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Article 7

**REPORT INTO OBJECTIONS TO THE HOUSES IN
MULTIPLE OCCUPATION (HMOs) SUBJECT PLAN FOR
BELFAST CITY COUNCIL AREA 2015**

Report by

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1.0.0 GENERAL OBJECTIONS TO STRATEGY AND POLICY FRAMEWORK

1.1.0 The Definition of a House in Multiple Occupation

- 1.1.1 The Plan's purpose, as stated in its Introduction, is to set out the policy context to guide planning decisions in relation to Houses in Multiple Occupation (HMO) development. Thus, a clear understanding of what constitutes a HMO for the purposes of this Plan is critical. The Plan in paragraph 1.1 states that a House in Multiple Occupation is defined in the Housing Order (Northern Ireland) 2003 as "A house occupied by more than 2 qualifying persons, being persons who are not all members of the same family". The Plan further states that, for its purposes, the term HMO refers to all types of accommodation whereby this definition can be applied, including dwellinghouses and flats and apartments.
- 1.1.2 The Plan's definition is part of a fuller definition referred to in the Planning (Use Classes) Order (Northern Ireland) 2004 (UCO). The UCO states that a HMO has the meaning assigned to that term by Article 75 of the Housing Order 1992, as amended by the Housing (NI) Order 2003. The full HMO definition, as amended, explains the term "qualifying persons" and Article 3 of the 2003 Housing Order, for the purposes of that Order, defines "members of the same family". It is essential in the interests of clarity that the definition for the purposes of the Plan is set out in unambiguous terms in the Plan, subject to our views as set out in paragraph 1.1.6.
- 1.1.3 There is no doubt that a common HMO definition for all authorities with responsibilities in this area would, on initial analysis, bring clarity and consistency. Each authority has its own particular remits and responsibilities and for this reason differing definitions may be required. In addition, anomalies can arise when transposing definitions created for one purpose to another. In the case of the present document, the question arises whether a definition created for the purposes of protecting tenants through the imposition of minimum standards in relation to fire protection and accommodation etc. is appropriate to the planning regime concerned with the effect of intensive forms of residential occupation on surrounding areas.
- 1.1.4 The Housing Executive recognises that the definition of "family" in Article 3 of the 2003 Housing Order is flawed in that, for example, couples taking in an aunt or nephew would have created a HMO. This treatment of extended family situations has been successfully challenged at judicial review and the Housing Executive is seeking to amend the Housing Order definition as a result. No timescale was provided for this amendment but it will have implications for the UCO and for this Plan.
- 1.1.5 Also, the transposition of the Housing Order HMO definition to the UCO has caused an anomaly within the UCO itself. The HMO definition places an emphasis on the intensity of occupation of a dwelling by unrelated persons. Thus the definition and the Plan's policies would apply to situations where more than 2 people not all of the same family were to live in the same

residence. However, the UCO's Class C1 (a) Dwellinghouses definition places no restrictions on the number of persons living together provided they live together as a family. By definition such groups in a residence, if unrelated, would also fall under the HMO definition. Both the identification of such properties and the distinguishing of Class C1 (a) from sui generis HMO uses will be extremely difficult. From the Examination it was apparent that this tension between the definitions had not been considered by the Department. Yet, reading the Plan as a whole, it is not obvious that the policies are intended to apply to unrelated people living together as a family in a single residence. The general approach of the UCO is permissive in order to facilitate acceptable changes in use which might otherwise constitute development requiring the submission of a planning application. Confusion has been created by the Department's use of the UCO in seeking to control HMO development.

- 1.1.6 In view of the above factors, we conclude that the Plan needs, for its purposes, to set out a bespoke definition of a HMO. A review of other definitions used in England and Scotland for planning purposes might assist in this consideration and we note that the Scottish HMO definition favoured by the Housing Executive would resolve the issue over the definition of a family. However, it would not address the tension between the HMO and Class C1 (a) definitions. If it is not the Department's intention to include Class C1 (a) uses, the bespoke definition must use a wording to exclude unrelated people living together as a family in a single dwelling. In its final form, the definition should be set out in full in the Plan.
- 1.1.7 Concerns were expressed that flats in the private rented sector can have the same adverse effects as HMOs and that developers could convert houses to flats to evade the Plan's policies. While policies in the Plan include flats that are occupied as HMOs, a definition that relies on occupation rather than land use is not only difficult to monitor but also vulnerable to abuse. Current control over flat conversions is provided by Development Guidance Note 4 (DGN4) but no comparable policy context is found in dBMAP. Following adoption of BMAP, DGN4 will be superseded and there will be a policy gap in relation to flat conversions. Unless this lacuna is addressed, there is considerable potential for circumventing the requirements of the Plan. Whether non-HMO flats development should have similar controls to HMOs is outwith the scope of this Examination and it is a matter for the Department to decide on the appropriate policy context for flats development, bearing in mind that a change in occupation from a flat to a HMO need not necessarily constitute development. As regards the term "HMO flat" used in the Plan, we find its meaning is clear in paragraph 1.1 and see no need for further clarification.
- 1.1.8 Boarding and guest houses, hostels where no significant element of care is provided, residential institutions providing accommodation and care to people in need of care and nursing homes are within specified Use Classes in the UCO and are therefore beyond the remit of this Plan. No amendments to the Plan are needed in response to these objections.

Recommendation

- **The HMO definition should be tailored to the needs of the planning process and should be set out in full in the Plan.**

1.2.0 The need for policies to control HMO development and the issues to be addressed.

1.2.1 Article 3 of the Planning (Northern Ireland) Order 1991 places a duty on the Department to formulate and co-ordinate policy for securing the orderly and consistent development of land and the planning of that development. While legislation does not dictate those matters for which policy should be drawn up, we are satisfied that it is within the remit of the Department to formulate policy to regulate this type of development. Individual proposals will continue to be considered on their merits but it is appropriate for policies to seek a commonality of approach to the consideration of a particular land use and to provide guidance for developers in relation to their proposals. Accordingly, objections to the principle of producing such a Plan cannot be supported.

1.2.2 The Plan is accompanied by the Housing Market Analysis (HMA) and was also informed by the Housing Need Assessment (NHA) which was a technical supplement to BMAP. Both documents are based on a wide variety of data sources. The assumptions and findings of these documents are judged to be reasonably sound in providing a valuable insight into the drivers which have shaped and continue to influence the Belfast housing market as a whole. No additional information is deemed necessary for that strategic purpose. Whether the information is adequate to inform the detailed policies and designations is considered later.

1.2.3 It is difficult to predict the extent to which the trends identified in the documents will continue, but during the Plan's life it is likely that HMO accommodation will remain an important part of the overall low cost housing market. Demographics and other factors are likely to expand further the private rented/HMO sector, which in recent times has spread to areas not traditionally associated with such land use. Overall, there is no basis on which to conclude that the generality of the statements in Part 2 of the Plan are incorrect.

1.2.4 There are widely varying views as to the controls that should be placed on HMOs. While the perception of problems arising from the sector in general may be greater than the reality, there is compelling evidence of problems arising from areas of excessive HMO concentration, albeit varying in degree from area to area. The problems include:-

- High levels of transient residents who fail to relate to settled communities
- A loss of the social and tenure diversity necessary to sustain a wide variety of community services and facilities;
- Social isolation for vulnerable social groups remaining in such areas, such as the elderly;
- The loss of affordable housing suitable for families as they are outbid by developers;

- Detrimental impacts on the physical infrastructure and appearance of such areas;
- Environmental and area management problems such as dumping and litter; and
- High levels of anti-social behaviour such as noise and disturbance, often at unsocial hours.

1.2.5 Some areas will be more popular for HMO accommodation because of, for example, proximity to colleges or work and the range of facilities found there. The Victorian terraced houses (typical of many areas of HMO concentration) are attractive to the low cost housing market for both families and HMOs. Also, people have a natural attraction to living alongside social groups of a similar character to themselves. There is a high demand to live in such areas, and to date this has led to supply to meet that demand. However, the meeting of that demand has had adverse impacts on settled communities where excessive HMO concentrations have caused problems. These problems cannot be resolved purely through property management, service provision and the better enforcement of existing controls. We are therefore satisfied that there is a need for policies to guide HMO development.

1.2.6 The issues to be addressed can be divided into two strands. Firstly, how can HMO need and demand be accommodated, while protecting amenity and preventing excessive HMO concentrations arising? And secondly, what planning mechanisms can be introduced to assist areas of HMO concentration where problems presently exist?

1.2.7 As a whole Parts 2 and 3 of the Plan, and the NHA and HMA, have set out the broad sweep of tensions between the negative impacts of excessive HMO concentrations and the positive role the HMO market has in meeting housing need and regeneration. However, understanding of the Plan could be improved by setting out these tensions more clearly in Part 3, between the setting out of The Issues and the Plan Strategy. This would highlight the balanced approach that is evident in the strategy and would be an appropriate response to the widely divergent views of those who felt that the Plan was focussed on accommodating HMO development and those who perceived it as simply restricting such development.

Recommendation

- **Part 3 of the Plan should set out more clearly the need for a balanced approach to deal with the tensions between the adverse impacts of excessive concentrations of HMOs and the positive role the HMO sector has in meeting housing need and regeneration.**

1.3.0 The Strategy

- 1.3.1 The impacts of excessive HMO concentrations cannot be addressed by planning alone. However, the Plan can address matters that are within the locus of the planning system and the Plan Strategy sets out the basic framework to address where and how future HMO development is to be accommodated. In assessing that Strategy it is noted that the Regional Development Strategy (RDS) promotes the meeting of housing need, the regeneration of areas of social need and the achievement of balanced communities. It also identifies the need to balance urban densities with environmental considerations. HMOs represent an aspect of housing need and it is therefore entirely consistent with prevailing regional policy to address how the need and demand for HMOs can be accommodated, while protecting the amenity of areas where HMO use is likely to be concentrated. The focussing of HMOs in areas where they can contribute to regeneration will accommodate both HMO housing need and support the theme of urban renaissance found in the RDS. The promotion of purpose built student accommodation is a positive measure for student housing and will facilitate community balance by directing pressure away from the conversion of family properties for HMO use.
- 1.3.2 Planning Policy Statement 12 - Housing in Settlements (PPS 12) identifies development plans as the main vehicle for the delivery of RDS themes. It sets out how those themes, in particular managing the growth and distribution of housing, are to be translated through plan preparation. It also identifies development control principles of increased housing density without town cramming, good design, sustainable forms of development and balanced communities that are to be applied through planning policy and advice (including Planning Policy Statements and Development Control Advice Notes). Overall the thrust of regional and other current planning policy is to balance these principles - even where documents refer to the conversion of houses. The need to consider such issues as local character, environmental quality and amenity are also emphasised for both new build and conversion.
- 1.3.3 The Plan Strategy is therefore justified in seeking to influence the spatial distribution of HMOs while facilitating housing need and demand. However, while the Plan Strategy encompasses the requirements of prevailing regional planning policy in other respects, it does not expressly include the achievement of community balance. To address this, the Plan Strategy should expressly promote the “balanced communities” theme of the RDS which is clearly set out in paragraph 1.5 of the Plan. Including this concept would encompass a broad range of matters including the protection of family houses and vulnerable groups like the elderly - issues which some objectors judged were not adequately addressed by the Plan.
- 1.3.4 We find the Strategy to be essentially positively framed. However in order to achieve the Strategy the Plan introduces both enabling and restrictive policies. If the policies in the Plan as a whole are working towards that positive Strategy the fact they may be restrictive does not make the Plan

negative. PPS 1, paragraph 59 sets out the Department's guiding principle to the determination of planning applications. Given the stated principle that development should be permitted, policies should be expressed positively as far as possible.

1.3.5 The Plan briefly sets out the combination of policies and designations to achieve the Strategy. Four spatial policies (HMO 1, HMO 3, HMO 5 and HMO 7) with associated designations (HMO 2, HMO 4 and HMO 6) identify the extent to which further HMO designations will be permitted in different locations - curtailing HMOs where there are significant concentrations of such accommodation, particularly in south Belfast, and identifying areas where HMO development will be permitted. Two policies (HMO 8 and HMO 9) set out development criteria for individual HMO proposals. In principle this range of enabling and restrictive policies aims to achieve the balance which is evident in the Plan Strategy. If the specific policies carry this balance through they and the Plan would not contradict the thrust of prevailing planning policy, the aims of New Targeting Social Need or the Private Tenancies (NI) Order which seeks to strengthen the role of the private sector. Nor is there persuasive evidence that the Strategy is contrary to Council initiatives or the thrust of the Regional Transport Plan.

1.3.6 The Department's policy relating to Enforcement is set out in Planning Policy Statement 9 - The Enforcement of Planning Control (PPS9). The fact that PPS9 or enforcement is not referred to in the Plan does not weaken any case for enforcement action the Department considers it expedient to take. We see no need for the Department to make explicit reference to enforcement in the Plan.

Recommendations

- **The Plan Strategy should include the promotion of community balance.**
- **Policies should, as far as possible, be expressed positively.**

1.4.0 The Statistical Information

- 1.4.1 The Plan's identification of existing HMOs is sourced from the Housing Executives' database which has been built up over time and lists both properties that are inspected and confirmed and those listed but not inspected. This has been overlaid with Ordnance Survey's Pointer Data, which gives the total number of dwellings in each street to allow HMO levels to be calculated.
- 1.4.2 Basing the statistics on a unit basis allows a simple measure of assessment, and allows the identification of areas where HMO levels could be at risk of creating community imbalance along with the potential for associated problems. Whilst information on density might assist understanding of the impacts of HMOs it would be a complex measure where information would be difficult to obtain and subject to constant change. As a result, accurate figures would be unlikely.
- 1.4.3 The unit based approach is not without difficulties. It would appear to be reasonably accurate in areas where the Housing Executive's HMO Registration scheme is in place but this scheme has been confined to specific areas and will not achieve significant coverage of the City for some time. There are therefore likely to be significant numbers of HMOs in areas such as parts of East and West Belfast where no information is currently available. The database is based on the Housing Executive's interpretation of the HMO definition, and so will include a proportion of dwellinghouses as defined by Class C1 (a) of the UCO. The database, excepting registered properties, is a list of likely rather than known HMOs. Also, HMOs identified by the Housing Executive for registration purposes may not benefit from planning permission. Accordingly a mismatch between the number of HMOs on the database for the Housing Executive's purposes and the number that can be described as HMOs for planning purposes is likely. The significance of the discrepancy will vary from area to area.
- 1.4.4 Notwithstanding these problems, there is no reason to doubt the broad accuracy of the Housing Executive's figures in terms of overall numbers in areas like the Holyland, Stranmillis, Dunluce/Ulsterville, Lower Lisburn Road and Eglantine Avenue areas of South Belfast - and in parts of North Belfast such as the Waterworks and Kansas/Marsden. Overall, the Plan's approach can only provide accuracy to the extent that the Housing Executive figures are initially accurate, and it was acknowledged that an underestimate of numbers is likely.
- 1.4.5 Despite the shortcomings of the database, the Housing Executive is best placed to provide information on properties in HMO use. Provided they continue to survey new areas, the information provided by them is invaluable in identifying broad areas of HMO concentration. As such, their database remains the best information available in assisting the formulation, implementation and monitoring of policy thresholds though the overall information will remain limited until the Registration Scheme is extended citywide. Up to date and accurate information is critical, however, and the

Department must supplement the available information to address its shortcomings. In the interim it is logical to use the database as far as possible to form the basis on which to consider HMO development.

- 1.4.6 Paragraph 59 of Planning Policy Statement 1 (PPS1) sets out a general presumption in favour of development. Thus, where a Plan policy reinforces a presumption in favour of development, the Department must demonstrate its case. Developers could only be reasonably expected to provide information to demonstrate that thresholds are not exceeded where there is a presumption against further HMO development in particular areas.

Recommendations

- **The unit based approach to the assessment of existing HMO development is endorsed**
- **The Department should, at the earliest opportunity, supplement the information available to establish existing levels of HMOs.**
- **Where policies are generally permissive of development, the onus on demonstrating that thresholds have been exceeded should lie with the Department.**

2.0.0 OBJECTIONS TO POLICIES HMO 1, HMO 3, HMO 5 & HMO 7

2.1.0 The policies for controlling HMO development - are they appropriate and workable?

2.1.1 The following comments on individual policies must be read in the context of the comments made in Section 1. Only additional issues arising from the shortcomings of the available information will be covered in any detail in this section.

2.1.2 Before considering the individual policies, there are 2 issues common to the above policies that we consider should be addressed differently:

- (i) In each case there is a requirement that the proposal should not be in conflict with any other development plan zoning, designation, policy or proposal. We consider that the relationship between the policies contained in the Subject Plan and other policy documents should be clearly set out in the introductory section rather than in individual policies;
- (ii) The reference to proposals having to meet all the criteria set out in Policy HMO 8 is superfluous as HMO 8 already contains such a provision in its text.

To ensure clarity and to ease interpretation and application to proposals, each policy statement should be confined to the policy tests and any necessary clarification and/or explanation of those tests. General statements, such as issues arising during consultation, duplication of matters/issues addressed in other sections of the Plan and other policies and designations should be deleted.

Policy HMO 1

2.1.3 This policy's main element is that HMO development in specified Policy Areas will not be granted if the number of HMOs, as measured on a street by street basis, exceeds 30%. The Plan states the policy was designed to protect the amenity of areas where multiple occupation is currently, or is likely to become, concentrated. However it does not appear relevant to areas likely to become areas of HMO concentration because the identified Policy Areas in HMO 2 already have HMO concentrations - the majority having concentrations in excess of 30% of their total housing stock. It is clear that the aim of the policy must be to restrict further HMO development in Policy Areas so that it does not exceed a specified level. In that context the use of a negatively worded policy is appropriate.

2.1.4 In considering what percentage of HMO development is appropriate community balance and the need to provide for HMO demand and regeneration should be weighed. The balance between these issues will vary from area to area and it should be recognised that the impacts of HMOs will

inevitably extend beyond the defined Policy Areas. Greater community balance should not just be taken to mean greater balance within each designated HMO area, but within communities as a whole. Some areas are more attractive to potential HMO dwellers - offering appropriate accommodation and services, locational benefits and a lifestyle different to that found in primarily family residential areas. Conversely these areas will be less attractive to some families. Such areas, variously near transport nodes, colleges, places of work, entertainment and retail areas etc should be expected to have a greater number of HMOs, and a greater capacity for HMO development. In that context it is reasonable to conclude that a 30% threshold would be at the upper limit of acceptability. However, in a settled community of largely family housing, community balance is likely to be upset at a significantly lower level. An over representation of HMOs could lead to a loss of community facilities, services and good family housing as well as a reduction in residential amenity.

2.1.5 The 30% threshold is at the upper limit of what is deemed acceptable in parts of Great Britain, however there are other factors to bear in mind:-

- More properties will fall under the definition of a HMO as it is defined by the UCO in Northern Ireland than is the case in Great Britain.
- In most of the Policy Areas proposed in Designation HMO 2, HMO levels are already well in excess of 30% of the housing stock, and the evidence is that these figures are likely to be an underestimate.
- Given the Policy Areas' locations they are likely to remain areas of high HMO demand, and many families will not find them attractive or affordable.
- Many HMOs will not be easily converted back to single family use.
- Any reduction in HMO numbers is currently and primarily dependant upon market circumstances and a reduction in the number of lawful HMOs is unlikely. The Department cannot retrospectively impose conditions to restore HMOs to family use when sold.

2.1.6 There is unlikely to be any palpable reduction in HMO numbers in the Policy Areas for some time unless there is reduced demand or a change in economic circumstances. In the absence of such factors, reductions are likely to be achieved only through pro-active measures introduced by the statutory agencies that have responsibility for housing policy and provision. Despite the 30% threshold being exceeded, significantly so in many instances, we were not informed that any such measures were envisaged. The main benefit of the 30% threshold, therefore, is to stabilise HMO levels in areas of concentration. In this context, the introduction of measurement on a street by street basis has the potential to exacerbate problems arising from over-concentration. We therefore endorse the 30% threshold figure subject to the deletion of "as measured on a street by street basis" and consider that it should apply to the Policy Area as a whole. We do not accept that there

should be no threshold in areas of existing concentration or that areas that already exceed 30% should accommodate further HMO development.

- 2.1.7 We are satisfied that the subdivision of existing HMOs where no intensification of impacts was demonstrated would be material to the consideration of applications on a case by case basis.

Policy HMO 3

- 2.1.8 This policy seeks to focus the need and demand for HMO accommodation in areas where it can contribute to overall regeneration initiatives in line with BMAP's Arterial Routes Strategy. The policy is essentially positively framed in that it aims to facilitate HMO development along many of these routes. The wording of the policy that states that permission "will only be granted..." is unnecessarily negative and should be replaced by "will normally be granted...". Whilst the term "Node" does not conjure images of the linear areas of development the policy promotes, it can be held to mean an area of focus. Given this, the term is not confusing in the context in which it is used.
- 2.1.9 The use of both converted upper floor accommodation and new build opportunities, where there is good access to transport, is consistent with sustainable development objectives. It can consolidate frontages, and regenerate and revitalise an area. How the Nodes might create instability in property prices was not explained, but the scale and nature of development, particularly new build, can have significant impacts. The policy covering the design aspects of such developments is found in HMO 8. The adverse impact of such developments in relation to breaking up shopping frontages is addressed in the 2nd policy criterion which seeks to prevent HMOs at ground level within designated commercial nodes or shopping areas. These are identified by draft BMAP Policy R6 - Arterial Routes and Local Centres. While not all shopfronts along Nodes are protected, the Plan's focus on preventing the erosion of the core areas of commercial activity from ground level HMO development is considered adequate and is supported.
- 2.1.10 It is unlikely that all residential units along the Nodes will become HMOs. Where Nodes have a mixed character or are more overtly commercial significant HMO concentrations will be difficult to achieve. Upper floors can be physically more difficult and expensive to refurbish, and demand for properties on main routes can be lower. HMO development is likely to initially concentrate on easier opportunities - wholly residential buildings, new build, and at existing HMO concentrations. The linear nature of the Nodes will also diffuse HMO impacts.
- 2.1.11 However, where Nodes have significant areas of HMO accommodation adjacent to them, existing community imbalance could be exacerbated. In this regard we note the juxtaposition of some Nodes and Policy Areas in North Belfast. More localised HMO concentrations may also exist in proximity to proposed Nodes in East and West Belfast. Unrestricted development in such circumstances would be inappropriate. In view of our conclusion about suitable thresholds under Policy HMO 1, those parts of Nodes which adjoin

existing areas of HMO concentration should be subject to a 30% threshold as in HMO 1. Inclusion of a Node within the adjoining policy area would allow that policy to be applied in such circumstances.

Policy HMO 5

- 2.1.12 This policy relates to what the Plan identifies as the University Area. This area has seen the greatest demand for HMOs, is the area most imbalanced by HMO provision and it has subsequently experienced many of the problems referred to previously. The Policy aims to prevent any increase in the overall number of HMOs in the area.
- 2.1.13 It was argued that the University area was so far gone that it should be considered unique, and an area where HMO numbers should be unrestricted. However, this would condone the adverse impacts of the existing HMO concentration and the potential erosion of what remains of the established community resulting in further community imbalance. Irrespective of more effective property management, the wider problems created by this concentration of a transient and largely homogenous population would remain. In this context unrestricted HMO development is unacceptable.
- 2.1.14 The policy seeks to prevent further HMO development in Sector A and to limit further HMO development in Sector B to circumstances where it does not contribute to an overall increase in HMOs across the area as a whole. While the aim is to provide scope for returning buildings to family use in Sector A and for developing larger buildings in areas of neglect in Sector B, the policy's impact is likely to be negligible in view of the existing extent of HMO development in the area. Size, location and cost are factors that make properties less desirable for family use, but there are unlikely to be many properties not capable of such use and attractive to families if reasonably priced. Capping HMO development is likely to stabilise property prices, making them more affordable for family use. Also, trying to achieve community balance by encouraging the relocation of HMOs from Sector A to Sector B, or just within Sector B itself ignores the fact that Sector B is already in excess of 90% HMO use. This is an entirely unacceptable level of HMO saturation. Given the extent of HMO development in the University Area it is difficult to see why it should be treated differently to other areas of HMO development pressure. The prevention of further HMO development in this area is judged to be essential and it is our view that the whole area should be subject to policy HMO 1 and added to the list of HMO 2 designations.
- 2.1.15 The restoration of community balance will be a long slow process, but the identification of Nodes and the accommodation of HMO development in other parts of the City will accommodate future need and demand and facilitate redistribution over time. There are many empty properties in the area already, thus opportunities can arise to facilitate tenure change.
- 2.1.16 As we have concluded that the entire area should be subject to policy HMO 1 we see no need to sub-divide the area into sectors to accord with community

boundaries. We note that the Department was sympathetic to calls to rename the area and this is a matter to which further consideration should be given.

- 2.1.17 HMO development can facilitate regeneration, but such is the over-saturation of HMOs in this area that this is not a sound argument to allow further HMO development. Also, HMOs are not the only way to regenerate an area, though we accept that this depends upon market conditions and initiatives by agencies involved in housing provision. The practicality of compulsorily purchasing properties (as suggested by some objectors) is not for this report to consider but it may have its place in assisting regeneration.

Policy HMO 7

- 2.1.18 This policy seeks to accommodate HMO demand and to disperse that demand throughout the City to prevent further excessive HMO concentrations. The 10% threshold is based on the consideration that the HMO database shows approximately 7% of dwellings in Belfast to be HMOs, and that a 10% limit would allow managed and controlled growth of the HMO market. In view of the database's shortcomings, the number of HMOs citywide could be over 7%, however, given the large concentrations of HMOs in places such as South Belfast, most areas and streets outwith the Policy Areas are unlikely to be at a 10% level. Accordingly, the 10% threshold would allow for the growth and sustainable distribution of HMOs whilst not adversely affecting residential amenity. This limit rather than any lower or higher one or a presumption against HMO development is consistent with the Plan's Strategy of accommodating HMO need and demand. On that basis, there is no reason to conclude that a 10% threshold is unjustified.
- 2.1.19 We are satisfied that this policy and policy HMO 3 between them provide sufficient scope to meet HMO need and demand. Creating different limits for different areas would create unnecessary complexity and the 10% threshold should be applied consistently throughout the rest of the Plan area, including those areas nearest to existing concentrations and which are likely to come under the most pressure for HMO development when restrictions are placed on the Policy Areas.
- 2.1.20 There is always the potential for HMOs to cluster along a particular length of street, or in a localised area, but in most cases the 10% limit measured on a street by street basis is likely to ensure that this does not become a significant problem for an area as a whole. To identify smaller units than streets would require a street by street survey and be of such complexity that no meaningful commonality of approach could be established. However, while overall the thrust of the policy is acceptable, we acknowledge that for longer streets, particularly arterial routes where nodes have not been identified, clustering could undermine the aim of diluting the impact of HMOs across a wider area. The Department should therefore consider how the street by street threshold could be applied logically to longer streets/arterial routes.

- 2.1.21 As with HMO 1, the sub-division of existing HMOs where no intensification of impacts was demonstrated would be a material consideration in the context of individual proposals that exceeded the policy threshold.

Other Issues

- 2.1.22 The view that Conservation Areas (CAs) and Areas of Townscape Character (ATCs) should not be designated for HMO development cannot be supported as the regional policy in Planning Policy Statement 6 – Planning Archaeology and the Built Heritage (PPS 6) does not preclude HMO development in such designated areas. The existence of such designations and the legislative and policy context provided by PPS 6 are, however, matters to be weighed in the consideration of individual proposals and are likely to have implications for both design and land use thresholds.
- 2.1.23 There were comments that the policies would reduce religious and ethnic integration, limit choice and adversely affect the housing market. However the Plan Strategy must be borne in mind and the suite of policies seen as a whole. Present HMO concentrations are often, but not always in areas perceived to be mixed. While some policies will curtail supply in these areas the policies overall would facilitate the sustainable spread of HMO demand, and not solely to areas perceived as belonging to one community or the other. Choice will be reduced in some areas and so for some travel times and ease of access to work and facilities will be affected. However, it has not been demonstrated that those wishing to live in the HMO sector, or that sectors of the economy reliant on workers living in HMOs would be subject to unacceptable impacts.
- 2.1.24 Planning policy shapes the spatial and physical impacts of land uses, and so inevitably influences housing markets. Restrictive policies and the spreading of demand will restrict new entrants to the market, and may place downward pressure on some property prices while existing (including the badly managed) HMOs could command higher sale or rental values. Some owner occupiers may have less of a market for their homes. Such impacts may be unavoidable and give rise to other tensions. However, given the existing problems caused by excessive HMO concentrations the balance falls firmly in favour of controlling HMO development. That many others have benefited from previous planning decisions is no sound justification to allow the existing and virtually unfettered situation to continue.
- 2.1.25 As no critical conflict with other extant policies has been demonstrated we judge the overall balance of the policies to be in line with the Plan Strategy and the thrust of prevailing planning policy.
- 2.1.26 No amendments to the Plan are recommended as a result of the objections at 2.1.22 to 2.1.25.

Recommendations

- **References to meeting the criteria in policy HMO 8 should be deleted from the above policies.**

- **References to proposals not being in conflict with other plans and policies should be deleted from the above policies and relocated to the Introduction to the Plan.**
- **Policy HMO 1 should be reworded to the effect that there will be a general presumption against further HMO development where HMO numbers are in excess of 30% of total housing units in a Policy Area. The reference to measurement on a street by street basis should be deleted.**
- **Policy HMO 3 should be amended so that those parts of Nodes which adjoin areas of existing HMO concentration are included within the adjoining Policy Area identified in Designation HMO 2 and subject to the 30% threshold contained in Policy HMO 1.**
- **Policy HMO 5 and Designation HMO 6 should be removed from the Plan and the “University Area” should be designated a HMO Policy Area under Designation HMO 2 and be subject to Policy HMO 1.**
- **Further consideration should be given to renaming the “University Area”.**
- **The 10% threshold as measured on a street by street basis and set out in Policy HMO 7 is generally endorsed. Further consideration should be given to the approach to be taken on arterial routes outside HMO Development Nodes.**

3.0.0 OBJECTIONS TO THE SPECIFIC DESIGNATIONS HMO 2, HMO 4 AND HMO 6.

3.1.0 Designation Boundaries

HMO 2/03 - Ballynafeigh

- 3.1.1.1 Of the two proposals seeking the extension of this designation one provided no justification for us to consider. The other was on the basis that the streets outside the designation's boundaries are largely family homes and their inclusion would maintain community balance. The available information indicates that the number of HMOs in the proposed designation stands at 31%, and the number of HMOs in the surrounding streets stands at 8.5%. The Ballynafeigh designation has already reached saturation point in relation to HMO development and an extension to the boundary would only provide scope for further HMO development based on a wider geographic area. In the interests of wider community balance and as the surrounding area is distinguishable from the proposed designation by virtue of the latter's existing concentration of HMO development, there is no justification to increase the size of the designation which should be confirmed unaltered.

HMO 2/05 - Cavehill

- 3.1.2 It was argued that this designation should be withdrawn as it would allow for a third of houses to be HMOs. However, it already has a HMO concentration in excess of 30%, and so should be assessed under policy HMO 1 to prevent further HMO development. No case was made to support the proposed extension to the designation. However, the available information suggests HMOs are 13% of the properties in the surrounding streets, many of which are located along the Antrim Road, a proposed Node. Considering the nature of these surrounding streets we see nothing to warrant including them within the proposed designation. The designation should be confirmed unaltered.

HMO 2/07 & HMO 4/06 - Donegall Road

- 3.1.3 No justification was submitted for the proposal that in the Greater Village Area all HMOs for this area should be retained along the Donegall Road and much of Donegall Avenue. No assessment of HMO numbers on a street by street basis was submitted, nor was it possible to make a reasoned assessment of numbers from visiting these areas. There was no challenge to the figure of 37% HMO use in Policy Area 2/07 overall and we note that this designation is situated in an area well located to provide affordable rented accommodation for hospital workers. We see no justification to change that designation which should be confirmed as it stands. As regards Node 4/06, while a number of properties had "to let" signs and there are sections of derelict buildings, it does not appear as a street where a focus on HMO development would provide significant regeneration benefits. Accordingly it should remain to be considered under policy HMO 7 rather than being made a Node. Designation 4/06 should be confirmed unaltered.

HMO 2/10 - Elmwood

- 3.1.4 Following one concern that this designation included a number of non-residential properties the Department conceded they would amend the designation to exclude Elmwood Avenue, where 5% of residential properties are HMOs. This concession is endorsed and the boundary should be amended accordingly.

HMO 4/07 - Falls Road/Springfield Road and HMO 4/09 - Mid Falls

- 3.1.5 It was argued that the above designations be deleted. The principle of Nodes has been considered earlier, and notwithstanding our concerns about Nodes adjacent to HMO concentrations, given the aims behind their designation the general extent of these two Nodes appears reasonable. In the absence of details on HMO numbers in the vicinity of either Node there is no justification to recommend their deletion.

HMO 4/17 - Scotch Quarter

- 3.1.6 We note that the DSD have designated the Scotch Quarter area as non-residential. However, this is not a planning designation and the area appears to be one where the aims behind the designation of Nodes, as set out on page 20 of the Plan, could be met. The designation should be confirmed.

Other areas

- 3.1.7 There were a number of objections to the inclusion of particular properties and streets within the University, Eglantine, Sandymount and Stranmillis Policy Areas. This was as part of concerns on the limiting of choice of where to live, and of people not wishing to live in religiously divided areas. However the Plan's policies as a whole simply seek to spread HMO provision. They do not dictate where people should live and inclusion of a property in a policy area does not in itself force it to change use. No change to the boundaries of these areas is recommended.
- 3.1.8 One objector considered that certain sites where redevelopment has recently taken place in the University Area should be excluded from the designations. The Plan's designations relate to discrete areas and it is intended that policies would apply to the entirety of these areas. Excluding individual or small groups of properties from the main body of the area would leave illogical and incoherent boundaries. There is no reason why redevelopment sites may not come back for HMO use at a later date and it is the overall characteristics of the area that need to be considered. No change is recommended as a result of this objection.

Recommendations

- **Designation HMO 2/10 should be amended to exclude Elmwood Avenue.**
- **All the other designation boundaries should remain unaltered.**

3.2.0 **Designation of additional areas**

- 3.2.1 Policy areas were sought in West Belfast to limit further HMO development. This was on the basis that certain streets may already have exceeded the 30% and 10% thresholds. In the absence of specific information about where this occurs, there is inadequate information to recommend additional policy areas. In any event the 10% threshold in policy HMO 7 would apply to all those areas not specifically designated as Policy Areas. No change is recommended as a result of this objection.
- 3.2.2 One submission supporting HMO 3 and HMO 4, sought clarification on Designation HMO 4 and noted no Nodes were designated in the Shankill or Crumlin Roads. It is not apparent to us why Nodes have not been designated on these roads as they seem to have many of the characteristics of designated areas. We recommend that the Department review the suitability of these areas for designation as Nodes.
- 3.2.3 We note that the Plan makes no specific guidance for the City Centre, Laganside and Titanic Quarter. However, parts of the City Centre do have designations and on the basis of the present information it is judged that policy HMO 7 provides the necessary context for HMOs in non Policy Areas. The northern end of Lisburn Road is covered by a number of Policy Areas and outwith these HMO development would be permitted in line with policy HMO 7. We see no need to consider other designations along its length. We have been unable to identify the area referred to in the Lower Donegall Street objection and can make no comment on it.

Recommendation

- **Further consideration should be given to whether additional Nodes should be identified on the Crumlin and Shankill Roads.**

3.3.0 Listing of designations

3.3.1 The approach of setting out the areas where particular policies will apply separately from the actual policies has caused confusion and there is no clear logic to this approach. The purpose of listing the designations is to provide clarity in relation to the relevant designation maps and this is helpful given the complexity as a result of the number of designations and maps. However the listing of the designations within the associated policy text would allow the reader to be aware of both the policy and the areas where it will apply. Renumbering of the remaining policies would be required as a result of this amendment.

3.3.2 We also agree that it would aid clarity to add the designation numbers to the HMO 2 designations listed in the Appendix 5.

Recommendation

- **The designations listed under HMO 2 and HMO 4 should be included in Policies HMO 1 and HMO 3 and other policies renumbered accordingly.**
- **The designation numbers should be added to the HMO Policy Areas listed in Appendix 5.**

3.4.0 Accuracy of maps

3.4.1 As we have recommended the whole University Area should be considered under Policy HMO 1, any mapping errors between Sectors A and B are no longer relevant. In view of the Department's assurance at the Examination that they would seek to ensure the maps are accurate, no recommendations are made in regard to this matter.

3.4.2 Whilst recognising that the placing of BMAP's proposed zonings on the Plan maps is intended to be informative, confusion has arisen where BMAP boundaries overlap with HMO designations. There is also the potential for further confusion as BMAP proposals could be assumed, incorrectly, to be proposals of this Plan. In addition, BMAP zonings are draft designations which may be subject to removal or change following the public inquiry into BMAP. Given this, there is a risk of inconsistency and confusion arising between plans. As the BMAP designations add little to the Plan they should be omitted from the Maps.

Recommendation

- **BMAP designations should not be reproduced on the HMO Plan's maps.**

4.0.0 OBJECTIONS TO POLICY HMO 8

4.1.0 The policy criteria – are they appropriate and workable?

4.1.1 The criteria set out in HMO 8 may be broadly categorised as follows:

- Criterion 8 which identifies properties suitable for conversion to HMO use;
- Criterion 1 and the final paragraph of the policy statement which address occupancy and size of HMOs;
- Criteria 2, 3, 11 and 12 which address residential and visual amenity issues;
- Criteria 5, 6, 7 and 10 which seek to avoid overdevelopment; and
- Criteria 4 and 9 which seek to protect the amenity of HMO occupiers.

Subject to the comments below, a listing and grouping of criteria in the above order would be more logical and would ease identification and application of the policy tests.

Criterion 8

4.1.2 There is an inconsistency between the criterion and the policy amplification in that the amplification states that the criterion is intended to protect existing housing stock which is still suitable for family occupation. In these circumstances the criterion should be that such properties are not suitable for HMO development. Realistically, the minimum 90m² internal floorspace threshold would apply to the majority of houses and the 150m² threshold suggested by one party would be a more rational basis from which to prevent the loss of family houses.

4.1.3 The minimum size restriction applies only to conversions to HMO flats, not conversions to HMOs. The Department clarified that the aim was to prevent the loss of smaller terraced properties to HMO flats so that their future return to single family use would not be prejudiced. If that is so, the Plan needs to be more specific on the point. Additionally, reference to the term “original property” is inappropriate, as the criterion could only be reasonably applied to the existing building, not what it once was.

Criterion 1

4.1.4 This criterion requires HMO units to have no more than 4 bedrooms, and the Department clarified that the intent of the policy’s last paragraph is that the occupancy of any HMO unit is to be restricted to 4 persons. These criteria appear to have a dual purpose - protecting residential amenity by facilitating management and control and preventing overdevelopment. Overdevelopment is a matter best controlled by restrictions on physical development rather than

limits on bedrooms and occupancy. As regards facilitating management and control the evidence is that there already is a drive towards 4 person units in a number of areas. Smaller units are easier to let, manage and control - the fewer people in any property the more likely they will take responsibility for the property, and the opportunities for problems from communal gatherings will be reduced. We are also satisfied that the generally larger numbers of occupants in HMO properties are one of the factors leading to problems in areas of excessive HMO concentration.

- 4.1.5 However, we accept the Housing Executive's evidence that five bedroom HMOs are the largest category of HMOs in the City. We endorse their view that, while 4 bedroom units may be broadly acceptable in areas of student concentration, this restriction could prove a barrier to regeneration elsewhere, for example along Nodes. We also judge that for larger properties, the restrictions would encourage their conversion into flats, potentially leading to more intensive occupation. This would reduce their flexibility, making any return to single family occupancy, both difficult and expensive.
- 4.1.6 In weighing these conflicting arguments it appears to us that in the Policy Areas, many of which have excessive HMO concentrations of students and other groups and where there is limited scope for further HMO development under Policy HMO 1, limiting the number of bedrooms to 4 would protect amenity and assist community balance. Occupancy is more difficult to control in view of the difficulty involved in monitoring but there is no doubt that there is little point in controlling the number of bedrooms in a unit without also ensuring that the number of occupants is similarly limited. In view of the Department's assurance that they were confident they could enforce occupancy numbers, we agree that a restriction to a maximum of 4 occupants per unit should be retained for HMO 1 Policy Areas. However, outwith these areas in Nodes where HMO effects would be dissipated and in the rest of the city where the 10% threshold applies, the balance is towards not limiting bedroom or occupancy numbers to allow for regeneration and more diverse forms of HMO accommodation. In view of this conclusion, it would be more logical to include the recommended bedroom and occupancy restriction within Policy HMO 1.

Criteria 2, 3, 11 and 12

These criteria broadly deal with residential and visual amenity issues and in this regard we have had regard to publicly available policy and guidance documents. Regional policy is set out in Planning Policy Statement 7 - Quality Residential Environments which considers new residential development. The public consultation draft addendum to PPS 7 - Residential Extensions and Alterations was released after the Plan's publication, and has been specifically prepared to cover extensions and alterations to dwellinghouses, flats and HMOs. In its final form it is intended to replace policy HOU16 of the Planning Strategy for Rural Northern Ireland. As HOU 16 does not apply in the Belfast City Council Area and does not extend to HMOs there is currently a policy lacuna in relation to extensions. The draft addendum will therefore be of some weight in the determination of

applications for extensions. Policies relating to CAs and ATCs are found in PPS 6 and additional guidance for new development can be found in Creating Places and Development Control Advice Note 8 - Housing in Existing Urban Areas (DCAN8). The amenity issues in Criteria 2, 3, 11 and 12 are effectively covered by Criteria (a) and (h) of PPS 7's Policy QD 1 and by Annex A and Criteria (a) (b) and (c) of the draft addendum's Policy EXT1. As these are regional policies already applying to the Belfast City Council Area there is no need to replicate them in policy HMO 8.

Criteria 5, 6, 7 and 10

4.1.7 These criteria seek broadly to prevent overdevelopment, evidence of which is only too evident in the University Area. There is a tension, however, between these Criteria and Criteria 2 and 3 (and the equivalent PPS 7 draft Addendum policies) in that a proposed extension might meet the requirements of the latter but be in excess of the floorspace or ridge height/eaves height restrictions. Conversely the reverse situation could also occur. In view of the policy context provided by these documents, we are not persuaded that there is a need for these criteria. Where more prescriptive thresholds are considered necessary because of the particular characteristics of an area, it is preferable to achieve them through detailed design guidance tailored to a specific area. We are satisfied that, in general, the draft Addendum provides advice on context, roof extensions and private amenity space to ensure that proposals are appropriate to their contexts. Similarly, while Criterion 10 seeks no reduction in the space available for in-curtilage car parking it seems to us that Criterion (f) of PPS 7 and Criterion (e) of the Addendum cover the issue of car parking adequately for both new and extended properties by taking the preferable approach of focussing on the adequacy of provision of car parking as a whole.

4.1.8 Where overdevelopment has already occurred this will inevitably influence what may be acceptable on nearby properties, though the limited scope for further HMO development in most Policy Areas will assist in reducing scope for further poor extensions. To provide such guidance only in relation to HMO development ignores the fact that other forms of development could be expected to have similar physical impacts, for example non-HMO flats. In relation to concerns expressed about some extensions not requiring planning permission we would point out that extensions to flats and HMOs do not enjoy permitted development rights granted by the Planning (General Development) Order (Northern Ireland) 1993 (GDO).

Criteria 4 and 9

4.1.9 Criteria 4 and 9 seek to protect the amenity of HMO occupiers. Criterion 4 deals with an issue not considered in detail in existing guidance and states that HMO units should not be wholly to the rear of the property and without access to the public street. In the close grained urban environments commonly associated with traditional HMO areas, a HMO unit wholly to the rear is likely to have an unacceptable living environment for any resident. As

regards Criterion 9, this sets out a basic requirement for reasonable residential amenity and we endorse it.

Recommendations

- **Criterion 8 should be reworded to apply to dwellings that are currently greater than 150m² floorspace. The policy amplification should clarify why the restriction applies only to proposed HMO flats.**
- **Criterion 1 and the proposed bedroom and occupancy restrictions are endorsed only in relation to the HMO 1 Policy Areas designated by HMO 2.**
- **Criteria 2, 3, 5, 6 and 7, 10, 11 and 12 should be deleted.**
- **Criteria 4 and 9 are endorsed.**

4.2.0 The Plan - Should other issues be addressed?

- 4.2.1 Contrary to what some objectors considered, HMO 8 cannot be imposed retrospectively on lawful uses. Nor can it rectify the shortcomings or enforce requirements which are primarily the remit of other authorities, for example, building and public health regulations. There is no justification for the Plan, which sets out a broad planning policy context, to specify accommodation standards, soundproofing or to require compliance with regulations which are the responsibility of other statutory agencies. Nor is it for the plan to specify the existence of guidance provided by other agencies or to detail, for example, refuse provision and service pipe locations. If a joint design guide or good practice guidance for HMO proposals were prepared it would be appropriate that some of these matters would be placed in that guidance. The impacts of on-street car parking, and the promotion of imaginative design are considered in other regional planning policy and documents referred to earlier. It is for the Department to consider proposals and any consultation responses to them on a case by case basis.
- 4.2.2 As planning conditions can only be imposed for a planning purpose they cannot be used to enforce waste collection management arrangements between the Council and the developer. Also, conditions regulating bin numbers would be unenforceable without significant resource implications. The use of Article 40 Agreements to control management was also promoted, but to place this requirement on developments generally would be contrary to the adjudicatory nature of the development control process. Nor should they be used where conditions would suffice or to replicate controls regulated by other bodies - the management of HMOs is within the remit of the Housing Executive. A criterion seeking the imposition of Article 40 agreements is unnecessary in this policy. This does not, however, rule out the potential for Article 40 Agreements in specific cases where such agreements are considered necessary. Landscaping of front gardens can be imposed by condition where appropriate while the maintenance of private external areas is the responsibility of landowners and more appropriately addressed by the Housing Executive through the HMO Management Regulations.
- 4.2.3 It was argued that all HMO proposals should enhance the physical appearance, amenity and management of the area. Even in Conservation Areas the statutory requirement is that the area's character or appearance should be left unharmed by any development. Accordingly, an enhancement test cannot be applied to proposals in areas not so designated, and so not deemed as environmentally sensitive. We recommend that no amendments to the Plan are necessary as a result of the objections set out in 4.2.1 – 4.2.3.

5.0.0 OBJECTIONS TO POLICY HMO 9

5.1.0 The policy criteria - are they appropriate and workable?

- 5.1.1. A number of the criteria in the policy are similar to those found in HMO 8. We note the Department's acceptance that any agreed amendments to HMO 8 should equally apply to HMO 9. The relevant HMO 9 criteria are 6, 7, 10 and 11 which should be deleted. Criterion 9 is addressed in PPS 3 and should also be deleted.
- 5.1.2. The Department clarified that this policy is to facilitate purpose built large scale halls of residence provided by universities or the private sector and which can have facilities specifically aimed at the student market. At this level of occupation full time management is possible. For clarification, the policy should refer to "Large Scale Purpose Built Student Accommodation" in the title to distinguish it from policy HMO 8. The policy amplification should set out the scope of the policy more clearly. The provision of large complexes releases pressure on the demand to convert more traditional family accommodation, and given the impacts that can occur we endorse the stipulation that such large developments are not provided within primarily residential areas - whether an area is primarily residential is a matter of judgement. We are satisfied that there are sustainable and accessible opportunities for such development in relatively central areas outside primarily residential areas and along arterial routes in line with prevailing planning and transport policy.
- 5.1.3. The Department's evidence suggested that full time management would not be economic for complexes of less than 200 students. As Criterion 1 does not set a minimum occupancy level per unit, a fifty unit complex may not support the management staff required. It is therefore recommended that the minimum is based on the no of occupants rather than the number of units. It was accepted that consolidation and extension of existing purpose built accommodation of less than 50 units was also desirable. In addition, there was general agreement that phasing of larger schemes should be accommodated by the policy. Policy HMO 9 should therefore be reworded to allow for these amendments. We do not accept that universities should be treated differently to other providers in relation to this or the other Plan policies as generally the impacts of HMO accommodation are the same irrespective of the provider.
- 5.1.4. In view of the Department's clarification on the context of management agreements, Article 40 agreements would be an appropriate mechanism to secure the measures sought for these larger developments and associated facilities. It will be a matter for the Department to ensure that the terms of any such agreement are met by the developer and the history and track record of the developer is therefore not relevant.

- 5.1.5. As with policy HMO 8, it is not the place of the Plan, which is creating a broad policy context for HMO development, to impose detailed accommodation standards, development considerations and design guidance. Such guidance should properly be found in tailor-made design guides.

Recommendations

- **The policy title should be amended to refer to “Large Scale Purpose Built Student Accommodation” and the policy amplification should set out the policy’s scope more clearly.**
- **Criterion 1 should be reworded to the effect that developments should consist of a minimum of 200 occupants.**
- **Criteria 6, 7, 9, 10 and 11 should be deleted.**
- **The policy should be reworded to allow for smaller incremental extensions and consolidations of existing halls of residence and the phased development of larger schemes.**

6.0.0 OTHER OBJECTIONS

6.1.1 As regards the various concerns over consultation, we are satisfied that the Department has carried out the steps required by the Planning (Northern Ireland) Order 1991 and the Planning (Development Plans) Regulations (NI) 1991, as amended. We are also satisfied that there is no need to refer to the document “A Shared Future” as the Department has published a draft Equality Impact Assessment (EQIA). In relation to the potential impacts of the policies upon the single population and those without dependent children, the impacts on these groupings are considered in the EQIA under the Article 75 Group – Age and we are satisfied that sufficient provision is made in the Plan to meet their needs. There is no requirement for the Department to provide a Statement of Community Involvement as the provisions of Article 3 of the Planning Reform (NI) Order 2006 have not yet come into effect.

6.1.2 A number of the issues raised are either beyond the remit of the Department, or outwith the scope of this Examination to address. These include:-

- Extending the geographical scope of the Plan beyond the Belfast City Council area.
- Application of the Plan’s provisions in advance of adoption.
- Rates exemptions.
- Service provision by other agencies and payments for those services.
- The appropriateness of other policy documents.
- Control of anti-social behaviour.
- Consideration of enforcement action to be taken in any case and whether properties, vacant or otherwise, have lost any lawful HMO status.
- The scope of the Housing Executive’s Registration and Management Scheme.

6.1.3 Part 4 of the Plan - Additional Issues. This section contains no policies, but deals with relevant related issues most of which are beyond the scope of planning control with the exception of Design Guides (on which comment has already been made) and Advertising. With regard to concerns over advertisements in areas of HMO concentration, the Planning (Control of Advertisement) Regulations (NI) 1992, as amended sets out the relevant regulatory regime. Outwith this framework only a voluntary scheme to restrict signage is feasible. Matters of law enforcement are for the police. If service pipes are illegally situated or dangerous that is a matter for the appropriate regulatory authority and is outside the scope of this Plan. It is a matter for the Department to decide on a case by case basis which bodies should be

consulted for individual HMO proposals and the weight to be given to their comments in reaching decisions on individual proposals.

- 6.1.4 The objection to the Plan referring to the Addendum to PPS 6 is misguided, as the Plan does not enact any of its policies, but only highlights its existence. No recommendations are made in respect of this or any of the above issues.
- 6.1.5 The need to monitor the Plan was acknowledged by the Department and the issue of monitoring is referred to briefly in paragraph 36 of PPS 1. The Department should consider how and at what intervals this monitoring should be undertaken and how it might feed into a review of the Plan. While the methodology need not be set out in the Plan, as it is likely to evolve over time, it should be publicly available in the interests of transparency.

Recommendation

- **The Department should set out the arrangements for regular monitoring of the progress and effectiveness of the Plan to allow an informed review of the Plan, its policies and the extent of its designations.**