



BEDFORD
BOROUGH COUNCIL

Review of Additional HMO Licensing Scheme 2013 to 2018

December 2017



Environment Directorate

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1. Introduction

1.1. This report provides the findings of a review carried out on the Additional Licensing Scheme for Houses in Multiple Occupation (HMO) which has been in operation in Bedford Borough since May 2013, the report also provides the basis of options for the future of the Scheme post 2018.

2. Reason for the review

2.1. In 2013 the Council agreed to designate the whole of its area making it subject to Additional HMO Licensing. The scheme runs for a period of 5 years, it commenced on 6 May 2013 and is scheduled to expire on 5 May 2018.

2.2. Under s60 (3) of the Housing Act 2004 *'a local housing authority must from time to time review the operation of any designation made by them'*.

2.3. This review fulfils the responsibility under the legislation but also provides the Council with a progress report which will be used as a platform for considering the future of the scheme.

3. Background

3.1. The increase in the size of the Private Rented Sector (PRS) has been the most significant change in the housing market in the last ten years, with the PRS now outstripping public sector housing. In 2015-16 the PRS accounted for 4.5 million or 20% of households whilst the social rented sector accounted for 3.9 million households or 17% of households¹.

3.2. A number of market factors such as house prices, a high demand and an increased population have resulted in an increased growth of HMOs and there are now approximately 700 licenced HMOs in Bedford. There is also a predicted demand for 17,800 new homes in Bedford Borough over the next 20 Years² and with a national housing shortage, constraints on mortgage lending, welfare reforms including cuts to housing benefits, the demand for HMO type accommodation is likely to increase.

3.3. Additional HMO Licensing in Bedford provides a mechanism to secure the improvement of all of the HMO stock and is a significant undertaking by the Council. When it was first introduced the overall purpose of the licensing scheme was to alleviate the housing situation by setting and maintaining minimum standards across the Borough in the most vulnerable sector of Bedford's private rental market. This included improving the level of 'broad compliance' with legislation, guidance and local standards regarding property structure, fire safety and management of HMOs. The Additional HMO Licensing Scheme has been successful in aims of protecting tenants by increasing broad compliance from 62% to 85%.

3.4. HMO Licensing also contributes to the Council's Corporate priority of meeting housing need through carrying out inspections of HMOs and by improving conditions in the PRS.

4. What is a HMO?

4.1. A House in Multiple Occupation (HMO) is defined in Sections 254 and 257 of the Housing Act 2004 and can be a building or part of a building if it is:

- Occupied by persons who form more than one household, and where those persons share (or lack) one or more basic amenities, such as a WC, personal washing and cooking facilities.
- A converted building containing one or more units of accommodation that do not consist entirely of self-contained flats (there is no requirement that the occupiers share facilities).
- A converted building consisting entirely of self-contained flats, where the building work undertaken in connection with the conversion did not comply with the 1991 Building Regulations and more than one third of the flats are occupied under short tenancies.

4.2. The HMO must be occupied by more than one household:

- As their only or main residence.
- As a refuge by persons escaping domestic violence.
- During term time by students.

4.3. In all cases:

- Occupation of the living accommodation must be the only use of that accommodation.
- Rents are payable or other considerations are provided.

4.4. Under the Housing Act 2004, a household comprises:

- A single person.
- Co-habiting couples (whether or not of the opposite sex).
- A family (including foster children and children being cared for) and current domestic employees.

4.5. Certain types of buildings will not be HMOs for the purpose of the Housing Act, they are:

- Buildings, or parts of buildings, occupied by no more than two households, each of which comprise a single person only (for example, two person house or flat shares).
- Buildings occupied by a resident landlord with up to two tenants.
- Buildings managed or owned by a public sector body, such as the police, local authority, registered social landlords, fire and rescue authority and the NHS.
- Buildings occupied by religious communities.
- Student halls of residence where the education establishment has signed up to an Approved Code of Practice.
- Buildings occupied entirely by freeholders or long leaseholders.

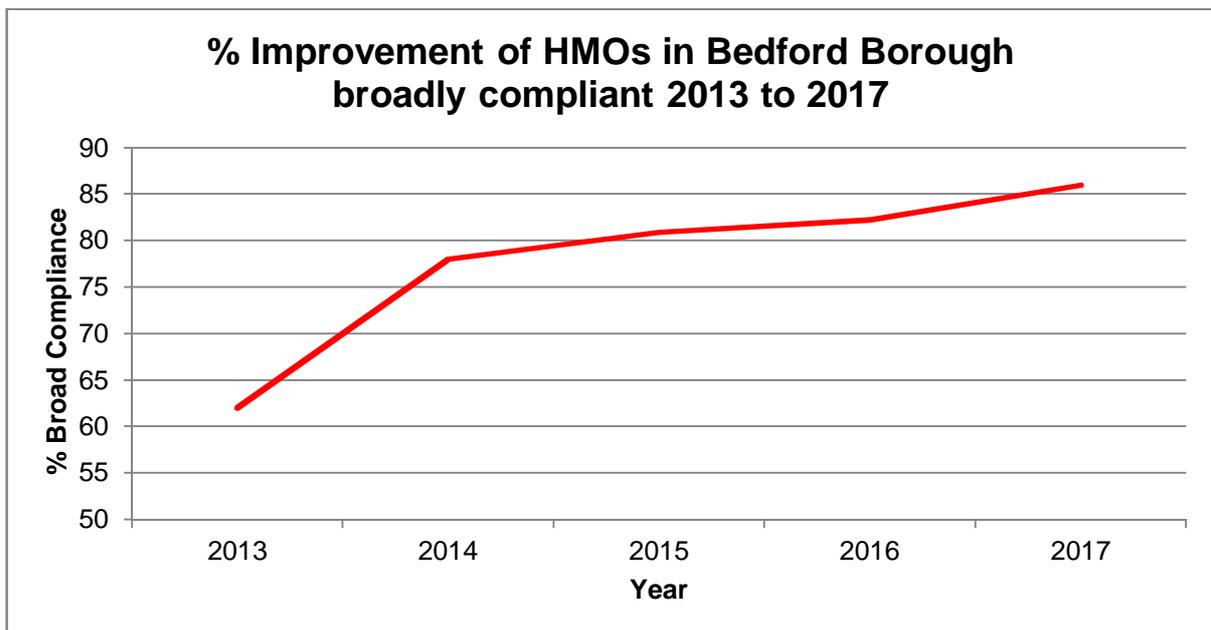
5. Key Findings of the Review

5.1. The key findings from the review have been detailed below, with further detail located in the Supporting Information section of this report (page 6 onwards). Since the introduction of the Scheme the Council has:

- **Improved** broad compliance for fire safety and management practices in HMOs by increasing compliance from **62% to 85%** (see Figure 1 below).

- Found that approximately 1/3rd of HMOs did not meet the minimum standards for fire safety and management.
- Issued licenses for 700 HMOs.
- Carried out circa 1000 visits including inspections to HMOs.
- Responded to circa 3000 complaints about living conditions and management from tenants.
- Estimated that around £985,000 has been invested by landlords into improving HMOs during the life of the Scheme.
- Served a total of 560 notices to improve housing conditions.
- This includes 54 prohibition, emergency prohibition and emergency remedial action notices.
- Undertaken 6 prosecutions with fines totalling £28,079 and conducted 34 formal tape recorded interviews under the Police and Criminal Evidence Act (PACE).
- Held 8 Landlords Forum's with external speakers from the Bedford Fire & Rescue Service, Anglian Water, DWP talking about how to conduct a fire safety risk assessment, responsibilities for drainage and universal credit. Internal speakers included talks on landlords' responsibilities for ASB, Waste and recycling and housing strategy.
- Issued 3 newsletters for Landlords advising on fire safety risk assessments as well as new legislation.

Figure 1: Broad Compliance of HMOs between 2013 to 2017



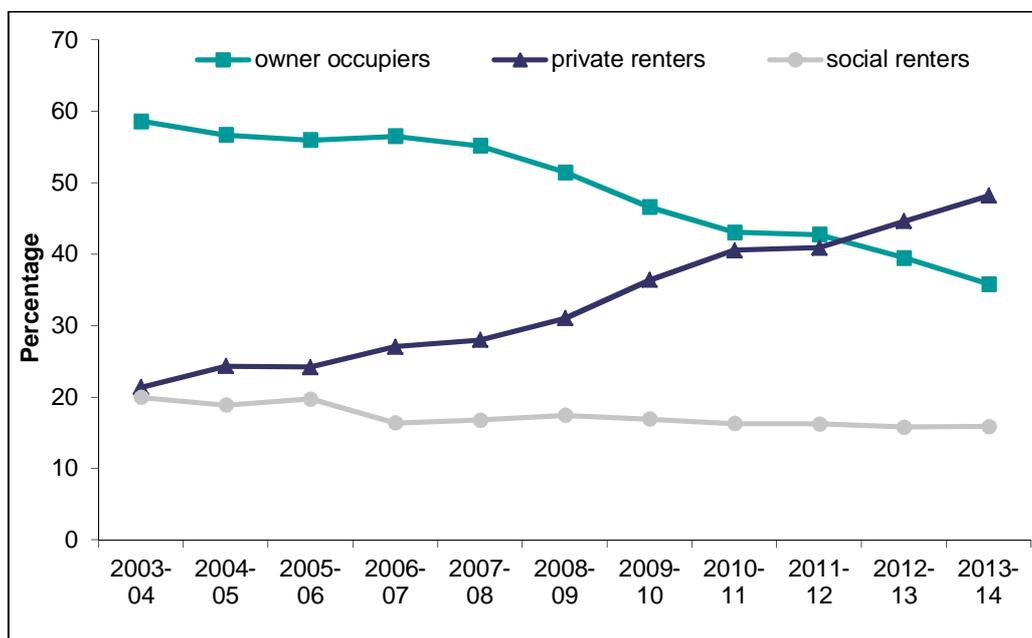
Supporting Information

6. The National Picture

- 6.1. The population of England is predicted to grow by 6.9% over the next 10 Years³. There is also an ageing population with the number of people aged 65yrs and over projected to increase over the next 10 years by an average of 20%.
- 6.2. The English Housing Survey reported in 2016 that the Private Rented Sector had now grown to 20% (4.5 million households) with the sector more than doubling in size since 2002.

6.3. Figure 2 shows that the majority of 25-34 year olds owned their own home in 2004, however those born 10 years later are now far more likely to be renting.

Figure 2: Tenure profile for 25-34 year olds 2003-2014



6.4. Further analysis shows that 59% of 25-34 year olds owned their own home 10 years ago, but by 2014 it had fallen to just 38%. Many young people have been priced out of buying a home whilst the percentage of young people renting from a private landlord has more than doubled to 46%⁴.

6.5. In 2015-16, 89% of households had at least one working smoke alarm up from 84% in 2008-09. Private renters were least likely to have at least one working smoke alarm (84%), compared with 89% of owner occupiers, 93% of local authority renters and 95% of households in housing association properties⁴.

6.6. The rental market has also changed considerably with average weekly rents climbing by 20% across England from £153 in 2008-09 to £184 in 2015-16⁴.

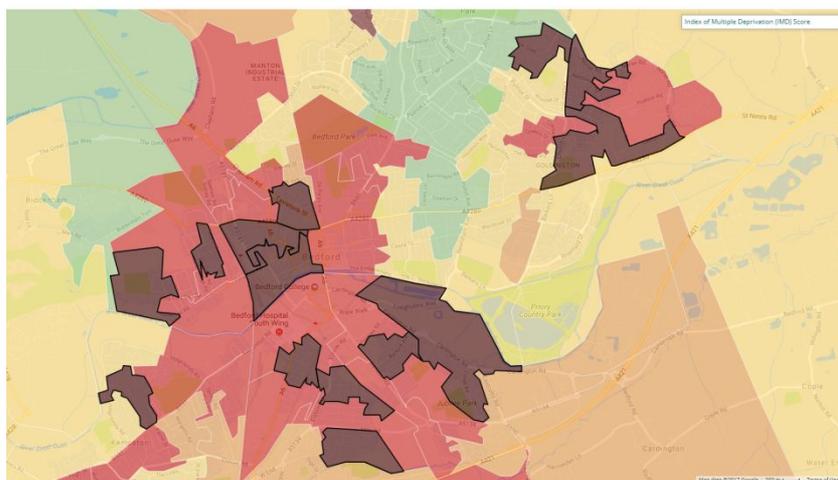
7. The Bedford Picture

7.1. Key features of Bedford Borough's current and projected demography include:

- Bedford Borough's population rose from 148,100 in 2001 to 168,751 in mid-2016, an increase of nearly 14%⁵.
- A recent study has identified the need for 6,000 new homes between 2014 and 2021 and it is expected that the population will increase by 20,000 over the next 15 years⁶. As a result the Borough's population is expected to grow significantly to approximately 172,500 by 2021 with an anticipated 16,000 new homes being built. Longer term, the population is projected to rise to 199,000 in 2037⁶.
- Average house prices are 60% higher in Bedford than they were in 2001 with the average house price more than seven times the average salary⁶.

- The Borough's total population is forecast to increase by 7% between 2014 and 2021, but older age groups will increase at a much higher rate with the 65+ population rising by approximately 16%. Most notably, the 85+ population is forecast to increase by around 32%. This will represent a significant ageing of the Borough's population profile.
- There are major differences between the age structures of the Borough's urban and rural areas. The population of Bedford and Kempston Towns is much younger on average, with only 46% of the population aged 40+ compared to 55% in rural areas.
- Bedford Borough has an ethnically diverse population. The 2011 Census indicates that 28.5% of the population was from minority ethnic groups (BME), compared to 20.2% nationally. The BME population increased by 16,400 between 2001 and 2011, whereas the 'White British' population declined by 6,900.
- The BME population is extremely diverse and the Borough ranks in the Top 100 of 348 English local authorities on the proportion of its population in 15 of the 17 minority ethnic groupings. In particular, the 'White Other' (e.g. Italian and Polish), Indian, Bangladeshi and Black Caribbean groups all exceed the England average.
- The BME population is concentrated in the urban area of Bedford and Kempston, with particularly large BME communities in Queens Park (75%) and Cauldwell (59%) wards. The BME level is highest among younger age groups and a majority (51%) of the 0-4 population in Bedford and Kempston is non-'White British'.
- Bedford Borough has higher than average life expectancy than England, both at birth and at age 65, but is slightly below regional averages at birth. The most deprived areas of the Borough experience significantly lower life expectancy, with a difference of up to 14 years in life expectancy between the most deprived and least deprived areas.
- The English Indices of Multiple Deprivation (IMD) are used to identify small areas in England which are experiencing multiple aspects of deprivation including seven domains with component indicators including Income, Employment, Health and Disability, Education, Skills and Training, Barriers to Housing and Other Services, Crime and Living Environment. Below is a map of Bedford showing the Index of Multiple Deprivation in 2015 for the top 20% most deprived wards (Local Insight).

Figure 3: The index of multiple deprivation in Bedford 2015



▲ The dark shaded areas have been defined as being among the 0-20% deprived areas in England.

8. The strategic context in Bedford

8.1. The Corporate Plan 2017-2021 'the place to grow' identifies its ambitions which include:

- *Bedford borough is seen as a place to grow.*
- *Businesses are coming and expanding.*
- *Schools and colleges are realising potential and enhancing skills.*
- *People are coming & staying and choosing to live, work and enjoy life here.*
- *Our diverse communities have strong social interactions.*
- *The most vulnerable people of all ages are supported as we ourselves would want to be treated.*
- *The quality of the local environment and ease of getting around is highly valued.*
- *People contribute and engage in building the positive changes that they want to see for their community.*

8.2. HMO licensing can contribute to the Corporate Plan by underpinning the delivery of the key corporate priorities including enhancing places by keeping people safe, secure and protected from harm.

8.3. The Council's Community Safety Partnership (CSP) also brings together a number of local agencies including the Police, Fire and Rescue Service the NHS Clinical Commissioning Group and Bedford Probation Service to prevent crime and disorder.

8.4. The CSP strategic vision aligns with the Corporate Plan and its ambition which is to

- *"tackle crime, disorder, antisocial behaviour, drug and alcohol misuse and increase perceptions about the safety and well-being of our communities".*

8.5. In its 2016 Strategic Assessment the CSP priorities were to focus on anti-social behaviour, domestic abuse and crimes associated with vulnerable groups. HMO licensing can contribute to this aim by requiring landlords to reduce anti-social behaviour in their properties.

8.6. The Bedford Borough Partnership also produced its Sustainable Community Strategy 2009-2021 with a key vision to improve people's quality of lives where everyone can fully achieve their potential.

8.7. A major cornerstone of this strategy is to ensure that the supply and quality of housing is capable of supporting the needs and aspirations of the Borough's population in the future when there is expected to be a significant increase in housing growth. As affordable housing will be beyond the reach of many in the future, especially with the economic challenges, it is important that the private rented sector is brought up to a decent standard to support vulnerable families and improve the quality of life for people living in these homes. HMO licensing is one way of supporting this strategic goal.

8.8. The Council's Housing Strategy is currently under review (2012-2017) but there are ambitions to deliver housing with care to meet the escalating requirement of the community. HMOs increase the supply of local housing for the most vulnerable and therefore licensing is a way of controlling the quality of these homes.

8.9. Over the last 5 years, the HMO Team (via Regulatory Services) have been working closely with landlords to improve the HMO housing stock. This includes a regular landlords forum (at least twice a year), a landlords newsletter and dedicated webpages for free up to date information and advice about the legislation and standards in HMOs.

- 8.10. A variety of interventions have been used in Bedford to tackle problems in the HMO stock in Bedford. These range from providing advice and support to landlords and tenants through to the use of tougher sanctions including legislative powers to raise standards.
- 8.11. With the introduction of an Additional HMO Licensing Scheme in May 2013 the HMO Team have worked closely with Housing Options to prevent homelessness and provide advice and assistance to landlords and agents about their rights and responsibilities.
- 8.12. The primary driver for all of the work carried out by the HMO Team is the protection of health, safety and welfare of residents living in HMOs by acting in an advisory role through to the tougher role of enforcement. The outcome of this work is to support the key vision of each of the corporate strategies including providing a healthier and safer environment in which to live.
- 8.13. Operational partners include various teams within and across directorates including housing options and advice, planning and building control. There are also strong links with external agencies including the Bedfordshire Fire and Rescue Service. HMO licensing is a large contributor towards preventing death and injury by fires, requiring structural fire protection and fire detection systems to be installed in private rented properties.

9. Housing in Bedford

- 9.1. The average cost of a house in Bedford was £283,991 in 2017⁷ and according to one large national estate agent website, the overall sold prices in Bedford over the last year were up 10% on the previous year.
- 9.2. Average house prices are 60% higher in Bedford than they were in 2001 with the average house price more than seven times the average salary. Average house prices in Bedford are relatively more expensive than across East Anglia, compared to Peterborough (£184,591), Norfolk (£240,945) and Suffolk (£259,424), but excluding Cambridge (£323,135).

10. The private rented sector in Bedford

- 10.1. The tenure profile has changed considerably since 1981. Although private ownership remains the largest group at 63% with 14.3 million households¹ it has declined in recent years when it reached its peak at 71% in 2003.
- 10.2. At the national level the Private Rented Sector is now larger than the social rented sector and reached 20% (4.5 million households) in 2015-16 and has more than doubled in size since 2002. The social rented sector now only makes up 17% and is the smallest tenure at 3.9 million households.
- 10.3. In Bedford there has also been a significant increase in Private Rented Sector households from 5,921 (9.8% of all dwellings) in 2001 to 10,110 (15.9%) in 2011 reflecting the growth in the number of buy-to-let properties, higher purchase costs and difficulties in securing mortgages².
- 10.4. Figure 4 shows the broad breakdown by tenure in the Borough from the 2011 Census⁸.

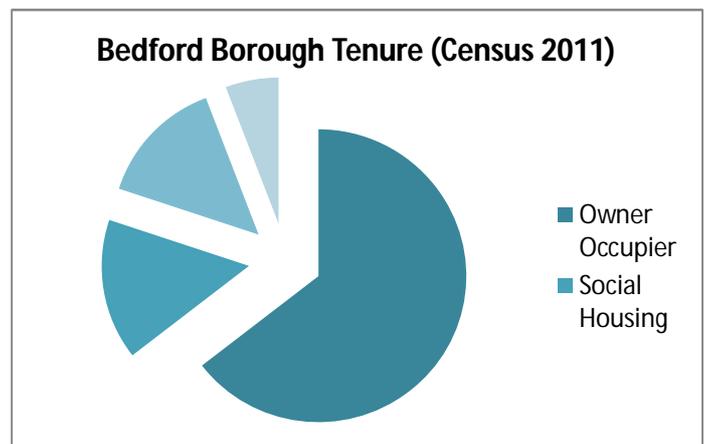
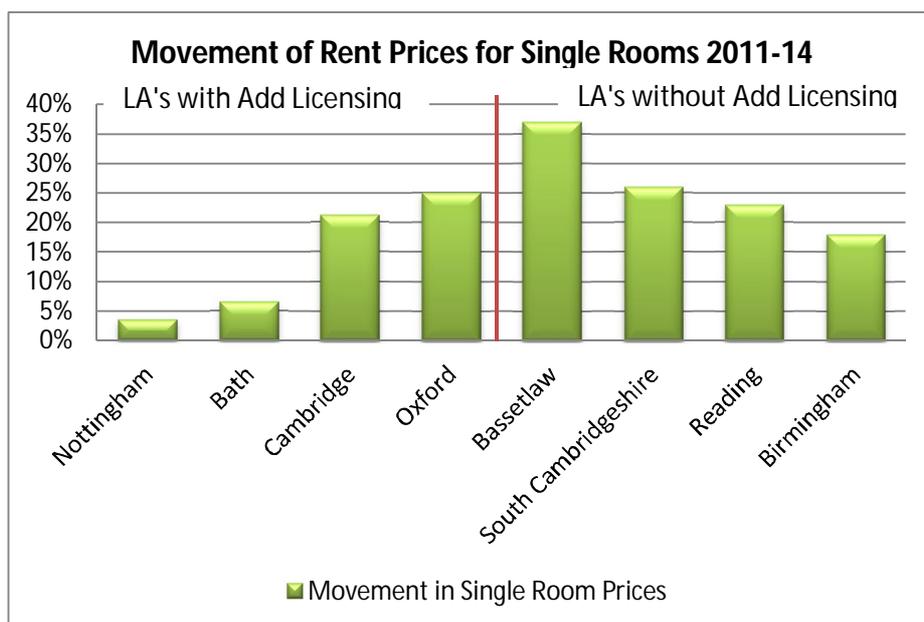


Figure 4: Types of tenure in Bedford 2011

- 10.5. Based on the pattern over the last 10 years, the potential is for the private rented sector to grow further than the owner occupied sector in the next 20 years.
- 10.6. The increase in the size of the private rented sector has been particularly pronounced among younger households who are likely to be renting in the private rented sector than own their own homes. There has also been a large increase in the number of families in the private rented sector, particularly lone parent families.
- 10.7. According to the 2011 Census 66.8% of the Borough's homes are owner occupied which is higher than the national average of 64.1%. With 14.6% are privately rented below that of the national average of 15.4%.
- 10.8. There is a wide range between wards with three wards recording more than a quarter of their housing stock within the private rented category. Castle Ward has the highest proportion at 37.1%, followed by Harpur Ward at 31.4% and De Parys Ward at 25.7%. This census also identified that 23.6% of people living in Bedford live in part of a converted or shared house, with 25.6% being Males and 21.1% females
- 10.9. A long term housing shortage, where demand is high and availability is low, provides an opportunity to offer 'less than perfect accommodation', especially where there is an oversubscription of available tenants. The net effect can be a reduction/pushing down of housing standards in the sector.
- 10.10. Rental values in Bedford have also increased on average by approximately 10% between July 2016 and July 2017. According to the Valuation Office Agency the average monthly rent for a property in Bedford in July 2017 was £686.05⁹. In July 2016 the average monthly rent was £623.86. However this is reported to be much higher locally by agents operating in the market at around £830pcm.
- 10.11. Figure 5 below shows that generally the introduction of licensing schemes is not thought to impact on rental values for single rooms. This can be demonstrated by comparing rental values across local authorities (LA's) in the south east region and England where additional licensing schemes are not in operation¹⁰.

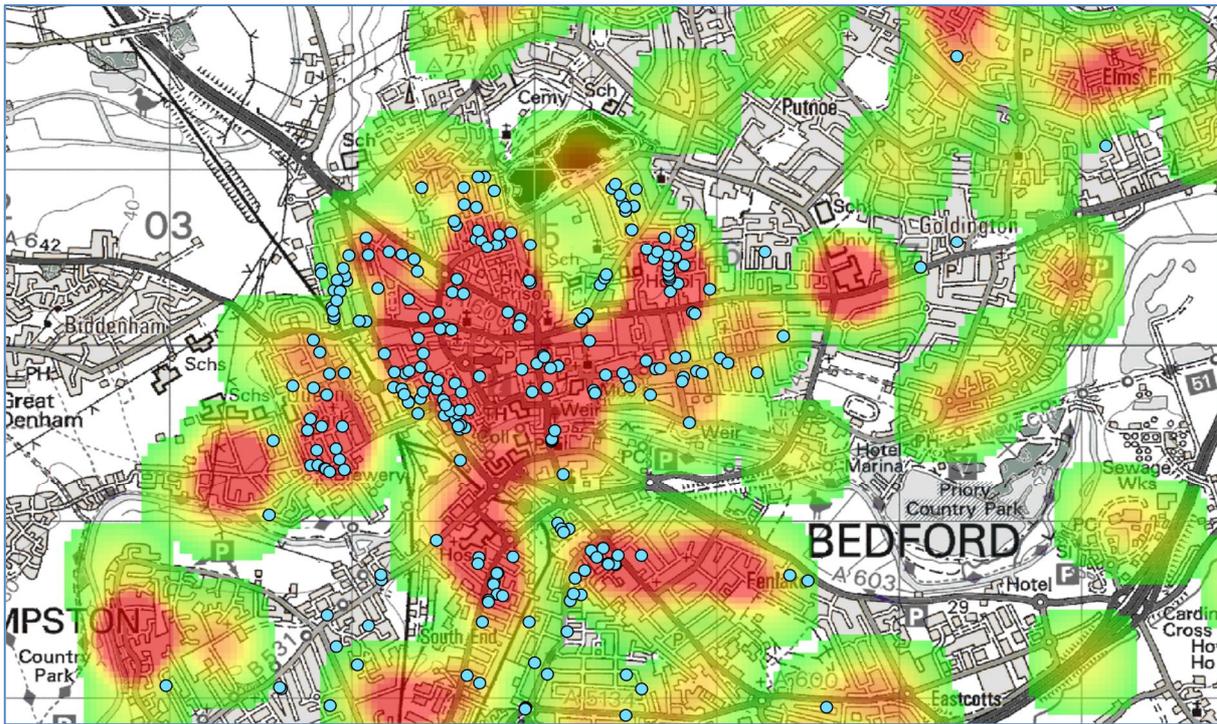
Figure 5: Movement of rent prices for single rooms 2011 – 2014



11. HMOs

- 11.1. HMOs are a concern in the urban areas where they form a high percentage of houses in the towns. In 2011 the Council published the Private Sector House Condition Survey ¹¹ (HCS) which comprised a physical analysis of dwellings in the Borough. It also estimated that the majority of HMOs were concentrated in the Bedford Inner sub-area (36.5%) and the Kempston and Bedford South sub-area (49.9%).
- 11.2. The HCS also estimated that there were 1590 HMOs at the time of the survey in the Borough making up 2.8% of the dwellings. This is higher than the national average which is just 2%. The 2011 Census estimated that there were 2729 converted or shared houses including bedsits which made up 4% of dwellings locally.
- 11.3. Future growth is difficult to predict, but if the private rented sector continues to expand at the same rate over the next decade, then the numbers of HMOs in Bedford are also likely to continue to increase.
- 11.4. The number of sharing households increased from 181 to 291 over the 10 year census period 2001-2011 with an increase of 110 households at 61%². The number of multi-adult households living in the area increased from 2,769 to 2,847 over the same period, an increase of 78 or 3%. The growth in multi-adult households has been pronounced particularly in the private sector, with an increase in single persons choosing to live with friends together and with others living in HMOs.
- 11.5. Many people living in HMOs can only afford to live in shared accommodation. Extending the Local Housing Allowance Shared Accommodation Rate to cover all single persons up to 35 years of age has meant that many more young people will only be able to afford shared housing which has further increased the demand for HMOs. There is therefore likely to be a continued (and possibly growing) role for HMOs, with more of the existing housing stock possibly being converted.
- 11.6. The problems associated with living in an HMO have been well documented over the years and are known to professionals working in the sector. In the 1980's the Department for the Environment (DoE) commissioned a survey of HMOs and found that *"four fifths lacked satisfactory means of escape and that the risk of death or injury from fire in an HMO is ten times higher than in other houses"*.
- 11.7. The English Housing Survey (EHS), which is an annual survey conducted to *"determine people's housing circumstances and the condition and energy efficiency of housing"* by the Department for Communities and Local Government (2014)¹, reported that HMOs are often old, solid wall properties with low levels of insulation and sometimes expensive electric heating systems and.... *"Section 257 HMOs pose particular problems because they are by definition older, poorly converted properties"*.
- 11.8. Experience over the years in Bedford has shown that some of the worst conditions are present in HMOs, significantly lacking fire safety measures including fire detection e.g. smoke alarms and structural protection including fire doors.
- 11.9. Figure 6 is a map of the fire service hotspots (in red) for accidental fires in Bedford in 2016-2017.

Figure 6: Accidental fires in Bedford 2016-2017



11.10. The blue spots represent HMOs and you can see that there is a good correlation between density of HMOs and the incidences of accidental fires. Please note that not all of these fires occurred in HMO properties.

11.11. Below is a picture of a fire damaged bedroom in an HMO which caught fire in Bedford. Thankfully no one was injured and the fire door held back the fire to protect the main escape route, permitting the other residents to escape safely. The property also had mains smoke detectors installed which alerted the tenants early also enabling them to escape safely.

Figure 7: Picture of a fire damaged room in an HMO



12. Planning and HMOs

- 12.1. Homeowners and developers are able to carry out certain types of work and undertake some changes of use to properties without the need for planning permission under permitted development rights. These rights derive from the General Permitted Development Order (GPDO) which is Statutory Instrument and the order is made by the Secretary of State.
- 12.2. In particular, Part 3 Class L of the GPDO allows a change of use from a use falling within Class C3 (dwellinghouses) to a use falling within Class C4 (houses in multiple occupation occupied by between 3 and 6 unrelated individuals) without the need for express planning permission.
- 12.3. As a result homeowners and developers have developed properties by converting them into HMOs and/or self-contained flat accommodation (though the latter often requires planning permission) over the years. Where larger conversions are planned, where 7 or more people will occupy the property, then developers must seek planning permission through the Planning regime in the usual manner.
- 12.4. Under The Town and Country Planning (General Permitted Development) (England) Order 2015, Planning Services can consider an Article 4 direction regarding the development of HMOs within an area.
- 12.5. Article 4 directions are used to restrict one or more classes of permitted development. The result is not that development within that category can never be carried out, but simply that it is no longer automatically permitted and must instead be the subject of a specific planning application. The Government's Planning Practice Guidance states that *'the use of Article 4 directions to remove national permitted development rights should be limited to situations where this is necessary to protect local amenity or the wellbeing of the area'*. The potential harm that the direction is intended to address should be clearly identified.

13. Licensing of HMOs

- 13.1. Whilst Article 4 is useful for controlling the spread of new HMOs, additional licensing is a useful lever for improving standards in the HMOs that currently exist in an area.
- 13.2. Mandatory Licensing of HMOs was introduced by the Housing Act 2004 and the Council implemented a rigorous approach to processing the requirements of the legislation with a strong focus on fire safety.
- 13.3. The process was used to upgrade each property to a decent standard with all licences being issued after an inspection of the HMO. This enabled the Council to have a positive impact on the condition and management of 90 properties.
- 13.4. Where compliance was not achieved enforcement was pursued giving tenants and neighbours confidence that the Borough Council are serious about addressing the issues around HMOs.
- 13.5. With the introduction of Additional HMO Licensing that applied to the whole of the HMO sector in 2013, the Council was able to take a reactive and proactive approach to dealing with the sector.

14. Processing HMO applications

- 14.1. Although the Council has a responsibility to take reasonable steps to secure that applications for licences are made for HMOs, the legislation makes it clear that the responsibility to submit a valid application and licence a HMO rests squarely with the owner/landlord.

14.2. The trend over the past few years of operating the Additional HMO Licensing Scheme has shown that, unlike other licensing regimes, the Council has had to take a more positive role in reminding applicants about the responsibility to licence a HMO.

15. Service Requests & HMOs

15.1. Service requests are dealt with by the Council reactively and can include issues regarding noise, overcrowding and disrepair or poor conditions. The Council compared service requests in the year prior to the introduction of the licensing scheme in 2011-12 to the year 2015/16, four years after the scheme had been in operation. Table 1 below provides a breakdown of different categories showing the comparison between the number of service requests dealt with before and after licensing.

Table 1: Service Requests in Bedford before and during licensing

Type of Service Request	2011/12	2012/13	2013/14	2014/15	2015/16	% Change 2011 to 2016
Overcrowding	100	135	143	71	88	↓ 12%
Noise	939	771	947	858	895	↓ 5%
Disrepair	61	53	218	249	253	↑ 315%
Damp and mould	48	241	174	146	125	↑ 160%
Category 1 & 2 Hazards	115	136	66	57	65	↓ 44%
Service Requests about HMOs	901*	999*	556	407	305	↓ 66%
Complaints about landlords	16	61	63	29	42	↑ 162%
Total	2180	2396	2167	1800	1773	↓ 19%

15.2. It can be seen that overcrowding service requests have reduced along with Category 1 & 2 Hazards and Noise. Other types of service requests have increased including disrepair, damp / mould and complaints about landlords. *There was a peak in service requests for HMOs in 2012/13 as a result of the introduction of the Additional HMO licensing scheme with most of the service requests relating to landlords enquiring about how to apply for a licence.

15.3. In addition to these requests the Council's Anti-Social Behaviour Team also dealt with a number of concerns associated with HMOs. Anti-Social Behaviour (ASB) has reduced over the life of the current licensing scheme, however in the last three years it has increased slightly.

15.4. Figure 8 shows the hotspots for ASB complaints by geographical area for the whole of Bedford Borough received between 1 April 2016 and the 31 March 2017.

Figure 8: ASB complaints in Bedford Borough 2016 - 2017

15.5. Figure 9 is a more detailed map of the town centre which shows ASB complaints mapped against the volume of private rented properties including HMO between 1 April 2016 and 31 March 2017.

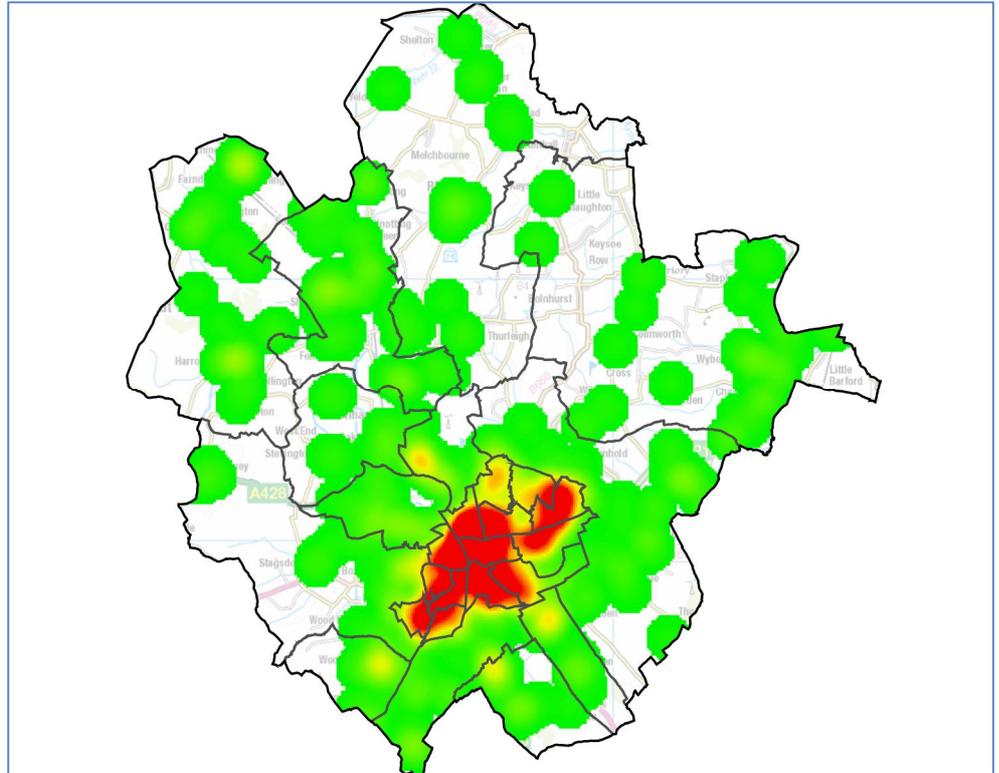
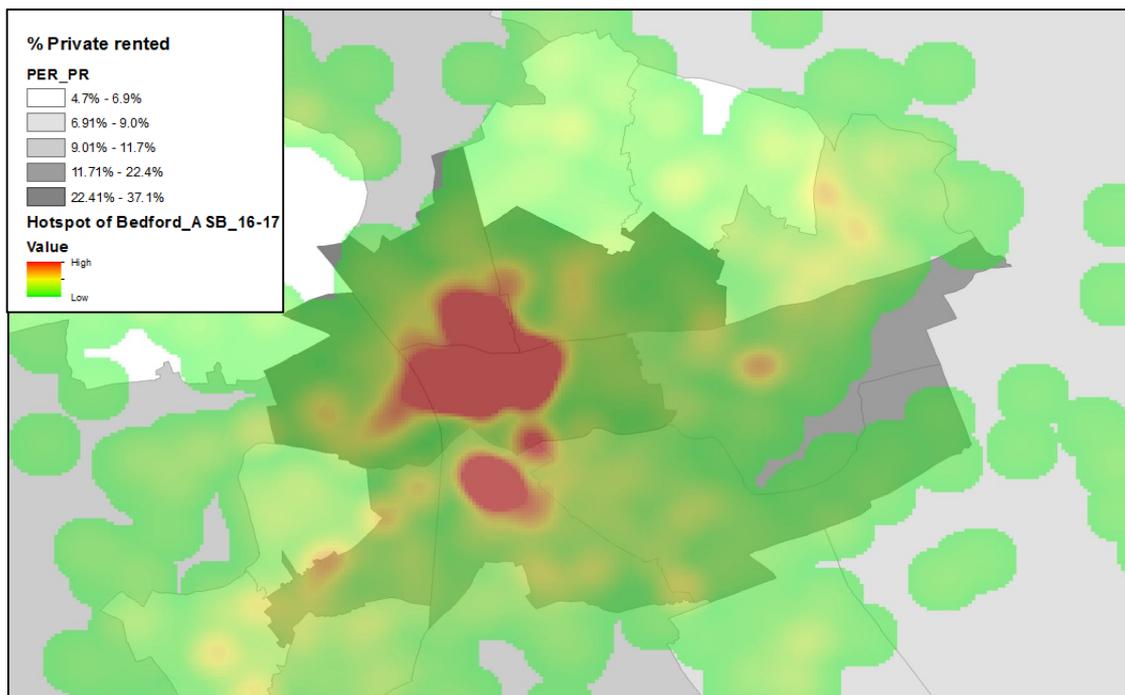
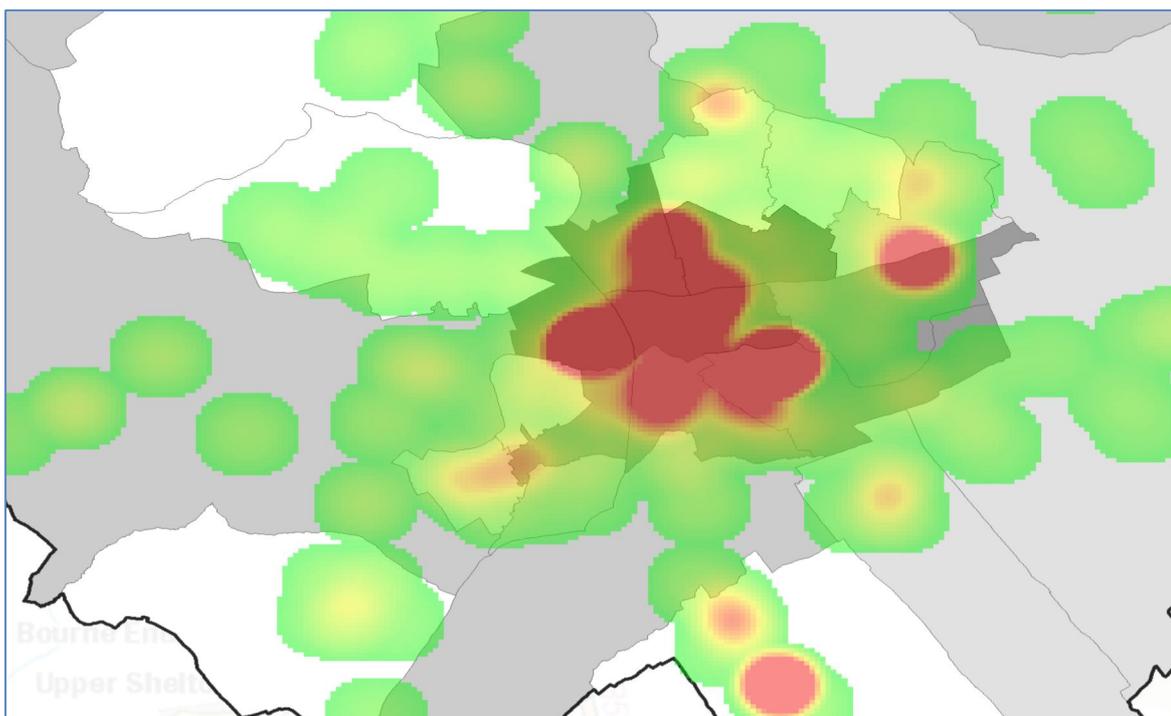


Figure 9: ASB complaints in Bedford town centre 2016 - 2017



- 15.6. HMOs can be found in all of the urban wards of Bedford, however there are a higher concentration of people renting a room in the Castle and Cauldwell Wards.
- 15.7. In 2016/17 there were a total of 6353 recorded incidents of anti-social behaviour across the Borough, with nearly a quarter of these taking place in the Castle Ward. *It **must** be noted that the Castle Ward includes the **main town centre** of Bedford, with 28% of recorded complaints arising from **commercial** business premises, along with 20% linked to **residential** premises.*
- 15.8. The highest concentrations of ASB between April 2016 and March 2017 are located over four Wards in Bedford, where there are also a higher concentration of private rented stock, these Wards include the Castle Ward, Harpur Ward, Cauldwell Ward and Queens Park. HMOs can take longer for the Council to deal with as they are often more complex cases that have many issues to address. Therefore the current Scheme, as well as potential future Schemes on a Borough-wide basis affords an equitable approach to regulation based on risk as opposed to postcode.
- 15.9. The Council also deals with concerns about environmental crime, including accumulations of refuse and waste collection. Figure 10 shows the hotspots for envirocrime in 2016 -17 against all private rented accommodation, including HMOs.

Figure 10: Enviro-crime hotspots in Bedford town centre 2016 -2017



- 15.10. Noise nuisance is also an issue in an urban environment, the map below shows the incidences for noise complaints in 2016-17 overlaid with HMO property locations. *Please note that **not all** of these complaints have been linked to HMO properties.*

Figure 11: Noise complaints in Bedford Town Centre 2016-2017

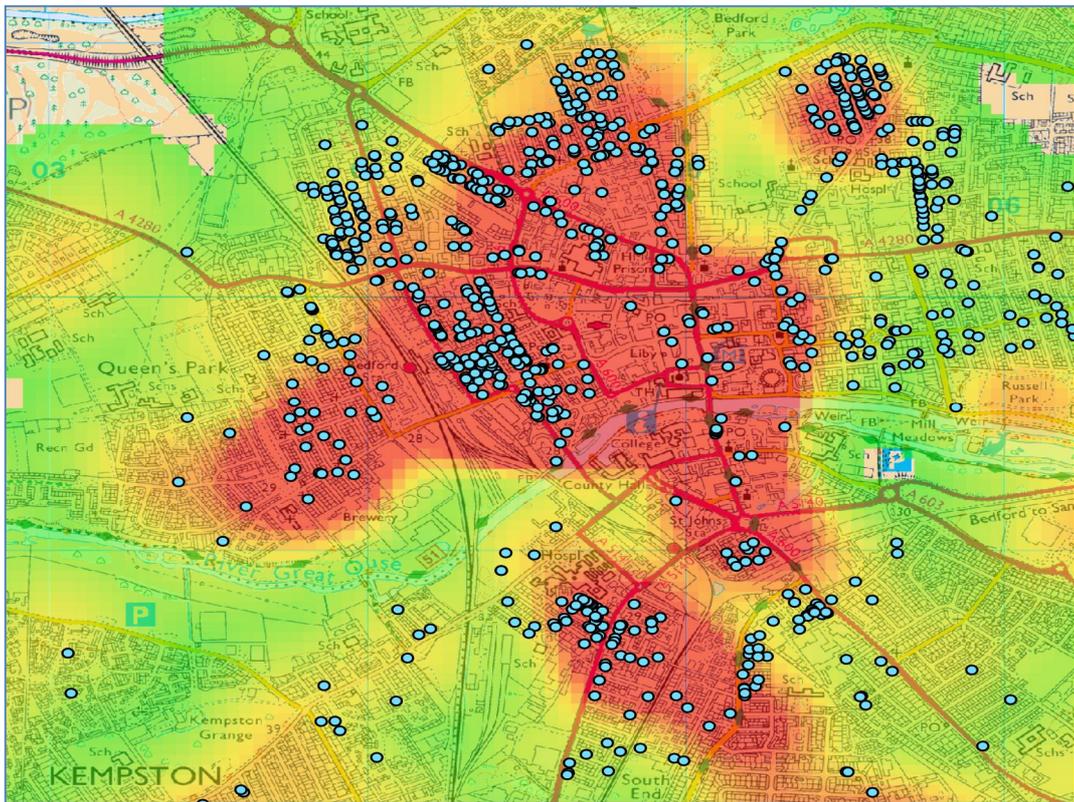
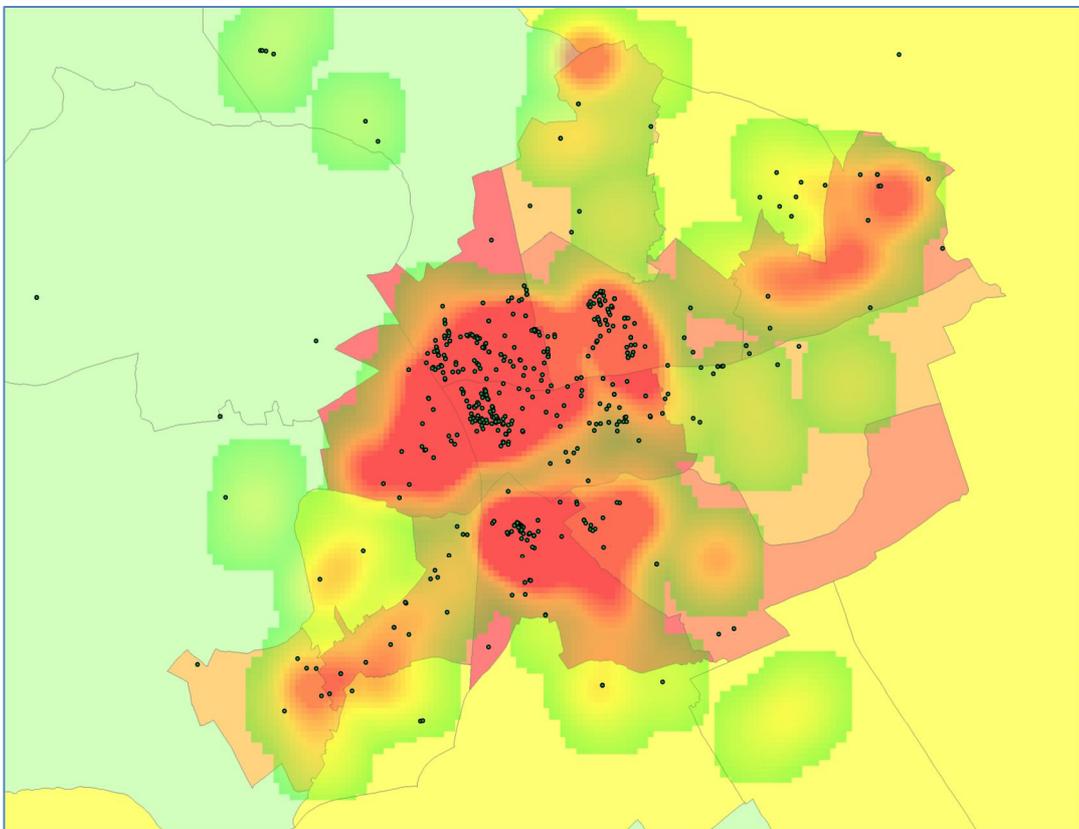


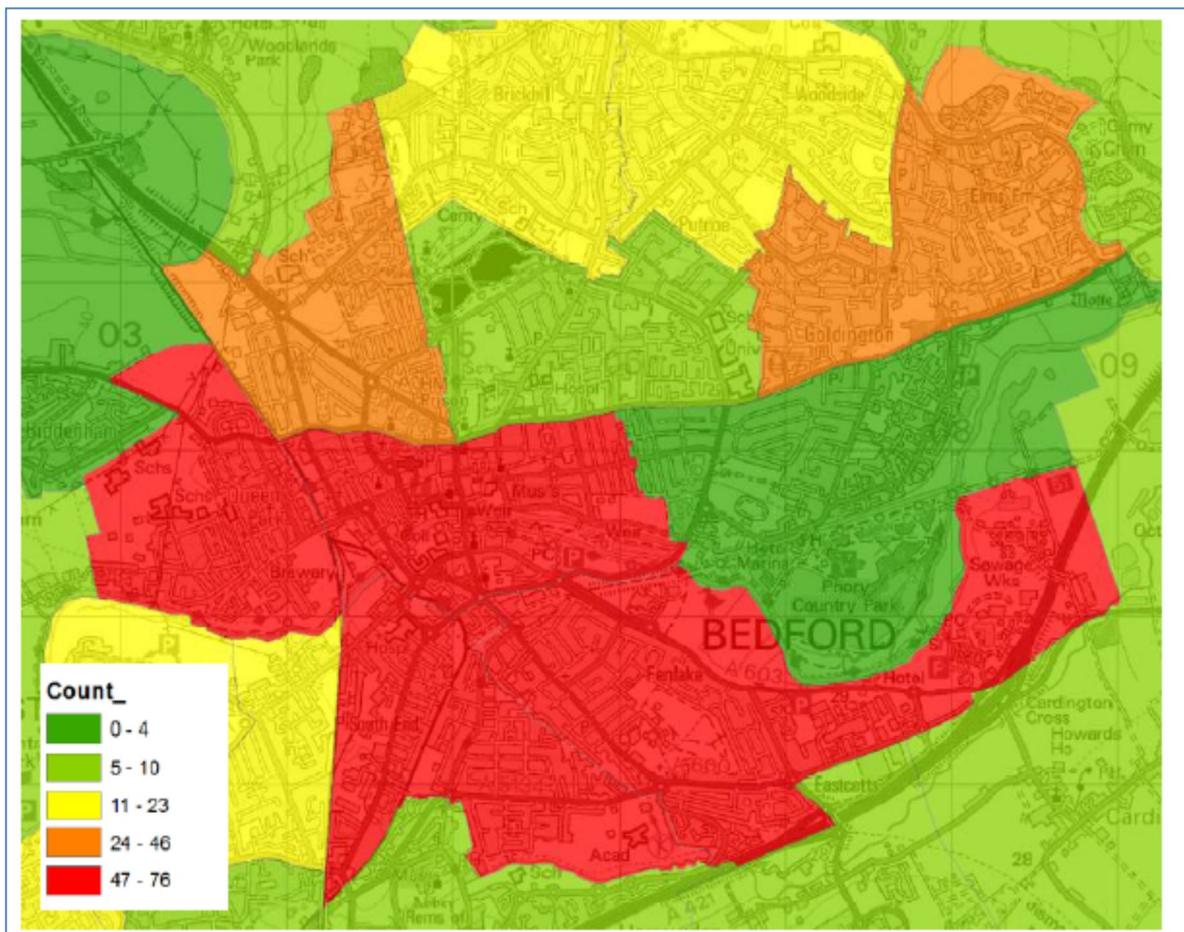
Figure 12: Disrepair complaints (Cat 1 Hazards) in private rented properties 2011 - 2016



15.11. Figure 12 above shows concentrations of reported occurrences of general disrepair of all rented properties by Ward over the period of April 2011 to March 2017. The red shaded areas have the highest concentrations of all rented property and includes Castle, Harpur, Cauldwell and Queens Park wards. The black dots indicate the locations of disrepair reports which relate specifically to HMOs. Again the current Scheme, as well as potential future Schemes on a Borough-wide basis affords an equitable approach to regulation based on risk as opposed to postcode.

15.12. Figure 13 shows the four wards with the highest level of overcrowding reported throughout the six year period, these include Castle Ward (76) Queens Park Ward (69) Cauldwell Ward (61) and Kingsbrook Ward (60). Collectively these wards contribute to 266 reports (52.5%) of all the complaints recorded over the six years. Again the current Scheme, as well as potential future Schemes on a Borough-wide basis affords an equitable approach to regulation based on risk as opposed to postcode.

Figure 13: Levels of Overcrowding 2011 -2016



16. Licence Conditions

16.1. Under the legislation the Council must include a range of conditions requiring the licence holder to address matters including fire safety, electrical appliances, furniture, smoke alarms and details of the occupants. These are applied by all Councils across England and Wales and are referred to as 'mandatory conditions'.

16.2. In addition to these the a local authority may attach 'discretionary conditions' if it thinks it is appropriate, these cover five broad areas:

- Legal and standard conditions:
These include aspects relating to the 'mandatory' conditions, for example the management of gas safety, electrical safety, displaying contact details and the licence.
- Fire safety conditions:
These are specifically over and above the mandatory conditions and include fire separation, fire detection and providing fire safety equipment.
- Amenities and facilities conditions:
These relate to ensuring that enough facilities are provided for the number of people living in the property and typically involves providing enough bathrooms and kitchens which prevents overcrowding.
- Health and safety conditions:
These fall into the category of less serious hazards under the Housing Health and Safety Rating System (HHSRS).
- Anti-social behaviour conditions:
These relate to managing anti-social behaviour at the property including recording the types of incidents that occur and the action taken by the management to resolve the problem.

16.3. There are also proposals to require landlords to provide sufficient receptacles for the collection of waste as a Mandatory condition for all HMO licences.

17. HMO fees and charges

17.1. The Government has not set a specific fee or limit on how much local authorities can charge for an HMO licence. The cost is therefore different across local authority areas as it is up to each Council to calculate the costs of implementing their schemes including staff costs for administration.

17.2. The Council may, if appropriate, decide to subsidise licence fees in some cases and are not permitted to use the fees to raise revenue for other projects or areas of work. The Council introduced the scheme as self-financing and has reviewed the fees and charges structure. The Council have ensured that the Additional HMO licence fee has remained static for the past five years despite inflation.

17.3. In May 2013 when the Council introduced its additional licensing scheme it offered a discount to those landlords who submitted their application form early which was successful in encouraging landlords to apply. The fee structure was deliberately kept simple with a flat rate fee for all landlords applying for a licence after the discount period. A renewal fee, which was also discounted, has also been charged where the main elements to the HMO haven't changed within 5 years of the licence. Where the Council has found that there has been a material change to a property, for example an increase in the permitted number, or extra toilet and bathroom facilities have been provided, more work is required. In the past the Council have not charged for this service and it is not proposed to start doing so.

17.4. A 20% administration fee was also charged where the landlord didn't submit a completed application form and there were a number of documents that needed chasing, involving a large proportion of administration time. This wasn't that successful in that it didn't act as an incentive for landlords to submit completed applications first time round. This may therefore be simplified to a flat rate in the future to reflect the extra work and time spent by Council staff

chasing documents so that it is clearer to a landlord what the cost will be for incomplete submissions.

- 17.5. The Council has also not introduced higher fees or an extra charge for a re-inspection where there was little confidence in the management, or there had been reported concerns about the HMO. Neither has it charged for advice relating to new HMO developments and it is proposed that this advice shall remain free of charge.
- 17.6. The Council has also maintained a 5 year licence fee period whilst other Councils have reduced the period of the licence before renewal for up to 2 years.
- 17.7. Charges for variations to the licence were also removed and the fee was kept at a flat rate over the 5 years despite inflation.
- 17.8. Given that the Government plans to extend the Mandatory Licensing Scheme to smaller properties during 2018, the Council are proposing that the same fee will apply for Additional licences as well as Mandatory licences. This achieves consistency between the two schemes and offers a simpler fee structure based on the associated costs. It also takes account of the administration time it takes to process both types of licences.

18. Landlords' Forum and Newsletter

- 18.1. Leading up to and throughout the period of the licensing scheme the Council has organised 8 landlords' forums which are designed to keep delegates up to date with any licencing changes and to provide guest speakers on important topics which affect their business. The forum is also open to management companies and letting agents and is generally well attended. Presentations have been received from the Bedford Fire and Rescue Service on how to conduct fire safety risk assessments, the Department of Work and Pensions on how to help tenants manage their finances through the introduction of Universal Credit and from Anglian Water on how to prevent blocked drains.
- 18.2. These have been very well received and encouraged debate about how to better support landlords. The Forum also provides an opportunity for landlords to understand their legal responsibilities and practical advice on how to become better at managing and maintaining properties under their control without the need for the Council to intervene.
- 18.3. All of the presentations are found on the Bedford Borough Council Landlord Forum webpages. The Council has also produced and distributed an electronic newsletter for landlords who are unable to attend the Forum. There are now over 700 landlords, letting agents and management companies on the Councils electronic database.

19. Enforcement of HMOs

- 19.1. The Council has taken a pragmatic and staged approach to enforcement when dealing with concerns about HMOs. It has used its existing powers to their full extent and taken numerous prosecutions against landlords under the Housing Act 2004. Since the introduction of the Additional licensing scheme in Bedford in May 2013, the Council has acquired enhanced powers to address concerns about HMOs in a more pro-active way. This has resulted in 829 visits to HMOs including inspections and unannounced visits where we suspect housing crimes are being committed.
- 19.2. Where non-compliance is found, the Council has a mechanism to resolve these issues through legal action which may result in the licence holder losing their licence and their ability to run HMOs or through further licensing controls. The Council has only had to take formal action in a handful of cases for non-compliance because it has found the possibility of losing a licence is

of great concern to most landlords and they will take steps to remedy the problems referred to them without the need for legal intervention.

- 19.3. The Council is also able to focus its resources on tracking down those landlords who are operating unlicensed or ineffectively managed properties. If a landlord fails to heed warnings about problems then the Council has applied enforcement and prosecuted where the problem is serious enough and it would be in the public interest. This has resulted in 6 successful prosecutions amounting to £28,097 in court fines.
- 19.4. Following a successful prosecution or acceptance of a simple caution, the landlord is no longer considered to be a “fit and proper person”. On a small number of occasions where their licence has been revoked, they are required to pay another application fee and for another suitable person to take over the licence.
- 19.5. Over a three month period between August 2017 and December 2018 a survey of tenants was carried out to measure the potential impact licensing has had on them. The tenants were asked whether they were in favour of licensing in general and more specifically the following questions:
- From your experience, have you had any problems with your landlord since property licensing was introduced on the 6th May 2013?
 - *Harassment, rent increases, eviction notice served, property not repaired, poor fire safety (please tick all that apply).*
 - From your experience, have you seen any improvements with your landlord since property licensing was introduced on the 6th May 2013?
 - *Improvements in the property e.g. repairs, improvements to the management, improvements in fire safety e.g. alarms, a reduction in anti-social behaviour.*
- 19.6. The results illustrated that:
- 74% of tenants were in favour of private rented property licensing
 - 69% said that they had not had any problems with harassment
 - 53% said that they had not had any problems with eviction
 - 51% had said that they had seen their rent increase in the last 5 years.
 - 38% said that their property had not been repaired
 - 23% reported poor fire safety.
- 19.7. When asked about property improvements they reported that:
- 31% had seen an improvement in repair
 - 21% in management
 - 38% in fire safety
 - 13% in ASB.
- 19.8. The Council needs to continue to work with landlords to improve standards especially with respect to ASB, keeping gardens and yards free of rubbish and litter and requiring landlords to prioritise safety.

20. The way forward: Review & Consultation

- 20.1. The Additional Licensing Scheme in Bedford will have been in operation for 5 years on the 5 May 2018. This creates a situation where the Council needs to review its success, learn lessons and to use these to determine what action should be taken in the future.
- 20.2. Under section 60(2) of the Housing Act 2004 the expiry time must be no later than five years after the date on which the Additional licensing designation came into force. Under s60 (3) of

the same Act ‘a local housing authority must from time to time review the operation of any designation made by them’.

20.3. In order for the Council to ‘renew’ the scheme it must proceed through the statutory process as laid out in Section 56 and 57 and the guidance issued under the Housing Act 2004: Licensing of Houses in Multiple Occupation and Selective Licensing of Other Residential Accommodation (England) General Approval 2010.

20.4. Section 56 of the Act places requirements upon the Local Housing Authority when considering a designation for additional licensing of HMOs, in that the Council must:

- Consider that a significant proportion of the HMOs of that description in the area are being managed sufficiently ineffectively as to give rise, or likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public; and
- Take reasonable steps to consult with persons who are likely to be affected and consider any representations made in accordance with the consultation and not withdrawn; and
- Have regard to any information regarding the extent to which any codes of practice approved under section 233 have been complied with by persons managing HMOs in the area (these codes relate to University managed accommodation).

20.5. Section 57 provides further considerations for the Local Authority in that they should ensure that:

- Exercising the designation is consistent with the authority’s overall housing strategy; and
- Seek to adopt a coordinated approach in connection with dealing with homelessness, empty properties and anti-social behavior affecting the private rented sector as regards combining licensing with other action taken by them or others; and
- Consider whether there are any other courses of action available to them (of whatever nature) that might provide an effective method of dealing with the problem or problems in question; and
- That making the designation will significantly assist them to deal with the problem or problems (whether or not they take any other course of action as well).

20.6. The DCLG General Approval provides the condition that any consultation period for the proposed designation should not be less than 10 weeks.

20.7. In February 2010 the DCLG produced general guidance around the approval steps for additional and selective licensing designations in England.

20.8. This document provides examples of properties being managed “sufficiently ineffectively” including:

- Those whose external condition and curtilage (including yards and gardens) adversely impact upon the general character and amenity of the area in which they are located
- Those whose internal condition, such as poor amenities, overcrowding etc. adversely impact upon the health, safety and welfare of the occupiers and the landlords of these properties are failing to take appropriate steps to address the issues
- Those where there is a significant and persistent problem of anti-social behavior affecting other residents and/or the local community and the landlords of the HMOs are not taking reasonable and lawful steps to eliminate or reduce the problems
- Those where the lack of management or poor management skills or practices are otherwise adversely impacting upon the welfare, health and safety of residents and/or impacting upon the wider community.

21. Options appraisal

21.1. An options analysis was undertaken and involved:

- Data gathering and analysis of findings
- Generating a range of basic options
- Appraising the options against key criteria
- Selecting a preferred option to carry out a statutory consultation on that option.

21.2. The options appraisal process was managed by an internal steering group of senior staff across the Council.

22. Aim of the scheme

22.1. When the scheme was originally introduced in May 2013, the aim was to '*Improve the level of broad compliance for HMOs in Bedford Borough and thereby improve the quality of life for residents.*'

22.2. This also contributes to a number of the Council's corporate priorities including meeting housing need.

23. Objectives

23.1. The key objective of the scheme was to improve broad compliance for fire safety and management in HMOs from 62%. This it has largely achieved in the licenced HMOs increasing it to 85% in four years to May 2017. There are however still a number of further objectives to be included:

- Maintain minimum standard for the existing HMOs in Bedford
- Ensure that new HMOs are developed to minimum standards
- Reduce the impact HMOs have on the surrounding area
- Support the existing community, in particular the young and those on low incomes
- Contribute to the creation of a viable and sustainable housing market in the context of housing supply.

24. Options

24.1. Following an assessment and review of the data provided earlier in this report, consideration was given to the generation of options which would best achieve the aims and objectives and deliver a positive legacy for the future.

24.2. The Officer steering group developed a range of options that could be applied to Bedford Borough with different levels of intervention and produced a range of outcomes. The options ranged from taking basic statutory action only, through to continuing with a more pro-active approach through HMO licensing.

Option 1: Statutory action only

24.3. This is the base line position against which other options can be measured. It assumes that HMOs across Bedford Borough will receive only the minimum attention other than the action the Council is required to take to deal with poor conditions i.e. Mandatory licensing and legal notices and orders. This could lead to further prosecutions and it is likely that it will do little to address the long term strategic approach to the HMO sector locally and may lead to a spiral of decline and a growing need for intervention in future years. The aim and objectives with this option would not be achieved.

Option 2: Renewal of the Additional Licensing Scheme across the Borough

24.4. This is a continuation of the existing Borough wide Additional licensing scheme relating to HMOs which are occupied by three or more unrelated people who share basic facilities such as a kitchen or bathroom. It would be a renewal of the existing scheme. It also includes older flat conversions (s 257 HMOs) where more than a third are occupied on short term tenancies. This scheme would cover approximately 900 properties which would be required to be licenced. This has the advantage in that it will build upon the good work already undertaken to increase broad compliance of structure, management and fire safety in the HMO housing stock. It would also provide a level playing field for all HMOs and would ensure that the aims and objectives of the scheme would continue to be met. It would also enable the council to tackle the small minority or rogue element of landlords who continue not to comply with minimum standards.

Option 3: Introduction of a new Selective Licensing scheme for a smaller area of the Borough

24.5. This proposal suggested that the Borough wide scheme relating to HMOs outlined in option 2 would be finished and a new Selective licensing scheme be introduced which concentrated on a smaller geographical area. This scheme would require that all private rented accommodation in the area should be licenced, including housing rented to a single family or household as well as HMOs. This would cover all properties within the designated area of different types and sizes. This scheme would not tackle the high proportion of HMOs which exist Borough wide and would focus more resources on individual privately rented family homes which often have fewer problems associated with them and are considered less of a risk in terms of structure, management and fire safety.

Option 4: Introduction of an Additional Licensing Scheme limited to urban wards only

24.6. The Additional licensing scheme relating to HMOs would be focussed on a smaller geographical area e.g. the urban areas of Bedford & Kempston. This would enable resources to be focused on licensing a smaller number of HMOs in the area but would mean that a situation would be created where all HMOs across the Borough are not regulated consistently. In some parts of the Borough there are fewer HMOs for example rural areas, however non-compliance with the standards is found in all areas. Intervention to deal with properties in these excluded areas would therefore be reduced and this could result in an increase in HMOs in the excluded parts and therefore decrease the powers available to the Council to deal with these problems. This approach could also affect only a limited number of areas in the future which would not support the objectives of the Council to support a growing housing market in the Borough as a whole.

25. Option criteria

25.1. A series of criteria were set to appraise each option against. These included that the scheme must:

- Be technically feasible
- Be in accordance with the relevant statutory powers
- Contribute to the Councils wider strategic objectives
- Support the needs of the community
- Be financially deliverable

25.2. Each of the four options were assessed against the criteria above and the objectives for the scheme to balance the financial element as well as delivering the desired objectives. Table 2 below demonstrates the results of that initial assessment.

Table 2: Assessment of decision criteria against options

Criteria	Option 1	Option 2	Option 3	Option 4
Technically feasible	3	3	2	3
In accordance with statutory powers	3	3	3	3
Contribution towards strategic objectives	0	3	2	2
Appropriate for the needs of the entire community	0	3	1	2
Financially deliverable	1	3	2	3
Total	7	15	10	13

Scoring: 0 = doesn't meet the criteria
 1 = meets the criteria in some respect
 2 = meets the criteria in many respects
 3 = meets the criteria in all respects

25.3. From this initial assessment the results demonstrate that **Options 2 and 4** are more feasible than Options 1 and 3.

25.4. Option 1 is technically feasible and could be implemented in accordance with the relevant statutory powers but is unlikely to contribute towards the needs of the community or strategic objectives.

25.5. Option 2 was considered to be the most favourable by the steering group as it tackled all of the HMOs in the Borough and provided a level playing field for all areas. This included ensuring that the licensing regime didn't just move the problem from one area to another.

25.6. Option 3 was also considered to be less favourable by the steering group as it would only require a very small number of areas of the borough to be covered by the licensing scheme and would miss out the majority of HMOs in the urban wards so that the needs of the community and strategic objectives would not be met. This could also lead to an increase in HMOs in the urban wards that were not licenced and have a negative impact on the surrounding neighbourhoods. The Council would also have very limited powers to deal with any issues in HMOs that were outside the licensing scheme.

25.7. Option 4 was considered slightly less favourable for the same reasons identified in option 3 including meeting the needs of the community and achieving the strategic objectives.

25.8. Overall Option 2: Renewal of the existing Additional Licensing Scheme in its entirety scored higher than any of the other options and meets all of the criteria in most respects and is the preferred course of action for the future of the scheme.

25.9. An assessment against the objectives of the review was also carried out to determine which option contributed most and the results are in table 3:

Table 3: Assessment of options against scheme objectives

Criteria	Option 1	Option 2	Option 3	Option 4
Maintain minimum standards for existing HMOs in Bedford	1	3	1	2
Ensure that new HMOs are developed to minimum standards	1	3	1	2
Reduce the impact HMOs have on the surrounding area	1	3	1	1
Support the existing community, in particular the young and those on low incomes	1	2	1	3
Contribute to the creation of a viable and sustainable housing market in the context of housing supply	1	2	1	1
Total	5	13	5	9

Scoring: 0 = no contribution
 1 = limited contribution
 2 = reasonable contribution
 3 = Significant contribution

25.10. This assessment demonstrates that **Options 1 and 3** would have a **limited effect** in meeting the objectives of the scheme whilst options 2 and 4 make a more significant contribution. **Option 2** was considered to be **more effective** at maintaining standards in existing HMOs as it incorporates **all HMOs in the Borough**, whilst Option 4 only relates to the urban wards. Option 2 was also considered more effective in supporting the local housing market, helping to prevent low housing demand in small areas of the Borough.

25.11. In order to test these options further a weighting was applied to each of the options to examine how they met the overall aim of the scheme which was to 'Improve the level of broad compliance for HMOs in Bedford Borough and thereby improve the quality of life for residents.'

Table 4: Assessment of Options (weighted)

Criteria	Weighting	Option 1	Option 2	Option 3	Option 4
Maintain minimum standards for existing HMOs in Bedford	3	3	9	3	6
Ensure that new HMOs are developed to minimum standards	3	3	9	3	9

Reduce the impact HMOs have on the surrounding area	2	2	6	2	2
Support the existing community, in particular the young and those on low incomes	3	3	6	3	9
Contribute to the creation of a viable and sustainable housing market in the context of housing supply	1	1	2	1	1
Total		12	32	12	27

Weighting: 1 = Meets the aim to some degree
2 = Meets the aim to a large degree
3 = Fully meets the aim

25.12. The results of the weighted assessment support that **Option 2** is the preferred course of action and will provide the best fit for achieving the main aim and objectives of the scheme. The table below summarises the option appraisal assessments ranking each of the four options in order.

Table 5: Ranking of options

Assessment Method	Option 1		Option 2		Option 3		Option 4	
	Rank	Score	Rank	Score	Rank	Score	Rank	Score
Decision Criteria Assessment	4 th	7	1 st	15	3 rd	10	2 nd	13
Objectives Assessment	3 rd (j)	5	1 st	13	3 rd (j)	5	2 nd	9
Aim Assessment (weighted)	3 rd (j)	12	1 st	32	3 rd (j)	12	2 nd	27
Overall Ranking (RAG)	4 th		1 st		3 rd		2 nd	

25.13. On balance it is considered that **Option 2** better demonstrates that it meets the range of appraisal criteria and should be adopted as the preferred strategy. It ranks 1st against all of the assessments and will best meet the objectives for HMOs in the Borough.

26. Implementation

26.1. To implement the proposal of Option 2 the Council must follow the legal process set out in the Housing Act 2004 and it should also be in accordance with the guidance produced by Government. The Council also has its own internal procedures to follow to ensure that the implementation is fully considered and consulted upon.

26.2. A 10 week statutory consultation period started on the 9 October 2017 and continued until the 18 December 2017 which has involved all key stakeholders including landlords. An analysis of the findings are presented and a report provided to the Councils Executive Committee on the 13 February 2018 with recommendations for the continuation of the scheme as at Option 2.

- 26.3. The recommendations will include a proposal to commence the new designation on the 6 May 2018 for a period of 5 years. If approved in February 2018, the Council will proceed to making the new designation, advertising it in the local press for a period of 3 months before the designation comes into effect in May.

27. References

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