

Appendix 2

HOUSING SERVICES

EVIDENCE FOR AN ADDITIONAL LICENSING SCHEME FOR HOUSES IN MULTIPLE OCCUPATION IN BATH AND NORTH EAST SOMERSET



v2.1 - March 2013

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1 EXECUTIVE SUMMARY

The Council is considering whether there is a need to implement an additional licensing scheme for Houses in Multiple Occupation (HMOs) in Bath and North East Somerset. An additional licensing scheme would operate together with the current mandatory scheme, which only licenses larger HMOs in the area.

In order to justify having an additional licensing scheme for either the whole or part of the district, the Council must be satisfied that a significant proportion of HMOs in that area are being managed ineffectively and that this is likely to result in occupiers or members of the public experiencing particular problems. If it is, the Council must additionally be satisfied that no other effective course of action is available to it to tackle the problem.

The sorts of particular problems that are common in HMOs include increased fire risks, cold homes with inadequate energy efficiency measures, risk of falling on stairs and poor arrangements for storing and disposing of domestic waste. Areas with high concentrations of HMOs show a relationship with domestic waste complaints and requests for street sweeping.

HMOs are flats or houses lived in by three or more people from more than one household and are usually privately rented. These include shared houses and bedsit accommodation.

Over the last 10 years the private rented sector has dramatically increased, with a corresponding growth in the number of HMOs with shared facilities in the district. With an anticipated increasing demand for affordable housing it is likely that the number of HMOs will continue to grow.

The people that live in HMOs with shared facilities tend to be low-income households who are often young, single and transient in nature, including students. They also provide essential accommodation for vulnerable and otherwise homeless households who can't afford other private housing options. These type of tenants are likely to need strong and effective property management arrangements in order to support them in being good tenants as they may have less experience in running a home and less awareness of the impact of poor housing conditions and how their actions can impact on the local community. HMOs are often, therefore, lived in by the people who will benefit most from an effective good property management service provided by their landlords.

The Council improves HMOs in the private housing sector through mandatory licensing of larger HMOs and voluntary accreditation which both set reasonable standards for HMO landlords to comply with. The Council also proactively inspect properties and respond to housing condition complaints. The Council encourage and, if necessary, enforce reasonable standards of health and safety that protect the occupants. An additional licensing scheme would enable the Council to identify and improve HMOs that are not controlled and inspected under the current schemes.

Nearly half (46%) of the privately rented dwellings in Bath and North East Somerset are HMOs. Some of these are houses converted into non multiple occupancy flats but nearly 4,000 are HMOs with shared facilities. These HMOs are distributed throughout the district but are notably concentrated in the city of Bath and the three Wards of Oldfield, Westmoreland and Widcombe with a peripheral spread into neighbouring Wards.

Fewer than 400 HMOs are inspected and regulated under the mandatory licensing scheme. This means that around 90% of the HMOs with shared facilities in the district are not licensed and, many of these non-licensed HMOs are concentrated in the Wards of Oldfield, Westmoreland and Widcombe.

A recent survey of housing stock found that one in every eight HMOs in the Bath and North East Somerset area have at least one serious health and safety hazards and that HMOs in Oldfield Ward have significantly more of the most serious health and safety hazards than average over all sampled HMOs in the district. The survey found that in Oldfield Ward, one in three HMOs has a serious health and safety hazard. HMOs in Widcombe and Westmoreland did not show any significant difference. The survey also found that across the district as a whole, HMOs had a slightly lower rate of hazards than the other privately rented stock.

Of the 364 HMOs that have been subject to mandatory licensing, one in four have had at least one significant hazard, such as excess cold, fire risk and falling on stairs, that has needed to be remedied. It is estimated that the health and safety risk prevention of mandatory licensing has protected over 500 local residents from potential harms.

Within the Wards of Oldfield, Westmoreland and Widcombe, nearly one in three mandatory licensed HMOs have been assessed with a significant hazard(s) compared to one in five in the remaining Wards.

There are around 1500 properties in the Accreditation scheme which protects nearly 5,000 occupants. Nearly one third of these accredited properties have had to have remedial works to reach the minimum health and safety standard or higher. Landlord engagement has been very productive and demonstrated a willingness to provide safe and well managed homes. However, the scheme is voluntary and the rate of engagement has fallen in the last few years.

The evidence in Section 6 of the report includes consultation feedback from residents and HMO tenants as well as evidence from the Council's Housing Services who respond to complaints and inspect HMOs. 62% of HMO residents were very happy with the management of their home for example:

"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."

However, the Council receives more than 400 service requests relating to HMOs every year and some HMO tenants and residents have expressed serious concerns and experienced

disrepair and poor management that have put their health and safety at risk and caused community concern. 24% of HMO residents expressed dissatisfaction with the management of their homes, for example:

“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.”

Throughout this report the evidence, when viewed cumulatively, indicates that whereas a large number of occupants are content with their landlord’s management, a significant number of them are not and, in the absence of any other effective means of control, there is justification for a targeted additional licensing scheme.

The Council has implemented a number of different activities aimed at improving HMOs and reducing the negative impact of some HMOs. Additional licensing could compliment these activities and fit in with the Councils existing agendas and strategies. If an additional licensing scheme is introduced to cover HMOs with shared facilities in the proposed target area centred around Oldfield, Westmoreland and Widcombe, it is estimated that it could regulate up to 1,400 Houses in Multiple Occupation and identify up to 400 HMOs with a significant health and safety hazard affecting the health of up to 1600 potentially vulnerable people.

2 INTRODUCTION TO THE EVIDENCE REQUIREMENT

Houses in Multiple Occupation (HMOs) are buildings or parts of buildings which are occupied by three or more people from more than one household. These may be occupied as bedsits, shared houses, hostels or a combination of these. Some buildings converted into self-contained flats are also HMOs. The majority of HMO accommodation is privately rented.

In locations where property and rental prices are high such as Bath, HMOs provide essential accommodation for young professionals. However generally, occupiers of HMOs tend to be low-income households, mainly because they are either economically inactive, full-time students or working in low-paid jobs¹. These types of tenants are more likely to be vulnerable, have less financial backing and disadvantaged in the marketplace².

The number of young people aged 15-24 in Bath and North East Somerset has increased by 27% since 2001 and is higher than the national average³. It can be assumed that the demand for HMOs has increased alongside the changing demographics.

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 the LHA to designate all or part of their district to be subject to additional licensing for classes of HMOs specified by the LHA.

Following the introduction of a General Approval Order in March 2010⁴ 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 February 2010⁵.

The legislative requirement for additional licensing of HMOs will only allow the Council to implement a scheme if it can be shown that a significant proportion of the HMOs 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.

¹ DETR (1999), cited in DCLG, Evidence Gathering – Housing in Multiple Occupation and possible planning responses, Final Report, 2008

² Private Renting in Transition, Coventry, Chartered Institute of Housing, PA Kemp, 2004

³ Census 2011 First Release – Key findings for Bath and North East Somerset, www.ons.gov.uk/census-2011 (taken from www.bathnes.gov.uk [2012])

⁴ [The Housing Act 2004: Licensing of Houses in Multiple Occupation and Selective Licensing of Other Residential Accommodation \(England\) General Approval 2010](#)

⁵ Approval steps for additional and selective licensing designations in England, Department for Communities and Local Government, Revised edition February 2010.

3 CONTEXT OF HMOS

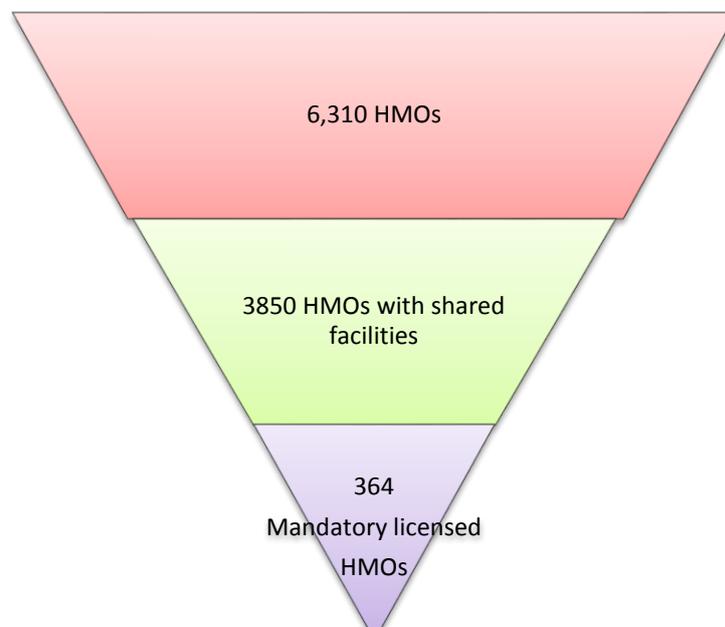
The total housing stock in Bath and North East Somerset is 77,530 with 18% (13,730) privately rented⁶.

This indicates the private rented sector in B&NES has increased significantly since the 2004 B&NES House Conditions Survey which estimated 10% of the stock was privately rented.

The 2001 Census put private rented tenure in B&NES at nearer 12%, compared to the 2011 Census which suggested an increase to nearly 17%. There is some disagreement on the absolute but nonetheless indicates a large increase in B&NES which is expected to grow further. For comparison, the 2011 Census puts private rented tenure at nearly 17% across England and Wales.

46% (6,310 dwellings or 4,420 buildings) of privately rented dwellings in B&NES are defined under the Housing Act 2004 as HMOs; this is three times the rate found in England⁶. 3,850 are HMO houses with shared facilities, the rest are houses converted into non multiple occupancy flats.

An HMO with shared facilities is a property where a group of people from different households share a bathroom or kitchen. Where 'HMOs with shared facilities' are referred to in this report, it should be taken as meaning all HMOs excluding section 257 HMOs⁷. Section 257 HMOs⁷ are buildings converted entirely into self-contained flats which do not meet the 1991 Building Regulations and less than two thirds of the flats are owner occupied.



⁶ B&NES Private Sector Housing Stock Condition Survey, Opinion Research Services, 2012

⁷ Housing Act 2004, Section 257

Through various initiatives such as mandatory licensing, voluntary accreditation, and reactive and proactive enforcement, Housing Services have become aware of around 3,500 HMOs (of which 1,800 have shared facilities)⁸ of the estimated total of 6,310⁶ and in many cases have improved standards of health and safety. Since the introduction of the Housing Act 2004 in 2006, Housing Services have identified 1,175 properties with significant health and safety hazards¹⁶ (up until September 2012). 38% of these were HMOs.

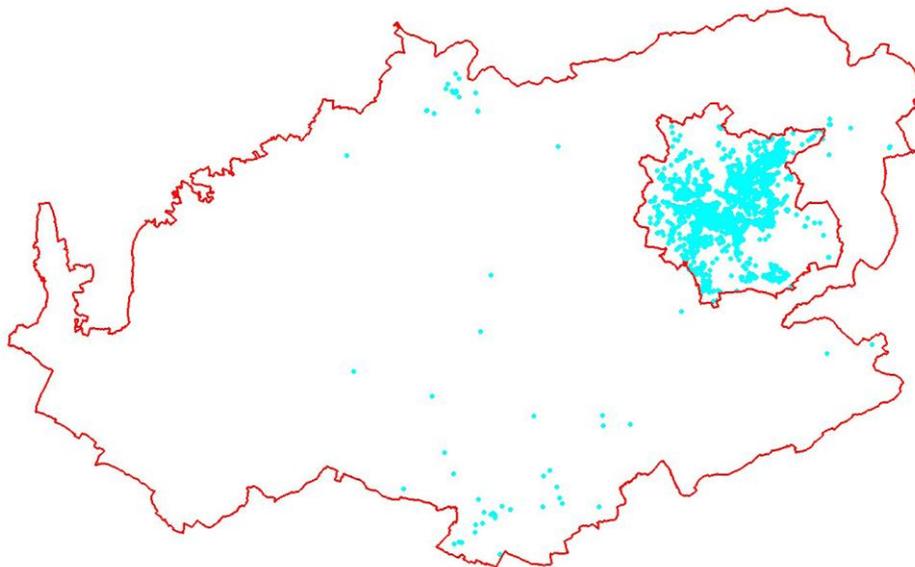
Only 364 HMOs are controlled by mandatory licensing⁸ (mandatory licensing is a statutory provision for larger HMOs with 3 or more floors and 5 or more occupants sharing facilities). Despite the improvements seen through the mandatory scheme and voluntary accreditation, the majority of HMOs remain non-licensable with less local authority control.

The B&NES Private Sector Housing Stock Condition Survey, 2012⁶ is a survey of house conditions across B&NES. The survey looked at 1000 private sector properties including 124 HMOs. The survey found that 12.2% of HMOs have the most serious health and safety hazards (known as category 1 hazards defined under Part 1 of the Housing Act 2004). This compares to 14.5% of the other private rented stock.

HMOs continue to take up a considerable council resource which is required to respond to and provide remedies for requests for service and to improve standards.

Figure 1 shows the location of known HMOs in B&NES, most of which are located within city of Bath.

Fig. 1 Location of HMOs in B&NES



⁸ Housing Services, March 2012

Table 1 shows that of the known HMOs with shared facilities, over 50% are located within the three Wards of Westmoreland (20%), Oldfield (16%) and Widcombe (15%) and that most of these are not covered by the mandatory licensing scheme.

Table 1 also compares the number of known HMOs in each Ward to the total number of households and shows that just over 12% of households in the three Wards of Westmoreland, Oldfield and Widcombe live in HMOs with shared facilities. The table also shows that around half of the 2,260 Council Tax Student Exempt properties in B&NES are located in the three Wards of Westmoreland, Oldfield and Widcombe.

Ward	HMOs*		HMOs* <u>not</u> covered by mandatory licensing	% of households that are HMOs*	Council tax student exemptions
	% of total	Number			
WESTMORELAND	20	356	291	16	408
OLDFIELD	16	287	233	13	323
WIDCOMBE	15	263	201	11	310
KINGSMEAD	10	180	141	7	244
WALCOT	6	113	101	4	135
NEWBRIDGE	5	93	70	4	62
ABBEY	5	86	67	3	268
LYNCOMBE	4	71	58	3	63
ODD DOWN	4	66	47	3	45
COMBE DOWN	3	46	42	2	58
TWERTON	2	43	41	2	50
LANSDOWN	2	41	33	2	91
LAMBRIDGE	2	40	37	2	19
SOUTHDOWN	2	35	32	1	50
BATHWICK	2	28	22	2	49
WESTON	1	13	13	1	21
Remaining 21 Wards	1	29	27	1.7	64

*Not including s257 HMOs⁷ (buildings converted into self-contained flats which don't meet the 1991 Building Regulations and less than 2/3 are owner occupied)

4 ENVIRONMENTAL AND SOCIAL IMPACTS OF HMOS

While many HMOs are well managed, a number do not meet minimum standards and present risks and concerns both for occupants and local residents.

FUEL POVERTY

The information below on fuel poverty is taken from the local housing stock conditions survey⁶.

In the 3 Wards with greatest numbers of HMOs with shared facilities known to Housing Services, 16-21% of private households are in fuel poverty.

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 (which is often related to an excess cold hazard) and are also generally occupied by people on low income and least likely to be able to afford improvements⁶.

The Housing Stock Condition Survey⁶ 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 health⁶.

Fuel poverty is in nearly all cases associated with residents on the lowest incomes, and this bears similarities to some typical occupants of HMOs. 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 fuel⁶.

The Building Research Establishment (BRE) Models⁹ and B&NES Private Sector Housing Stock Condition Survey, 2012⁶ 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 known HMOs, Oldfield and Widcombe Wards have the second and third highest numbers of known HMOs with shared facilities in the City. The Ward with the highest number of known HMOs with shared facilities 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.

⁹ Building Research Establishment (BRE) Models, cited in B&NES Private Sector Housing Stock Conditions Survey, 2012

This report is not suggesting there is a direct link between fuel poverty and HMOs but drawing attention to the circumstantial evidence.

FIRE INCIDENTS

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.

HMOs in B&NES have a higher risk of fire than single household properties.

The 'LACoRS Housing - Fire Safety'¹⁰ 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 risk¹⁰.

According to a Government publication¹¹, "*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. Since April 2006 until March 2012, Avon Fire and Rescue Service have also not recorded any dwellings fire fatalities in B&NES, although the Council are aware of a previous fire related death.



Disabled smoke alarm with the cover removed

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 tenures¹².

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

¹⁰ [LACoRS Housing - Fire Safety, LACoRS, 2008](#)

¹¹ Communities and Local Government (CLG) publication, Fire safety in shared or rented accommodation, CLG, 2008

¹² [Fire Kills Campaign, Annual Report 2010-11, CLG, 2011](#)

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 The B&NES Private Sector Housing Stock Condition Survey, 2012⁶.

Around 400 people die every year in accidental house fires. Risk of death is doubled if you do not have a working smoke alarm and faulty electrics cause around 7,000 house fires each year¹¹. In addition to this, battery smoke alarms have a 45% failure rate¹³. Over one quarter of occupants of HMOs in Oldfield, Westmoreland and Widcombe who responded to the B&NES HMO residents survey¹⁴, 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.

DOMESTIC WASTE AND 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. During the same period Council Connect received 3,313 requests for street sweeping. When specifically looking at the three Wards with the highest numbers of HMOs with shared facilities known to the Council (Oldfield, Westmoreland and Widcombe), in the same period a combined total of 228 domestic waste complaints and 537 requests for street sweeping were received. This averages out to be roughly 9 domestic waste complaints and 21 requests for street sweeping every month.

The total figures from Council Connect were then compared to HMOs known to Housing Services⁹ by Ward using linear regression models, which examine the likelihood of two factors being statistically related to each other.

Accounting for the impact of City Centre Wards, the R² correlation values suggest there is a relationship between both HMOs and domestic waste complaints and HMOs and requests for street sweeping. The Wards with the highest concentration of HMOs appear to be related to

¹³ [Housing Health and Safety Rating System Operating Guidance, ODPM, 2006](#)

¹⁴ Bath & North East Somerset, HMO Residents Survey, 2012

concerns of domestic waste being left out on the wrong day and an increased need for street sweeping.

Calls to Council Connect regarding both street sweeping and domestic waste follow a similar trend which 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 for example, 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*”.

CRIME, 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 city¹⁵. There is also no correlation between HMOs and ASB recorded for the financial year 2011-12.

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.

GARAGES CONVERTED INTO BEDROOMS

Concerns have been raised by some residents about the use of garages located at the end of back gardens being converted and used for living accommodation.

B&NES Housing Services are aware of at least two HMOs 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.

¹⁵ Bath & North East Somerset Council, Article 4 Direction for HMOs, Feasibility Study, ARUP, 2012

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.

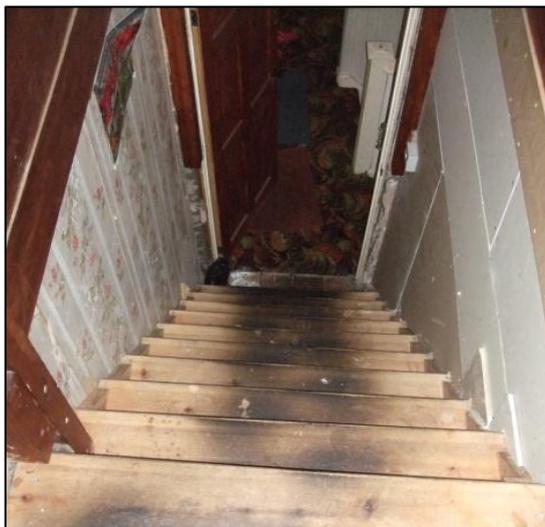
5 HAZARDS AND DEFECTS IDENTIFIED AND REMEDIED BY MANDATORY LICENSING AND ENFORCEMENT OF HMOs

The council operate a statutory Mandatory Licensing Scheme and a voluntary Accreditation Scheme to improve standards of health and safety for residents of HMOs. It also provides a reactive service that responds to complaints about HMOs and proactively inspects HMOs based on risk. HMOs not subject to licensing are likely to have similar incidence and types of hazards and defects to those that have been addressed by these services.

HEALTH AND SAFETY HAZARDS IDENTIFIED AND REMEDIED BY MANDATORY LICENSING

Mandatory licensing has provided a platform for Housing Services to proactively target, inspect and improve a number of larger HMOs in the district, some of which the Council had no previous record of. Through the mandatory licensing scheme Housing Services believe HMOs have been improved in terms of health, safety, welfare and management.

- 89% of all new licences issued were served with schedules of work
- 159 significant health and safety hazards identified through mandatory licensing
- 25% of Mandatory licensable HMOs had a significant health and safety hazard
- 'Excess Cold', 'Fire' and 'Falling on Stairs' are the most common hazards found in mandatory licensed HMOs



Dangerous stairs with no covering and no handrails increasing the risk of a fall

Table 2 shows that since mandatory licensing of larger HMOs became a statutory provision in 2006, Housing Services have identified 159 significant health and safety hazards¹⁶ in licensed HMOs (July 2006 until March 2012).

Hazard	Number identified	%
Excess Cold	46	28.9
Fire	42	26.4
Falling on stairs	36	22.6
Falling between levels	9	5.7
Other	26	16.4
Total	159	100

The three most common hazards identified in licensed HMOs and shown in table 2, were Excess Cold, Fire and Falling on Stairs (accounting for 78% of all significant hazards). Mandatory licensing has brought these properties and hazards to the attention of the Council so that appropriate action could be taken to make the premises safer and healthier.

The 159 significant hazards identified were spread over 90 different licensed HMOs. This indicates that out of the 364 mandatory licences⁸ currently in place, 25% have been identified with a significant hazard presenting a real risk to the health and safety of the occupants, estimated to be over 500 people potentially affected at any one time (based on an average of 6 occupants).

53% (84) of the significant health and safety hazards identified in mandatory licensed HMOs were from those HMOs located in the proposed additional licensing area[♦] (roughly 3 Wards out of a total of 37). The hazards were found in 54 mandatory licensed HMOs. This means that 60% of all licensed HMOs with significant health and safety hazards were located in the proposed additional licensing area[♦]. For comparison, out of the 364 mandatory licensed HMOs in place, 181 or 50% are located in the three Wards of Oldfield, Westmoreland and Widcombe⁸ (the basis of the proposed additional licensing area[♦]).

As mentioned above and shown below in table 3, the district average for licensed HMOs with at least one significant health and safety hazard is 25%. Table 3 shows that within the three Wards of Oldfield, Westmoreland and Widcombe, 30% of licensed HMOs have hazards(s) compared to the remainder of B&NES Wards which have only 20%. This indicates that the three Wards at the centre of the proposed additional licensing area have a higher rate of hazards when compared to the rest of the district.

¹⁶ Significant health and safety hazard defined by Housing Services as a band A-D hazard assessed using the Housing Health and Safety Rating System (HHSRS) under Part 1 of the Housing Act 2004. A-D hazards are those that are actionable under the Housing Services Enforcement Policy and present a significant risk to safety and health.

[♦] Proposed additional licensing area: Oldfield, Westmoreland, Widcombe and small sections of adjoining Wards including Bathwick, Lyncombe, Southdown and Twerton.

	B&NES Total	Oldfield, Westmoreland, Widcombe	The rest of B&NES
Licensed HMOs	100% (364)	49.7% (181)	50.3% (183)
Licensed HMOs with hazard(s)	25% (90)	29.8% (54)	19.7% (36)

MANAGEMENT DEFECTS IDENTIFIED AND REMEDIED BY 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).

Over 89% of all new licences issued were served with schedule 3 attachments (see table 4). A schedule 3 is a list of works required in order to meet the licensing standard.

	Numbers	%
New licences issued (not including renewals)	487	100.0
New licenses issued with Schedule 3's attached	434	89.1

The licensing standards¹⁷ have been applied in order to meet minimum management requirements for HMOs. 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. Landlords can show good management by meeting minimum requirements.

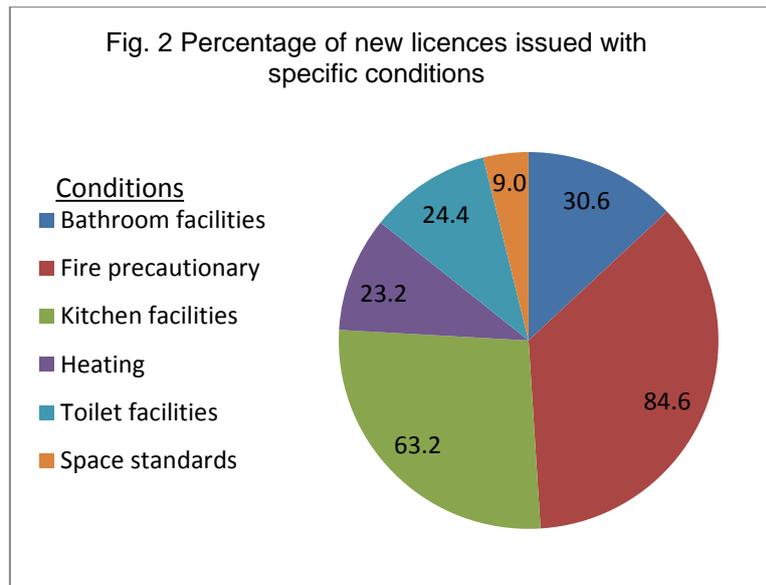
Each HMO which had a schedule of works attached had on average 3 separate conditions applied. The conditions applied were made up of the following areas of work as shown in table 5 and figure 2.

¹⁷ [The West of England \(WoE\) local authorities' standards for licensed Houses in Multiple Occupation \(HMOs\) under Part 2 Housing Act 2004 \(revised Sep 2010\)](#)

Schedule 3 condition	No.	As a % of all conditions	% of new licences issued with the condition	Description of works included
Fire precautionary	412	36.0	84.6	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
Kitchen facilities	308	26.9	63.2	Safe and efficient layout, suitable dining area, sinks, mechanical ventilation, cookers, cupboard space, electric sockets, work tops, fridge, freezers, refuse facilities
Bathroom facilities	149	13.0	30.6	Mechanical ventilation, additional shower room, additional bathroom
Toilet facilities	119	10.4	24.4	Additional toilet, separate toilet, wash hand basin to toilet
Heating	113	9.9	23.2	Heating to the bathroom, bedrooms and/or living room
Space standards	44	3.8	9.0	Increase room sizes (kitchen, bedrooms, living space) or decrease occupancy
*Total	1145	100.0		

* The total does not include the condition requiring wash hand basins in every bedroom which was an original licensing requirement. A change in legislation led this condition to be removed from the majority of licences.

Out of the 487 new licences issued, 412 (85%) were required to improve fire precautions in the property. Although licensing was a new concept in 2006, the need for fire precautions was nothing new to landlords and agents.



Separate enforcement action taken on mandatory licensed HMOs has also resulted in 246 informal or formal notices being served requiring works to improve the properties up to minimum standards.

Mandatory licensing has given Housing Services access to larger HMOs allowing substantial improvements to be made to management, welfare and safety. This is unlikely to have been achieved without the introduction of licensing or a similar mandatory scheme.

HAZARDS AND DEFECTS IDENTIFIED AND REMEDIED BY VOLUNTARY ACCREDITATION

By the end of the financial year 2011-12 there were around 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 (74) was 25% lower than in 2010-11 when there were 99. Reaccreditation was also down 18% during the same period from 941 to 770.

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 properties⁸ 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 notable success and has encouraged landlords to voluntarily improve their properties, exceed minimum standards and engage with the Council. However, the scheme has significant 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. The Accreditation standard is also higher than minimum enforceable standards, and landlords who can rent their properties regardless may view the cost of voluntary accreditation as a disincentive. 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 6.

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

Out of the properties currently in the Accreditation scheme (1,500), 471 (31%) have been required to carry out works 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 likely to be much higher. These are properties that may remain under the radar and may require intervention. Landlords who have

not already voluntarily engaged with the Council are unlikely to engage without an incentive or regulatory push.

HAZARDS AND DEFECTS REMEDIED BY REACTIVE SERVICE AND ENFORCEMENT

Housing Services often respond to complaints about property conditions with reactive enforcement actions.

- 38% of all HMO complaints to Housing Services originate from Oldfield, Widcombe and Westmoreland.
- HMOs account for 22% of all housing condition complaints.

B&NES Housing Services directly receive on average 350 property condition complaints every year. These are mainly associated with single households although a sizeable proportion are related to HMOs. Once a request for a service is received, the matter investigated and where appropriate a property inspection is carried out and work is required to make the home safer and healthier.

Table 7 shows the number of property condition complaints received related to HMOs and more specifically the HMOs located in the three Wards of Oldfield, Westmoreland and Widcombe.

Year	Complaints relating to HMOs		Complaints relating to HMOs in Oldfield, Westmoreland and Widcombe	
	Number	As % of total complaints	Number	As % of all HMO complaints
08/09	70	23%	25	36%
09/10	70	19%	28	40%
10/11	84	21%	27	32%
11/12	74	23%	31	42%
Ave.	75	22%	28	38%

HMOs account for 46% of dwellings in the district⁶ and an average of 22% of all housing condition complaints received. Although Housing Services are less likely to receive a

complaint about a HMO than a single household, the experience of Housing Services is that HMOs generally take up considerably more resources per property than other privately rented dwellings.



Broken sash window with a large gap allowing cold draughts into the home potentially leading to discomfort and respiratory and cardiovascular ill-health

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

Of the complaints received by Housing Services in relation to HMOs, an average of 38% were 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 (32%) 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. Targeting an area with a high concentration of HMOs will likely reduce complaints by proactively improving conditions and management.

Housing Services will only prosecute landlords as a last resort where all other means have been exhausted. In the 2 year period (December 2010 - December 2012) Housing Services have taken 4 successful prosecutions, all of which were in relation to HMOs located in the proposed additional licensing area*. Further prosecutions are expected early 2013.

Damp leading to mould and potentially mental and social health effects



Housing Services experience is that damp and mould is one of the most common complaints received, especially during the colder months as it can be linked to excess cold. Causes of damp and mould can relate to occupant behaviour as well as property related issues such as insulation, heating and ventilation provision. From 2010-2012 (financial years) Housing

Services received 120 damp and mould complaints, 33 (28%) of these were in relation to HMOs.

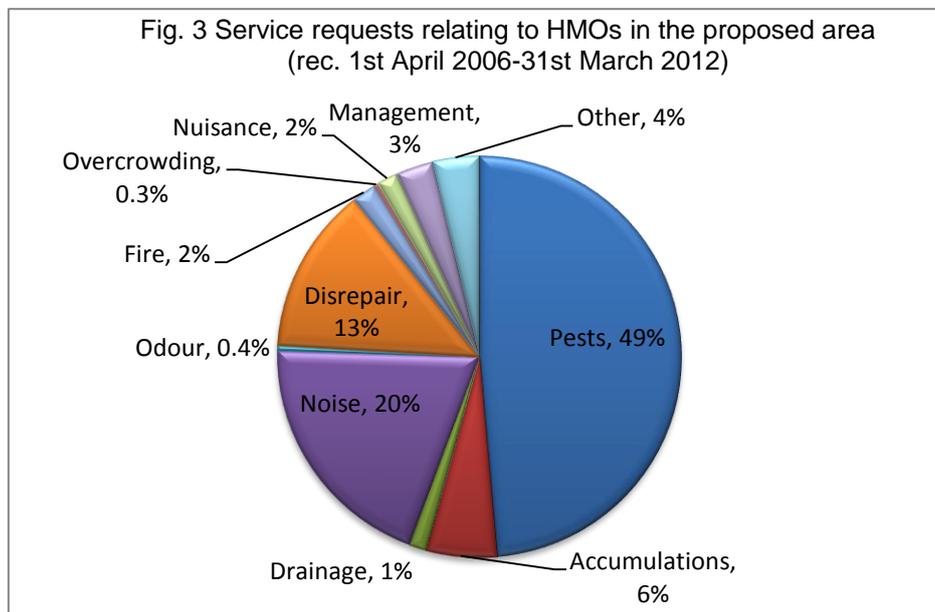
REGULATORY SERVICE REQUESTS

From the 1st April 2006 until the 31st March 2012, the Council’s regulatory services including Neighbourhood and Waste Services received 2,570 service requests related directly to the domestic use of HMOs¹⁸. This averages out to be 428 service requests per year requiring investigation and allocation of resources. The nature of these requests for a service can be grouped into the areas shown in table 8.

Pests	Noise	Disrepair
Accumulations	Management	Nuisance
Fire	Drainage	Odour
Overcrowding	Other	

Of these requests for a service, 35% (over 900) were directly related to HMOs in the proposed additional licensing area*.

Figure 3 below shows the percentages of total service requests received in relation to HMOs in the proposed additional licensing area.



¹⁸ Bath and North East Somerset UNiform database

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 3 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.

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



Unsafe boiler potentially leading to carbon monoxide poisoning and explosion

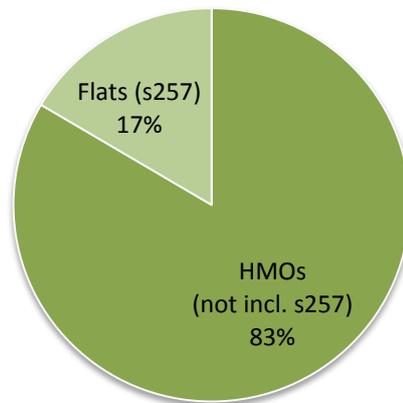
Accumulations including litter and refuse are related to 6% of service requests and often come from concerned neighbours.

Over 40% of all service requests relating to accumulations and disrepair from HMOs came from the proposed additional licensing area.

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 all the service requests received by the Council relating to 'management', nearly half came from HMOs in the proposed area*.

Fig. 4 Service requests relating to HMOs in the proposed area



Of these service requests received in the proposed area*, the majority (over 80%) relate to HMOs with shared facilities. See figure 4.

6 HMOs IN OLDFIELD, WESTMORELAND AND WIDCOMBE

Oldfield, Westmoreland and Widcombe are three adjoining Wards located within the City of Bath. The Ward boundaries are shown below in figure 5. Combined they account for nearly 11% (19,343 people) of the population of B&NES (179,700 people)³ and are home to around 50% of the HMOs with shared facilities known to Housing Services.

An Additional Licensing Scheme that was targeted in these three Wards would mean that over half of all the HMOs with shared facilities in B&NES and known to Housing Services would be more effectively controlled and well managed.

Oldfield, Westmoreland and Widcombe have an average of 302 HMOs with shared facilities per Ward compared to a Bath City average of 110 per Ward and a B&NES average of 48 per Ward (see table 1)⁸. An average of 13% of households in Oldfield, Westmoreland and Widcombe are HMOs with shared facilities compared to a Bath City average of 5% and a B&NES average of 2%. This is not altogether surprising and gives some indication of the intensification of HMOs with shared facilities in these Wards.

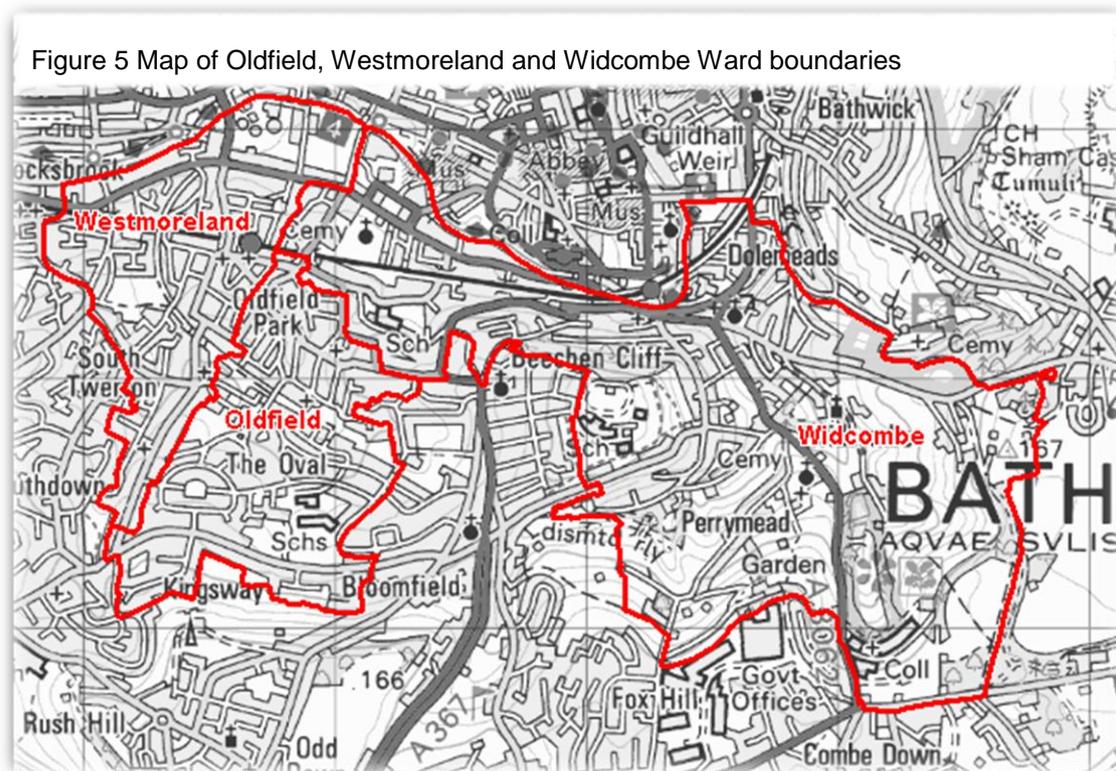


Table 9 shows that 31% of all HMOs identified with significant health and safety hazards were located in Oldfield, Westmoreland and Widcombe Wards.

	Total	HMOs		HMOs in Oldfield, Westmoreland and Widcombe	
		Number	%	Number	As a % of HMOs
Properties with hazards	1175	446	38%	138	31%
Actual Hazards	1474	573	39%	182	32%

The B&NES Private Sector Housing Stock Condition Survey, 2012⁶ found that HMOs in Oldfield Ward have significantly more of the most serious health and safety hazards than average over all sampled HMOs in the district. The survey suggested that in Oldfield, 34% of HMOs have a serious health and safety hazard. HMOs in Widcombe and Westmoreland showed nothing significant.

Figure 6 shows that around half of all HMOs with shared facilities in B&NES and known to Housing Services are located in Oldfield, Westmoreland and Widcombe Wards.

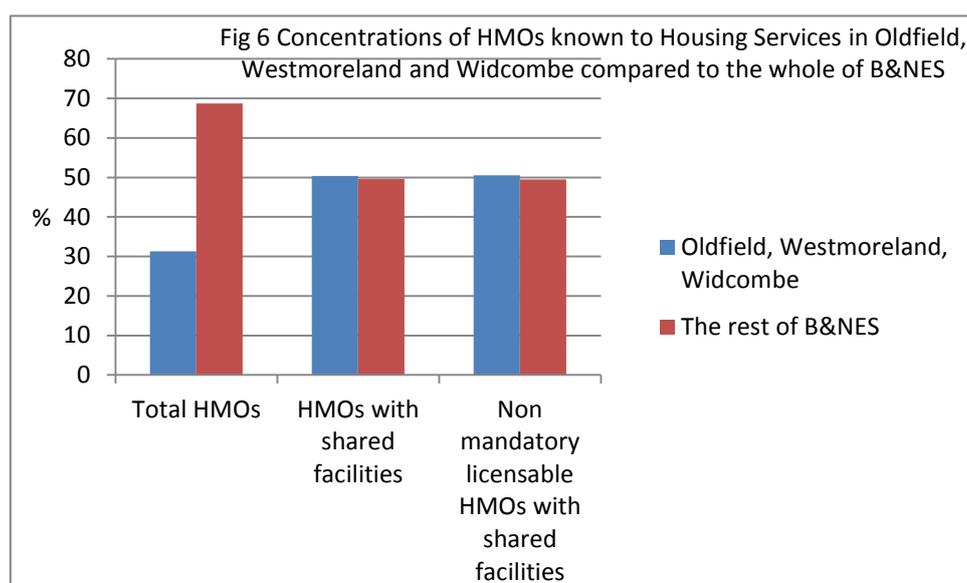
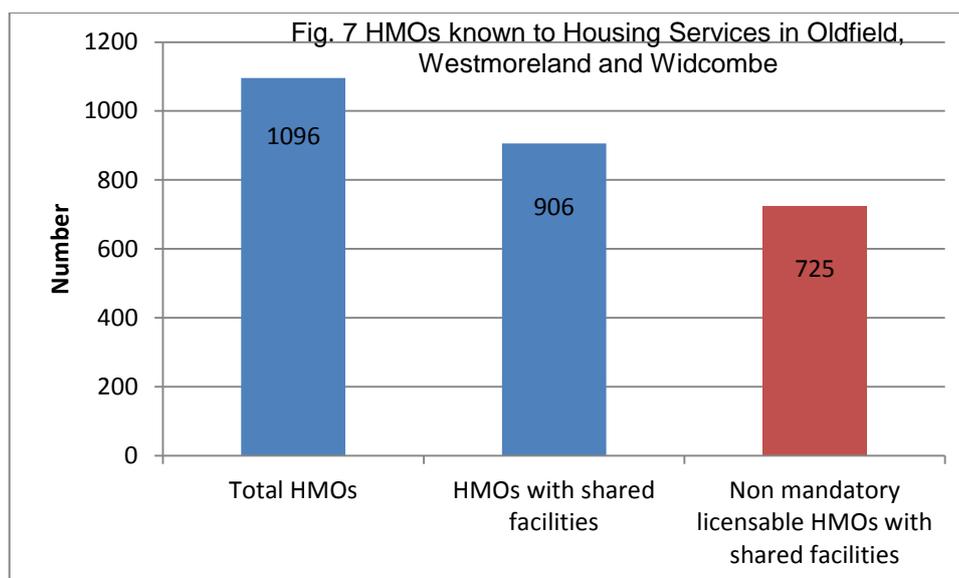


Figure 7 shows that two thirds of HMOs in these three Wards (shown in red) have shared facilities and are not controlled by the mandatory licensing scheme.



When comparing the information held by Housing Services to the B&NES Private Sector Housing Stock Condition Survey, 2012⁶, there is a large discrepancy indicating the true figure of HMOs with shared facilities in Oldfield, Westmoreland and Widcombe and not covered by mandatory licensing could be closer to 1,400.

HMO TENANT CONSULTATION IN OLDFIELD, WESTMORELAND AND WIDCOMBE

Housing Services sent out 1158 survey forms to all HMOs on their database in Oldfield, Widcombe and Westmoreland Wards (B&NES HMO Residents survey¹⁴). The majority of HMOs that Housing Services surveyed are known as a result of interventions such as mandatory HMO licensing, accreditation, complaint visits and proactive inspections as well as historical knowledge.

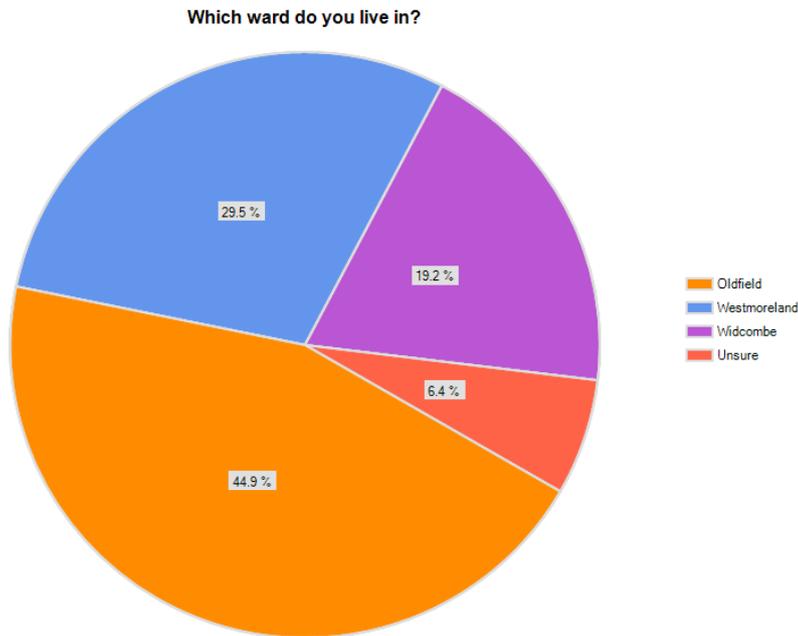
The survey was sent out on the 26th May 2012 and responses were accepted until the 22nd June 2012. 78 responses to the consultation were registered. Of the survey forms returned, 73% of respondents do not have their housing conditions protected under the mandatory licensing scheme.

A summary of responses is shown below.

Ward Area

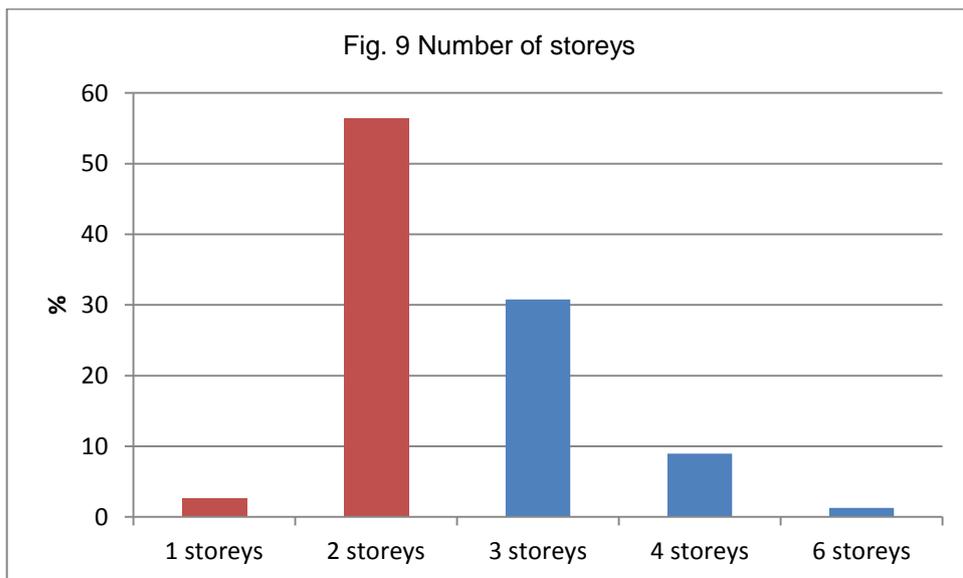
Figure 8 shows that responses were received from each of the Wards in the proposed additional licensing target area.

Fig 8 Which Ward do you live in



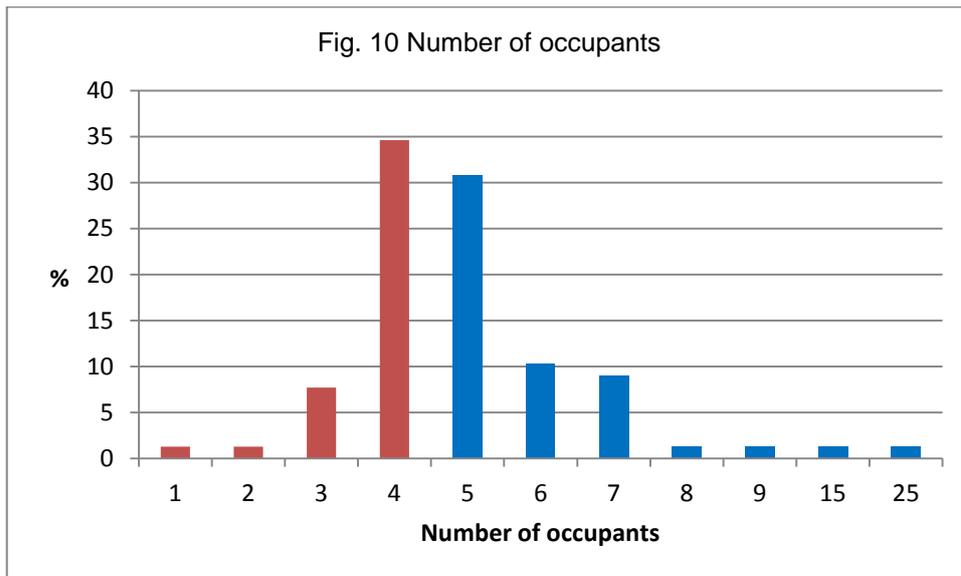
HMO Number of Storeys

Figure 9 shows that 59% of HMOs (in red) would be covered by the proposed Additional Licensing Scheme. These HMOs are currently not covered by the Mandatory Licensing of HMOs as they have fewer than 3 storeys. An additional 14% of the HMOs in blue would also come under additional licensing as they have less than 5 occupants.



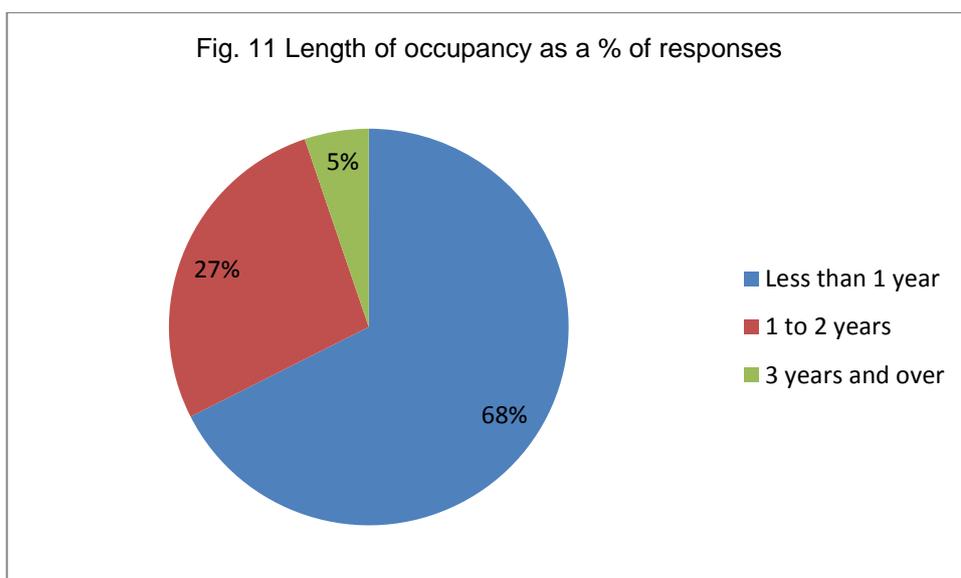
Number of Occupants

Figure 10 shows that the majority of HMOs (66%) have 4 or 5 occupants and nearly all (93%) have between 3 and 7. Two responses indicated there were only 1 and 2 occupants in the premises and these would not be classed as HMOs under the Housing Act 2004 unless living in a flat within a larger HMO. More than 40% of respondents live in HMOs with 3 or 4 occupants which are not covered by Mandatory Licensing. A further 28% have 5 or more occupants but less than 3 storeys so are also not covered by mandatory licensing. However, they would likely come under an additional licensing scheme if introduced.



Length of Occupancy

Figure 11 shows that most of the respondents have lived in their home for less than one year and nearly all for less than 3 years. This indicates that most people live in HMOs as short term accommodation.



Sharing Bedrooms and Bathrooms

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 does not indicate a problem if a bedroom is occupied by a cohabiting couple for example. For mandatory licensing the standard states that there should not be any obligate sharing of bedrooms.

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.

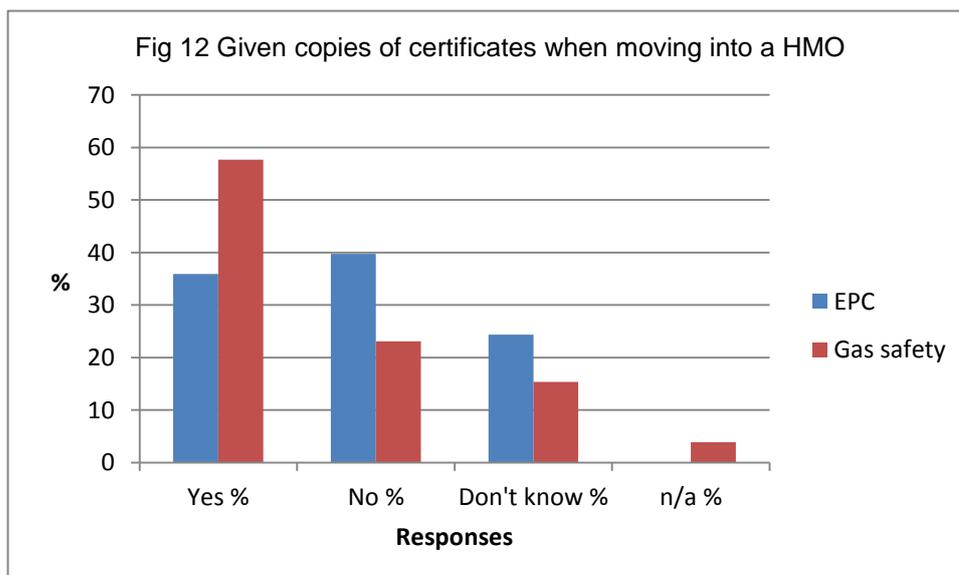
Statutory Provision of Energy and Safety Certificates

Figure 12 shows that 40% of respondents were not given a copy of the Energy Performance Certificate (EPC) when they moved in and nearly a quarter weren't given a copy of the gas safety certificate when they moved in. Responses indicate that many residents are living in HMOs where gas safety legislation has not been fully and correctly followed.

Note:

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 1st October 2008 are not entitled to one unless they renew their lease. Most respondents to this survey (see figure 11) have only lived in the property for a maximum of 2 years so should have received a copy of the certificate.

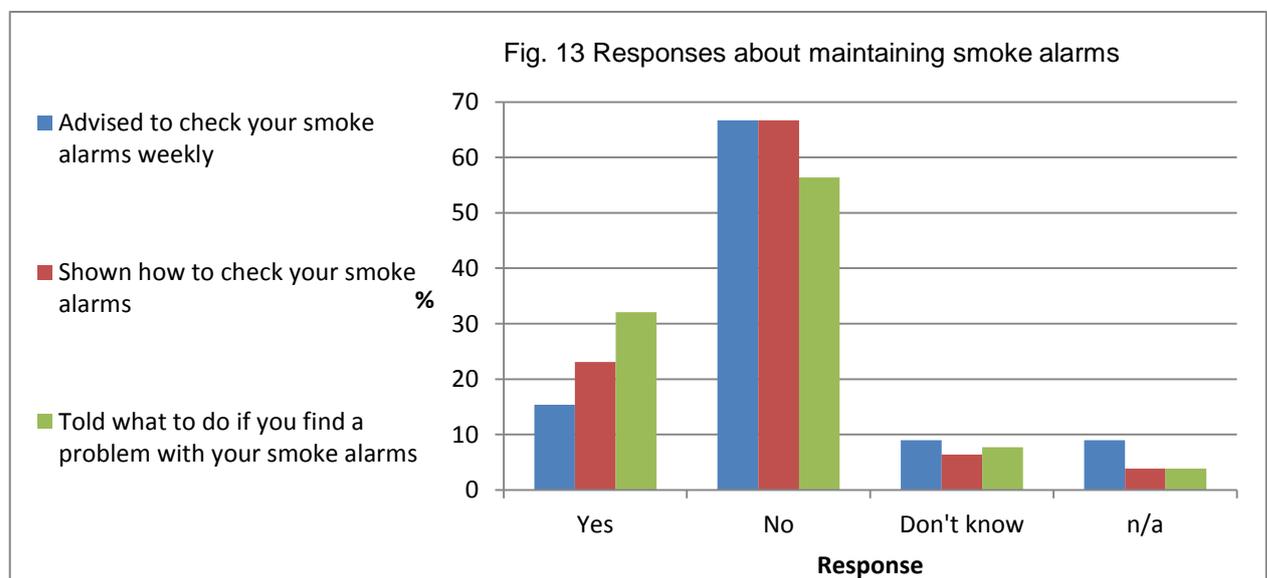


Fire Safety: Smoke Alarms

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 alarm¹⁹. 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 Survey⁶ which estimates nearly 97% of HMOs in B&NES have some form of smoke detection.

Of those that answered 'yes' to having working smoke alarm(s), over a quarter (27%) had just battery operated alarms. This result is also comparable to the B&NES Private Sector Housing Stock Condition Survey⁶ which estimates 24% of HMOs only have battery detectors. Battery operated smoke alarms have a 45% failure rate¹³ and are not an appropriate fire safety measure in HMOs. 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 that the majority of respondents (two thirds) were not advised by their landlords to check their smoke alarms weekly, something which is standard government advice¹⁹. Two thirds of respondents were also not shown how to check their smoke alarms and over half responded that they were not told what to do if there is a problem with the alarms.



¹⁹ Directgov, http://www.direct.gov.uk/en/homeandcommunity/inyourhome/firesafety/dg_071751 , 2012

Fire Safety: Provision of Fire Blankets and Exit Locks

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 guidance¹⁰ and is a requirement of mandatory licensing. Having a fire blanket in the kitchen will allow occupants to quickly and safely contain a small fire to prevent it spreading out of control while exiting the property and waiting for the fire service.

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.

Tenant Information: Waste/Recycling and How to Complain

The survey asked respondents how well informed they felt about recycling, waste collections, Council services and complaining about the condition of their property (see table 10). It should be noted that the survey shows that nearly two thirds of landlords visit their properties every 3 months with 80% visiting their properties at least every 6 months.

More than 80% of respondents felt very or fairly well informed about recycling and household waste collections. 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, this could indicate that respondents know about waste and recycling collections but may have inadequate provision of facilities to manage them, or do not act on their knowledge.

Conversely 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.

Only a third of respondents felt very or fairly well informed about Council Services compared to 59% feeling not very well informed or not well informed at all.

56% felt not very well informed or not well informed at all about complaining about the condition of their property.

	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%

Tenant Information: Reporting Repairs/Contacting Landlord

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 they were not given 24 hour contact details for their landlord and 5% did not know either way. 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, some occupants would not be able to quickly raise their concerns with their landlord to organise a repair.

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 likely to be a condition for all discretionary licensing.

Tenant Information: 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...”.

Garden Maintenance

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% (70) of the 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 37% of HMOs with a garden (33% 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.

Tenant Satisfaction

Table 11 shows that more than two thirds of the respondents were very or fairly satisfied with their home. 18% were fairly or very dissatisfied. Just under two thirds were very or fairly

satisfied with the management of their home. However, nearly a quarter of respondents were either fairly or very dissatisfied with the management of their home. Nearly three quarters of respondents were either fairly or very satisfied with facilities in their home. On information provided by landlords, 56% were either fairly or very satisfied compared to 22% who were fairly or very dissatisfied and 19% who were neither satisfied nor dissatisfied. When asked about their home providing a safe and healthy place to live, 69% of respondents were either fairly or very satisfied compared to 21% who were fairly or very dissatisfied.

Answer options	Overall, how satisfied are you with your home?	Overall, how satisfied are you with the management of your home?	How satisfied or dissatisfied are you with each of the following?		
			Facilities in your home	The information provided by your landlord/agent?	That your home provides a safe and healthy place to live?
Very satisfied	26.9%	33.3%	22.1%	25.6%	26.9%
Fairly satisfied	42.3%	28.2%	50.6%	30.8%	42.3%
Neither satisfied or dissatisfied	12.8%	14.1%	10.4%	19.2%	9.0%
Fairly dissatisfied	12.8%	14.1%	7.8%	12.8%	7.7%
Very dissatisfied	5.1%	10.3%	7.8%	9.0%	12.8%
Don't know	0.0%	0.0%	1.3%	2.6%	1.3%

HMO TENANT COMMENTS IN OLDFIELD, WESTMORELAND AND WIDCOMBE

The final part of the survey asked respondents if they had any other comments concerning their experience of living in a multiple occupancy home.

Table 12 shows the mixed views and opinions of respondents and demonstrates the type of living conditions in some HMOs.

Table 12 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

COMMENTS FROM RESIDENTS OF OLDFIELD, WESTMORELAND AND WIDCOMBE

Below is a selection of quotes from some 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 OFF [Oldfield Park] has some waste in the gardens of the HMOs at the moment...”

Cllr Will Sandry, Oldfield Ward (4th 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”* (22nd 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."

(3rd 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 (7th 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"* (20th 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."* (2nd July 2012)

Rubbish in the front garden of a HMO in Oldfield.

Courtesy of Bath News and Media Group (June 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.”*



Garden of a HMO in Westmoreland (June 2012)

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.”*

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 of a HMO in Westmoreland (July 12)

Front Garden
HMOs Issues Landlords
Residents Next
Door Street
Appearance

RESIDENT CONSULTATION (ON ARTICLE 4 DIRECTION)

In 2012 the council held a 7 week open public consultation to gather opinions on limiting the number of HMOs in the city of Bath area (Article 4 Direction for Houses in Multiple Occupation). Many of the responses state the concerns of local residents that could be mitigated by greater legislative control of HMOs, for example:

- property dilapidations;
- inadequate rubbish and recycling provisions;
- unkempt gardens;
- late night noise nuisance;
- increasing problems because of increasing concentration of HMOs;
- over-occupation because of loft conversions, extensions and use of garages as living space;
- failure of other voluntary approaches to resolve concerns;
- lack of landlord responsibility;
- need for greater control and professional management of HMOs.

358 responses to the consultation were registered from residents and landlords. Most of the responses were from residents of Oldfield Park and Westmoreland with some Widcombe Ward residents also supporting the scheme (the target area for the proposed Additional Licensing Scheme) because these are the areas with greatest concentrations of HMOs. The responses show that these residents have identified a need for Additional Licensing of HMOs.

A full summary of responses is at appendix 1 and a full schedule of all of the comments made is available as a background paper to this report.

HMO CASE STUDIES IN OLDFIELD, WESTMORELAND AND WIDCOMBE

HMO in Widcombe

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

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

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.



Fuse board, dated and no earthing

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.

7 ANALYSIS OF COMBINED EFFECTS

Bath and North East Somerset has a large number of HMOs and the Wards of Westmoreland, Oldfield and Widcombe contain over half of the HMOs with shared facilities 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 earlier in this report.

Mandatory licensing has brought some issues concerning standards to light and 60% of all licensed HMOs with significant health and safety hazards were located in the proposed additional licensing area*. Within Oldfield, Westmoreland and Widcombe, 30% of licensed HMOs have been assessed with hazard(s) which is 10% above the average for the remainder of B&NES Wards.

Figures from the B&NES Private Sector Housing Stock Conditions Survey, 2012 suggest that up to 1,400 HMOs with shared facilities may be located in Oldfield, Westmoreland and Widcombe and not covered by the mandatory licensing scheme. If the figure of 30% of HMOs with a hazard is extrapolated to include this information then it suggests that up to 400 HMOs may have a significant health and safety hazard. This is potentially affecting the health of up to 1600 possibly vulnerable people (average 4 occupants per property) at any one time, which could be identified and improved through an additional licensing scheme. Significant numbers of local residents are also likely to benefit from a scheme.

The B&NES Private Sector Housing Stock Condition Survey, 2012⁶ also suggest that HMOs have a very similar rate of serious health and safety hazards as the other private rented stock. The survey also found that 34% of HMOs in Oldfield have a serious health and safety hazard which is significantly more than average over all sampled HMOs in the district. HMOs in Widcombe and Westmoreland showed nothing significant.

The Article 4 Direction (A4D) consultation summary 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 HMO with shared facilities. The submissions to this consultation raise some points that are also relevant to the proposals for additional licensing. The common themes came out as being:

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

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. However, the responses do show some cause for concern.

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 guidance¹⁰, a document designed to improve consistency and reduce fire risk. 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 and the quotes from residents in section 6. The HMOs residents' survey¹⁴ (also in section 6) indicates that most HMO residents only live in the property for 1 – 2 years. It also shows that nearly 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 are transient in nature and often may not have the tools or awareness to independently reduce this impact.

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 and basic management 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 case study evidence in section 6 gives evidence of poor management practice. This shows 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 6 also 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 strongly indicates that a significant proportion of the HMOs (proposed 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. Furthermore, other methods of enforcement are unlikely to prove effective. Consequently, having regard to the totality of the evidence, and notwithstanding the large measure of expressed satisfaction with landlords' management, it is considered that a targeted additional licensing scheme is justified.

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

8 MITIGATION OF HARM FROM HMOS

EXISTING PARTNERSHIPS TO IMPROVE HMO HEALTH AND SAFETY

- Waste Services take a proactive approach at targeting problem areas and responding to complaints. A summary of waste campaigns in Oldfield, Westmoreland and Widcombe is contained in appendix 2.
- Council Connect organise responses to amongst other issues, complaints about domestic waste and street sweeping requests.
- Environmental Protection investigate incidents of statutory nuisance including noise, incidences where land and gardens are detrimental to the amenity of the local area, pests and public health and have various statutory powers to deal with these issues.
- The Council jointly with the City's two universities have a Community Liaison Officer and a Student Community Partnership involving local stakeholders.

EXISTING PROACTIVE AND REACTIVE HOUSING SERVICES RESPONSES

- Reactive investigations, inspections and enforcement of breaches of minimum housing standards.
- Proactive inspections and enforcement of HMOs and other high risk premises.
- Enforcement: In the 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.
- Targeted approach to empty homes.
- Homelessness prevention activities.
- Management of the social housing register.
- Organise and Chair the Accreditation Working group which includes partner organisations and individuals.
- Voluntary accreditation scheme (refer to section 5)
- Facilitate and fund energy efficiency improvements.
- Disabled facility grants to enable vulnerable people to remain independently living more safely in their homes.
- Home improvement loans to reduce health and safety risks for vulnerable people.

9 ALIGNMENT WITH OTHER STRATEGIES AND INITIATIVES

Implementation of an additional licensing scheme in the area with the highest concentration of HMOs with shared facilities could enable further controls of health and safety standards and management in HMOs whilst making best use of limited resources.

Additional licensing is consistent with the following agendas and strategies:

- Council vision:
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.
- Housing and Wellbeing Strategy:
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.
- Local housing allowance:
Following changes to the [local housing allowance](#), there is an expected increase in the number of individuals requiring HMO accommodation in order to avoid homelessness. Within the proposed area HMOs with shared facilities (shared houses and bedsit accommodation) will be improved across the board to ensure minimum standards are achieved.
- Overcrowding:
Occupancy will be managed in all licensed HMOs to reduce the risk of overcrowding.
- Recycling and rubbish:
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](#).
- Energy efficiency:
Additional licensing will improve energy efficiency and contribute towards the corporate vision of low carbon communities by ensuring, where needed, energy ratings are improved.
- Anti-social behaviour:
Occupants and managers will be made aware of their responsibilities towards reducing anti-social behaviour.
- Relationships and enforcement:
Additional licensing will promote working with landlords while taking a stronger position with those that don't engage with the Council.
- Voluntary Accreditation:
Additional licensing 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:

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.

10 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 (A4D)	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 serious health and safety hazard 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.
HMOs with shared facilities	A House in Multiple Occupation (HMO) where the occupants share a bathroom, toilet or kitchen. Includes all HMOs excluding s257 HMOs.
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.
Significant health and safety hazard	Defined by Housing Services as a band A-D hazard assessed using the Housing Health and Safety Rating System (HHSRS) under Part 1 of the Housing Act 2004. A-D hazards are those that are actionable under the Housing Services Enforcement Policy and present a significant risk to safety and health.
Ward	A political boundary as defined by Bath and North East Somerset Council http://www.bathnes.gov.uk/services/your-council-and-democracy/elections/ward-maps
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.

11 APPENDICES

APPENDIX 1: ARTICLE 4 DIRECTION - DRAFT CONSULTATION REPORT

Article 4 Direction for Houses in Multiple Occupation: Draft Consultation Report, Section 3 Public Consultation Overview. Published August 2012

The information below is an excerpt from the above report²⁰ and considered relevant in respect of Additional Licensing because most of the (358) registered responses are residents of the proposed target area for Additional Licensing.

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.

- 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

²⁰ Article 4 Direction for Houses in Multiple Occupation in Bath - Draft Consultation Report, August 2012 (Bath & North East Somerset Council)

- 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.

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

	<p>HMO use will be regarded as premium investment assets</p> <ul style="list-style-type: none"> • The Council should engage further with local landlords
Residential Landlords Association	<ul style="list-style-type: none"> • Repeat that they have already submitted a document entitled “The Case Against Article 4 Directions” • 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 • They will scrutinise any relevant planning policy <p>The key reasons for opposition already cited in their paper are:</p> <ul style="list-style-type: none"> • HMOs play a vital role in providing housing for students and working people. Alternative living arrangements for these people should be considered in the absence of HMOs. • The impact of the Article 4 will be felt by local residents as properties will be worth less after the Direction is in place • Restricting HMO supply will force up rents • Resultant planning applications can trigger no fee and this is therefore expensive for Council’s to implement • Displacing HMOs to other areas will bring new problems • Existing powers for dealing with issues such as antisocial behaviour should be used first • The Article 4 is not enforceable in reality as there is often no real change of use between a family house and an HMO
Mr N Smith	<ul style="list-style-type: none"> • Opposed on the basis of cost to the Council of implementation • Considers there is no evidence of harm caused by HMOs that has been presented by the Council to justify the approach • Believes that the Feasibility report is biased and written with a pre-supposed outcome • B&NES is targeting the most disadvantaged (lower paid workers, singles on housing benefit, asylum seekers) who are likely to be displaced further

	<p>from the city centre thereby increasing the social divide</p> <ul style="list-style-type: none"> • Planning policy is a blunt instrument to deal with the issues - enforcement and action around community cohesion is recommended instead • HMOs are not the main cause of anti-social behaviour • The B&NES Accreditation licencing scheme should be enhanced instead
<p>Mr A. Masters Bath University Student</p>	<p>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.</p>
<p>University of Bath Student's Union and Bath Spa University Student's Union</p>	<ul style="list-style-type: none"> • Both are opposed to an Article 4 Direction for HMOs in Bath – many of membership are reliant on HMOs in order to live in Bath • There is no sustained argument as to why people living in HMOs are any worse than those in regular houses • There has been no proof that high concentrations of HMOs are a problem apart from rising house prices • Assert that the Article 4 Direction is not justified • Planning controls will not address the problems associated with inefficient management of HMOs • An Article 4 Direction will restrict the ability of the Housing Market to respond to local needs • Believe that all other options have not been tried • Equalities impact assessment shows that some groups are more adversely affected this contravenes B&NES equal opportunities policy • Financial implications of implementing the Article 4 Direction and associated policy are highlighted as being very costly • Objections raised by the Bath Chamber of Commerce to the introduction of an Article 4 Direction are highlighted

	<ul style="list-style-type: none"> • Conflicts with the Council's strategy of increasing graduate retention • 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.
Cllr Nicholas Coombes	<ul style="list-style-type: none"> • 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. • 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. • It is not retrospective so it will not lead to improvements or reduction in concentrations of HMOs in areas with existing high HMO concentrations

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

APPENDIX 2: SUMMARY OF WASTE CAMPAIGNS ACTIVITIES IN OLDFIELD, WESTMORELAND AND WIDCOMBE WARDS

The Waste Services team have had 2 Waste Awareness Officers since November 2009. This has meant that annual campaigns have been carried out in the above Wards. The below summarises those activities.

Student welcome knock (September – December)

Annual student welcome knock to students living in and around Oldfield Park between September and December. The knock is to provide information to students and permanent residents about their rubbish and recycling collections. The team take orders for containers and remind residents about their collection day. They have knocked on average 1200 properties each year covering 34 streets:

Lorne Road	Third Avenue
Comfortable Place	Landseer Road
Brook Road	Lime Grove
Caledonian Road	Maybrick Road
Onega Terrace	Triangle North
Coronation Avenue	St Kilda's Road
Claude Avenue	Herbert Road
Cynthia Road	Beckhampton Road
Dartmouth Avenue	Arlington Road
Denmark Road	Stanley Road West
Stuart Place	Crandale Road
Dorset Street	Argyle Terrace
Faulkland Road	Livingstone Road
Junction Road	Third Avenue
Livingstone Terrace	Second Avenue
Westmoreland Road	Sladebrook Avenue
Sydenham Buildings	Thornbank Place

Student Move Out (May & June)

The team also conduct an annual move out campaign for students leaving the city for the summer. The main messages are for students to plan ahead and utilize the collections they already receive. They also receive advice about clearing the property, making sure they do not leave rubbish and large items of furniture on the kerbside and where they can donate any unwanted items. The team usually target the same streets as the welcome knock (above).

The team also conduct road shows in and around Oldfield Park, Westmoreland and Widcombe (Coop in Shaftesbury Road & Green Park Station)

Both the student annual campaigns are conducted in partnership with the Student Community Partnership (SCP).

You pledge... we'll reward incentive scheme (April – December 2012)

The Waste Campaigns team recently visited all households on 9 collections rounds. 3 rounds were in Oldfield Park and each household was offered them the opportunity to take part in our "You pledge... we'll reward" incentive scheme, which took pledges from residents to recycle more. They were rewarded if successful with either Bath Olivers (a local currency) or compostable food waste caddy liners. Below is a list of the streets that were visited:

Ivy Avenue	Third Avenue	Triangle North
Ivy Grove	St Kilda's Road	Stanley Road West
Ivy Place	Melcombe Road	Triangle East
Lymore Gardens	Faulkland Road	Crandale Road
Lymore Terrace	Beckhampton Road	Maybrick Road
Claude Avenue	Second Avenue	Belvoir Road
Bridge Road	First Avenue	Herbert Road
Coronation Avenue	King Edward Road	Livingston Road
Sladebrook Avenue	Oldfield Road	Shaftesbury Road
		Arlington Road
		Lower Oldfield Park
		Westmoreland Station Road
		Moorland Road
		Cedar Walk
		Cedar Way
		The Triangle

Problem properties

The team also respond to complaints or requests for visits around Bath and North East Somerset. A large part of this work is carried out in the 3 Wards covering the proposed additional licensing area.

In the last 2 years the team have visited:

Westmoreland Street	Lorne Road
Brougham Hayes	Brook Road
Wells Road	Lime Grove
Archway Street	Beckhampton Road
Thornbank Place	St Kilda's Road
Hillside Road	

Road Shows

The campaigns team hold regular road shows around the district many of which are carried out in venues in the 3 Wards. Mainly at Green Park Station and Shaftesbury Road Coop.

Food waste knock

In 2010 the team carried out extensive door knocking in all Wards to promote the new Food Waste Recycling collections. These covered most properties in the Wards with a kerbside green box collection.

The team have plans this year to knock all properties in Bath and North East Somerset to promote the food waste recycling collections again.

Community Talks

The team occasionally get invited to talk at community groups. In the lead up to the introduction of food waste recycling collections in 2010 the team visited the Widcombe Women's Institute and resident association to talk about the new collections and recycling in general.