

ARTICLE 4(1) DIRECTION – EVIDENCE BASE

1 Background Survey Work

The Council commissioned Capital Project Consultancy (CPC) to undertake an HMO Survey. The final report was published in 2008.

2 The Survey found that the HMO sector within Southampton consists of approximately 6,530 non licensable and 470 licensable HMOs (three or more storeys, occupied by five or more persons containing two or more households).

3 In 2008 the City Council's Annual Monitoring Reports suggest that the City had some 100,217 dwellings. As such, it is estimated that approximately 7% of the existing housing stock in the City was occupied as an HMO in 2008.

4 For the purposes of the CPC Survey the following definition of an HMO was applied:

- An entire house or flat which is let to 3 or more tenants who form 2 or more households and who share a kitchen, bathroom or toilet.
- A house which has been converted entirely into bedsits or other non-self-contained accommodation and which is let to 3 or more tenants who form two or more households and who share kitchen, bathroom or toilet facilities.
- A converted house which contains one or more flats which are not wholly self contained (i.e. the flat does not contain within it a kitchen, bathroom or toilet) and which is occupied by 3 or more tenants who form two or more households.

5 The CPC Survey identifies that the vast majority of HMO buildings (60%) were built before 1919 with a further 14.3% of HMOs being properties that were built between 1919 and 1944. HMOs tend to be associated with such buildings as they are frequently larger than their more modern counterparts and offer better opportunities for conversion.

6 The CPC Survey identifies that the age profile of HMO residents shows a predominance of those in the age band 16 to 24 (48.6%) followed by the 25 to 34 age band (35.4%).

7 Overall, the vast majority (95.6%) of HMO residents have lived at their current address for 5 years or less with this rising to 100% in the West sub-area.

8 Income levels within HMO households show that 78.7% have incomes of £30,000 or less, with 19.9% having incomes of £10,000 or less rising to 39.9% where incomes are under £15,000.

9 Benefit receipt at 12% is significantly below that for Southampton as a whole (26%), which is predominately due to the level of HMOs occupied by students (45%).

- 10 The following table shows the distribution of HMOs across the City in 2008, and provides evidence that whilst, as expected, the majority of the City's HMOs are found in the Northern and Central area this type of housing is found across the City:

Areas	Wards	HMOs	%
North	Bassett, Portswood & Swaythling	1,800	25.7
West	Coxford, Shirley, Millbrook & Redbridge	400	5.7
Central	Bevois, Bargate & Freemantle	4,100	58.6
North East	Bitterne Park, Harefield & Bitterne	300	4.3
South East	Peartree, Sholing & Woolston	400	5.7
Total		7,000	100

- 11 Of the 7,000 HMOs reported there are an estimated 470 licensable HMOs in Southampton. When examined by area there is an even stronger relationship than was shown for HMOs in general, with 83.2% of all licensable HMOs being found in the Central sub-area.
- 12 From the HMO data collected as part of the CPC Survey it is estimated that 2,940 HMOs (42.1%) can be classified as "non-decent", which compares to the overall stock proportion of 37.7%. This criterion takes account of property in need of repair, modern facilities and/or a poor degree of thermal comfort.
- 13 The CPC Survey provided a detailed breakdown of the members of each household surveyed and the number of people living within each property.
- 14 The following table shows the extent of overcrowding within HMOs across the City in 2008:

Area	Overcrowded	Not Overcrowded
North	20.1%	79.9%
West	34.9%	65.1%
Central	13.7%	86.3%
North East	6.5%	93.5%
South East	20.8%	79.2%
All HMOs	16.8%	83.2%
All private sector dwellings	4.2%	95.8%

15 Noise & Antisocial Behaviour

The Council's Environmental Health Department monitor and enforce against noise disturbance. Of the 403 Noise Abatement Orders served by the Council since April 2010 to date 238 (59%) have been served on occupants of shared housing. Furthermore, around half of all the noise notices served over the last 3 years are on people living in HMOs. This evidence supports the local amenity groups' assertion that HMOs are more likely to generate a complaint with regard to noise.

16 It is noted that some 45% of the City's HMOs in 2008 were occupied by students. The Hampshire Constabulary's most recent quarterly report entitled "Analysis of Offences Committed against Students and also Students as the Offenders" to the Safer Students Forum provides evidence of offences committed against students, such as burglary and theft. The report also analyses the recorded data of students causing anti-social problems.

17 The following "hotspot" locations were identified between 1st October 2010 and 15th January 2011 following reports by students of a crime against them:

Top 10 Streets	Area	Count
Alma Road	Central	11
Milton Road	Central	11
Royal Crescent Road	Central	9
Gordon Avenue	Central	8
Lodge Road	Central	6
University Road	North	6
Avenue Road	Central	5
Broadlands Road	North	5
Duke Street	Central	5
Wilton Avenue	Central	5
	Total	71

18 Although students are targeted as victims of crime (as confirmed above), particularly acquisitive offences, the report also explains that they contribute to alcohol related anti-social related behaviour in highly populated student areas (as confirmed below). This is often caused through students being noisy and playing loud music in their residence, or by being noisy whilst returning home from licensed premises, house parties, and late night food eateries.

19 The following table shows the top ten streets for reported anti-social related behaviour identified between 1st October 2010 and 15th January 2011:

Top 10 Streets	Area	Count
Lodge Road	Central	22
Harefield Road	North	16
Broadlands Road	North	10
Alma Road	Central	9
Earls Road	Central	9
Glen Eyre Road	Central	9
University Road	North	9
Avenue Road	Central	8
Wilton Avenue	Central	7
Marsh Lane	Central	6
	Total	105

20 As expected streets with high student populations, including university campuses and halls of residence, reported higher numbers of offences by

students. There is also a correlation between the areas where concentrations of HMOs are recorded (ie. Central and North Wards) and these reported incidents.

21 That said, clearly not all HMOs residents act in an antisocial manner (just as not all single dwellinghouses are occupied by good neighbours) but the evidence suggests that it is appropriate to control the concentrations of HMOs to reduce the cumulative impacts on local communities. This is a potential city-wide issue requiring a city-wide response.

22 Local Character, Parking & Physical Environment

Physical environmental problems are often associated with areas of high concentrations of HMOs. These manifest with a high turnover of property, housing stock in need of maintenance, parking pressures, neglected gardens, problems with litter, fly-tipping and overflowing bins.

23 The Council's Waste and Fleet Transport Division currently monitor the Polygon and Portswood areas for their refuse management, as they recognise that these parts of the City exhibit different characteristics to other parts of the City due to the associated concentrations of HMOs.

24 Discussions with this team suggest that streets in these areas are more likely to have poor refuse management (including bins being left on the pavement after collection and a cross contamination of waste with recycling).

25 Since April 2010 to date the team have recorded some 299 offences for the Polygon area (16 streets monitored in total) in relation to poor refuse management. For the Portswood area (18 streets monitored in total) 600 offences have been recorded (ie. nearly 2 per day) including 424 recorded occasions where bins have been left on the pavement after collection day.

26 This evidence can be linked to the CPC Survey work, which suggests that HMOs have a greater likelihood of being overcrowded when compared against all private sector dwellings. With no resident having responsibility for the entire house, and higher levels of transience, HMOs are more likely to result in occupiers and landlords having less concern in relation to the upkeep and appearance of the property than owner occupiers or longer-term single family tenants. This is also borne out by the CPC Survey showing 2,940 HMOs (42.1%) can be classified as "non-decent", which compares to the overall stock proportion of 37.7%.

27 Higher levels of occupation also bring additional pressures for on-street parking, which in many parts of the City is already at capacity.

28 Finally, the provision of good waste storage facilities to accommodate the likely increased levels of rubbish associated with an HMO can help alleviate litter and waste issues. Current local planning policies require adequate storage facilities to be provided for all permitted HMOs. Without planning control (as is now the case for C4 HMOs) problems could arise to the detriment of the visual amenities of the streetscene as refuse bins are sited

on street frontages following the removal of existing boundary walls. Furthermore, a planning assessment as to the suitability of an area's existing on-street parking provision can also be undertaken following the submission of a planning application for a change of use. This is a potential city-wide issue requiring a city-wide response.

29 Mixed & Balanced Communities

PPS3 Housing (2010) seeks to deliver sustainable, inclusive, mixed communities in all areas. It states that the "*key characteristics of a mixed community are a variety of housing, particularly in terms of tenure and price and a mix of different households such as families with children, single person households and older people*" (Paragraph 20 refers).

30 On this basis an over concentration of any one particular type of housing or household would not contribute to a mixed community.

31 HMOs are associated with a transient nature of the occupants with less than 5% of HMO residents have lived at their current address for more than 5 years. In Southampton the problems of HMO concentrations are felt most keenly by long-term residents as often reported to the Council's Planning & Rights of Way Panel.

32 Furthermore, it is appropriate that a judgement is retained by the Planning Department as to the suitability of converting dwellings across the City, which often result in a higher density occupation of older housing stock. The level of occupancy of each dwelling, irrespective of location, can be controlled by planning conditions thereby providing an added control to securing the right form of development in the right location across the City.

33 By reinstating the Council's planning control over the C4 use class it will be possible to monitor and manage the locations of the HMO sector to ensure that high concentrations, and the issues identified by the Ecotec report cited in the main report, are avoided. This is a potential city-wide issue requiring a city-wide response.