

Appendix 1: Houses in Multiple Occupation (HMO) Article 4 Direction Consultation: Consultation Statement

Introduction

This report provides a detailed account of the response received to the public consultation on the proposed Article 4 Direction (A4D), carried out by South Gloucestershire Council (SGC) between 7th February and 4th April 2022. The report covers the following: how consultation was undertaken and who was consulted, and a schedule that provides a summary of each of the individual matters raised by respondents, SGC's response to the matters raised and how the matter has been considered and taken into account.

1. Consultation

Public representations regarding the proposed Article 4 Direction(s) were promoted via:

- The South Gloucestershire Council's website <https://beta.southglos.gov.uk/planning-policy-guidance>
- Local media and social media on South Gloucestershire Council's Facebook page
- Through an advert in the Western Daily Press which covered the whole of the South Gloucestershire Council area
- An advert in the Filton Voice
- Public notices placed across the two proposed A4D boundary areas.
- In South Gloucestershire Libraries and One-Stop Shops
- Letters delivered to every household within the two proposed A4D boundary areas
- Email/letters sent to everyone on the South Gloucestershire Council's Local Plan database
- The West of England Landlords Forum and to landlords of Licenced HMO properties in South Gloucestershire
- Our equalities partners with the objective to strengthen community and stakeholder involvement and awareness of the procedures for implementing the A4Ds.

There has also been an ongoing dialogue with South Gloucestershire Council members to explain, discuss and consider the A4D proposal; this included the Policy Advisory Group.

Accordingly, a fully compliant public consultation exercise has taken place which fulfilled the Council's policies and consultation duties.

2. Main issues raised by people who responded to the consultation

This schedule has been prepared in order to provide a record of the results of the consultation and to inform the Council's decision as to whether to confirm the proposed A4D, in accordance with Part 9 of Schedule 3 of the Town and Country Planning (General Permitted Development) Order 2015 (GDPO), which states:

'In deciding whether to confirm a direction made under article 4(1), the local planning authority must take into account any representations received during the period specified in accordance with sub-paragraph (4)(d).'

In total, 296 individual responses were received to the consultation. The majority of responses were received via the online questionnaire submission; however, a number of responses were also received via email. One response was received via letter.

Methodology of Analysis

The consultation questionnaire asked three questions of respondents. The first two questions were of a closed format, in which respondents were required to select an option. As such, quantitative analysis of the first two questions is presented within this schedule, in which the number of respondents selecting each option is set out. These two questions were intended to gather straightforward information about the respondent and their overall position regarding the proposed A4D.

The third question of the consultation questionnaire was an open question, enabling respondents to provide freeform comment on the A4D proposals. Given the volume of total respondents, it was considered appropriate to undertake a coding and analysis exercise for responses to Question 3. This sought to categorise the responses into themes and summarise the comments rather than to publish responses verbatim. In doing so, it has sought to consolidate responses where identical or very similar matters were raised, so as to reduce repetition.

Each respondent has been provided with an ID number. Where a matter in the schedule was raised by a respondent, their corresponding ID number is provided. This enables the source of the comment to be directly attributed and also reports how many people made that comment. In undertaking the coding and analysis, care has been taken to ensure that where comments are similar yet raise materially different points, they are both included within the schedule. As such, comments have been consolidated together only where the points raised were materially the same.

For avoidance of doubt, it is confirmed that any comments received via email (i.e., which did not follow a questionnaire format) have been analysed within the summary of responses to Question 3 only.

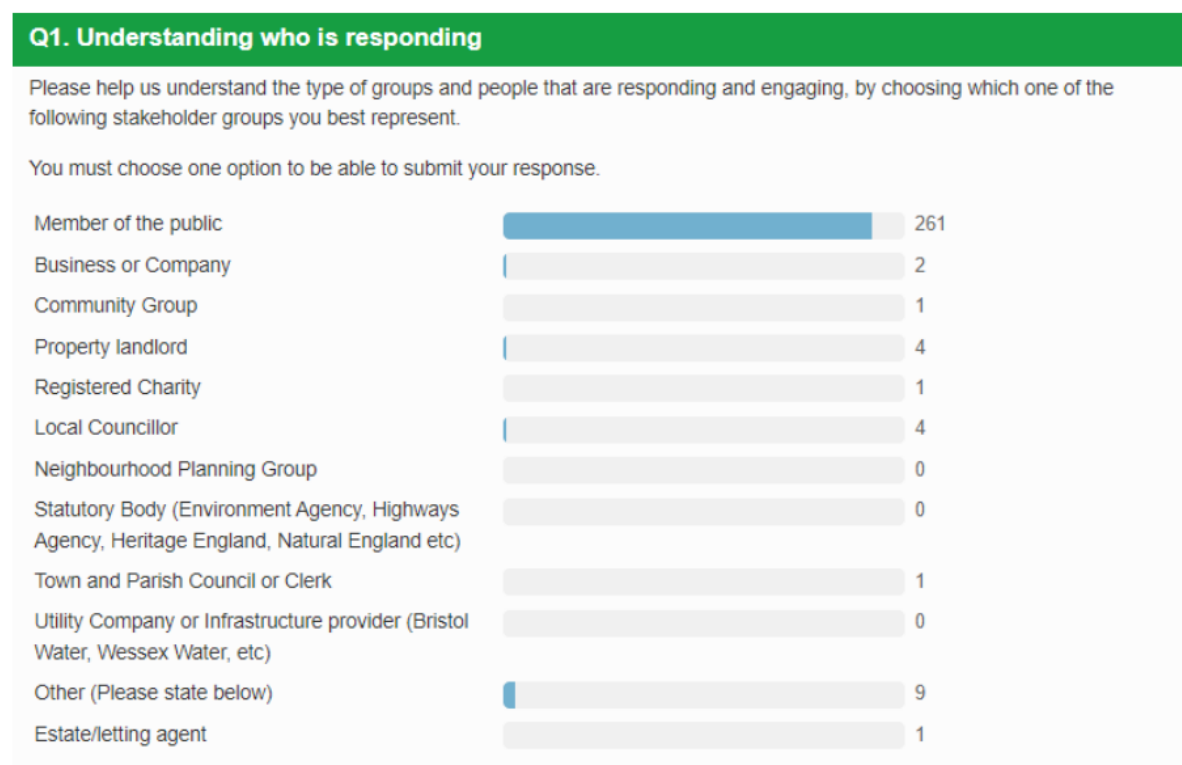
Summary of Question 1

Question 1 of the consultation asked

"Please help us understand the types of groups and people that are responding and engaging, by choosing which one of the following groups you best represent."

It asked respondents to choose from one of 12 options. In total, 284 respondents answered Question 1. The response is presented in Figure 1 below. It shows that the majority of respondents (261, or 92% of those responding to the question) identified as members of the public. Of the remaining 23 respondents, there was a range of stakeholder types identified.

Figure 1 Response received to Question 1



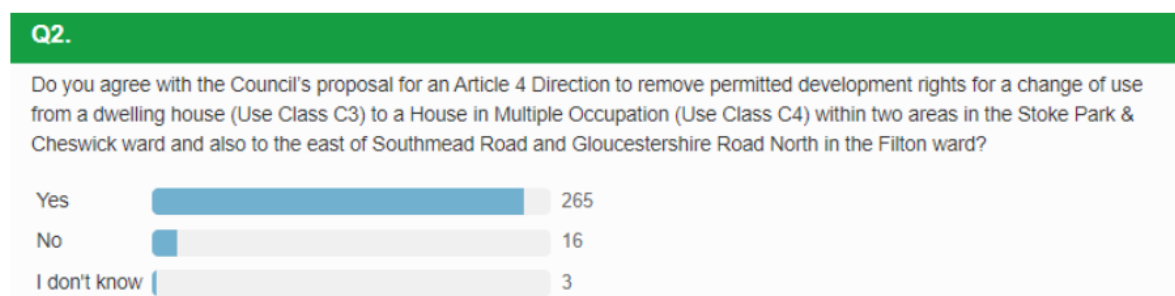
Summary of Question 2

Question 2 of the consultation asked:

“Do you agree with the Council’s proposal for an Article 4 Direction to remove permitted development rights for a change of use from a dwelling house (Use Class C3) to a House in Multiple Occupation (Use Class C4) within two areas of the Stoke Park & Cheswick ward and also to the east of Southmead Road and Gloucestershire Road North in the Filton ward?”

In total, 284 respondents answered Question 2. The response is presented in Figure 2 below. It shows that the majority of respondents (265, or 93% of those responding to the question) support the proposals for the A4D. In total, 16 respondents (5.6% of those responding to the question) stated that they did not support the A4D proposals. A total of three respondents did not know if they support the proposals.

Figure 2 Response received to Question 2



Summary of Question 3

Question 3 of the consultation asked:

“Do you have any comments about this proposal?”

A response to this question is provided in Table 1, in which the SGC officer response to the matters raised is also provided.

It should be noted that a number of respondents provided attachments with their comments in response to Question 3. The content of written attachments has been analysed and included in the summaries provided in Table 1 where possible. In three instances, the attachments provided are supporting information to a written response and have therefore been taken into consideration within the analysis of the written response. This includes supporting photographs submitted by ID 047 and ID 166, and the submission of a Bristol City Council evidence paper by ID 267.

Table 1 Summarised responses received to Question 3 and SGC officer response

Response ID	Theme	Summary of main points raised	Officer Response
001, 004, 153, 158, 162, 169, 174, 180, 184, 188, 208, 216, 217, 245, 253, 262, 267, 272, 281, 289, 290, 295	Geographic extent of A4D	<p>Respondents consider that Filton has an existing disproportionate number of HMOs when compared to the wider South Gloucestershire area, or other regions more generally.</p> <p>Some respondents considered that this may be as a result of the proximity to the UWE Frenchay Campus, but that this was not the sole reason for the high number of HMOs in the area.</p>	SGC notes the feedback from respondents regarding the existing distribution of HMOs within Filton and the potential reasons for this.
016, 035, 074, 076, 077, 079, 088, 115, 120, 139, 147, 162, 164, 174, 191, 194, 216, 221,	Geographic extent of A4D	<p>Respondents expressed general support for the proposed geographical extent of the A4D. Some respondents expressed support for the inclusion of specific areas included within the A4D, including:</p> <ul style="list-style-type: none"> Stoke Park 	The support for the geographic extent of the A4D as proposed, including the specific areas cited is noted.

Response ID	Theme	Summary of main points raised	Officer Response
224, 232, 245, 260, 268, 280		<ul style="list-style-type: none"> • Cheswick Village • East Filton • Slade Baker Way 	
008, 013, 016, 040, 050, 056, 154, 171, 173, 249, 276	Geographic extent of A4D	<p>Some respondents suggested that the geographical extent of the A4D is expanded as it may be too restrictive, without specifying extent.</p> <p>Some respondents suggested specific additional locations to be included within the geographical extent of the A4D, including:</p> <ul style="list-style-type: none"> • All of Filton • Kenmore Crescent • Kenmore Grove • Northville • Stoke Gifford • New developments at Harry Stoke 	<p>SGC notes the suggestion to extend the A4D boundary, including to the areas specified. The A4D boundary as proposed has been identified in accordance with the requirements of national policy and guidance, namely the National Planning Policy Framework (NPPF). This requires that an A4D is based on robust evidence; is of the smallest geographic area possible; and is introduced only where it is necessary to protect the wellbeing of an area.</p> <p>Any area not included in the proposed A4D boundary was considered not to sufficiently meet these national requirements, as set out in the technical report 'Informal Business Case for the Introduction of A4Ds' published at the time of public consultation. SGC will continue to monitor the development of HMOs across the district and may consider the introduction of further A4Ds if there is evidence that it would be expedient to do so.</p> <p>SGC seeks to clarify that Northville Road is included within the proposed boundary, as it is part of Filton ward.</p>

Response ID	Theme	Summary of main points raised	Officer Response
013	Geographic extent of A4D	Respondent questioned the justification for the decision to use Braemar Avenue as the A4D boundary.	As set out in the Executive Member Report (December 2021) published as part of the A4D consultation, the initial proposed A4D boundary did not include Braemar Avenue. However, following engagement with the Council's Scrutiny Commission HMO Task and Finish Group (SCT&FG), a suggested amendment to the western boundary within Filton was accepted by officers and a small eastern section of Braemar Avenue was incorporated into the boundary. This amendment, to bring the boundary across to the west of Gloucester Road North, were included as, based on SCT&FG local knowledge, it was considered that this amendment would create a stronger boundary, and would reduce the risk of HMO pressure being displaced into the streets immediately adjoining the boundary.
035	Geographic extent of A4D	Respondent raised concerns for areas which fall immediately outside of the proposed A4D geographic boundary, including Hatton Road and south of Northville Road.	Both Hatton Road and the streets south of Northville Road are outside of the SGC district boundary and are instead within the authority of Bristol City Council (BCC). BCC is the responsible authority for introducing A4Ds within its boundary. The area south of Northville Road is subject to an A4D that BCC has implemented, however there is no known BCC A4D in the Hatton Road area.
060	Geographic extent of A4D	Respondent considers Filton area too large and not justifiable by evidence, contrary to NPPF para 53. Respondent cited, as an example, the area between Southmead Road and Gloucester Road North which they stated has only one COA	SGC notes the feedback regarding the proposed A4D boundary. As set out in the 'Informal Business Case for the Introduction of A4Ds' document published as part of the consultation, SGC considers that the A4D boundary has been identified in accordance with the

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		<p>(out of 9) with in excess of 5% HMOs (E00075334) and has 174 dwellings and 9 HMOs. Of these, 3 are to the east of Gloucester Road, out of 39 dwellings. To the west of Gloucester Road North, there are 6 HMOs and 135 properties, which gives an HMO count of 4.4%. Respondent considers that it is difficult to justify therefore the inclusion of this area within the Article 4.</p> <p>With regards to the area between Gloucester Road North and Filton Avenue, the respondent considers that there can be no case for the Gayner Road COA (3.6%), Elm Park (2.1%), or Springfields (0%) to be within the Article 4, based on the Arup recommendations. Only Northville Road, Ferndale Road, Fourth Avenue and Stanley Avenue have notable numbers of HMOs (and not high numbers). The area includes roads with a single HMO.</p>	<p>requirements of national policy and guidance, including paragraph 53 of the NPPF.</p> <p>The business case sets out the range of data that was analysed and used to inform and evidence the boundary. Whilst this included data on licensed HMOs, it also considered data from the SGC planning, private sector housing and environmental protection departments, in addition to desk-based research and stakeholder engagement. As such, the boundary has been informed by a range of evidence and has not been determined solely by statistics sourced from a single dataset.</p> <p>In accordance with paragraph 53 of the NPPF, SGC has sought to restrict the A4D to the smallest geographic area practically possible to establish a legible and functional boundary. Whilst the respondent has questioned the inclusion of the area between Southmead Road and Gloucester Road North, SGC would clarify that the boundary applies to only a small area between those two roads, limited to those properties on the western side of Gloucester Road North. These properties were included as part of the boundary refinement process, which sought to ensure that a legible boundary was defined which reflected the functional link within areas and prevented displacement effects; in this instance, to include properties fronting onto both sides of Gloucester Road North.</p>

Response ID	Theme	Summary of main points raised	Officer Response
060	Geographic extent of A4D	The respondent considers a more logical A4D, based on the need to address areas with high concentrations, and for it to be readily identified, would be the areas north of the Ring Road (between the A38 and the railway line), Northville Road, and roads around Filton Avenue.	<p>SGC notes the respondent's suggestion for an alternative A4D boundary, which would reflect a reduced boundary compared to that proposed and would be based on known HMO concentrations (by which it is assumed that the respondent is referring to HMO licensing data).</p> <p>SGC considers that this boundary would not sufficiently protect the amenity of the areas adjacent to those of highest HMO concentration, where there is also evidence of emerging concentrations and associated harm. It would also create A4D 'islands' around which small HMO development would likely continue without regulation through the planning process, leading to potentially rapid increase in HMO concentrations in those areas. In defining the A4D boundary to include areas of evidenced high and moderate/emerging HMO concentration, as well as taking into account wider evidence of harm experienced by communities, SGC has sought to protect the wellbeing and amenity of the wider area whilst limiting the boundary to the smallest geographic area required to be effective.</p>
061	Geographic extent of A4D	The respondent considers the proposed geographic extent is contrary the National Planning Policy Framework (NPPF) (July 2021) which requires that Article 4 Directions (A4D) are only implemented when it is 'necessary to protect local amenity of the well-being of an area' and should be used only where they are	COA boundaries are highly irregular and an A4D boundary based solely on these geographies would not be logical or practical for implementation, resulting in instances of small pockets of land being 'sandwiched' by an A4D and other such anomalies. This would make understanding the A4D more

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		<p>supported by a robust evidence base and apply to the smallest geographical areas possible.' The respondent considers therefore A4 should be limited to the 14 Census Output Areas (COAs) identified.</p>	<p>complex for residents, prospective developers and council officers.</p> <p>In addition, whilst national policy is to ensure A4D boundaries are as small as possible, there is a risk that basing the A4D on the COA boundaries only would result in displacement of HMO development to adjacent areas, where there is also some evidence of HMO concentration and/or harm, albeit to a lesser extent than the 14 COAs. The COA boundaries therefore need to be considered within a wider context of other evidence and considerations. The full boundary development process is set out in the 'Informal Business Case for the Introduction of A4Ds' document published as part of the consultation.</p>
040, 073	Geographic extent of A4D	<p>Respondents oppose the proposed geographical extent of the A4D, citing that it is too restrictive and that the existing HMOs and their occupiers provide economic benefits to areas such as Cheswick Village.</p>	<p>SGC notes the opposition to the proposed A4D boundary. SGC considers that HMOs provide a practical and affordable housing option for many people in South Gloucestershire and can provide a vital source of housing supply. However, SGC also recognises that in some locations, concerns have been raised by residents regarding increased and concentrated HMO development in their area and the impact that this may be having on local amenity. The A4D seeks to improve the regulation of HMOs in South Gloucestershire and enable SGC to provide needed housing options whilst ensuring that development does not have an adverse impact on the character of the surrounding areas and adjacent properties.</p>

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287	Geographic extent of A4D	Respondent considers that in areas where there is already over 10% of HMOs as a proportion of housing, it does not necessarily result in unacceptable or harmful change to the character of the area. Respondent considers that such a proportion instead demonstrates an existing transformed character and hybridised housing mix, with a sense of place established.	SGC notes and agrees that a concentration of HMOs in an area is not in isolation an indicator of harm being caused to local amenity. Therefore, as set out in the 'Informal Business Case for the Introduction of A4Ds' document published as part of the consultation, SGC defined the A4D boundary based on evidence of both HMO concentration and evidence of harm relating to HMO development. This included quantitative and qualitative data.
290	Geographic extent of A4D	The respondent agrees with the findings of the consultation document that areas within Filton, Stoke Park, Cheswick, Frenchay and Downend have been identified as having a significant concentration of HMOs, and considers a proportion of this demand can be attributed to the student population given the proximity of UWE's Frenchay Campus.	SGC notes that the respondent agrees with the findings of the consultation document.
055	Geographic extent of A4D	Suggestion that the A4D should exclude properties already 'sandwiched' by HMOs as it reduces their ability to sell on to investors, who are most likely purchasers of a sandwiched property and therefore penalises them further.	SGC recognises the specific issue of 'sandwiching' in which a residential dwelling becomes situated between two properties converted to HMO use. The effects of an A4D are applied to all properties within its boundary and it is therefore not possible to exclude specific properties or circumstances. SGC has however recently adopted specific guidance on 'sandwiching' of properties by HMOs within its HMO Supplementary Planning Document (SPD). This sets out that the determination of HMO planning applications will

Response ID	Theme	Summary of main points raised	Officer Response
			consider the issue of sandwiching and the potential harm to amenity this could have.
001, 012, 015, 016, 017, 023, 024, 029, 031, 035, 038, 039, 042, 044, 045, 046, 049, 051, 054, 064, 066, 068, 079, 080, 081, 082, 085, 087, 088, 092, 093, 097, 100, 110, 115, 118, 127, 129, 133, 134, 136, 145, 148, 157, 159, 160, 178, 180, 182, 185, 186, 187, 190, 191, 193, 198, 204, 222, 230, 235, 238, 240, 242, 283, 296	Purpose of A4D	Respondents expressed general support for the proposed A4D.	The support for the A4D as proposed is noted.
002, 004, 006, 008, 018, 020, 028, 032, 033, 034, 041, 047, 058, 065, 067, 069, 074, 076, 077, 078, 085, 091, 101, 102, 112, 113, 114, 122, 123, 126, 138, 147, 152,	Purpose of A4D	<p>Respondents expressed support for the A4D in being able to control the number of HMOs in the proposed geographic extent, including:</p> <ul style="list-style-type: none"> • Braemar Avenue • Third Avenue • Stoke Park • Cheswick Village 	<p>The support for the A4D as proposed, including within the specific areas cited is noted.</p> <p>SGC seeks to clarify that whilst support for the application of the A4D in Braemar Avenue has been specifically cited, the A4D as proposed does not include the whole of Braemar Avenue.</p>

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153, 155, 174, 176, 177, 181, 183, 189, 192, 194, 195, 203, 205, 207, 210, 218, 227, 229, 233, 239, 247, 251, 261, 263, 267, 268, 271, 272, 279, 282, 285, 286		<ul style="list-style-type: none"> • Filton <p>Reasons for the support generally related to experience or perception of harmful impacts of existing HMO concentrations on the community and a consideration that further regulation is required. One respondent referred to evidence produced by Bristol City Council in relation to HMO concentrations and the potential for harmful impacts in some areas.</p>	
016, 213	Purpose of A4D	<p>Respondents consider it necessary to immediately implement the A4D. One respondent stated that they see no case for compensation. This is because the potential for an A4D has been in discussion for several years, with the consideration of a business case and the recent consultation taking place between 2020 and 2022, providing ample warning of implementation of an A4D.</p>	<p>Paragraph 45 of the PPG sets out that an immediate A4D should apply when the continued application of the relevant permitted development right presents ‘<i>an immediate threat to local amenity or prejudices the proper planning of the area</i>’. The Executive Member Report (December 2021) published as part of the A4D consultation identified that SGC does not consider that there is sufficiently robust evidence available to support a claim that there is an immediate threat to local amenity or the proper planning of the area.</p> <p>The eligibility for compensation claims is not at the discretion of the Council and is governed by national legislation referenced in Paragraph 43 of the NPPF. An immediate A4D would make SGC liable to pay compensation, therefore creating a risk of higher and unpredictable costs to the Council and the increased potential for challenge given the lack of evidence to support it. For this reason, an immediate A4D option was discounted from further consideration in the</p>

Response ID	Theme	Summary of main points raised	Officer Response
			<p>Informal Business Case report. The procedure for bringing into force the A4D therefore follows that set out in Part 9 of Schedule 3 of the GDPO for a non-immediate Direction.</p>
030, 036, 103, 104, 128, 236, 258, 265, 272, 290	Purpose of A4D	<p>Respondents welcomed the A4D, supporting the additional oversight and control over HMOs from the Local Authority and the application of planning policies to new HMO proposals.</p>	<p>SGC notes the support for the proposed A4D.</p>
005	Purpose of A4D	<p>Respondent considers that there is little correlation between problems in particular locations and the incidence of HMOs, however, does support a mechanism to prevent sandwiching of properties by HMOs. Suggestion that if an A4D is the appropriate mechanism to address sandwiching, the A4D should only be applied to areas which have been sandwiched by HMOs.</p>	<p>The Informal Business Case report published as part of the consultation sets out the extent to which available data shows correlation between HMO incidence and associated forms of harm to the local community.</p> <p>SGC recognises the specific issue of ‘sandwiching’ in which a residential dwelling becomes situated between two properties converted to HMO use. Whilst not explicitly directed at addressing the sandwiching issue, an A4D would prevent properties from being sandwiched through the use of permitted development (i.e., conversion of dwellings to small HMOs). This is because it would require all new HMOs to be subject to a planning application, determination of which would be in accordance with SGC planning policy. SGC has recently adopted specific guidance on ‘sandwiching’ of properties by HMOs within its HMO SPD. This sets out that the determination of HMO planning applications will consider the issue of sandwiching and the potential harm to amenity this could have.</p>

Response ID	Theme	Summary of main points raised	Officer Response
			An A4D boundary based solely on areas already experiencing sandwiching would not be effective at resolving the issue as it cannot be applied retrospectively; it would also likely not be a logical or practical boundary for implementation.
004, 072	Purpose of A4D	Respondents expressed support for the proposed A4D and stated that no more HMOs should be permitted in the proposed A4D boundary as there are already too many.	SGC notes the support for the proposed A4D. The A4D if made does not automatically prevent new HMO development within its boundary. Rather, it enables SGC to ensure through the planning application process that new HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO.
164, 202, 215, 219, 245	Purpose of A4D	Respondents expressed support for the A4D as it means that members of the local community can have their say on future HMOs through the planning process.	SGC notes the support for the proposed A4D and the effect it will have in regularising all HMO developments to require planning permission.
010, 052, 090, 098, 168, 210, 236, 243, 248, 250, 255, 263, 274, 277, 284, 292	Purpose of A4D	Respondents recognise the need for HMOs (including as a form of affordable tenure) however express support for the A4D in order to protect areas with existing high levels of HMOs and ensure a mix of housing within communities, including through the even distribution of HMOs.	SGC notes the support for the proposed A4D. SGC recognises the important role that HMOs can provide as a practical and affordable housing option, including for those on low incomes. The A4D is intended to ensure through the planning application process that new HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO.
141, 279	Purpose of A4D	Respondents in support of A4D and query whether it should/could be applied retrospectively to existing HMOs.	The support for the A4D as proposed is noted. SGC confirms that an A4D does not have effect

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			retrospectively to existing HMOs which have already been created under permitted development rights.
132	Purpose of A4D	Respondent expressed concerns regarding the efficacy of the A4D and queries whether all HMOs will still be granted permission. Concern that this will add extra bureaucracy with no change in outcome.	The A4D if made does not automatically prevent new HMO development within its boundary. Rather, it enables SGC to ensure through the planning application process that new HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO. If an HMO is determined to be non-compliant with national and/or local planning policy and guidance, it may be refused consent.
022, 107, 125, 175, 270, 287, 294	Purpose of A4D	Respondents consider the A4D will have a negative impact on the housing market and housing crisis within the proposed boundary area, including reducing access to affordable housing for some groups (such as students, young professionals and young families) and increasing HMO rents for existing tenants. Some respondents raised concern that this may impact on businesses or universities in attracting staff and students. In some instances, respondents specifically object to the A4D proposals on the basis of these potential impacts.	<p>SGC recognises the important role that HMOs can provide as a practical and affordable housing option, including for those on low incomes. SGC also recognises that there is a perception that additional regulation of HMOs may reduce their supply in the market.</p> <p>As such, the boundary of the proposed A4D has been informed by an evidence base which has sought to identify where there are existing and emerging concentrations of HMOs which impacts upon or threatens local amenity, including the creation of mixed and balanced communities. This approach is compliant with the NPPF, which seeks to limit A4Ds to the smallest geographic area possible. The A4D if made does not automatically prevent new HMO development within its boundary. Rather, it enables SGC to ensure through the planning application process that new</p>

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			<p>HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO.</p>
060	Purpose of A4D	<p>Respondent objects to the purpose of the A4D and considers that HMOs provide valuable accommodation for people who need only temporary accommodation (e.g., students and contract workers), or without the means to buy or rent their own house or flat. They considered that the creation of the A4D, particularly if it is poorly plotted, will push the demand for HMOs (which is unlikely to subside), to less sustainable locations, where the need for private motor vehicles is greater. Given the Council's adopted climate emergency, they consider that this would be a perverse outcome.</p>	<p>SGC recognises the important role that HMOs can provide as a practical and affordable housing option, including for those on low incomes. In accordance with paragraph 53 of the NPPF, SGC has therefore sought to restrict the A4D to the smallest geographic area practically possible to establish a legible and functional boundary.</p> <p>The A4D if made does not automatically prevent new HMO development within its boundary. Rather, it enables SGC to ensure through the planning application process that new HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO.</p> <p>The impact of the A4D will be kept under review through monitoring the number of applications determined through the planning process. This will be reported as part of preparing the Council's annual Authority's Monitoring Report (AMR). Officers will also review community correspondence, and feedback from elected local ward district councillors, members of the Council's Development Management Committee and Scrutiny Commission.</p>

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287	Purpose of A4D	Respondent objects to principle of A4D as considers that existing regulation and policy is in place to regulate HMOs and that they play a critical role in affordable housing choice, within the context of a housing crisis and a disproportionate housing need for those with protected characteristics.	SGC recognises the important role that HMOs can provide as a practical and affordable housing option, including for those on low incomes. In accordance with paragraph 53 of the NPPF, SGC has therefore sought to restrict the A4D to the smallest geographic area practically possible to establish a legible and functional boundary.
269	Purpose of A4D	Respondent raised concern that the A4D would impact on those living non-traditional lifestyles (e.g., polyamory) who may not be counted as a single household/family but as an HMO.	The impact of the A4D proposals on those with Protected Characteristics has been considered by SGC throughout the decision-making process, as set out in the Executive Member Reports. An Equality Impact Assessment has been undertaken following the consultation and taking into account feedback received. It considers the potential impacts of the A4D on protected characteristics such as age, disability, sexual orientation, pregnancy/maternity, race, religion/beliefs and sex.
009, 019, 022	Purpose of A4D	<p>Respondents disagree with the need for and purpose of the A4D, citing that it is unlikely to resolve the problems associated with HMOs which relate to the management of properties and could be resolved through other controls, including:</p> <ul style="list-style-type: none"> • Addressing absentee landlords. • The introduction of additional selective licensing to extend the existing controls of some HMOs to smaller premises. 	SGC notes the disagreement with the A4D proposals. SGC recognises that an A4D in isolation is unlikely to resolve all issues associated with HMOs, however it is one mechanism available to increase regulation and oversight through the planning system to protect the amenity of an area. SGC will implement the A4D in conjunction with other ongoing regulatory measures for HMOs, such as the nationally set mandatory licensing scheme for rented properties.

Response ID	Theme	Summary of main points raised	Officer Response
		<ul style="list-style-type: none"> Better support for landlords to evict tenants causing harm to neighbours. 	
290	Purpose of A4D	<p>UWE supports the proposed A4D for the following reasons:</p> <ul style="list-style-type: none"> Over concentration of HMOs in a residential area; Lack of affiliation with UWE and the potential for adverse impact on UWE's Vision and Student Accommodation Strategy; Harm to student welfare through the lack of access to pastoral support; Harm to the amenity of the local community; and Inappropriate form of development. 	SGC notes the support of UWE in relation to the A4D.
291	Purpose of A4D	The Coal Authority have no specific comments to make on the A4D consultation documents.	SGC notes the response from The Coal Authority.
012, 262	Purpose of A4D	Respondents consider that the evidence base for the A4D does not sufficiently represent the amount of HMOs, as it uses only licensed HMO data and therefore underestimates the total number.	Under national mandatory licensing, only HMOs with 5 or more occupants are required to be licensed. As a result, there is not a single dataset through which it is possible to identify all HMOs in South Gloucestershire. As set out in the 'Informal Business Case for the Introduction of A4Ds' document published as part of the consultation, a range of data was analysed and used to inform and evidence the boundary. Whilst this included data on licensed HMOs, it also considered data from the SGC planning, private sector housing and environmental protection departments, in addition

Response ID	Theme	Summary of main points raised	Officer Response
			to desk-based research and stakeholder engagement. The limitations of the data in definitively identifying every HMO are set out in the report.
003, 004, 006, 007, 008, 011, 014, 018, 020, 024, 025, 027, 029, 031, 036, 037, 038, 042, 044, 045, 047, 064, 067, 074, 075, 080, 082, 084, 086, 087, 092, 094, 104, 108, 109, 113, 118, 120, 121, 122, 123, 124, 126, 130, 131, 135, 137, 138, 140, 142, 143, 144, 145, 146, 148, 150, 151, 152, 155, 156, 158, 161, 162, 163, 165, 166, 167, 168, 169, 170, 172, 176, 186, 188, 198, 200, 201, 205, 208, 209, 217, 228, 231, 235, 253, 254, 257, 267, 268, 280, 286, 288, 289, 293, 296	Parking / traffic	<p>Respondents consider that parking issues, such as lack of available spaces, unsafe parking and inappropriate on-street parking, are attributable to HMOs or exacerbated by HMO development.</p> <p>Some respondents consider that this is because HMOs have a higher-than-average number of vehicles than single residential properties, and that the number of spaces provided for HMOs does not always reflect the reality of how many cars tenants will have.</p> <p>Respondents specifically cited experiences or perceptions of parking issues in:</p> <ul style="list-style-type: none"> • Filton • Stoke Park • Cheswick Village • Braemar Avenue • Gloucester Road North • Congyre Road 	<p>SGC recognises the concern raised by some respondents that HMO development has resulted in increased pressure on parking in their local area. The introduction of an A4D would result in all new HMOs within the A4D boundary requiring planning permission and therefore becoming subject to planning policies relating to parking and cycle provision.</p> <p>Parking standards for new HMO development are set out in adopted Policy PSP16, which states the specific amount of car and cycle parking spaces expected for development of new HMOs. Further guidance regarding flat conversions and HMOs is also contained in Chapter 4 of the Residential Parking Standards SPD.</p>

Response ID	Theme	Summary of main points raised	Officer Response
085, 113, 144, 145, 150, 156, 169, 172, 183, 254, 257, 293	Parking / traffic	Respondents consider that existing HMOs have resulted in increased traffic congestion, and that any additional HMOs will only worsen the problem.	SGC recognises the concern raised by some respondents that HMO development has resulted in increased traffic congestion. The introduction of an A4D would result in all new HMOs within the A4D boundary requiring planning permission and therefore becoming subject to planning policies relating to ensuring safe access and transport provision.
028, 047, 056, 064, 083, 088, 101, 172, 218, 234, 273	Parking / traffic	Respondents consider that the local area is unsafe due to increased parking and traffic issues, attributable to existing HMOs.	
175	Parking / traffic	Respondent considers that existing parking and traffic issues could be resolved through better enforcement.	SGC notes the suggestion of better enforcement of parking and traffic issues. Enforcement of existing regulations and laws are matters for the SGC Parking Enforcement Team and Avon and Somerset Police.
280	Parking / traffic	Respondent concerned that the removal of hedges and trees to create parking spaces on HMO properties is damaging to local fauna and visual amenity. Additional concern that removal of lawns for tarmacked parking increases water run-off.	<p>SGC recognises the concern raised over the impact of new residential parking. In some instances, the creation of new parking spaces within the boundaries of a residential property are permitted development under the GDPO and is therefore not subject to local regulation through the planning system.</p> <p>Where the creation of additional parking is part of a planning application for HMO development, it is considered against adopted policy, including adopted Policy PSP16 and Chapter 4 of the Residential Parking Standards SPD. The proposed A4D would therefore enable greater regulation and scrutiny of proposals for parking within applications for small HMOs, within the A4D boundary area.</p>

Response ID	Theme	Summary of main points raised	Officer Response
009	Parking / traffic	<p>Respondent considers that the parking pressures in Filton are not due to HMOs but instead relate to the housing typology – such as terraced housing – which does not suit modern lifestyles and levels of car ownership. Respondent also considers that family households have more cars now due to adult children staying at home for longer. Respondent considers that HMO tenants – especially students – use public transport more often.</p>	<p>SGC recognises that harmful effects often associated with HMOs, such as parking pressure, may also be related to other forms of tenure or social causes. As such, data considered as part of the evidence base for the A4D has been carefully considered as an ‘indicator’ of harm only and has not been directly attributed to HMO properties, unless clearly recorded as such. This is set out in the ‘Informal Business Case for the Introduction of A4Ds’ document published as part of the consultation.</p>
003, 006, 042, 118, 121, 123, 126, 132, 140, 145, 146, 150, 169, 170, 214, 256, 257, 280, 283, 293, 296	Property condition	<p>Respondents consider that owners and occupiers of HMOs generally do not care for the property, and there is a general lack of maintenance carried out on the properties and their gardens. Some respondents consider this has a harmful impact on the local community and its character.</p>	<p>SGC recognises the concern raised by some respondents that HMO development has resulted in harm to the local character and appearance of their area. The upkeep of properties is the responsibility of individual landlords and tenants, with standards of accommodation regulated through private rented sector licensing and landlord accreditation schemes. However, the introduction of an A4D would result in all new HMOs within the A4D boundary requiring planning permission and therefore becoming subject to planning policies relating to visual amenity and local character.</p>
008, 280, 282, 296	Property condition	<p>Respondents expressed concerns about the quality and safety of HMO properties, including for the HMO tenants, due to the way they are converted from single residential dwellings. Concern raised that they may represent a fire hazard and that the room sizes, access to</p>	<p>The introduction of an A4D would result in all new HMOs within the A4D boundary requiring planning permission and therefore becoming subject to planning policies relating to ensuring high quality standards of accommodation, as set out in the HMO SPD. Enforcement of existing HMO properties is managed by SGC’s Planning Enforcement Team (for cases of</p>

Response ID	Theme	Summary of main points raised	Officer Response
		natural light and access to shared amenities can be inappropriate for tenants.	planning control breaches) and SGC Private Sector Housing Team (for breaches of licensing regulations).
290	Property condition	<p>The respondent raised concerns that private sector HMOs are not affiliated with UWE. UWE has an accommodation strategy in place, and whilst UWE understands that a proportion of students will choose to be accommodated through the private rented sector, the emphasis is on campus living where students can access a full range of support facilities and pastoral care. UWE is developing additional student accommodation and its existing accommodation meets the living standards of modern students, served by social and recreational space and access to welfare support. To help maintain and grow its reputation, UWE wishes to ensure that all students have a first-class student experience, particularly given their considerable investment through tuition fees and student loans.</p> <p>UWE is concerned that privately owned HMOs are managed by developers or individuals who do not have experience with managing student accommodation and do not share UWE's vision, nor will provide the appropriate and necessary pastoral care and welfare support. Students living in private sector HMOs do not benefit from the same degree of welfare and pastoral care that the University provides to its 'on campus'</p>	SGC notes the concerns of UWE regarding the use of private sector HMOs by its students and the impact this may have on UWE delivering its accommodation strategy. SGC recognises that UWE's strategy seeks to emphasis on-campus living in order to ensure students receive a good standard of accommodation and welfare support.

Response ID	Theme	Summary of main points raised	Officer Response
		resident students. There is also a concern regarding the standard of living environment that would be provided within privately owned and developed HMOs, including in relation to noise nuisance, amenity space and space standards.	
006, 007, 008, 018, 031, 036, 042, 045, 064, 071, 074, 080, 084, 086, 091, 092, 101, 102, 108, 117, 120, 121, 122, 123, 124, 131, 132, 140, 142, 148, 151, 152, 162, 164, 168, 075, 093, 182, 184, 188, 198, 205, 222, 271, 273, 280, 288, 289, 290	Tenant behaviour/noise	<p>Respondents consider that concentrations of HMOs can result in noise and anti-social behaviour, including by virtue of having a larger number of occupants and because they are commonly occupied by students.</p> <p>Some respondents cited personal experience of this issue and their perception of the harm and disruption this is having on their community.</p>	SGC recognises the concern raised by some respondents that HMO development is associated with noise and anti-social behaviour. As a potential cause of harm to local amenity, data relating to this issue was considered as part of the evidence base study informing the proposed extent of the A4D. However, the A4D if made does not directly impact the regulation of noise and anti-social behaviour, which is carried out by SGC Environmental Protection and the police, respectively.
256	Tenant behaviour/noise	Respondent considers that there are no noise controls for HMOs.	
175	Tenant behaviour/noise	Respondent considers that noise issues could be resolved through better enforcement.	SGC notes the suggestion of better enforcement of noise issues. Enforcement of existing noise issues is carried out by SGC Environmental Protection and the Avon and Somerset Police.
003, 004, 008, 014, 033, 041, 043, 058, 063b,	Community impacts	Respondents consider that concentrations of HMOs in an area can harmfully impact the character and 'sense' of community due to the	SGC recognises the concerns raised regarding the impact of concentrated HMO development on the demographic balance within a community. Within the

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066, 067, 071, 075, 077, 078, 083, 085, 086, 088, 093, 097, 104, 105, 106, 113, 116, 140, 142, 143, 144, 145, 150, 151, 155, 156, 158, 165, 168, 172, 177, 183, 186, 192, 198, 200, 205, 212, 215, 217, 220, 223, 226, 243, 244, 246, 248, 259, 264, 267, 280, 281, 288, 289, 290		<p>transient nature of many HMO occupants (e.g., students, young professionals) and the change in demographic balance.</p> <p>Some respondents specifically cited experiences or perceptions of this issue in Filton, Stoke Park and Cheswick Village.</p>	<p>proposed A4D boundary, all new HMOs would require planning permission and would be subject to adopted planning policies and guidance such as the recently adopted HMO SPD. This sets out how the location of new HMOs will be considered, taking into account existing numbers of HMOs in the area, to avoid concentrations which could be harmful to local amenity. This will help SGC to manage new HMO development more effectively in areas where there is evidence that the proportion or concentration of HMOs in an area is a threat to local amenity and the creation of balanced and sustainable communities.</p>
006, 007, 029, 048, 065, 075, 076, 082, 084, 092, 093, 094, 101, 108, 109, 114, 144, 149, 157, 208, 214, 222, 246, 262, 273, 275, 286, 288, 293, 295	Community impacts	<p>Respondents consider that HMOs are impacting the housing market and making it more difficult for young people/families to get on the property ladder, with the number of family homes being reduced through HMO development. Associated concern raised that existing communities are being pushed out of areas with high numbers of HMOs.</p>	<p>SGC recognises the concerns raised regarding the impact of concentrated HMO development on housing mix and supply. Within the proposed A4D boundary, all new HMOs would require planning permission and would be subject to adopted planning policies and guidance such as the recently adopted HMO SPD. This sets out how the location of new HMOs will be considered, taking into account existing numbers of HMOs in the area, to avoid concentrations which could be harmful to maintaining or supporting a mix of housing and providing choice in tenure and type, as required under Core Strategy Policy CS17 Housing Diversity. This will help SGC to manage new HMO development more effectively in areas where there is</p>

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			evidence that the proportion or concentration of HMOs in an area is a threat to the creation of balanced and sustainable communities.
007, 020, 024, 029, 057, 088, 089, 091, 094, 101, 137, 169, 208, 246, 251, 263, 266, 271, 272, 273, 279	Community impacts	Respondents expressed concerns about the increased pressure on community facilities and existing infrastructure due to HMO development and the intensification of housing it represents. Some respondents specifically cited concern about council tax revenue, as student properties are exempt from paying council tax and in areas with many student HMOs this reduces revenue to pay for services required by the HMOs. Some concern was also raised that local schools will not be viable if young families cannot live in the area due to lack of housing.	SGC recognises the concerns raised regarding the impact of concentrated HMO development on infrastructure provision and community facilities. Council tax revenue and exemptions are part of a different regulatory system and are not directly impacted by the proposed A4D. The A4D does not apply retrospectively and therefore would not reduce the current number of HMO bedspaces or student properties in an area. The A4D seeks however to improve the regulation of HMOs in South Gloucestershire and enable SGC to ensure, through consideration of proposals against adopted planning policies, that new HMO development maintains and contributes to the creation of balanced and sustainable communities.
095	Community impacts	Respondent considers that whilst there are problems in the Northville area with a lack of sense of community, it is not exclusively as a result of HMOs. Considers that there is a campaign by some residents against HMOs because they are seeing change in their area and have not been supported through it.	SGC recognises that harmful effects often associated with HMOs may also be related to other forms of tenure or social causes. As such, data considered as part of the evidence base for the A4D has been carefully considered as an 'indicator' of harm only and has not been directly attributed to HMO properties, unless clearly recorded as such. This is set out in the 'Informal Business Case for the Introduction of A4Ds' document published as part of the consultation.

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009	Community impacts	<p>Respondent considers that many of the issues in Filton relate to misuse of alleyways, including noise, rubbish and anti-social behaviour.</p> <p>Respondent considers that the gating of alleys has been a successful way of reducing these issues but notes that not all of them have been gated.</p>	SGC notes the feedback regarding the gating of alleyways in Filton and its efficacy in addressing some issues impacting the community.
003, 006, 007, 008, 018, 020, 021, 025, 031, 036, 043, 045, 047, 052, 068, 074, 075, 080, 082, 083, 084, 085, 086, 088, 091, 092, 094, 101, 102, 111, 117, 118, 120, 122, 123, 131, 132, 128, 140, 142, 144, 145, 146, 150, 155, 156, 158, 161, 162, 166, 167, 168, 169, 170, 174, 183, 184, 188, 194, 195, 205, 217, 231, 254, 262, 280, 288, 289, 296	Waste	<p>Respondents consider that HMO properties are often associated with poor management of waste and recycling, which has a negative impact on the wider area such as increased litter. Some respondents consider that this may be due to inadequate provision of waste management facilities by the landlord, or that they produce more waste by virtue of higher occupancy.</p>	<p>SGC recognises the concern raised by some respondents that HMO development is associated with poor management of residential waste. As a potential cause of harm to local amenity, data relating to this issue was considered as part of the evidence base study informing the proposed extent of the A4D. The A4D if made does not directly impact the regulation of waste, which is carried out by Environmental Protection. However, within the proposed A4D boundary, all new HMOs would require planning permission and would be subject to adopted planning policies and guidance which set out the required standards for waste and recycling provision in new development.</p>
175	Waste	<p>Respondent considers that waste issues could be resolved through better enforcement.</p>	<p>SGC notes the suggestion of better enforcement of waste issues. Enforcement of existing waste and fly</p>

Response ID	Theme	Summary of main points raised	Officer Response
			tipping issues is carried out by SGC Waste and Environmental Protection teams.
001, 035	Planning / planning policy	Respondents suggest that refusal of planning applications is not adequate in limiting HMOs as often they are granted on appeal.	<p>An applicant has the right to appeal any planning decision made by the local planning authority (SGC) should they disagree with the decision made or if the decision was not issued within the statutory timeframe of 8 weeks set out in Article 34 of the Town and Country Planning (Development Management Procedure (England) Order 2015 (as amended).</p> <p>At planning appeal, an independent Planning Inspector will review the case in accordance with national and local policy, taking into account material planning considerations, and use professional judgement to determine the case. The Planning Inspector may conclude differently to the local planning authority and will set out their reasoning for this on a case-by-case basis.</p>
035	Planning / planning policy	Would like planning policy to seek EPC B rating in new HMOs and require sufficient off-street parking, particularly in context of move toward electric vehicles.	SGC notes the suggestions for the content of future planning policy regarding HMOs and will take this into consideration in the ongoing preparation of its new Local Plan.
044, 144	Planning / planning policy	Respondents questioned whether data on existing numbers of HMOs are considered in determining planning applications including those that are unlicensed. One respondent raised concern that planning applications are not being considered cumulatively.	Planning applications for HMOs are determined accordance with national and local planning policy. In South Gloucestershire, this includes the recently adopted HMO SPD, which contains additional explanatory guidance on sandwiching of non-HMO

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			<p>properties and considers the concentration of HMOs within neighbourhood localities.</p> <p>Under national mandatory licensing, only HMOs with 5 or more occupants are required to be licensed. As a result, there is not a single dataset through which it is possible to identify all HMOs in South Gloucestershire and there is no legal reason or requirement for SGC to hold a register of small unlicensed HMOs. Moreover, as they are more akin to a single-family household in size and impact the Council does not consider it necessary to go beyond requirements of the Housing Act. However, small HMOs are required to fully comply with the Housing Act 2004 and other housing legislation.</p>
127	Planning / planning policy	Respondent considers that the A4D is a step in the right direction but that more powers are needed to block planning in areas of existing HMO concentrations. Considers that local objections to applications are overruled by planners.	Planning applications for HMOs are determined in accordance with national and local planning policy. In South Gloucestershire, this includes the recently adopted HMO SPD, which contains additional explanatory guidance on sandwiching of non-HMO properties and considers the concentration of HMOs within neighbourhood localities. The determination of planning applications requires a period of consultation with relevant consultees, including neighbouring residents. SGC planning officers have due regard to all material considerations identified within consultation responses in determining whether to grant consent.
105, 138, 249	Planning / planning policy	Respondents raised concern that some developers are staging their HMO conversions	SGC notes the concern raised. The staging of works and related planning applications is not within the

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		so as to extend a property first and then subsequently apply to change the larger property to an HMO. Concern that this does not present the full impact of the combined physical work and change of use and may be a tactic to gain consent.	control of SGC. However, SGC provides assurance that each individual planning application is determined on its own merits and in accordance with national and local planning policy.
156, 266	Planning / planning policy	Respondents consider new developments should have HMO and low-cost housing requirements, citing Brabazon development in particular.	SGC notes the suggestions for the content of future planning policy regarding new development sites and notes this feedback within the context of the ongoing preparation of its new Local Plan.
241, 278	Planning / planning policy	Respondents raised general concerns about how HMO development is considered in the planning system and how it has resulted in significant increases in HMOs in some areas.	<p>Permitted Development Rights afforded to the conversion of single dwellings to small HMOs are set nationally through the GDPO and this means that unless there is an A4D in place, the development of small HMOs does not require a planning application.</p> <p>Where a planning application is required for HMO development, the application is determined in accordance with national and local planning policy. In South Gloucestershire, this includes the recently adopted HMO SPD, which contains additional explanatory guidance on the location and standards of new HMO development.</p>
287	Planning / planning policy	Respondent considers that SGC already has planning policies in place to ensure that HMOs exceeding 6 persons do not result in harmful impact, including a recent SPD, whilst smaller HMOs are afforded a permitted development	SGC has sought to introduce an A4D in recognition of the fact that in some locations, there is evidence that HMO development is concentrated and is resulting in adverse impacts to local amenity. This is occurring within the existing national permitted development

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		right due to their likeness in operation and impact to that of a large family house.	framework and therefore the A4D presents a mechanism in which to address this issue. The A4D will enable SGC to ensure through the planning application process that new HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO.
295	Planning / planning policy	Respondent considers that all future HMO applications should be refused.	The A4D if made does not automatically prevent new HMO development within its boundary and result in planning applications being refused. Rather, it enables SGC to ensure through the planning application process that new HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO.
179	Planning / planning policy	Respondent considers that all HMOs should be subject to planning permission.	Permitted Development Rights afforded to the conversion of single dwellings to small HMOs are set nationally through the GDPO. An A4D is the mechanism available to local planning authorities to revoke these nationally set rights where it is considered necessary to protect the amenity and wellbeing of an area and in accordance with the direction of national policy and guidance.
008	Planning / planning policy	Respondent raised concern that an 8-bed HMO property in Stoke Park got a license without planning permission and is now applying for permission retrospectively.	HMOs are subject to national mandatory licensing requirements when occupied by 5 or more residents and this is managed by the SGC Private Sector Housing team. This is an entirely separate regulatory process to the planning system, and it is not a requirement that a property has planning consent in

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			order for an HMO license to be granted. Any breach of planning control would be a matter for planning enforcement to consider.
009	Planning / planning policy	Respondent considers that an A4D will increase pressure on the SGC planning team and would not be effective compared to existing regulation. Respondent considers that it is unclear under the adopted policies what the material planning considerations would be that would result in an HMO being refused and applications would therefore be likely to go to appeal.	Planning applications for HMOs are determined in accordance with national and local planning policy. In South Gloucestershire, this includes the recently adopted HMO SPD, which contains additional explanatory guidance on the location and standards of new HMO development. SGC produced the SPD in order to provide further detail on how HMO planning applications will be determined and what the expectations are of SGC for applicants in order to fulfil policy requirements and achieve consent.
007, 008, 009, 016, 022, 026, 033, 036, 050, 053, 071, 089, 126, 132, 133, 157, 266	Other regulation	<p>Respondents consider that there should be improved regulation, monitoring and enforcement of rented properties. Suggested measures include:</p> <ul style="list-style-type: none"> • Creation of a register to include all licensed and un-licensed HMOs. • Expansion of licensing to all HMO properties (3 persons and above). • Stricter regulations for landlords in relation to HMO management. • Licenses should not be renewed where there area already too many HMOs in an area. 	Existing HMOs are subject to national mandatory licensing requirements when occupied by 5 or more residents and this is managed by the SGC Private Sector Housing team. Whilst licensing requirements are set nationally, SGC is seeking ways to improve standards of rental accommodation in the district, including through the West of England Rental Standard accreditation scheme and through ongoing liaison with UWE regarding management of student accommodation.

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096	Other regulation	Respondent would like there to be a capped number of HMOs to maintain community feel and wellbeing of local residents.	Within the proposed A4D boundary, all new HMOs would require planning permission and would be subject to adopted planning policies and guidance such as the recently adopted HMO SPD. This sets out how the location of new HMOs will be considered, taking into account existing numbers of HMOs in the area, to avoid concentrations which could be harmful to local amenity.
273	Other regulation	Respondent considers that there should be a coherent housing strategy within the local area	SGC has recently published a Housing Strategy which sets out the long-term ambition and vision for housing in South Gloucestershire over the next 30 years. It will be used to improve the delivery of high-quality housing.
055	Other regulation	Respondent suggests that licensing renewals should be reviewed in accordance with the adopted Local Plan at that time.	The licensing process is nationally prescribed and is separate from the planning process. Therefore, in determining whether a license should be granted or renewed, it does not consider accordance of the HMO property with the policies of the adopted Local Plan.
095, 125	Other regulation	Respondents consider that impacts of HMOs could be addressed through better education and information for HMO tenants and landlords as to how to be considerate of neighbours.	SGC notes the suggestion. SGC is seeking ways to improve standards of rental accommodation in the district, including through the West of England Rental Standard accreditation scheme and through ongoing liaison with UWE regarding management of student accommodation.
097	Other regulation	Respondent considers that HMO landlords/developers could invest in local	SGC notes the suggestion. The SGC Private Sector Housing team liaises with landlords to try and ensure appropriate standards of accommodation are provided,

Response ID	Theme	Summary of main points raised	Officer Response
		facilities to improve community relationships and integration.	however mandating that landlords make private investment in the local community is not within the control or abilities of the Council.
287	Other regulation	Respondent considers that matters which are identified in the report as potentially harmful impacts of HMOs, including waste, anti-social behaviour, parking, noise and poor internal space standards are already regulated by Environmental Health and licensing frameworks. Respondent considers that planning permission does not control the quality of HMOs but is instead to control land use. As such, considers that the A4D would not be effective in addressing poor quality HMOs and should be addressed more effectively by better policing of the existing licensing and planning regulations. Respondent queries how rogue landlords would be caught by an A4D if they already aren't following existing regulations.	<p>SGC has sought to introduce an A4D in recognition of the fact that in some locations, there is evidence that HMO development is concentrated and is resulting in adverse impacts to local amenity. This is occurring within the existing national permitted development framework and therefore the A4D presents a mechanism in which to address this issue.</p> <p>The A4D will enable SGC to ensure through the planning application process that new HMOs are of an appropriate quality and location, which protects the amenity of both the local community and the future occupants of the HMO. SGC considers that this mechanism provides an additional form of regulation to support existing regulatory frameworks such as mandatory licensing.</p>
063a	Other regulation	Respondent considers that the University of Bristol should be involved regarding the issue of HMOs, as the lack of accommodation for students is causing damage to the surrounding area.	As set out in the Informal Business Case report published as part of the consultation, SGC officers did carry out engagement with the University of the West of England (UWE) to inform proposals both for the HMO SPD and the A4D. This is because UWE is the main university within South Gloucestershire and its campus is located near residential areas of Filton, Stoke Park and Cheswick Village. The University of Bristol is located in Bristol City Council (BCC), and it is understood by SGC that BCC has engaged with the

Response ID	Theme	Summary of main points raised	Officer Response
			University of Bristol in considering its own management of HMO development, including planning policy and implementation of A4Ds.
059, 062, 070, 099, 119, 196, 197, 199, 206, 211, 225, 237, 252	No comment	Respondent had no further comments to make in response to Question 3, or only provided comment not related to the question/topic of consultation.	Noted by SGC.

Respondent IDs

The below list provides the list of respondents to the consultation and their corresponding ID numbers:

Respondent ID	Respondent Name
001	Christopher Gooding - Select
002	Jonathan Squire
003	Patricia Burge
004	Chris Ashton
005	Martin Thomas
006	Debbie Teml
007	PETER LAVIS
008	Neil Blood
009	Jenny Okoye
010	Kieran Hyde - Ex Filton Town Council
011	Susan Allan
012	Paul Thomas
013	Jo Clayton
014	Stuart Armsby
015	Maureen Whitehead
016	Lesley Reuben - Filton Town Council
017	Rod Mayall
018	A. Huish
019	Fiona Cantillon
020	Rebecca Price
021	Dave Williams
022	Jacky Glanville
023	Jane Gardiner
024	Brian Dimond
025	Clare Reeves
026	Lynne Goldsack-Rowland
027	Luciano Martin
028	Darren Curtis
029	Michelle Warsop
030	Phillip Goddard
031	Alastair Balderstone
032	Peter Scott
033	CJ Walker
034	Abraham
035	Michelle Greaves
036	B Badger
037	R Barnes
038	Malcolm French
039	Lexie Hamilton
040	Andrew Shore
041	Jayne Mills

042	Adam Parker
043	Adam Monk
044	Roger Hutchinson
045	Steve Tarr
046	Ian Scott
047	Rebecca Williams
048	Emma Evans
049	Alison Giles
050	Stephen Kirby
051	Andy Robinson - Resident
052	Christine Taylor
053	David Kennedy
054	Wai Lun Man
055	Jose Dominguez
056	Sarah Burge
057	Wesley Porter
058	Daniel Akers
059	Neil Hopkins
060	John Rooney - Stokes Morgan Planning Ltd
061	Sam Andrews
062	Fion Lee
063a	Stephen Rylatt
063b	Stephen Rylatt
064	Michaela Walker
065	Naomi Adams
066	Mary Carr
067	Daniel Patten
068	Kerri Lanfear
069	Rob Johnson
070	Stephanie Hyde
071	Claire Asby
072	Jessleine Adams
073	James Holland
074	George Hill
075	Lesley Hill - Filton
076	Harriet Hill
077	Natalie Pointing
078	Adrian Hill
079	Dave Parfitt
080	Alan Tink
081	Daisy Hill
082	Gina Parfitt
083	Helen Allsebrook
084	Cathy Gibbens
085	Geoff Wallis
086	Teresa Arman

087	Hazel Boyes
088	J Pym
089	Martin Pim-Keirle
090	William Cooper
091	Nicola Thomas
092	Clive Handoll - Consumer
093	Miriam Percy
094	Annie Cam
095	Lee Griffin
096	Amy Thomas
097	Dawood-Ali Bhatti
098	Chris Farthing
099	Emma Ecob
100	Simon Turner
101	Andrew Hayden
102	Sophia Hill - Rosehill
103	A Matthews
104	Kent Aitchison
105	Victoria Boughey-Jones
106	Eric Williams
107	R Kalia
108	Gloria Hatton
109	Michelle Airey
110	David Ernsting
111	Steve Ashton
112	Kate D'Arcy
113	Jackie Shead
114	Sam Wood
115	Jacob Wood
116	Tom Eaton
117	Claire Williams
118	Bernard Hewlett
119	Keir Richards
120	Mark Tame
121	Paul Callicott
122	Chris Machin
123	Meryl Campbell
124	Anna Shaddick
125	Jody Muelaner
126	Dan Boardman
127	Bradley Rennie
128	Janet Harper
129	Frost
130	Jo Hambleton
131	Annabella Sandford
132	Annalise Ruck

133	Lucinda Marchant
134	David Bryant
135	Helen Whitby
136	Kevin Barry
137	Jane Davis
138	Robert Cook
139	David Hale
140	Christopher Lewis
141	Anthony Swaby
142	Lisa Osborne
143	Sarah Cuff
144	Louise Davies
145	Philip Williams
146	Tom Davis
147	Peter Fuller
148	S Venugopalan
149	Susan Rees
150	Rob Miles
151	Luke Hopkins-Powell
152	Gail Macdonald - Civil Servant
153	Phill Bye
154	Alison Bartlett
155	Charlotte Evans
156	Lorraine Britton
157	Andrew Morrison
158	Jamie Burt
159	Ursula Margaret Jones-Duron
160	Nick Howell
161	Mary Ashworth
162	Cheryl Stone
163	Kate Andrews
164	C Blandford
165	Irene Cambridge
166	Anneli Davidson
167	Rob Davidson
168	Jonathan Wildish
169	Eileen Patricia Smith
170	Mary Smith
171	Joseph Simmonds
172	Peter Money
173	Alan Bird
174	Gareth Hill
175	James Ward
176	Madeleine Ottrey
177	Eliandra Matta-Salleh
178	Rebecca Lewis

179	Ian Prowse
180	Lesley Arberry
181	Malcolm Boughey
182	Vinh Nguyen
183	Barry Grozner
184	Sue Soulsby
185	John Thomas
186	Mark Appleby
187	Andrew Gibbs
188	Daniel Hinchcliffe
189	Maureen Wynne
190	Allan Mills - Small
191	Yvonne Hunt
192	Kevin Carter
193	Hudson
194	Susanne Roberts
195	Belinda Price
196	La Ch
197	Ian Horseman
198	Melanie Garland
199	Lisa Drakett
200	Janet Kwok
201	David Hawkins
202	Susan Dean - Filton Parish Community
203	Thomas Edwards
204	Janet Price
205	Jeremy Cox
206	Naomi Korolanyi
207	Anthony Hartigan
208	Julie Molloy
209	Alison Barnes
210	Peter Gilliver
211	Robert Porter
212	Sarah Smith
213	Sonia Hughes
214	Angela Thornley
215	Steve Warren
216	Joanne Miller
217	Anne Gilliver
218	Vincent Ryan
219	Ronald Lucas
220	Susan William
221	Louise Lyddon
222	Pauline Harris
223	Olivier Grenier
224	Paul Newington-Wise

225	Charlie Crisp
226	Razey
227	Sue Horseman
228	John Daley
229	Andrew Sherlock
230	Sigrid Saberi
231	Sue Allan
232	Kristine Spicer
233	Philip Hayward
234	Mark Richardson
235	Carol Robinson
236	John House
237	John Pullin
238	Norman Lamb
239	Gladys Gibbs
240	Philippa Lamb
241	Fiona Brooks
242	Hammond
243	Gerald Dardis
244	Rachel Skews
245	Rosie Taylor
246	Sheelagh Duncan
247	Helen Mulligan
248	Richard Griffith
249	William Mclay
250	Sandra Smallldridge
251	Linda Keeble
252	Jennifer Moore
253	Jayne Daley
254	David Harris
255	Andrew White
256	Judith Gribble
257	Katrina Harris
258	Anneka Curtis
259	Felicity Sedgewick
260	Christopher Holbrook
261	Liv Scott
262	Wallbridge
263	Richard Williams
264	Armitage
265	Kieran Murphy
266	Helen Parker
267	Paul Bond
268	Daniel Asby
269	Pippa Richards
270	Cameron Howes-Yarlett

271	Adrienne Knight
272	Catherine Wilson
273	Viv Collins - Personal
274	Fran Jones
275	Holcombe
276	Cat Goudouchaouri
277	Owen Kendrick
278	Kris Lipscombe
279	John Eveleigh
280	Colin Carroll
281	Nicola Pym
282	Borowski
283	Diana Bright
284	Jackie Barge
285	Peter Oram
286	K Southworth
287	Planning Property Partners
288	Anonymous
289	Kim Hill
290	Alistair Brooke on behalf of University of the West of England
291	The Coal Authority
292	Anonymous
293	Anonymous
294	Kyle Pugh
295	Anonymous (letter)
296	Reginald Wiltshire