Northern Ireland Assembly

Committee for Social Development

OFFICIAL REPORT (Hansard)

Houses in Multiple Occupation Bill: Northern Ireland Federation of Housing Associations, Triangle Housing Association

19 November 2015

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Alex Maskey (Chairperson)
Mr Fra McCann (Deputy Chairperson)
Mr Jim Allister
Mr Roy Beggs
Ms Paula Bradley
Mr Gregory Campbell
Mr Stewart Dickson
Mr Sammy Douglas

Witnesses:

Mr Cameron Watt	Northern Ireland Federation of Housing Associations
Mr Raymond Nicholl	Triangle Housing Association

The Chairperson (Mr Maskey): I formally welcome Cameron Watt and Raymond Nicholl. For the record, the Houses in Multiple Occupation Bill has not been officially referred to the Committee for its Committee Stage, but we have taken the decision, in trying to comply with the legislative time constraints, to take evidence sessions on it, and this evidence session will form part of our consideration when the Bill is referred to us. We are taking your evidence in the formal sense as well, so the same status applies. Are you happy enough? Cameron, are you happy to take members through your submission?

Mr Cameron Watt (Northern Ireland Federation of Housing Associations): Yes. Thank you, Chair. I am here with Raymond Nicholl, who is representing the Northern Ireland Federation of Housing Associations (NIFHA) and Triangle Housing Association. I will make some introductory comments on behalf of the sector, and Raymond will then give the perspective of an individual housing association that operates properties currently registered as houses in multiple occupation (HMOs). Thank you for the opportunity to give evidence.

We support the aims of the Bill to regulate HMOs better and to streamline the definition. More broadly, housing associations understand and value the role of the effective regulation of our activities. That is important in providing assurance to tenants, service users and government on the quality of the services that our sector provides. We recognise and welcome robust and effective regulation.

In order for us as a sector to do our job properly, we rely on regulation being proportionate, risk-based and targeted. Housing associations are subject to multiple regulatory and inspection regimes for the various aspects of our activity, and perhaps this is inevitable. We believe, however, that we should minimise the degree to which those regimes overlap with and sometimes even contradict each other.

As long as we can ensure that the various aspects of our activity are effectively regulated, let us try to minimise the number of competing regulatory regimes. For that reason, we support the Bill's proposed exemption of housing associations from the new HMO licensing arrangements. If implemented, that would be consistent with the long-established approach in England and Scotland, where housing association properties have been exempt from HMO regulation since 2004 and 2006 respectively. I appreciate that several of the organisations that have given evidence to the Committee do not support the proposed exemption of our sector, so, along with Raymond, I want to outline briefly why we think that it is appropriate.

A majority of housing association properties that are currently defined as HMOs are used to provide homes for people with a range of care and support needs. That can include people affected by homelessness, disabilities or mental health issues and older people. The housing care and support that our sector provides to those vulnerable groups is rightly subject to a wide range of regulation. The physical specification of properties, for example, is set out in detail by DSD in the Housing Association Guide. It is firmer than a guide in practice and is basically a rule book. Those physical standards are enforced through grant conditions to which we have to adhere in order to get government funding.The specification of the guide for the physical layout of those properties often exceeds the requirements of the HMO Bill.

We also believe that a significant majority of tenants in HMOs owned by our members receive services under the Supporting People (SP) programme, which, as you know, provides housing support for people to live as independently as possible in their home. Supporting People is funded, regulated and inspected through the Housing Executive. All providers must be subject to the quality assessment framework (QAF), which is effectively the regulatory regime for Supporting People services, and be inspected against it. The QAF includes health and safety obligations. If necessary, those could be amended and further strengthened as the exemption is introduced.

Many of the most vulnerable tenants in HMOs will also be in receipt of domiciliary care from the trusts. That is regulated by the Regulation and Quality Improvement Authority (RQIA). In its regular inspections of domiciliary care provided in those properties, the RQIA will expect to see evidence of up-to-date fire-risk assessments and personal emergency evacuation plans. That provides some comfort on the fire safety elements.

There are so many jointly funded schemes that the Housing Executive's Supporting People team and the RQIA domiciliary care inspectors are trying to align the different inspection regimes better so that they can go into schemes together and look at the various aspects, for example. As they do that and develop a memorandum of understanding, there could be an opportunity to enhance further, if required, the health and safety obligations on providers of those services. A big difference between the HMOs that our members provide and the more typical private rented HMOs is that care and support is generally provided on-site, so staff are often on-site 24/7. That provides a high degree of assurance on fire safety and other matters.

Raymond Nicholl will now provide a perspective from that of an individual housing association.

Mr Raymond Nicholl (Triangle Housing Association): I thank the Committee for the invitation to address you this morning. Cameron has just given you an overview of the sector's view of the HMO Bill, and he has addressed some of the issues around the proposed exemption of housing association-managed properties. I want to focus on our experience as a housing association of the current HMO registration scheme.

Triangle Housing Association has 45 properties registered or in the process of being registered under the current HMO registration scheme. That represents about 25% of the properties in the housing association movement that are defined as HMOs. It is less than that percentage for bed spaces, because our properties are quite small, but, as I said, we represent 25% of all the properties defined in the housing association sector as being HMOs. It is important to say at this point that I am speaking from a position of full compliance with the existing registration scheme, so I am not here to make an argument to get out of my responsibilities. We have engaged, proactively and positively, with the Housing Executive, which manages the current registration scheme. I have no issues with the Housing Executive, and I like to believe that it has no issues with me. Please, do not take anything that I am about to say as a criticism of the HMOs team; it is not. This is just my observations on the definitions under the legislation that the team has to operate.

I will look at four things. First, I will provide background on the types of housing association properties that are currently defined by the Housing Executive as HMOs. Secondly, I will challenge the definition

in the existing legislation and in the Bill, but I really want to highlight some issues around the definition. Thirdly, I will address some of the concerns that there may well be about safety and management in HMOs, particularly around tenant vulnerability. Fourthly, I will look at other regulatory requirements that we have that focus on some of the areas that the HMO Bill will be trying to target.

First, as Cameron already said, the type of stock that is currently defined as being HMOs is mostly supported housing. "Supported housing" is a broad term that covers a range of different types of accommodation for different client groups. It can range from very small properties and bungalows that are shared to quite large shared facilities such as homeless hostels or refuges for women who suffer domestic violence. It also covers some self-contained properties if they have been refurbished. If you have a previously residential home that has been subdivided into flats with some common areas, that will be defined as being an HMO under the current regulations, but, importantly, if it is a new build that was purpose-built, containing the same kind of self-contained flats with common areas, it will not be defined as being an HMO. That is where some of the confusion is generated.

On the whole, if you look at the housing association movement, you will see that the number of properties that are defined as being HMOs is very small indeed, probably because most of the properties that we are developing are new builds and the shared model is specific to supported housing. My view is that some types of supported housing are currently having to be registered when they are already sufficiently well regulated, as Cameron said. The HMO regulations do not really add any additional benefit or assurance over and above the regulations already in place.

Although the Bill tries to develop it, in some areas quite helpfully, my view is that the current definition still creates an element of confusion. Clearly, it is based on the number of people who are sharing a property. It is also based on a very narrow view of what constitutes a household; that is, a house of people who are related. It does not take account of the diverse models of supported housing that we provide, and, importantly, it does not provide any gradations of risk that could occur in the properties, specifically the risk of fire. The risk of fire in student accommodation — a larger shared unit — is clearly greater in relation to than it will be in an individual small scheme housing three people with learning disabilities, for which staff are there to provide care and support.

That creates some confusion. The HMO regulations really developed out of a desire to regulate a specific type of accommodation; that is, student accommodation. Our supported housing has been sort of pulled in under the current regulations. In some cases, there can be an argument made that that is legitimate, but, in other cases, there is an argument the other way, which is that it is not appropriate.

I will give the Committee an example to illustrate my point. Most of the properties that Triangle manages that are currently defined by the Housing Executive as being HMOs are small shared properties, generally bungalows. They are provided for individuals with learning disabilities. The vast majority of those properties will have three people sharing the bungalow, and there will be staff support. Under the Planning (Use Classes) Order, those properties are defined as being domestic residential properties. We are not required to get change-of-use planning approval to operate an HMO. That is on the basis that care is being provided in the properties. Under planning legislation, where care is being provided, a property cannot be defined as being an HMO. There is case law that backs that up. There have been various judicial reviews in England.

To the best of my knowledge, there is no case law relevant to Northern Ireland, but we have received legally binding opinions from the planners, where an individual has gone to them and complained that we have been operating a property without planning approval. We have received written responses from the planners, having investigated the complaint, which clearly states that change of use was not required because it sits within that domestic residential use class. Given that, under the Bill, the organisations that will be responsible for managing the HMO registration scheme will be the new councils, which also have responsibility for planning and building control, I would like to think that the consistent position will be that they will determine that those types of small shared properties are not required to be registered under the new HMOs requirements.

I am conscious that questions might be asked about tenant vulnerability and safety. Obviously, that is a very important issue for us as a housing association. The Health and Safety at Work etc. Act 1974 is applicable for the types of property that I have been talking about, by virtue of the fact that we have staff working in them to provide care and support to our tenants, we have responsibilities under health and safety at work regulations. The fire regulations also apply. As Cameron said, that requires us to carry out fire-risk assessments and to review those annually, and we use qualified fire consultants to

do that. Many of the fire-safety systems that we have in our properties — this is an important point — are of a higher specification than will be required by the HMO Bill.

I have an issue with why there is no consistency throughout all the different pieces of legislation and the requirements. Our fire-risk assessors carry out the assessment in the context of health technical memorandum (HTM) 88, which, I believe, applies in England and Wales but not in Northern Ireland. It is specifically designed around supported housing with care in the community. That imposes standards on us that are higher than those that the HMO Bill imposes. Our properties are designed to a higher standard for fire safety, but HTM 88 also requires us to have fire evacuation plans in place and, as Cameron said, to have personal evacuation plans for all our tenants that take account of their physical and personal needs. That is not required by the HMO Bill. That is an important point to make. As Cameron said, when the RQIA assesses our domiciliary care services, it also asks for an up-to-date fire-evacuation plan and for evidence that we are complying with the recommendations in our fire-risk assessments. Importantly, the RQIA focuses very much on safeguarding and tenant vulnerability, and there will be a higher threshold — or, I suppose, a lower threshold — for degrees of risk that it wants us to carry. As Cameron also said, Supporting People looks at it from a broader health and safety angle.

On the regulatory requirements that we have to operate within, I want to highlight some of the areas that the HMO Bill will focus on that are already covered by other regulations. For design standards, as Cameron said, supported housing standards in the Housing Association Guide are higher for space standards and for facilities and amenities that we have to provide in our schemes.

Overcrowding is an important issue, so it is not just about fire safety. In supported housing, overcrowding cannot occur. We have clear tenancy agreements, and, importantly, there are revenue funding agreements with the health trusts and with Supporting People that are clearly based on the number of people in the properties. We therefore cannot move in another person without getting approval from the trust or Supporting People.

The types of antisocial behaviour that you maybe associate with some types of HMO are not really applicable in supported housing schemes for people with learning disabilities, but we have a legislative and regulatory responsibility to have antisocial behaviour policies and procedures in place. Therefore, that is already covered, and we are audited against those policies and procedures.

Overprovision is a key point in the Bill. There is a clear joint commissioning process for all supported housing. It involves health trusts, the Department for Social Development, the Housing Executive and other bodies. Again, that is well covered. We are required to meet the Decent Homes Standard for fitness, and all housing associations have a registration process for ownership and management. We are all registered with DSD. We have a guide and a very robust inspection regime. All our reports are published. We are accountable, and there is transparency. As for overall regulation, all the areas of regulation that are envisaged in the HMO Bill are covered quite well.

In conclusion, let me emphasise that we have had a positive engagement with the Housing Executive, which manages the current scheme. We have had no issues, and, if someone were to say to me, "You must continue to comply under the new legislation", I would not have an issue with that. I would engage positively with it. Obviously, the health and safety of our tenants is my utmost concern, and I would never argue for some form of exemption that might compromise the safety of the tenants in any of our buildings. That having been said, I think that the definition is too broad, bringing in some types of properties inappropriately. That creates confusion, for not just for providers and commissioners but the public, and I think that this is a good opportunity to address that confusion and bring some consistency and clarity across all the legislation.

I have said that I think that housing associations are already well regulated in all the areas that the HMO Bill will cover. Given that they are well covered, the question in my mind is this: what added value is delivered by bringing in our properties under the HMO Bill? That is a key point, and I believe that DSD has taken that into account. I believe that its considered view is that it is reasonable that housing association properties be exempt from the new HMO Bill. On balance, I support that view.

The Chairperson (Mr Maskey): Raymond and Cameron, thank you very much for that. What we are dealing with today is the proposition from the Federation of Housing Associations that the associations should be exempt from the regulations coming in under the HMO Bill because they are already well regulated. That is essentially what you are saying, so this is not about all the provisions in the HMO Bill itself.

Mr F McCann: I appreciate that, and I know that quite a number of the properties that are run by housing associations are much sought after and well run. I also know that there are different types of buildings that people live in.

The idea that housing associations should be exempt from the Bill is certainly an interesting subject. You mentioned other HMO providers. Do you see yourselves as being distinct from other HMO providers that have come before the Committee because of the properties that you provide for people?

Mr Nicholl: As I said, we have additional regulatory responsibilities that other providers who are not registered housing associations may not have. The point that I was trying to make is that the types of properties that we provide, and, in particular, the clients whom we provide properties for, are different. It should be based on an assessment of risk, based on the issues that the HMO regulations are intended to control, which are fire safety, antisocial behaviour and overcrowding, among others. There are some properties that we provide for which that distinction is perhaps less clear; for example, large hostels for the homeless, although we have staff present in those schemes. If the definition is based on the number of people who share a property, and you do not take into account the types of people and their specific requirements and needs, that will lead to a situation in which it becomes unclear.

Mr Watt: I will just add to that. I see our type of provider and type of property as being distinct. There is a parallel with universities, in that it is proposed that their properties should be exempt as well. Universities will go through separate accreditations to tick all the boxes that the HMO Bill provides, but there are also on-site staff there. Most HMOs are provided through the private rented sector. Really, beyond statutory health and safety obligations, the only core regulation that they are subject to is the registration scheme. There are much higher levels of unfitness in the private rented sector. Although most private rented properties are of an adequate standard, the overall level of unfitness is much higher, and there is not any regulated property management in the private rented sector in the way in which there is in our sector. There is a clear distinction to be drawn.

Mr F McCann: There is certainly a debate to be had on what you class as "adequate", but it is one for another day.

The Committee has tried to come to terms with the definition, because you have people coming in with many different definitions. Have you spoken to the Department about your definition? Maybe you can share it with us.

Mr Nicholl: I have not spoken directly to the Department, although we have had meetings over the years at which we have made our view clear. The point that I was making is that the definition is not just about the number of people; the issue is the very narrow understanding of what is a household. The Bill tries to clarify that slightly, and that is helpful, but there is still a view held that there has to be a family relationship.

I mentioned planning regulations. Planning regulations state that, where care is provided, the property is not an HMO, but up to six people can live together as a household where care is provided within the domestic use class. Importantly, in planning terms, people in a household need not be related. I see some evidence that that might be allowed under the new HMO Bill. I apologise, but I cannot remember the actual terminology in the Bill, but I think that the legislation states that there is a defined relationship where the Department determines that there is one. There is a possibility, then, that a household could occur even where people are not related. However, that is unclear, and what concerns me is that the definition will not be applied consistently across all the councils managing the Bill when it passes. A wee bit more clarity in that regard would be useful.

Mr Campbell: I have listened with interest. Your presentation was quite significant. You used the figure 25% for Triangle Housing Association. Does that mean that you are the single biggest provider of HMOs in the sector?

Mr Watt: I suspect that the biggest provider is now Choice, which is the amalgamated OakleeTrinity and Ulidia housing associations. It is probably the biggest provider of HMOs.

Mr Nicholl: That would be fair. I would back that up. I said that we have 25% of the number of properties, but our number of bed spaces is about 1,100. We have 45 properties, mostly three-bed properties, so we are not the biggest if measured by bed spaces.

Mr Campbell: You said towards the end of your presentation that, if you were to come under the auspices of the Bill, you would be content to work within the legislation and would work within it, but that, on balance, you would prefer not to be covered by it. By way of a succinct response, what would be the difference for you as a provider being under the Bill as opposed to the current regime? What would the difference be on a day-to-day basis for you as a manager and provider?

Mr Nicholl: In outcomes for our tenants, the short answer is nothing. I do not think that our tenants would see anything different, because we would not reduce the standards for fire safety or change the way in which we manage our tenancies.

Mr Campbell: That is what I am getting at. Would anything additional be required of you, other than —

Mr Nicholl: No. In fact, as I said, what we are doing at the moment would, in many cases, exceed requirements. As a provider, I would notice the difference, in that I would no longer have to register those 45 properties, and that process recurs every five years. Doing that adds quite a significant administrative burden on our staff. I would not see any difference on the ground.

The important point to make here is that HMO regulation is really a licensing regime, not an inspection and audit regime. Once we register and meet the standards for registration, we get a certificate for five years. In most cases, we do not see anybody from the HMO team until we have to re-register.

Mr Campbell: In five years' time?

Mr Nicholl: Yes. It is important to emphasise the point that no one from the HMO team comes out annually to audit us on the ground, whereas the RQIA is out with us all the time. If there were an issue around fire safety, it would be picked up by the RQIA.

Mr Allister: I want to follow up on Mr Campbell's question. What do you fear from inclusion?

Mr Nicholl: I do not fear anything. As I said, we comply with the current —

Mr Watt: There is a question about the cumulative requirements of auditing, inspection and licensing by the different regimes. For example, one of my concerns is that the Supporting People QAF takes up a huge amount of resource at the moment. To add unnecessary licensing regimes to the administrative burden on providers would obviously tie up more staff time on administration and make less time available to provide services to tenants and service users.

Mr Allister: Do some things, such as RQIA, not drop off at the other end? Would you still be subject to that?

Mr Watt: Yes. I argue that if it is considered necessary, through the exemption, to look at the role of Supporting People and RQIA in ensuring the health and safety of these schemes, then that could easily be done. I suppose that one of the points that we may not have picked up on is that, as Raymond explained to me, sometimes the requirements and expectations of HMO licensing officials differ from those of RQIA and SP. That can tie in to some of the notices that are issued. For example, I understand that associations can sometimes be issued with a notice from HMO licensing for doing something that would be expected by RQIA and SP.

Mr Nicholl: Yes. Easy-opening devices on main exit doors are a good example of that. Those are a black-and-white requirement of HMO regulations. If the inspector comes out and sees that you do not have an easy-opening device, it is an automatic fail. That said, because we sometimes provide accommodation for individuals with diminished mental capacity, with which there are certain traits and behaviours, under safeguarding regulations we are required to protect them. Therefore, it is sometimes not possible to fit an easy-opening device in some of our properties. I have to say that that causes us some difficulty. Other issues would be the location of fire extinguishers. An HMO inspector may expect to see a fire extinguisher in a hallway, whereas, because of tenants' behaviour, staff would have to put them elsewhere because they could create a danger to other tenants. So, there are subtle nuances.

On reflection, I will qualify my response to what you asked about whether I would fear anything. I do not fear not being able to comply with the regulations. To come back to my point about consistency, the decision could be that we had to continue to register them as HMOs for the purposes of the Bill, but a lot of our schemes are not defined as HMOs in planning terms. The consistent view of Planning Service has been that we are not required to seek a change-of-use planning approval for HMOs. I would be a wee bit worried that, if councils were then responsible for managing HMO legislation and the decision was to keep them as HMOs for registration purposes, that might be read back to the consequence in planning terms that they must be treated as HMOs. That would be a retrograde step.

Mr Allister: Why?

Mr Nicholl: Because the emphasis of policy and strategy, particularly health policy and strategy around Transforming Your Care, is on providing a normal home in the community for a person with a disability. The view is that it should be a domestic property.

Mr Allister: A domestic property that accommodates one family suddenly, without planning permission, accommodates three families. You might say that there is a relevant planning consideration.

Mr Watt: In practice, it would be individuals. There is a big emphasis on the right of people with particular needs to have their own home. I do not think that people with particular needs should be forced to seek planning permission to live in an otherwise normal property simply by virtue of their special needs. I do not think that that is appropriate.

Mr Beggs: You mentioned that there can be conflict between multiple regulators. I want to get back to this issue of the exemption that exists in England, Wales and Scotland. Are housing associations exempted there by virtue of their housing standards already being higher than what would otherwise be required, or are they exempted just because they are housing associations? What is the reason behind it?

Mr Watt: My understanding is that they are exempted by virtue of their status as registered social housing providers with the various regulatory agencies. I think that the reasons for that exemption are very similar to the ones that we have outlined with regard to the equivalent regulation, for example, in care by the Care Quality Commission, and so forth. Raymond, you have looked at the legislation to some degree.

Mr Nicholl: I have looked at it to some degree, yes, and I believe that it is on the basis of their status, which does not take into account the fact that they are registered bodies with the Department and that they are regulated. I think that that is DSD's thinking on the matter; it believes that the issues that would be regulated under HMO regulation legislation are sufficiently covered in other legislation. If you look at the HMO legislation that applies to England, the Housing Act 2004, you see that the actual wording of the appropriate schedule that talks about exemption is almost identical to that in schedule 1 to the Houses in Multiple Occupation Bill. It is clearly on the basis that the property is managed by a registered housing association.

Mr Beggs: I take it that your income all comes from either housing benefit or the health sector for the care that you provide. If you have to register and pay an additional licence fee, will that simply reduce the amount that you can spend on the people who are in need in your care?

Mr Nicholl: No. I do not believe that it would have any financial impact.

Mr Beggs: Where will the money come from?

Mr Nicholl: In fact, we have negotiated with the Housing Executive. Under the current scheme, the registration fees are housing-benefit eligible. In our schemes, we set a basic rent for the property and service charge, which covers services that we provide to all tenants. Essentially, that is paid for by housing benefit. The view is that there is no added value. Obviously, that is a cost to the public purse, and there would be a benefit if we did not have to pay for it and a reduction in the charges.

Mr Douglas: Thank you for your presentation. First of all, I suppose that you will agree that there was good news yesterday about the money that is going to DSD in the November monitoring round. Hopefully, the housing associations will get some support.

In your paper, the very last paragraph just before the conclusion states:

> *"Should any updates to the guide make reference to the new proposed HMO standards, this may have an impact on our members. NIFHA would request that in order to provide clarity for our members, this guidance is updated in consultation with housing associations."*

Have you been consulted? Has the consultation with the Department been OK to date? Does that suggest that you have some concerns for the future about consultation?

Mr Watt: The Housing Association Guide is the rule book that all associations have to abide by. The Committee is also aware that the Department intends to significantly change its approach to social housing regulation. It is pressing ahead with the introduction of a new regulatory framework, which is supposed to be more outcome focused, risk based and proportionate. In a number of areas, the expectations may be at a higher level, but I would still expect there to be separate schedules on anything relating to health and safety and property standards that outline them in a fair degree of detail. Those schedules or additional guidance under the new system will probably be a second stage after the high-level standards around governance, financial viability and overall service standards are set out.

To be fair to the Department, it has been very inclusive in working with the sector on improving regulation. I have reasonable hope that we will be included in any updated guidance. One of the areas that the sector could be better involved in is in the new memorandum of understanding that has been developed between the Supporting People team in the Housing Executive and RQIA as the domiciliary care regulator. As I said, there is a real opportunity to reduce the unnecessary bureaucracy and number of inspections by more closely aligning those two regimes. That is something on which we could usefully work with RQIA and SP, including on the health and safety matters.

Mr Douglas: Thanks, Cameron.

Raymond, in your presentation, you stated that the proposed Bill does not take into consideration:

> *"the diverse models of supported housing that we provide."*

You touched briefly on that. Could you expand on that?

Mr Nicholl: The point that I was trying to make was that supported housing is a broad church and covers a range of different things. So, at one end of the spectrum, you could have a three-bed bungalow that provides accommodation for individuals with a learning disability, and, at the opposite end of the spectrum, you could have a 20-bed homeless hostel, which could be direct access.

There are also differences in tenancy agreements. For example, those in the small bungalow would have permanent tenancies, so they would have a tenancy agreement, a life-long home and certain rights. In contrast, the hostel is sometimes direct access and very short term. Because of the increased flow of people in and out of a hostel, there are different risks that have to be managed. We need to consider the client group and the risks associated with it as well as the usage of the building. Rather than focussing on management or on the occupants, maybe the usage of the building ought to be an important consideration.

Mr Douglas: OK. Thanks very much.

Mr Dickson: Thank you for your presentations; they have been very helpful to us. You say to us that one size does not fit all and that the breadth of accommodation that you provide has a range of regulatory requirements. The important thing is what provides the highest standard of care, regulation and fire safety. If you are saying that your relationship with RQIA and others provides that far in excess of any HMO legislation we can provide, we need to look at how we can nuance this, so that you will not have to fill out unnecessary pieces of paper. However, primarily, from my perspective, what is important is that the three people in that bungalow have the highest-quality accommodation that is appropriately regulated for their living there. I wholly take the distinction that you made between hostels and accommodation that, for many people, is their home. I am perfectly acquainted with them in my constituency and know what they are and what they do. The important thing is the care that is provided and the health and safety aspect overarches all that.

Mr Nicholl: I welcome your comments and agree with everything that you said.

Mr Watt: One of the reasons why the Supporting People team in the Housing Executive and the RQIA are looking at working more closely together is that there is a sense that the domiciliary care regulations do not adequately provide as good a regulatory framework for those supported living schemes — for example, for three people in a bungalow — as we would like. Although the RQIA inspectors look at issues of health and safety, the primary focus is the care that is provided within the building rather than the building itself.

Perhaps a second stage to that greater alignment between the SP team and their QAF and the RQIA and their domiciliary care team is looking at a dedicated set of regulatory standards for supported living schemes, which look at them as supported living schemes and not just as individuals. Triangle and other associations would welcome that, and I see that as part of any new supported living regulations that the RQIA might or might not regulate. That would allow you to bring in any aspects of health and safety that could perhaps be strengthened. Cumulatively, the existing regulations provide strong support, but they could be better codified and unified.

The Chairperson (Mr Maskey): OK, Stewart?

Mr Dickson: Yes, thank you, Chair.

The Chairperson (Mr Maskey): I have a couple of points. There are two issues for me. If it is a supported housing project or initiative, clearly there are necessary regulatory requirements. You have those obligations, and you both very professionally acknowledge that and totally adhere to those. That is very important. Equally, most elected representatives deal with issues about HMOs daily. There may even be a more generic term for it, but it is about the volume of transient rented sector properties and how those might impact on settled residential communities. You may have put your finger on it, Raymond. It is not even so much about the ownership but about the usage. I would not expect HMO licensing or regulation to supersede or undermine the current obligations where there are particular needs to be addressed. By the same token, we have to find a way to manage the volume and how it impacts on areas, and I think that you appreciate that. For me, it really is about the nature and type of accommodation. A family with particular needs, living in a bungalow, is nowhere near the notion that I have about HMOs and the issues that they can cause. It is about trying to establish some type of a management framework. Those are not contradictions. They are just issues that we have to work our way around.

Do any other members want to ask any questions? Cameron and Raymond, do you want to add anything to what you said? Essentially, your main argument is that you believe that housing associations, given the nature of the accommodation that they provide, should be exempt from the legislation. That is essentially your argument. In a way, you already have other regulatory obligations to meet, and you do that. We will obviously consider that in our evidence and will put that to the Department when we move forward to consider it more fully.

Mr F McCann: It is an interesting point. You talked about the inspections that the properties go through. Have any of the properties been failed either by the HMO team or the RQIA?

Mr Nicholl: No. We have positive relationships with both. There may have been minor issues at a certain point, but they have been resolved very quickly.

Mr Watt: Notices clearly have been issued against housing association properties and HMOs. In some cases, those are related to some of the contradictory requirements for, for example, easy access or where you put your fire extinguishers. In some cases, there will have been shortcomings in HMOs, but I suppose that we are saying that, given the other regulatory regimes and that DSD has noticed that the property management standards are significantly increasing, it is reasonable to move to a risk-based approach that perhaps includes clearer and, if necessary, more robust obligations for health and safety within both the supporting people QAF and, perhaps, any RQIA inspection. That would cover it.

The Chairperson (Mr Maskey): OK. Thank you. No other member wishes to ask a question, and, Cameron and Raymond, you have indicated that you have no additional information to give us. On

that basis, I thank you both for coming here this morning, making your presentation and answering a lot of the questions from members. Thank you very much.

Mr Watt: Thanks, Chair and the Committee.

The Chairperson (Mr Maskey): OK. Thank you very much.