



Managing the development of houses in multiple occupation  
Supplementary Planning Document  
Reg. 13 Version (August 2020)  
**Evidence Paper**

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## 1. Introduction

The draft Supplementary Planning Document (SPD) 'Managing the development of houses in multiple occupation' is being prepared to provide further guidance on the implementation of policy [DM2: Residential Sub-divisions, Shared and Specialist Housing](#) set out in the *Site Allocations and Development Management Policies Local Plan*. A relevant extract of the policy text is set out at Appendix A. The draft SPD only provides guidance on parts of the policy and explanatory text that relate to harmful concentrations of houses in multiple occupation (HMO's) and to the standard of accommodation proposed. In particular, the draft SPD identifies situations where harmful HMO concentrations are likely to arise. These include a residential property being located between two HMOs, referred to as the 'Sandwiching assessment', and areas where more than 10% of dwellings are occupied as HMOs, referred to as the 'HMO threshold assessment'.

A consultation on the draft SPD took place between 3 February 2020 and 20 March 2020 seeking open comments on the document's content. A number of representations were received requesting further explanation of the 'HMO threshold Assessment' method. These included requests to justify the selection of 10% as the threshold level and the selection of a 100 metre radius to define the threshold assessment area.

In response this paper provides useful background to policy **DM2**, explains the need for further guidance to support the policy and provides a justification for the threshold approach and the parameters applied.

## 2. Background to policy DM2 and evidence of harm

Housing tenure and affordability have significantly changed in Bristol over the last 20 years<sup>1</sup>. A key element of this change has been the growth in number and distribution of HMOs across the city. Probable drivers of demand for and supply of HMOs include:

- **Housing affordability:** HMOs are generally more affordable, especially for younger people and key workers. Increasing numbers of individuals unable to buy a home or rent a flat in the city due to increases in property prices and private rents have likely increased demand for HMOs.
- **Welfare reform:** Welfare reform changes have lowered the level of housing benefit that can be claimed by a single person under 35 to the Local Housing Allowance (LHA) rate for shared accommodation (the rate for a room in a shared house). This may have increased demand for HMOs as the cost of individually rented accommodation is no longer covered in full by housing benefit.
- **University expansion:** The number of students at both the city's universities has increased by 18% in the last 5 years with current student numbers totalling some 56,000<sup>2</sup>. Whilst the supply of purpose-built student accommodation has increased in recent years some 45% of Bristol students continue to live in HMOs<sup>3</sup>. A growing student population will have increased demand for HMOs.
- **Economic factors:** Previous high levels of in-migration of younger people into Bristol<sup>4</sup> including those seeking work may have increased demand for HMOs as younger people are more likely to seek shared housing.
- **Relaxation of planning controls:** The relaxation of planning controls from 2010 allowing dwellings to change to small HMOs without the need for planning permission has enabled unrestricted supply of HMOs in many areas of the city.

Whilst the city's stock of HMOs has contributed to meeting housing needs, increased numbers have resulted in harmful impacts in specific areas. Concentrations of HMOs in those areas have damaged residential amenity and local character and reduced housing choice resulting in imbalanced and unsustainable communities.

In response to these issues and to prevent further or new harmful impacts occurring policy [DM2: Residential Sub-divisions, Shared and Specialist Housing](#) was developed and brought forward as part of the *Site Allocations and Development Management Policies Local Plan*. The plan was Adopted in July 2014. The policy offers an approach to addressing the impacts arising from HMOs and other forms of housing with similar issues. Its key aims are to ensure that such development preserves the residential amenity and character of an area and that harmful concentrations do not arise.

Analysis of issues relating to HMOs has taken place over time and is on-going. The work has been used to support Local Plan policy development and the introduction of Article 4 Directions<sup>5</sup>. Key work undertaken to understand the nature and distribution of harmful effects has included:

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<sup>1</sup> Source: State of Bristol Key Facts 2020 - June 2020 Update - Bristol City Council

<sup>2</sup> Source: The Population of Bristol - April 2020 - Bristol City Council

<sup>3</sup> Source: University of Bristol

<sup>4</sup> Source: Mid-Year Estimates of Population - Office for National Statistics

<sup>5</sup> Used to remove Permitted Development Rights (PDR). In the case of HMOs the PDR that allows a dwellinghouse (Use Class C3) to change to a small HMO (Use Class C4) without the need for planning permission has been removed in specific locations across the city.

- Estimation of HMO numbers using Council and other data sources;
- Mapping of HMO locations and density;
- Calculation and mapping of HMOs as a proportion of dwelling stock;
- Analysis and mapping of housing form and tenure and household composition to identify housing type/tenure imbalances;
- Review of qualitative evidence provided by communities on the impact of HMOs including correspondence received from ward councillors, amenities and residents' groups and individual residents.

Key conclusions drawn from this work include:

- **Increase in HMO numbers over the last 10 years:** The current number of verifiable<sup>6</sup> HMOs in the city is 6,320 (as of April 2019). This figure represents a lower level estimate. Opinion Research Services (ORS) estimates in 2011 identify some 7,100 HMOs in the city. Building Research Establishment (BRE) estimates<sup>7</sup> in 2017 identify some 12,600 and in 2020 some 14,000 HMOs in the city. These figures represent higher level estimates.
- **Widening distribution of HMOs:** Mapping of HMO locations indicate HMO growth outside of traditional HMO areas serving the city's universities. Districts such as Eastville, Easton, parts of St. George and Hillfields, Southville, Windmill Hill and Bedminster and parts of Avonmouth have seen significant HMO growth.
- **Potential housing imbalance in certain areas:** Housing type imbalances, when compared with the citywide profile, found in numbers of areas across the city. These include areas directly surrounding/accessible to the city's universities including the central districts of Clifton, Cotham, Kingsdown and Redland; the outer district of Fishponds and districts along or adjacent to the Gloucester Road corridor including Montpelier, Ashley Down, Bishopston and Horfield. Other non-student areas include the east Bristol districts of Eastville, Easton and parts of St. George and Hillfields; the south Bristol districts of Bedminster, Southville and Windmill Hill and the north west Bristol district of Avonmouth.
- **Community impacts associated with concentrations of HMOs:** Harmful effects consistently and regularly identified by numbers of communities over many years. Impacts identified include noise and disturbance, poor waste management, congested on-street parking, detriment to visual amenity, erosion of community facilities, loss of social cohesion, erosion of social capital, creation of mono-tenure neighbourhoods and loss of family housing.

Much of this analysis is set out in reports and supporting documents associated with Council decision-making on Article 4 Directions. Additional qualitative evidence from communities on the impact of HMOs has been provided through Council consultations and on-going representations on planning applications. A list of relevant Council decision-making meetings where analysis/evidence has been presented/submitted is set out at Appendix B.

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<sup>6</sup> Bristol City council estimates based on all licenced HMOs including properties with a mandatory licence or an additional licence (in areas of the city where additional licensing schemes have been declared), all licence applications received and all planning permissions and other authorisations for HMOs that are not licenced.

<sup>7</sup> Building Research Establishment (BRE) estimates derived from BRE Integrated Dwelling Level Housing Stock Modelling and Database for Bristol City Council.

### 3. The need for further guidance

A number of factors have influenced the need for further guidance to help support the implementation of policy [DM2: Residential Sub-divisions, Shared and Specialist Housing](#). These are set out as follows:

#### [Increasing numbers of HMOs and Council response](#)

Over the last 10 years analysis indicates that the number and distribution of HMOs has grown significantly across the city. Impacts from HMOs have become increasingly widespread with communities reporting problems with HMO concentrations outside of traditional student areas. Drivers of HMO growth remain strong with further increase in numbers expected where no controls are exercised.

The Council has responded by introducing Article 4 Directions which remove permitted development rights for small HMOs and strengthening Local Plan policy. The first Article 4 Directions were introduced in December 2011 within the wards of Clifton East, Cotham, Cabot, Ashley and Lawrence Hill (based on ward boundaries pre-May 2016). Further Article 4 Directions were introduced in October 2012 within the wards of Clifton and Redland (based on ward boundaries pre-May 2016). Existing Local Plan policy controls relating to HMOs were strengthened in 2014 with the introduction of policy **DM2**. The continuing increase in the numbers of HMOs citywide since 2014 has led to a recent review of Article 4 Direction coverage. This has resulted in the introduction of further Article 4 Directions in parts of North, South and East Bristol<sup>8</sup> in July 2020.

In parallel extensions to HMO licensing control have been introduced by the Government and the Council. These include a widening of Mandatory licensing control over larger HMOs introduced in October 2018 and local Additional licensing schemes introduced by the Council to cover smaller HMOs. The Additional licensing schemes were introduced in East Bristol (Eastville and St. George West) in July 2016 and in Central Bristol (Ashley, Bishopston and Ashley Down, Central, Clifton, Clifton Down, Cotham, Easton, Hotwells and Harbourside, Lawrence Hill, Redland, Southville and Windmill Hill) in July 2019.

#### [Implementation of policy DM2](#)

The supporting text to policy **DM2** provides a broad definition of harmful concentration (para. 2.2.6) and some explanation of how existing and likely future conditions should be analysed (para. 2.2.7 and 'Application Information'). Implicit within this guidance is the need to assess the quantity and type of existing housing in an area to determine whether a harmful concentration of a particular type of housing has arisen or is likely to arise. There is also an implicit understanding that the greater the quantity of such housing the greater the cumulative impact it has on the residential qualities and characteristics of an area and the more limited the housing choice will be. The policy and explanatory text does not quantify a harmful concentration or explain in detail the method for assessing one.

#### [Full Council motion](#)

In July 2017 a Full Council resolution was passed on the motion: *Mitigation of university expansion*<sup>9</sup>. The Motion identified groups disproportionately affected by increases in the city's student

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<sup>8</sup> Partly covering wards in the following areas: Avonmouth Area (Avonmouth & Lawrence Weston), North Area (Horfield, Lockleaze, Redland, Bishopston and Ashley Down), East Area (Frome Vale, Hillfields, Eastville, Easton, Lawrence Hill, St. George West, St. George Central, St. George Troopers Hill), South Area (Southville, Bedminster, Filwood, Windmill Hill, Knowle, Brislington West).

<sup>9</sup> <https://democracy.bristol.gov.uk/mgAi.aspx?ID=8184> (Motion 2)

population including residents living in communities affected by high concentrations of students. The Motion called for the development of an SPD that could support improvements to the residential amenity of areas affected by existing and future concentrations of students.

### Conclusion

Significant growth of HMOs in recent years has driven co-ordinated action across the Council to more effectively manage their development and operation. To support this process additional guidance on Local Plan policy implementation relating to the development of HMOs is needed. In particular, a more explicit definition of harmful concentration and further guidance on the assessment methodology would benefit the overall effectiveness and deliverability of the policy. This will support the protection of residential communities from harmful concentrations of HMOs sought by the Full Council Motion in July 2017.

## 4. The threshold assessment and selection of 10%

A key purpose of policy [DM2: Residential Sub-divisions, Shared and Specialist Housing](#) is to prevent harmful concentrations of certain forms of accommodation, in particular HMOs, from arising. This ensures that the residential amenity and local character of an area are protected and also supports a separate policy aim to create mixed, balanced and inclusive communities. This policy aim is set out in Core Strategy Local Plan policy [BCS18: Housing Type](#), which expects all new residential development to maintain, provide or contribute to a mix of housing tenures, types and sizes.

To determine whether harmful concentrations of HMOs are likely to arise the proposed SPD applies an HMO threshold assessment to HMO development proposals. This sets an indicative limit to the percentage of homes within any given area that are occupied as HMOs. The proposed SPD states that proposals resulting in a percentage above this limit are unlikely to be consistent with Local Plan policy. To determine such a limit the Council have considered work undertaken by the National HMO Lobby and relevant policies developed at other local authorities.

### 4.1 Background

#### [National HMO Lobby](#)

The issue of how to define a threshold level has been considered by a number of local authorities but most of them draw on work undertaken by the National HMO Lobby. This is an association of some fifty community groups in thirty towns across the UK, including Bristol, who are concerned to ameliorate the impact of concentrations of HMOs on their communities.

The National HMO Lobby published a paper in 2008<sup>10</sup> which seeks to address the impacts of concentrations of HMOs on communities across the country. The paper sets out a broad description of a balanced community, a workable idea of how to define one and a programme of action to restore and/or maintain the balance.

As a starting point balanced and sustainable communities are described as those with an appropriate balance between settled residents and a transient population. The key problem identified is demographic imbalance within a neighbourhood resulting in social polarisation and community instability. Such imbalance arises from concentrations of HMOs whose demographic can be characterised by a generally younger more transient population group in higher density accommodation.

The workable idea of a balanced community is expressed as a community which approximates national demographic norms in terms of household types. Imbalance will occur when the household composition of an area deviates significantly from this norm. Allowing for a deviation from the norm the criteria for a balanced community is given as: not less than 60% families, not more than 33% one person households and not more than 10% HMOs, based on the Survey of English Housing current at the time of the paper's publication. The tipping point between a balanced and imbalanced community is stated to occur when HMOs exceed 10% of the properties within an area. This represents a 50% deviation from the national percentage of households that were HMOs at the time of the paper's publication. The Lobby determined that this was the maximum acceptable level of deviation.

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<sup>10</sup> National HMO Lobby - Balanced Communities & Studentification Problems and Solutions - 2008

Action to restore and protect balanced communities is set out as a 10 point plan. The plan includes the application of a threshold policy by local authorities that restricts further development of HMOs when the tipping point is reached or exceeded.

### Other local authorities

Research into other local authority policy approaches to HMOs has shown increasing widespread use of the threshold approach. Some 27 English and Welsh authorities are known to have existing or emerging Local Plan policies or Supplementary Planning Documents that set out this approach. The majority identify 10% of properties in use as HMOs in a given area as the upper limit, above which a community may become imbalanced. Many authorities have also identified a 100 metre radius around the application property or site as the defined area for the threshold assessment. Appendix C sets out which local authorities are known to be using this approach.

## **4.2 Application of a threshold assessment in Bristol**

The principle underlying the threshold approach has been applied to Bristol to determine whether 10% is locally appropriate. Based on the total number of residential properties<sup>11</sup>, verifiable HMOs (lower level estimate)<sup>12</sup> and BRE estimated HMOs (higher level estimate)<sup>13</sup> within the city the average percentage of properties occupied as HMOs is within a range of 3% (lower level average) to 6.6% (higher level average). Under the threshold principle this would indicate the normal or desired community balance between HMOs and other residential properties based on the city's demographics.

To understand an area's level of divergence from the lower and higher level average citywide percentage, standard deviation can be used. Standard deviation highlights those areas which are higher, much higher, or very much higher than the citywide average. Based on the verifiable HMO data, whilst some areas of the city have no HMOs at all, in other areas up to 22.6% of all properties are HMOs. A 10% threshold is around three times more than the lower level citywide average of 3% derived from this data. Based on the BRE HMO estimate, whilst some areas of the city have no HMOs at all, in other areas it is estimated that up to 38.6% of all properties are HMOs. A 10% threshold is around 50% more than the higher level citywide average of 6.6% derived from this estimate.

On this basis areas with at least 10% HMOs would be defined as higher to much higher than the desired community balance.

Standard deviation levels and HMO percentages have been mapped for each Lower Level Super Output Area (LSOA)<sup>14</sup> across the city. The maps are shown at Appendix D. Map 1 shows the results for the lower level HMO estimate and map 2 the results for the higher level HMO estimate. The darker blues on the maps represent the greatest level of divergence or imbalance when compared to the citywide percentage of HMOs. Areas with 10% and above correspond to communities experiencing negative impacts from HMO concentrations in the city. These include communities in Clifton, Cotham, around the Gloucester Road corridor, Easton, Fishponds, Southville, Bedminster and Windmill Hill.

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<sup>11</sup> Total identified dwellings are based on residential records held within the Bristol Local Land and Property Gazetteer (LLPG) and include all approved residential classifications but exclude garages, residential car parks and provisional records.

<sup>12</sup> Bristol City Council estimates based on all licenced HMOs including properties with a mandatory licence or an additional licence (in areas of the city where additional licensing schemes have been declared), all licence applications received and all planning permissions and other authorisations for HMOs that are not licenced. Data current as of April 2019.

<sup>13</sup> Building Research Establishment (BRE) estimates derived from BRE Integrated Dwelling Level Housing Stock Modelling and Database for Bristol City Council. Estimate provided as of February 2020.

<sup>14</sup> An established statistical Geography used for the reporting of small area statistics.

### 4.3 Assessment and conclusion

There is considerable merit in the use of the threshold approach as an appropriate indicator of community imbalance and therefore harmful concentration. The principle of deviation from a wider statistical profile to understand imbalance at a smaller area level has also previously been used by the Council to inform Local Plan policy approaches and Article 4 Direction boundaries.

It is clear that numbers of local authorities across the country are now using the 10% threshold approach, either as a policy tool or as additional policy guidance, to support the assessment of new HMO development. This would indicate that such policies are considered sound by the Planning Inspectorate and are supported by local communities. The proposed use of a threshold approach in Bristol has gained widespread support from communities responding to the initial consultation on the draft SPD.

Using the citywide proportion of 3% to 6.6% HMOs as an indicator of a balanced community a 10% level represents a considerable deviation from this position and corresponds to those communities experiencing the greatest level of impacts from HMO concentrations.

For the reasons given the use of a 10% threshold to support the determination of proposals for new HMO development is considered appropriate for Bristol.

## 5. Defining the area of the threshold assessment

The threshold assessment area also needs to be considered and defined. The supporting text to policy [DM2: Residential Sub-divisions, Shared and Specialist Housing](#) expects assessments of new development to consider the relative impacts at street, neighbourhood and ward levels (para. 2.2.7). The proposed SPD provides for the use of the threshold assessment at the immediate neighbourhood level only.

The Council have again considered work undertaken by the National HMO Lobby (see section 4.1) and policies developed at other local authorities to inform an appropriate approach for Bristol.

### 5.1 Background

#### [National HMO Lobby](#)

The National HMO Lobby's 2008 publication considers the size of the area across which any threshold approach should be applied. Three potential geographies are identified and defined by reference to active local authority policy approaches at that time. These include:

- Street or Block: *Reference to Glasgow's policy on HMOs;*
- Neighbourhood: *Comprising several streets. Reference to Loughborough's (Charnwood Borough Council) threshold approach to student housing using Census Output Areas including the home Output area and adjoining Output Areas;*
- Community: *Comprising several neighbourhoods. Reference to Leeds City Council Community Areas, as defined by local residents, and used for community funding purposes.*

#### [Other local authorities](#)

Research of other local authority policies and guidance that apply a threshold approach to HMOs has shown that most use a 100 metre radius around the application property or site to define the area of assessment. Appendix C sets out which local authorities are known to be using this approach.

### 5.2 Assessment and conclusion

The use of a radius rather than a Census geography to define the threshold assessment area is the preferred approach. This provides a more accurate picture of surrounding HMO distribution as the application property or site is at the centre of the threshold assessment area. Where a Census geography is used the boundary of the threshold assessment area will not be evenly distanced from the application property or site. This may result in an uneven counting of surrounding HMOs. Such a situation might not be corrected by extending the threshold assessment to adjoining Census geographies.

The proposed threshold assessment for Bristol will be undertaken at the immediate neighbourhood level. Using the radius approach a distance of 100m in all directions around the application property or site will reasonably define the immediate neighbourhood. This distance is a 1 to 2 minute walk representing the home ground of any property within which potential impacts from neighbours will be most acute. The use of 100 metres is consistent with other local authorities who apply a threshold approach.

For the reasons given the use of a 100 metre radius to define the threshold assessment area is considered appropriate for Bristol.

## **Policy DM2: Residential Sub-divisions, Shared and Specialist Housing**

The Core Strategy sets out the overall approach to developing new homes in the city. It proposes an overall number of homes, seeks affordable housing and aims for a broad housing mix. This Development Management policy offers an approach to addressing the impacts and issues of certain forms of housing; in particular, sub-divisions, shared housing, specialist student accommodation and housing for older people.

The sub-division of existing accommodation and the supply of shared housing provide an important contribution to people's housing choice. The policy aims to ensure that such development also preserves the residential amenity and character of an area and that harmful concentrations do not arise. The policy also aims for a good standard of accommodation.

Student numbers in the city have risen substantially since 2001 creating demand for a range of private rented accommodation. The population of older people will also increase in the coming years creating specific housing requirements. The policy aims to ensure that future specialist housing for students and older people meets appropriate standards and is sensibly located.

### ***Residential Sub-divisions, Shared and Specialist Housing – General Criteria***

#### **Proposals for:**

- **the sub-division of existing dwellings to flats;**
- **the conversion of existing dwellings or construction of new buildings to be used as houses in multiple occupation;**
- **the intensification of existing houses in multiple occupation;**
- **specialist student housing; and**
- **other forms of shared housing**

#### **will not be permitted where:**

- i. **The development would harm the residential amenity or character of the locality as a result of any of the following:**
  - **Levels of activity that cause excessive noise and disturbance to residents; or**
  - **Levels of on-street parking that cannot be reasonably accommodated or regulated through parking control measures; or**
  - **Cumulative detrimental impact of physical alterations to buildings and structures; or**
  - **Inadequate storage for recycling/refuse and cycles.**
- ii. **The development would create or contribute to a harmful concentration of such uses within a locality as a result of any of the following:**
  - **Exacerbating existing harmful conditions including those listed at (i) above; or**
  - **Reducing the choice of homes in the area by changing the housing mix.**

**Where development is permitted it must provide a good standard of accommodation by meeting relevant requirements and standards set out in other development plan policies.**

For the purposes of this policy shared housing includes houses in multiple occupation (HMOs), bed-sits, hostels, housing for older people and specialist student accommodation. The council has established an Article 4 Direction to control small HMOs within the wards of Ashley, Cabot, Clifton, Clifton East, Cotham, Lawrence Hill and Redland. Small HMOs are defined as small shared houses or flats occupied by between three and six unrelated individuals who share basic amenities. This means that a planning application is required for this type of development.

### *General Criteria*

Whilst making a valuable contribution to the city's housing requirements both subdivisions of existing accommodation and shared housing can have an impact on residential amenity and the character and housing mix of an area. Specific issues common to both forms of housing can include:

- Noise and disturbance associated with intensification of the residential use and/or the lifestyles of occupants;
- Pressure for on-street parking;
- A shift from permanent family housing to more transient accommodation;
- Impacts on social cohesion;
- A shift in the character of shops and businesses supporting the community;
- Impact of external alterations;
- Poor waste management.

When making assessments on new development, consideration is to be given to the particular qualities and characteristics of a residential area or residential uses that might contribute to it being an enjoyable or otherwise satisfactory place to live. These usually include generally quieter surroundings; a reasonable level of safe, accessible and convenient car parking; a well-maintained or visually attractive environment and the preservation of buildings and structures that contribute to the character of a locality. Harmful concentrations are likely to arise when issues commonly associated with these uses, listed in para. 2.2.5 above, cumulatively result in detrimental effects on these residential qualities and characteristics. Harmful concentrations will also result where the choice of housing is reduced and no longer provides for the needs of different groups within the community.

Assessments should consider the relative impacts at street, neighbourhood and ward levels.

The policy also seeks the provision of a good standard of accommodation for future occupiers. Consideration should be given to layout, internal living space, external amenity space, outlook, privacy, adaptability, security, cycle and car parking and refuse and recycling storage. Relevant requirements and standards are set out in the policies listed in the Policy Links section.

### **Application Information**

For major developments analysis should be undertaken of the type of housing in the area, including where relevant the number of sub-divisions, HMOs or specialist student housing accommodation, at street, neighbourhood and ward levels. Data is available from the Census that corresponds to these geographies.'

*(Local Plan - Site Allocations and Development Management Policies - Adopted July 2014)*

## Appendix B: Harmful impact of HMOs

Council decision-making meetings where evidence of harmful impact of HMOs has been presented include:

- Bristol City Council Development Control (Central) Committee - 27 October 2010  
Future Control of Houses in Multiple Occupation - Consideration of Potential Article 4 Direction
- Bristol City Council Officer Delegated Report and Decision - 7 December 2010  
Future control of Houses in Multiple Occupation (HMO's) Article 4 direction for Ashley, Cabot, Clifton East, Cotham and Lawrence Hill Wards
- Bristol City Council Development Control (Central) Committee - 21 September 2011  
Confirmation of Article 4 direction for Ashley, Cabot, Clifton East, Cotham and Lawrence Hill Wards; Consideration of potential Article 4 direction for Clifton and Redland Wards.
- Bristol City Council Development Control (Central) Committee - 26 September 2012  
Control of Houses in Multiple Occupation (HMO's). Confirmation of Article 4 direction for Clifton and Redland Wards
- Bristol City Council Cabinet - 2 April 2019  
Houses in Multiple Occupation - New Article 4 Directions

## Appendix C: Other local authorities using the threshold approach

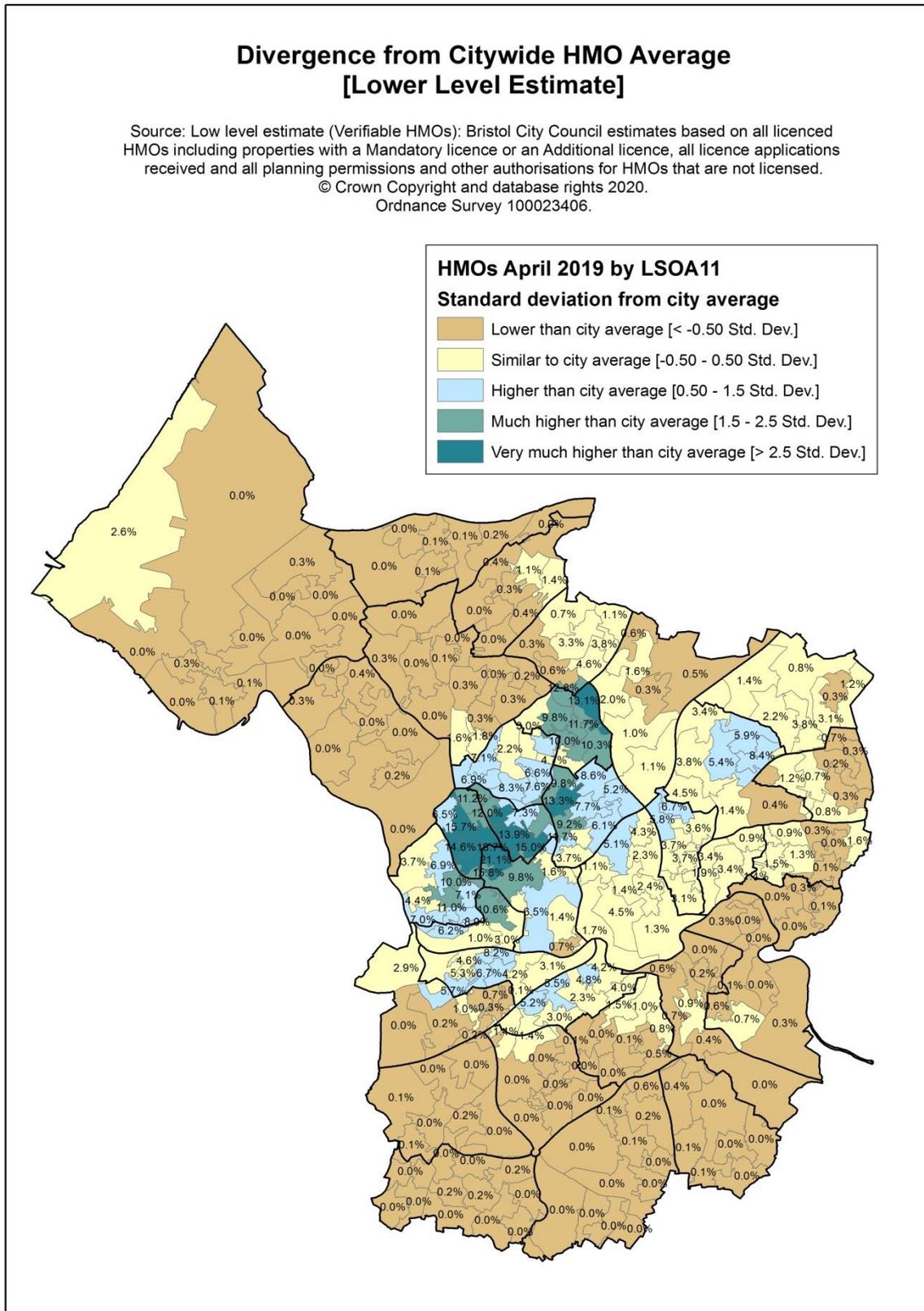
Local Authority	Policy/SPD	Status	Threshold Percentage	Area Definition
English Authorities				
London Borough of Barking and Dagenham	<i>Planning for the future of Barking and Dagenham - Borough wide Development Policies Development Plan Document.</i> Policy BC4: Residential Conversions and Houses in Multiple Occupation	Adopted Plan (March 2011)	10%	Street
Bath & North East Somerset Council	Houses in Multiple Occupation in Bath Supplementary Planning Document	Adopted SPD (November 2017)	10%	100 metre radius
Birmingham City Council	<i>Birmingham Plan 2031 - Development Management in Birmingham - Publication version (Regulation 19)</i> Policy DM11: Houses in multiple occupation (HMO) and other non-family housing	Consultation undertaken on Publication version (October 2019 to February 2020). To be submitted for Examination.	10%	100 metre radius
Brighton-Hove City Council	<i>Brighton &amp; Hove City Plan Part One</i> Policy CP21: Student Accommodation and Houses in Multiple Occupation Part ii	Adopted Plan (March 2016)	10%	50 metre radius
Canterbury City Council	<i>Canterbury District Local Plan</i> Policy HD6: Housing in Multiple Occupation (HMO)	Adopted Plan (July 2017)	10%	100 metre radius
Charnwood Borough Council	<i>Housing Supplementary Planning Document</i> HSPD 11: Concentrations of Houses in Multiple Occupation	Adopted SPD (May 2017 – Updated December 2017)	20%	100 metre radius
Durham County Council	<i>County Durham Plan</i> Policy 16: Durham University Development, Purpose Built Student Accommodation and Houses in Multiple Occupation	Consultation on main modifications following completion of examination hearings. (May to July 2020)	10%	100 metre radius
Harlow Council	<i>Harlow Local Development Plan Pre-Submission Publication</i> Policy H3: Houses in Multiple Occupation	Consultation on main modifications following completion of examination hearings (March to May 2020). Awaiting Inspectors final report.	20%	Row of 5 units

Liverpool City Council	<i>Liverpool Local Plan 2013 -2033 Pre-submission draft 2018</i> Policy H11: Houses-in-Multiple Occupation (HMO): Neighbourhood Approach	Consultation undertaken on Pre-Submission Draft of the Liverpool Local Plan (January to February 2018).	10%	In designated neighbourhoods
Manchester City Council	<i>Manchester's Local Development Framework Core Strategy Development Plan Document</i> Policy H11: Houses in Multiple Occupation	Adopted Plan (July 2012) Development Plan Document to include thresholds which define high concentration and short distance to further support application of the policy to be prepared.	10%	100 metres of the application site
Milton Keynes Council	Houses in Multiple Occupation Supplementary Planning Document	Adopted SPD (April 2012)	35%	50 metre radius
Northampton Borough Council	<i>Houses in Multiple Occupation Supplementary Planning Document (SPD)</i>	Adopted SPD (November 2019)	10%	50 metre radius
	<i>Northampton Local Plan Part 2 2011 - 2029 Proposed Submission - Round 2</i> Policy 15: Delivering Houses in Multiple Occupation	Round 2 consultation under way on proposed Submission draft (July to August 2020).	10%	50 metre radius
Nottingham City Council	<i>Nottingham City land and planning policies Development Plan Document Local Plan Part 2</i> Policy HO6: Houses in Multiple Occupation (HMOs) and Purpose Built Student Accommodation	Adopted Plan (January 2020)	10%	Census Output Areas (Output area where proposal is located and all adjoining Output Areas)
Oxford City Council	<i>Oxford Local Plan 2036</i> Policy H6: Houses in Multiple Occupation (HMO)	Adopted Plan (June 2020)	20%	100 metres of street length
Portsmouth City Council	Houses in multiple occupation (HMOs) - Ensuring mixed and balanced communities Supplementary Planning Document (SPD)	Adopted SPD (October 2019)	10%	50 metre radius
Reading Borough Council	<i>Reading Borough Local Plan</i> H8: Residential Conversions	Adopted Plan (November 2019)	25%	50 metre radius
Scarborough Borough Council	<i>Houses in Multiple Occupation SPD</i>	Adopted SPD (November 2015)	10%	100 metre radius

Southampton	Houses in Multiple Occupation Supplementary Planning Document	Adopted SPD (May 2016)	10%	40 metre radius
Trafford Council	<i>Houses in Multiple Occupation -Supplementary Planning Document SPD6</i>	Adopted SPD (March 2018)	10%	40 metre radius
Warwick District Council	<i>Warwick District Local Plan 2011-2029</i> H6: Houses in Multiple Occupation and Student Accommodation	Adopted Plan (September 2017)	10%	100 metre radius
Welwyn Hatfield Borough Council	<i>Houses in Multiple Occupation Supplementary Planning Document</i>	Adopted SPD (February 2012)	20%	50 metre radius
Worcester City Council	<i>Houses in Multiple Occupation Supplementary Planning Document (SPD)</i>	Adopted SPD (October 2014)	10%	100 metre radius
City of York Council	<i>Draft Controlling the Concentration of Houses in Multiple Occupation Supplementary Planning Document</i>	Adopted SPD (April 2012 amended July 2014)	20%	In a neighbourhood area
			10%	100 metres of street length
	<i>City of York Local Plan - Publication Draft</i> Policy H8 : Houses in Multiple Occupation	Plan submitted for Examination May 2018. Examination on-going	20%	In a neighbourhood area
			10%	100 metres of street length
<b>Welsh Authorities</b>				
Cardiff Council	<i>Houses in Multiple Occupation (HMOs) SPG</i>	Adopted SPG (October 2016)	20% in selected wards	50 metre radius
			10% in all other wards	50 metre radius
Newport Council	<i>Houses in Multiple Occupation (HMOs) SPG</i>	Adopted SPG (January 2017)	15% in defined areas	50 metre radius
			10% in all other areas	50 metre radius
Rhonda Cynon Taff County Borough Council	<i>Houses in Multiple Occupation (HMOs) SPG</i>	<i>Adopted SPG (May 2015)</i>	20% in a selected ward	50 metre radius
			10% in all other areas	50 metre radius
Swansea Council	<i>Swansea Local Development Plan 2010 - 2025</i> Policy H 9: Houses in Multiple Occupation	Adopted Plan (February 2019)	25% within the HMO Management Area	50 metre radius
			10% outside the HMO Management. Area	50 metre radius



Map 1



Map 2

### Divergence from Citywide HMO Average [Higher Level Estimate]

Source: Building Research Establishment (BRE) estimates derived from BRE Integrated Dwelling Level Housing Stock Modelling and Database for Bristol City Council.  
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