

# Small Houses in Multiple Occupation: is there sufficient evidence to introduce an Article 4 Direction within Runnymede?

November 2022

## 1. Purpose of This Report

- 1.1 This report considers whether there is sufficient evidence to justify introducing Article 4 Direction(s) for any areas within Runnymede Borough to require planning permission for the change of use of a Use Class C3 dwellinghouse to a Use Class C4 small House in Multiple Occupation (HMO).
- 1.2 The report has been written in response to concerns from several Councillors and a number of local residents with regards to the concentration of particularly student housing (HMOs) in certain areas of the borough and the impacts that this is having on their local amenity and/or well-being.

## 2. Background

- 2.1 A House in Multiple Occupation, commonly known as an HMO, is a property occupied by at least three people who are not from one 'household' (e.g., a family) but share facilities such as a bathroom and kitchen. Examples include bedsits, shared houses, lodgings, accommodation for workers/employees and refugees. Planning use classes distinguish between 'small' HMOs of up to six people (C4 use class), and 'large' HMOs of seven or more occupants which are categorised as *sui generis*.
- 2.2 HMOs are recognised as meeting important and specific housing needs in Runnymede, particularly for people on low incomes, as house prices in the borough are high. However, high concentrations of HMOs can present challenges to the sustainability of neighbourhoods and impact on their character and residential amenity. This is often the case in university towns where the concentration of student HMOs in specific areas can lead to issues with the resident population.

### Planning Background

- 2.3 In April 2010, the Town and Country Planning (Use Classes) Order 1987 was amended by the introduction of a new C4 use class covering small Houses in Multiple Occupation, defined as "Use of a dwellinghouse by not more than six residents as a "house in multiple occupation"." On 1 October 2010, the Town and Country Planning (General Permitted Development) (Amendment) (No. 2) (England) Order introduced a permitted development right to change the use of a building from a single house (C3) to a House in Multiple Occupation (C4) without the need to make a planning application.
- 2.4 Local planning authorities have powers to make an Article 4 Direction under the Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) to remove permitted development rights. These remove permitted

development rights in part or all of a Local Authority's area, thereby requiring planning permission for a change of use that would otherwise be permitted development.

- 2.5 Article 4 Directions are a means by which local planning authorities can exert greater control over the proliferation of small HMOs (i.e., through requiring planning permission for the change of use of a dwellinghouse in Use Class C3 to a small HMO in Use Class C4).
- 2.6 Importantly however, the introduction of an Article 4 Direction does not mean all planning applications for a change of use from a dwellinghouse to a Use Class C4 HMO will be refused. The Direction only requires the submission of a planning application for consideration by the Local Planning Authority, and any application will be determined on its merits having regard to the policies in the development plan and any other material considerations.
- 2.7 If an Article 4 Direction were to be introduced for HMOs in Runnymede Borough, the supporting evidence needed to justify the Direction would enable the Council to review Policy SL23: Accommodating Older Persons and Students, or the equivalent policy within the new Local Plan and, as a result, introduce more control over issues of concern relating to HMO. This is considered in more detail below (see para. 4.43).
- 2.8 The National Planning Policy Framework<sup>1</sup> (paragraph 53) requires the use of Article 4 Directions to be limited to situations where it is "*necessary to protect local amenity or the wellbeing of the area*" and "*in all cases, be based on robust evidence, and apply to the smallest geographical area possible.*" The National Planning Practice Guidance (PPG) further states that evidence is required to justify the purpose and extent of the Direction, to demonstrate that such action is needed to protect local amenity or well-being of the area. The PPG also requires the potential harm that the Direction is intended to address to be clearly identified. Finally, it requires there to be a "*particularly strong*" justification if a Direction is to relate to a wide area (for example covering a large proportion or the entire area of a local authority)<sup>2</sup>.
- 2.9 NB: No permitted development rights apply to changes of use to large HMOs (those occupied by more than 6 people who are not from one household) as these already require planning permission and so are not the subject of this paper.

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<sup>1</sup> [www.gov.uk/government/publications/national-planning-policy-framework--2](http://www.gov.uk/government/publications/national-planning-policy-framework--2)

<sup>2</sup> [www.gov.uk/guidance/when-is-permission-required#article4](http://www.gov.uk/guidance/when-is-permission-required#article4)

### Approach taken by other local authorities

- 2.10 At the start of the project, we began by undertaking a high-level, desk-based assessment to see where and, if possible, why other local authorities have chosen to implement Article 4 Directions for HMOs in their areas.
- 2.11 This research showed that many university towns had Article 4 Directions in place to control smaller HMOs. The key reasons for introducing these directions appeared to be because of the need to have increased control upon student housing in the area, followed by the need to protect local amenity and to preserve an appropriate mix of households.
- 2.12 In terms of the areas covered by these directions, the picture here was more varied, with some having directions covering the whole of the authority area whilst others identified specific wards. However, a number of the authorities, including Bristol, York and Durham, that initially introduced an Article 4 Direction for part of their area later extended it to include additional wards or to cover the whole of the urban area. The reasons given by these authorities for these later extensions was that they found that by putting in place Article 4 Directions for specific wards, that the adjoining areas experienced increases in HMOs i.e., the issues transferred to beyond the boundary of the direction. It is clear therefore that care needs to be taken in drawing up any boundaries for Article 4 Directions and that the boundary of these areas should not be drawn too tightly.

### 3. Types of Article 4 Directions

- 3.1 The process of making an Article 4 direction is set out within legislation<sup>3</sup>. There are two types of Article 4 direction: immediate or non-immediate.
- An immediate direction comes into force the day it is made and must be confirmed within 6 months, or it will lapse.
  - A non-immediate direction is made following a decision being taken by the local planning authority, a 12-month notice and consultation period, and then is confirmed when it comes into force.
- 3.2 Planning legislation states that compensation may be payable to applicants if planning permission is refused within 12 months of the serving of an Article 4 Direction, unless 12 months' notice is given by the local planning authority of their intention to serve the notice.
- 3.3 The vast majority of local authorities who have introduced Article 4 Directions for HMOs have used a non-immediate direction, presumably to avoid the risk of having to pay compensation. However, this approach can mean that landlords have up to a year to change their residential properties into HMO before the Article 4 Direction comes into effect.

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<sup>3</sup> [The Town and Country Planning \(General Permitted Development\) \(England\) Order 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

#### 4. Justification for introducing an Article 4 Direction in Runnymede

- 4.1 This section considers what evidence there is in Runnymede for introducing an Article 4 direction(s).

##### Current Distribution and Concentrations of HMOs in Runnymede

- 4.2 At the time of the 2011 Census, 2.1% of the 32,714 households living in Runnymede Borough were recorded as being students i.e., 671 households. This figure is likely to have grown in the intervening period, as the Royal Holloway University of London (RHUL), which is located in the borough, has pursued a growth policy for the university. We are currently awaiting the full results of the 2021 Census to provide an update on this situation. However, there are concerns that the 2021 Census may underrepresent student numbers as, because of the Covid pandemic, many students were not living at their term time addresses at the time of the Census and were instead living at home.
- 4.3 The Council holds data that enables a picture of the location of HMOs in the borough to be established. Two sources have been used to analyse the existing distribution and density of known HMOs in the Borough. There is potentially some overlap between the two sources and, if a decision is taken that the Council should proceed with introducing an Article 4 direction(s), further work will be needed to combine these different data sources so as to avoid double-counting and get as accurate a picture of their distribution as possible.

##### *i) Council Tax Data*

- 4.4 Revenues and Benefits data can be used to indicate properties occupied solely by students as such households are exempt from paying Council Tax (Council N exemption). Where these properties are inhabited by three or more residents this information indicates *likely* HMOs, however it is not possible to verify this without intensive interrogation of the data and address points. For example, some groups of students may be living in flatted accommodation which would not be considered to be an HMO but would show up in the data. This data source does not identify HMOs where non-students or a mix of students and non-students reside. There are also small properties of 1 or 2 bedrooms that are Council Tax exempt that are not classified as houses in multiple occupation. Therefore, the figures for Council Tax exemptions do not show the whole picture so far as houses in multiple occupation (HMO's) are concerned, but they do provide a useful indicator for gauging the growth and distribution of student occupation in private dwellings.

##### *ii) Licensing Data*

- 4.5 The purpose of licensing is to ensure that properties are suitable and safe. The Housing

Act 2004 requires landlords of larger HMOs to apply for licenses. HMOs that need to be mandatorily licensed are those which:

- are occupied by five or more people forming two or more households (i.e. people not related or living together as a couple), and
- have an element of shared facilities (e.g. kitchen, bathroom, etc).

4.6 Flats situated in purpose-built blocks consisting of 3 or more flats do not require an HMO License.

4.7 Some Councils have also designated an additional HMO licensing scheme, so as to capture private landlords who rent out smaller HMO properties (i.e., three or four person HMOs). This is not the case in Runnymede where only mandatory licensing exists.

4.8 In Runnymede BC a register of all properties with a mandatory HMO license is maintained on the Council's website<sup>4</sup>. The licensing data captures the larger HMOs in the borough i.e., those with 5 or more people in them, and whilst some unlicensed properties may also be included in this data (these would be classified as unlicensed HMOs) i.e., those occupied by 3 or 4 people, this data is not comprehensive, as can clearly be seen from Table 3 below.

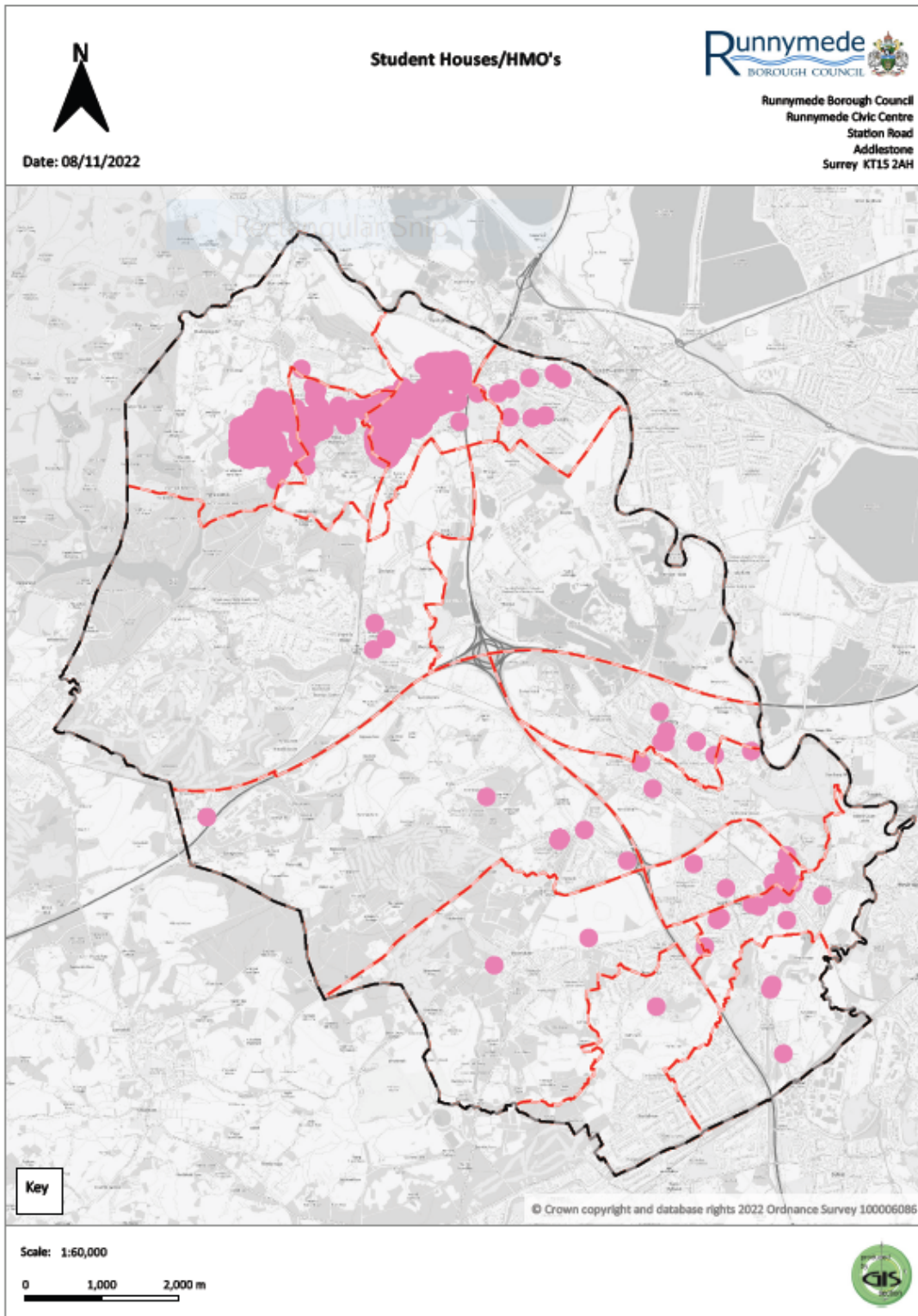
#### *Distribution Analysis*

##### *i) Based on Council Tax Data*

4.9 Map 1 below shows the households who are exempt from paying Council tax because of Council tax 'N' exemptions. As of October 2022, there were 795 of these properties in the borough.

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<sup>4</sup> <https://www.runnymede.gov.uk/general-licenses/houses-multiple-occupation-hmo/6>



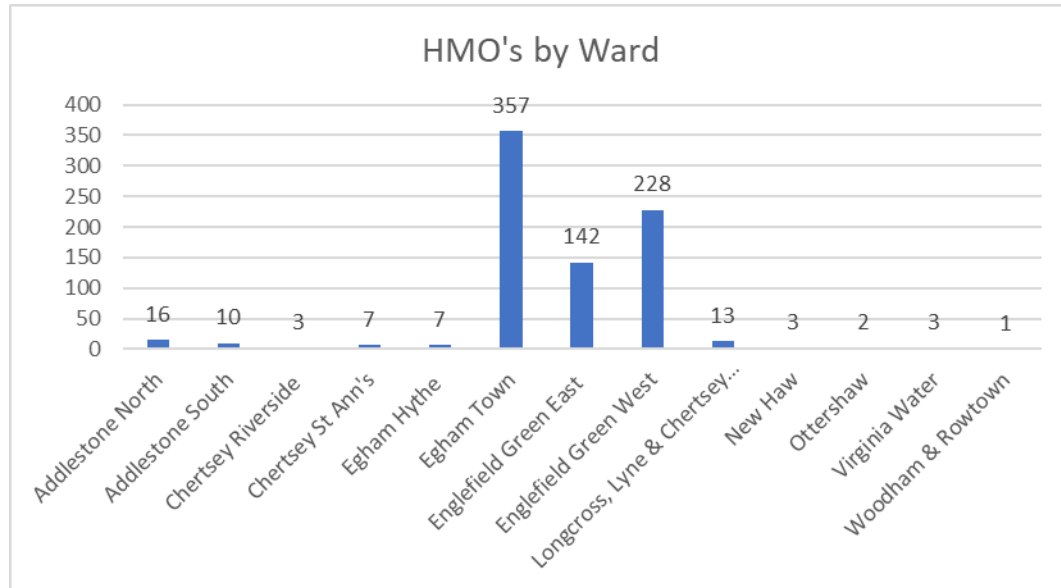
Source: Council Tax data

4.10 Map 1 clearly shows that the distribution of HMOs in Runnymede is mainly focused in the north of the Borough, particularly in the wards of Egham and Englefield Green (East and West). However, there do also appear to be smaller clusters around Addlestone and

Chertsey town centres.

4.11 The distribution of these properties across the borough is shown graphically in Figure 1 below.

**Figure 1: The distribution of HMOs by ward (as of October 2022)**



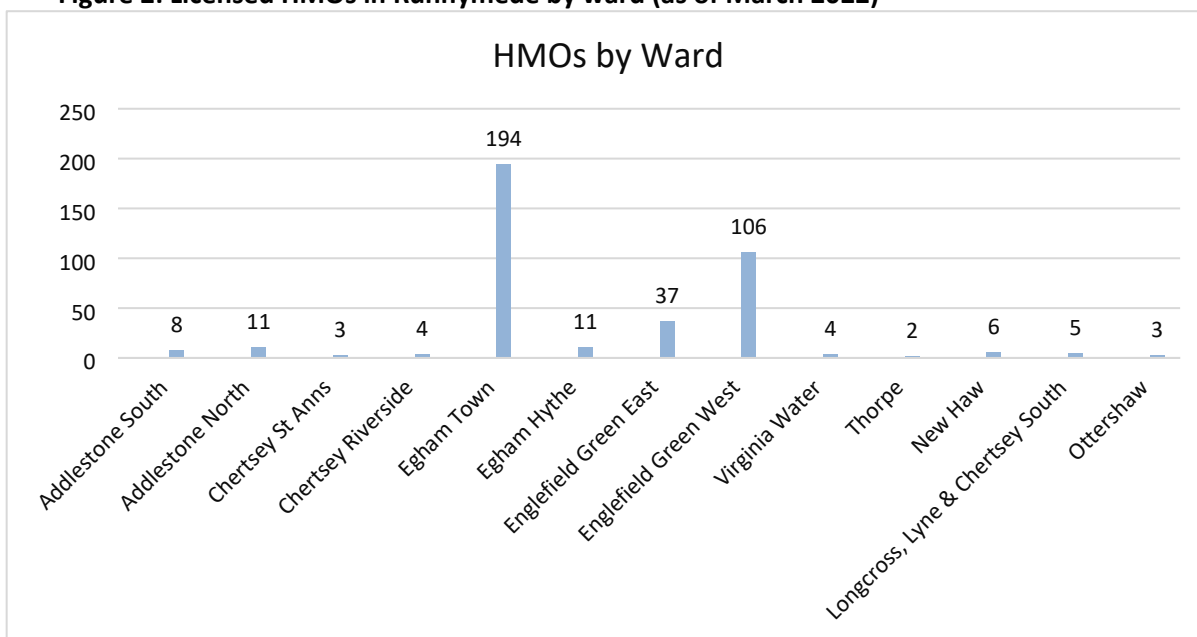
Source: Council Tax Data

*ii) Licensing Data*

4.12 As of 5<sup>th</sup> March 2022, Runnymede's total licensed HMO figure stood at 394 properties, permitting 2,243 occupants. These, on the whole, larger HMOs are distributed across the borough, as can be seen from Figure 2 below.



**Figure 2: Licensed HMOs in Runnymede by ward (as of March 2022)**



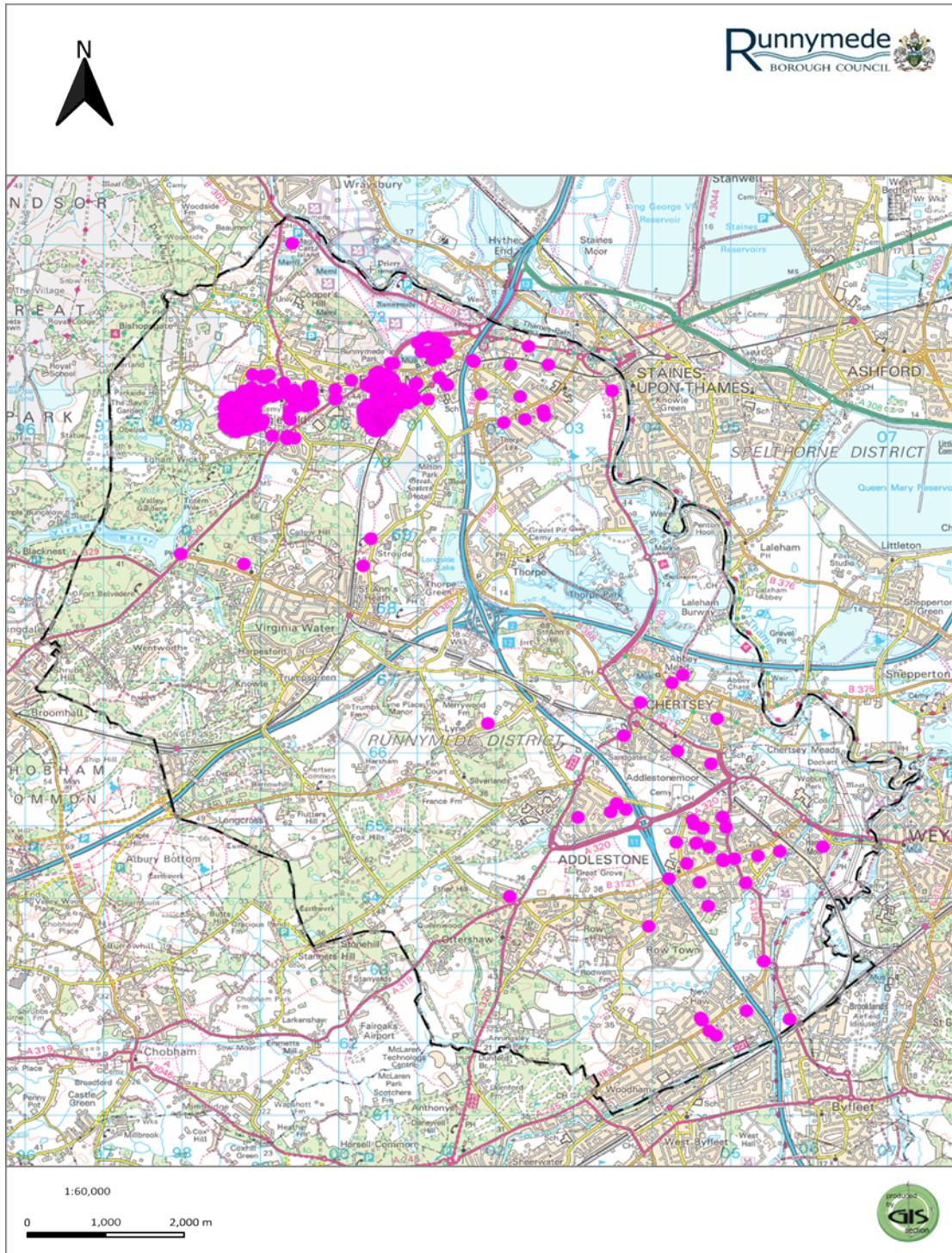
Source: Private Sector Housing Team Data Runnymede

- 4.13 However, a large proportion of these HMOs are positioned in the north of the borough, particularly around Egham (194 HMOs) and Englefield Green (East and West) (143 HMOs). These clusters of HMOs are thought to be as a result of private rented student accommodation for those studying at the nearby Royal Holloway University of London (RHUL).
- 4.14 Royal Holloway is located in Englefield Green and has seen continuous growth over recent years, with the most recent total for the year 2022/23, standing at 11,732 students<sup>5</sup>. The university has set itself a target, in its Strategic Plan 2021-24, of increasing its student numbers to around 15,000 by 2029-30<sup>6</sup>. The Strategic Plan sets out that the university is encouraging students from nearby London to apply for these opportunities and also providing more distance learning courses and, as a result, is intending more of these additional students to live at home, to avoid creating additional HMOs around Egham and Englefield Green.
- 4.15 These two areas (Egham and Englefield Green (East and West)) account for approximately 86% of all Licensed HMOs in Runnymede. This indicates that it is likely to be the proximity of the nearby RHUL that is the key factor in the concentration of HMOs in this vicinity.
- 4.16 Map 2 below shows in more detail the location of these licensed HMOs across Runnymede. This map supports the view that it is the location of RHUL in the north of

<sup>5</sup> <https://www.hesa.ac.uk/data-and-analysis/students/table-57>

<sup>6</sup> [8556-strategy-brochure.pdf \(royalholloway.ac.uk\)](https://www.royalholloway.ac.uk/8556-strategy-brochure.pdf)

the borough that contributes to the concentration of HMO in this vicinity, as it clearly shows that most licensed HMOs are located in the north of Runnymede Borough, with the majority being located in close proximity to the University.



Source: Private Sector Housing Team Data

4.17 It is clear, from both maps 1 and 2 above, that the location of both larger HMOs and student Council tax 'N' exemption properties tend to be focused in the north of the

Borough around Egham, Englefield Green East and West. There are also smaller clusters around Addlestone and Chertsey town centres, albeit that these areas appear to be less densely concentrated at the current time.

## Property Types in Runnymede

- 4.18 At the current time, as already stated above, we are still awaiting detailed information on house types from the 2021 Census Data for Runnymede relating to the different type of housing stock from the 2011 Census is set out below.

**Figure 3: Housing stock by type in Runnymede, 2011**



Source: ONS, Census 2011 (excludes shared dwellings)

- 4.19 It is clear from this information and from the information set out below in table 1 that Runnymede has a large number of semi-detached dwellings (32.2% of its overall housing stock). This could present an issue when it comes to HMOs, as if one half of a semi-detached dwelling is converted into an HMO, it presents greater opportunities for disturbance for the adjoining half of the property by reason of the shared party wall between them.

**Table 1 below shows the distribution of properties in Runnymede by type**

Type of dwelling	Number of properties	Percentage of properties
Detached	9,394	27.4
Semi-detached	11,049	32.2
Terraced (includes end of terrace)	5,363	15.6
Purpose built flats	6,121	17.8
Converted/ shared house (include bedsits)	803	2.3
Flat in commercial building	442	1.3
Caravan/ temporary structure	1,144	3.3

Source: ONS Census 2011

### Amenity Impacts

4.20 As set out above, high concentrations of HMOs can present challenges to the sustainability of neighbourhoods and impact on their character and residential amenity. This is recognised by the Government in the NPPF and supporting Planning Practice Guidance, as set out above in para. 2.8. These issues may undermine cohesive relations between universities and established communities in an area.

4.21 The potential impacts of concentrations of HMOs in an area, and particularly those relating to student HMOs, can include the following:

- Increase in population densities resulting in increases in domestic refuse, litter (e.g. fast food and pizza boxes) and fly-tipping of unwanted household items (e.g. discarded beds/mattresses, sofas and fridges);
- The removal of hedges, fences, gates, and gardens for driveways;
- The proliferation of ‘to-let’ boards, unkempt gardens and yards;
- Dilapidated external residential facades and the disrepair of housing (depending on the landlord);
- The exclusion of local families and low-income individuals and households from the local housing market;
- The replacement / displacement of local families by transient student populations;
- The marginalisation and polarisation of local families;
- The gradual closure of local crèches, nurseries and schools, and other community facilities;
- The loss of family-oriented public and private services;
- Higher levels of burglary and crime;
- The formation of a new sense of place, and a different type of ambience in the

neighbourhood;

- Room arrangements and a lifestyle which can exacerbate noise nuisance (e.g. parties, higher occupancy levels in HMO);
- The conflicts between the everyday living routines (e.g. timing of work, play and sleep) of established residents and many students;
- Increased car parking and congestion;

4.22 Evidence held by the Council highlights how some wards with higher concentrations of HMOs have higher levels of antisocial behaviour (this data includes noise and various other types of complaints). The borough's wards are ranked in terms of the frequency of anti-social behaviour issues complaints. The ward with the greatest prevalence of incidents is ranked 1, and the ward with the least is ranked 13.

4.23 It should be noted that ward level data must be considered a blunt instrument, since it often contains a wide mix of neighbourhoods covering a large area, however a correlation between HMO proliferation and prevalence of antisocial behaviour and other complaints can be seen with Egham Town and Englefield Green West experiencing the highest number of complaints and also having the largest concentrations of HMO. However, other wards with a much lower number of HMOs have similarly high levels (Chertsey St. Anns and Egham Hythe) of complaints whilst Englefield Green East had the lowest number of ASB complaints during 2021/22 and yet, as can clearly be seen from Figures 1 and 2 above, has the third highest levels of HMO in the borough. Overall therefore, the relationship between ASB and concentrations of HMO is not consistent across the board.

**Table 2: Number of anti-social behaviour issue complaints by ward (2021/22)**

Ward	Council Anti-social Behaviour 2021/22 <sup>7</sup>	Rank
Egham Town	275	1
Englefield Green West	251	2
Chertsey St. Anns	245	3
Egham Hythe	237	4
Addlestone North	213	5
Addlestone South	197	6
Chertsey Riverside	169	7
New Haw	164	8
Longcross, Lyne and Chertsey	159	9
Ottershaw	155	10
Virginia Water	129	11
Thorpe	123	12
Englefield Green East	81	13

Source: Environmental Health Data (data relates to complaints received in 2021/22)

- 4.24 Putting in place an Article 4 Direction would not retrospectively address ASB issues but would allow them to be taken into account in considering planning applications for future HMO against criteria included in policies in the reviewed Runnymede 2030 Local Plan and therefore help prevent them going forwards.
- 4.25 In addition to the above, data collected from Environmental Health relating to the number of noise complaints from licensed HMOs for the last 5 years is shown in Table 3 below.

<sup>7</sup> Data for ASB for Runnymede covers a number of different categories including noise, nuisance behaviour, begging, dog fouling and brings together complaints from housing and Environmental Health.

Table 3: known noise complaints for licensed HMOs i.e, those occupied by 5 or more persons and also some unlicensed HMOs (those occupied by 3-4 people)

	Total Noise complaints received	Noise complaints from licensed HMO premises	Detached	Semi detached	Terraced	End of terrace	Unknown	Unlicensed HMO
2017/18	367	24 (6.5%) <sup>8</sup>	2	15	4	2	1	2
2018/19	384	37 (9.6%)	7	22	6	2		1
2019/20	379	51 (13.4%)	4	30	8	8	1	6
2020/21	475	43 (9%)	4	26	10	2	1	30
2021/22	469	40 (8.5%)	8	18	10	4		15

Source: Environmental Health data

4.26 It is difficult to draw a strong correlation between noise complaints and mandatorily licensed HMOs, although there do appear to be more complaints from this source than would be expected based on the number of students. In the 2011 Census, 2.1% of the 32,714 households living in Runnymede Borough were recorded as being students. It is clear from Table 3 above, that in 2019/20 13.4% of noise complaints were from HMO premises. However, it is worth emphasizing the fact that as only larger HMOs are licensed in Runnymede, the data relating to smaller (unlicensed) HMOs could well be under-represented in this table, as the data held on the locations of these smaller HMOs by the Licensing Team is not comprehensive. In addition, it is likely that less students were living in HMO in recent years during the Covid pandemic as they may well have been living at home instead and this may be another factor that needs to be taken into consideration in looking at this data.

### Crime

4.27 Concentrations of transient social groups, living in what is often relatively insecure accommodation can lead to increased levels of burglary. The crime data shown below relates to overall crime levels<sup>9</sup> as we were unable to extricate burglaries from the overall crime totals.

<sup>8</sup> Figures in brackets represent the percentage of HMO complaints as a proportion of all noise complaints received in that year.

<sup>9</sup> Police categorise ASB in various ways not all of which relate to residential properties. Examples include vehicle related ASB, drug and solvent misuse and prostitution.



Table 4: crime data for Runnymede for the period October 2021 and September 2022.

Old ward boundaries	Total no. reported crimes between October 2021/ Sept. 2022
Addlestone North	1,085
Chertsey St. Ann's	1,050
Egham Town	1,035
Egham Hythe	949
Thorpe	926
Foxhills	877
Chertsey Meads	838
Addlestone Bourneside	780
Englefield Green West	618
New Haw	551
Virginia Water	542
Englefield Green East	515
Chertsey South and Row Town	433
Woodham	374

Source: Surrey (using policy data)

- 4.28 It is extremely difficult to draw meaningful conclusions from the above data with regards to HMOs, as the way that the police record crime data does not correspond with the latest ward boundaries. It would appear however, from the crime data for the October 2021 to September 2022 period, that the number of crimes in Englefield Green (East and West) is not particularly high when compared to the rest of the borough but that Egham Town has the third highest number of crimes. This data is not therefore conclusive in Runnymede of a link between higher rates of crime in areas with high numbers of HMO.

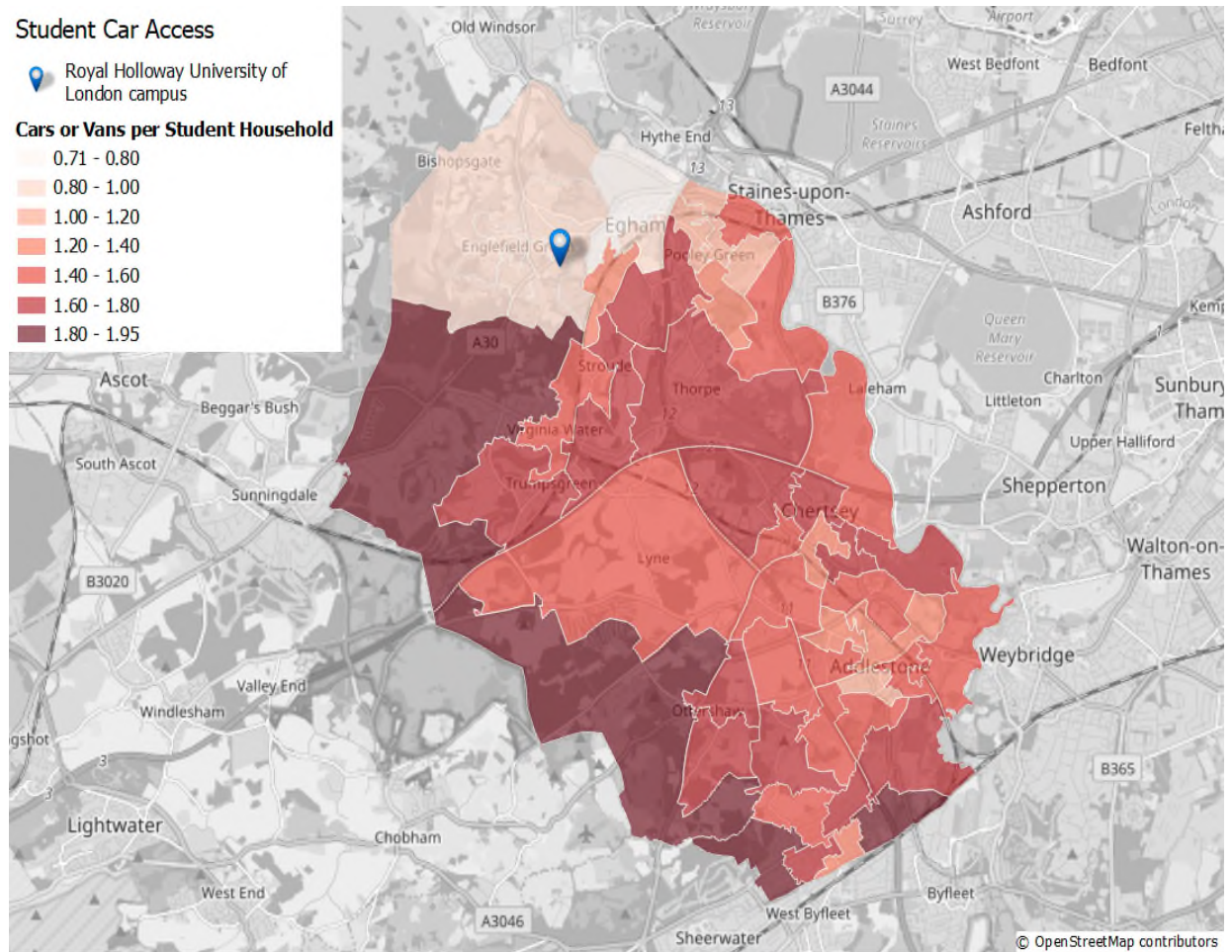
### **Parking**

- 4.29 The Council commissioned Project Centre Ltd in 2021 to carry out an independent, evidence-based piece of work in response to concerns from local Councillors and residents about the impacts of overspill parking from occupants of Purpose-Built Student Accommodation (PBSA) related to the Royal Holloway University of London (RHUL) campus in Englefield Green, on the surrounding residential areas, including local residents. The work did not look at the impacts that HMOs were potentially having from a parking perspective, but the conclusions of the work are nevertheless potentially relevant to this current report.
- 4.30 As part of the background to the work, the consultants looked at car ownership per student household. This involved examining data from the 2011 Census to understand the geographic patterns of household student car ownership in Runnymede. It was

acknowledged in the consultant’s report, that this data is ageing but that at the time of writing the report, the 2021 data was awaited. The consultants considered that the 2011 data gives a good indication of the geographic car ownership patterns across the borough, in relation to RHUL.

4.31 Figure 4<sup>10</sup>, taken directly from their report, shows the pattern of student car access, based on Census table LC4609EW “Car or van availability by economic activity”.

Figure 4: Student Car Access



Source: Final Draft Parking Standards: Purpose Built Student Accommodation and Office Development, Project Centre, March 2022.

4.32 The consultants concluded that the “data above suggests car ownership amongst students living closest to RHUL and Egham Station is at its lowest level across the whole Borough. Highest student car ownership is in the southern, less built-up area of Runnymede. Students are more likely to own and travel by car where they are required to travel further distances, and public transport connections are less reliable.

4.33 For example, the highest areas of car ownership (>1.8 cars per student household) are

<sup>10</sup> Figure 5 in their report.

*along the south-western boundary of RBC, west of Virginia Water, Trumps Green and Ottershaw. In these areas, travel to the university can take up to 1 hour by public transport compared to 15 minutes by car. In some areas, there are no viable public transport links to RHUL. The majority of public transport links are London radial routes (train links specifically), whilst connections between Egham and Englefield Green and the more dispersed suburban areas are poor.*

4.34 *It is therefore considered likely, given the results of the parking surveys (see para 3.2.12 in particular), that the on-street parking pressures in the area are mainly caused by students who are travelling from areas that have limited alternative travel options rather than students living in nearby PBSA.”*

4.35 As part of the Project Centre commission parking stress surveys were undertaken between September and November 2021. The aim was to understand the on-street parking occupancy both during and outside of university term times, and to gain a picture of the changes in demand directly related to university activities. The following roads formed part of the area surveyed:

Albert Road, Englefield Green East  
Alexandra Road, Englefield Green East  
Armstrong Road, Englefield Green East  
Danehurst Close, Egham Town  
Egham Hill - north side of the road (Englefield Green East)/ south side (Egham Town)  
Furzedown Close, Egham Town  
Greenacre Court, Englefield Green East  
Greenways, Egham Town  
Harvest Road, Englefield Green East  
Lodge Close, Englefield Green East  
Malt Hill, Egham Town  
Middle Hill, Englefield Green East  
Mount Lee, Englefield Green East  
Parsonage Road, Englefield Green East  
South Road, Englefield Green East  
Spring Avenue, Egham Town  
Spring Rise, Egham Town  
The Crescent, Egham Town  
The Retreat, Englefield Green East  
Victoria Street, Englefield Green East

4.36 The surveys found that parking stress was predominantly concentrated in the west of the study area (in Englefield Green), both during and outside of term time. In addition, the surveys found that parking stress was high outside of term time, particularly in Alexandra Road, Harvest Road, The Crescent, and along Egham Hill. However, term-time

student parking appeared to exacerbate it and extend high parking stress to neighbouring roads.

- 4.37 The surveys also revealed that excess demand within the surveyed area was not exclusively originating from the university on the roads listed above, and there were other sources of on-street demand. The consultants commented that predominantly residential demand commonly results in peak parking stress during overnight surveys. The heightened demand observed during the day-time surveys, suggests non-residential demand.
- 4.38 The conclusions above about whether parking pressures are likely to be generated from residential or non-residential demand in the surveyed area are considered to be relevant whether PBSA or HMOs are being considered, however the results indicate that parking stresses in this part of the Borough are mainly being exacerbated by daytime commuting into the area rather than from resident (which would include HMO) demand. The results do not therefore support that an Article 4 direction, with regard to HMOs, would be effective in helping reduce on street parking pressures in the Egham and Englefield Green areas associated with the student population living in the areas closest to the University.

## **Conclusions**

- 4.39 It is clear from the NPPF and PPG that if we are to put an Article 4 Direction in place, that it needs to be based on robust evidence and that it should relate to the smallest geographical area possible. It is considered that whilst this paper provides a starting point, further work is needed to justify the introduction of an Article 4 Direction (s) in Runnymede. This additional work will need to refine and build on the evidence included in this paper to justify a direction being put in place. This work will include looking in more detail at the distribution and impacts of the HMOs in Runnymede.
- 4.40 Additional work would also be needed to determine the detailed geographic boundary of any Article 4 Direction(s).
- 4.41 However, based on evidence from other local authorities, it is often difficult to define exactly where the boundary for a Direction should be. It is difficult to provide reasonable justification for the inclusion of some streets and the exclusion of others, particularly given the wide dispersal of HMOs evident in Maps 1 and 2. In addition, there is a danger that if the boundary of the Direction is drawn too tightly around the 'problem areas' that the issues will be transferred to neighbouring streets just outside the Article 4 Direction boundary.
- 4.42 If it is decided that an Article 4 Direction for HMO is to be put in place, it is recommended that consideration is given to adding additional criteria relating to HMOs to existing

Policy SL23: Accommodating Older Persons and Students or its equivalent policy in the reviewed Runnymede 2030 Local Plan. Adding additional criteria to Policy SL23, or its equivalent, will provide the Council with greater control when making decisions on planning applications involving student housing HMOs.

4.43 An HMO policy could set out, for example, that development proposals for new HMOs will be determined:

- To ensure that a sufficient supply of HMOs is maintained in Runnymede;
- To ensure that HMOs are distributed in areas well connected by public transport to employment and educational destinations associated with HMO occupants;
- To avoid detrimental impacts through high concentrations of HMOs, which would undermine the balance and health of communities. This could, for example, include criteria to prevent above a certain % of dwellings in a street being converted to HMOs; stop a non-HMO dwelling being sandwiched between two existing HMOs in a continuous frontage and/ or prevent a continuous frontage of say three or more HMOs.
- To ensure that proposals for new HMOs address relevant amenity and localised parking concerns;
- To avoid the loss of existing housing suitable for family occupation in areas of existing high concentrations of HMOs.

‘Detrimental impacts’ as referred to above could be referenced in the supporting text to such a policy and could potentially include some/all of the following:

- Anti-social behaviour, noise and nuisance
- Imbalanced and unsustainable communities
- Negative impacts on the physical environment and streetscape
- Pressures upon parking provision
- Increased crime
- Growth in private sector at the expenses of owner-occupation
- Pressure upon local community facilities and
- Restructuring of retail, commercial services and recreational facilities to suit the lifestyles of the predominant population

4.44 The supporting text to such a policy could also include reference to an ‘exception test’ aimed, in part, at preventing residents being subject to scenarios where they may find their dwelling as the last C3 use in a street.