

Matter 7: Development Management policies

The National Planning Policy Framework includes the important objective of creating mixed and balanced communities. Harlow's proposed Local Development Plan is unsound because it fails to meet that objective with regard to Houses in Multiple Occupation.

The proposed "threshold policy" of allowing the development of 1 HMO in a row of 5 units allows for too great a density of HMO occupiers. The balance of a community depends on the make-up of its population, not the proportions of properties.

I am indebted to Dr Richard Tyler of Leeds University and the National HMO Lobby for the following explanation.

The occupation of HMOs is much higher than that of a normal family home, on average, (nationally) about twice the size. The proportion of HMOs in a neighbourhood, therefore, is not the same as the proportion of their occupants in the population. On average, if 10% of the properties are HMOs, then their occupants will comprise about 20% of the population.

In its analysis of Census data, the Office of National Statistics identifies five "generations" in the national population. That is, children up to the age of 15, young adults (16 - 30), adults (31 - 45), mature adults (46 - 60) and older people (over 60). For balance it seems reasonable to expect that the population of HMOs in a community should not exceed one of these generations.

Thus, HMO occupants, who are usually young adults, should not represent more than one in five members of a community, that is 20% of the population and 10% of the properties. This threshold of 10% is that most commonly adopted nationally.

Consideration needs also to be given to the nature of Harlow and its current situation in relation to HMOs.

The new town of Harlow was designed to accommodate people in groups of properties and close communities. These were high density areas focused on single families. Most of the housing was designed and built for single families only. This is reflected in the covenants placed on the properties created by Harlow Development Corporation.

In recent years, however, HMOs have arisen around the town as developers bought up properties and converted them. Without an Article 4 Direction to remove permitted development rights for HMOs, the Local Planning Authority has no control over this ad hoc development.

The covenants have not been respected and adverse effects have led to people living near to HMOs to move away. Often they are only able to sell

their homes to other HMO developers. Thus runs of HMOs are created. This unbalances the local community.

My recent analysis of Harlow Council's HMO registers identified 277 licensed HMOs in Harlow. 46 of these are next door to another HMO, sometimes in runs of three properties. Some communities have been badly damaged by HMOs.

I believe Harlow Council is currently considering the introduction of the relevant Article 4 Direction. Once established that would require developers to obtain prior planning consent for properties they wished to convert to HMOs.

If that comes into force and this planning policy on HMOs can be applied, it should only allow one HMO in ten properties. That would limit the HMO occupiers in an area to 20% of the population.

To ensure that the objective of mixed and balanced communities is met Harlow's policy on HMOs need to be adjusted accordingly.

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