

Froghall, Powis and Sunnybank Community Council  
117 Sunnyside Road  
Aberdeen  
AB24 3LS

16<sup>th</sup> January 2017

Dear Sirs,

**Ref: HMO licensed Premises**

The latest draft report on HMO licensed premises within the city confirms the fact that our area seems to have a disproportionate level of HMO licensed premises as a percentage of households in the area.

We have suspected this for some time as we see the results of this over provision on a daily basis.

The demographic of our community is diluted by the ever changing student and short term resident population that occupy HMO type premises. Being close to the university, our area has always been popular with the students and a somewhat transient population.

We believe communities thrive when the percentage of settled residents, who are able to commit to the local area outnumbers the transient population. Settled residents tend to take more pride in their property, gardens and the surrounding area.

Given the close proximity to the university there will always be a desire to live in this area by students but this desire does not constitute a need.

We feel that our area cannot continue to absorb increasing numbers of HMO premises and survive as a vibrant, well adjusted community.

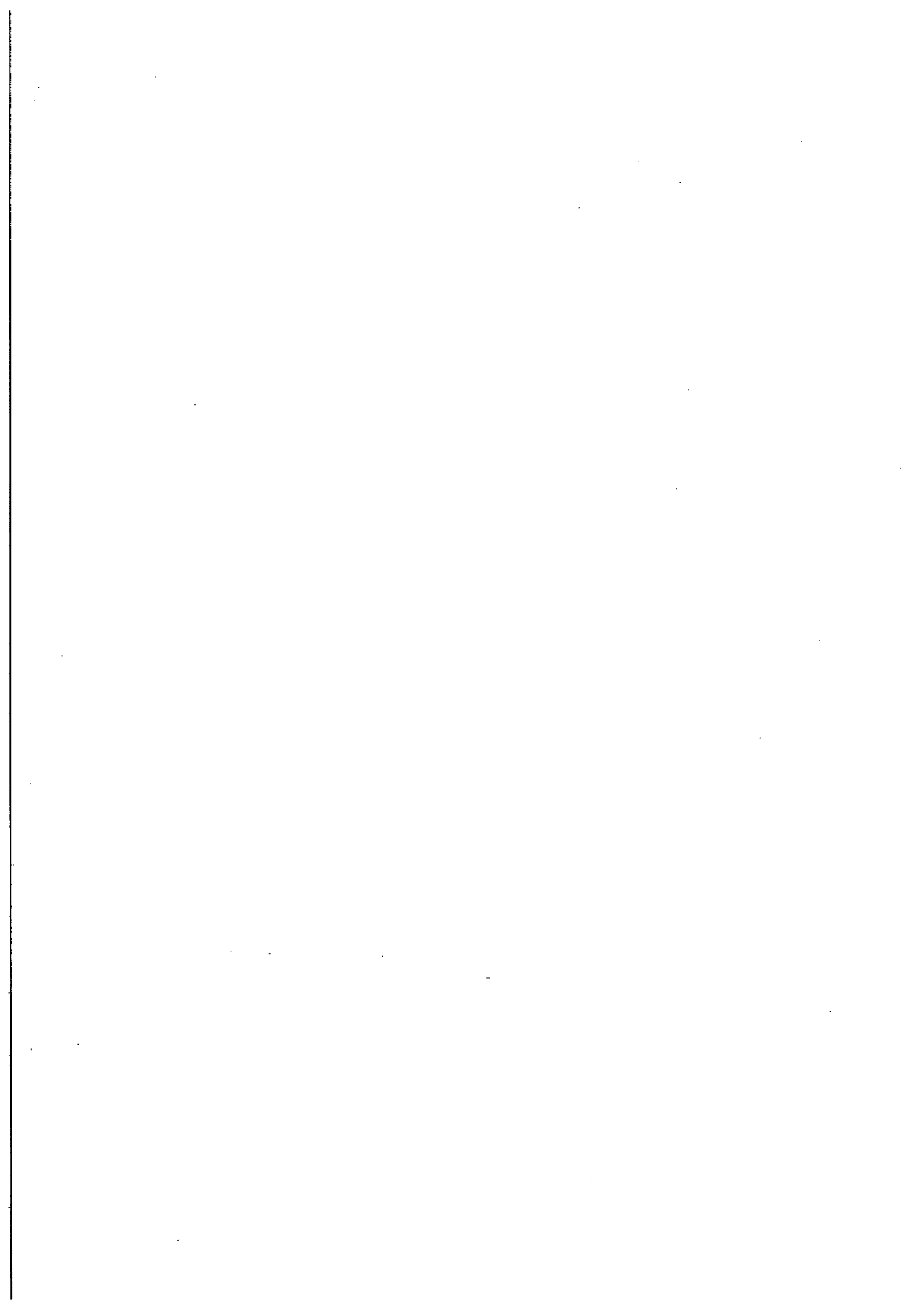
We recognise the complexities that the council faces in devising and implementing a policy for over provision however we are aware of how other areas in Scotland, for example St. Andrews have addressed and resolved these self same issues.

We believe that there is a need for an overprovision policy in Aberdeen and urge the council to take the necessary steps to implement this.

Yours faithfully,

Anna Rait

Chairperson  
Froghall, Powis and Sunnybank Community Council



## Neil Carnegie

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**From:** George Street Community Council <  
**Sent:** 15 January 2017 23:13  
**To:** Neil Carnegie  
**Subject:** Notification of HMOs to Community Councils

Dear Neil,

After talking with representatives from neighbouring Community Councils, George St Community Council would ask that the Council provide information to Community Councils when an application to form an HMO is proposed.

The area served by this Community Council, by it's geographical proximity to the Town Centre and to the University and College, make it a popular area in which to locate HMOs. We fully appreciate that students have to live somewhere and that not all HMOs are used by students, but we feel that our area is becoming overpopulated with transient occupants who tend not to look after the area they live in or to invest time and energy within the community, to it's great detriment. The long-term residents of an area tend to pay more attention to their surroundings; to the fabric of their buildings because they live there, they may be more prone to be fastidious about the rubbish collection days being upheld and not letting their bins overflow, they may take greater care not to upset their neighbours because they have to live beside them for a long time, and possibly have a greater rapport with their neighbours because they have lived there for some time. Community involvement suffers where the population does not stay long enough to put down roots and serious anti-social problems stem from this.

If we could get notice of proposals for HMOs, as we do with planning proposals, then we could ask the Council to intervene and reject proposals if we believed that a particular area was being overwhelmed with this type of accommodation. It is surely not unreasonable to ask the Council on occasion to spread the responsibility for these sometimes difficult to live with types of accommodation across the entire city rather than leaving it to market forces to dictate where they prevail.

Thank you for you attention,

Michele MacLeod  
(Secretary and Acting Chair George St Community Council)



**From:** Simon mclean  
**Sent:** 17 January 2017 15:29  
**To:** ACC Chief Executive  
**Subject:** HMO report

Below are thoughts stemming from Mr Carnegie's HMO report:

The management of HMO's requires a clear and consistent definition of HMO's that is easily accessible for members of the public, business and Council staff via the ACC website to use; sub categorises of HMO's should also be included to aid evaluation of the subject.

An audit of the current situation should provide a base line assessment of the status quo indicating the benefits and impacts of HMOs in our City – the assessment of the baseline will aid planning for any potential future HMO's and other consequences e.g. demand of GP provision.

It's worth questioning how data is portrayed. Note the George Street and Harbour ward population is approximately 18,000 and about 6000 of that are students (<http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?IID=60828&SID=53>), this indicates that the HMO density is likely to be greater than calculated in the report – of course not all students are in HMO's, be they registered or unregistered; nor are all users of HMO's students.

As already highlighted by Dewi Morgan there is or maybe confusion between *need* and *want*.

I agree in principle with the Report by Dewi Morgan (Old Aberdeen Community Council).

Any recommendations must be practical, needs-based and not anti-student or anti-other HMO users.

Reference HMO users and perceived levels of demand: Increasing the supply of HMO's creates (perceived) demand further confusing needs and wants.

In addition to this *supply-to-demand* lead expansion; there is a risk that short term thinking and unsatisfactory accommodation could be added to poorly engineer a contorted solution to the council housing shortage.

Has a project management approach been attempted? What system was adopted? Princes2 is proven tool and recommended to aid evaluation on HMO's and associated planning matters. How is the work evaluated – by what standard and by whom (competence / qualification)? Any report/wider project must have a purpose defining success and failure, not merely a laissez-faire approach of carrying on with much the 'same as before'.

What consideration / evaluation has there been of current enforcement and or the creation of by-laws to make the clearly defined HMO to be mandatory in registration to the City Council?

Beyond HMO – what evaluation has the current HMO level had on non-HMO residents (families) and services in specific defined areas?

#### Governance

I have been advised an earlier questionnaire on HMO's is leading and may have brought the current author to the present conclusions of the report – if correct this adds further weight to the matter of the City's governance – there are really concerns on the timing, quality and presentation of data presented to elected officials, the CEO-of-the-day and members of the public. These Governance concerns have previously been raised and do not to appear to have been addressed within the current culture at Aberdeen City Council.

Regards,

Simon McLean

16 ERSKINE ST

ABERDEEN

AB22 5NR

DATE. 13/01/2017.

NEIL CARNEGIE

HEAD OF COMMUNITIES AND HOUSING.

ABERDEEN CITY COUNCIL.

DEAR SIR.

IN REFERENCE TO HMO OVERPROVISION REPORT CHI/16/121.

PLEASE CAN YOU CONSIDER THE FOLLOWING POINTS.

- 1/ TO INFORM COMM. COUNCILS BY AREA ON NEW OR RENEWAL OF A HMOs LICENCE.
- 2/ BY TAKING NO ACTION ON HMO OVERPROVISION POLICY IS THIS ACCEPTABLE GOOD GOVERNANCE.
- 3/ BY STATING THAT THE EXISTING LEGISLATION IS NOT ROBUST ENOUGH HOW CAN THIS BE, IF IT HAS NOT BEEN TESTED IN COURT.
- 4/ WHY HAS ABER. CITY COUNCIL FAILED TO IMPLEMENT A HMO OVERPROVISION POLICY OVER THE LAST TEN YEARS.
- 5/ IF ONE STAYS WITHIN AN AREA OR STREET IDENTIFIED IN THE REPORT WITH ALL THE PRESSURE THIS BRINGS, YET PAYS THE REQUIRED COUNCIL TAX HOW CAN THIS BE EQUITABLE IN CONTRAST TO OTHER PARTS OF ABERDEEN.
- 6/ ASSESSMENT OF NEED 5.5 WAS UNDERTAKEN ON AREAS OF HIGH DENSITY OF HMOs, IS THERE AN IMPACT REPORT AND ASSESSMENT OF NEED ON QUALITY OF LIFE FOR LONG TERM RESIDENTS WITHIN THESE AREAS.

YOURS SINCERELY

ALEXANDER MESS.

Revised Mr Mess - we agreed to withdraw in Sept - #19/1/17



**OACC HMO Consultation Response to  
Draft Copy of Report CHI/16/121 dated 24 January 2017**

After reviewing the previous version of HMO report CHI/16/221 that was submitted to the Communities, Housing and Infrastructure Committee at their meeting on 15<sup>th</sup> March 2016, the report was not accepted and the Committee asked the officers to provide information that the report had not been addressed. The four information queries are listed here, each followed by the Old Aberdeen Community Council's critique of the response;

- i) the number and capacity of licensed Houses in Multiple Occupation in all 13 wards and broken down to proposed localities within each ward;***

OACC Comment

The number of licensed Houses in Multiple Occupation in all 13 wards have been listed in Appendix 3, but the capacity of licensed Houses in Multiple Occupation in all 13 wards has not been provided.

The requested break-down into localities has not been properly addressed.

To respond to the question regarding localities, surely the report should:

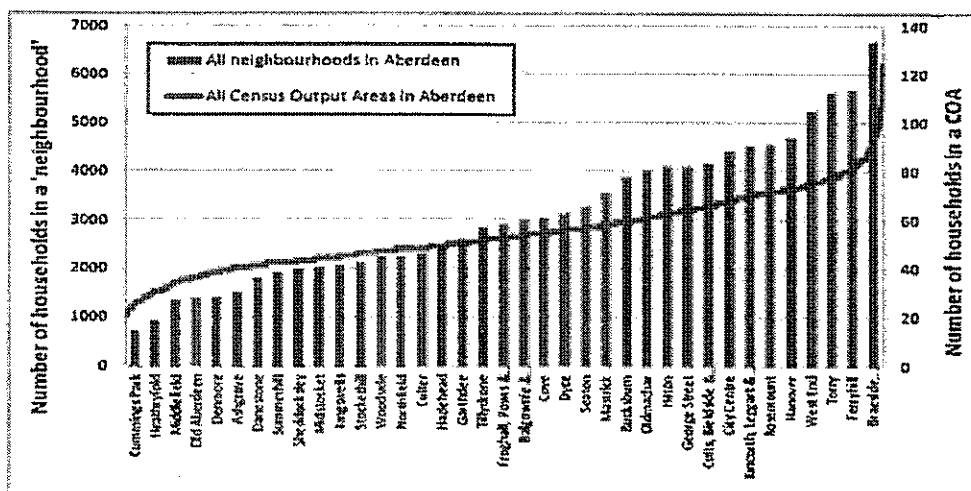
- Identify the various options available for defining a 'locality'
- Provide the pros and cons for each of these options
- Provide justification for their favoured definition

This has not been done, despite various options for a 'locality' having been discussed in some detail as part of the HMO overprovision consultation in April 2013 which suggested that overprovision might be considered by ward, by street, by post code, by radius and by census output area.

Then in October 2014, report H&E/14/055 used COAs to identify variations in HMO density, in August 2015, report CHI/15/208 notes that Dundee uses COAs as their defined locality for managing HMO density, while the subsequent HMO consultation survey focused on the use of COAs as the most suitable locality and the subsequent report CHI/15/335 did not raise any objection to COAs.

With this track record of COAs being assumed the default means of defining locality, it is with some surprise that we find that this latest report chooses to dismiss COAs because they '*... vary significantly in geographic size and number of households ...*',

The report then goes on to propose that a 'neighbourhood' as defined by the community planning partnership be used. Having compared the data for neighbourhoods versus COAs, we find that the number of homes in the 37 'neighbourhoods' vary significantly and in fact vary more than COAs. The dismissal of COAs is simply illogical. The following graph shows how the number of households within the Aberdeen COAs is generally more consistent than within the 'neighbourhoods'.



However, the key problem with selecting neighbourhood as the locality is size. With an average of close to 3000 households per 'neighbourhood', the proposal at a stroke destroys the whole point of attempting to mitigate *local* hot spots where the density of HMO is creating a severe negative effect on the long term community.

The adoption of such a large locality would make the whole process pointless.

ii) *the need for housing accommodation in each proposed locality and the extent to which HMO's are required to meet that need;*

OACC Comment

Just as in previous reports on HMO, the Committee's request for officers to consider need has been put into the 'too hard' category. We suggest this is because there is a fundamental flaw in how need<sup>1</sup> is being considered.

If there were insufficient HMO properties in Aberdeen such that students and others looking for short term accommodation cannot find anywhere to live within their price range, then there would certainly be a need. If the students and others are unable to find suitable short term accommodation within a specific street, but it is available nearby, then that is not an unfulfilled need, it is an unfulfilled desire.

(I need a car to get to work; I desire a Mercedes but I've got a Honda; tough).

No Community Council is advocating a limit on the number of HMOs within Aberdeen City, therefore our request to limit *local* hot spots of HMO density can have no impact upon need<sup>1</sup>.

Does the Committee consider it has a duty to ensure that all students who wish to live in HMO accommodation can do so within a mile or so of their class rooms?

The report speculates that there is an overall shortage of rental housing for single persons in Aberdeen. If so, perhaps the Council should be urging developers to build starter flats rather than student accommodation of which we now seem to have rather a glut. It should also be remembered that a house that is not turned into an HMO is not a loss of housing capacity; it will normally remain a family home, providing long term stability to the locality.

<sup>1</sup> Oxford Dictionary definition of 'need'

VERB: Require (something) because it is essential or very important rather than just desirable: 'I need help now'

NOUN: Circumstances in which something is necessary; necessity: 'the basic human need for food'

**iv) Advice from the Council's legal officers on the issues which need to be addressed before Committee should consider the introduction of a HMO overprovision policy**

While this point was not a formal part of the minuted instruction to the Officers, it was presumably a request made at the same time. However, this request, as identified in iv), has not been addressed.

Neither is there any legal discussion to justify the statement made in section 8; *'... a refusal of an HMO licence on the grounds of overprovision would be appealed to the Sherriff Court and considered by the Sherriff. There may be legal expenses awarded against the Council if such an appeal was successful'*.

On the other hand, an unsuccessful appeal would place a clear marker down.

The conversion of a family house into an HMO will not increase housing supply unless there is an identifiable, city wide shortage of short term furnished accommodation and a glut of family housing. We contend that there is local overprovision of HMO properties and an under provision of long term residential properties in particular hot spots.

We consider the Council's legal officers should be challenged as to why this definition of overprovision is not acceptable.

We consider the Council's legal officers should be challenged whether need can be considered a substantive issue, where limitation of HMO housing within specified localities (such as a COA) has no bearing upon the availability of property within Aberdeen as a whole.

**OACC recommendations**

1. That the Council's legal officers be asked to review the legal situation and respond publicly with their determination, ideally as an appendix to this report.
2. That the Committee move to progress towards the introduction of a formal policy to limit local HMO density.
3. That the officers be instructed to develop a cost-time estimate for introducing the 'Dundee' model and the necessary software to Aberdeen and determine how landlord fees should be adjusted to make this a cost neutral package.
4. That a 10% limit of HMOs in all Aberdeen City Census Output Areas be introduced.

Dewi Morgan

On behalf of Old Aberdeen Community Council

10 January 2017

Meanwhile, if HMO numbers do, indeed, drop due to the forthcoming overprovision of purpose built student accommodation, then the licences to be relinquished will likely be the ones further away from the Universities, thus there may be very little benefit felt in the areas currently suffering from acute overprovision; those which are clearly identified in the table at the bottom of the report's section 5.3.

***iii) a recommendation on whether or not the Council ought to set a threshold for overprovision of HMO's in the relevant localities, including proposals for the levels of thresholds for each locality***

**OACC Comment**

First, we must reiterate our strong objection to considering 'neighbourhoods' holding circa 3000 homes as an appropriate locality for HMO control. We only wish to manage local density, which is what the long-term resident experiences. While the Census Output Area is not an ideal measure, it is reasonably consistent, small enough to make a difference and is doubtless a component part of the Council's databases. Assuming a 10% limit is set, then a typical COA with around 60 homes could hold up to 6 HMOs. If they were bunched together, it could feel pretty excessive to the long-term resident, but the likelihood is that the HMOs will be more scattered.

We acknowledge that there has been quite a bit of a change in the HMO market over the last year but this is not a valid argument against the introduction of a local density limit. As the report notes, we already have COAs where over 40% of the stock is HMO, so we still urgently need a mechanism to dissuade landlords from making these areas worse.

If the Dundee procedure is copied, ACC would be able to advise a prospective landlord that the purchase of a house in, say, University Road for conversion to HMO would be unlikely to obtain licence approval, but a property a few blocks further away would, in principle, be acceptable.

- This will have no impact upon the landlord's ability to carry out his business
- It will have no impact upon any perceived housing shortage
- It will have no impact upon student 'need'

But it will help to stabilise the communities and encourage families to stay.

As regards '*the levels of thresholds for each locality*'; while we consider there would be some merit in introducing lower levels for more sensitive areas (such as the Chanonry), we think that variable percentages could lead to confusion and challenge, thus we feel a single limit that is in place throughout the city will be easier to understand and accept. As noted in the report, most COAs will experience no impact from this restriction.

We have proposed a 10% maximum. While residents would like something lower, making it the same as Dundee should help to standardise expectations.



# OLD ABERDEEN HERITAGE SOCIETY

11 Greenbrae Crescent  
Denmore  
Bridge of Don  
Aberdeen  
AB23 8LH

Neil Carnegie  
Acting Head of Communities and Housing  
Aberdeen City Council

14<sup>th</sup> Jan 2017

Dear Mr Carnegie,

## Draft Report on HMO Overprovision for CHI Meeting 24<sup>th</sup> January

The Society's response to the Consultation on the above Draft Report is detailed below:-

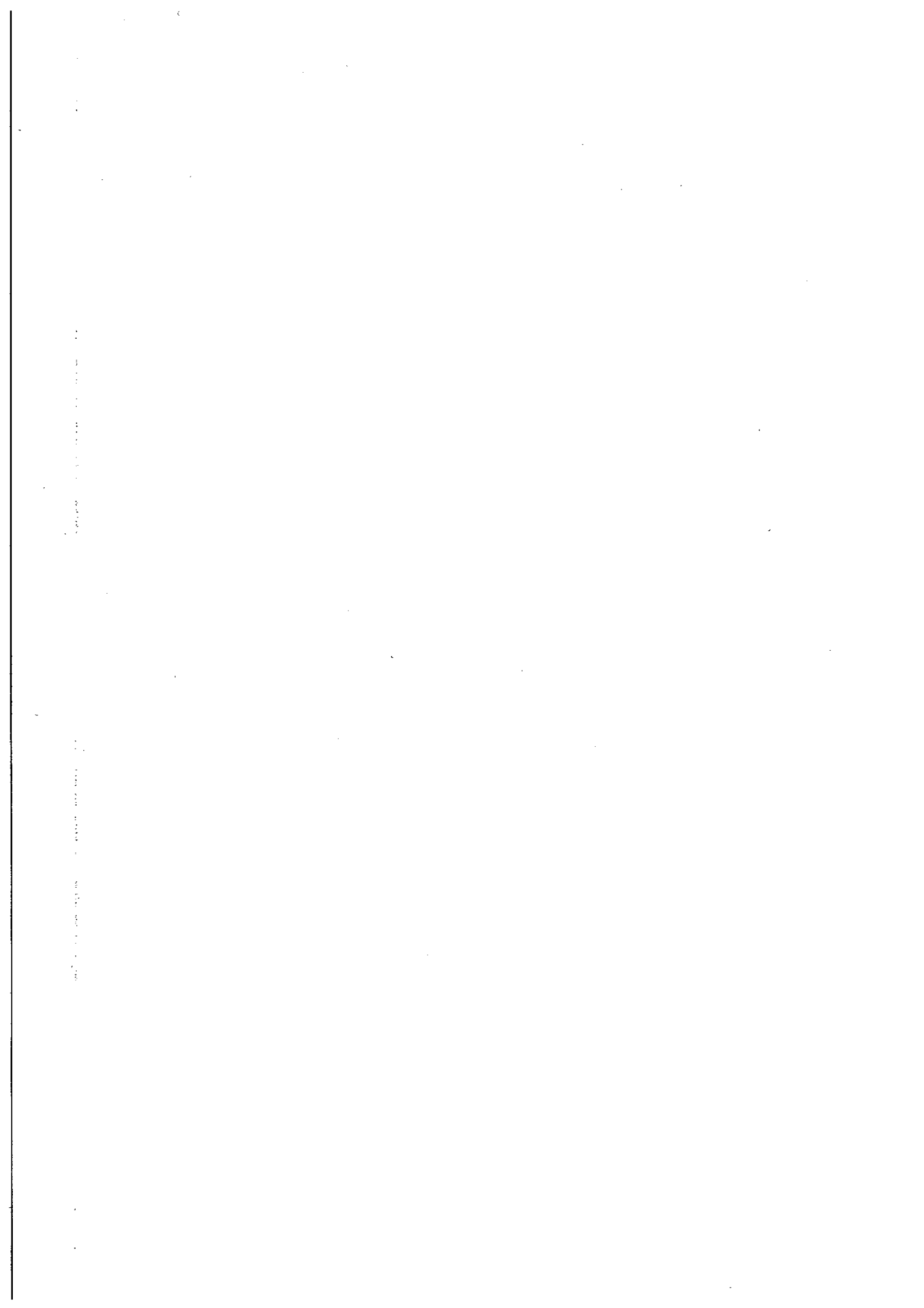
- (1.) We note that the Report acknowledges the unacceptably high densities of HMO's in some areas; in various Census Output Areas representing over 40% of households. (There are, of course, localised areas within some of these where the percentage is considerably higher).
- (2.) We note that after two Consultations on the Committee's proposal to introduce an HMO Overprovision Policy, and countless reports, and postponements, officers still seem to be unwilling to recommend that a Policy be instituted.

It is our firm view that there is no basis for this inaction. The problem of overprovision (and potential overprovision) in various localities has long been identified, and the solution to the problem is clearly available to the Council in the form of the 2011 legislation which amends the 2006 Housing Act. Dundee City Council has been operating a highly successful and straightforward Overprovision Policy for some years, and their model has been commended by the Scottish Government.

In the light of the foregoing, and in view of the acknowledged high concentration of HMO's in various parts of the City, there can be no justification for further delay in implementing an Overprovision Policy to address the issue. Indeed there is a clear indication of the urgent need to do so.

- (3.) We wish to object in the strongest terms to the Report's adoption of "neighbourhoods" as localities to be employed in the assessment of the impact on HMO's on local communities, or in the formation of a Policy. "Neighbourhoods", as can be seen from Appendix 4, can contain anything from 1,000 to 6,000 properties each, and to apply a percentage threshold on such a vast locality would be meaningless; all the HMO's could easily be grouped together in one small area, resulting in an exceedingly high density for that spot.

The proposal to use "neighbourhoods" as 'localities' in no way addresses the problem facing various areas of the City, which is one of levels of HMO density which are damaging the social cohesion of the local community in particular "hotspots".



It is our view that the most appropriate 'locality' for the Council to adopt as a measure is the COA, or Census Output Area. COAs are the units used by Dundee Council in their Policy, have long been under discussion by this Council, and have the benefit of being long-established in their nationally recognised boundaries. They are small enough to mean that an Overprovision Policy based on these as localities would actually make a significant improvement to the current unsatisfactory situation.

A policy based on "neighbourhoods" of vast size would, on the contrary, defeat the whole purpose of pursuing the wish of the Committee, as expressed at several meetings, viz. to control densities in those localised spots where concentrations are damaging community cohesion.

- (4) "Need" must be assessed across the City as a whole, rather than by particular locations. There is manifestly no need for HMOs to be in a particular location (although some might wish it to be so, of course, which is a different matter). The concept of need is an absolute, which concerns the whole City viewed as one.

In contrast, the level of overprovision has to be assessed within each locality, because the measure of overprovision is the impact on each locality.

- (5) It should be stressed that there is no suggestion that the total number of HMOs in the City should be limited; only that there should be an upper limit on the percentage allowed in any one local area.

It is our view that the threshold for HMO density in any COA should be set at 10% as the absolute maximum, if ongoing problems are to be addressed.

(6) Legal Status of Policy

It cannot be overemphasised that an HMO Overprovision Policy introduced as a result of this and previous consultations, and based on a 10% threshold per Census Output Area, would have a sound legal basis.

- a) We regard the suggestion by officers that such a Policy would be open to legal challenge, as ill-informed. Any challenge would have to prove that there is a shortage across the City of HMOs, and that is most certainly not the case.
- b) The Dundee model of HMO Overprovision Policy, which is highly successful, and on which this Committee has previously asked for a Policy to be based, has been operating for some years, and has not faced any legal challenge. It functions smoothly and efficiently, and has been welcomed by landlords and residents alike, for removing uncertainty in this previously unpredictable matter.
- c) Most importantly, a communication from the Scottish Government in 2015 has removed any trace of doubt about the legal status of such a Policy.

In an email of 21<sup>st</sup> April 2015 (copy enclosed), the Scottish Housing Directorate makes it clear that the Scottish Government has already provided the necessary statutory guidance on this issue, and draws attention to the settled Overprovision Policy in place in Dundee. There is no suggestion whatsoever that there could be a challenge to this. On the contrary, the tone of the email indicates that this is a model worth pursuing.

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In conclusion, we would ask that the following points be noted:-

- (i) There is a longstanding and ongoing problem with high concentrations of HMOs in various localised hotspots in the City.
- (ii) Urgent action is needed to address this imbalance, for the sake of community amenity and cohesion.
- (iii) The solution is simple. The necessary legislation is in place, enacted specifically for this purpose; to address this very problem.
- (iv) The Council has acted responsibly and inclusively, holding two extensive consultations on the proposed introduction of an HMO Overprovision Policy, and having given full consideration to all representations, can therefore freely choose to introduce such Policy as they see fit, to resolve the issues which the legislation gives them the power to address.

The Society accordingly requests that officers be asked to proceed to arrange for the introduction of a Policy based on the Dundee model, with a 10% threshold, and that there be no further delays to its adoption.

Yours sincerely,

Barbara McPetrie

Planning Secretary



Telephone 01334 475270

From:

To:

Sent: Tuesday, 21 April 2015, 12:59

Subject: RE: Sections 129A and 131A Housing(Scotland) Act 2006

David

Thank you for your letter of 22 February 2015 to Barry Stalker about the creation of Houses in Multiple Occupation (HMO) overprovisions policies by local authorities in Scotland. I apologise for the length of time it has taken to reply to you.

The Scottish Government has already provided statutory guidance on the exercise of a local authority's functions in relation to HMO licensing and, as you will be aware, local authorities must have regard to this. However, the legislation only says what must be considered, and that does not prevent other considerations being looked at.

It is worth noting that an overprovisions policy is in place in Dundee. While we acknowledge that there may be a belief that the criteria used by Dundee City Council may not be appropriate to the particular circumstances faced in other local authority areas, we do not consider that there is anything in the legislation that prevents local authorities from developing their own factors to consider.

I understand that local authorities in Scotland have a variety of views on this topic so we suggest that local authorities may wish to consider the benefits of collaborating to share good practice on this.

Kind regards

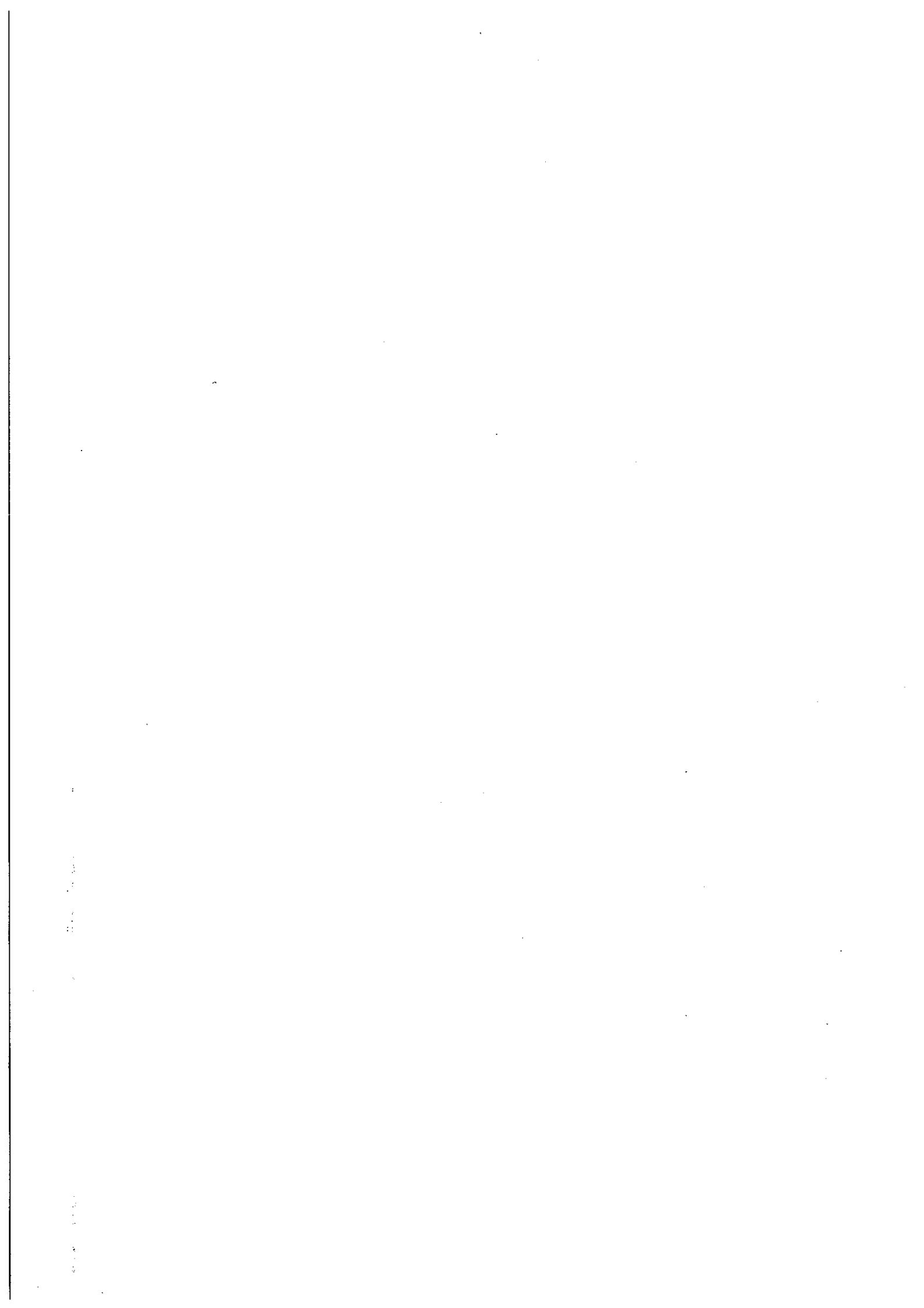
Steve

Steve Lection | Policy Officer

Scottish Government | Housing, Regeneration and Welfare Directorate | Private Rented Sector Policy Team  
Victoria Quay, 1-H South, Edinburgh EH6 6QQ |

Safeguarding Tenancy Deposits - Tenancy Deposit Schemes

Practical guides if you're renting or letting a property in Scotland - <https://rentingscotland.org/>



## Neil Carnegie

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**From:** Linda Presslie  
**Sent:** 17 January 2017 16:59  
**To:** Neil Carnegie  
**Subject:** HMO Overprovision. CH1/16/121

Dear Sir,

I write to clarify some points and comments made at the meeting of 9th January regarding the above report.

Para 5.4

This table means/shows very little. Why only six months ?

Surely it should be annually and over a period of four years to give a true picture and comparison. There should be a brought forward commencing figure and a carry forward final figure which should agree with the current figure.

The current figure was quoted at the meeting as being 1,300 HMO licensed premises to date. I thought that included the applications up for renewal, but I may have miss heard what was said. The figure in your report states 1,376?

With this wider table we would then see if there is in fact a reduction.

It would also be of benefit to all to separate existing HMO licenses and applications that were originally residential family homes and purpose built ones.

I also disagree with the assumption that the demand for HMO's in neighbourhoods currently with the highest densities has declined or will continue to decline. I feel that the reality will be that if the figures decline it will be the areas out with the highest density first as they are the most difficult to let.

I also see when looking at my own map of Froghall, Powis and Sunnybank with noted HMO's plotted that this area has nearer 30% ratio of HMO's tenancies to residential. My own immediate surroundings of Elmbank Terrace, Elmfield Avenue, Bedford Place and Erskine Street the ratio is nearer 45%, and I may have missed some so it could be worse.

The ideal method would be to plot each application and drawn a radius of 200 metres ??, if the ratio is 10 or over then the over provision should eliminate any further applications. Regarding the work load this plotting would only take place once and I cannot see that 1,300 already existing is unworkable. Your figures seem to suggest an annual figure of 250 new applications and renewals. I feel sure you have done this exercise to produce this report so part of this work is already done.

To keep repeating the same observations is unproductive so I have looked at this from the angle of solution solving, just for a change.

The word studentification comes to mind, if you have not heard of it already, Google it, you will be amazed. This is a world wide phenomenon which I think ACC should tackle now before its to late.

Yours faithfully

Linda J Presslie

1

Hello Neil,

Thanks for sending through the report for consultation. It was an interesting report with some useful information. I'd agree with the recommendation that there isn't a need to introduce a policy on HMO over provision at this time.

From a student perspective, I would agree with the reflections in the report. At RGU, we have also seen a change in the sector. I don't have statistics to quote from, but anecdotally, we know that the price of renting has come down, and there are more properties available on the market than we would have seen in the past.

It is also concerning to see the full scale of the number of purpose built student accommodation coming onto the market. I knew of several developments, but there is such a significant number coming on. At the moment, both universities already have a significant number of empty beds within their own developments, so there simply isn't the market for these additional commercial facilities.

The market for purpose built student accommodation is primarily first year students and international students. After this, continuing students do not want to live in halls, but want the independence and control of their own houses. This is where HMOs are beneficial for students. Purpose built student accommodation is significantly expensive, for smaller space and communal facilities, when what students want is their own space.

At RGU, a large number of our students are also from the local area and live at home, so have no demand for purpose built student accommodation or private housing. Both universities are suffering from declining international student numbers. Anecdotally, I feel like many HMO properties would have been taken by international students who cannot afford or want to live in student accommodation, and want to live close to the universities. At RGU, many of these students would be international (Nigerian/Ghana) mature postgraduates wanting to rent their own spaces with other similar students. These numbers are declining, which might account for the vacant HMOs.

Students are under significant financial pressures, and with rent and student accommodation in Aberdeen being one of the highest priced in the country, living at home along with HMOs and shared private rented accommodation is often the best option for the majority of students (Scottish, undergraduate, 2<sup>nd</sup> – 4<sup>th</sup> year students).

Furthermore, anecdotally from lightly looking at student postcodes over the past few years, we believe more RGU students are moving from King Street/City Centre properties to Holburn Street/Garthdee properties as the years go on with all of our teaching in Garthdee.

I would agree with all the summaries of key findings. HMOs are a valuable and necessary affordable housing option for the student community, there is too much purpose built student housing that is too expensive, not what students want and will simply not be filled, there is a need for more affordable flats for the student community to be able to embed themselves in civic life, develop into working professionals and contribute to the economy of the city.

RGU:Union is launching our Live Right Campaign to provide a comprehensive website to provide support, information and tools for students to find safe and affordable housing in the city and to make sure that with the decline in rents and the increase in competition that students are making informed

choices and know what to look for and not get landed with a poor quality property and to know their rights as renters.

Sorry for the essay of a reply, not sure if that is helpful, some of the information may be out with this particular report, but may be useful consultation for other decisions of the Communities, Housing and Infrastructure Committee.

Let me know if you have any questions or would like more information,

Kind regards,

**Edward Pollock**  
President (Communications and Democracy)

Robert Gordon University Students' Union  
Union Way, Garthdee Campus,  
Garthdee Road, Aberdeen AB10 7GE

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Hi Neil

I just came back from a presentation on the Aberdeen Master plan for the city regeneration delivered by Marc Cole, Director of the City Centre Regeneration Programme. It was a very interesting presentation on what is happening to ensure Aberdeen attracts and retains young people and therefore grows as a city. From this, it seems to me that an overprovision cap on HMOs would not be aligned with the Masterplan and would certainly make it more difficult for young people to stay in Aberdeen.

It would be very interesting to have debate on how the overprovision question fits in the grand scheme for the city and whether it would hinder or help achieving that vision.

Again, please feel free to share my thoughts around.

Cheerio  
Fernan

**From:** Fernan Rodriguez [mailto:]  
**Sent:** 17 January 2017 13:46  
**To:** Neil Carnegie; [info@scottishlandlords.com](mailto:info@scottishlandlords.com)  
**Subject:** Fwd: Tr : Aberdeen Draft CHI Committee Report for Consultation Deadline 18 January

Hello Neil

I have reviewed the HMO Overprovision report CHI/16/121 forwarded to me by the Scottish Association of Landlords I would like to highlight the following concerns I have as an HMO landlord:

1. Although the current recommendation to the committee is not to implement an overprovision policy at this time, it is evident that the groundwork is being laid for that purpose. It appears that the council is getting ready for it without perhaps fully taking onboard all points of view.
2. It is mentioned that council housing demand for 1 bed properties is high in the areas where there is a high density of HMO properties. There is an implication that HMO's are keeping people from accessing their desired housing options, it is not mentioned however that HMO properties are larger than 1 bedroom flats and that capping the numbers will have no effect on a availability of 1 bedroom properties; in fact, the opposite is true, HMO properties allow people to rent one room in these localities therefore fitting their lifestyle. Furthermore, the offer on 1 bedroom flats across the city is currently high, even if it is in different localities, but when the demand increases many people will be priced out and this will put pressure back on HMOs.
3. It is mentioned that there are currently 70 empty HMO properties, however, there is no further information on why these properties are empty. In my humble experience, I have seen many HMO properties that even though meet all safety and HMO regulations, have a low living standard, have low quality decoration and furnishing and/or are overpriced. So without

further analysis on this, it is not fair to assume from these empty properties that the HMO market has plateaued.

4. Currently there is less demand for accommodation and there is more choice, this means that students and people on low income are able to afford to rent single properties instead of HMO rooms. HMOs cannot be looked at in isolation as the drop in the market has a knock-on effect. This drop is abnormal and it is not safe to assume that conditions will remain static.

5. It is mentioned that students have expressed that they do not favour the purpose built student accommodation, due to price amongst others, which drives them to HMOs as they are more affordable, so why are some many large student accommodation developments in the pipeline. These accommodations are exclusive for student use, whereas traditional HMOs can be used for students and workers alike and therefore provide more flexibility to adapt to the market, specially when the economic activity in the city picks up.

6. HMO licensing allow large properties to be let out. These large properties would otherwise remain empty due to low demand for them because of the economic conditions in the city as well as movement of people. It is not mentioned that there are plenty of large properties on offer which are not renting and that HMO licensing does not prevent people from accessing family homes.

7. It is mentioned on the summary of key findings that the demand for HMO accommodation will continue to decline. The demand for HMO might be lower at this particular point of time, but one of the reasons is that other types of accommodation are available and affordable due to the downturn. So the assumption that the demand will continue to drop needs to be assessed against the economic forecast and plans for the city, including how likely workers are to return and outbid students and people on low income who will have to go back to shared accommodation.

8. An overprovision cap might have a negative effect in that it will limit the offer of shared accommodation and once the demand catches up, it will lead to increase on rental price as there are no more HMO properties available. This will also result in a drop in the quality of the HMO housing on offer as landlords won't have to try very hard to let their properties as there are no more available. HMO properties might become gold dust as it has happened in other parts of the country like Cambridge with detriment to tenants.

I understand great effort is being put in taking all opinions and points of view in consideration, so thank you for compiling all this data and analysis.

Best regards

Fernan Rodriguez

## **Neil Carnegie**

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**From:** Secretary R&ME CC ✓  
**Sent:** 17 January 2017 23:27  
**To:** Neil Carnegie  
**Cc:** John Gray  
**Subject:** Draft CHI Committee Report for Consultation - CHI/16/121 HMO Overprovision

Hello Neil,

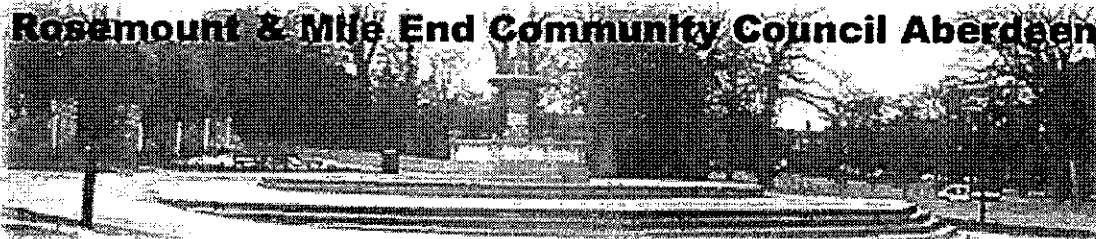
Following receipt of the above mentioned report from Karen Rennie, Rosemount and Mile End Community Council has now reviewed the content. It was agreed and minuted at our meeting on 17<sup>th</sup> January 2017 to send the following points through for inclusion in the final report that is presented to Committee.

Rosemount and Mile End Community Council support the following position with regard to HMO policy and overprovision:

1. There needs to be a policy and the recommendation not to develop one and review the position in the Autumn of 2017 needs to be looked at again.
2. Census output area (average 50 households) is a reasonable solution as it can be quickly related to the property address, and that a 10% HMO is an absolute maximum desirable.
3. Another concern is notification of new HMOs (and to a lesser extent, renewal of HMOs). The sticking of posters on lampposts is pretty obsolescent and makes it simply impossible for a community council to keep abreast of new applications (someone would have to traverse on foot every road in one's area, weekly). Community Councils should automatically receive weekly notification of HMO applications by email or link to the application online at the ACC web-site.

As per Karen Rennie's email our response has been submitted to you as the Author of the draft report by 18<sup>th</sup> January 2017 and we trust that our views and the views of other Community Councils will be presented in the final report to Committee.

Regards, John  
John Wigglesworth  
Secretary  
Rosemount and Mile End Community Council



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## Neil Carnegie

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**From:** Ashleigh Carnie  
**Sent:** 11 January 2017 15:46  
**To:** Neil Carnegie  
**Cc:** info@scottishlandlords.com  
**Subject:** Aberdeen Draft CHI Committee Report for Consultation  
**Attachments:** CHI.16.121 HMO Overprovison Report.docx

Good Afternoon,

We received an email from the Scottish Association of Landlords regarding the above issue. We just wanted to send a quick email to give you our view on this.

We believe that there is no need to implement such a policy, as this could cause a lot of hassle for landlords in Aberdeen, as well as letting agents. We feel that there is no problems when it comes to HMO properties in the city and do not agree that this policy should be implemented.

If there is anything further required, please just let me know.

Kind Regards,

**Ashleigh Carnie :: Leasing Manager :: The Law Practice Leasing**

99 – 105 Holburn Street, Aberdeen, AB10 6BQ

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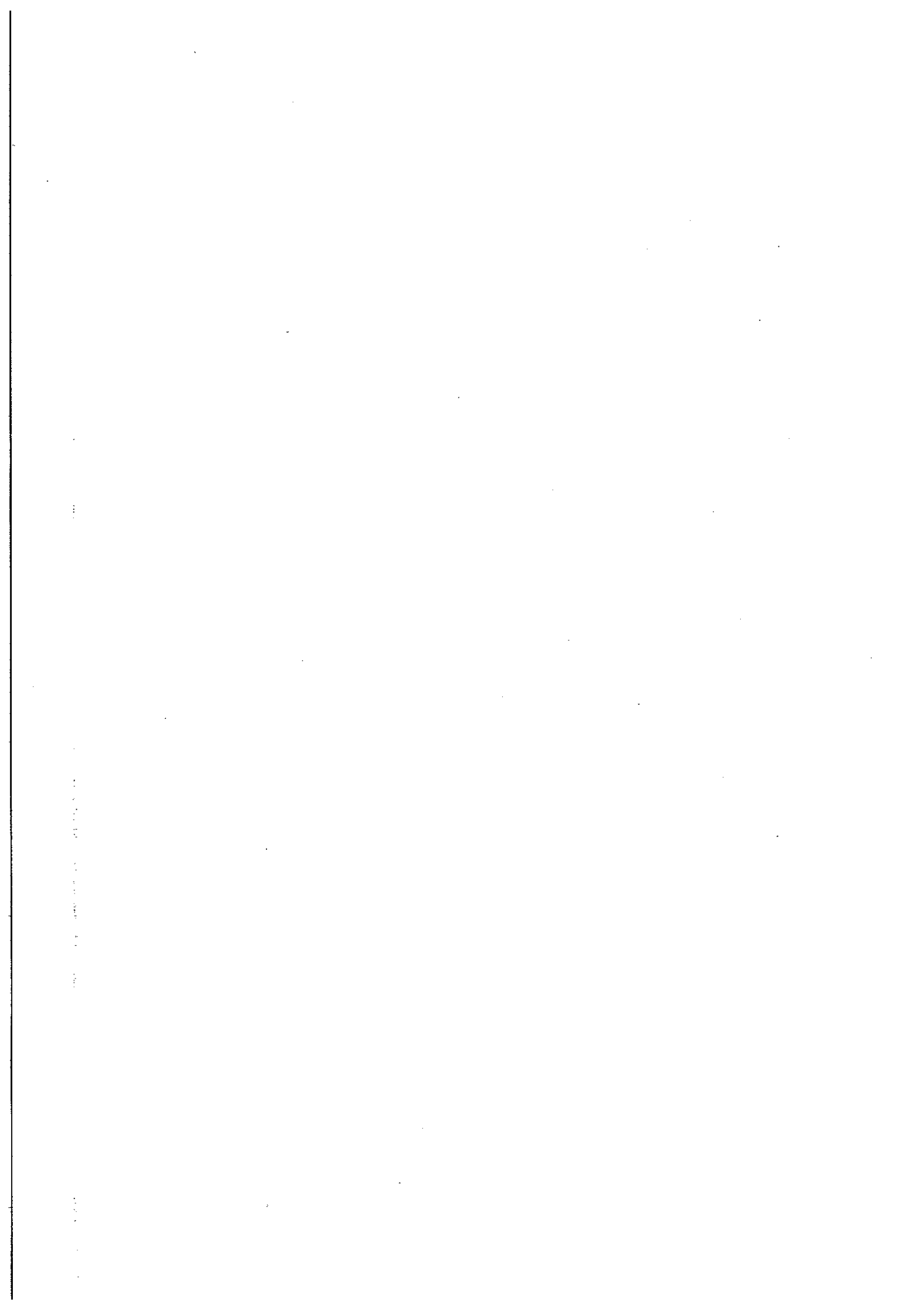
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best people.  
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Get to know them on our  
new website here





## Neil Carnegie

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**From:** Secretary Torry Community Council -  
**Sent:** 17 January 2017 18:10  
**To:** Neil Carnegie  
**Subject:** HMO report to Committee

Hi Neil

This is a summary comment on the report going to CHI Committee

Torry Community Council recognises that Houses in Multiple Occupation are nothing new, and they cover a range of social, environmental and legislative policies. In considering the draft report, we are of the view that

- 1 We strongly suggest that the recommendation for the report should propose that an overcrowding policy on HMOs be adopted. This is long overdue as this matter impacts on some local communities across the City in a very serious and disproportionate way
- 2 We request that the Census Output Area or a suitable radius from a property would be a measure more suited to reflect the situation of a long term resident.
- 3 We recommend that the Council puts in place a means to limit local HMO density and to set a limit of 10% or lower.
- 4 An IT system must be in place to monitor the locations, registration and assessment of HMOs, and should have a facility to advise on renew of licences to community councils and local communities; a poster on a lamp-posts cannot be deemed adequate!
- 5 HMOs management and support systems must be supported by adequate fee income

I look forward to your reply on this note

Thanks and regards

David

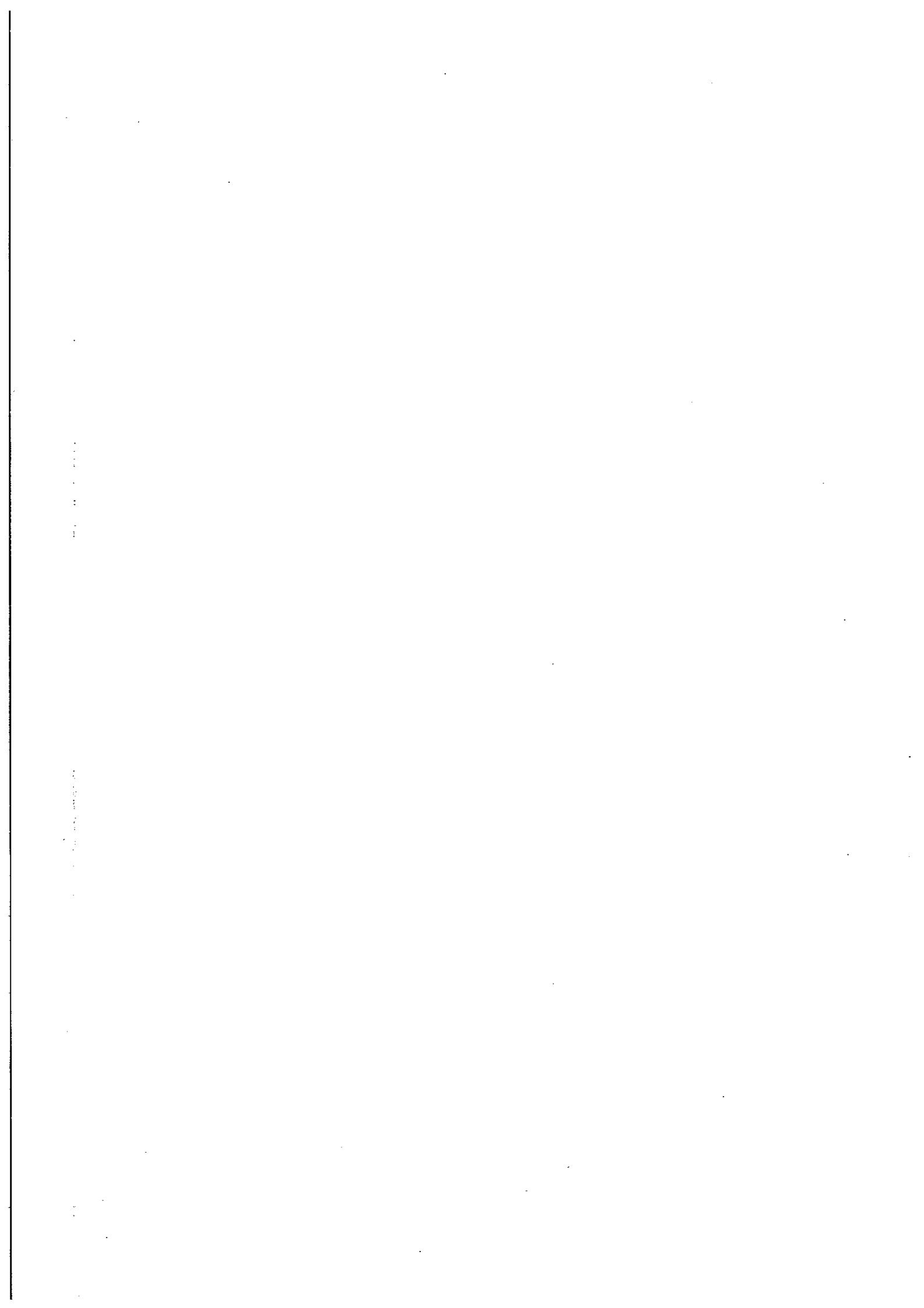
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David Fryer  
Secretary - Torry Community Council

Need to contact me directly? Telephone

Visit our website: [torrycommunitycouncil.org.uk](http://torrycommunitycouncil.org.uk)

Please [like us on Facebook](#) and [follow us on Twitter](#)





**From:** Donaldson, Angus A. M. [  
**Sent:** 13 January 2017 10:40  
**To:** Neil Carnegie  
**Cc:** Donaldson, Angus A. M.; Lovie, Fraser  
**Subject:** FW: HMO Paper CHI/16/121: Comment from the University of Aberdeen

Dear Neil

Thank you for the opportunity to comment on the HMO paper due to be considered at committee on 24 January.

You will be aware that we have previously made representation on this issue and support a continuation of the current arrangements for oversight of HMO provision in the City.

To that end we welcome and endorse the substantive recommendations made in the paper. We note that the paper contains a wealth of valuable data concerning the range and scale of HMO provision in wards and neighbourhoods across the city, alongside some analysis of likely changes in the housing market in Aberdeen. If anything we would suggest that the paper could be stronger in arguing that recent changes in the residential market undermine the argument for such controls. Please note that the draft copy we received had a minor typo in the key recommendation at 2c.

We also note that the paper makes clear that there are strongly held views on both sides of this issue. For our part we felt it was appropriate to reiterate our strongly held view of the benefits of HMO provision as we see them. These include reflections from both the staff and student perspective:

- HMOs ensure properties are regulated resulting in better standards particularly relating to safety.
- HMOs contribute to an affordable housing market for staff and students.
- The capacity in University owned student accommodation is limited and many students must procure accommodation in the private sector for most of their studies
- University provided HMO accommodation is, however, more affordable for students in comparison with many private providers and landlords.
- International students and their families, who are not familiar with the city, want to stay close to the University and to mix with other students.
- University owned student accommodation provides a raft of other services including 24/7 security, pastoral support, and mechanisms through which community issues such as anti-social behavior can be addressed.
- University student accommodation house a high number of different nationalities, actively encouraging tolerance and diversity amongst the student population and creating a more multi-cultural community.
- The proximity of University accommodation reduces the need for vehicular traffic, with students (and staff) more likely to cycle, walk or use public transport.
- Students in particular first year undergrads want to live in University owned accommodation; this is apparent from the high number of applications we receive every year.
- The University's ability to offer guaranteed accommodation to first time students is a major element in our recruitment of students.
- The provision of HMO properties for University staff assists with recruitment and is positive for the City in terms of the provision of high-quality jobs and diversity.
- HMO properties offer affordable and appropriate accommodation for single and junior staff members, post-doctoral staff and PhD students.
- Many University staff tenants are overseas nationals, some receiving modest grants or bursaries and most with no transport. Local, affordable accommodation is vital for them.

- Many staff welcome the opportunity to share with other staff as this allows them to settle quickly into the area, creating a community feel in Old Aberdeen.
- Visiting staff and students can be here for short periods e.g. 3 – 6 months and prefer to live locally for that period.
- Demand for staff housing of this kind far exceeds availability and the University is turning away staff seeking such accommodation.

Should you require any further information on this matter from the University, please do not hesitate to contact us.

We understand that the last time this was considered, there was an opportunity for contributions from interested parties. If it would be appropriate for a representative of the University to attend committee on 24 January I would be happy to arrange for that.

Yours sincerely,

Angus Donaldson

Director of Estates | University of Aberdeen | King's College | Aberdeen AB24 3FX

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P Please consider the environment before printing this e-mail.

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## **CH&I Committee: Issues to be considered prior to introduction of HMO Overprovision Policy**

You have asked for legal advice on the issues that need to be addressed before the CH&I Committee can consider the introduction of a policy on HMO overprovision.

### **1. Issues to be considered**

#### **1.1 Legislative requirements**

In terms of section 131A of the Housing (Scotland) Act 2006, a local authority can refuse to grant an HMO licence if they consider that there is, or that the grant of the licence would result in, overprovision of HMOs in the locality.

It is for the local authority to decide whether and how to apply this power which should only be exercised in accordance with an explicit overprovision policy.

Section 131A includes a number of factors that require to be considered by a local authority prior to the introduction of an overprovision policy for HMOs. These are examined below:-

##### **(i) Definition of locality**

There is no definition of locality in the Act. It is for a local authority to determine locality as it sees fit. The Committee must therefore identify localities prior to carrying out any assessment of overprovision.

You have proposed to use the thirty seven neighbourhoods identified by the community planning partnership as designated localities. I can see nothing wrong with this approach, provided any data gathered can be easily attributable to its corresponding locality and the statistical evidence can be broken down into the designated localities.

##### **(ii) Number and capacity of licensed HMOs in the locality**

Once the localities have been identified, the Committee must have information as to the number of licensed HMOs in each locality as well as the capacity of HMOs within the locality. Accordingly the total number of bedspaces across the licensed HMOs within each locality will have to be provided to the Committee for consideration.

##### **(iii) Need for housing accommodation in the locality and extent to which HMO accommodation is required to meet that need**

Finally the Committee must assess the need for housing accommodation in each locality and the extent to which HMOs are required to meet that need.

Clearly housing need and HMO need is not easily quantifiable at a locality level. Whilst it is preferable that any data gathered be broken down into the designated localities for analysis, where that is not possible a general overview could be taken.

You have proposed a number of sources from which you intend on obtaining the data with which to carry out an assessment of need, specifically:-

- Analysis of housing requirements set out within the Local Housing Strategy 2012 – 2017 and progress against this.
- Aberdeen City Council housing waiting lists overall and for 1 bedroom properties (broken to localities with highest concentrations of HMOs)
- Aberdeen City Council – persons in temporary accommodation
- Population projections
- Student population projections

- Availability of private sector property for rents
- Information on demand/occupation rates for HMOs

It may also be appropriate to survey existing licence holders to assist in ascertaining from their point of view what level of need there is at present for current HMO accommodation.

There is no Scottish Government guidance on how an assessment of need should be carried out, therefore it is impossible to say that a policy formed on the basis of the above data gathering exercise would be wholly capable of withstanding challenge. However it is my view that it would be the best option for the Committee in seeking to meet the aims of the legislation and ensure insofar as possible the requirements of section 131A are complied with.

## 1.2 Coordination with planning legislation

The Scottish Government has stated that local authorities should endeavour to take a coordinated approach between the planning control of HMOs and the licensing of HMOs and seek to streamline licensing and planning procedures. Applications for HMO licences can be refused if the occupation of the accommodation as an HMO would be carrying out development without the required planning permission or a failure to comply with a condition or limitation of an existing planning permission. The intention is that licensing should complement planning enforcement.

It is open to the Council as planning authority to adopt policies to manage HMO concentrations. It could therefore be said that the Committee should not be looking at overprovision in isolation without also having regard to the control of HMOs through the planning system.

At present the Council requires planning permission for change of use for any HMO where the proposed occupancy is five or more unrelated persons.

## 2 Formation of policy

Once the aforementioned assessment has been carried out it can be analysed and shared with relevant stakeholders. Views can be sought at that stage whether there are any particular localities in which there is considered to be overprovision of HMOs. Recommendations can then be made to Committee by officers regarding the introduction of a policy. The Committee must ensure that any policy is reasonable and proportionate and in line with the purpose of the 2006 Act.

Whilst there has been previous consultation on a draft policy, this was prior to any assessment of need and analysis of data. Accordingly a fresh draft policy would be required if indeed that is the recommendation of officers. This would then require further public consultation prior to a final decision being taken by Committee.

HMO Overprovision Consultation Response

To whom it may concern,

Aberdeen University Students' Association (AUSA) wishes to register its opposition to an HMO overprovision policy. Community cohesion is a key tenant of AUSA's work, and we feel that further limitations to HMOs – particularly in areas surrounding the University of Aberdeen – would have a detrimental impact on current efforts to harmonise students and non-student residents. Part of our efforts around community outreach centre on breaking down the dichotomy between students and local residents – as students are also local residents. An overprovision policy that further limits HMOs in specific areas, and in particular around Old Aberdeen, will have the effect of declining student numbers in this area. As a result, students – who are already under great financial strain – may have to seek accommodation in areas far beyond the campus on which they study.

Further, the metrics suggested in the report for measuring 'areas' under which to regulate HMO provision are not satisfactory. Census Output Areas (COAs), for example, are noted in the report (5.3) as being an inappropriate means with which to assess HMO provision across the city, and there is a lack of definition around what a 'locality' would mean in practice. In addition, there is a lack of clarity with regards to what would constitute a maximum number of HMOs city-wide, or even within a 'locality'. With such vagaries, it would be inappropriate to implement an overprovision policy.

In Section 5.5, it is noted that AUSA's Student Advice Centre advised that students would prefer to live in shared private housing rather than purpose-built student accommodation as a result of cost. This demonstrates two key points:

1. Students wish to be citizens within Aberdeen communities, rather than ghettoized into student accommodation. The simple transference of students from private HMO-licensed housing into student accommodation – that will become a consequence of an HMO overprovision policy – will not aid community cohesion: it will prevent it existing entirely.
2. Students are often unable to afford the cost of purpose-built student accommodation, and thus limiting HMOs in areas surrounding University campuses will render the cost of living in the city more expensive for many students. This will take effect as a result of students either living in more expensive purpose-built student accommodation, or in travelling to-and-from HMO properties situated further away from campus.

In addition, within the quote attributed to AUSA Student Advice Centre, it should be noted that there is an inaccuracy in the report. It is stated that "they advised that there are still approximately 70 HMOs unlet in addition to a number of rooms in the purpose built student properties" - at the time of asking, there were 70 total properties unlet but these were not all HMOs. Currently, there are zero HMO properties unlet (out of a total of 36 currently available properties).

The limiting of HMO licenses would ultimately have a detrimental impact on the students that contribute so much to Aberdeen City.

APPENDIX

Kind Regards,  
AUSA Sabbatical Officers