



**Northern Ireland
Assembly**

COMMITTEE FOR SOCIAL DEVELOPMENT

Please use this form to submit written submissions in relation to the Houses in Multiple Occupation (HMO) Bill. Return to committee.socialdevelopment@niassembly.gov.uk by Tuesday 6 October.

Name: Brid Ruddy _____

Organisation:(if applicable) College Park Avenue Residents Association _____

Date: 7 October 2015 _____

(where possible, please structure your response to the specific clauses of the Bill and, if appropriate, suggest alternative or additional wording to clauses, which may assist the Committee's consideration of the need for any amendments to the Bill)

A Study into HMO Registration in Northern Ireland, commissioned by the NIHE suggested that the Holyland contains between 80% and 95% HMOs. The majority of HMO properties in the north of the area (north of University Avenue) are categorised as flats whereas to the south of the area the majority of HMO dwellings are classified as shared houses. This difference can be attributed to the variation in building types that are characteristic of the respective areas. The north of the Holyland is characterised by large three and four storey terraced buildings which are large enough to lend themselves to conversion to flats. The south of the Holyland contains the shorter streets and smaller buildings, mostly made up of small two storey terraced houses. College Park Avenue, Rugby Road and University Avenue have a balance of long term residents as opposed to the smaller streets which are overwhelmed by HMOs leading to overcrowding, anti social behaviour, littering and the destruction of community cohesion. The mission of College Park Avenue and Area Residents Association is to protect the residential core of their specific area.

Part 1 Meaning of HMO.

Currently the definition of HMO is interpreted differently by the two agencies charged with implementing the legislation, the NIHE and the Planning Service. We have lived experience of this in regard to a property in College Park Avenue and will be willing to provide details through an oral submission we want to make to the committee. One agency only should be responsible for HMO enforcement, we have found NIHE more effective than Planning Service, where the rule has been that retrospective planning is the norm. CPARA has spoken with landlords who converted houses with no HMO planning permission and when challenged they stated that they had no worries, as they would get retrospective permission. NIHE would have queried one particular case, the Planning service allowed it and gave retrospective planning permission (in spite of the cap on HMOs in this area)

We also cannot understand why the legislation only allows for HMOs to be defined as people not related to each other. In our experience, in particular in regard to new communities, you could have 20 related to each other (brothers, sisters and families, grandparents etc) with no fire escape and living in unsafe conditions. If they were not related, there would be a requirement for fire escapes etc. Our communities are changing and the definition of HMOs needs to take account of this. In the Holyland, there is massive overcrowding in some small houses which are not classed as HMOs.

It appears that a new definition is proposed where a HMO licence will not be required for a property defined as a single household with 3 or less residents, we believe this will encourage landlords to develop properties in this way so that they can escape overall HMO registration. It would enable them to opt out of safety requirements and would also allow them to evade inserting any clause to deal with tenants anti social behaviour. Why is this arbitrary number set?

Part 2- Requirement to be licenced

Anti social behaviour from Houses of Multiple Occupancy was a key issue in the 2005 judicial review of the HMO Registration Scheme. It is a key issue for our whole community and a major threat to community cohesion and sustainability of the whole area as a place where ordinary families can live. Clause 11 of the Bill needs to secure landlords responsibility for addressing tenants ASB through a review of the tenancy agreement governing the landlord / tenant relationship. Any arrangements should be similar to Social housing tenancy agreements which already include clauses on security of tenure and managing ASB. HMO landlords should be subject to the same conditions.

Application to licence has to be done by the owner of the property. If an owner is abroad then this owner may make informal arrangements with family or friends to act as Manager of the property. Any breaches of tenure, ASB etc need to be processed against the manager of the property, as legal action

cannot be taken against an owner who lives in another legal jurisdiction. We suggest that Managers of properties should be liable for wrong actions as much as the owner of the property living out of the legal jurisdiction. In other words, name the manager of the property and licence them.

Clause 20 addresses renewal of HMO licenses.

While we acknowledge that overprovision is tested when a HMO license is applied for, we object that Paragraph 20(4) of Clause 20 excludes the overprovision test when renewing HMO licenses. We have clear evidence of this in the case we are prepared to quote. This property had its HMO status re-instated after a lapse of years, even though our area is well over the quota of HMO provision. Overprovision is a key issue for us, as it threatens the integrity of the last part of the Holylands area where long term residents are able to live in peace. We anticipate that there will be a shift of students when the new UU campus opens in the city centre and this needs to be constantly borne in mind when renewing HMOs. We suggest that, in order to redress over provision, the presumption should be in favour of bringing HMOs back into ordinary household accommodation so as to encourage families back into the area and redress the current demographic imbalance.

Part 3 Enforcement

We would simply reiterate our view that one agency only should be charged with implementing legislation and that this agency has an agreed definition of what an HMO is and an understanding that ASB is part of a social clause that needs to be considered within a framework of sustaining a community.

Disposal of refuse

Currently very few HMOs in the Holyland area have adequate rubbish disposal and often landlords, instead of providing household bins, suggest that their tenants use the large Eurobins that are meant only for overflow. This brings major health and safety issues and is an eyesore. When houses are being cleared out at end of term, landlords themselves are responsible for major dumping of furniture, mattresses etc and overflowing euro bins. Landlords need to be made financially liable for such dumping. They should not have licenses renewed without providing firm evidence that they provide sufficient household bins and dispose of their own rubbish ethically.

Part 4 Overcrowding

We draw your attention again to the fact that there is currently overcrowding of families from new communities in small houses due to the current definition of HMOs as applying only to unrelated groups. It is also clear that many landlords who let out to such families are not on the landlord register and this is linked to Part 5-Supplementary, which highlights our proposal to name landlords on the register.

PART 5 SUPPLEMENTARY 62. HMO register

We contact NIHE if we need to know what houses are HMOs in our area. They can tell us what properties this relates to but they do not give us the name of the landlord. This means we cannot contact them with any request to clean up their garden or secure their property. We recently developed an award winning community garden in our back alley. Many landlords had left their back gates in a dreadful state and had dumped rubbish in the alley. We had no contact details for them as their names were not available from the HMO register. This is TOTALLY WRONG. We shifted tons of rubble through voluntary labour from these properties and painted rusted fences, erected flowers on the walls and fences. Most landlords gave retrospective permission because they were embarrassed by the state in which they had left their property. We will ensure that the alley is kept clean and will press the landlords to contribute (as most are now doing) However, it is imperative that landlords names and contact details are available to their neighbours, for the safety and security of all.(for example in the event of fire)

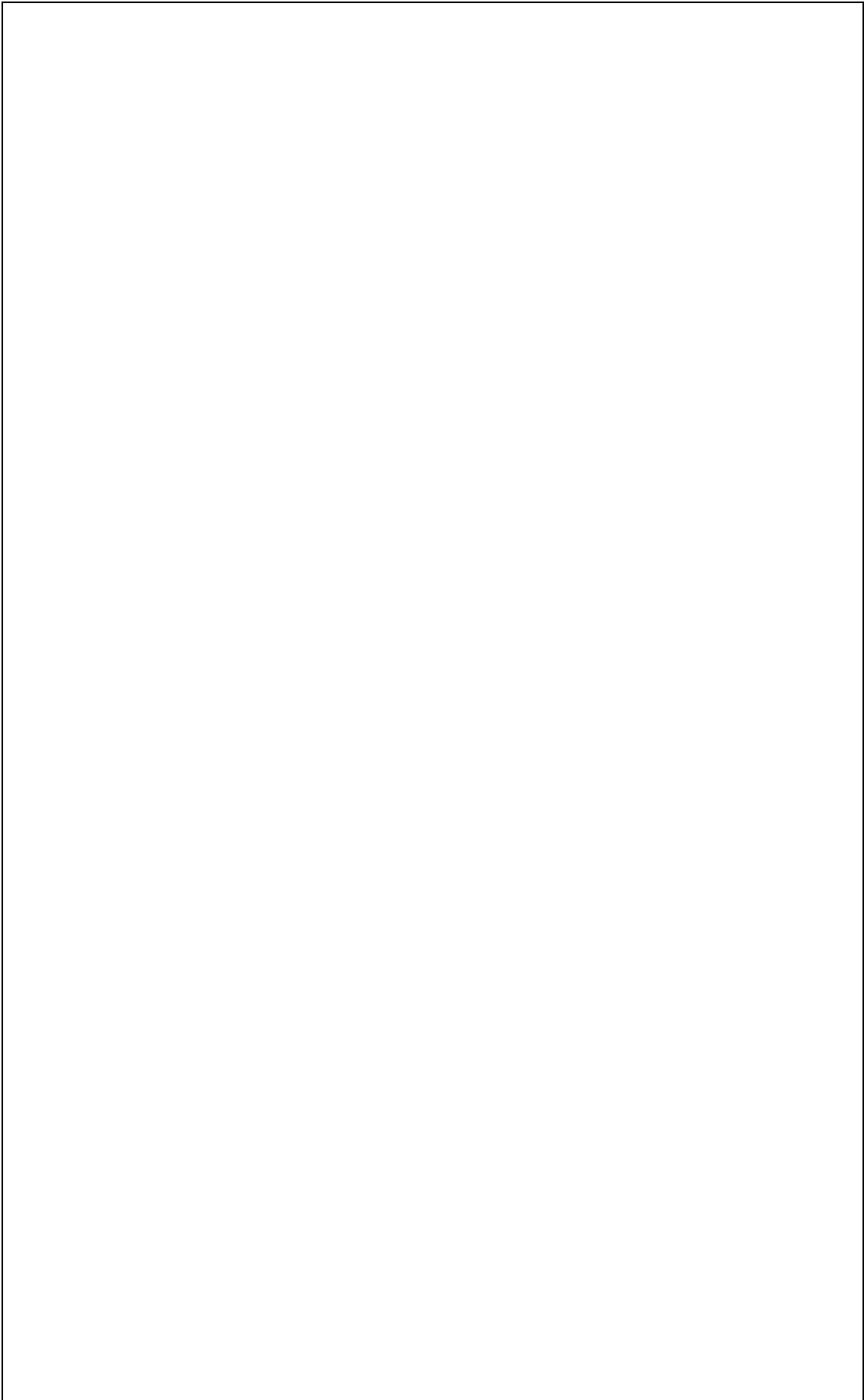
We should not have to ring NIHE to check out facts which should be public knowledge, HMO registers with all information clearly displayed including the name of the owner and manager of the HMO are available in England, Scotland and Wales and this was enshrined in law through the UK Parliament. We understand that in N.I a challenge was made to NIHE by LANI to remove the identities of HMO landlords, invoking Human Rights principles. LANI is not an independent arbiter and appears to serve the interests of several key landlords with large portfolios (The NIHE in the South Belfast Sector study 2006, mentioned several landlords with large portfolios being a feature of the South Belfast HMO landscape). This challenge to the register was made without discussing the issue with key players in relation to HMO issues, specifically those most affected by them i.e. Owner Occupiers. This needs to be reversed to protect the integrity of residential areas in South Belfast.

In order to find out who owns HMOs, residents have to resort to FOI requests, we know of one resident who took this route and received a bill of £19,250 for information that is freely available to the public across the rest of the UK. This is completely inequitable.

We know that landlords register and HMO register are two separate processes. Some landlords need to register on only the main one, others who own HMOs need to register a second time. We would like this rationalised.

We have found, through a random check in our area, which is 90% HMO, that there are at least four houses in each street that are not on the main register and we wonder how this can be legally possible?

Our concern is so great that we would wish to prepare some case studies and present them to you orally. We request that you give us a date for this. We have received information about this consultation only at the last stage and we need to do further fact finding and consultation with local residents to present the full picture that will bring our concerns to life with practical examples.





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