

**Technical Paper:
Small Houses in Multiple Occupation:
Evidence to Justify the Purpose and
Extent of an Article 4 Direction**

**Ipswich Borough Council
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DRAFT

Contents

1. Purpose of this report and background	3
Houses in multiple occupation	3
National legislation	3
Local Policy Context	4
Use of Article 4 Directions	5
2. Estimate of the number of HMOs in Ipswich.....	6
Mandatory HMO Licensing	6
Student dwellings.....	7
Total number of HMOs and student dwellings.....	8
Planning applications for HMOs	9
Enforcement cases related to HMOs	11
Multi-person households (Census Data).....	12
3. Justification for introducing an Article 4 Direction in Ipswich	14
4. Appropriate area on which to apply the Direction	15
Appendix 1 – Registrable licenced HMOs	19
Appendix 2 – Spatial Distribution of Student Occupied Dwellings.....	20
Appendix 3 – Spatial distribution of planning applications for HMOs 2011-2021	21
Appendix 4 – Consolidated HMO Map (Registrable Licence, Planning Applications and Student Dwellings).....	22
Appendix 5– HMO Article 4 Direction Proposed Boundary.....	23
Appendix 6 – Methodology used for ranking of wards	24
Appendix 7 – Kensington and Chelsea and Westminster modified Article 4 Boundaries	26

Table of figures

Fig.1: Registrable licenced HMO properties by ward

Fig. 2: HMO and Student dwelling comparison

Fig. 3: Student Dwellings by Ward

Fig. 4: HMO planning applications per annum basis 2012-2022

Fig. 5: Distribution by Ward of HMO Planning Applications 2012-2022 and appropriate decisions

Fig. 6: HMO enforcement investigations 2019-2022

Fig. 7: 2011 Census - Shared accommodation by Ward

Fig. 8: 2001 – Dwelling type and accommodation type by household space type

Fig. 9: Shared accommodation Ipswich – 2001 vs 2011

Fig. 10: Shared households 2001- 2011

Fig. 11: Ward Rankings

1. Purpose of this report and background

- 1.1 This report provides the evidence to justify the purpose and extent of an Article 4 Direction in parts of Ipswich to require planning permission for the change of use of a Use Class C3 dwellinghouse to a Use Class C4 small house in multiple occupation.

Houses in multiple occupation

- 1.2 Houses in multiple occupation (HMOs) can be defined in a number of different ways, but broadly speaking they are considered to be properties occupied by unrelated individuals who share basic amenities such as a kitchen or bathroom. The traditional source of HMOs tends to be larger, older family dwelling houses, but occasionally these are purpose built by developers.

- 1.3 HMOs make an important contribution to the housing supply, generally providing low-cost private sector accommodation for those on low incomes, students, and those seeking temporary accommodation. They are normally located in areas with good access to public transport (in particular bus routes) and local services and often in good proximity to a town centre.

- 1.4 However, high concentrations of HMOs can sometimes have a detrimental impact on local housing areas. For example, they can involve a more intense use of dwellings that may increase noise pollution or car parking demands, they can increase pressures on local services, and they can impact on social cohesion given that they often have a higher turnover of residents and therefore a more transient population.

- 1.5 In 2008 the Department for Communities and Local Government published a report prepared on their behalf by Ecotec titled “Evidence Gathering – Housing in Multiple Occupation and possible planning responses”. The report identified the following impacts that can occur as a result of high concentrations of HMOs, including:

- Anti-social behaviour, noise and nuisance;
- Imbalanced and unsustainable communities;
- Negative impacts on the physical environment and streetscape;
- Pressures upon parking provision;
- Increased crime;
- Growth in the private rented sector at the expenses of owner-occupation; and
- Pressure upon local community facilities.

National legislation

- 1.6 In 2015 changes to the General Permitted Development Order (GPDO) introduced a new Use Class, C4, covering the following uses that had previously been within Use Class C3 (dwellinghouses):

- Small, shared dwelling houses occupied by between 3 and 6 unrelated individuals, as their only or main residence, who share basic amenities such as a kitchen or bathroom; and
- Small bedsits.

- 1.7 Social housing, care homes, children's homes, bail hostels and small religious communities are excluded from Use Class C4. Properties containing the owner and up to two lodgers are also excluded. Some of these uses are in Use Class C3, others in other Use Classes, whilst some are treated as Sui Generis.
- 1.8 Use Class C3 was amended accordingly to reflect this new C4 use, so that C3 use now consists of the following:
- Class C3a - Those living as a single household as defined by the 2004 Housing Act 2004 (basically a 'family' where there is no limit on the number of members of the household).
 - Class C3b - Not more than six people living together as a single household and receiving care; and
 - Class C3c - Not more than six people living together as a single household who do not fall within the C4 definition of an HMO (for example a small religious community, or homeowners with up to 2 lodger/s).
- 1.9 In planning terms, the change of use of a Use Class C3 dwellinghouse to shared housing occupied by more than 6 people (a large sui-generis HMO) would require an express grant of planning permission.
- 1.10 Planning permission is not required to convert a Use Class C3 dwellinghouse into a Use Class C4 small HMO. That conversion can be done under the permitted development rights set out in the General Permitted Development Order (Paragraph A of Class I in Part 3 to Schedule 2). And often is introduced without the need for any building work except for locked bedrooms and bathrooms and toilet facilities.

Local Policy Context

- 1.11 The adopted Ipswich Local Plan (2022) is the development plan for the purposes of section 38(6) of the P & CP Act 2004 in the determination of planning applications in the Borough.
- 1.12 With the newly adopted Ipswich Local Plan (2022), a new Local Policy DM20 – 'Houses in Multiple Occupation' – has been adopted. This policy requires that:
- 'Proposals for the development of Houses in Multiple Occupation (HMO), including through the change of use of existing non-residential buildings, will be supported where they:*
- a) demonstrate that they meet the nationally required minimum room standards for HMOs;*
 - b) would not adversely affect the amenity of nearby residents in terms of noise and disturbance or loss of privacy;*
 - c) do not have an adverse impact on local employment uses – such as reducing the availability of office accommodation in strategically identified locations for office use;*
 - d) would not adversely impact on the amenity of the local area through the overconcentration of HMOs, or cumulatively adding to an area already subject to an overconcentration;*

e) provide an acceptable living environment for future occupants, including adequate outdoor amenity space, car parking (in accordance with the standards), secure and covered cycle parking and refuse storage; and

f) are well-served by local services and accessible by sustainable transport modes. Proposals for HMOs will not be approved where they will result in an over-concentration of HMOs. An over-concentration is defined as: i. more than two HMOs side by side; ii. the sandwiching of a single self-contained house or flat between two HMOs; iii. more than two HMOs within a run of twenty properties on one side of the road; or iv. more than one HMO in a road of fewer than twenty properties on one side of the road.'

1.13 The policy further goes on to state that:

'The Council is in the process of implementing a Borough-wide Article 4 Direction, which removes the permitted development right for the change of use from C3 (dwellinghouse) to C4 (house in multiple occupation) for three to six unrelated persons. Therefore, once this comes into force, planning permission will be required for all development and changes of use that create a HMO. This is not designed to prevent HMOs as a form of housing, rather to maintain an element of control so that high concentrations of HMOs do not arise negatively impacting on the residential amenities of surrounding residents.'

This is the local policy context which underpins the justification that follows, and once the Article 4 Direction is established, all HMOs of over 3 occupants in the area identified will be required to obtain planning consent and demonstrate that the proposed use meets policy requirements.

Use of Article 4 Directions

1.14 Article 4 Directions can be used by local planning authorities to remove permitted development rights in part or all of their area, thereby requiring planning permission for a change of use that would otherwise be permitted development. Article 4 Directions have tended to be used in conservation areas so as to exert greater control over extensions or other changes to buildings. However, they are also a means by which local planning authorities can exert greater control over the proliferation of small HMOs (i.e. through requiring planning permission for the change of use of a dwellinghouse in Use Class C3 to a small HMO in Use Class C4). Importantly however, the introduction of an Article 4 Direction does not mean that all planning applications for a change of use from a dwellinghouse to a Use Class C4 HMO will be refused. The Direction only relates to requiring the submission of a planning application for consideration by the Local Planning Authority, and any application will be determined on its merits having regard to the development plan and any other material considerations.

1.15 The National Planning Policy Framework (paragraphs 53 and 54) requires the use of Article 4 Directions to be limited to situations where it is '*necessary to avoid wholly unacceptable adverse impacts*' or '*to protect local amenity or the wellbeing of the area*'; should be '*based on robust evidence and apply to the smallest geographical area possible*' and should not be used unless there is '*clear justification*' for doing so. The National Planning Practice Guidance (PPG) further states in '*When is permission required?*'¹ that robust evidence is required to justify the purpose and extent of the

¹ [When is permission required? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/when-is-permission-required) updated 04 January 2022.

Direction, to demonstrate that such action is needed to protect local amenity or well-being of the area. It also requires the potential harm that the Direction is intended to address to be clearly identified, and that a particularly strong justification is required if the article 4 direction is to cover a wide area such as an entire local planning authority.

- 1.16 Ipswich Borough Council currently has 4 localised Article 4 Directions in place in the following areas, designated in 1999, 2000, 2004 and 2015:
- Norwich Road/Anglesea Road area;
 - Christchurch Street area;
 - Central Conservation Area (Bolton Lane);
 - The Walk/ the Thoroughfare; and
 - Marlborough Road Conservation Area.
- 1.17 The changes in these areas that might require planning consent under this Article 4 Direction include alterations to elevations, roofing material and roof windows, doors and windows, façade treatments as well as hardstanding and curtilage walls. The areas affected by these Article 4 Directions are spatially very limited in extent, and in some cases only impact small stretches of one or two streets, and limited building numbers in these areas.

2. Estimate of the number of HMOs in Ipswich

- 2.1 The Borough Council holds data that enables it to build up a picture of the location of HMOs in the Borough, with some HMO properties having to be registered as a result of landlord licensing requirements. However, the issue is complicated by the fact that planning permission is not currently needed in Ipswich for a change of use from a C3 dwellinghouse to a small C4 HMO, and there is no way of identifying small HMOs that existed before the Use Class changes in 2010.

Mandatory HMO Licensing

- 2.2 Mandatory Licensing of HMOs was introduced under the 2004 Housing Act and updated in 2018. HMOs which need to have a licence are those where there are five or more people living in two or more households -regardless of the number of storeys in the property and includes any flat which contains five or more people living in two or more households where the flat has not been purpose-built to multiple occupant standards. This applies to flats above or below commercial premises.
- 2.3 It is an offence for landlords not to license any HMO which is required to be licensed, and landlords can be prosecuted, have control of their unlicensed properties taken away from them, and be liable to repay any rents paid by their tenants or the Council. The local authority must ensure that satisfactory management arrangements are in place and that the property meets the required minimum standards for the number of tenants housed.
- 2.4 As of March 2022, there were approximately 691 HMOs identified in the town of Ipswich, with 151 registrable licensed HMO properties identified (5 or more occupants)². This category includes those properties which are in the process of

² Ipswich Borough Council Private Sector Housing data March 2022

obtaining licences or are identified as being required to do so. The graph below shows the distribution of these properties by ward:

Fig.1 Registrable licenced HMO properties by ward

Ward	0	5	10	15	20	25	30	35	40	45	50	55
ALEXANDRA												54
BRIDGE			8									
CASTLE HILL	2											
GIPPING				12								
PRIORY HEATH		6										
ST JOHN'S				12								
ST MARGARET'S				11								
STOKE PARK	0											
WESTGATE											31	
WHITEHOUSE			10									
WHITTON	0											
GAINSBOROUGH		3										
BIXLEY		2										
HOLYWELLS	0											
SPRITES	0											
RUSHMERE	0											
Quantity		5	10	15	20	25	30	35	40	45	50	55

- 2.5 The graph above shows that the wards of Alexandra (54) and Westgate (31) have substantially higher concentrations of licenced HMOs than all other wards in the town, with pockets of concentrations in the wards of Gipping, St Johns, St Margaret's and Whitehouse.
- 2.6 This distribution has been displayed spatially in the map at Appendix 1 (Registrable Licenced HMOs). This map shows all the categories of HMO licences against the Borough's ward boundaries.
- 2.7 There is a clear pattern of both licenced and refused HMOs being located in and around Ipswich town centre, and or close to main public transport facilities and arterial roads such as Norwich Road.

Student dwellings

- 2.8 Council Tax data is also available in relation to properties occupied solely by students given such households are exempt from paying Council Tax; however, this data needs to be treated as only an indication of where there may be student HMOs as some

student properties that are exempt from paying council tax will not fall under the definition of a HMO (for example they may be solely occupied by only one or two students). It is therefore not possible to definitively quantify how many of the student exempt properties are HMOs from the available data.

- 2.9 As of July 2022, Council Tax records indicated that 221 properties in the Borough were occupied solely by students. There is likely to be some overlap between student households and the licensed HMOs.

Total number of HMOs and student dwellings

- 2.10 Taking the above data into account and its recognised limitations, it is possible to estimate the proportion of dwellings that are known to be HMOs, and dwellings that are exempt from paying Council Tax due to them being occupied solely by students (some of which are potentially HMOs), as a proportion of the total number of dwellings at a ward level. There are also likely to be additional HMOs in the Borough that have been formed through a change of use from a Use Class C3 dwellinghouse to a Use Class C4 small HMO given such changes are permitted development without the necessity to require formal planning consent. It is also not possible to identify smaller HMOs that existed before the Use Class changes in 2010 unless they fall under the mandatory or selectively licensed regimes.
- 2.11 The table below identifies the total number of identified HMOs in the data obtained from average Borough-wide proportion of known registrable HMOs and dwellings occupied solely by students. It shows that across the Borough, a maximum of 1.57% of the total number of dwellings falls within these categories.

Fig. 2 HMO and Student dwelling comparison

	Quantity	Proportion of all occupied dwellings (2021 census: 139700 residents – 58208.3 households ³)
Total Identified HMOs	691	1.19%
• Of that total, Registrable HMOs	151	0.26%
Student occupied properties	221	0.38%
Total (identified HMOs + Student occupied properties)	912⁴	1.57%

³ Household number an estimate based on 2021 population divided by 2020 average UK household size of 2.4 (number of households not yet released at the time of writing)

⁴ This total number will likely be an over estimation, as there are overlaps in the identified HMOs and student housing numbers

2.12 The table below (and map in Appendix 2) identifies that the highest concentrations of HMOs and student dwellings, at a ward level, are in the following wards: Alexandra (56); Westgate (25); Bixley (24); Bridge (22); Gipping (18) and St Margarets (13).

	Ward	Student dwelling (2 or more students)
1	Alexandra	56
2	Bixley	24
3	Bridge	22
4	Castle Hill	3
5	Gainsborough	5
6	Gipping	18
7	Holywells	14
8	Priory Heath	4
9	Rushmere	4
10	Sprites	3
11	St John's	10
12	St Margaret's	13
13	Stoke Park	2
14	Westgate	25
15	Whitehouse	9
16	Whitton	9
	Total	221

Fig. 3 – Student Dwellings by Ward

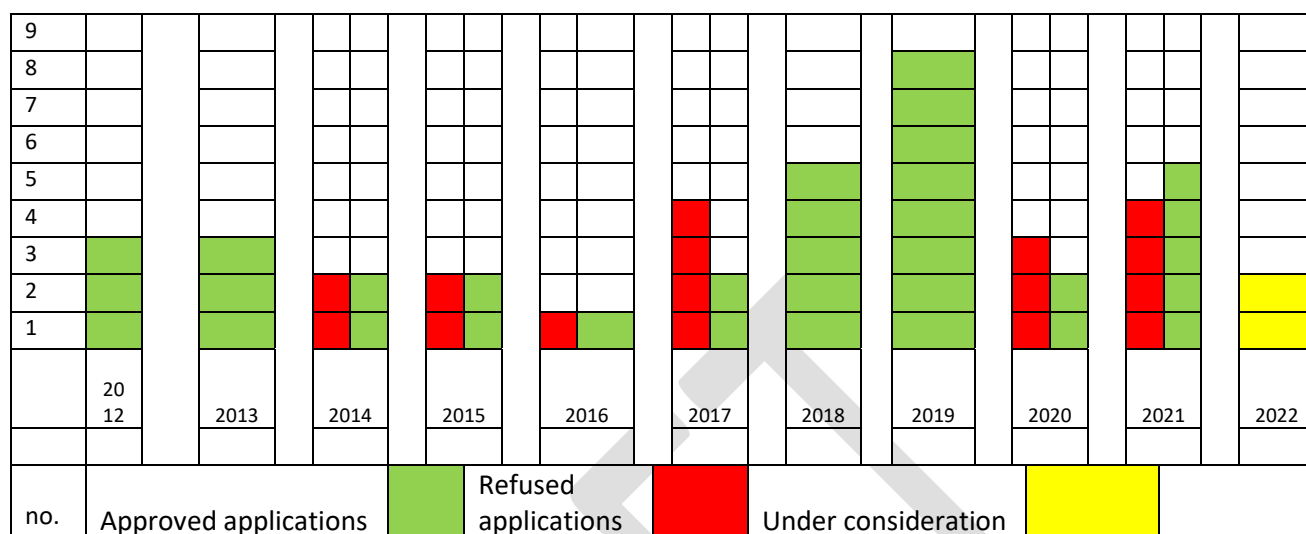
Planning applications for HMOs

2.13 Between March 2011 and March 2022 the Borough Council received 49 planning applications for the change of use of property to a large HMO. These are for the change of use from a dwellinghouse to a large sui-generis HMO given this change is not permitted development. One of the applications was for retrospective permission and 2 for a Certificate of Lawfulness, as the use as an HMO in these cases had already commenced.

2.14 The graph below shows the number of planning applications determined on an annual basis between 2012 and 2022. The number of applications determined increased noticeably between 2016 and 2019 and levelled off in 2020 (presumably due to decreased immediate demand as a result of the Covid 19 pandemic). The trajectory pre-Covid is one of clear growth in applications, and a rise is again evident in 2021, with total applications determined up from 8 cases in 2019 to 9 cases in 2021. It is also important to consider the overall increase annually in HMO's through approved planning applications. All 8 HMO applications were approved in

2019, however, in 2021, the planning application process only resulted in an additional 5 potential HMO's (dependent on implementation of the consents).

Fig. 4 HMO planning applications per annum basis 2012-2022



2.15 The distribution of determined planning applications for HMOs by ward over the period 2012 to 2022, and the associated decisions is shown in the table forming Figure 3 below and shown spatially in the map included in Appendix 2.

Fig. 5 Distribution by Ward of HMO Planning Applications 2012-2022 and appropriate decisions

Ward	Year	Refused	Approved	Decision due	Lawful *	total
ALEXANDRA						15
	2012	0	1	0	0	
	2016	1	0	0	0	
	2017	1	0	0	0	
	2018	0	4	0	0	
	2019	0	2	0	0	
	2020	3	0	0	0	
	2021	2	0	0	0	
	2022	0	0	1	0	
BRIDGE						5
	2015	0	2	0	0	
	2019	0	1	0	0	
	2020	0	1	0	0	
	2022	0	0	1	0	
CASTLE HILL						1
	2015	1	0	0	0	
GIPPING						7
	2013	0	1	0	0	
	2014	1	2	0	0	
	2015	1	0	0	0	
	2017	1	0	0	0	

	2020	1	0	0	0	
PRIORY HEATH						3
	2012	0	1	0	0	
	2017	0	1	0	0	
	2020	0	0	0	1	
ST JOHN'S						4
	2017	0	1	0	0	
	2018	0	1	0	0	
	2019	0	1	0	0	
	2021	0	1	0	0	
ST MARGARET'S						3
	2013	0	1	0	0	
	2019	0	1	0	0	
	2021	0	1	0	0	
STOKE PARK						1
	2012	0	0	0	1	
WESTGATE						7
	2013	0	1	0	0	
	2014	1	0	0	0	
	2015	0	1	0	0	
	2018	0	1	0	0	
	2019	0	2	0	0	
	2020	0	1	0	0	
WHITEHOUSE						2
	2016	1	0	0	0	
	2017	1	0	0	0	
WHITTON						1
	2020	0	1	0	0	
HOLYWELLS						0
BIXLEY						0
GAINSBOROUGH						0
SPRITES						0
RUSHMERE						0
TOTAL		15	30	2	2	49

*Note: The column of 'lawful' applications refers to applications granted for 'Lawful Development Certificates', which would have confirmed that the use of the application site as a small HMO would be lawful as being within permitted development limits.

2.16 The rates of applications for larger HMOs were highest in Alexandra, Westgate and Gipping Wards. This pattern of demand is similar to that of the distribution rates for all licensable HMOs, with a slightly lower relative demand in the St John's and St Margaret's wards. This may relate to the size of available dwellings, and their suitability for conversion to larger HMOs. The overall numbers of applications are modest in relation to the licensable smaller HMOs. The spatial distribution of this demand and its similar pattern to the previous dataset is mapped on the map at Appendix 2 – Planning Applications for HMOs.

Enforcement cases related to HMOs

2.17 Between March 2019 and April 2022, the Local Planning Authority had 24 properties with active enforcement investigation relating to suspected HMO activity. The breakdown of these investigations by ward is as follows:

Fig 6. HMO enforcement investigations 2019-2022

Ward	Enforcement investigations
Westgate	11
St John's	3
Alexandra	4
Gipping	1
Priory Heath	1
Bridge	2
Holywells	2
Total	24

2.18 The Table above shows that Westgate ward has the highest level of enforcement investigations. It is also one of the wards with the highest number of HMOs, although other wards with relatively high numbers of HMOs (such as Gipping and Alexandra), only have one and four active enforcement investigations respectively, so there is no direct correlation between the number of enforcement investigations and the number of HMOs in place in a ward.

Multi-person households (Census Data)

2.18 The 2011 Census (as the most recently available census) includes information on household type by tenure, including the number of "multi-person" households. These households include those solely occupied by full-time students, and "other" multi-person households. The "other" multi-person households will include many households that are living in accommodation that are not HMOs, for example households comprising of two young professionals sharing an apartment.

2.19 The Table below shows that in 2011⁵ there were a total of 42 shared multi-person households and 1908 households residing in a flat, maisonette or apartment which was part of a converted or shared house across Ipswich at the time of the 2011 Census (0.7 and 47% respectively of total households) in accommodation that was being rented from a private landlord or letting agent.

	Ward	Shared dwelling	Percentage (quantile of all homes)	Flat, maisonette or apartment: Part of a converted or shared house (including bed-sits)	Percentage (quantile of all homes)	All households
1	Alexandra	7	0.1	332	6.8	4501
2	Bixley	3	0.1	21	0.7	3017

⁵ 2011 household Census data has been used as households by ward for 2021 had not been published at the time of writing

3	Bridge	8	0.2	168	4.2	3290
4	Castle Hill	0	0	20	0.6	3034
5	Gainsborough	0	0	26	0.7	3588
6	Gipping	8	0.2	245	6.1	3898
7	Holywells	1	0	102	2.7	3573
8	Priory Heath	1	0	86	2.4	3570
9	Rushmere	0	0	17	0.5	3296
10	Sprites	1	0	19	0.6	2993
11	St John's	0	0	70	1.7	3921
12	St Margaret's	4	0.1	349	9.7	3403
13	Stoke Park	0	0	21	0.6	3226
14	Westgate	9	0.2	381	8.3	4363
15	Whitehouse	0	0	27	0.7	3777
16	Whitton	0	0	24	0.7	3218
Total		42	0.9	1908	47	57298

Fig. 7. 2011 Census - Shared accommodation by Ward - from: [Shared dwelling | Suffolk Observatory – Data Explorer](#)

2.20 The Tables below show the numbers of households living in shared accommodation in Ipswich in 2001.

Fig 8. 2001 – Dwelling type and accommodation type by household space type (source NOMIS) nomisweb.co.uk

	All household spaces	Occupied	Unoccupied - second residence/holiday accommodation	Unoccupied - vacant
Flat, maisonette or apartment	9,443	8,642	56	745
• Part of a converted or shared house (includes bed-sit)	1,596	1,454	14	128
In a shared dwelling	319	187	12	120
All occupied dwellings	51,684	49,755	118	1,811

The Graph below compares the 2001 and 2011 Census in relation to multi-person households living in private rented accommodation at an Ipswich-wide level.

Fig. 9 Shared accommodation Ipswich – 2001 vs 2011														
Flat, maisonette or apartment (Part of a converted or shared house)	2001													1596
	2011													1908
households		0-150	151-300	301-450	451-600	601-750	751-900	901-1050	1051-1300	1301-1450	1451-1600	1601-1750	1751-1900	1901-2050
In a shared dwelling	2001													319
	2011	42												
households		0-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400					

2.21 The proportion of households living in private rented dwellings that are multi-person as a proportion of the total number of households at the time of the 2001 and 2011 censuses are shown in the Table below. It shows that while the proportion of multi-person households as a proportion of total households increased as part of a converted or shared house, it has decreased as part of a self-described shared dwelling. The reason for this is uncertain, and it is noted that as the latest census data (2021) was not available to use for this justification document, it will not accurately reflect the trends in shared accommodation in Ipswich since 2011, and particularly in the period 2018-2022, which is well covered by other data used in this report.

Fig. 10 Shared households 2001- 2011

Households	2001	2011
Part of a converted or shared house (includes bed-sit)	1,596	1,908
In a shared dwelling	319	42
All occupied dwellings	51,684	57,298

3. Justification for introducing an Article 4 Direction in Ipswich

3.1 The 2008 report published by the Department for Communities and Local Government report, (referenced in the introduction to this document), identified various harmful social and amenity impacts that can occur and can be perceived to occur as a result of high concentrations of HMOs in a particular residential area.

- 3.2 As noted earlier in this report, there are 151 HMOs that are known to the Borough Council through licensing data. This is likely to be an under-estimate of the number of HMOs given:
- Planning permission is not currently needed in Ipswich for a change of use from a C3 dwellinghouse to a small C4 HMO, and there is no way of identifying HMOs that existed before the Use Class changes in 2010; and
 - There are 221 dwellings solely occupied by students, some of which will be HMOs.
- 3.3 Taking into account the number and proportion of known HMOs and student dwellings, there is not a particularly high level in the Borough, (0.3% and 0.4% respectively), nor in some individual wards. However, the key issue is not necessarily the relatively low overall total and proportion of such dwellings that is the cause for concern. Rather, the concern is that there are particular clusters and concentrations within some areas of the Borough that, if expanded, could have a harmful impact on the surrounding single-family dwellings as well as the sustainable and well managed supply of the HMOs themselves. A cluster here can be understood as a grouping of 3 or more active (in-use) HMOs within an approximate 200m radius. The Council supports HMOs as a form of affordable housing for young people, those on lower incomes and students. Local Policy DM20 however, requires that amenity (of both occupants and neighbours), in terms of space provision, noise and disturbance impact, and would ensure a sustainable distribution of HMOs through controlling their change of use in particular parts of the Borough.
- 3.4 The impacts of HMOs are frequently raised by members of the public to the Council and its Councillors, particularly as neighbour consultation responses to householder planning applications for domestic extensions where a single dwelling would be extended in such a way that it could accommodate a House of Multiple Occupation. This type of accommodation is perceived to erode the suburban and single-family suburban character and amenity of the areas in which it exists, and concerns about potential increased noise, traffic volume, and parking pressure are frequently mentioned as likely outcomes of such development.
- 3.5 Furthermore, the Borough Council is aware through the work of the Landlord Licensing Team of a significant increase in the number of dwellings that are being converted to small HMOs over the last 2-5 years.
- 3.6 Whilst there are crime reports for wards which are publically available, there is no evidence in relation to the impacts of HMO's or similar.

4. Appropriate area on which to apply the Direction

- 4.1 The National Planning Practice Guidance requires there to be a “particularly strong” justification if a Direction is to relate to a wide area (for example covering the entire area of a local planning authority).
- 4.2 The Table below ranks the different wards in Ipswich against some of the data that is set out in this report, with 1 being the highest rank. As an example, Alexandra ward is ranked 1 in relation to the number of licensable HMOs; this means that out of the 16 wards in the Borough, it has the highest number of licensable HMOs. The scores for

the various fields were tallied, and the lowest scores are the highest-ranking areas, and would be most suitable for the implementation of HMOs. The wards that are highlighted in grey in the table are those ranked 1-3 overall in their suitability for a proposed area for the imposition of an Article 4 Direction controlling HMOs, whilst the un-highlighted wards are in the remainder of the borough. (Methodology in **Appendix 6**).

Fig. 11. Ward Rankings

	Ward	No. of Licensable HMOs 21/22	Student dwellings	Planning appl's 11/22	No. of shared/ subdivided households 2011	Score
1	Alexandra	1	1	1	3	6
2	Bixley	9 (tie)	3	8 (tie)	9	29
3	Bridge	6	4	3	5	18
4	Castle Hill	9 (tie)	12 (tie)	7 (tie)	11 (tie)	39
5	Gainsborough	8	10	8 (tie)	10 (tie)	36
6	Gipping	3 (tie)	5	2 (tie)	4	14
7	Holywells	10 (tie)	6	8 (tie)	6	30
8	Priory Heath	7	11 (tie)	5 (tie)	7	30
9	Rushmere	10 (tie)	11 (tie)	8 (tie)	12	41
10	Sprites	10 (tie)	12 (tie)	8 (tie)	11 (tie)	41
11	St John's	3 (tie)	8	4	8	23
12	St Margaret's	4	7	5 (tie)	1	17
13	Stoke Park	10 (tie)	13	7 (tie)	11 (tie)	41
14	Westgate	2	2	2 (tie)	2	8
15	Whitehouse	5	9 (tie)	6	10 (tie)	30
16	Whitton	10 (tie)	9 (tie)	7 (tie)	10 (tie)	36

4.3 Having regard to the evidence set out in this report, it is not considered that there is a “strong” justification to apply an Article 4 Direction borough-wide. The occurrence of existing and proposed HMOs is limited. This means that it is unlikely that harm to local amenity or the well-being of residents in these areas will arise from the change of use of Use Class C3 dwelling houses to Use Class C4 small HMOs.

4.4 Further to the ward rankings above, it is also noted that when examined in terms of spatial distribution in the highlighted wards (as well as those with rankings 4, 5 and 6)

the occurrence of applications for HMO planning consent and licences are focused in the areas surrounding the town centre and along bus and rail transport routes. Other local authorities have found it appropriate to introduce an Article 4 Direction covering all of the high priority wards identified. However, in this case, the spatial concentration of the demand for HMOs is very consistent and spatially limited (making use of proximity to the town centre and public transport facilities). It is felt that the detrimental effect in relation to amenity, character and well-being of areas is focused, and the mapping of a delineated, non-ward boundary specific area or series of areas would be the most suitable option for the implementation of such an Article 4 Direction. There is precedent in the application of Conservation Area Article 4 Directions in other parts of the Borough, which are not defined by ward boundaries and sometimes exceptionally limited in geographic extent to a single block or row of buildings (for example The Walk in the Ipswich Town Centre). In addition, from Government call-ins for determination of proposed Article 4 Directions, this form of delineation is a preferred option approach for the Government.

- 4.5 The identified areas in the HMO mapping, are also areas under scrutiny environmental complaints, compounding the impacts of concentrations of HMOs for both the existing and future residents in the locality. This amounts to a compelling reason for bringing Use Class C4 small HMOs within full planning control and is in the public interest. It will ensure that Ipswich can respond in a timely way to the emergence of new concentrations of HMOs to prevent harm to areas.
- 4.6 It is considered most appropriate to apply the Article 4 Direction to spatially defined areas that follow the demand pattern, (which is clearly clustered), rather than whole wards. This is to ensure that the removal of permitted development rights is proportionate and spatially limited as per the requirements of the NPPF. It is possible that there may be a slight increase in the number of HMOs created through permitted development rights in the areas directly adjacent to those not within the scope of the Direction. However, the Borough Council will monitor the situation on an annual basis to ensure that issues are not merely dispersed to adjacent areas. It is proposed that a boundary review can be considered ever 5 years to accommodate edge pressure if this occurs. This will of course require removal of the existing Article 4 Direction and applying another one, as the Regulations do not allow for amendments to existing Article 4 Directions.
- 4.7 The map attached as **Appendix 5** shows the boundaries within the Borough to which it is proposed that the Article 4 Direction should apply. Although it is noted that an expressed preferred option for the Council would involve the blanket coverage of the Borough there is insufficient demand and other evidence, as set out in this Technical Paper to support such an approach. In addition, a geographical boundary based on following wards: Alexandra, Westgate and Gipping, has not been presented as an option, as this would include some areas without any identified demand for HMOs and exclude other areas (for example parts of Bridge Ward and St Margaret's wards) that have a high but spatially limited demand for provision of HMOs. The discrete mapping that targets clusters⁶ is therefore proposed as the recommended boundary and has been found as a suitable approach by Government.

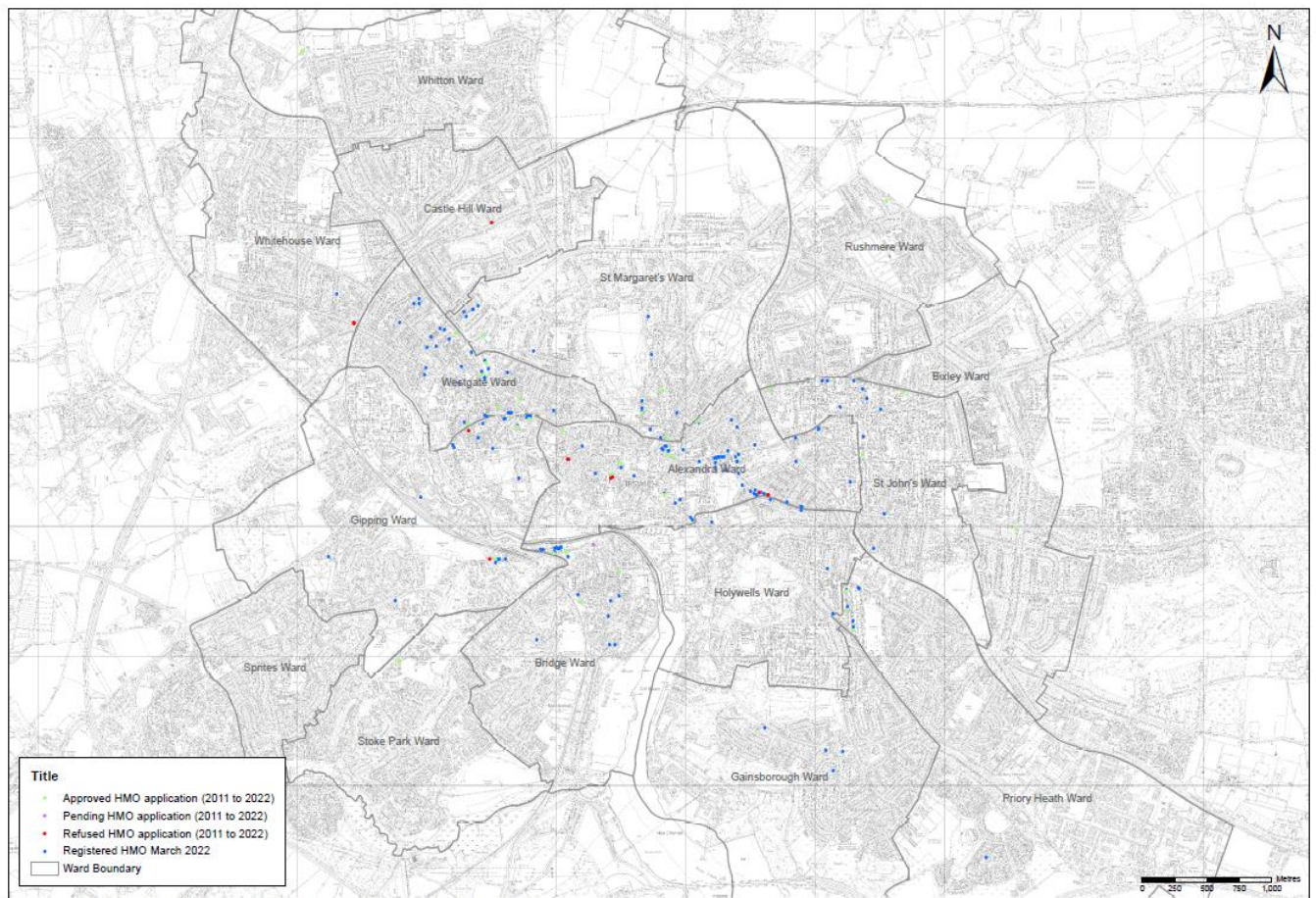
⁶ The clustering follows the methodology of 3 or more active identified HMOs within an approximate 200m radius, excluding identified student dwellings.

- 4.8 Recent NPPF changes on Article 4 Directions in the 2021 NPPF and recent precedent in the modification of proposed Article 4 boundaries in other local authorities has shown that the Secretary of State in July 2022 rejected an attempt by seven London boroughs to introduce an Article 4 Direction to block commercial-to-residential permitted development rights in parts of central London. The Boroughs concerned wanted to impose the A4D on broad areas of central London including the whole of the City of London, most of Westminster and parts of the surrounding boroughs. The Secretary of State found this approach as unacceptable and not in line with expectations in Government guidance, resulting in modified limited boundaries being issued by the Secretary of State for two of these Local Authorities (Kensington and Chelsea and Westminster). These amended geographical boundaries are attached as **Appendix 7**. It is clear that the limitations within the NPPF for A4D boundaries and Secretary of State application is resulting in the smallest geographic extent possible and require strict adherence to this guidance. Council will not be able to apply the removal of Permitted Development rights across a wide area as has happened in some areas in the past. This points to the importance of robust justification as well as careful delineation of proposed boundaries.
- 4.9 It is important to note that the Article 4 Direction only has the effect of bringing certain changes of use, (which would otherwise not require planning permission), within local authority planning controls. The Borough Council would need to determine any associated planning applications for changes of use of dwelling houses to small HMOs in accordance with the development plan and other material considerations, and would only be able to refuse an application if it could clearly demonstrate that the proposed HMO would be likely to give rise to unacceptable harm to an interest of acknowledged importance (for example the amenity of neighbouring residents because of an over concentration of such uses). The Borough Council would also have to identify why a small HMO would give rise to any greater harm than a family living together in a single dwelling.

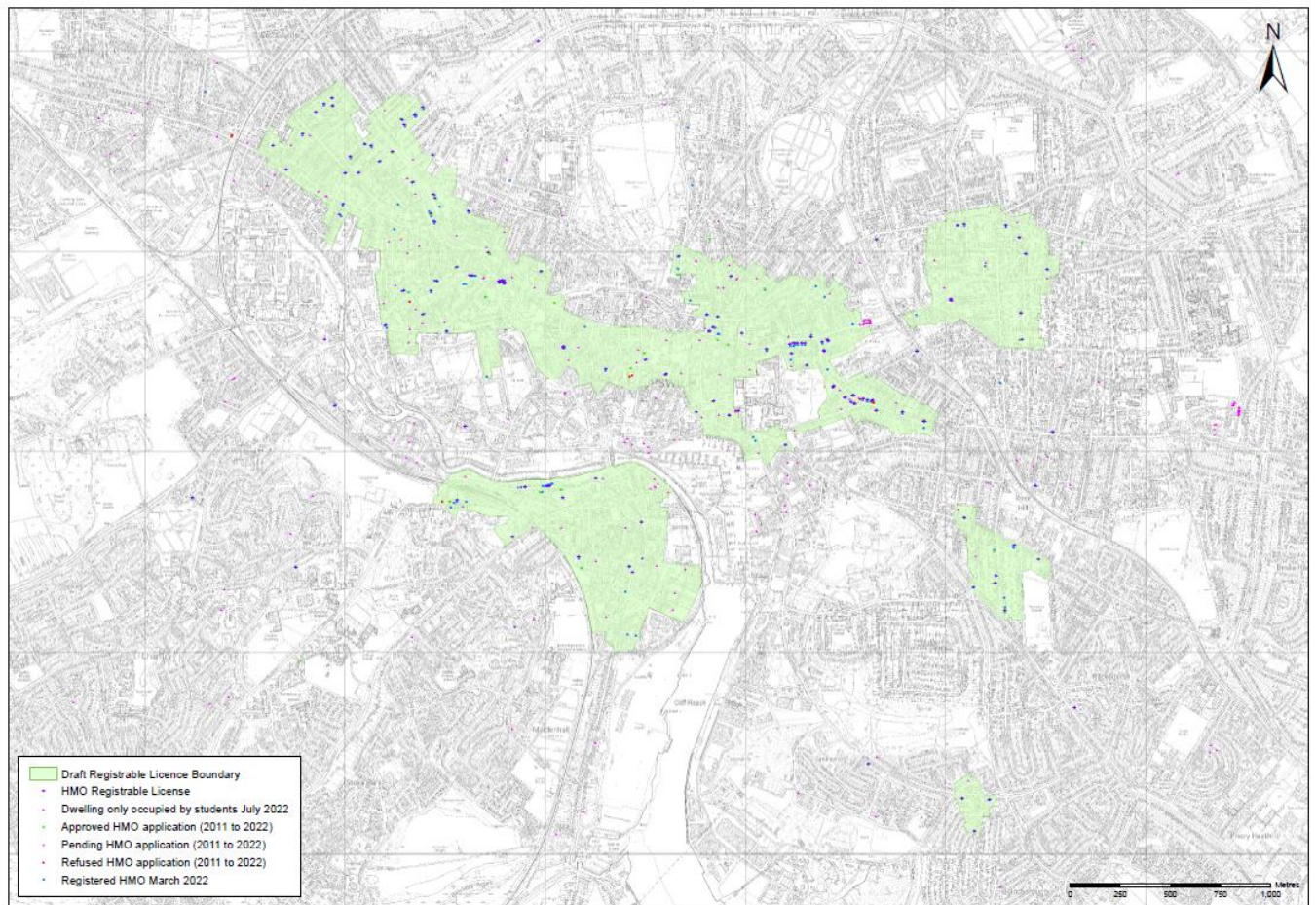
Appendix 2 – Spatial Distribution of Student Occupied Dwellings



Appendix 3 – Spatial distribution of planning applications for HMOs 2011-2021



Appendix 5– HMO Article 4 Direction Proposed Boundary



Appendix 6 – Methodology used for ranking of wards

The following data in the report was ranked in order to determine which of the wards would be identifiable as most in need of an Article 4 Direction:

- Number of Licensable HMOs 2022
- Student dwellings (council tax records) 2022
- Anti-social Behaviour/ Public order statistics from 2021-22
- Planning applications determined between 2011-22
- No. of shared/ subdivided households 2011

Based on the number of HMOs, the number of ASB/public order incidents, planning applications and number of shared households in each ward, the wards were ranked from 1-16 (noting that wards with the same number of each variable could tie in rankings. These rankings were ordered in terms of quantity, ie, the ward with the most of a variable, would be ranked as number 1 in that category.

As an example, Alexandra ward is ranked 1 in relation to the number of licensable HMOs; this means that out of the 16 wards in the Borough it has the highest number of licensable HMOs. All of the ranked scores in each field were tallied, in the table below (and reproduced in the text) with the lowest scores overall representing the highest-ranking (highest priority) areas and would be most suitable for the implementation of HMOs. The ASB and Public disorder data was separated into categories to produce a ranking, using the following numbered categorisation:

- 1. Area of significant concern** (red for both categories): Alexandra
- 2. Area of concern** (one red, one yellow): Gipping and Westgate
- 3. Area to monitor** (two yellows): Bridge, Gainsborough and Priory Heath
- 4. Area of minor concern** (yellow and green): Holywells, Rushmere, Sprites, St Margaret's, Stoke Park, Whitehouse and Whitton)
- 5. Area of no concern** (two greens): Bixley, Castle Hill and St John's

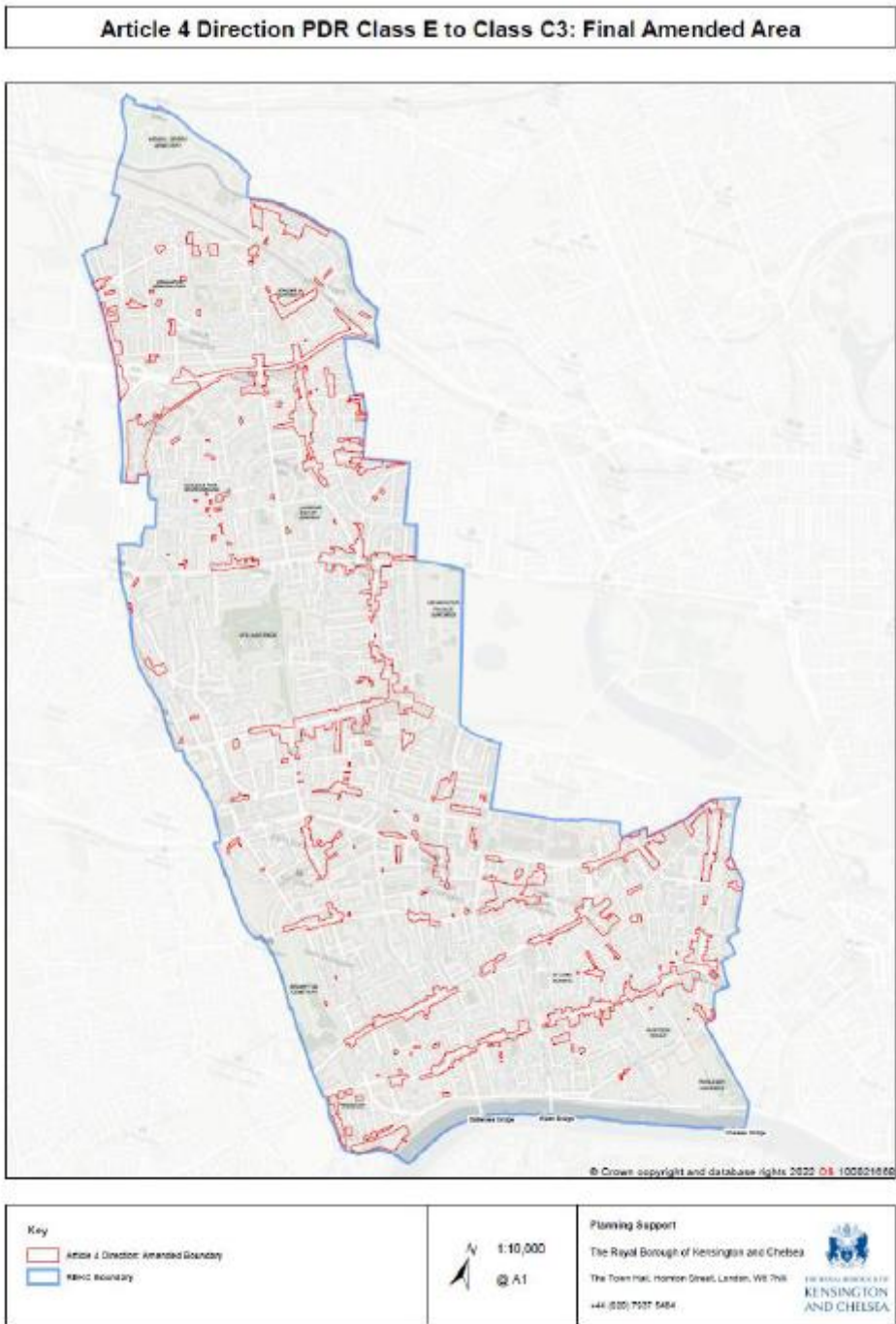
All of the rankings were then inputted into the table below:

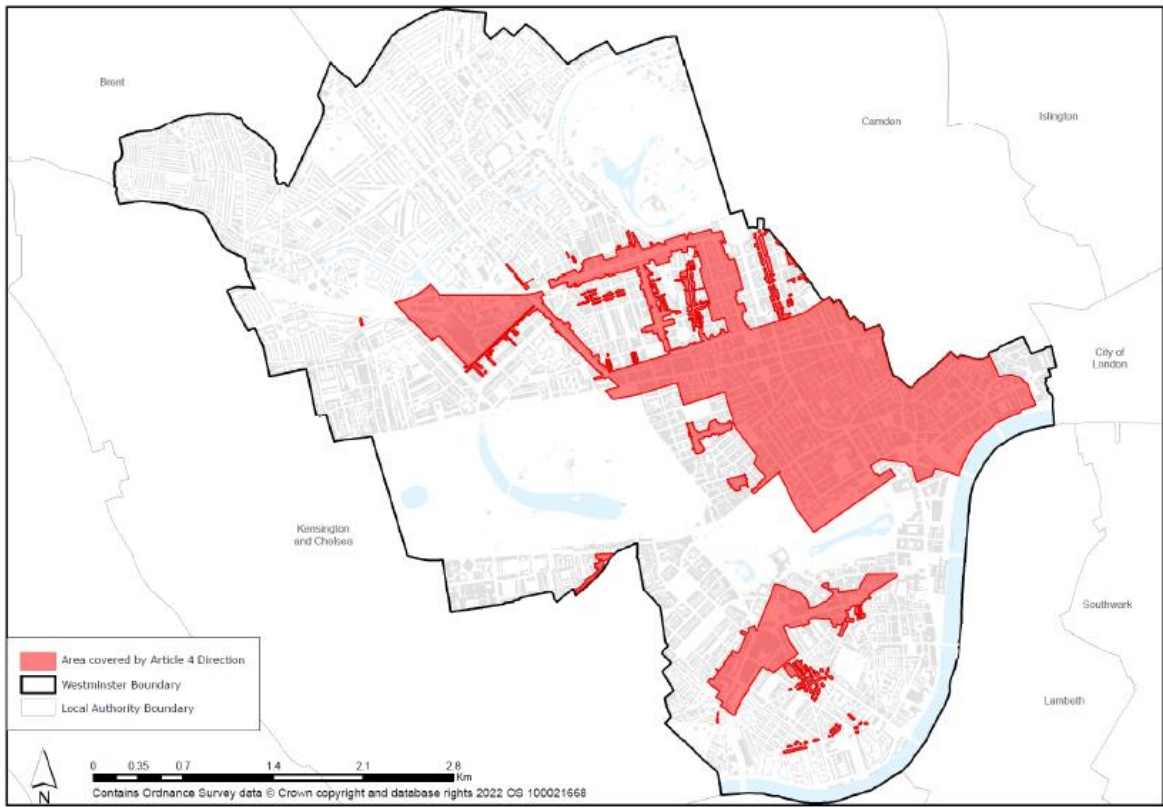
	Ward	No. of Licensable HMOs 21/22	Student dwellings	Anti-social Behaviour/ Public order 21/22	Planning appl's 11/22	No. of shared/ subdivided households 2011	Score	Rank overall
1	Alexandra	1	1	1	1	3	7	1
2	Bixley	9 (tie)	3	15	8 (tie)	9	44	10
3	Bridge	6	4	5	3	5	23	4
4	Castle Hill	9 (tie)	12 (tie)	16	7 (tie)	11 (tie)	55	15
5	Gainsborough	8	10	6	8 (tie)	10 (tie)	42	9 (tie)
6	Gipping	3 (tie)	5	2	2 (tie)	4	16	3
7	Holywells	10 (tie)	6	12	8 (tie)	6	42	9 (tie)
8	Priory Heath	7	11 (tie)	4	5 (tie)	7	34	6

9	Rushmere	10 (tie)	11 (tie)	13	8 (tie)	12	54	14
10	Sprites	10 (tie)	12 (tie)	9	8 (tie)	11 (tie)	50	13
11	St John's	3 (tie)	8	14	4	8	37	7
12	St Margaret's	4	7	7	5 (tie)	1	24	5
13	Stoke Park	10 (tie)	13	8	7 (tie)	11 (tie)	49	12
14	Westgate	2	2	3	2 (tie)	2	11	2
15	Whitehouse	5	9 (tie)	10	6	10 (tie)	40	8
16	Whitton	10 (tie)	9 (tie)	11	7 (tie)	10 (tie)	47	11

If the decision is made to implement an Article 4 Direction by ward boundary, the wards that are highlighted in grey in the table are those ranked 1-3 overall in their suitability for the imposition of an Article 4 Direction controlling HMOs, whilst the un-highlighted wards are in the remainder of the Borough, and are not deemed suitable due to low thresholds being met in the variables. The spatial representation of this in the maps produced for this justification document show the very specific clustering of HMO sites.

Appendix 7 – Kensington and Chelsea and Westminster modified Article 4 Boundaries





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