copy of the gas safety certificate is provided to tenants.

From 1st October 2008, landlords had to provide a free copy of the energy performance certificate to new and prospective tenants. Existing tenants at 1<sup>st</sup> October 2008 are not entitled to one unless they renew their lease. Most respondents to this survey (see figure 14) have only lived in the property for a maximum of 2 years so should have received a copy of the certificate.

### **Repair issues and landlord contact details**

Over three quarters (77%) of respondents indicated that when they moved in, they were informed what to do if their home needed a repair. This is positive for tenants and shows that landlords are thinking ahead and planning for repair issues as and when they are required.

The survey also asked respondents whether they were provided with 24 hour contact details for their landlord. Nearly three quarters of respondents (72%) indicated that they were provided with the details for their landlord which again is very positive. However, nearly one quarter (23%) said that they were not given 24 hour contact details for their landlord. This suggests that in an emergency where the health and safety of tenants may be affected such as a major electrical fault or blocked WC, the occupants would not be able to quickly raise their concerns to enable the landlord to quickly organise a repair. The remaining (5%) did not know either way. Under the West of England Good Management Code of Practice which all licence holders (in the mandatory licensing scheme) are required to sign up to, landlords are required to carry out repair and maintenance in time periods appropriate to the severity of the problem and carry out emergency repairs within 24 hours. Signing up to the code is a likely condition for all discretionary licensing if it were to come in.

## Being a good neighbour

Respondents were asked whether they were advised by their landlords to be courteous to their neighbours. Less than half (49%) said that they were given this advice when they moved in, 42% said they were not and the remaining 9% said they did not know. Also, under the West of England Good Management Code of Practice which all licence holders (in the mandatory licensing scheme) are required to sign up to, landlords are required to “...take reasonable steps to minimise any nuisance, alarm, harassment or distress that may be caused to neighbours...”.

## Satisfaction

Respondents were asked overall, how satisfied they were with their home and how satisfied they were with the management of their home.

As can be seen from the responses in table 13 and 14, more than two thirds of the respondents were very or fairly satisfied with their home. 18% were fairly or very dissatisfied. The responses followed a similar pattern for management where just under two thirds were very or fairly satisfied. However, nearly a quarter of respondents were either fairly or very dissatisfied with the management of their home.

Table 13 Overall, how satisfied are you with your home?

Answer	Response
Very satisfied	26.9%
Fairly satisfied	42.3%
Neither satisfied or dissatisfied	12.8%
Fairly dissatisfied	12.8%
Very dissatisfied	5.1%
Don't know	0.0%

The survey also asked respondents how satisfied or dissatisfied they were with the facilities in their home, the information provided by their landlord or agent and that their home provided a safe and healthy place to live. Most respondents (shown in table 15)

Table 14 Overall, how satisfied are you with the management of your home?

Answer Options	Response
Very satisfied	33.3%
Fairly satisfied	28.2%
Neither satisfied or dissatisfied	14.1%
Fairly dissatisfied	14.1%
Very dissatisfied	10.3%
Don't know	0.0%

indicate that as occupants of HMOs they are either very or fairly satisfied with all three areas.

However, a sizeable proportion of respondents were dissatisfied with all three areas questioned on. Most noticeably, regarding information provided by landlords and agents where nearly 20% were neither satisfied nor dissatisfied and a further 22% were either fairly dissatisfied or very dissatisfied.

**Table 15 How satisfied or dissatisfied are you with each of the following?**

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
Facilities in your home	22.1%	50.6%	10.4%	7.8%	7.8%	1.3%
The information provided by your landlord/agent?	25.6%	30.8%	19.2%	12.8%	9.0%	2.6%
That your home provides a safe and healthy place to live?	26.9%	42.3%	9.0%	7.7%	12.8%	1.3%

The survey also asked respondents how well informed they felt about recycling, waste collections, Council services and complaining about the condition of their property (see table 16 below). More than 80% of respondents felt very or fairly well informed about recycling and household waste collections. This was very positive but also interesting when considered against one of the common complaints from local residents concerning waste being left out on the wrong day and waste being left in gardens. Regarding Council services, only a third of respondents felt very or fairly well informed compared to 59% feeling not very well informed or not well informed at all. In addition, 56% felt not very well informed or not well informed at all about complaining about the condition of their property.

**Table 16 How well informed do you feel about each of the following?**

	Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know
How and when to recycle	53.8%	29.5%	7.7%	7.7%	1.3%
Household waste collection	53.2%	27.3%	11.7%	5.2%	2.6%
Council services	11.5%	23.1%	34.6%	24.4%	6.4%
How to complain about the condition of your property	26.0%	13.0%	24.7%	31.2%	5.2%

## Comments about living in a HMO

The final part of the survey asked respondents if they had any other comments concerning their experience of living in a multiple occupancy home. The responses were a mixture of positive and negative comments as well as other experiences.

A summary selection of quotes and common themes is shown in table 17.

**Table 17 Do you have any other comments concerning your experience of living in a multiple occupancy home?**

*"There have been issues with the house for instance, the front door lock, leaking roof and pressure of the boiler and the job has never been fixed properly..."*

*"Told not to phone 24 hour contact number after 5pm or at weekends"*

*"My landlord is very kind but maintains the house to bare minimum, damp under floor, in bedrooms, in bathrooms, rats etc. all dealt with minimally."*

*"the kitchen is very damp and has a serious mould problem, which has repeatedly been mentioned to the landlord, but he has failed to do anything to improve it."*

*"Great landlady"*

*"the inefficiency of the gas boiler made our winter bill ridiculous..."*

*"...it would be useful for a service to be provided whereas first time shared household tenants could receive advice and guidance for future reference and knowledge."*

*"The landlord provides everything and we were well informed about all the different procedures. Have always had a good experience and the house is in good condition."*

*"HMO occupants are not treated with the same respect as family occupancy tenants and this needs addressing across the board."*

*"We have not been provided with adequate information regarding rubbish collection, recycling, council services."*

*"Our landlord is brilliant"*

*"landlord very efficient when problems arise"*

*"When homes are converted in HMO's one room is often not to the same standard as the other rooms."*

*"My private landlord has been excellent - flexible, communicative and helpful"*

12 Most common words and phrases

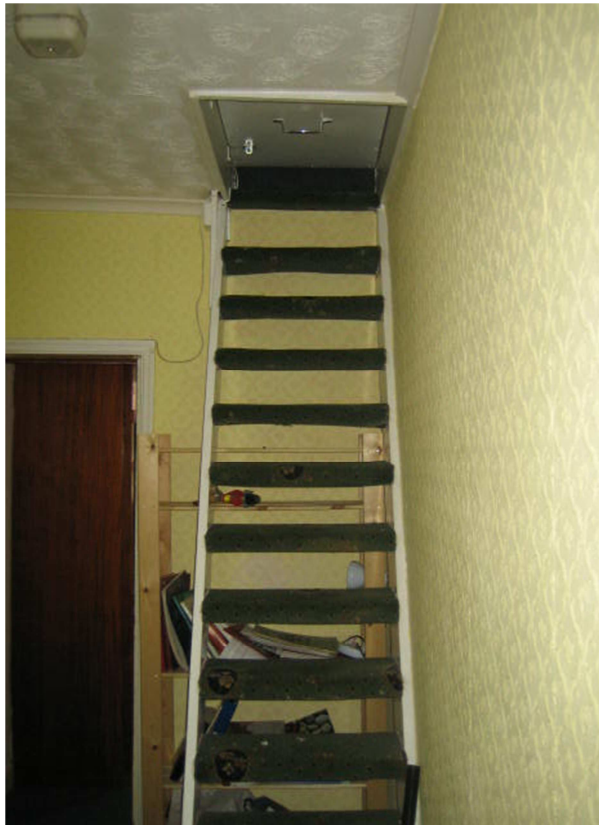
Charge Cheap Condition Jobs **Living Mould**  
Private Problems Property Room Rubbish Rules

Housing Services sent out survey forms to all HMOs in the Wards of Oldfield, Widcombe and Westmoreland as recorded on their database on the 17th May 2012. Out of the 1,158 survey forms sent out, 78 responses (7%) were received back. The response rate was low although not altogether surprising bearing in mind the time of year that the survey was sent out and the general response rate to unsolicited postal correspondence where no incentive or 'prize' is given.

## 4.5 Anecdotal evidence

### 4.5.1 Examples of poor practice

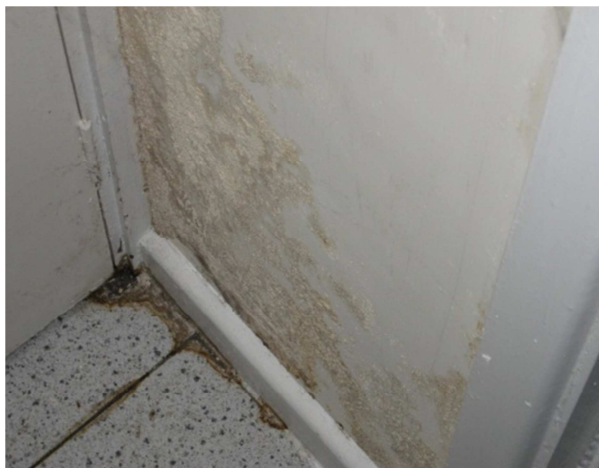
The photographs shown in this section were all taken by Housing Services officers during routine inspections of HMOs in Oldfield, Westmoreland and Widcombe.



Dangerous stairs



Damp



Damp



Unsafe light switch



Unsafe shower unit



Dangerous stairs



Broken sash window



Disabled smoke detector

## 4.5.2 Case studies

### HMO in Widcombe

#### Introduction

This property has been used as a HMO for many years and has been subject to many schedules of work and notices issued by the Council. The landlord has also been prosecuted by B&NES for housing offences. The property currently only has four occupants meaning that it does not come under the mandatory licensing scheme.



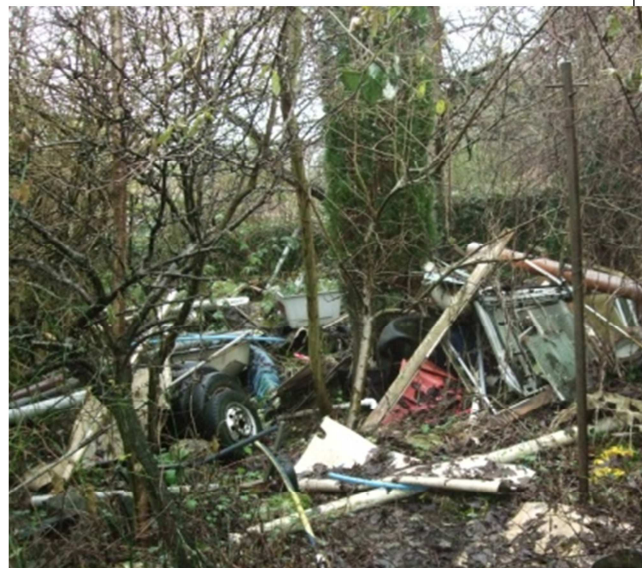
Ground floor hallway



Bedroom window

#### Main concerns

Fire safety, electrical hazards, damp, falls on stairs, untidy gardens, inadequate heating, poor windows, poor management, police involvement.



Rear garden

#### How would licensing help

The landlord is not fit and proper to manage a HMO so would be unable to be involved in the management or hold the licence. A suitable fit and proper person would have to take over the management of the property or the council could take the property over themselves. Conditions could be placed on the property to improve standards and the occupancy could be managed. The Council would be aware of the manager and ensure minimum standards are achieved.

## HMO in Oldfield

### Introduction

This property is being used as a HMO to house mainly migrant workers. The landlord has refused to engage with the Council and improve conditions. As a result the landlord has had notices served on him and has been prosecuted by the Council. The property currently has three to four occupants meaning that it does not come under the mandatory licensing scheme.



Blocked front drain



Damaged boiler with front panel missing

### Main concerns

Gas safety, fire safety, dangerous means of escape, electrical hazards, poor management, overcrowding, blocked drains, inadequate facilities

### How would licensing help

The landlord has shown a long history of non-compliance, not just with this HMO but also with several others he owns. The standards are generally poor and it is difficult to find out exactly who lives in the house as the occupants are transient by nature. By licensing this property we can be more confident of the number of occupants, limit occupation to an appropriate level and ensure conditions are met and standards are improved. We can also specify suitable amenities and facilities and ensure they are safe. Where necessary we can take stronger enforcement action and take the management of the property away from the owner.

## HMO in Westmoreland

### Introduction

It is difficult to establish how long this property has been used as a HMO. The owner has refused to accept that the property is a HMO despite multiple unrelated individuals found at the property and registering themselves at the address. The property is only two floors so is not included in the mandatory licensing scheme. One of the owners has been prosecuted in the past and continues to ignore requirements for work and formal notices.



Hole in kitchen ceiling stuffed with plastic bag



Front panel missing off oven

### Main concerns

Fire safety, multiple electrical defects and no mains earth, untidy garden, poor management, broken window, dangerous means of escape, broken kitchen appliances, hole in ceiling, structural damage, unconfirmed number of occupants and overcrowding.

### How would licensing help

Due to the history of non-compliance the owners fit and proper person status would have to be considered and possibly refused. The landlord may not be permitted to be involved in the management or hold the licence and would have to appoint a suitable fit and proper person to take over the management of the property or the council could take the property over themselves.

Conditions could be placed on the property to improve standards, limit occupancy and provide adequate facilities and amenities. Safety certificates would have to be provided and fire precautions would have to be maintained.

Where non-compliance continues enforcement would be quicker and easier and a greater incentive would be put on the manager to ensure compliance or face losing their business.



Fuse board, dated and no earthing

#### 4.6 Analysis of Article 4 Direction consultation summary, HMO Occupant Survey and Anecdotal evidence combined

Bath and North East Somerset has a large number of HMOs and the Wards of Westmoreland, Oldfield and Widcombe contain over half of the shared HMOs known to Housing Services. It is accepted that the number of actual HMOs may be far higher than Housing Services are currently aware of. The problems found in HMOs and those located in the proposed area including health and safety concerns and complaints are discussed in section 4.

The Article 4 Direction (A4D) consultation summary (section 5.3) indicates that the majority of respondents to this consultation were residents of Oldfield Park [Oldfield] and Westmoreland. Some Lower Weston and Widcombe residents also supported the proposals which in essence will introduce the requirement for planning permission to be obtained where there is a change of use from a family home to a shared HMO. The submissions to this consultation raise some points that are also relevant to the proposals for additional licensing. The common themes come out as being:

From the supporters of Article 4	poor appearance of properties, rubbish and recycling, unkempt gardens, noise, over-occupation, belief that other approaches (such as voluntary accreditation) have failed to resolve the issues, better management of HMOs needed.
From the objectors to Article 4	rents will increase, use existing/other powers, Council should engage further with local landlords, accreditation licencing scheme should be enhanced, people living in HMOs are no worse than other people, A4D will not improve ineffective management of HMOs, equality concerns, ASB will not be reduced, existing HMOs will not be improved

It is acknowledged that not all these issues can be tackled through additional licensing, but some of these aspects can be addressed through additional licensing conditions. The responses from the supporters of A4D, mainly residents indicate that HMOs in their area are being managed sufficiently ineffectively to give rise to problems which affect them.

Looking at the HMO occupants' survey, the response rate was low but gives an insight into how people perceive their housing and the management of their home. The results indicate that overall standards in HMOs are generally of an acceptable standard and perceived well by occupants.

Fire precautions are shown to be present in many HMOs. However, the standards in a significant proportion of cases were not in line with the minimum standards described in the National LACORS Housing - Fire Safety guidance (LACoRS, 2008). This is a concern when considered against the heightened risk of fire incidents in

HMOs in B&NES. A significant proportion of respondents also indicated that they were not given advice on maintaining and checking their smoke alarms (Figure 13).

Upkeep of gardens is a general resident concern highlighted in the A4D consultation (section 5.3) and the anecdotal evidence section (section 5.5). The survey indicates most HMO residents only live in the property for 1 – 2 years. It also shows that two thirds of residents of HMOs who have a garden and the landlord does not maintain it, were not provided with the equipment to maintain the garden themselves.

HMO residents generally indicated that they were informed about refuse and recycling collection days when they moved in, however a significant proportion were not. Having said that most generally felt very well or fairly well informed about how and when to recycle and household waste collection.

The majority of respondents were given a gas safety certificate and an energy efficiency certificate (EPC) when they moved in. However, a significant proportion of respondents were not given the certificates when they moved in, something which is a legal requirement.

Regarding repair issues, the majority of respondents knew what to do if their home needed a repair and had 24 hour contact details for their landlords. A significant proportion were less well informed.

On levels of satisfaction with various aspects of the HMO, whereas many HMO occupants felt satisfied with their home and the management of it, a significant proportion were not.

The additional anecdotal evidence in section 5.5 gives evidence of poor management practice showing that a proportion of HMOs are being managed ineffectively to give rise to problems for occupants of the HMOs as well as potentially for members of the public. Section 4.2.3 shows that ineffective management of HMOs is giving rise or likely to give rise to problems for members of the public and highlights local residents concerns.

The evidence above and throughout this report gives the indication that a significant proportion of the HMOs (to be included in the scheme) are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public. Therefore, on the basis of totality, despite widespread satisfaction there remains a sufficient number of concerns for occupants and members of the public to justify additional licensing.

It is the understanding of this authority that no relevant codes of practice have been approved under s.233 of the Housing Act 2004.

**In terms of other courses of action associated with HMOs in the proposed area:**

- Waste Services take a proactive approach at targeting problem areas and responding to complaints.
- Council Connect respond to complaints about domestic waste and street sweeping requests.

- Environmental Protection investigates incidents of statutory nuisance including noise and also investigates incidences where gardens may prove detrimental to the amenity of the local area.
- Housing Services have run a voluntary accreditation scheme (section 5.1) for many years and undertake proactive and reactive enforcement of housing standards. Housing Services also target empty homes, facilitate and fund energy efficiency improvements and deal with homelessness prevention.
- In a 2 year period from December 2010 until December 2012 Housing Services have served 94 informal notices, 41 formal notices, given 5 formal cautions and have taken 4 successful prosecutions.
- Housing Services work in close partnership with Avon Fire and Rescue Service to improve fire safety in residential accommodation, primarily HMOs and share good practice with the West of England Local Authorities.
- The Council jointly with the City's two universities have a Community liaison officer, there is also a Student Community Partnership involving local stakeholders.

#### **4.7 Alignment with other strategies and initiatives**

Additional licensing is consistent with the following agendas and strategies:

- Following local housing allowance changes, there is an expected increase in the number of individuals requiring HMO accommodation in order to avoid homelessness. Within the selected area shared house and bedsit HMOs will be improved across the board to ensure minimum standards are achieved.
- Occupancy will be managed in all licenced HMOs to reduce the risk of overcrowding.
- By promoting and informing managers and occupants about recycling and rubbish arrangements, additional licensing in partnership with Waste Services will help contribute towards the council's vision of zero waste.
- Additional licencing will improve energy efficiency and contribute towards the corporate vision of low carbon communities by ensuring, where needed, energy ratings are improved.
- Occupants and managers will be made aware of their responsibilities towards reducing anti-social behaviour through licensing conditions.
- Additional licensing will promote working with landlords while taking a stronger position with those that don't engage with the Council.
- Additional licencing will complement the existing voluntary Accreditation scheme by building on the good practice developed through the scheme and bringing in a level playing field that doesn't just incorporate the 'good landlords' that volunteer to work with the council.
- Fire safety is an important issue and additional licensing will ensure minimum fire safety standards are achieved in consultation with Avon Fire and Rescue Service.
- Two of the key themes in the 'Housing and Wellbeing Strategy' are 'better homes' and 'happy and healthy lives'. Additional licensing contributes towards both of these by improving the quality and safety of significant numbers of rented homes.
- Additional licensing contributes towards the corporate vision in a number of ways by improving standards for potentially vulnerable individuals and households.

Good housing will contribute towards people fulfilling their potential, leading happier and healthier lives, increasing their prospects for the future and improving communities and neighbourhoods.

#### **4.8 Conclusion**

The evidence above and throughout this report gives the indication that a significant proportion of the HMOs (included in the proposed scheme) are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public. Therefore, on the basis of totality, despite widespread satisfaction there remains a sufficient number of concerns for occupants and members of the public to justify additional licensing.

## 5. References

- Article 4 Direction for Houses in Multiple Occupation in Bath - Draft Consultation Report, August 2012 (Bath & North East Somerset Council)
- Bath & North East Somerset Council, Article 4 Direction for HMOs, Feasibility Study, ARUP, 2012
- Bath & North East Somerset Private Sector Housing Stock Condition Survey, ORS, 2012
- Bath & North East Somerset, HMO residents survey, 2012
- Building Research Establishment (BRE) Models, cited in B&NES Private Sector Housing Stock Condition Survey, 2012
- Census 2011 First Release - Key findings for Bath and North East Somerset, <http://www.bathnes.gov.uk>, 2012, taken from [www.ons.gov.uk/census-2011](http://www.ons.gov.uk/census-2011)
- Communities and Local Government (CLG) publication, Fire safety in shared or rented accommodation, CLG, 2008
- Scottish Planning Series, CIRCULAR 8/2009: Houses in Multiple Occupation: Guidance on Planning Control and Licensing, Crown copyright 2009 (July 2009)
- DETR (1999), cited in DCLG, Evidence Gathering – Housing in Multiple Occupation and possible planning responses, Final Report, 2008
- Directgov, [http://www.direct.gov.uk/en/homeandcommunity/inyourhome/firesafety/dg\\_071751](http://www.direct.gov.uk/en/homeandcommunity/inyourhome/firesafety/dg_071751), 2012
- English Housing Survey (EHS), 2009.
- [Fire Kills Campaign, Annual Report 2010-11, CLG, 2011](#)
- [Housing Health and Safety Rating System Operating Guidance, ODPM, 2006](#)
- Joseph Rowntree Foundation, 2000
- [LACoRS Housing - Fire Safety, LACoRS, 2008](#)
- Office of National Statistics (ONS) – Mid-year population estimate, 2010
- Private Renting in Transition, Coventry, Chartered Institute of Housing, PA Kemp, 2004
- The Nature and Impact of Student Demand on Housing, Rugg, Rhodes and Jones, 2000
- Quality and Choice. A Decent Homes for All: A Housing Policy for England, DETR, 2000
- [West of England Fire Safety Protocol](#)
- West of England Private Sector Housing Stock Condition Survey, 2012.

## 6. Glossary

Accumulation	A collection or pile of discarded material, rubbish, waste or litter.
Additional licensing	A provision of the Housing Act 2004 which allows Local Authorities to require all or some of the HMOs in their area or part of their area to be licensed.
Article 4 Direction	This is a legal notice applied to a specific geographical area, and means that planning permission is required for types of development or changes of use, which would normally fall under permitted development (i.e. would not require express planning permission).
B&NES	Bath and North East Somerset Council
Category 1 hazard	A significant hazard to health and safety as defined by the Housing Health and Safety Rating System (HHSRS) which the Local Authority have a duty to take action on. Includes hazards bands A – C.
Category 2 hazard	A hazard to health and safety as defined by the Housing Health and Safety Rating System (HHSRS) which the Local Authority have the power but no duty to take action on. Includes hazards bands D – J.
Council, The	The Local Authority - Bath and North East Somerset Council
Hazard	As defined by the Housing Health and Safety Rating System (HHSRS) from Part 1 of the Housing Act 2004.
HMO(s)	House(s) in Multiple Occupation as defined by the Housing Act 2004.
Housing Health and Safety Rating System (HHSRS)	The method for assessing hazards to health and safety in residential dwellings from Part 1 of the Housing Act 2004.
Mandatory licensing	A mandatory licensable House in Multiple Occupation (HMO) is a HMO which has 3 or more floors and 5 or more occupants sharing facilities as defined by the Housing Act 2004.
Proposed additional licensing area	The area where additional licensing is being proposed, presently the Wards of Oldfield, Westmoreland and Widcombe and small parts of adjoining Wards which may include Abbey, Bathwick, Combe Down, Lyncombe, Odd Down, Southdown, Twerton.
Private Sector Housing Stock Condition Survey	A survey of house conditions across Bath and North East Somerset.

s257 HMO	A house in Multiple Occupation as defined by section 257 of the Housing Act 2004. A building converted entirely into self-contained flats where the conversion does not meet the requirements of the 1991 Building Regulations and less than one third of the flats are owner occupied.
Shared facilities	A bathroom, toilet or kitchen used by more than one household.
Shared HMO	A House in Multiple Occupation where the occupants share a bathroom, toilet or kitchen.
Ward	A political boundary as defined by Bath and North East Somerset Council <a href="http://www.bathnes.gov.uk/services/your-council-and-democracy/elections/ward-maps">http://www.bathnes.gov.uk/services/your-council-and-democracy/elections/ward-maps</a>
West of England (W of E)	The West of England partnership of local Authorities which includes Bath and North East Somerset Council, Bristol City Council, South Gloucestershire Council and North Somerset Council.