Topic Paper - Houses in Multiple Occupation
Proposed Policy Approach

2026

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1. Introduction

1.1 This topic paper has been produced to support draft 'Policy DM5.6 Houses in Multiple Occupation' of the Southend New Local Plan (see **Appendix 1**). The paper provides a summary of the evidence and explains the reasoning and the justification for the proposed policy criteria set out in the draft policy.

1.2 Draft Policy DM5.6 seeks to ensure the creation of sustainable communities and good quality living environments. The proposed policy will be used to assess proposals for Houses in Multiple Occupation (HMOs), balancing the contribution that such development will make to meeting housing demand against the potential harm that is caused by the over-concentration of such uses to the character, amenity and availability of family housing in the surrounding area.

1.3 To support the emerging policy provisions for Houses in Multiple Occupation, an Article 4 Direction, which seeks to remove permitted development rights to change housing into small HMOs (6 people or less sharing facilities), is being pursued.

2. Definition of Houses in Multiple Occupation

2.1 A property is broadly defined as an HMO if it is occupied by 3 or more unrelated persons from 2 or more households and there are shared facilities such as a toilet, bathroom or kitchen. A household can be a separate individual, a couple or a family. Examples include bedsits, shared houses, lodgings and accommodation for workers or employees. The full legal definition of an HMO is given under the Housing Act 2004.

2.2 There are two national statutory planning instruments that are relevant to the use of buildings as HMOs;

- the Town and Country Planning (Use Classes) Order 1987 (as amended) commonly referred to as the 'Use Classes Order' and
- the General Permitted Development Order (GPDO, 2015).

2.3 In 2009, the Government consulted on how best to address the impact of high concentrations of HMOs in certain areas. In 2010, the Government amended the Use Classes Order to create a new use class for HMOs, meaning that changes of use from a dwelling (Class C3) to an HMO (Class C4) would require planning permission.

2.4 The Use Classes Order defines two different categories of HMO as follows:

- smaller HMOs that contain between 3 and 6 people who are unrelated to each other. These are identified under use class C4.
- larger HMOs containing more than 6 unrelated people, which are identified as a 'sui generis' use.

2.5 These provisions were followed by a change to the GPDO to reduce bureaucracy in areas where HMOs were not a problem by removing the requirement for a planning application for changes of use from a dwelling to a small HMO accommodating six people or less. The GPDO provides permitted development rights to convert ordinary family housing (C3 use class) to small C4 HMO use without the need for planning approval. Larger sui generis HMOs on the other hand will always require planning approval to be created from either C3 housing or any other land use.

3. Article 4 Direction

3.1 Permitted development rights can be removed by the local planning authority by means of an Article 4 Direction to 'protect local amenity or the well being of the area'[1]. The City Council believes there is justification for pursing such an Article 4 Direction in the interests of protecting the character and amenities of established residential areas and in order to:

- ensure the emerging HMO Policy DM5.6, as set out in Sections 8 and 9 below, is not undermined by the proliferation of small HMOs (Use Class C4) provided under permitted development rights without the need for planning permission;
- to safeguard the amenities and character of established residential areas; and
- to safeguard an adequate stock of small family dwellinghouses to meet identified needs.

3.2 The case and justification for pursuing an Article 4 Direction in relation to small HMOs is set out in a separate paper that explores options for applying Article 4 Directions to remove permitted development rights for the change of use of C3 housing to C4 HMOs.

4. Licences

4.1 In addition to any planning permission required, a House in Multiple Occupation with 5 or more tenants who are living as more than one household requires an HMO Licence[2] which includes provisions for minimum room sizes and waste disposal provision[3].

4.2 HMOs with less than 5 tenants will not require a Licence. However, they are still HMOs and will still fall under regulatory control within the provisions of the 'Housing Health and Safety Rating System'[4] and the 'Management of Houses in Multiple Occupation Regulations'[5].

5. National Planning Context

5.1 The National Planning Policy Framework (NPPF) sets out a need to support strong, vibrant and healthy communities by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations. Paragraph 63 states that the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies.

5.2 Paragraph 131 states that the creation of high quality beautiful and sustainable buildings and places is fundamental to what the planning and development process should achieve. Paragraph 135 states that planning policies and decisions should ensure that developments will function well and add to the overall quality of the area and create places that are safe inclusive

[1] Paragraph 54 of the revised National Planning Policy Framework (NPPF, 2024).
[2] The Licensing of Houses in Multiple Occupation (Prescribed Description) (England) Order 2018
[3] The Licensing of Houses in Multiple Occupation (Mandatory Conditions of Licences) (England) Regulations 2018.
[4] Housing Health and Safety Rating System, Guidance for Landlords and Property Related Professionals – Department for Communities and Local Government, May 2006
[5] The Management of Houses in Multiple Occupation (England) Regulations 2006

and accessible, and which promote health and well-being, with a high standard of amenity for existing and future users.

5.3 The Council believes that draft Policy DM5.6 will help to create strong, vibrant communities and add to the overall quality of areas, in line with the objectives of the NPPF.

6. Local Policy Context

6.1 Southend is a densely populated urban area with limited supply of both brownfield and especially greenfield land for new development. Virtually all of Southend's recent housing development has been from within the existing urban area[6]. There is a need to safeguard and increase the delivery of three bed (and larger) homes to cater for families, as well as providing for a range of different sized housing, including accommodation to meet Southend's growing proportion of older people[7].

6.2 There is subnational demand, for all types of housing within Southend, including family housing. A continuation of local trends could see some 45 - 50% of households needing three or four bedrooms[8]. Despite this, between 2001 – 2021 77% of new dwellings within Southend comprised one or two beds[9]. There is, therefore, a need to manage the delivery of new homes and to ensure the delivery of a mix, size and type of homes to meet local needs and importantly not lead to concentrated loss of family sized accommodation, including through sub-division to flats and HMO's.

6.3 With significant rises in house prices over the past 20 years housing has become less and less affordable. The private rented sector has seen considerable growth as a result increasing from 22% to 26.5% of the total housing stock between 2011 and 2021 with the cost of private renting any size of property rising most notably for properties with three bedrooms. However, despite increasing rental levels, Southend has the lowest rents, both overall and for each size of property, in South Essex[10].

6.4 As a result of these circumstances many people in Southend who want to own their own homes simply cannot afford to do so. In addition, a high proportion of newly arising households are now unable to afford a lower quartile private sector rented property without spending over a third of their income on rent. This has led to a growing number of people seeking cheaper shared accommodation in the form of Houses in Multiple Occupation.

6.5 Houses in Multiple Occupation are an established feature of the Southend housing stock. Whilst such properties have an important role to play in providing an alternative supply of affordable homes, concentrations of HMOs, especially when these are poorly maintained and managed can, and have resulted, in adverse impacts on residential amenities and the character of established residential areas through noise nuisance as a result of more frequent comings and goings, increased pressure on on-street parking and higher levels of population transience leading to a possible breakdown of community cohesion. Experience has shown that a property occupied by a group of unconnected adults is likely to have a greater impact than a typical family home with a similar number of occupants as lifestyles and movement patterns will be less connected.

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[6] Southend Annual Monitoring Report
[7] Housing Needs Assessment December 2026
[8] Housing Needs Assessment December 2026
[9] Southend Annual Monitoring Report
[10] ONS (2021) Private Rental Market Statistics

6.6 Whilst the City's stock of HMOs has contributed to meeting housing needs, increased numbers have resulted in adverse impacts in some areas of the City. Concentrations of HMOs can damage residential amenity and local character and reduce the availability of family housing resulting in imbalanced and unsustainable communities.

6.7 To safeguard residential amenities and the character of established residential areas whilst ensuring that local communities remain mixed and balanced in terms of both housing tenure and the people that live there, the City Council has for many years applied planning policies and residential standards to ensure the suitability of proposals to convert properties into smaller residential units. These are reinforced in the emerging draft housing policies of the Southend new Local Plan, including provisions to safeguard an adequate stock of small family dwellinghouses to meet local housing needs (Policy DM5.4) and the provision of residential standards (Policy DM5.5).

6.8 With growing numbers of people turning to HMO's as a source of affordable housing, it will be important to ensure that planning policy in the emerging new Southend Local Plan is fit for purpose to adequately address the demand for this form of housing.

6.9 Without proper planning controls experience has shown that community impacts associated with concentrations of HMOs can and have included noise and disturbance, poor waste management, congested on-street parking, detriment to visual amenity, erosion of community facilities, loss of family housing and loss of social cohesion. It will be important to ensure that planning policy strikes an appropriate balance between meeting the demand for shared housing whilst protecting and safeguarding the character and amenities of established residential areas.

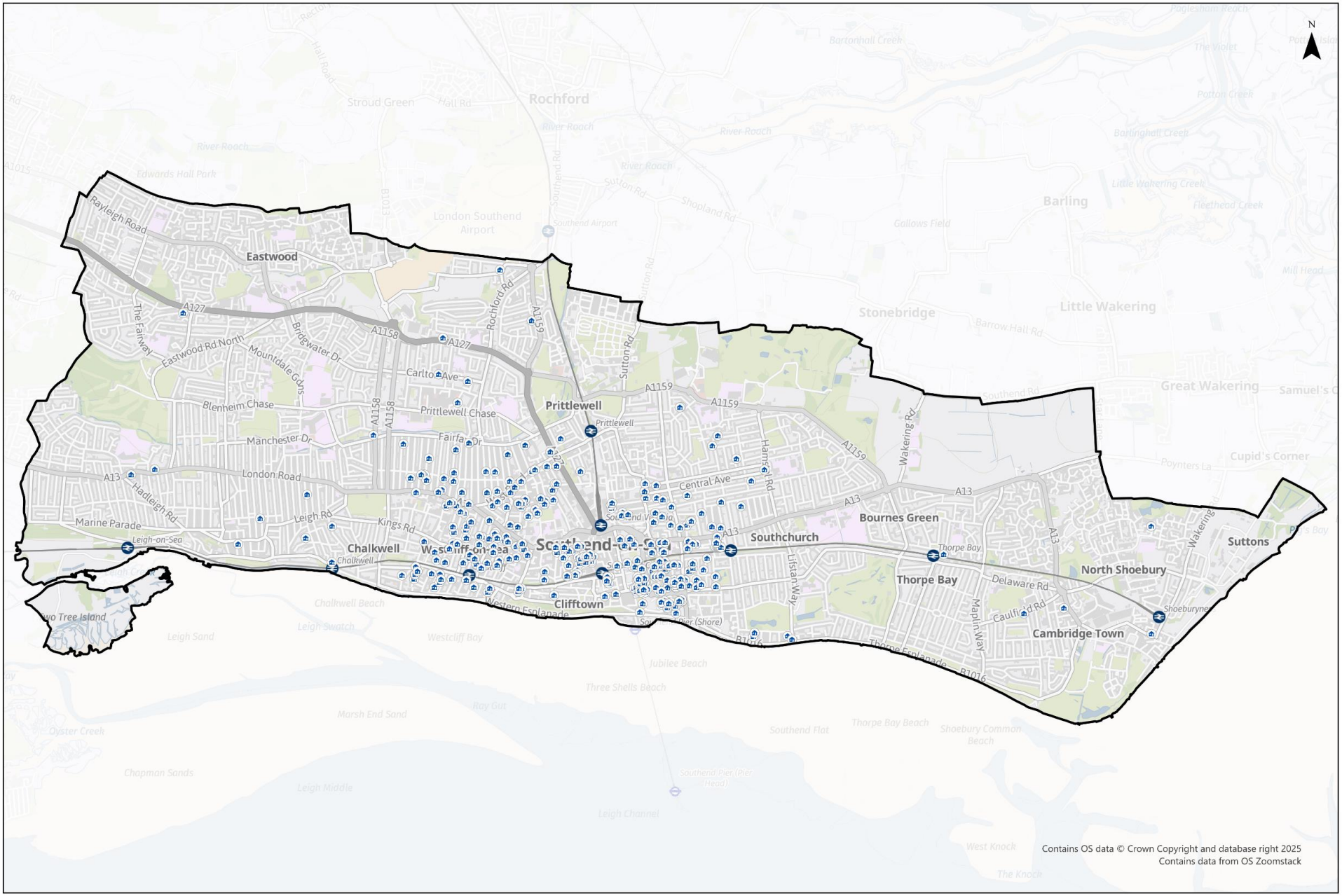
7. Distribution of HMO's in Southend

7.1 **Map 1** shows the distribution of HMO properties across the City that have been identified using the Council's Basic Land and Property Unit (BLPU) data. This dataset is continuously updated having regard to HMO licensing, planning and building control records, electoral register and Council tax records. Map 1 represents a snapshot of the HMOs identified via the BLPU as of February 2025.

7.2 While best efforts have been made to identify as many HMOs as possible, a complete picture of all HMOs in the City will always be difficult to achieve. The most significant reason for this is because smaller HMOs do not require mandatory licensing or planning approval. There may also be cases of unauthorised development of HMOs which have not yet been brought to the attention of planning enforcement, and due to the existing rules on permitted development many residential properties can fall in and out of HMO use quickly and easily without the City Council having a record of the change of use.

7.3 The data collected can therefore offer a detailed indication, but not a comprehensive picture of the prevalence and distribution of HMOs in the City.

Map 1: Distribution of HMO's in Southend (BLPU data – Feb 2025)



7.2 There are approximately 2,500 HMO bed spaces[11] currently in the City.

7.3 Around 93% of HMO's identified are concentrated in the older mainly Edwardian and Victorian properties in the central parts of the City in the Westcliff, Southend City Centre and Southchurch neighbourhoods. Of the remaining HMOs over half of these are located in the southern area of Leigh. All these areas are characterised by tightly knit housing with limited off street parking spaces.

7.4 In the neighbourhoods north and east of the City there is a relatively sparse distribution of HMOs with no HMOs recorded at all in the neighbourhoods of Eastwood and Thorpe Bay as depicted in **Table 1**.

Table 1: Number of HMO's in Southend

City Area	Neighbourhood	Total Number of HMO Buildings	Total Number of HMO's Bedspaces	% of Total HMO bedspace	HMO room as a proportion of Dwelling Stock
North Southend	Eastwood	0	0	1.9%	-
	Prittlewell	10	47		0.80%
West Southend	Leigh	13	86	3.4%	0.40%
Central Southend	Westcliff on Sea	132	783	93.4%	6.88%
	Southend City Centre	129	901		8.68%
	Southchurch	105	655		4.50%
East Southend	Thorpe Bay	1	5	1.2%	0.14%
	Shoeburyness	5	26		0.28%
	Total HMO	**395**	**2,503**		**3.00%**

Source: Data from Basic Land and Property Unit (BLPU) February 2025

Table 2: Change in total number of HMO's in Southend

	16/10/2020	06/04/2022	20/02/2025	Change	% Change
Total Dwellings	82,094	82,998	83,548	1,454	1.8%
Total Number of HMO Buildings	318	324	395	77	24.2%
Total Number of HMO Bedspaces	1,997	2,052	2,503	506	25.3%

Source: Data from Basic Land and Property Unit (BLPU)

[11] Identified using the Council's Basic Land and Property Unit (BLPU) data, which is continuously updated having regard to HMO licensing, planning and building control records, electoral register and Council tax records.

8. Developing New Planning Policy

8.1 The Southend Housing Needs Assessment clearly establishes the urgent need to provide for affordable housing in the City. The provision of HMO's is one form of housing that can contribute to this need as rooms can be rented individually providing for affordable accommodation, particularly for students, younger people and those on lower incomes.

8.2 However, whilst the need for this type of accommodation is not in dispute, there is also a need to safeguard family sized accommodation. HMOs tend to be grouped together in the central parts of the City and can become the dominant type of housing with a higher population density of mainly younger transient tenants. This can lead to social and environmental problems for local communities detrimentally affecting residential amenities and the character of an area.

8.3 The National HMO lobby[12] has identified a 'tipping point' in respect of concentrations of HMOs where this point is described as a threshold beyond which a deviation departs so far from the 'norm' that a community can 'tip' from balance to un-balance. The HMO tipping point, largely based on the impacts of associated demographic change, is considered to occur when HMOs exceed 10% of properties in the locality when communities lose balance. The transient population increases, generating social, environmental and economic problems - and the resident population, which normally tackles such problems, declines.

8.4 A report by Ecotec, commissioned by the Government[13] to assess the impact of HMOs on the character and amenity of local communities, found that rented HMO accommodation can lead to amenity and character issues which directly affect a local community. These issues can include poor refuse management; on-street parking pressure; noise and anti-social behaviour; high property turnover; imbalanced and unsustainable communities; negative impacts on the physical environment and streetscape; neglected gardens and a lack of maintenance to housing stock.

8.5 All the above can potentially have negative impacts on the mental health and wellbeing of individuals living within HMOs and their neighbours, as well as the physical environment in which they live.

8.6 As a result, a high concentration of HMOs will dilute the mix of groups and the proportion of owner occupier households in a community. This can lead to an imbalanced community and associated negative impacts.

8.7 While it is recognised that HMOs contribute to meeting housing needs, increased concentrations of multiple occupancy properties can have the potential to create harmful impacts. Policy DM5.6 has therefore been written in a way that seeks to minimise these impacts.

9. Justification for Policy Approach

9.1 Given the evidence that the demand for HMOs in Southend is likely to increase as per past trends as set out in Tabel 2, it will be essential that the emerging new Southend Local Plan embraces the opportunity to ensure that good quality accommodation is provided and that

[12] National HMO Lobby, Balanced Communities and Studentification, 2008

[13] "Evidence Gathering – Housing in Multiple Occupation and Possible Planning Responses" (CLG, 2008)

further harmful concentrations of HMOs do not arise. This section presents the justification for the policy criteria proposed in Policy DM5.6 'Houses in Multiple Occupation' which relate to specific numerical thresholds or standards.

9.2 The policy approach seeks to strike an appropriate balance between meeting local housing needs and protecting the character and amenities of residential areas and which follows an accepted policy precedent already established by a considerable number of other local authorities (see **Appendix 2**).

10% Threshold

9.3 Whilst there is no formal definition of what constitutes a balanced community[14], there have been attempts to establish what constitutes a large HMO proportion and the threshold at which a community can be said to be or become imbalanced. HMO concentration is commonly expressed as a percentage of the total number of residential properties within a certain area.

9.4 The HMO Lobby[15] identifies that when 10% or more of housing types are HMOs, a community becomes unsustainably unbalanced and the risk of associated detrimental impacts to residential amenity and character, including increased noise and disturbance, occur and housing choice and community cohesion start to weaken.

9.5 The HMO Lobby identifies that 10% is the tipping point as this represents a standard deviation away from assumed demographic norms of sustainable neighbourhoods derived from national statistics.

9.6 A number of local authorities have included this approach in their adopted or emerging Local Plan policies as set out in **Appendix 2**, which have subsequently been supported on appeal by Planning Inspectors. 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.

9.7 **Table 1** above shows the % of HMOs within each of Southend's local neighbourhoods. It gives a broad indication of the numbers of HMOs across a wider area. The neighbourhood figures show that there is capacity for a reasonable growth of HMOs to meet local housing needs where the concentration is under 10%. However, it is considered that are more localised approach is required to identify areas of high concentrations within a neighbourhood as set out below.

9.8 In conclusion the 10% threshold represents a 'tipping' point when issues arising from concentrations of HMOs become harder to manage and with a number of other local authorities having successfully used the same or similar threshold approach, the 10% threshold is therefore considered to be a sustainable and sound policy approach to be adopted in Southend.

50m radius

9.9 A radius approach around the application property is proposed to calculate the % concentration of HMOs. Using a fixed radius provides a clear and consistent method for both applicants and planning officers to assess the percentage of HMOs for a localised area.

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[14] There is no planning definition of a 'sustainable' or 'balanced community'. The Sustainable Communities Plan (ODPM, 2003) defined it as "places where people want to live and work, now and in the future. They meet the diverse needs of existing and future residents, are sensitive to their environment, and contribute to a high quality of life. They are safe and inclusive, well planned, built and run, and offer equality of opportunity and good services for all."

[15] National HMO Lobby, Balanced Communities and Studentification, 2008

9.10 Both a 50m and 100m was considered. A 50m radius is considered more appropriate as this allows for a more detailed understanding of localised concentrations of HMOs and therefore the potential localised impacts.

9.11 From the widest points of a 50m radius the circle is a 1-2 minute walk representing a localised area and manageable in terms of assessing the impact of a proposed HMO development.

9.12 Assessing the concentration of HMOs by alternative methods, namely by street, neighbourhood or ward boundaries was considered. However, as streets vary greatly in length and nature, and contain differing numbers of properties and neighbourhood or ward boundaries would result in too large an area to judge if an over concentration of HMOs has occurred, these alternatives were discounted. Using the fixed radius approach is considered to provide a more consistent approach and utilised by a number of other local authorities with HMO policies (**Appendix 2**).

'Sandwiching' and Continuous Frontage

9.13 It is recognised that that the negative impacts of HMOs on surrounding properties are most likely to affect immediate neighbours, particularly in terms of noise and disturbance. The potential impacts of smaller concentrations or clusters of HMOs may not be revealed by the 10% threshold across a 50m radius.

9.14 In order to prevent this the draft policy approach advocated is to refuse proposals which would result in a dwelling being sandwiched between two existing HMOs in a continuous frontage and where the proposal would lead to a continuous frontage of three or more HMOs. This will help to prevent localised clusters of HMOs from being formed.

Retention of Small Family Dwellinghouses

9.15 There is a need to safeguard and increase the delivery of three bed (and larger) homes to cater for families, as well as providing for a range of different sized housing. Policy DM5.4 of the emerging Southend new local Plan seeks to achieve this by safeguarding an adequate stock of small family dwellinghouses. It will be important that the emerging policy for HMOs embraces these provisions.

Accommodation Standards

9.16 The provision of a good standard of living accommodation is a key aim of national and local planning policy. To ensure that HMOs provide suitable accommodation for residents, Policy DM5.6 refers to the provisions of the 'Essex HMO Amenity Standards' [16] adopted by Southend City Council in conjunction with all local authorities across Essex in 2008. This provides comprehensive guidance including minimum room size requirements.

9.17 Specific parking standards for HMOs are set out in the parking standards of the Southend new Local Plan.

[16] The Essex HMO Amenity Standards – A Guide to the Standards for Amenities and Space Expected in a House in Multiple Occupation July 2018 – Table 1 Minimum room size requirements

Intensification of existing HMOs

9.18 A change of use from a small C4 HMO to a large sui-generis HMO, or to intensify or increase the size of an existing large HMO will require planning permission. Such applications will not create a new HMO and will therefore not affect the overall proportion of HMOs in an area.

9.19 It is however, recognised that the intensification of existing HMOs can have a cumulative effect and harm the amenity of neighbouring occupiers. This is due to increased comings and goings from intensification of the use, increasing parking pressures and accumulative impact of external alterations to properties.

Proposed Policy Approach

9.20 Having regard to the above considerations proposed draft Policy DM5.6 'Houses in Multiple Occupation' proposes that HMOs will only be permitted where:

- it would not result in more than 10% of residential properties within a 50metres radius of the application site being HMOs;
- it would not result in a C3 dwelling house being sandwiched between two HMOs;
- it would not result in a continuous frontage of three HMOs;
- an adequate stock of small family dwellinghouses is retained; and
- it complies with relevant residential standards for HMOs including the Essex HMO Amenity Standards.

10. Application of Proposed Policy DM5.6

Calculating the % of HMOs

10.1 The calculation of the HMO concentration will use the Council's BLPU dataset, which is continuously updated having regard to HMO licensing, planning and building control records, electoral register and Council tax records.

10.2 It is recognised that the sources listed above are not a conclusive or exhaustive record of all HMOs in an area. There may be existing HMOs which are occupied but unknown to the Council. However, the BLPU data is considered the most comprehensive record that is continually updated. Further investigation of individual properties could be carried out to provide greater confidence in the BLPU data if there is reason to do so.

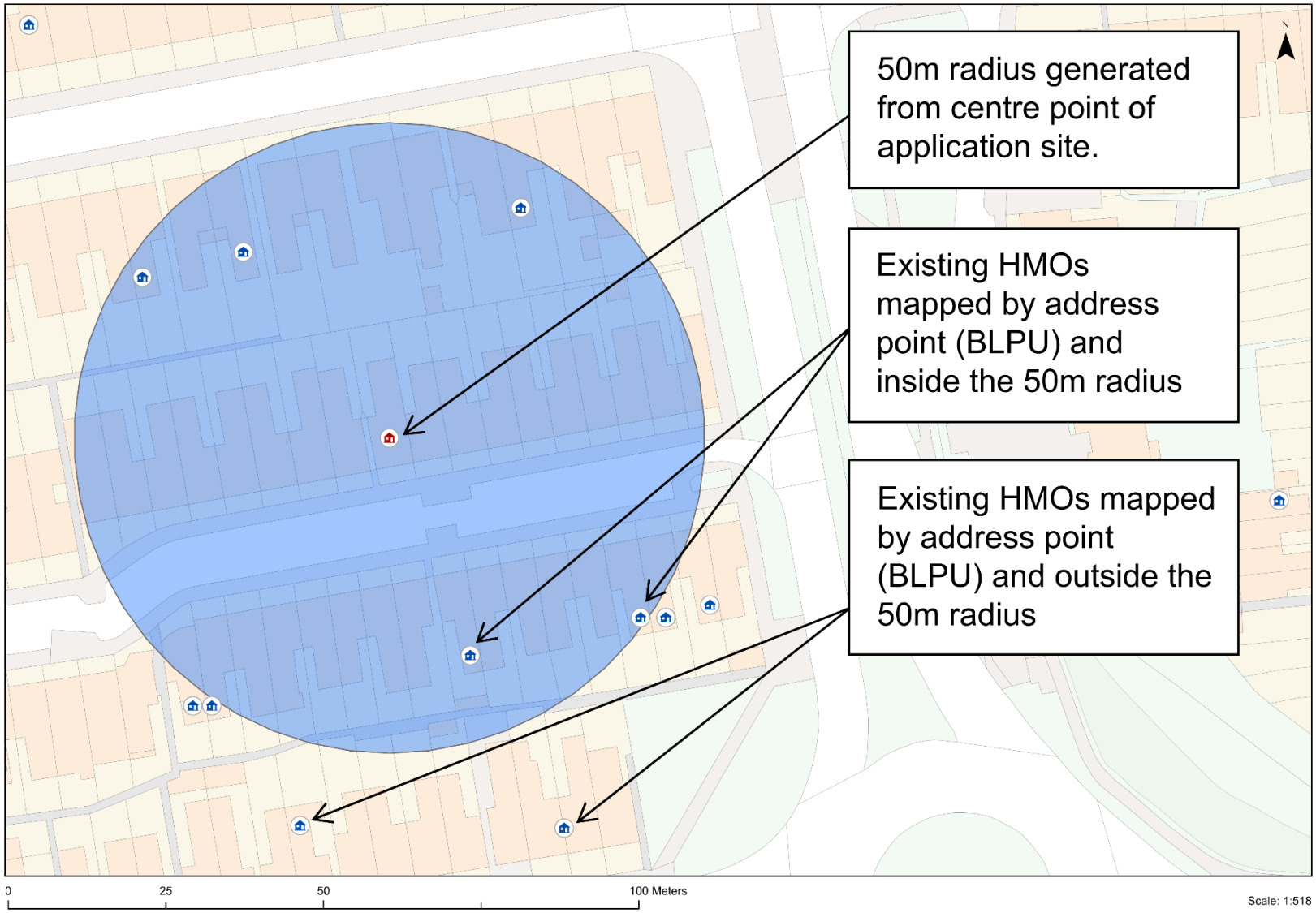
Defining the 50m Threshold

10.3 In assessing planning applications for new HMOs, a 50 metre circle radius will be drawn from the address point (middle of the property). The percentage calculation will count residential properties[17] whose address point falls within the circle. Dwelling houses and HMOs that are located within blocks of flats or subdivided properties are counted as one property. Residential institutions, care homes, hostels and purpose-built student accommodation and other specialist housing are also counted as one property per block. This will ensure that calculations of HMO concentration are not skewed.

[17] Excluding non-residential properties such as retail, offices, leisure uses.

10.4 An HMO application that would lead to over 10% of residential properties within a 50m radius of the application site being in HMO use will therefore not be permitted.

Figure 1: Drawing 50m radius and calculating the % of HMOs in an Area



Sandwiching and Continuous Frontage

10.5 HMOs will not be permitted if they would result in a dwellinghouse being sandwiched by any adjoining HMOs on both sides. This would not apply where the properties are separated by an intersecting road or where properties have a back to back relationship in different streets.

10.6 HMOs will not be permitted where it would result in a continuous frontage of 3 or more HMOs.

Figure 2: Examples of Sandwiching and Continuous Frontage



11. Conclusions

11.1 HMOs are an important element of the City's housing stock, providing homes and contributing to people's housing choice. They provide affordable and flexible accommodation; often popular with younger people and other households that are not living as families. Higher numbers of and the demand for HMOs in recent years reflect changes in the local housing market. Increasing numbers of individuals are unable to buy a home or rent a self-contained flat.

11.2 It is not the aim of the policy to reduce their overall numbers or to stop further HMO development but to ensure that harmful concentrations do not arise and that a high standard of accommodation is created, given the important role HMOs play as part of the City's housing offer. The management of HMO's is also important to safeguard family sized houses.

11.3 The evidence shows that high concentrations of HMOs in the City are already having an adverse impact on the character and amenity of local areas with the potential to spread to further areas. The NPPF encourages local planning authorities to help maintain mixed and balanced communities. Over-concentrations of HMOs can cause imbalance, leading to the problems identified in section 8.

11.4 In light of these concerns, the Council considers that policy DM5.6 is justified and a clear rationale has been provided for the policy criteria approach. The policy will help to avoid the negative impacts of high concentrations of HMOs and ensure the positive benefits that HMOs can bring.

11.5 However, for Policy DM5.6 to effectively achieve its stated objectives, it will be essential that it is accompanied by an Article 4 Direction so that permitted development proposals to change a dwellinghouse (Class C3) into a small HMO (Class C4) come within the remit of requiring planning permission and therefore subject to the criteria contained in draft Policy DM5.6.

Appendices

Appendix 1: Southend new Local Plan Policy DM5.6 Houses in Multiple Occupation

Policy DM5.6: Houses in Multiple Occupation

1. Planning permission will be granted for the conversion of sui generis Houses in Multiple Occupation to self-contained family homes (Use Class C3).

2. In order to support mixed and balanced communities to meet a range of housing needs whilst protecting the amenities and character of residential areas, applications for HMOs and other forms of shared housing will be permitted where they meet all of the following criteria:

i. would not result in this type of accommodation forming over 10% of the number of residential properties* within a 50 metre radius of the application site**;
ii. would not result in a non-HMO dwelling being sandwiched between two HMOs***;
iii. would not lead to a continuous frontage of three or more HMOs***;
iv. would not harm the residential amenity or character of the area as a result of:
    a. the levels of activity that cause noise and disturbance to residents;
    b. the levels of on street parking (see Policy DM10.3 and Appendix 9: Parking Standards);
    c. cumulative detrimental impact of physical alterations to buildings and structures; and
    d. inadequate storage facilities for recycling/refuse and cycles;
v. meet the internal and private outdoor space standards in accordance with the Essex HMO Amenity Standards;
vi. meet the provisions of Policy DM5.4(i) in relation to the retention of small family dwellinghouses****;
vii. provide high quality accommodation with adequate living and communal space, and cooking and bathroom facilities appropriate in size to the expected number of occupants in accordance with adopted standards.

3. Proposals for the intensification or expansion of an existing HMO must comply with (iv), (v) and (vii) above, having regard to the size and character of the property.

4. In order to control the change of use of dwellinghouses (Use Class C3) into small houses which are used by between three and six unrelated residents as a house for multiple occupation (Use Class C4), the Council will investigate the introduction of Article 4 Directions as appropriate in the interests of protecting the character and amenities of residential areas and to prevent the over concentration of HMO's.

Notes:

* The residential properties identified are those located within 50m radius of the application site. For the purposes of assessing applications for HMO development, dwelling houses and HMOs that are located within blocks of flats or subdivided properties are counted as one property. Residential institutions, care homes, hostels and purpose-built student accommodation and other specialist housing are also counted as one property per block. This will ensure that calculations of HMO concentration are not skewed.

**Measured from the centre point of the property.

*** This policy criteria would not apply where the properties are separated by an intersecting road or where properties have a back-to-back relationship in different streets.

**** Retain an adequate stock of small family dwellinghouses by restricting the conversion of such properties to those with a floor area greater than 124sqm or 4 or more bedrooms.

Appendix 2: Examples of Other Local Authority HMO Policies and Article 4 Directions

Local Authority	Planning Policy Approach				Article 4 Direction	
	Policy/SPD	Status	Threshold Percentage	Area Definition	Direction in Place	Area of local authority covered
London Borough of Barking and Dagenham	Borough wide Development Policies Development Plan	Adopted Plan (March 2011)	10%	Street	Yes May 2012	Part
Bath & North East Somerset Council	Local Plan and Supplementary Planning Document	Adopted SPD (November 2017)	10%	100 metre radius	Yes May 2012	City wide
Birmingham City Council	Birmingham Plan 2042	Draft Plan	10%	100 metre radius	Yes June 2020	City wide
Blackpool Council	Local Plan Part 2	Adopted February 2023	All proposals refused (due to the existing predominance of HMOs)		Yes October 2022	Borough wide
Bournemouth Borough Council	Core Strategy	Adopted October 2012	10%	100 metre radius	Yes December 2011	Part
Brighton-Hove City Council	Brighton & Hove City Plan	Adopted Plan (March 2016)	10%	50 metre radius	Yes June 2019	City wide
Bristol City Council	Bristol Local Plan Review	Publication Version October 2023	10%	100 metre radius	Yes October 2012	Part
Canterbury City Council	Canterbury District Local Plan	Adopted Plan (July 2017)	10%	100 metre radius	Yes February 2016	City wide
Charnwood Borough Council	Supplementary Planning Document	Adopted SPD (May 2017 – Updated December 2017)	10%	100 metre radius	Yes February 2012	Part
Durham County Council	County Durham Plan	Adopted 2020	10%	100 metre radius	Yes September 2015	Part
Great Yarmouth Borough Council	Local Plan Part 2	Adopted December 2021	20%	50 metre radius	Yes September 2012	Borough wide
Hastings Borough Council	Planning Strategy	Adopted February 2014	10%	100m radius	Yes July 2012	Borough wide

Liverpool City Council	Liverpool Local Plan 2013 - 2033	Adopted 2022	10%	In designated neighbour-hoods	Yes July 2018 and June 2021	Part
Manchester City Council	Manchester Core Strategy Development Plan Document	Adopted July 2012	10%	100 metre radius	Yes October 2010	City wide
Milton Keynes Council	Supplementary Planning Document	Adopted April 2012	35%	50 metre radius	Yes June 2011	Part
Northampton Borough Council	Supplementary Planning Document	Adopted November 2019	10%	50 metre radius	Yes November 2019	Borough wide
Nottingham City Council	Nottingham City Local Plan Part 2	Adopted January 2020	10%	Census Output Areas	Yes December 2011	City wide
Oxford City Council	Oxford Local Plan 2036	Adopted June 2020	20%	100 metres of street length	Yes February 2012	City wide
Plymouth	Development Guidelines SPD First Review	Adopted May 2013	25%	Local Area	Yes February 2012	Part
Portsmouth City Council	Supplementary Planning Document	Adopted October 2019	10%	50 metre radius	Yes November 2010	City wide
Reading Borough Council	Borough Local Plan	Adopted November 2019	25%	50 metre radius	Yes January 2016	Part
Scarborough Borough Council (now North Yorkshire Council)	Supplementary Planning Document	Adopted November 2015	10%	100metre radius		
Southampton	Supplementary Planning Document	Adopted May 2016	10%	40 metre radius	Yes March 2012	City wide
Trafford Council	Supplementary Planning Document	Adopted March 2018	10%	40 metre radius	Yes March 2018	Whole district
Warwick District Council	Local Plan 2011-2029	Adopted September 2017	10%	100 metre radius	Yes April 2012	Whole district
Welwyn and Hatfield Borough Council	Supplementary Planning Document	Adopted February 2012	20%	50 metre radius	Yes April 2011	Part
Worcester City Council	Supplementary Planning Document	Adopted October 2014	10%	100 metre radius	Yes July 2014	City wide

City of York Council	Supplementary Planning Document	Adopted April 2012 amended July 2014	20%	In a neighbour-hood area	Yes November 2011	City wide