

Houses in Multiple Occupation (HMOs)

Supplementary Planning Guidance



Contents

1.0	Introduction	Page 3
2.0	Terminology	Page 4
3.0	Planning Policy Context	Page 5
4.0	Impact of HMOs on Communities	Page 7
5.0	Managing HMO concentrations	Page 9
6.0	Design Guidance for Proposed HMOs	Page 11
7.0	HMO Threshold Map	Page 16
8.0	Appendices	Page 18
	Appendix A - Planning Application Checklist	Page 18
	Appendix B - HMO Licencing Across Wales	Page 18
	Appendix C - HMO Licencing Standards	Page 19
	Appendix D - Waste Management	Page 20
	Appendix E - Demographic Change	Page 21
	Appendix F - Crime and Anti-Social Behaviour	Page 24
	Appendix G - Environmental Health	Page 27
	Appendix H - Consultation Comments	Page 29
9.0	Further Reading	Page 30

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1.0 Introduction

1.1 What is Supplementary Planning Guidance (SPG)?

1.1.1 The Welsh Government (WG) support the use of Supplementary Guidance (SPG) to set out detailed guidance on the way in which development plan policies will be applied in particular circumstances or areas. SPG must be consistent with development plan policies and National Planning policy guidance. Before it is adopted, an SPG undergoes a period of public consultation and must be approved by the council. Upon adoption by the City of Cardiff Council in September 2016, the SPG became a material consideration in the determination of relevant planning applications.

1.1.2 This document supplements Policy H5 of the adopted Cardiff Local Development Plan (LDP) 2006 -2026. This relates to sub-division or conversion to flats or Houses in Multiple Occupation (HMOs).

1.2 What is the history of the Houses in Multiple Occupation SPG?

1.2.1 The SPG went to public consultation between 9th May 2016 and 20th June 2016. It was adopted by the City of Cardiff Council on XX/XX/2016. Monitoring of the impact of the SPG will take place after its adoption, alongside a review if deemed necessary.

1.3 What is the purpose of this SPG?

1.3.1 The purpose is to provide background information on, and provide a rationale for how the council will assess applications for planning permission to create new C4 and *Sui Generis* HMOs. More information on the policy context is provided in 3.0. More information on the background to this SPG and the role of HMOs in the city is provided in 4.0.

1.3.2 This SPG will identify the threshold at which it is deemed that the concentration of HMOs in an area has reached a level considered to adversely impact upon the community. This is explained in more detail in 5.0. Secondly it provides guidance on how HMOs should be developed, if their development is appropriate in the location proposed. This is explained in more detail in 6.0.

1.3.3 This SPG will be used to assess HMOs that require planning permission. It cannot be taken into account when issuing licences under housing legislation or building regulations. Further information regarding the licensing requirements of all HMOs in Cardiff can be found at the Shared Regulatory Service Website www.srs.wales

2.0 Terminology

2.1 Dwellinghouse

2.1.1 The Town and Country Planning (Use Classes) Order 1987¹ (as amended) defines a Use Class C3 dwellinghouse as a residence that is used (whether or not as a sole or main residence) by:

- a) a single person or by people to be regarded as forming a single household
- b) not more than six residents living together as a single household where care is provided for residents; or
- c) not more than six residents living together as a single household where no care is provided to residents (other than a use within class C4)

2.1.2 For the purposes of (a) above, a single household is construed in accordance with section 258 of the Housing Act 2004

2.2 House in Multiple Occupation

2.2.1 In Planning terms, HMOs can be broken down into two different types. An HMO has the same meaning as in section 254 of the Housing Act 2004.

- a) Small HMOs refer to shared houses or flats occupied by between 3-6 unrelated persons who share basic amenities. This is classed as planning Use Class C4. Changes of use to C4 Use Class require planning permission.
- b) Large HMOs refer to properties with more than six unrelated persons sharing. They do not fall within any use class and are treated as '*Sui Generis*' (meaning 'of their own kind'). Changes of use to a Sui Generis HMO also require planning permission

2.2.2 Separate definitions for HMOs exist in property licensing terms. In broad terms, smaller HMOs are classed as those between 3-5 persons, and larger HMOs as those with 5 or more persons AND 3 or more storeys. These are explained in more detail in 5.3.

2.2.3 Since their creation as a planning use class in February 2016, smaller (C4) HMOs have required planning permission. This SPG explains how the council will assess applications for planning permission for the creation of C4 and sui generis HMOs. This is explained more in 3.1.4

¹-Town and County Planning (Use Classes) (Amendment) (Wales) Order 2016

3.0 Planning Policy Context

3.1 National Policy

3.1.1 Planning Policy Wales (Edition 8, 2016)

This document sets out land-use planning policies of the Welsh Government. It is supplemented by a series of Technical Advice Notes (TAN's). Procedural advice is given in circulars and policy clarification letters

3.1.2 Paragraph 3.1.7 states:

The planning system does not exist to protect the private interests of one person against the activities of another. Proposals should be considered in terms of their effect on amenity and existing use of land and buildings in the public interest. The courts have ruled that the individual interest is an aspect of the public interest, and it is therefore valid to consider the effect of a proposal on the amenity of neighbouring properties. However, such consideration should be based on general principle, reflecting the wider public interest (for example a standard of 'good neighbourliness', rather than the concerns of the individual).

3.1.3 Paragraph 9.3.3 states:

Insensitive infilling, or the cumulative effects of development or redevelopment, including conversion or adaptation, should not be allowed to damage an area's character or amenity. This includes any such impact neighbouring dwellings, such as serious loss of privacy or overshadowing.

3.1.4 Following consultation, on 25th February 2016, Welsh Government legislation created the C4 Use Class. This changed the definition of HMOs within the planning system, effectively introducing the existence of smaller HMOs, which until this date had been included in the C3 use class. This means that policy can be created referencing smaller and larger HMOs, as defined in 2.2.1.

3.2 Local Policy

3.2.1 The Cardiff Local Development Plan (LDP) 2006-2026 was adopted in January 2016. A policy within the LDP refers explicitly to the sub division or conversion of residential properties. This is outlined below. Several other policies are also applicable to the development of HMOs and will be referenced throughout this SPG. Unless stated otherwise, policies noted within this SPG will refer to those within the LDP.

Policy H5: Sub-Division or conversion of residential properties states:

Proposals for any conversion to flats or Houses in Multiple Occupation will be permitted where:

- i) The property is of a size, whereby the layout, room sizes, range of facilities and external amenity space of the resulting property would ensure an adequate standard of residential amenity for future occupiers.*
- ii) There would be no material harm to the amenity of existing, nearby residents by virtue of general disturbance, noise, or overlooking.*
- iii) The cumulative impact of such conversions will not adversely affect the amenity and/or character of the area.*
- iv) Does not have an adverse effect on local parking provision.*

3.2.2 Supporting text in relation to the above policy is as follows:

- 5.18: The subdivision of a residential building into smaller residential units can be an important source of housing. It can take different forms such as:*
- Subdivision of existing houses into flats and HMOs*
 - Conversion of HMOs to flats.*

5.19: *The council requires all flat conversions and HMOs to be of a high quality and to be well designed.*

5.20: *The objectives of the policy are:*

- *To support the creation of attractive sustainable development for self-contained flats and HMOs;*
- *To promote good design and layout.*

5.21: *The subdivision of a building into smaller residential units is a sustainable form of development as it gives a new lease of life to buildings which might be redundant or economically unviable in their current use.*

5.22: *With sympathetic alterations to the exterior of a building, conversion has a lower visual impact on the street scene by preserving the existing frontage and respecting the character of an area.*

5.23: *However, unsatisfactory conversion work can result in accommodation which is an over-intensification form of development resulting in inadequate and poor quality accommodation. Occupants may be exposed to problems, such as overlooking, poor outlook, overcrowding, and lack of amenity space, noise and disturbance from neighbouring premises, and inconvenient and unsafe access.*

3.3 **Listed Buildings and Conservation Areas**

3.3.1 Owners of properties that have been listed by Cadw for their special architectural or historic interest or are in a conservation area should seek additional advice prior to contemplating conversion into an HMO. Many alterations or associated facilities (such as bin stores, roof lights or dormer windows) that often form part of an HMO conversion, may require planning permission or listed building consent (LBC) and will be less acceptable within designated historic areas than elsewhere in the city.

3.3.2 Proposals in conservation areas are required to preserve or enhance the character or appearance of the area, as set out in LDP Policies KP17 and EN9 of the LDP. Specific advice regarding each conservation area is available on the Council's website www.cardiff.gov.uk/conservation. The location of conservation areas and listed buildings can also be checked on the website.

4.0 Impact of HMOs on Communities

- 4.1 In accordance with KP5 of the LDP, the City of Cardiff Council requires all new HMOs to be high quality, well designed and fit to afford a good quality of life to inhabitants and the surrounding community.
- 4.2 As stated in 3.2.2, it is recognised that HMOs can provide an important source of housing, and it is recognised that demographic change has driven many of the changes that have seen traditional family homes become HMOs. HMOs are popular accommodation source for many groups, including students, young professionals, migrant workers and often people on lower incomes.
- 4.3 In spite of the above, concentrations of HMOs, clustered in small geographical areas can detract from the character of the area and actively contribute towards a number of perceived problems, including, but not limited to, those listed below. It is considered that this may conflict with policy KP13 of the LDP which aims to improve the quality of life for all.
- Increased population density, leading to greater demand for infrastructure, such as waste collections and on-street parking.
 - Higher proportion of transient residents, potentially leading to less community cohesion, undermining existing community facilities
 - Areas of higher HMO concentrations becoming less popular with local residents, with many properties taken out of the owner-occupier market.
 - A proliferation of properties vacant at certain points of the year
 - Subsequent impact on crime, local centre viability, as a result of the number of properties temporarily vacant for long periods.
- 4.4 Cardiff has a disproportionate number of HMOs within Wales. According to the 2011 census, the city has a population of 346,090 representing 11% of the Welsh population of 3,063,456. However, Cardiff is home to 33% of Wales' licenced HMOs (see Appendix B). This demonstrates that the number of HMOs is a justifiable concern for the city. In addition, as 5.3 shows, the distribution of these HMOs within the city is very uneven, with the vast majority of mandatory licenced properties being in Cathays and Plasnewydd. This has subsequently led to both these wards being declared as 'additional licenced areas'.
- 4.5 Evidence of the issues noted in 4.3 can be found in numerous sources, some of which are presented in Appendices D, F and G. It provides evidence that a dense concentration of HMOs can lead to substantial concerns and issues for the local authority. Two notable reports highlight these issues; a 2008 Ecotec report for the UK Government entitled *Evidence Gathering – Housing in Multiple Occupation and possible planning responses* and a 2015 report for the Welsh Government entitled *Houses in Multiple Occupation: Review and Evidence Gathering*. Both conclude that a concentration of HMOs in small areas can create negative consequences.
- 4.6 Demographic change occurs in all Local Authorities and within all wards within those Local Authorities. It cannot be used as a determinant of something that is positive or negative, but is useful background in highlighting the pace, uniqueness or notable characteristics in how some wards change compared to others. Some notable statistics are presented below, and more data, including changes over recent decades is shown in Appendix E
- The average household size, at 2.8 persons is higher in Cathays than any other inner ward, and 0.5 persons higher than the city average.
 - 77% of people in Cathays and 51% in Plasnewydd are aged between 15 and 29. The citywide average is 28%.
 - Only 4.5% of people in Cathays and 9.6% in Plasnewydd are aged 0-15. The citywide average is 17%.
- 4.7 The City of Cardiff Council's Waste Management team cite a number of concerns regarding the

high number of issues concentrated in particular in Cathays and Plasnewydd. Although the data is not dwelling-specific, there is a correlation between wards with very high concentrations of HMOs, and substantially greater numbers of waste concerns. Appendix D presents the data in full. For example;

- In respect of reported incidents from the public concerning street cleansing, Cathays receives more than double the citywide average for calls, and Plasnewydd received 173% of the average.
- Waste enforcement requests from the public number 152 per year in Cathays and 233 in Plasnewydd, compared to a citywide average of 57 per ward.
- In terms of litter and requests from the public for street cleaning, the average calls for Cathays is double the citywide average, and the average calls for Plasnewydd is triple the average.

4.8 There is evidence that a concentration of HMOs can lead to negative consequences in respect of crime and anti-social behaviour. In particular, burglary is considered to be more prevalent in streets with high concentrations of HMOs, and the same pattern is noticeable for anti-social behaviour. Appendix F considers this in more detail. For example;

- Streets with large numbers of HMO are more likely to have police incidents than comparable streets with few, or no HMOs
- This is especially the case for Anti-Social Behaviour and burglary, whereby streets with high numbers of HMOs are significantly more likely to report incidents than comparable streets with lower numbers of HMOs.

4.9 Transient Communities can cause issues in respect of managing and maintaining a vibrant business community over a 12 month period. While it is recognised that HMOs are populated by persons other than students, students do represent a very large portion of HMO occupants, and it can be assumed that many new HMOs will also be occupied by students. As many students are likely to be absent from these properties for 4-5 months of the year, the nature of this type of tenancy can impact upon the viability of local centres, especially in the summer months.

4.10 Collectively, the above issues point to a conclusion that the concentration of HMOs as exists in parts of the city does not come without social or amenity costs. While any individual new HMO may not directly impact upon this, collectively, their concentration is something that the Council can justifiably feel may need management for the benefit of the community at large. In this respect, a concentration of HMOs may conflict with parts of policy KP13.

4.11 Despite the issues associated with concentrations, it is recognised that HMOs play an important role in the housing stock of the city, providing accommodation and homes to a large number of residents, including those who often are unable to purchase their own properties. Where conversion is appropriate, it is important that high design and amenity standards are upheld.

5.0 Managing HMO Concentrations

- 5.1 One of the aims of this SPG is to identify a threshold at which the level of HMOs is deemed to be such that it has a detrimental impact upon the community in respect of, but not limited to the issues noted in 4.3. As stated in 2.2.1, this SPG will utilise planning definitions of an HMO, with smaller HMOs being classed as C4 and larger as *Sui Generis*.
- 5.2 It is important to refer to and respect the location of existing HMOs so to identify the areas where the concentration is such that the council would seek to prevent development of additional HMOs. This will be determined by using data at the council's disposal, such as planning applications, licenced HMO data, council tax data or electoral roll information.
- 5.3 For analytical purposes, it is most appropriate to utilise licencing data. Licensed HMOs in Cardiff have two classifications; citywide, a mandatory HMO licencing system is in operation for dwellings that are three-storey or more, and contain at least five residents not forming a single household. In Cathays and Plasnewydd wards, an additional licence is also in operation for properties with three or more residents not forming a single household. Additional Licencing is not used in other wards. As of February 2016, 86% of all mandatory licenced HMOs were concentrated in two wards.

Mandatory Licences		
Citywide	962 HMOs	
Cathays	555 HMOs	58% of citywide total
Plasnewydd	283 HMOs	29% of citywide total
All other wards	124 HMOs	13% of citywide total
Additional Licences		
Cathays	1688 HMOs	
Plasnewydd	257 HMOs	

- 5.4 It is recognised that the Licensing definitions of HMO, as stated previously, differ to those of Planning. However, the combination of *Mandatory* and *Additional* licences does clearly identify clusters of HMO (irrespective of size of HMO) in certain parts of the city. The issues laid out in Section 4 remain; that HMOs impact on surrounding areas, whether the property is mandatory or additionally licenced in Licensing terms or whether it is a C4 or sui generis HMO in planning terms.
- 5.5 There is evidence therefore, that;
- 1) There is a large number of HMOs in the city
 - 2) The location of HMOs is not evenly distributed around the city
 - 3) Irrespective of the positive or negatives that HMOs bring to communities, the disparity in distribution would justify a different approach to their growth in different areas of the city depending on the existing level of concentration.
- 5.6 Having identified in 4.3, some of the issues caused by HMOs, and having illustrated the uneven distribution of them around the city, it is necessary to determine the threshold at which new HMOs may cause harm to a local area. This threshold will resist further HMOs in communities that already have a concentration above this limit, while also controlling the growth of HMOs in communities below this threshold.
- 5.7 A two-tier threshold will be applied to determine when an area has reached the point at which further HMOs would cause harm.
- 1) In Cathays and Plasnewydd the figure of 20%
 - 2) In all other wards, the figure of 10%

This means that within Cathays or Plasnewydd, if more than 20% of the dwellings within a 50m radius of the proposed HMO are already established HMOs (ie, either C4 or sui generis in Planning

terms) then this development would be considered unacceptable. In other wards, the figure would be 10%. This is shown as a map in 7.1 and as examples in 7.2 and 7.3.

This is justified because Cathays and Plasnewydd are home to a vastly greater number of HMO than other parts of the city, and are designated as Additional Licensing areas.

Recognition of the role that HMOs play in these wards is reflected in the higher threshold, which allows for sustainable growth. Elsewhere, with smaller HMO numbers, the 20% threshold would allow for a large number of conversions from a low base. As such, the threshold of 10% is deemed more appropriate, allowing growth in these areas where there is demand, whilst retaining the essential character of those communities, and resisting the problems that can occur from HMO concentrations. The figure of 10% is recommended in the 2015 *Welsh Government Houses in Multiple Occupation: Review & Evidence Gathering* report.

- 5.8 When considering the level of concentration, as stated in 5.7, a definition of 50m from the property in question will be used. Within this, all dwellinghouses that have their main street-facing entrance within this radius will be included. 50m is deemed an appropriate extent to reflect an area that lies within a sphere of influence of a property, such as being affected in terms of amenity or disruption. It is also an appropriate distance in densely populated inner wards, and will ensure that many properties are taken into account. Other cities use radii varying between 40m and 200m. However, larger areas (such as a 100m radius, or entire street length) would firstly cause less impact in terms of amenity, and secondly would not notably alter the outcome in terms of assessing concentrations, and if it did, it would be through the consideration of properties further away from the proposed HMO at the expense of those closer by.
- 5.9 In certain circumstances, it may also be appropriate to consider whether dwellinghouses immediately neighbouring a property are already HMOs. This shouldn't override the core principle as stated in 5.7, but it is a consideration in determining the extent that a new HMO may have upon neighbours. For example, if a property is immediately surrounded by HMOs on all sides, this is worthy of consideration alongside the main determinant of whether the stated concentration within 50m of the property is reached.
- 5.10 A property that is already a C₄ HMO will not automatically be permitted to become a *sui generis* HMO. Even though it is already an HMO, if the concentration in the area is high, then by definition, the creation of the larger *sui generis* HMO will only likely heighten the issues caused by HMOs. As such, C₄ to *Sui Generis* developments will not automatically be considered neutrally or favourably. Correspondingly, while *Sui Generis* HMOs will need to apply for planning permission to convert to a C₄ HMO, it should be viewed positively irrespective of concentration, as it would result in smaller HMO, and thus not heighten issues caused by the concentration of HMOs
- 5.11 HMOs that were in existence prior the creation of the C₄ use class on the 25th January 2016 may need to provide evidence of their HMO status via tenancy agreements or other documentation. Otherwise they will be assumed to be C₃ dwellings and treated as such.
- 5.12 Developments of HMOs on brownfield sites, or developments of new HMOs that do not result in the loss of an existing C₃ property may be viewed more favourably. Although this will result in an increased concentration of HMOs, with the issues this may bring, it will be an addition to the total housing stock, which will not result in the loss of family dwellings.

6.0 Design Guidance for Proposed HMOs

6.01 This part of the SPG presents design guidance for HMOs that are proposed in suitable locations. A checklist of the information that would be expected alongside an application is included in Appendix A

6.1 Room Sizes and Facilities

6.1.1 The Cardiff *HMO Licensing Fire Safety and Amenity Standards* (updated 2014) sets standards in terms of amenity, space standards and facilities which must be adhered to, and is the minimum that would be expected to be achieved.

6.1.2 Specific reference is given to the number of bathrooms, toilets, kitchen facilities, and the size of rooms within HMOs. The figures are the minimum that are accepted for the purpose of licensing, and offer an appropriate level in planning terms in respect of the minimum that would be expected. Applicants should refer to licencing prior to submitting a planning application. This data is reproduced in Appendix C.

6.1.3 In terms of ceiling heights, a height appropriate to afford a good standard of living must be demonstrated as part of the application. In respect of loft conversions, habitable room space is only counted as that which is above 1.5m. A minimum of 2m headroom must be provided above stairwells which is measured vertically from the pitch line of the stairs. The habitable rooms should have a minimum head room of 2 metres. The minimum floor space required for habitable rooms is noted in Appendix C.

6.2 Recycling and Refuse Storage

6.2.1 Adequate provision must be made for waste, recycling and composting facilities. Policy W2 (Provision for Waste Management Facilities in Development) of the LDP states:

Where appropriate, provision will be sought in all new development for facilities for the storage, recycling and other management of waste.

6.2.2 When waste is stored in frontages, it must be suitably contained within bins, provided by the landlord in bag areas, or by the Council in bin areas. The latest *Waste and Recycling: Collection and storage SPG* states:

"Developers of high density, multiple occupancy dwellings or five or more flats must provide a dedicated refuse store or screened storage area for bulk bins. The bin store must be capable of housing the maximum number of containers required, based on an assessment of projected arising's."

6.2.3 The *SPG* provides guidance on the provision of waste storage facilities for larger HMOs, which is replicated below

Number of Bedrooms/Residents	Recycling	General	Garden	Food
1-5	Bags (140L)	1 x 140L	240L	1 x 25L
6-8	Bags (240L)	1 x 240L	240L	2 x 25L
9-10	Bags (380L)	1 x 240L and 1 x 140L	240L	3 x 25L
11+	Bags (480L)	2 x 240L	240L	3 x 25L

6.2.4 Planning applications that cannot demonstrate suitable, ideally covered, storage space, for recycling and waste will be refused. External storage must be provided to accommodate recycling and waste for a 14 day period. External storage areas must not have an adverse impact on the availability of amenity space and will be excluded from calculations.

6.2.5 Particular care should be given to the siting and appearance of refuse storage in conservation areas and within the curtilage of a Listed Building, additional restrictions may also apply.

6.3 Amenity space

6.3.1 Amenity space is important in retaining a quality of life for people living within the dwelling, and to a lesser extent, those who live nearby. Amenity space can perform many different functions, such as a secure playing space for children, a horticultural area, a place for drying clothes, or for sitting out in. Policy H5 specifically references amenity space, stating:

Proposals for any conversion for flats or Houses in Multiple Occupation will be permitted where:

- i) *The existing property is of a size (without being extended for the proposed use) whereby the layout, room sizes, range of facilities and external amenity space of the resulting property would ensure an adequate standard of residential amenity for future occupiers.*

6.3.2 The City of Cardiff Council has typically used the figure of 25m² as the minimum expected external useable amenity space for C3 or dwellings, ie, for those dwellings up to 6 persons. This level should also apply to C4 properties. Each additional person would be expected to have 2.5m². As such, for example, the minimum expected for a 7 bed HMO would be 27.5m² of external amenity space. Each additional person should result in a corresponding increase of 2.5m². Useable amenity space is considered to be at least 1.4m wide, enabling storage and access.

Persons in dwellings	Minimum external amenity space required
Up to 6 (C4 Dwellings)	25m ²
7 (Sui Generis HMO)	27.5m ²
8	30m ²
9	32.5m ²
10	35m ²

6.3.3 All residents within an HMO should have access to amenity space without impacting upon other residents within the HMO, i.e. access should be through communal space, not a private bedroom. The amenity space should also not overlook occupied bedrooms.

6.4 Vehicle Parking

6.4.1 The impact on parking is a key local issue with all residential development, and this is especially the case with HMOs, where there can be a heightened perception of the impact that this type of dwelling can have on often limited street space. As such car parking provision should be effectively incorporated into the design of the development. Policy H5 of the LDP states:

*'Proposals for any conversion to flats or houses in multiple occupation will be permitted where
iv) it does not have an adverse effect on local parking provision.*

In this regard, the saturation points, as noted in 5.7 will be taken into account when determining the impact an HMO will have upon parking within the street.

6.4.2 Reference should be made to the Councils parking standards, which are set out in the latest *Managing Transport Impacts and Parking Standards SPG*, which provides guidance on:

- Car, cycle, motorcycle and disabled parking provision

- Layout and design
- Minimum Parking Provision

6.4.3 Clear guidance on the need to consider parking provision is noted, in the above SPG, which states:

Changes of use involving the subdivision of properties to create additional units can potentially result in the intensification of use and an increase in the level of demand for car parking. In areas where there is a high concentration of single dwellings that are in multiple occupation, or have been subdivided into multiple flat/bedsit/apartment units, levels of on-street parking may already be oversubscribed. In locations where these circumstances exist, proposals for the further subdivision of existing dwellings will need to be carefully considered in light of the likely impacts of any intensification upon existing parking pressures. In exceptional circumstances, the likely parking impacts of a proposal may warrant a flexible application of the standards in this SPG with the effect that permission may not be granted unless additional off street parking space can be provided within the curtilage of the building

6.4.4 The merits and circumstances of each planning application need to be taken into account when applying parking standards; including any requirements for cycle parking, blue badge parking provision, visitor parking, and any factors relating to location and context.

6.4.5 Whatever the proposed parking solution, due consideration must be given to boundary treatments and pedestrian access. Any new hard surfacing must have appropriate drainage and ideally incorporate permeable materials to create sustainable drainage. Permission for new footpath crossings and dropped kerbs will require consent from the Council's Highways Assets section. Consideration of proposals for new front or rear parking spaces utilising existing non-parking space, will be balanced against the need to provide private amenity space.

6.5 Cycle Storage

6.5.1 The council supports and encourages the use of cycling as a sustainable means of transportation and as such encourages appropriate cycle provision as part of residential developments. Policy T1 of the LDP states:

To enable people to access employment, essential services and community facilities by walking and cycling the Council will support developments which incorporate:

- vii) Supporting facilities including signage, secure cycle parking and, where necessary, shower and changing facilities.*

6.5.2 The council's cycle parking standards are set out in the latest *Managing Transport Impacts and Parking Standards SPG*. The SPG identifies that in HMOs, a minimum of one cycle parking space should be provided for each bedroom. Cycle storage should also be located externally and there must be no storage of bicycles in communal hallways, stairways or landings, as this obstructs the means of escape in case of fire.

6.5.3 Outside cycle storage should be secure, sheltered and adequately lit, with easy access to the street. Cycle parking and storage provision should be considered into the design of an HMO from the outset and shown in any plans

6.6 Noise

6.6.1 Design and layout of new HMOs should minimise the potential for noise nuisance. By definition, HMOs are likely to be used by more people than a single dwellinghouse, and there is also a greater likelihood that the occupants will be more transient, or less connected to each other. This can result in a greater number of movements and disturbance to those living within, and nearby an HMO.

6.6.2 Effective sound insulation is important between HMOs and adjoining properties and also within HMOs. This is dealt with under Building Regulations and not Planning, but it is something which

design should consider. Planning conditions may be attached to any permission granted to ensure that adequate noise insulation is achieved.

6.7 Light and Outlook

- 6.7.1 All habitable rooms must have natural light a means of outlook, light and ventilation. As an example, a living room reliant on roof lights is not acceptable.
- 6.7.2 Privacy within HMOs and between HMOs and surrounding properties is important. Rooms should be arranged in a manner that maximises the living standards of occupants, preventing the overlooking of neighbouring properties and avoiding bedrooms facing high boundary walls. This accords with KP5 of the LDP.

6.8 Access

- 6.8.1 HMOs that are above shops or offices should have their own separate access to the street frontage to avoid conflict with the commercial properties on the lower floor(s). If this is not possible, strong justification must be given for the utilisation of shared entrances.
- 6.8.2 Access to the building should be through the front door with direct access from the street entrance or a shared entrance hallway off the street entrance. All entrances should be visible, well lit, secure and clearly numbered.
- 6.8.3 Rear or side access should only be used as the primary access if it is well lit and already extensively used for this purpose. External staircases at the back of the building, via a back alley are not acceptable as the main access as they cause a loss of privacy for neighbouring properties.

6.9 External alterations and internal alterations impacting on external appearance

- 6.9.1 The visual impact of any conversion on the external appearance of the property is a key issue, and consideration of this through good design must be considered. KP5 of the SPG states:

To help support the development of Cardiff as a world-class European Capital City, all new development will be required to be of a high quality, sustainable design and make a positive contribution to the creation of distinctive communities, places and spaces by:

- i) Responding to the local character and context of the built and landscape setting so that layout, scale, form, massing, height, density, colour, materials, detailing and impact on the built and natural heritage are addressed within development proposals.*

- 6.9.2 6.1.3 Presents guidance on ceiling heights and floor levels. If floor levels are altered, the impact on the appearance from the street must be considered, with the lower floor level not visible to those using the street. This is best achieved by using obscured glazing. Additionally, in cases where it may be appropriate to split larger rooms into smaller rooms (See Appendix C), care must be taken to ensure that new windows align with the divided room. This is especially the case in traditional bay fronted properties, where it is not appropriate for two rooms to share the same window.
- 6.9.3 Future maintenance of the HMO needs to be considered. Materials should be durable, and low maintenance planting is preferred. Retention of any existing gardens is strongly favoured, for amenity value, biodiversity and to assist flood prevention. A respect for the adjoining properties and public spaces, including pavements is essential and thought should be demonstrated for how the building interacts with pavements or other public spaces. During development work, appropriate licences for skips and scaffolding must be obtained from the City of Cardiff Council (City Operations, Asset Management)
- 6.9.4 New HMOs will need to have consideration in respect of designing out crime and the creation of safe environments. Applicants are encouraged to seek out Police Design Out Crime Officers and

refer to secured by design principles, which can be found at www.securedbydesign.com. Policy C3 (Community Safety / Creating Safe Environments) of the LDP states:

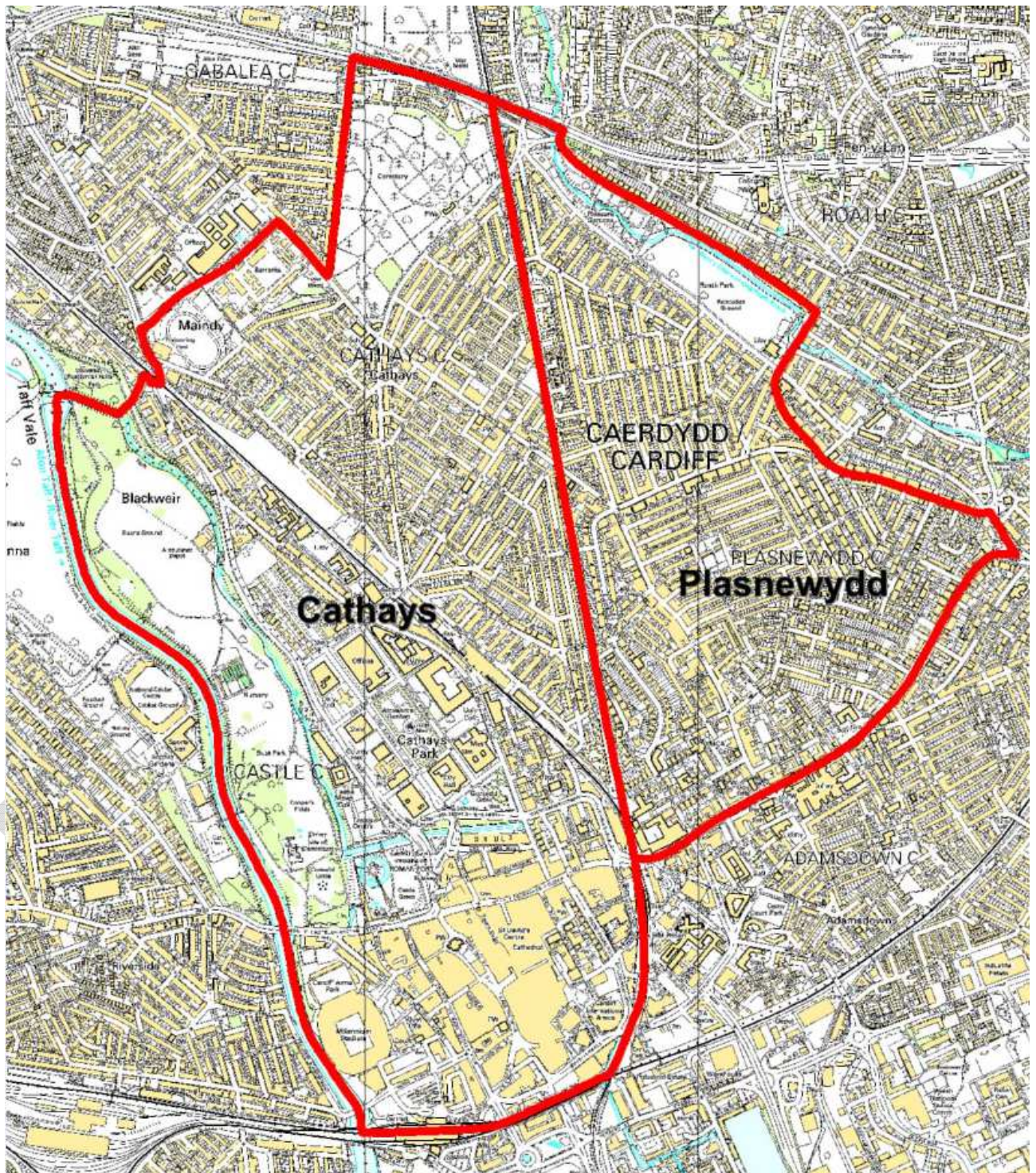
All new development and redevelopment shall be designed to promote a safe and secure environment and minimise the opportunity for crime. In particular development shall:

- i) Maximise natural surveillance of areas which may be vulnerable to crime such as publicly accessible spaces, open space, car parking areas and footpaths*
- ii) Have well defined routes, spaces and entrances that provide convenient movement without compromising security*
- iii) Maintain perceptible distinction between public and private spaces through well-defined boundaries and defensible space.*
- iv) Provide a good standard of lighting to public spaces and routes while minimising energy use and light pollution; and*
- v) Be designed with management and maintenance in mind, to discourage crime in the present and future.*

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7.0 HMO Threshold Map

- 7.1 The map below shows the Cathays and Plasnewydd wards, within which the 20% concentration threshold would apply (See 5.7). All other wards would fall under the 10% concentration threshold.



In the overleaf examples, a property is shown in blue. A 50m radius is shown from the property, to reflect the immediate local community. Existing HMOs (both mandatory and additionally licenced and council tax defined) are marked in red, while C3 dwellinghouses are green.

- 7.2 In the first example, there are 34 dwellings within the radius, 16 of which are considered HMOs according to the councils licencing and council tax records. This constitutes 47% of properties, meaning the threshold of 20% has been exceeded. The council therefore would look to refuse this application unless its

implementation, judged in the light of all other material considerations, would serve the public interest.



7.3 In the second example, a property in Grangetown is shown. Within this 50m area, only one out of 53 other properties is an HMO. This is below the 10% threshold and therefore the conversion to an HMO would not be opposed subject to satisfactory compliance of the criteria set out on Policy H5, and this SPG.



8.0 Appendices

8.1 Appendix A: Planning Application Checklist

- Site Layout Plan
- Application Form
- Plans detailing existing and proposed layouts
- External appearances – if altered.
- OS Plan highlighting property in red
- Appropriate fee

Further details at www.cardiff.gov.uk/dc

8.2 Appendix B: HMO licencing across Wales

The below data is taken from an April 2015 *Houses in Multiple Occupation: Review and Evidence Gathering* report into HMOs that was conducted on behalf of the Welsh Government. It uses Licenced HMO data and demonstrates that Cardiff is the location for a disproportionate number of HMOs.

Year 2013-2014	HMO licences			Selective licences	Total licences
	Mandatory HMO licences	Additional HMO licences	Total HMO licences		
Isle of Anglesey	12	29	41	0	41
Gwynedd	261	518	779	0	779
Conwy	29	168	197	0	197
Denbighshire	32	92	124	0	124
Flintshire	7	0	7	0	7
Wrexham	28	257	285	0	285
Powys	4	40	44	0	44
Ceredigion	323	326	649	0	649
Pembrokeshire	7	0	7	0	7
Carmarthenshire	33	0	33	0	33
Swansea	727	867	1,594	0	1,594
Neath Port Talbot	6	0	6	63	69
Bridgend	20	0	20	0	20
Vale of Glamorgan	7	5	12	0	12
Cardiff	929	1,403	2,332	0	2,332
Rhondda Cynon Taf	82	451	533	0	533
Merthyr Tydfil	1	0	1	0	1
Caerphilly	9	0	9	0	9
Blaenau Gwent	3	0	3	0	3
Torfaen	0	0	0	0	0
Monmouthshire	0	0	0	0	0
Newport	158	324	482	0	482
Wales	2,678	4,480	7,158	63	7,221

Source: <https://statswales.wales.gov.uk/Catalogue/Housing/Hazards-and-Licences/dwellingslicenced-by-area-licencetype> and Welsh Government.

8.3 Appendix C HMO Licensing Standards

The below data refers to the minimum standards of amenity space, as expected by the City of Cardiff Council in licenced properties. Final published SPG may contain a link to Regulatory Services Website

Space Standards

Example 1: Shared house of 3 or more occupants.

Kitchen:

7m² for up to 6 persons with 2.5m² per additional user. Not to be more than 1 floor away from any bedroom unless the property has a dining room or other eating area.

Bedroom:

Where a separate living room is provided:

Minimum 6.5m² for a single room

Minimum 11m² for a double room

Where no separate living room is provided:

Minimum 10.0m² for a single room

Minimum 15m² for a double room

Living room:

11.5m² for up to 6 persons with 2.5m² per additional person.

Example 2: Flat with combined lounge kitchen and a separate bedroom (Total of 2 rooms excluding bathroom)

Lounge – Kitchen:

10m² for 1 person or 13m² for 2 people

Bedroom: 6.5² for 1 person or 11m² for 2 people.

Example 3: Flat with combined lounge bedroom and a separate kitchen. (Total of 2 rooms excluding bathroom)

Lounge – bedroom: 10m² for one person 15m² for 2 people.

Kitchen: 5.5m² For up to 2 people.

Example 4: Flat/bedsit with combined lounge kitchen and bedroom (Total of 1 room excluding bathroom)

1 person unit = 13m²

2 person unit = 15m²

Example 5: Flat with separate lounge, separate bedroom/s , and separate kitchen.

Bedroom: 6.5m² for 1 person 11m² for 2 people

Lounge: 8.5m² For 1 person. 10m² for 2 persons and 11m² for up to 6people with an additional 2.5m² per person after this.

Kitchen: 5.5m² For up to 2 people. 7m² For up to 6 people with 2.5m² per additional person.

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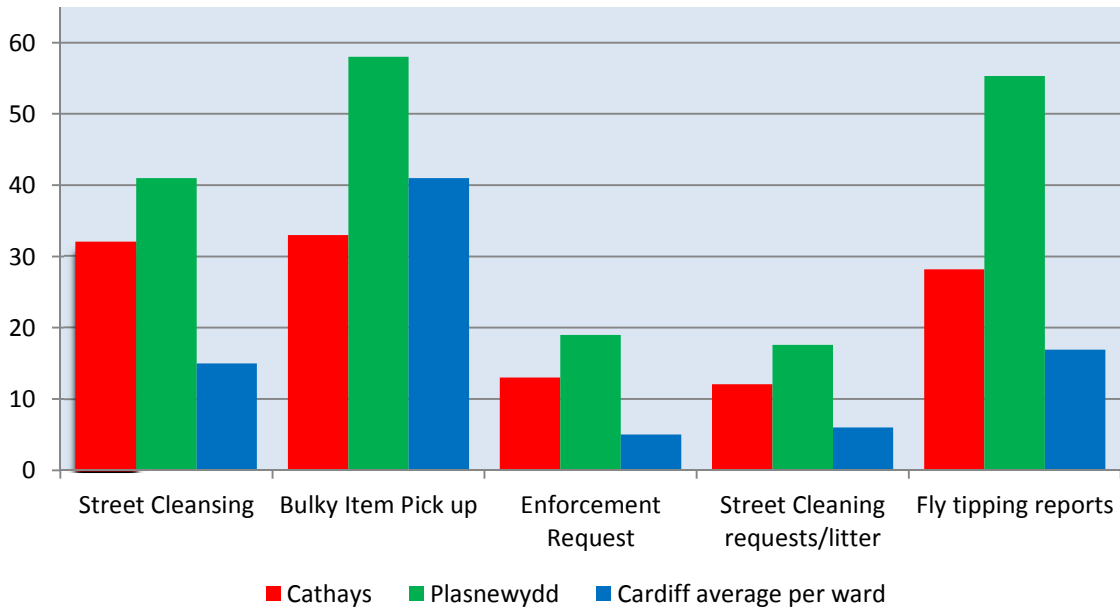
Required Amenities	Shared HMO
Personal Hygiene	
Bathrooms (This means a room containing a bath or shower, but not necessarily a toilet or wash hand basin).	1 bathroom for every 5 occupants. 1 to 5 occupants = 1 bathroom. 6 to 10 occupants = 2 bathrooms. 11 to 15 occupants = 3 bathrooms.
Water Closets (WC) (Toilets)	1 WC for up to 4 occupants (may be in bathroom/shower room) 1 WC per 5 occupants (in a separate compartment to the bath/shower) 2 WCs per 6 Occupants (may be in bathroom/shower room) 2 WCs per 7 occupants (with 1WC to be in a separate compartment) 3 WCs per 11-15 occupants (with 1WC to be in a separate compartment to the rooms containing baths/showers). * All W.C's must contain a WHB with hot and cold water
Kitchens	
Cooker	1 cooker (oven, grill, 4 hobs) per 5 occupants Option for up to 7 occupants, rather than providing a second full cooker, is to provide one full cooker and one <u>convector</u> microwave combination oven of capacity (min) 27 litres. This option is not available where there are 8 or more occupants. For 8 - 10 persons : 2 cookers (oven, grill, 4 hobs) 11-15 persons: 3 cookers (oven, grill, 4 hobs)
Sinks With permanent supply of hot & cold water and draining board.	1 sink per 5 occupants Option for up to 7 is to provide one sink and a dishwasher (or 2 sinks). For 8 - 10 persons : 2 sinks 11-15 persons: 3 sinks
Electrical sockets	3 double sockets in addition to any serving major appliances (major appliances being fridges, freezers, dishwashers, washing machines, etc.)
Worktop (Usually 600 mm deep)	2.0 linear metres per 5 occupants with an additional 0.5 linear metres for each extra person.
Food Storage	0.4 cubic metres dry goods per person (1 average cupboard). 0.1 cubic metres (100 litres) (3.5 cubic feet) combination of refrigerated and frozen food storage per person (this would normally mean one shelf in a fridge and one shelf in the freezer, per person).
Ventilation	Extractor fan (to outside air) to be provided with a minimum extraction rate of 30 litres/second if located near to the cooker or 60 litres/second if located elsewhere.

8.4 Appendix D Waste Management

The below data refers to public requests made to the City of Cardiff Council's Waste Management department over a 12 month period from October 2014 to September 2015. It includes requests for Street Cleaning, Bulky Item Pick-ups, Enforcement requests, street cleaning, litter and reports of fly tipping. It gives an indication of the type and level of waste issues in the city.

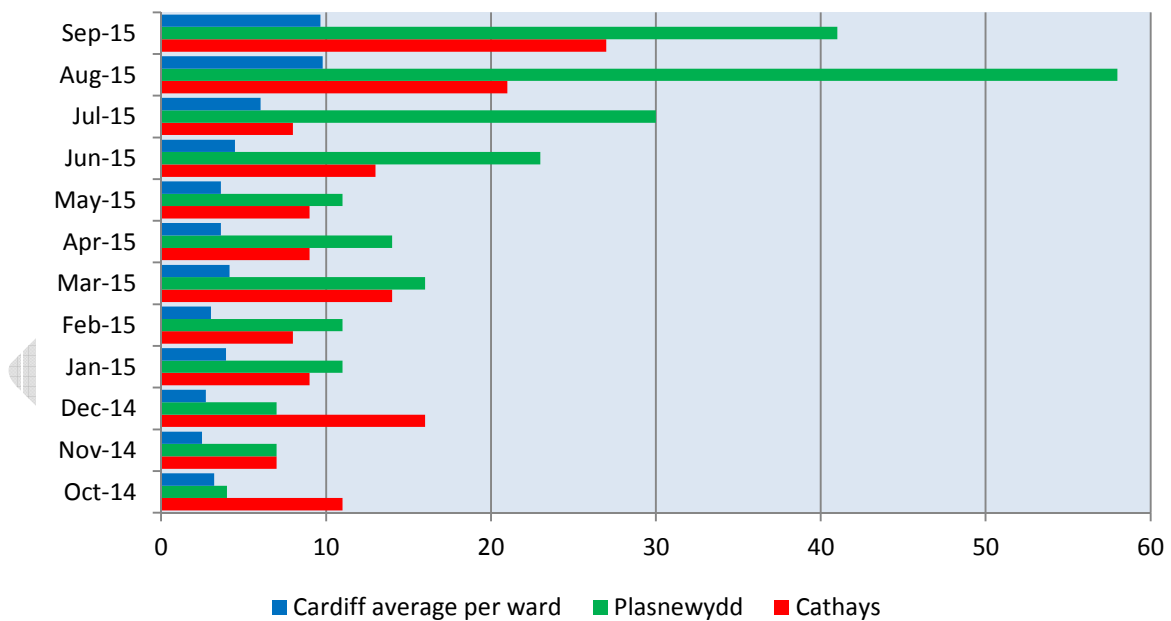
Calls per month

The below chart shows that the level of requests in Cathays and Plasnewydd far surpasses the ward average across the city. As can be seen, for each issue type, the number of incidents are generally far higher in Cathays and Plasnewydd (home to most HMOs) than the city wide average.



Enforcement Requests

The below chart shows that there is a larger reliance on Waste Management's services throughout the year from the Cathays and Plasnewydd wards.



8.5 Appendix E Demographic Change

One of the consequences about concentrations of HMOs refers to the extent that it can deliver rapid demographic change. Demographic change does occur naturally and is not something to that is necessarily positive or negative, but the extent and pace of change within Cathays and Plasnewydd is notable. The tables below use UK census data information

Housing Tenure

The number of homes owned by its occupiers has remained relatively constant over the last 40 years, with a rise between 1971 and 2011, followed by a small fall up to 2011. Cathays however, and to a lesser extent Plasnewydd, has seen a very steady drop since 1991, falling from a level

similar to the inner wards and city wide average, to a figure of less than half.

HMOs fall under the private rented sector, but owner-occupier data is used due to the changes in the type and definition of various property rentals used in census data between 1971 and 2011.

% owner occupier households by inner city ward

	1971	1981	1991	2001	2011
Adamsdown	44.60	51.40	47.50	49.84	32.40
Butetown	21.00	21.30	32.50	39.76	30.90
Canton	66.70	77.50	80.10	78.79	67.70
Cathays	54.10	66.80	64.60	43.08	23.70
Gabalfa	61.70	70.80	72.50	64.92	48.60
Grangetown	55.20	64.60	66.20	64.55	47.10
Plasnewydd	51.00	58.40	55.30	47.36	32.60
Riverside	45.70	54.70	55.30	53.58	43.00
City Wide	51.50	63.90	69.90	69.19	59.10

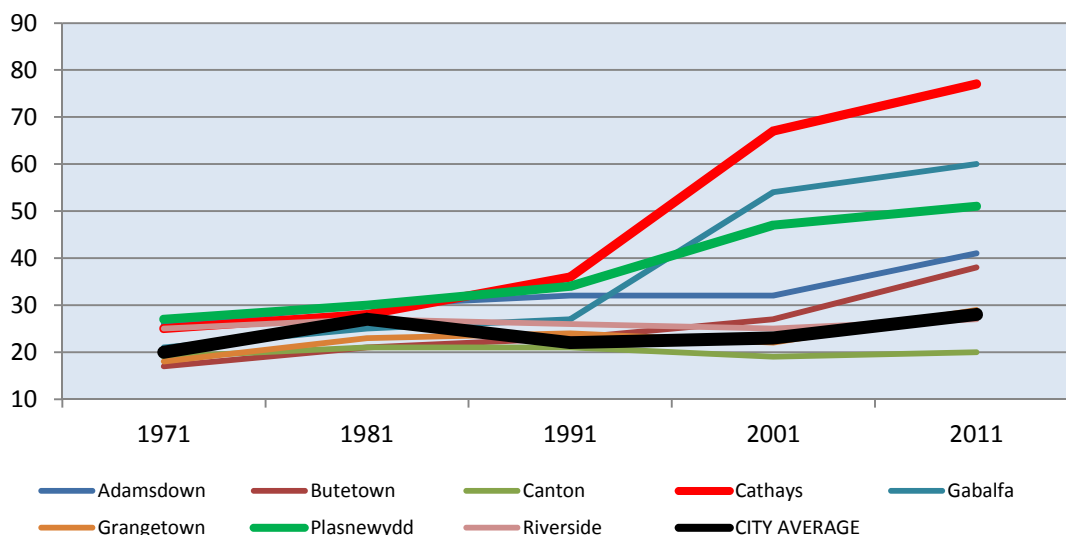
Age Structure

76.5% of people in Cathays are aged 15-29. This is almost three times the citywide average, while at 51.4%, Plasnewydd is twice the average. While a young demographic is not necessarily negative, the extent that the ward has changed since 1991, and the extent that Cathays in particular is different to surrounding wards is justification for a different approach in planning terms

% people aged 16-29 (15-29 in 2011) by inner city ward

	1971	1981	1991	2001	2011
Adamsdown	26.30	29.50	31.70	31.87	40.70
Butetown	16.70	20.90	22.70	27.28	38.40
Canton	19.10	20.60	21.10	18.83	20.30
Cathays	25.40	27.50	36.40	66.82	76.50
Gabalfa	20.80	24.60	26.80	53.85	59.50
Grangetown	17.90	23.10	24.40	21.80	28.90
Plasnewydd	26.50	29.60	34.30	47.22	51.40
Riverside	25.00	27.30	25.70	24.86	27.20
City Wide	20.30	27.30	21.70	22.50	27.50

% people aged 16-29 (15-29 in 2011) by inner city ward

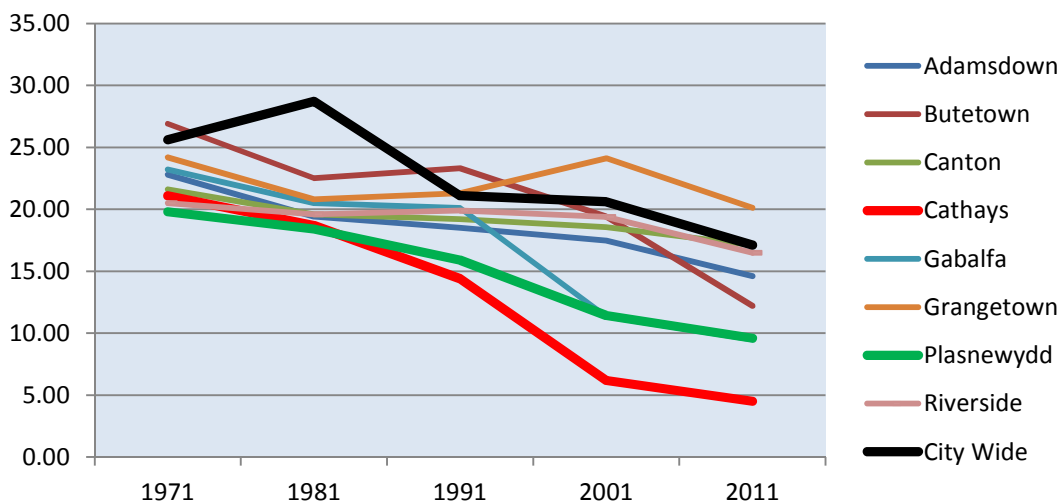


Further evidence of a large disparity in age structure is found when considering the number of children in the ward – this is critical in maintaining a balanced community with the infrastructure to support family life. As can be seen below, the number of 0-15 year olds (0-14 in 2011 data) has fallen to less than 5% of the population in Cathays. Even allowing for generally falling proportions of children citywide, the level is still less than half that of other wards.

% people aged 0-15 (0-14 in 2011) by inner ward

	1971*	1981*	1991*	2001*	2011**
Adamsdown	22.80	19.40	18.50	17.48	14.60
Butetown	26.90	22.50	23.30	19.40	12.20
Canton	21.60	19.60	19.20	18.57	17.10
Cathays	21.10	18.70	14.40	6.19	4.50
Gabalfa	23.20	20.50	20.10	11.34	9.50
Grangetown	24.20	20.80	21.30	24.11	20.10
Plasnewydd	19.80	18.40	15.90	11.43	9.60
Riverside	20.50	19.60	19.90	19.39	16.50
City Wide	25.60	28.70	21.10	20.60	17.10

% people aged 0-15 (0-14 in 2011) by inner ward.



Average Household size

With the exception of Butetown, the inner wards of the city all share a broadly similar housing style – typified by streets of Victorian or Edwardian terraced housing. Despite this a growing difference has emerged in the average household size between wards. As late as 1991, the dwellings in Cathays (and Plasnewydd) were both significantly below the citywide average household size. Since then however, the situation has reversed, and Cathays in particular now has a household size .5 persons larger than the citywide average. This coincides with the growth of HMOs.

Average Household size (persons) by inner city ward

	1971	1981	1991	2001	2011
Adamsdown	2.91	2.62	2.23	2.14	2.10
Butetown	2.98	2.88	2.48	1.99	1.90
Canton	2.73	2.55	2.42	2.29	2.30
Cathays	2.74	2.55	2.30	2.85	2.80
Gabalfa	2.91	2.77	2.56	2.54	2.70
Grangetown	2.95	2.76	2.46	2.37	2.30
Plasnewydd	2.59	2.38	2.19	2.37	2.30
Riverside	2.63	2.56	2.31	2.19	2.20
City Wide	2.98	2.88	2.48	2.41	2.30

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The causes of anti-social behaviour (ASB) and criminal activity are recognised to be diverse, and cannot be attributed to any housing type alone. However, an analysis of 50 streets from different inner city wards demonstrates that there may be some correlation between a concentration of HMOs and the prevalence of certain crime and ASB incidents

The prevalence of HMOs is not something that is recorded within crime data, and as such, a sample of streets has been taken to cross-compare with crime statistics from 2014/15 and 2015/16. This compares 50 streets from around the inner wards of the city. Each street has a different number of HMOs, and so when contrasted to crime data, a picture emerges of the extent that a concentration of HMOs might have upon the likelihood of incidents occurring.

The table below shows the number of metres per police incident reported, by street. The streets with the highest concentration of HMO are marked in Blue. While several streets with low number of HMOs have high incidence of crime, the streets with a high (more than 25% in this case) rate of HMOs generally have a higher crime rate. Overall, there is an incident every 5.16m in a street with a high number of HMOs, an incident every 6.31m in all streets surveyed, and an incident every 8.68m in streets with zero recorded HMOs, thus demonstrating a potential link between HMO concentrations and incidents of crime.

Street	Ward	Total HMO	Total Props	% HMO	HMO Rate	Metres per incident
Piercefield Place	Adamsdown	4	30	13%	Moderate	1.2
Stacey Road	Adamsdown	3	93	3%	Low	1.3
Mackintosh Place	Plasnewydd	56	224	25%	High	1.8
Talworth Street	Plasnewydd	5	32	16%	Moderate	1.9
Dispenser Gardens	Riverside	2	11	18%	Moderate	2.3
Manor Street	Gabalfa	0	91	0%	Zero	2.4
Treharris Street	Plasnewydd	7	164	4%	Low	2.5
Diana Street	Plasnewydd	14	130	11%	Moderate	2.7
Rhymney Street	Cathays	126	195	65%	High	2.8
Daniel Street	Cathays	30	61	49%	High	2.9
Keppoch Street	Plasnewydd	7	137	5%	Low	2.9
Smeaton Street	Riverside	0	33	0%	Zero	3.0
Donald Street	Plasnewydd	15	163	9%	Low	3.0
Marlborough Road	Penylan	9	128	7%	Low	3.1
Tewkesbury Street	Cathays	81	130	60%	High	3.2
Alfred Street	Plasnewydd	17	113	15%	Moderate	3.2
Arran Street	Plasnewydd	9	141	6%	Low	3.3
Janet Street	Splott	0	73	0%	Zero	3.4
Llanishen Street	Gabalfa	5	93	5%	Low	3.7
Boverton Street	Plasnewydd	3	38	8%	Low	3.7
Harold Street	Adamsdown	0	52	0%	Zero	3.7
Gwendoline Street	Splott	0	29	0%	Zero	3.9
Strathnairn Street	Plasnewydd	15	146	10%	Moderate	4.2
Brithdir Street	Cathays	39	99	39%	High	4.3
Richards Street	Cathays	75	120	63%	High	4.7
Flora Street	Cathays	54	77	70%	High	5.1
Coburn Street	Cathays	81	110	74%	High	5.2
Moy Road	Plasnewydd	16	117	14%	Moderate	5.3
Thesiger Street	Cathays	38	65	58%	High	5.6
Harriet Street	Cathays	81	113	72%	High	5.7
Gelligaer Gardens	Cathays	1	27	4%	Low	5.7
Talygarn Street	Gabalfa	0	61	0%	Zero	5.8
Adeline Street	Splott	0	84	0%	Zero	6.0
Treherbert Street	Cathays	25	45	56%	High	6.2
Flaxland Avenue	Gabalfa	3	52	6%	Low	6.7

Australia Road	Gabalfa	0	93	0%	Zero	6.9
Heathfield Place	Gabalfa	0	32	0%	Zero	7.0
Glamorgan Street	Canton	0	83	0%	Zero	7.1
Cosmeston St	Cathays	25	94	27%	High	7.8
Canada Road	Gabalfa	0	103	0%	Zero	8.3
Ordell Street	Splott	0	91	0%	Zero	8.5
Florentia Street	Cathays	10	66	15%	Moderate	9.3
Brecon Street	Canton	0	46	0%	Zero	9.4
Sandringham Road	Penylan	0	36	0%	Zero	9.6
Brydges Place	Cathays	1	6	17%	Moderate	10.1
Anglesey street	Canton	0	15	0%	Zero	11.1
Fitzroy Street	Cathays	9	23	39%	High	11.8
Upper Kinraig Street	Plasnewydd	0	75	0%	Zero	13.4
Kings Road	Canton	4	189	2%	Low	25.0
Basil Place	Cathays	0	0	0%	Zero	38.0

HMOs however, are not considered to particularly contribute to an abundance of general incidents. When considering Anti-Social Behaviour and burglary (see overleaf), a clearer picture emerges. In this respect, all of the streets with the higher concentrations of HMOs are towards the higher end of the incidence table. Overall, there is an ASB or burglary incident every 28m in a street with a high number of HMOs, an incident every 44m in all streets surveyed, and an incident every 71m in streets with zero recorded HMOs. With incidents in streets with high number of HMOs more than twice as common as those in streets with no HMOs, thus demonstrates a potential link between HMO concentrations and incidents of Anti-Social Behaviour and burglary.

Street	Ward	Total HMO	Total Props	% HMO	HMO Rate	Metres per incident
Talworth Street	Plasnewydd	5	32	16%	Moderate	9.2
Piercefield Place	Adamsdown	4	30	13%	Moderate	9.4
Mackintosh Place	Plasnewydd	56	224	25%	High	10.6
Dispenser Gardens	Riverside	2	11	18%	Moderate	11.2
Stacey Road	Adamsdown	3	93	3%	Low	11.8
Treharris Street	Plasnewydd	7	164	4%	Low	14.2
Flora Street	Cathays	54	77	70%	High	15.6
Rhymney Street	Cathays	126	195	65%	High	16.1
Donald Street	Plasnewydd	15	163	9%	Low	17.8
Daniel Street	Cathays	30	61	49%	High	18.1
Harold Street	Adamsdown	0	52	0%	Zero	19.0
Keppoch Street	Plasnewydd	7	137	5%	Low	20.6
Diana Street	Plasnewydd	14	130	11%	Moderate	21.1
Janet Street	Splott	0	73	0%	Zero	21.5
Llanishen Street	Gabalfa	5	93	5%	Low	23.1
Manor Street	Gabalfa	0	91	0%	Zero	24.6
Boverton Street	Plasnewydd	3	38	8%	Low	24.7
Harriet Street	Cathays	81	113	72%	High	25.7
Thesiger Street	Cathays	38	65	58%	High	26.7
Treherbert Street	Cathays	25	45	56%	High	27.2
Coburn Street	Cathays	81	110	74%	High	28.5
Arran Street	Plasnewydd	9	141	6%	Low	30.9
Brithdir Street	Cathays	39	99	39%	High	31.4
Moy Road	Plasnewydd	16	117	14%	Moderate	31.4
Strathnairn Street	Plasnewydd	15	146	10%	Moderate	32.6
Tewkesbury Street	Cathays	81	130	60%	High	33.6

Gwendoline Street	Splott	0	29	0%	Zero	35.0
Richards Street	Cathays	75	120	63%	High	37.5
Marlborough Road	Penylan	9	128	7%	Low	38.6
Heathfield Place	Gabalfa	0	32	0%	Zero	39.7
Flaxland Avenue	Gabalfa	3	52	6%	Low	43.8
Cosmeston Street	Cathays	25	94	27%	High	46.8
Smeaton Street	Riverside	0	33	0%	Zero	47.3
Alfred Street	Plasnewydd	17	113	15%	Moderate	47.5
Talygarn Street	Gabalfa	0	61	0%	Zero	53.5
Fitzroy Street	Cathays	9	23	39%	High	56.3
Adeline Street	Splott	0	84	0%	Zero	56.4
Ordell Street	Splott	0	91	0%	Zero	68.0
Glamorgan Street	Canton	0	83	0%	Zero	82.7
Gelligaer Gardens	Cathays	1	27	4%	Low	86.0
Australia Road	Gabalfa	0	93	0%	Zero	87.4
Anglesey street	Canton	0	15	0%	Zero	89.0
Florentia Street	Cathays	10	66	15%	Moderate	102.0
Sandringham Road	Penylan	0	36	0%	Zero	105.5
Canada Road	Gabalfa	0	103	0%	Zero	106.3
Basil Place	Cathays	0	0	0%	Zero	152.0
Brecon Street	Canton	0	46	0%	Zero	160.0
Kings Road	Canton	4	189	2%	Low	n/a
Brydges Place	Cathays	1	6	17%	Moderate	n/a
Upper Kinraig St	Plasnewydd	0	75	0%	Zero	n/a

8.7 Appendix G – Environment Health

Statistics below show the number of reported pollution control incidents over a nine month period from 1/4/2015 to 5/1/2016. In this period, 2,766 incidents were reported on a range of pollution control issues, ranging from Property alarms through to air quality or dust nuisance. The table shows these issues by ward, also including the percentage of incidents in the ward, and contrasts this with the percentage of the city's population within that ward. By a large margin, Cathays followed by Plasnewydd have the most disproportionately high number of pollution control calls.

	Env Health Incidents	Percentage of city average	Prop of City pop	Higher/Lower than Population
Adamsdown	107	3.90	3.00	↑
Butetown	116	4.23	2.93	↑
Caerau	78	2.84	3.27	↓
Canton	99	3.61	4.13	↓
Cathays	363	13.23	5.81	↑
Creigiau / St Fagans	21	0.77	1.49	↓
Cyncoed	30	1.09	3.22	↓
Ely	141	5.14	4.22	↑
Fairwater	137	4.99	3.75	↑
Gabalfa	33	1.20	2.54	↓
Grangetown	185	6.74	5.60	↑
Heath	44	1.60	3.65	↓
Lisvane	10	0.36	1.07	↓
Llandaff	23	0.84	2.60	↓
Llandaff North	49	1.79	2.41	↓
Llanishen	102	3.72	5.03	↓
Llanrumney	81	2.95	3.20	↓
Pentwyn	151	5.50	4.52	↑
Pentyrch	13	0.47	1.01	↓
Penylan	50	1.82	3.66	↓
Plasnewydd	249	9.08	5.25	↑
Pontprenau / Old St Mellons	43	1.57	2.81	↓
Radyr & Morganstown	26	0.95	1.85	↓
Rhiwbina	39	1.42	3.28	↓
Riverside	146	5.32	3.98	↑
Rumney	56	2.04	2.55	↓
Splott	130	4.74	3.83	↑
Trowbridge	136	4.96	4.68	↑
Whitchurch & Tongwynlais	85	3.10	4.66	↓
	2743*	100	100	

*Note, small number of incidents not allocated a ward location

Over 50% of all calls referred to *Amplified Music*, and of these the vast majority referred to domestic noise, as opposed to commercial. Therefore, citywide, domestic noise is by some distance the greatest reported pollution control issue, with a total of 1,259 incidents.

As the table overleaf shows, Cathays and Plasnewydd are the only two wards that have incidence rates more than double what we would expect based on population. Cathays in particular has 13.56% of domestic noise incidents, yet is home to only 5.81% of the city's population. This demonstrates that there may be a link between a large number of HMOs and some aspects of Environmental Health incidents.

	Domestic Amplified Music Cases	Percentage of city average	Prop of City pop	Higher/Lower incident rate than pop
Adamsdown	58	4.57	3.00	↑
Butetown	45	3.55	2.93	↑
Caerau	43	3.39	3.27	↑
Canton	46	3.63	4.13	↓
Cathays	172	13.56	5.81	↑
Creigiau / St Fagans	5	0.39	1.49	↓
Cyncoed	7	0.55	3.22	↓
Ely	72	5.68	4.22	↑
Fairwater	71	5.60	3.75	↑
Gabalfa	16	1.26	2.54	↓
Grangetown	98	7.73	5.60	↑
Heath	11	0.87	3.65	↓
Lisvane	5	0.39	1.07	↓
Llandaff	9	0.71	2.60	↓
Llandaff North	11	0.87	2.41	↓
Llanishen	46	3.63	5.03	↓
Llanrumney	36	2.84	3.20	↓
Pentwyn	89	7.02	4.52	↑
Pentyrch	4	0.32	1.01	↓
Penylan	30	2.37	3.66	↓
Plasnewydd	142	11.20	5.25	↑
Pontprennau / Old St Mellons	14	1.10	2.81	↓
Radyr & Morganstown	8	0.63	1.85	↓
Rhiwbina	14	1.10	3.28	↓
Riverside	46	3.63	3.98	↓
Rumney	18	1.42	2.55	↓
Splott	59	4.65	3.83	↑
Trowbridge	56	4.42	4.68	↓
Whitchurch & Tongwynlais	28	2.21	4.66	↓
	1259	99.29*	100	

*note, figure is below 100% due to small number of incidents not being allocated a ward location

8.8 Appendix H – Consultation comments

The following comments and responses provide a summary of the responses to the public consultation. The comments are not verbatim and reflect the thrust of responses to the SPG, rather than a comprehensive list of points made. The public consultation ran from the 9th May 2016 to the 20th June 2016.

Paragraph (Consultation Draft)	Comment	Response	Action
General, incl 4.3, 4-5	Concerns over negative social impact of restricting HMOs. Including, impact on local area, freedom of choice, displacement to other areas, lack of positivity towards HMOs and increase in homelessness.	The SPG will help create and sustain a more balanced, vibrant and functioning community and seek to ensure a balanced mixture of tenures.	No Change
General	Concerns over negative economic impact of restricting HMOs. Including impact on home values and property market by the SPG	The SPG will help ensure a more sustainable and balanced market for different types of dwelling in the long term. However, the change is recognised and an explicit reference to the opportunity for a review of the SPG is included in 1.2.1	SPG Amended
General	Policy H5 of the LDP is Permissive, but the SPG is not.	The SPG builds upon the principle outlined in the LDP that HMOs will be permitted unless the cumulative impact of them adversely affects the amenity and/or character of an area.	No Change
General	Concern that landlords will not let dwellings to families for fear of 'losing C4 status'	This concern is acknowledged, and the impact will be considered in any future review of the SPG.	No Change
General	Transport implication of developing (student) HMOs further away from universities	The council recognises that Cathays and Plasnewydd are naturally popular areas for HMOs, and the SPG doesn't propose the removal of any HMOs. By insisting upon the provision of sustainable transport means within new HMOs, and encouraging their development in a more balanced nature around the city, it is felt that any perceived negatives to individuals of being further away from university, is offset by gains to the community(ies) concerned.	No Change
General	SPG replicates pollution control, building control or private sector housing licencing conditions that already ensure high standards	The SPG does not seek to replace standards dealt with elsewhere by the local authority. In some cases however it is appropriate to reference these. Moreover, the SPG seeks to create balanced communities, whereas most standards are focused on individual dwellings.	No Change
Appendices	The Appendices do not demonstrate clear link between HMOs and negative issues presented.	The data is used to demonstrate a link between a high concentration of HMOs and statistics regarding waste, environmental health, crime, anti social behaviour and demographic change. The purpose is to present a broad picture, not to imply that all issues are caused by HMOs, or that all HMOs contribute to issues presented. The SPG supports balanced communities, of which HMOs play a role.	No Change
Consultation	Concerns over lack of consultation on SPG	The SPG was sent to over 400 groups and individuals and was undertaken in line with the LDP Delivery Agreement	N/A
5.1	Questioning methodology of 50m radii and 10/20% thresholds	A wider radii or street-based analysis was rejected for two reasons; firstly they did not alter the outcome in most cases, and secondly only did so by including data further away from the dwelling in Question. The SPG will use the 10/20% threshold. This has been used by other LPAs, and also recognises that HMOs are naturally more likely to occur in Cathays and Plasnewydd, where a higher threshold will be	No Change
5.1	Opposing C4 to Sui Generis is unfair as it does not impact on number of C3 Family Dwellings	It is recognised that whilst the impact may be greater when a new HMO is created from a family dwelling, the creation of a larger HMO from a smaller HMO still contributes toward exacerbating concerns cited in the SPG.	No Change
5.3	Use of Map to highlight locations of HMOs is inaccurate	The map was displayed to highlight the locations of HMOs according to data the council currently possesses. However, it is agreed that it serves no beneficial purpose in the SPG and therefore has been	SPG Amended
6.2	Belief that waste issues should be addressed separately	The SPG builds upon the guidance provided within the 2016 Waste Collection & Storage Facilities SPG, which should be referred to for more detail.	No Change
6.8	Concerns that requiring HMOs above shops to have separate street accesses is unnecessary	Agreed. While this is preferable, it is agreed that if well managed, there should be no requirement for this design element.	SPG Amended
6.9.2	Design concerns over lowering of internal floors, particularly the visual impact from the street	Internal changes are not the responsibility of Planning. The aim is to mitigate for any lowering of floors, to ensure that the view from the street is not impacted upon.	No Change
6.9.4	Would favour more emphasis on design out crime principles and other crime reduction techniques to be emphasised.	The SPG makes a clear reference to the importance of these issues and encourages developers to seek out the benefits of crime prevention design matters. The SPG has been amended to make this more explicit.	SPG Amended

9.0 Further Reading

Of particular interest are two background documents; offering comprehensive analysis of the role of HMOs, their growth in recent years, their concentration in certain areas, and what the positive and negatives of these developments are.

Houses in Multiple Occupation: Review & Evidence Gathering. April 2015. Produced for Welsh Government, by Opinion Research Services and Lavender & Wilson Housing Training & Consultancy.

Evidence Gathering – Housing in Multiple Occupation and possible planning responses. Final Report. September 2008. Produced for Department for Communities and Local Government, by ECOTEC

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