Proposed HMO licensing scheme for Central Weston-super-Mare

Evidence report to support the declaration of an additional licensing scheme for Houses in Multiple Occupation within part of the central ward of Weston-super-Mare
Contents

1. Objectives
2. Summary
3. Requirements to bring in an additional licensing scheme
4. Summary of what the evidence will need to show
5. Context
6. Private Sector Housing Stock Condition Survey 2012
7. Data on deprivation and housing/environmental problems within Weston-super-Mare
8. Areas of restricted sub-division (proposed)
9. What we know about HMOs in North Somerset
   9.1 HMOs and health
   9.2 Fire safety in HMOs
   9.3 Prioritisation of HMOs
   9.4 Information from our mandatory licensing scheme
   9.5 Examples of poor practice in HMOs
10. What have we achieved so far?
10.1 Introduction to the Private Rented Housing Team
10.2 Registration Scheme
10.3 Operation Jupiter
10.4 Proactive HMO inspections
10.5 Complaints Service
10.6 Accreditation Scheme
10.7 Sub regional working
10.8 Working with Landlords and agents
   10.8.1 Private Sector Housing Forum
   10.8.2 WoE Landlord Expo
   10.8.3 Consultation with landlords and the West of England Landlords’ Panel
   10.8.4 Training and development

11. What other groups are telling us

12. What are local residents telling us

13. References
1. Objectives

To present the evidence to support the declaration of an additional Licensing scheme within part of the Central ward of Weston-super Mare

2. Summary of findings

The evidence contained within this report demonstrates that there is high concentration of Houses in Multiple Occupation (HMOs) in the area shown in Appendix 1 (the area). It also demonstrates that a significant proportion of these HMOs are being poorly managed which is having a detrimental impact on the local area and on those who live, work or visit the area. In addition the poor management arrangements within a significant number of the HMOs in this area is jeopardising the health and safety of the occupiers of those homes.

The effects of the poor management of the HMOs within the area are:

- Inadequate fire precautions affecting both the residents and the neighbouring properties
- Poor state of repair and living conditions within HMOs
- Low levels of compliance with basic legislative housing requirements (e.g. lack of gas safety checks and Energy Performance Certificates)
- Inefficient and expensive heating
- High levels of community concerns regarding the high concentrations of HMOs and the impact of their poor management, including
  - Poor quality of the street scene including high levels of concerns regarding litter and rubbish in the street and a lack of recycling due to high densities of occupation and a lack of refuse and storage provision by landlords
  - High levels of concerns regarding drug and alcohol abuse
  - Concerns about crime and anti social behaviour
There is a need to address the poor management of the HMOs and the impact this is having. The use of discretionary licensing powers would enable the issues identified to be tackled and the management of the HMOs to be more effectively regulated than by using existing regulatory controls alone.

This would ensure effective regulation of all the HMOs in the area and enable a consistent approach to all HMO landlords.

### 3. Requirements to bring in an additional licensing scheme

#### Summary

Section 56 of the Housing Act 2004 gives powers to Local Housing Authorities to designate area(s) or the whole of the area, within their district, as subject to additional licensing in respect of some or all of the HMOs in its area that are not already subject to mandatory HMO licensing.

Licensing Legal provisions – key facts Housing Act 2004

- Local Authorities can designate the whole area or part of area subject to Additional Licensing where a: “significant proportion of the HMOs of that description in the area 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”.
- There is a general consent within the Act which enables Local Authorities to introduce additional licensing where the criteria set out in the Act are met.
- Local Authorities must consult those likely to be affected for a minimum of 10 weeks (this is part of the general consent).
- Any designation for additional licensing can last for a maximum of five years and must be reviewed during the life of the scheme.
Once a scheme for discretionary licensing has been designated, all the regulations which apply to the mandatory licensing scheme must be followed.

**Key Steps**

The Communities and Local Government (CLG) guidance “Approval steps for additional and selective licensing designations in England (Crown Copyright 2010)” gives guidance on setting up additional licensing schemes. A general consent order was introduced in 2010, with permitted local authorities to designate a scheme without the need to apply to the Secretary of State for approval.

Following on from the removal of Secretary of State consent the government commissioned Local Government Regulation to produce further guidance on the introduction of a discretionary licensing scheme, which is broadly summarised below.

**A. Assess evidence** (assess the need for a scheme). The Local Authority (LA) must show how the designation will improve an area and work alongside existing policies on homelessness, empty homes, anti-social behaviour and regeneration. LAs also have to demonstrate the roles of partners if any (e.g. police) in ensuring the designation reaches its goal.

**B. Assess feasibility of a scheme and consider other ways to resolve problems.** The LA must show it has considered whether there are any other courses of action available to them that might provide an effective method of achieving the objectives that the designation is intended to achieve, and how the making of the designation will significantly assist the LHA in achieving their objectives (whether or not in conjunction with those other measures).

**C. LHAs to consider** some of the possible effects of making a designation and to include any risk assessment they may have carried out.

**D. Consult with those likely to be affected for a minimum of ten weeks.** Affected persons should be given adequate time to give their views, and these should all be considered and responded too.
E. Once the consultation has been completed the results should then be published and made available to the local community.

F. Review evidence and consultation. The evidence and the consultation will form the basis for the business case for designating an area.

G. Write summary report and full submission report to go to Cabinet or Executive (or elected Mayor) or Full council to support designation of area along with risk assessment. Local authorities need to make sure they have sufficient resources in place for setting up, managing and reviewing the success of the scheme.

H. Review the scheme

4. Summary of what the evidence will need to show to enable declaration of an additional licensing scheme

For a Local Authority to bring in an additional licensing scheme the legislation states the evidence must show that a significant proportion of the HMOs to be covered by the scheme are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public.

The LA must consider whether any other actions could be used to combat the problems identified and any action must follow the council’s overall housing strategy.

The scheme must significantly tackle the problems identified and all stakeholders must be consulted and responded to. The scheme should consider poor management, anti-social behaviour (ASB) and internal and external
housing conditions and it must be coordinated with the council’s approach to homelessness, empty homes, regeneration and ASB. The role of other partners should be identified as should the role of licensing in conjunction with Accreditation and existing partnerships. Support must also be given to landlords and tenants and all possible risks should be assessed e.g. displacement of landlords to other areas.

5. Context

The resident population North Somerset is estimated to be 202,566 (ONS, 2011). The North Somerset Private Sector Housing Stock Condition Survey, 2012, (Opinion Research Services [ORS], 2012) estimates the total housing stock within the district to be 92,070. The majority of dwellings are owner occupied (73%), but around 18% are rented from private landlords (see figure 1 below). Of the privately rented stock, an estimated 7,150 dwellings (2,740 buildings) are defined under the Housing Act 2004 as HMOs (ORS, 2012). 6,600 of these are described as converted flats and the remainder are made up of ‘bedsit-type’ HMOs.

The table below is taken from the West of England Private Sector Housing Stock Condition Survey (HSC), 2012. It shows that the percentage of private rented sector stock in North Somerset is higher than the national average when compared to the English Housing Survey (EHS), 2009.
HMOs make up an important part of the private rented sector and provide essential accommodation for many people in North Somerset.

HMOs with shared facilities are a well-established source of housing for students who tend to concentrate in certain localities, often around transport routes, intensifying demand in these areas. In addition, other groups such as migrant workers, young professionals and individuals on low income or in receipt of housing benefit are using HMO accommodation as an achievable and essential form of housing (Crown copyright, 2009).


The majority of HMOs in North Somerset are located in the town of Weston-super-Mare. The two wards of Central and West have the highest number of HMOs with the West ward having the highest number of HMOs with shared facilities. The stock condition report (2012) highlights the key considerations for private sector housing in North Somerset are:

- A significant increase in the size of the private rented sector over the last five years
- A concentration of poor condition converted, privately rented, flats in parts of Weston-super-Mare.
- A well above average number of households in receipt of benefit and on low incomes living in private rented accommodation.
- Moderate housing demand and average house prices leading to affordability issues when coupled with low incomes and lack of incentive to improve housing for private sector landlords.
- Above average number of dwellings with Excess Cold and Entry by Intruders hazards. The graph below shows the prevalence of category one hazards (as defined in section 4 of the Housing Act 2004) in private sector accommodation, differentiated by single and multi occupancy.
Proposed HMO licensing scheme for Central Weston-super-Mare

Figure 11.6 Category one hazards by single and multi-occupied properties (Source: House Condition Survey 2011 and EHS 2006)
The stock condition survey findings regarding HMOs demonstrate that HMOs are

- far more likely to be occupied by people renting privately;
- far more likely to be occupied by poorer, more vulnerable occupiers and
- far more likely to have poor dwelling conditions.

Though multiply occupied properties represent less than ten per cent of private sector dwellings the stock condition results show that a third or more of dwellings fail an element of the decent homes standard. This means that in most instances a multiple occupied dwelling is three or more times as likely to have a condition failing as other dwellings. Given the heavy concentration of HMOs in specific geographic locations the opportunity to maximise housing stock condition improvements is clear. A continued policy of targeting these areas for activity is likely to continue to give the greatest return in terms of dwellings made decent, more energy efficient and safer places to live (ORS, 2012).

7. Data on deprivation and housing/environmental problems within Weston-super-Mare

In light of the high numbers of HMOs and private renting in Weston-super-Mare an initial piece of work was undertaken to establish the extent of HMOs in Weston-super-Mare, their locations and any issues that might be related to their presence. A number of agencies provided data and statistics to support this work.

Deprivation: In the Indices of Multiple Deprivation 2007 North Somerset had the 11th largest range of inequality out of all local authorities. This means that we have areas that are very prosperous, within the top 25% nationally, and areas that are very deprived, within the bottom 2% nationally. The most deprived areas are contained within Weston-super-Mare as shown below. All of the evidence above suggests that Weston-super-Mare is the only area of the district that is currently suffering severe deprivation issues and that has a higher than average proportion of small, rented accommodation units.
Service Requests: Private Housing records – all requests for the private rented housing regulatory service by ward for the period 2006 to 2012. These are for all private housing and domestic public health (nuisance caused by property condition) requests. This graph shows the total number of housing complaints and the total number of complaints about HMOs in Weston-super-Mare. Central ward demonstrates the most complaints received for both housing as a whole and specifically relating to HMOs. (Data taken from Housing Database (Civica) 2006–2012)
**HMOs:** Concentration and type of HMOs. This graph shows the Number of Multi-occupied dwellings differentiated by self contained and non self contained accommodation. The results show high concentrations in both Central and West wards of Weston-super-Mare. (Data taken from Housing Database (Civica). Figures are corroborated broadly by House condition survey HCS 2011.

**Housing Benefit:** Further information on levels of deprivation was ascertained using the numbers of occupiers of private rented accommodation in each ward.
claiming Housing Benefit. This graph shows the number of Housing Benefit Applications as of November 2011, with South and Central wards have the highest number of claimants. (Source: Liberata)

**Non decent housing:** The Decent Homes standard is a nationally recognised, aspirational programme that sets out ideal housing conditions to be achieved when refurbishment of older properties is undertaken. This graph shows the percentage of non decent properties in each of the Weston-super-Mare wards. The results show that the wards containing the highest concentrations of HMOs have correspondingly high proportions of properties failing the decent homes standard. (Source: Building Research Establishment: Housing Stock model data: Updated 2009).

![](image)

**Vulnerable households in non decent accommodation.** This graph shows the percentage of properties containing a vulnerable household, and where that property is non-decent. The results for the vulnerable households show a similar trend to the previous graphs i.e. where there are high concentrations of HMOs there are high percentages of vulnerable households living in poor housing. (Source: Building Research Establishment: Housing Stock model data: Updated 2009).
Fuel Poverty: Percentage of fuel poor households. This graph shows the percentage of fuel poor households, showing Central ward as containing the highest percentage. (Source D.E.E.C. 2009)
**Noise:** The North Somerset Council Pollution team records show the numbers of noise complaints by ward, (total numbers, and those related to flats and maisonettes). This graph shows a breakdown of this information (2006–2011). (Source Environmental Protection database [Civica]). The results show a high concentration of complaints in both South and Central wards.

![Noise complaints: Total and from flats and maisonettes only.](image)

**Antisocial behaviour:** ASB is recorded by the police, and is mapped by ward. This graph shows the total number of anti social behaviour incidents logged by the Police 2010–2011 (Certain street related codes have been removed: Street drinking, begging, noise from business, noise from pubs and clubs, inappropriate use of public space) (Source: Police STORM database 2010–2011). This shows the high number of incidents in Central ward.

![Anti social behaviour (minus street related codes)](image)
Health: This graph shows the number of alcohol related admissions to hospital for years 2007/8–2009/10, with Central ward having significantly higher numbers of admissions (Source Health Data 2007/8–2009/10).

This graph shows the life expectancy in years, with residents in Central ward having a significantly reduced life expectancy compared to residents in the other Weston-super-Mare wards. (Source; Population data ONS MYE estimates 2005, 2006, 2007: & Mortality data 2005–2009).
**Aggregate of all factors.** This graph shows the aggregate figures for all the previous graphs (with the exception of life expectancy) again clearly identifying Central ward as having the highest aggregate level of all of the previous factors.

- Based on the statistical analysis it is evident that in Weston-super-Mare the highest concentrations of HMOs can be found in the Central Ward and there are also
  - High levels of non decent housing, fuel poverty and vulnerable households/living in non decent housing
  - High levels of ASB and noise complaints
  - High levels of deprivation, hospital admission due to alcohol and lower levels of life expectancy

The apparent strong correlation between the high numbers of HMOs and the high levels of poor housing; ASB/noise; deprivation and poor health in *Weston-super-Mare Central Ward* supports the declaration of an additional HMO licensing scheme in this area. Further survey work was undertaken to establish the precise areas of concern and to obtain additional information before putting forward this proposal, as set out in section 12.
8. Area of restricted sub-division

There is a general concern that parts of North Somerset, particularly within Weston-super-Mare have become saturated with sub divided properties creating many small dwellings, mainly flats, and that a concentration of this kind of dwelling is leading to environmental issues (such as parking problems and waste storage) and social and deprivation issues. Information was collected to investigate the proportion of types and sizes of dwellings across North Somerset to evidence any emerging policies on mixed and balanced communities.

Across the district as a whole at the time of the 2001 Census, 82% of dwellings were houses and 18% were flats. This percentage differs greatly across the four towns across the district as shown below with Weston-super-Mare having the highest level of flats at 30%.

The Council’s draft Sites and Policies Plan research also considered the tenure in the different areas along with size of dwelling and levels of deprivation.

All of the evidence gathered for this Plan suggested that Weston-super-Mare is the only area of the district that is currently suffering severe deprivation issues and that it has a higher than average proportion of small, rented accommodation.
units. Furthermore, only parts of the town are affected, namely Weston-super-Mare Central ward, Weston-super-Mare South ward and Weston-super-Mare West ward.

Below is an extract from the research report entitled ‘Evidence paper subdivision of family housing’.

‘The George Street Area was one of 3 areas considered in more detail, this is the area immediately to the east of the town centre and north of Locking Road. It consists of properties in Alma Street, Alfred Street, Jubilee Road, George Street, Swiss Road, Wooler Road, Glebe Road, Stafford Road, Gordon Road, Milburn Road, Trevelyan Road, Stanley Grove and Lyons Court as well as parts of Baker Street, Clarendon Road and the southern part of Ashcombe Road. Most of the properties are residential two storey Victorian stone built properties. Plot sizes generally increase the further to the east as the tight terraces which sit directly on the street in Alma Road change into mostly semi detached properties on Swiss Road and Ashcombe Road. Few of the properties have any private parking space and many lack storage for waste and recycling collections. There are few street trees and some of the properties would benefit from a degree of maintenance.

Within the area there are 736 property units, of which 57 are in commercial use. Of the 679 residential units, 54% are single residential dwelling, and 46% have been converted to flats. The total number of flats arising from the conversions within the boundary is 902, equating to an average of 2.86 flats per original dwelling. Compared to the original 679 residential units, there are now a total of 1299 units of accommodation, which includes flats over shops. The density of the housing in the area would have originally been 35.2 dwellings per hectare, and is currently 67.34 dwellings per hectare. This proposed zone of restricted subdivision falls within the Weston-super-Mare Central ward and as set out above Central ward is a deprived area, with typically smaller units of accommodation and a higher proportion of flats. It should, however, be noted that this ward as a whole does cover the town centre as well as large residential areas, and therefore all of the characteristics of what you would expect from a town centre, such as flats above shops, are mirrored in the statistics for this ward. In terms of deprivation, the area that the proposed
boundary (for restricted sub division) covers largely matches up with two super output area boundaries. This geography was introduced in 2004 to specifically monitor deprivation, so that pockets within larger wards were not hidden. One of these super output areas is in the bottom 3% of areas nationally, and is the 4th most deprived super output area out of the 124 in North Somerset. The other is within the bottom 10% nationally and is the 9th most deprived area in North Somerset, out of 124’. (North Somerset Council 2010)

A policy entitled ‘Areas of Restricted Subdivision’ was drafted on the basis of the evidence contained within the research report and the boundaries defined. The proposal now forms part of a series of polices contained within the Sites and Policies Plan Document (WSM22), the whole document is currently out for consultation and the documents can be found of the North Somerset web site. http://consult.n-somerset.gov.uk/consult.ti/spdraft/consultationHome the closing date for comments is 19th April 2013.

The area proposed for the additional licensing scheme is very similar to the George Street area of restricted sub division proposals.

The two policy responses are designed to complement each other to improve this area of Weston-super-Mare. The additional licensing scheme will improve the management arrangements within the existing housing stock and make improvements to the area. The planning policy will stop any further sub division in the area for future generations.

9. What we know about HMOs in North Somerset

Private Housing Services are aware of approximately 2,740 HMOs of which around 550 have shared facilities. This figure is fluid and constantly changing when new information becomes available to Housing Services. These figures were taken in March 2012 from the Council’s housing database. The map below shows in simple terms the spread of HMOs in North Somerset.
The map below shows the concentration of HMOs throughout the district.

The majority of HMOs are located in the town of Weston-super-Mare. The two wards of Central and West have the highest number of total HMOs with the West ward having the highest number of HMOs with shared facilities. This map shows the concentration of known HMOs in Weston-super-Mare.
9.1 HMOs and health

There have been many studies into the relationship between poor health and housing. In the case of HMOs the main associated health effects are overcrowding, mental health and poor diet.

A review of Health and Safety Risk Drivers (CLG 2008) has detailed information relating the risks from housing on health. This substantial research document also references numerous other research reports.

Overcrowding

HMOs are largely associated with having some of the worst overcrowded conditions. This is largely due to their nature, in that they have been subdivided in order to maximise the number of units of accommodation in a building.

The Office of the Deputy Prime Minister (ODPM 2004) document entitled ‘The Impact of Overcrowding on Heath and Education: A Review of Evidence and Literature’ gathered together many of the studies conducted around this area, its main findings were:

- **Child mortality:** Studies suggest that there may be an independent relationship between overcrowding and child mortality

- **Respiratory conditions:** A range of large scale and robust studies were found that attempted to adjust for the main confounding variables. Overall, the balance of the evidence from five studies indicates a small relationship between overcrowding and respiratory conditions in children. However, the possible relationship between deprivation and overcrowding in the context of respiratory conditions requires further investigation, as does the relationship between overcrowding and other housing conditions (for example, damp and mould growth).

- **Meningitis:** Three studies have yielded good evidence of a relationship between meningitis and overcrowding. These suggest a relationship between childhood overcrowding and meningitis.
● **Tuberculosis (TB):** Studies have found evidence of an independent relationship between childhood TB infection and overcrowding in deprived areas, such as the Bronx in New York.

● **Heart disease and strokes:** There is evidence to suggest that a relationship between overcrowding in childhood and mortality from heart disease and stroke is unlikely.

● **Stomach cancer:** There is a small body of evidence to support a relationship between childhood overcrowding and stomach cancer in later life but the evidence is fairly weak, and confounding variables have not been adequately controlled for.

● **Helicobacter Pylori:** The research suggests a strong possibility of an overcrowding effect on H. Pylori infection in childhood, which is independent of other factors.

● **Mortality rates:** Two studies provide some limited evidence of an independent relationship between overcrowding and adult mortality rates, particularly for women.

● **Self-rated health:** The limited evidence suggests there is a relationship between overcrowding and self-rated health. The strength and independence of the relationship is less clear.

● **Child mental health:** There is recent evidence of a relationship between overcrowding and children’s mental health.

### Mental Health

In 2012 the Journal of Environmental Health Research (JEHR) published a study conducted by Dr Caroline Barratt, Christopher Kitchen and Dr Jill Stewart entitled ‘Beyond safety to wellbeing: How local authorities can mitigate the mental health risks of living in houses in multiple occupation’. This study brought together previous pieces of related work and found that there are many problems associated with policing and enforcing conditions and management in HMOs and called for Local Authorities to develop more examples of inter-agency working and good practice examples of schemes that effectively tackled health issues in housing and particularly HMOs.
This study references other research in this area of which some are summarised below.

In 2010 decent housing was identified by the UK government as a key component for good mental health (Department of Health 2011) and factors such as overcrowding, small room sizes and high rise buildings among other factors have all been shown to impact upon the mental health of residents (British Medical Association 2003, Evans et al., 2003, Page 2002).

A study entitled ‘Health problems in houses in multiple occupation’ notes that HMO residents are eight times more likely than the general population to suffer from mental health problems as well as having other problems:

‘These groups [living in HMOs] are more likely to be drug or alcohol-dependent; many have spent their early lives in care, or are ex-prisoners, and have nowhere else to go’ (Shaw et al., 1998: 67).

A study carried out in 2008 found that HMOs have also been linked to increased antisocial behaviour and a decline in owner occupation in the communities where they are situated (Hubbard 2008).

HMOs may pose a greater threat to the mental health of residents than other forms of housing tenure because of greater insecurity, less control and poorer social networks (Barratt 2011).

Adults living in temporary accommodation have been shown to suffer from increased levels of depression, domestic violence, alcoholism, family stress and relationship breakdown (Shaw et al., 1998).

**Diet**

The study ‘Diet of adults living in houses in multiple occupation’ (Cade J. Public Health Medicine, Leeds, UK) looks at the diet and lifestyle of 400 HMO residents in Southampton. The residents had a lack of adequate cooking facilities compared to those in social housing. A kitchen was used to cook a meal every day by only 53% of the HMO and 77% of those in social housing. The HMO residents spent more money on rent and food. Women living in HMOs had lower intakes of protein, fat and calcium than women in social housing.
Welfare Reform and Young People

A study entitled ‘The impact of housing benefit restrictions on young single people living in privately rented accommodation by Peter A Kemp and Julie Rugg (JRF 1998) looked at young single people in privately rented accommodation and the impact of housing benefit restrictions.

The research which involved interviews with principal benefits officers, chief rent officers and young benefit recipients in six different local authority areas revealed that:

- A significant minority of young people had a shortfall between their contractual rent and the amount taken into account when their housing benefit was calculated. These shortfalls ranged from the small and manageable to the large and unmanageable.

- Young people felt they were discriminated against by private landlords because they were seen as noisy and unreliable tenants and because of the reduced housing benefit they received compared with single people aged 25 and over.

“…having to share with strangers potentially involved insecurity, loneliness and other problems not normally associated with sharing with people they knew or could easily get to know.” (JRF 1998)

With the single room rate now having been increased to apply to those under 35 as a result of the welfare reform program the risks identified are likely to be exacerbated.

9.2 Fire safety and HMOs

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

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

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

From available data from Avon Fire and Rescue Service for the financial year 2011–12 there have been 267 fire related incidents in single household dwellings in North Somerset, alongside 91 incidents for HMOs. Looking at these figures against the numbers of dwellings for single households and HMOs in the district it becomes apparent that a fire is more than four times more likely in a HMO in North Somerset than a single household dwelling. (Figures relating to fire obtained from Avon Fire and Rescue Service, March 2012. Property numbers obtained from ORS, 2012).

Nationally around 400 people die every year in accidental house fires. Risk of death is doubled if you don’t have a working smoke alarm and faulty electrics cause around 7,000 house fires each year (CLG, 2008). In addition to this, battery smoke alarms have a 45% failure rate (ODPM, 2006).

Licensing schemes allow 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.

### 9.3 Pro-active inspection of HMOs

In North Somerset there are a large number of HMOs. They tend to offer the poorest type of accommodation in the sector and management of these properties is difficult due to tenants living in high densities, often sharing facilities. In addition tenants in HMOs rarely complain to the council.

There are far too many HMOs in the area to inspect every one. Therefore the council has put in place a prioritisation and banding system to ensure those offering the worst conditions are targeted within the limited resources.
Every HMO which is brought to the attention of the council has a prioritisation assessment carried out. This involves a door step assessment by an officer with an understanding of Housing Health and Safety Rating System (HHSRS), detailed knowledge of the HMO definition and an appreciation of the management regulations. The assessment cannot be completed without speaking to a resident. Scores are awarded to the different components based on the risks.

A breakdown of the scoring system is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Detail</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of storeys</td>
<td>1 – 2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>4+</td>
<td>15</td>
</tr>
<tr>
<td>No. of units</td>
<td>1 – 2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3 – 6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>7 – 10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>11+</td>
<td>15</td>
</tr>
<tr>
<td>No. of self contained units/ non self contained units</td>
<td>All self contained</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Any non self contained</td>
<td>45</td>
</tr>
<tr>
<td>Tenure of units</td>
<td>All rented</td>
<td>60</td>
</tr>
<tr>
<td>Significant hazards</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>75</td>
</tr>
<tr>
<td>Fire precautions</td>
<td>Good</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>45</td>
</tr>
<tr>
<td>Management</td>
<td>Good</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>15</td>
</tr>
<tr>
<td>External appearance</td>
<td>Good</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>30</td>
</tr>
</tbody>
</table>
The maximum score a property could achieve is 300. The higher the score the more likely the conditions are harmful to the health of occupants and unsafe. In addition it is likely there will be more people affected if the HMO is large.

A number of bands have been incorporated into the system to allow monitoring of risks.

**Band A**
All properties in Band A potentially contain Category 1 hazards based on the initial prioritisation visit. Within this band the scores for each property will indicate priority based on size and issues around management levels, fire precautions and the external appearance of the property.

**Band B**
Properties in this band contain evidence there are failings in all three categories relating to management, external appearance and insufficient levels of fire precautions.

**Band C**
Properties in this band will have either one or two indications of poor practice in the categories of management, fire precautions or external appearance.

**Band D**
All HMOs in this section have no indication they contain Category 1 hazards or any evidence of poor management, external appearance or insufficient fire precautions. At the point of initial prioritisation there were no serious risks evident, however over time conditions and management can deteriorate. Properties in this section may move into high bandings over time, or through complaints from the public.

**Allocation of HMO Inspections**
The council is committed to pro-actively inspect HMOs, due in part to evidence suggesting tenants living in the poorest conditions rarely complain to the council. In addition the council is under a legal duty to inspect properties where it believes there may be a Category 1 hazard present.
Properties within Band A are inspected on the basis of those with the most points. Properties within Band B are inspected on the same basis where no properties remain in Band A.

Properties within other bands are unlikely to be inspected but may be allocated where a tenant or member of the public has made a complaint and it is more effective to inspect the property as a whole rather than an individual unit, or where the nature of the complaint relates to the behaviour of the tenants or manager and is impacting either on those living in the property or the immediate neighbourhood. Alternatively a property could be inspected if evidence suggests the conditions may have deteriorated since the original assessment was carried out.

The council have prioritised 442 HMOs, of the 1014 potential HMOs brought to the attention of the council. Of those prioritised HMO’s 31% (141) are within the proposed area for additional licensing, with the highest prioritisation scores being 285.

Of the HMOs prioritised within the proposed area 22% have been rated as being in band A (containing significant hazards under the Housing Health and Safety Rating System) and 51% in band B (failures in management identified).

### 9.4 Information from our mandatory licensing scheme

North Somerset Council has operated a mandatory licensing scheme for houses in multiple occupation since the legislative requirement was enacted in 2006. The mandatory scheme requires HMOs that are not wholly self contained, are three or more storeys and consist of five or more residents to be licensed with the local authority. To date the council have issued 136 licences to those HMOs that fall within the national mandatory scheme requirements. Of those properties licensed 25 lacked adequate space heating, 49 had inadequate toileting and washing facilities, 48 had inadequate kitchen facilities and 33 had inadequate fire precautions.

There are 56 HMOs that are either currently licensed or have applied to be licensed. Of these 56 HMOs 48% are in WSM central ward, 36% in WSM
Proposed HMO licensing scheme for Central Weston-super-Mare

West ward, 5% in Clarence and Uphill ward, 4% in WSM east ward, 5% in Clevedon North ward and 2% in Clevedon central ward. Of the HMOs that are licensed in WSM central ward only 9 are currently located in the proposed area for Additional Licensing, and would be excluded from the Additional Licensing Scheme. This low figure is largely due to smaller size of buildings within the area that is being proposed and as such being outside of the scope of the mandatory licensing scheme.

9.5 Examples of poor practice in HMOs

The property was subject to poor management. It was often insecure with the common parts being used by drug dealers and drug users.

Discarded needles were often found within the building during inspections.

Photo shows a discarded hypodermic needle left upon a fire alarm call point.

The poor management of the building often led to fly tipping and domestic refuse collecting within common parts and blocking fire escape routes.

The uncollected rubbish would often smell in the hotter months attracting vermin.

Photo shows primary escape route blocked by refuse and a mattress presenting an additional fire safety hazard.
Appendix 7

The fabric of the building was repeatedly damaged by the occupants and their visitors, with the management unable to control the downward trend of property conditions.

The lack of robust management systems had a detrimental effect on the street scene and the local population. The area became a magnet for fly tipping and unsavoury nocturnal activity.

As a result of inadequate landlord and maintenance procedures, poor conditions proliferated throughout the building with damp and mould left to degrade the fabric of the building with the occupants physical and mental health suffering as a result.
Proposed HMO licensing scheme for Central Weston-super-Mare

Roof leaks ignored by landlord lead to rapidly escalating problems of structural integrity.

Collapsed ceiling and substandard electrical installations led to families living in cold and dangerous conditions.

Mould spores growing upon damp cold walls as a result of property fabric failure and poor heating.
10. What have we achieved so far?

10.1 Introduction to the Private Rented Housing Team

The Private Rented Housing Team is part of the North Somerset Council Strategic Housing Service and is based within the Adult Social Services and Housing Directorate at North Somerset Council. The team has been in existence for 13 years under the direction of a team manager.

The team has responsibility for ensuring conditions in the Private Sector meet the requirements of the Housing Health and Safety Rating System with the use of enforcement powers contained within the Housing Act 2004, along with a range of other enforcements powers available (for example Environmental Protection Act 1990).

The team also work with landlords through groups, forums and the accreditation scheme to encourage landlords to improve their properties without the need for local authority intervention.

10.2 Registration Scheme

In 1999 the council declared a registration scheme with special controls conditions which under the Housing Act 1985 required Secretary of State approval. The scheme covered the whole of Weston-super-Mare and included all HMOs which fell under the definition at that time (Housing Act 1985). The main problems which existed at this time were the impact of HMOs on the tourist industry in the town and the scheme aimed to control the numbers of new HMOs in specific areas.

Approximately 160 HMOs were registered under the scheme and the scheme was successfully operated until transitional arrangements came in with the Housing Act 2004. At this point the self contained HMOs ceased to be registered and those with shared facilities were passported into an additional licensing scheme until April 2009.
The main successes with the registration scheme were a general improvement in property conditions and management within the properties. Impacts on the wider community were limited due to the spread, numbers and types of HMOs which were required to register. However due to the changes in legislation and the way in which hazards are now identified the majority of the HMOs improved under the previous schemes now have failings under the Housing Health and Safety Rating system.

**Current Activities of the team**

**10.3 Operation Jupiter**

Data was collated from the Fire, Ambulance and Police services along with North Somerset Councils trading standards, Environmental Health, Benefit, Planning and Housing teams, Probation service, North Somerset Drug Action Team. It became very obvious that a disproportionate amount of public resources were being directed to HMOs. A multi agency approach to address the problems was born and Operation Jupiter began life in 2005.

A strategy began targeting those properties that were becoming problematic with a zero tolerance approach. With Police analysts collating the information from the partner agencies, a list containing the top twenty properties, which were receiving the most complaints to the council and calls to the emergency services was targeted. The list contained predominantly multi occupied accommodation and unregulated substance abuse recovery services within the Central ward area of Weston-super-Mare.

With the ‘target list’ collated, property owners identified and interviewed, multi agency visits began and a zero tolerance regime was initiated. The visits quickly identified Housing Benefit fraud, poor management of both property and unregulated drug and alcohol support providers. Out of district offenders were often referred to the unregulated providers of treatment services within the town and then left to their own devices.
Operation Jupiter is widely acknowledged as a successful initiative and has become a model of best practice which has been replicated in other areas of the country.

However the limitations of the scheme are that some of the properties that are being targeted under the initiative fall out of the mandatory licensing scheme meaning that there are areas of poor management practice which the council are unable to control using ‘The Management of Houses in Multiple Occupation (England) Regulations 2006. An example of this would be property owners employing managers who would not meet the requirements for a ‘fit and proper’ person application. In addition, due to the intensive staffing resources required to target (historically a maximum of 20 HMOs) properties, Operation Jupiter in isolation is unable to control the poor management practices within the significant proportion of properties within the proposed additional licensing scheme.

The proposed additional licensing scheme will compliment and provide greater controls to this successful initiative.

10.4 Proactive HMO inspections

Due to the high number of HMOs requiring an inspection the council has developed a prioritisation system (the detail can be found in section 9.3 of this report). This allows for those HMOs which present the highest risk to the occupants to be inspected first, in addition it restricts retaliatory evictions from landlords which can happen as a result of tenants complaining to the council. This type of approach has been in place since 1998 although the priorities and risks have changed slightly during this time (e.g. previous duty to inspect HMO over three storeys). The majority of inspections carried by the Private Rented Housing Team have been in response to national priorities such as duties placed on local authorities to inspect particular types of HMO and the Mandatory Licensing scheme. These priorities have focused on HMOs with three or more storeys which may, in some part, be responsible for the extent of problems now seen in smaller types of HMO.
10.5 Complaints Service

The council offers responsive complaints services for tenants living in private rented accommodation where landlords are failing to carry out repairs. A response can be triggered by a telephone call, letter, email or visit to the Gateway in the Town Hall. The team aim to carry out an inspection within 10 days. If any Category 1 hazards are identified a letter would be issued to the landlord detailing the mandatory works plus any recommended works to bring the property up to a decent standard. All schedules of works and monitored and formal enforcement action taken if landlords do not co-operate.

10.6 Accreditation scheme

A voluntary accreditation scheme has been in operation for private landlords in North Somerset since 2008 and incentives have been offered to encourage landlords to bring their properties up to standard and promote good practice.

Through accreditation North Somerset have worked in partnership with private businesses, Avon Fire and Rescue Service and Avon and Somerset Police to provide a joined up and targeted approach aimed at improving the private rented market. There are currently 111 accredited units in North Somerset; however only six of these are HMOs within the proposed additional licensing area, despite incentives specifically aimed within Central Ward including financial incentives in the form of grants to improve security measures in HMOs. More information about the accreditation scheme can be found on our web site.

In order to recognise landlords who have worked with the council to improve property conditions independently, a discount off the licensing fee will be offered for any properties which have been fully accredited in the area as at 1st February 2013.
10.7 Sub regional working

West of England local authorities – a common approach

Officers from the four West of England local authorities (Bath & North East Somerset Council, Bristol City Council, North Somerset Council, South Gloucestershire Council) have been working together for many years to share and develop best practice. This provides more consistency to landlords who cross over council boundaries, it improves the efficiency of each of the councils who are able to share best practice and avoids duplication.

The current mandatory licensing scheme has common themes across the sub region e.g. standards, application form, fit and proper persons checks and the proposed additional scheme will also follow these common threads. Both Bristol City Council and Bath and North East Somerset Council have already consulted on discretionary licensing schemes within their areas. There will be consistency within the scheme where possible; however the scheme aims are clearly different due to the nature of problems within the different localities.

10.8 Working with Landlords and Agents

The council has always been committed to working with good and well intentioned landlords and has encouraged a relationship of trust and co-operation to provide the best living conditions for tenants. We work locally and sub regionally to provide as much information and advice to landlords to raise the standards and management practices in the private rented sector.

10.8.1 Private Sector Housing Forum

The Private Sector Housing Forum is an independent group which meets every three months, this group was originally established by the council in 1998 as a response to concerns from local residents regarding HMO related issues. Since then it has become independent with support from the council in the form of secretarial support.
It is open to anyone who has an interest in private rented housing and new members are always welcome.

Representatives from our different departments regularly attend and it is an opportunity for everyone to have their say on our services, new initiatives or pending changes.

The group is regularly consulted on key issues affecting private rented housing and provides an excellent opportunity for networking and exchanging ideas and views all which contribute to improving management practices and improve business efficiency.

A number of landlords/agents regularly attend with attendance levels ranging between 15 and 50 depending on the agenda items. Full details can be found on our website.

**10.8.2 WoE Landlord Expo**

This year will see the thirteenth annual Landlord Expo, the Expo has gone from strength to strength and is seen as the event to attend for landlords in the West Country and beyond.

The Landlord Expo is organised by the West of England group of Local Authorities, namely:

- Bath & North East Somerset Council
- Bristol City Council
- North Somerset Council
- South Gloucestershire Council.

The event is also supported by the Bristol Association of Letting and Managing Agents (BALMA) and the Association of Residential Letting Agents. (ARLA).
Appendix 7

The aim of the West of England Landlord Expo is to improve the private rented sector by sharing information with landlords, prospective landlords, letting agents and managers. There were around 80 exhibitors at the Expo 2012, along with 18 seminars running throughout the day. There were an estimated 500 visitors on the day.

Full details of the expo can be found on the following web site www.landlordexpo.co.uk

10.8.3 Consultation with landlords and the West of England Landlords’ Panel

The four authorities consult with landlords and letting agents at a sub-regional level by engaging with the local landlord and letting agent representative organisations in the West of England Landlords’ Panel. The panel is made up of representatives of:

- National Landlords Association (Wessex branch)
- South West Landlords Association (Bristol branch)
- Private Sector Housing Forum (North Somerset)
- Bristol Association of Letting and Managing Agents
- Association of Residential and Letting Agents
- Bath & North East Somerset Council
- Bristol City Council
- North Somerset Council
- South Gloucestershire Council

The group meets quarterly and the issues discussed at this group are then rolled out to the respective landlord/agents group. This allows for dissemination of information to a wide number of landlords and agents across the sub region.
10.8.4 Training and development

Locally the council provides free training events for landlords and agents, in the last year two successful events have been held. Below is the press release we published for an event to help landlords and agents understand the Housing Health and Rating System. The council delivered this training to help landlords and agents understand some of the risks to tenants in relation to property deficiencies, with the aim that they could improve conditions within their properties avoiding tenants having to make complaints to the council.

A training session on understanding housing standards is being held next Tuesday (11 September 2012) for landlords and agents in North Somerset.

North Somerset Council’s housing team will be running the event which is aimed at landlords and agents in the private rented housing sector. The session will be held at the Winter Gardens, Weston-super-Mare from 2–4pm.

The aim of the day will be to help letting agents and landlords understand more about the Housing Health and Safety Rating System. It will also give those taking part the opportunity to:

- Gain knowledge of property conditions in the North Somerset region and the most common hazards which prevail
- Understand what the council will assess if an inspection is arranged
- Gain an awareness of likely hazards and cost implications when buying or managing a new property
- Influence future policy direction with the council

An event was held in April 2012 aimed at increasing energy efficiency measures in the Private Rented Sector, the flyer for the event is below.
The Private Sector Housing Team invite you to

Energy Act 2011

what does it mean for you??

Tuesday 8 May 2012 – 4pm to 7pm

Grove Suite, Winter Gardens
Royal Parade
Weston-super-Mare
BS23 1AJ

Buffet and refreshments provided

An event designed to engage with private sector landlords and letting agents on the new requirements of the Energy Act 2011 and to identify how we may work in partnership to comply with the law and improve the housing conditions in the area.

The event will be both informative and interactive and include workshops and guest speakers:

- Energy Act 2011 – how it will affect you and us
- Energy Performance Certificates (EPCs) – their role
- Financial incentives and benefits
- Support available to landlords
- Home energy efficiency and carbon reduction
- Fuel poverty and excess cold

We appreciate the importance of the Private Rented Sector as a supply of quality accommodation and recognise investment decisions must be planned and resourced well in advance of implementation.
Sub regionally the West of England authorities provide development opportunities in the form of the Landlord Proficiency Test. Landlords can earn a certificate of proficiency by successfully completing the following modules:

- Module One: **Pre tenancy**
- Module Two: **During tenancy**
- Module Three: **End of tenancy**
- Module Four: **HMO Licensing**

Only landlords and managers of licensable HMOs need to complete module four – HMO Licensing.

For applicants with property in the areas of Bath & North East Somerset, Bristol, North Somerset and South Gloucestershire:

- The West of England Landlord Manual (second edition) can be used online as a reference guide for completing the modules.
- The certificate will be awarded once all modules have been successfully completed and the payment received.
- Cost of the Landlord Proficiency Test is £50, an invoice will only be raised once the modules have been completed. Please note: a **50% discount** applies for accredited or deposit bond landlords.
11. What other groups are telling us

The Partners and Communities Together group (PACT) for the Weston-super-Mare Central and West wards have a very strong community focus and highlight broad issues of concern and campaign for action to be taken e.g. provision of communal recycling facilities. The meetings are well attended and statutory agencies are invited to respond to specific concerns. Housing issues are a standing item on their agenda and members regularly raise concerns about the condition of private rented accommodation and absent owners who fail to take action to remedy obvious defects which have severe impact on neighbouring properties. The Group feel housing is the single contributory factor having an impact on the community and welcome the opportunity to discuss issues but importantly appreciate the background on the importance of the private rented sector, minimum standards, licensing of HMOs and the council’s statutory obligations.

Facilities for storage of waste, external appearance, graffiti, drainage and gardens are regularly raised as areas of concern.

The group were particularly interested in the stock condition survey findings and many were interviewed during the street survey.

The opportunities to introduce discretionary licensing provisions have been shared with the group who overwhelmingly felt any scheme would be of considerable benefit to the community and the tenants who occupy sub-standard accommodation.
12. What are local residents telling us

HMO Survey

Due to the amount of evidence gathered during 2012 regarding the level of complaints in Central Ward coupled with the high concentration of HMOs it was agreed a street survey would be carried out.

The survey took place during December 2012 and January 2013, predominately during day light hours.

Environmental Health Students from Weston College were trained in the legislative detail of the definition of a house in multiple occupation (HMO) and how to complete the survey form. The group of 20 students assisted officers from the council in carrying out the surveys.

The survey was in three parts, the first to identify the use of a building and to identify unknown HMOs. The second part was for completion by HMO residents only; the purpose of this section was to gain more detailed information relating to the management of HMOs within the area. Part 3 of the form was for completion by all respondents and its aim was to identify any areas of concern to those living-working in the area and their perceptions of HMOs and how they are managed.

Every building within the area was visited including commercial buildings and residential accommodation regardless of tenure. The views of those who do not live in HMOs are equally as important in relation to their perceptions on rented accommodation in the area as those who live in HMOs.
Map, Survey Area and Response Rate

The area surveyed was the part of Central Ward with the highest known concentration of Houses in Multiple Occupation (HMO)

Number of properties visited 679  
Number of completed survey forms 233  
Response Rate 34.3%

Key Findings

In total 233 surveys were completed, of these 22.9% were completed by a resident in a house in multiple occupation and 77.1% were either owner occupiers, renting a house or a commercial business.

45.7% of all respondents felt the high number of rented flats and bedsits were having a negative impact on the area. Only 7.6% of all respondents indicated the number of rented flats and bedsits had a positive impact on the area.

Of those living in HMOs 44.2% have concerns over the condition of their property.
Detailed responses from HMO residents

There was low response rate from HMO residents compared to other participants in the survey. It is known that at least 50% of the residential stock in this area falls within the definition of a HMO (Council Tax data). A number of HMO residents refused to take part in the survey and answer questions relating to the management of the property.

Management Arrangements in HMOs

Just over half (63.4%) of HMO residents – were either very satisfied or fairly satisfied with the management of the property they lived in. This could indicate that either management arrangements are of a good standard or alternatively the perception of good management arrangements differs between HMO residents and others; or that the residents were fearful to raise their concerns.

This figure can be compared with the question regarding the management of rented properties in the area generally where only 36% of HMO residents felt they were managed to an acceptable standard.

It would appear that HMO residents feel their current property is well managed but have a much lower opinion of management arrangements within the sector as whole.

A series of questions were asked relating to other legislative requirements which are in place for properties being rented, these provide a different picture in relation to the quality of management arrangements in place.

Only 12.2% of residents had sight of a copy of the Energy Performance Certificate despite this being a legal requirement since 2008.

In relation to gas safety residents were asked if they were given a copy of the gas safety certificate. 16.7% indicated this was not applicable (as there was no gas in the premises). Only 31% of residents stated that they had been given a gas safety certificate with 35.7% stating they had not and 16.75% being unsure.

40.5% had not received any information about being a good neighbour and 34.1% had not been given any information by their landlord on refuse and recycling collection days.
When HMO residents were asked a specific question relating to management the results together show a different picture of the quality of management arrangements in place. These specific questions relate to statutory legal requirements and the expectation would be that these are minimum requirement to demonstrate good management arrangements. The evidence suggests that are serious health and safety breaches regarding the management practices in place within the survey area.

**Physical Conditions**

Despite the positive views on management arrangements 44.2% of HMO residents had concerns over the conditions in their property.

The types of concerns included:

- Lighting
- Dampness/mould
- Lack of heating
- Fire safety
- Disrepair
- Security

Comments from HMO residents included:

- Back door is off its hinges, told landlord, she stated it’s a fire exit and has not fixed it
- Living conditions, boiler leaking not happy with landlady, front door broken
- Rising damp problems and expensive heating

**Fire Safety in HMOs**

The risk from fire is greater in HMOs due to higher densities and more complex escape routes from the premises. A number of questions were put to HMO residents to establish the extent of fire precautions within the building. 48.8% of properties did not have a fire blanket in the kitchen. 48.8% also needed a key to unlock the front door to their unit from the inside of the property (this would
Proposed HMO licensing scheme for Central Weston-super-Mare

indicate that the door is unlikely to be a fire door meeting appropriate British Standards. It was more encouraging that 90% of properties had some type of working smoke alarm; however 50% of these were operated by a battery which does not meet minimum standards within HMOs.

The results from the surveys raise concerns regarding fire safety within the HMOs and also evidences poor management within the sector as fire safety is a legal requirements within all HMOs.

The neighbourhood – views from all respondents

All respondents were asked if they had concerns over any of the following in relation to their neighbourhood.

<table>
<thead>
<tr>
<th>Do you have any concerns about any of the following in relation to your neighbourhood?</th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Litter, rubbish and waste</td>
<td>58%</td>
<td>42%</td>
<td>0%</td>
</tr>
<tr>
<td>Burglary</td>
<td>31%</td>
<td>67%</td>
<td>2%</td>
</tr>
<tr>
<td>Car parking</td>
<td>42%</td>
<td>54%</td>
<td>4%</td>
</tr>
<tr>
<td>Safety</td>
<td>38%</td>
<td>61%</td>
<td>1%</td>
</tr>
<tr>
<td>Noise Nuisance</td>
<td>32%</td>
<td>68%</td>
<td>0%</td>
</tr>
<tr>
<td>Drug or Alcohol abuse</td>
<td>49%</td>
<td>50%</td>
<td>1%</td>
</tr>
<tr>
<td>General street scene</td>
<td>30%</td>
<td>68%</td>
<td>2%</td>
</tr>
</tbody>
</table>

The issue which raised the most concern was that of litter, rubbish and waste with 58% of all respondents citing this as a concern, drug and alcohol abuse was the second area of concern with 49% of people surveyed indicating this was an issue in the neighbourhood.
The survey allowed responders to detail any other concerns relating to their neighbourhood, or to make any other comments, a summary of some of the comments are listed below.

**Housing**

- Not happy with number of bedsits and how they are managed
- Bedsits ‘squatters’ buy to let not looked after properly. Not happy with attitude of landlords
- A lot of DSS flats, drug and alcohol causing ASB, and noise problems
- Selling house to move out of area
- Too many rehabs
- Progressively getting worse due to type of tenants
- Properties look scruffy
- Some housing on street looks awful wouldn’t want to live there
- Broken windows
- Infrastructure not suitable for number of occupants in local area, sewerage blockages due to over use
- Irresponsible landlords, multiple issues with ASB/refuse/littering some residents
- Standard of properties in area is poor, type of people attracted hang around
- High number of bedsits in area brings it down
- Over the last 13 years the problems have increased – due to drugs and rented flats and anti-social behaviour, lack of care by landlords
- Landlords should be more hands on
- Landlord is terrible my banister is faulty and there are young children
- Reduces price of houses
- Bedsit, rented and transient accommodation makes the neighbourhood worse and the area down, needs regenerating
- Not happy with landlord have lived her 34 years
- Too many rehabs and hostels – police come often
- Rented accommodation attracts anti-social behaviour problems
**Litter Rubbish and Waste**
- Bin men are good
- No room for bins, seagulls and rubbish in houses more information for refuse and recycling times
- Rubbish in front of houses
- Lots of rubbish everywhere
- Rubbish not always in bags, broken furniture left outside, landlords don’t take it away
- Need dustbins at bus stops

**Street Scene**
- Dog mess is terrible and disgusting
- People hanging around in back alley
- Dog fouling on pavements

**Drugs and Alcohol**
- Lots of alcohol and drug abuse and vandalism
- Drug dealer across the road, youths knock and shout up at the property
- Drug users sit on walls
- Drinking in the street
- Alcohol and drugs outside property but not as bad as when we lived in the East End of London
- Rowdy behaviour and bodies hanging around – alcohol and drug concerns

**Crime**
- Think area is really violent
- Difficult at times for safety there was a alcoholic and drug abuser next door
- Lots of drunk people and rubbish
- Vandalism of cars
- Garden waste bag gets stolen
General

● Uncaring of their environment
● Parking terrible, people going into town
● Weston had deteriorated
● Fly tipping problem in road
● Badly maintained pavement, pot holes bad
● Weston is getting rough nowadays
● Think noise is a huge issue on street and there is a large number of rented properties
● Area needs gentrification

45.7% of all respondents felt the high number of rented flats and bedsits were having a negative impact on the area. Only 7.6% of all respondents indicated the numbers of rented flats and bedsits had a positive impact on the area.

Only 32.1% of all respondents felt that landlords/agents manage properties to acceptable standards, with 38.1% stating that they were not managed to acceptable standards and 29.5% stating unknown.

The results from the survey tell us that large proportions of the local community have concerns regarding the high concentrations of HMOs in the area surveyed and the way these are managed and the wider impacts on the local community.

The results from the survey reinforce earlier analysis and provide further evidence of the concentration of HMOs in the area and the problems that their poor management is causing for the residents in the area in general and the safety of occupiers.
13. References

Barratt C (2011), Sharing and sanity: how many houses in multiple occupation may threaten the mental health of residents.

Beyond safety to wellbeing: How local authorities can mitigate the mental health risks of living in houses in multiple occupation, Journal of Environmental Health Research, Volume 12, Issue 01, 2012


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

Communities and Local Government (CLG), A Review of Health and Safety Risk Drivers, Crown Copyright 2008

Communities and Local Government, Approval steps for additional and selective licensing designations in England, Crown Copyright 2010


English Housing Survey (EHS), 2009.


Housing Health and Safety Rating System Operating Guidance, ODPM, 2006

Hubbard P (2008), Regulating the social impacts of studentification: a Loughborough case study

Joseph Rowntree Foundation, 2000

LACoRS Housing – Fire Safety, LACoRS, 2008

McCann K (2011), Should councils be more relaxed about houses in multiple occupation?

North Somerset Council Evidence Paper – Sub division of family housing 2010

North Somerset Council Private Sector Housing Stock Condition Survey, ORS, 2012

North Somerset Council, HMO Residents survey, 2012


Office of National Statistics (ONS) – Mid-year population estimate, 2010

Page A (2002), Poor housing and mental health in the United Kingdom: Changing the focus for intervention

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

Quality and Choice. A Decent Homes for All: A Housing Policy for England, DETR, 2000

Shaw M, Danny D and Brimblecombe N (1998), Health problems in houses in multiple occupation

The Impact of Overcrowding on Heath and Education: A Review of Evidence and Literature, ODPM, 2004

West of England Fire Safety Protocol