Appendix 1

Additional HMO Licensing Consultation

Houses in Multiple Occupation: Housing stock condition and stressors report Metastreet - May 2024

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ENFIELD Council

London Borough of Enfield

Houses in Multiple Occupation: Housing Stock Condition and Stressors Report

May 2024

Executive Summary

Metastreet were commissioned by the London Borough of Enfield to review Houses in Multiple Occupation in the borough and assess stressors related to the private rented sub-tenure.

The detailed information provided in this report will facilitate the development and delivery of Enfield 's housing interventions and enable a targeted approach to tackling poor housing.

The main aim of this review was to investigate and provide accurate estimates of:

- Information on the number of Houses in Multiple Occupation (HMOs) as a subset of the PRS.
- Levels of serious hazards that might amount to a Category 1 & 2 hazard (HHSRS) within the HMO population.
- Other housing related stressors, including antisocial behaviour (ASB & service demand) linked directly to HMOs.
- Assist the council to make policy decisions, including a possible redesignation of property licensing schemes under Part 2 of Housing Act 2004.

Metastreet has developed a stock-modelling approach based on metadata and machine learning to provide insights about the prevalence and distribution of a range of housing stressors and factors.

The housing models are developed using unique property reference numbers (UPRN) as a data key, which provide detailed analysis at the property level.

Data records used to form the foundation of this report include but are not limited to:

Council tax	Property licensing	Other council interventions records	Tenancy deposit data
Housing benefit	Private housing complaints and interventions records	ASB complaints and interventions records	Energy Performance data

Key Findings

- Enfield's HMO population is calculated to be 4,366 properties.
- The HMO population in Enfield is made up of three main categories; licenced HMOs (Additional and Mandatory) that share basic amenities (1,095); predicted hidden HMOs that share basic amenities (2,835); some converted properties (s257) with multiple flats that share common parts (436).
- The most common HMO property type in Enfield are houses (82%), while bungalows are the least common property types (1%).
- The average HMO in Enfield is occupied by 5.1 tenants.
- The average number of households per property is 4.5.
- The average number of licences per licence holder is 1.3.
- Most HMO licence holders manage just one property.
- Enfield recorded 1,149 HMOs (all types) subject to one or more complaints from tenants and others over a 5-year period (October 2018 – September 2023) .
- 65.3% of HMOs inspected were found to have at least 1 hazard (Category 1 & 2, HHSRS).
- 14.6% (103) of inspected HMOs were found to have very serious hazards (Category 1, HHSRS) or the property condition were found to be "unsatisfactory".
- Enfield Inspecting Officers identified 18 different hazard types while inspecting known HMOs. Fire was by far the most common hazard identified (32%), followed by Damp and Mould Growth (24%), Electrical hazards (12%) and Excess Cold (8%).
- There are 1,456 HMOs (known and predicted hidden) properties in Enfield that are likely to have at least 1 serious housing hazard (Category 1 and/or high scoring Category 2 hazards, HHSRS).
- 5,045 ASB incidents have been matched to all HMO properties (known and predicted hidden) (s257 excluded).
- Over a 5-year period (2018-23), Enfield Council used its regulation powers to intervene at 334 unique HMO premises; this equated to 731 statutory notices interventions.
- 56 enforcement cases were taken linked to 19 unique HMOs.

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1 Introduction & Project Objectives

Metastreet were commissioned by the London Borough of Enfield to review its HMO housing stock with a focus on the following key areas:

- Distribution of HMOs
- Housing conditions of HMOs
- HMO related stressors, including Anti-Social Behaviour (ASB) & service demand.
- Quality of management of HMOs, including regulation and enforcement

The report provides the council with the evidence base for developing housing and service interventions. The report also assists with the council's responsibility to review its housing stock as set out under Part 1, Section 3 of the Housing Act 2004.

For the purposes of this review, it was decided that a ward-level summary is the most appropriate basis to assess housing conditions across Enfield, built up from property level data.

Predictive tenure models (Ti) have been developed as part of this project which are unique to Enfield, they include:

- Serious housing hazards (Category 1 and/or high scoring Category 2 hazards, HHSRS A-D)
- Houses in Multiple Occupation (shared amenity HMOs, Section 254)
- Houses in Multiple Occupation (converted building, Section 257)

All data used in this report is taken from Enfield's own service records over the last 5 years and other open-source property level data. An updated data frame focused on HMOs has been developed specifically for this project.

The appendices to the report contain a summary of the data and a more detailed report methodology.

2 London Borough of Enfield and HMOs

Enfield is a London borough in North London. It covers an area of 82.2km². It borders the London boroughs of Barnet to the west, Haringey to the south, and Waltham Forest to the southeast. To the north are the districts of Hertsmere, Welwyn Hatfield and Broxbourne (in Hertfordshire), and to the east is Epping Forest District in Essex. [1]

Houses in Multiple Occupancy (HMO) identified as part of this study have been divided into three main categories and three separate licence types. The first category is known HMOs that share basic amenities (Housing Act 2004, Section 254) that have been licenced under either **Mandatory** or **Additional** licensing powers.

The second category are properties that are predicted **hidden** HMO that share basic amenities (Housing Act 2004, Section 254) but have not been licensed under either Mandatory or Additional licensing powers (predicted hidden HMOs). It is assumed that this group of properties is inhabited by three or more occupiers, residing in two or more distinct households, and sharing common amenities like a kitchen or bathroom. The property type has not been considered.

The final category is predicted converted HMO properties with multiple flats that share common parts which are generally defined as less than two thirds owner-occupied that have the potential to be licensed under section 257, **(s257)** Housing Act 2004. Currently Enfield Council does not operate this type of licensing scheme.

Any HMO meeting the following criteria requires a **Mandatory licence** in Enfield.

- Dwellings inhabited by five or more occupiers, residing in two or more distinct households, and sharing common amenities like a kitchen or bathroom. This regulation applies irrespective of the number of floors.
- Self-contained flats located within a building comprising up to two flats. If either or both of these flats are inhabited by five or more individuals from two or more separate households, licensing is Mandatory.

Any HMO meeting the following criteria requires an **Additional licence** in Enfield**.**

- Dwellings inhabited by 3 or 4 occupiers, residing in two or more distinct households, and sharing common amenities like a kitchen or bathroom.

[1] Wikipedia, May 2024, https://en.wikipedia.org/wiki/London_Borough_of_Enfield

Any HMO meeting the following criteria is categorised as a section 257 HMO (s257).

- This type of HMO is a converted block of flats where the standard of the conversion does not meet the relevant building standards (Building Regulations 1991)
- Fewer than two-thirds of the flats are owner-occupied.

It's important to note, there are number of exemptions from HMO property licensing, including:

- Buildings managed by a local housing authority, registered social landlord, police, fire & rescue authority or health service body.
- Buildings already regulated under certain other statutory provisions (Schedule 1 to SI 2006 Number 373).
- Certain student halls of residence.
- Buildings occupied principally for the purposes of a religious community whose principle occupation is prayer, contemplation, education or the relief of suffering; and
- Building's owner occupied with no more than two lodgers.

Therefore, it should not be assumed that the number of HMOs is equal to the number of licensable HMOs in any given area.

3 Methodology

Tenure Intelligence (Ti) uses council held and publicly available data to identify tenure and analyse property stressors, including property conditions and ASB. Metastreet has collaborated with the council to create a residential property data warehouse focused on the known and predicted HMO population. This has been developed by using a mixture of licence holder and application flags held by the authority and predictive models. Therefore, there is a very high confidence that the 'known' study group are HMOs because they have been assessed and, in many cases, inspected by the authority to establish their tenure.

The project has included linking large amounts of council and externally held data to unique property references (UPRN).

Machine learning has been used for property condition predictions based on training data taken from a contemporary sample of known outcomes. Results are analysed to produce a summary of housing stock, predictions of Category 1 and/or high scoring Category 2 hazards, HHSRS A-D.

Different combinations of risk factors were systematically analysed for their predictive power in terms of key outcomes. Risk factors that duplicated other risk factors but were weaker in their predictive effect were systematically eliminated. Risk factors that were not statistically significant were also excluded through the same processes of elimination.

It is important to note that this approach can never be 100% accurate as all large datasets and statistical models include some level of error. A more detailed description of the methodology and the specific factors selected to build predictive models for this project can be found in Appendix 2.

All specified and requested council held longitudinal data is 5 consecutive years, from October 2018 – September 2023 unless otherwise specified.

Where appropriate and where the data allows, the findings for different HMO types (described above) have been presented separately.

4 HMO Population & Distribution & Occupancy

4.1 HMO populations

The HMO population in Enfield is made up of three main categories (described above); licenced HMOs (Additional and Mandatory) that share basic amenities (1,095); predicted hidden HMOs that share basic amenities (2,835); and converted properties with multiple flats that share common parts which are generally defined as less than two thirds owner-occupied (436) (s257). The total HMO population in Enfield is therefore calculated to be **4,366**.

The HMO population is distributed across all wards. Palmer's Green (375) has the most HMOs, Oakwood has the least (22) (Figure 1).

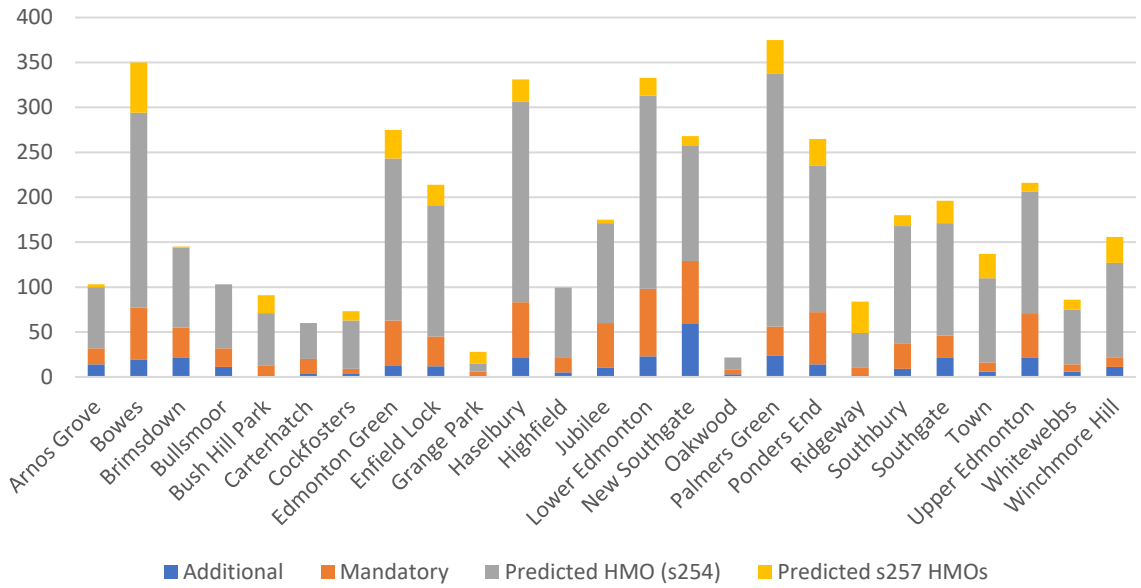


Figure 1. Total HMO population (all types) by ward

Additional HMOs are distributed across Enfield. For this category, New Southgate (59) has most HMOs (Figure 2 & Map 1).

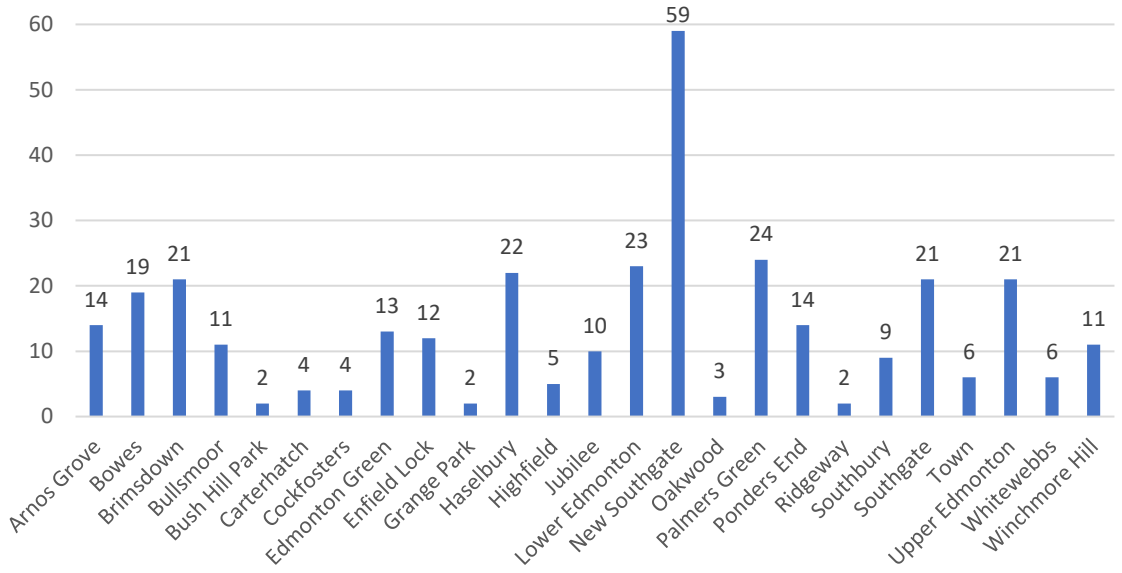
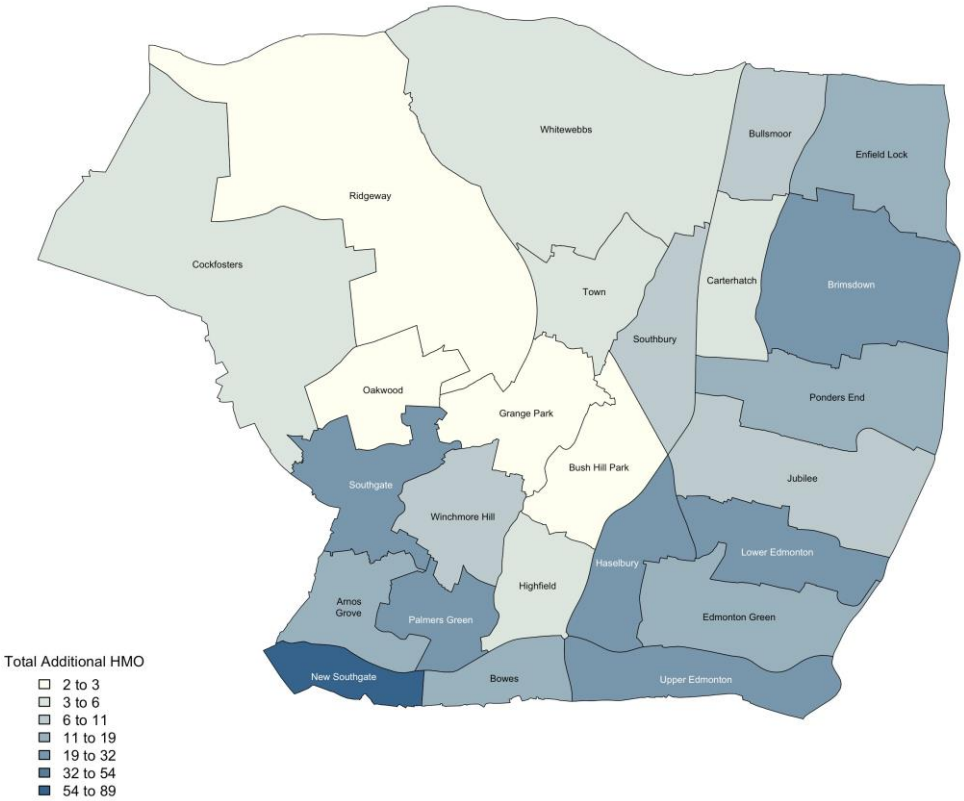


Figure 2. Number of Additional HMOs by ward (Source Ti 2024).



Map 1. Distribution of Additional HMOs by ward (Source: TI 2024, Map by Metastreet).

Mandatory HMOs (757) are more numerous than Additional HMOs (338). Lower Edmonton ward has the highest number of Mandatory licences (75) (Figure 3 & Map 2).

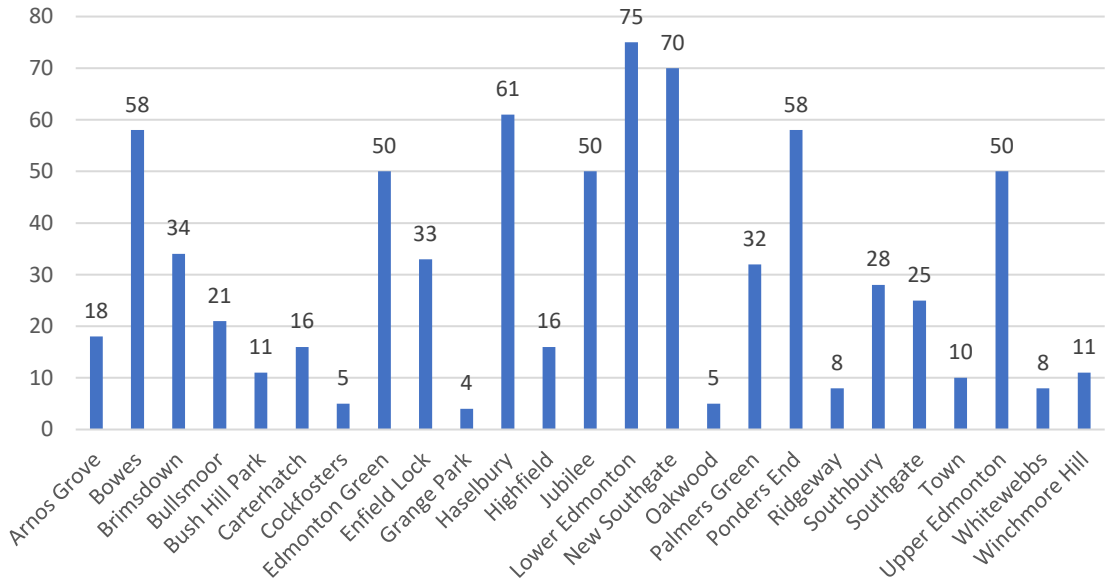
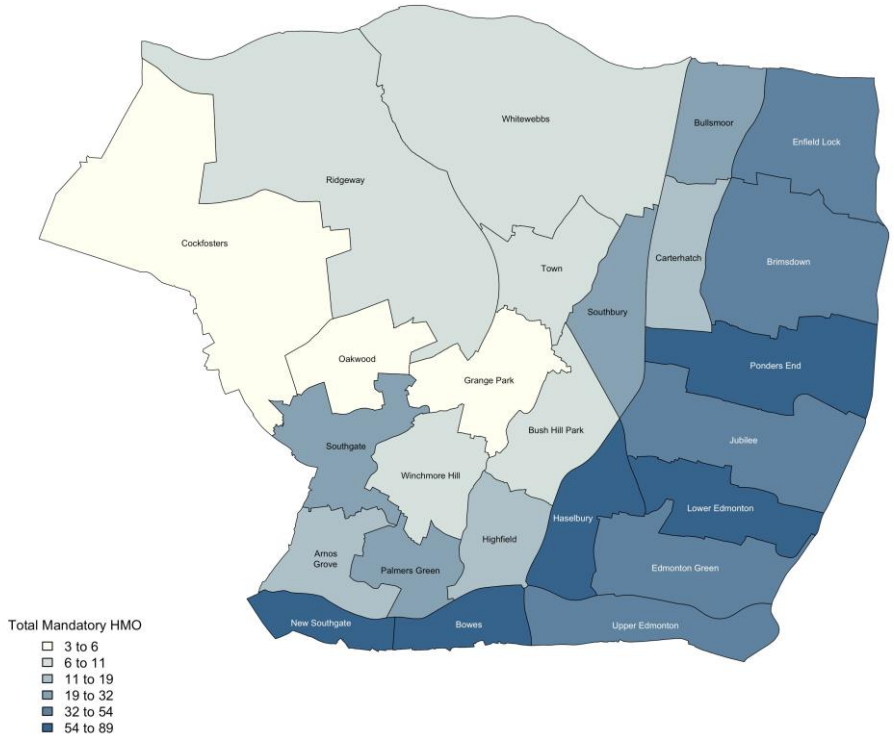


Figure 3. Number of Mandatory HMOs by ward (Source Ti 2024).



Map 2. Distribution of Mandatory HMOs by ward (Source: TI 2024, Map by Metastreet).

The largest HMO category is the predicted hidden HMO (2,835). This group may either be exempt from licencing, unlicenced, or licenced as a single-family dwelling. It is not possible to identify from the data (where licensable) if the predicted hidden HMO properties would fall under Additional or Mandatory requirements. Palmers Green has the highest number of predicted hidden HMOs (282) (Figure 4 & Map 3)

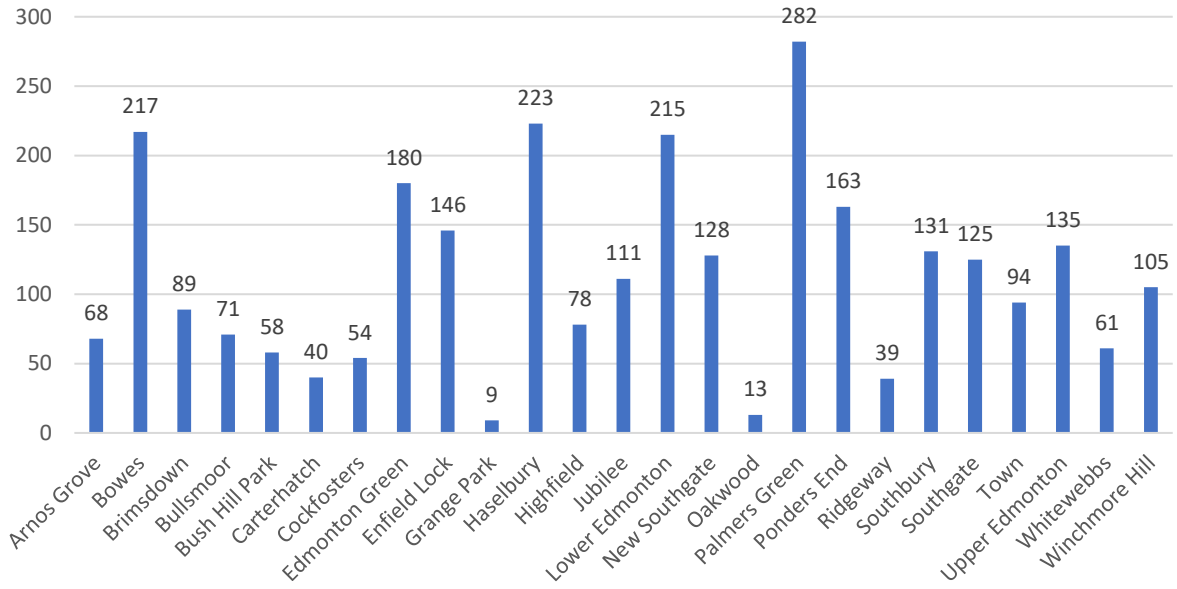
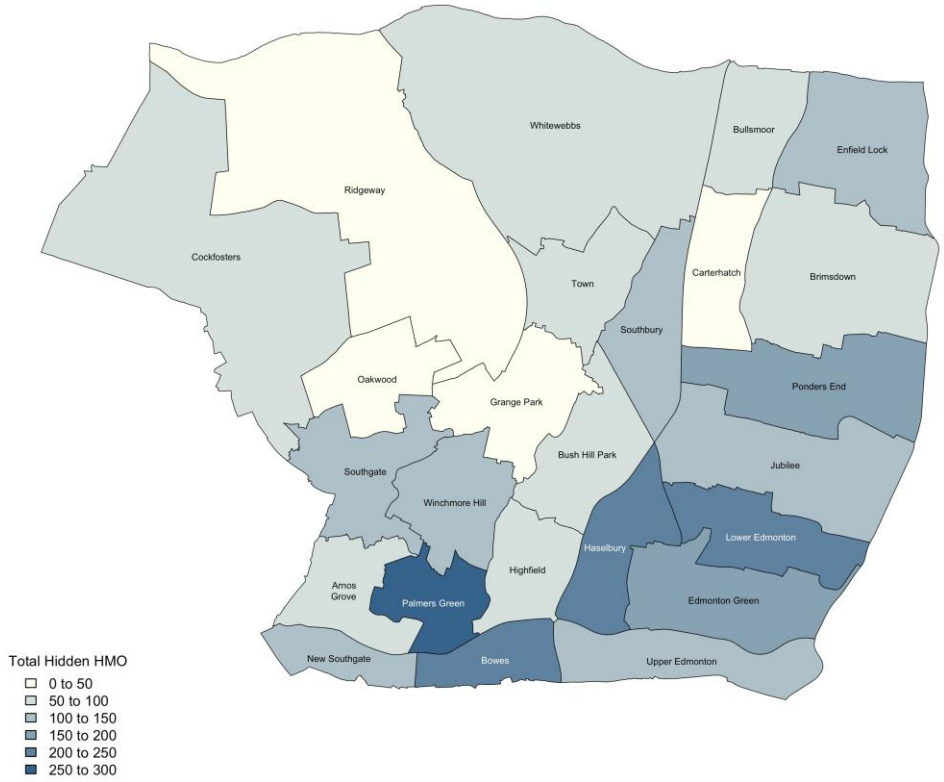


Figure 4. Number of predicted hidden HMOs by ward (Source Ti 2024).

Predicted hidden HMOs are distributed across all wards; southern and eastern wards have greater concentrations (Map 3).



Map 3. Distribution of predicted hidden HMOs by ward (Source: TI 2024, Map by Metastreet).

Predicted section 257 HMOs are distributed across most wards. Bowes (56) has the highest number of section 257 HMOs (Figure 5 & Map 4).

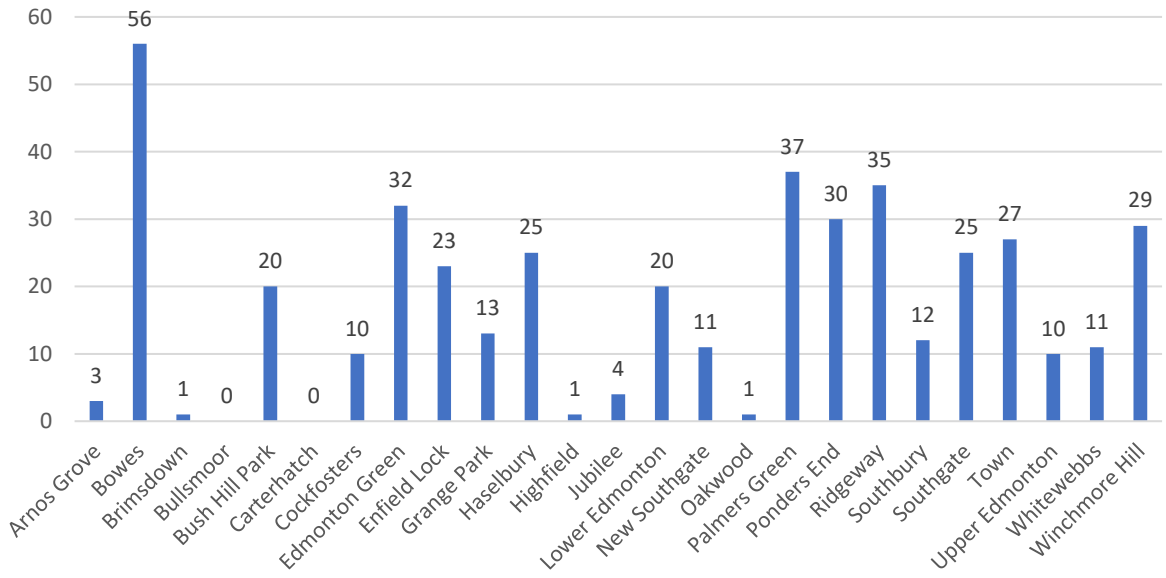
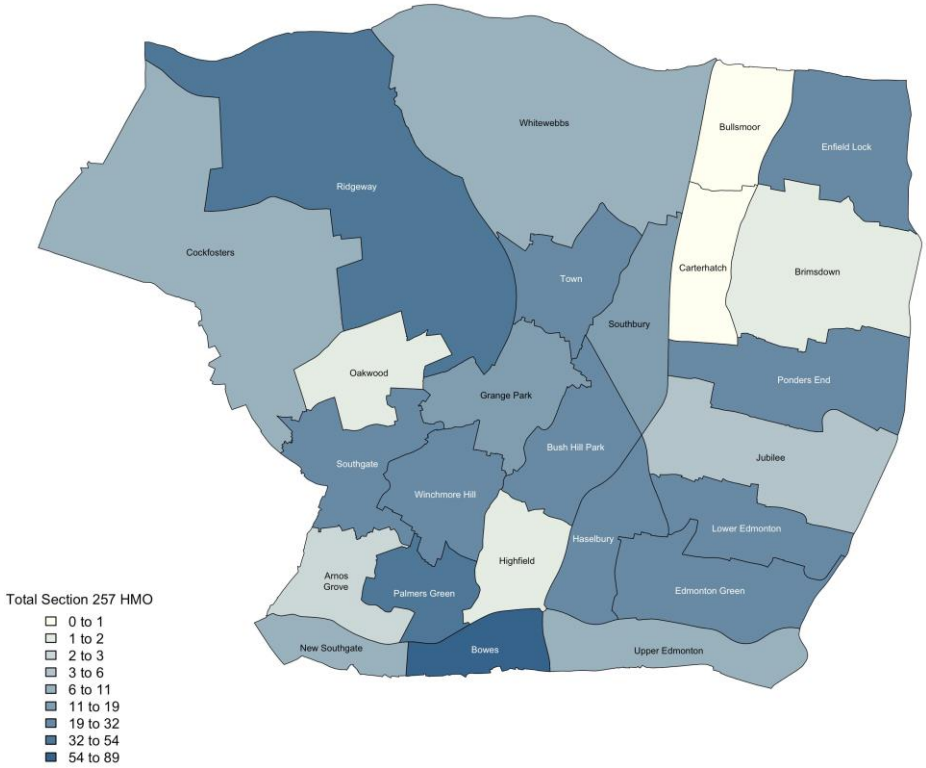


Figure 5. Number of predicted s257 HMOs (converted property) by ward (Source Ti 2024).



Map 4. Distribution of predicted s257 HMOs (converted properties) by ward (Source: TI 2024, Map by Metastreet).

4.2 Property type

Known HMO property type profile offers an indication of HMO makeup, density, and construction type. Inspection data and Energy Performance Certificate (EPC) records have been analysed. The most common HMO property type in Enfield are houses (82%), while bungalows are the least common property types (1%) (Figure 6).

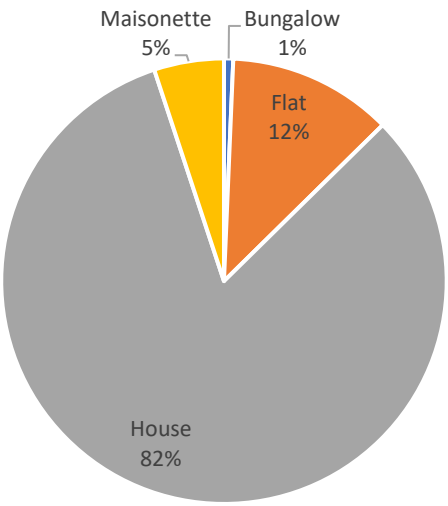


Figure 6. HMO property types (Source Ti 2024).

4.3 HMO occupancy

Occupancy data for HMO licence applications provides insights into how HMOs in Enfield are occupied.

Licence application data was analysed for occupancy and revealed a total of 5,659 tenants occupy 1,095 HMOs in Enfield, forming 4,980 households. Each HMO is occupied by 5.1 tenants on average. The average number of households per property is 4.5. The number of tenants occupying HMO properties ranges between 3–34 persons.

Extrapolating the known tenant occupancy per HMO (5.1) to the predicted HMO (shared amenity) data (2,835), the predicted HMO tenant population in Enfield is calculated to be 14,459 residents. Combined, this represents approximately 6.1% (20,117) of Enfield's 2021 census population estimates (330,000) [2].

[2] Census 2021 Population and household estimates, 2021, https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021unroundeddata

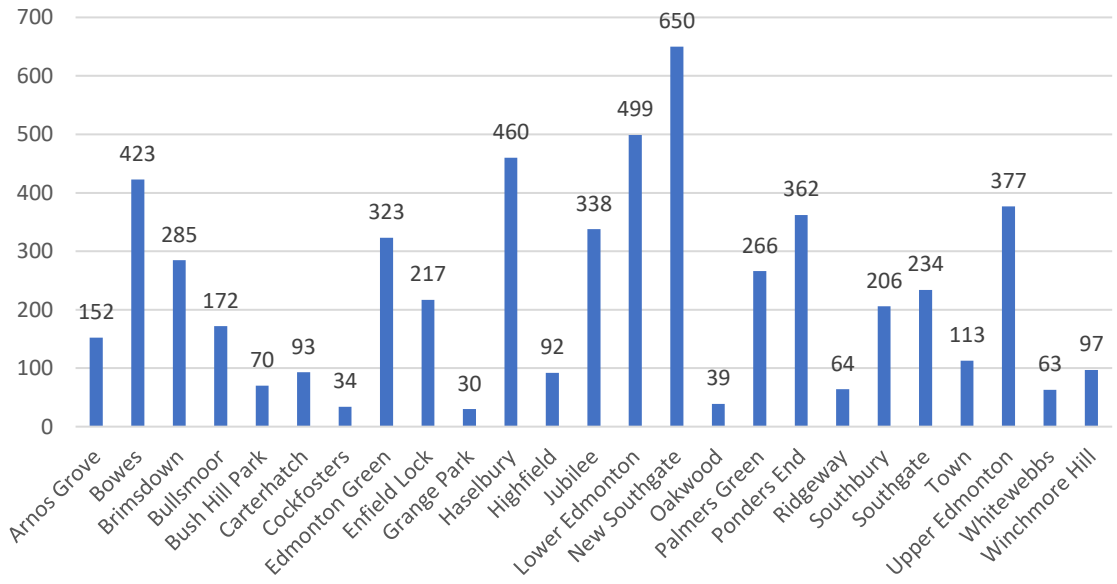


Figure 7. Known HMO occupants by ward (Source: TI 2024).

New Southgate ward has the highest number of known HMO occupants (650) and households (557) in the borough (Figure 7 & 8).

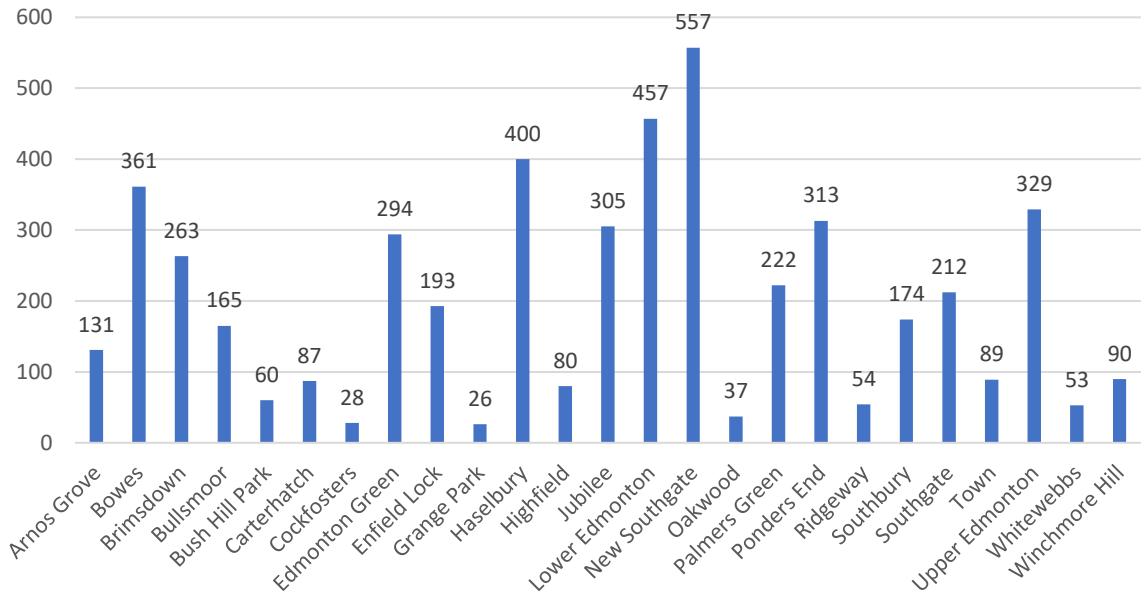


Figure 8. HMO households by ward (Source: TI 2024).

4.4 HMO licence holders

Each HMO property licence has a named licence holder. Analysis of HMO licence holder data for 1095 HMO licences identified 835 unique licence holders.

The average number of licences per licence holder is 1.3. The number of licences per licence holder ranges between 1-19 licences. Most HMO licence holders manage just one property (716) (Figure 9).

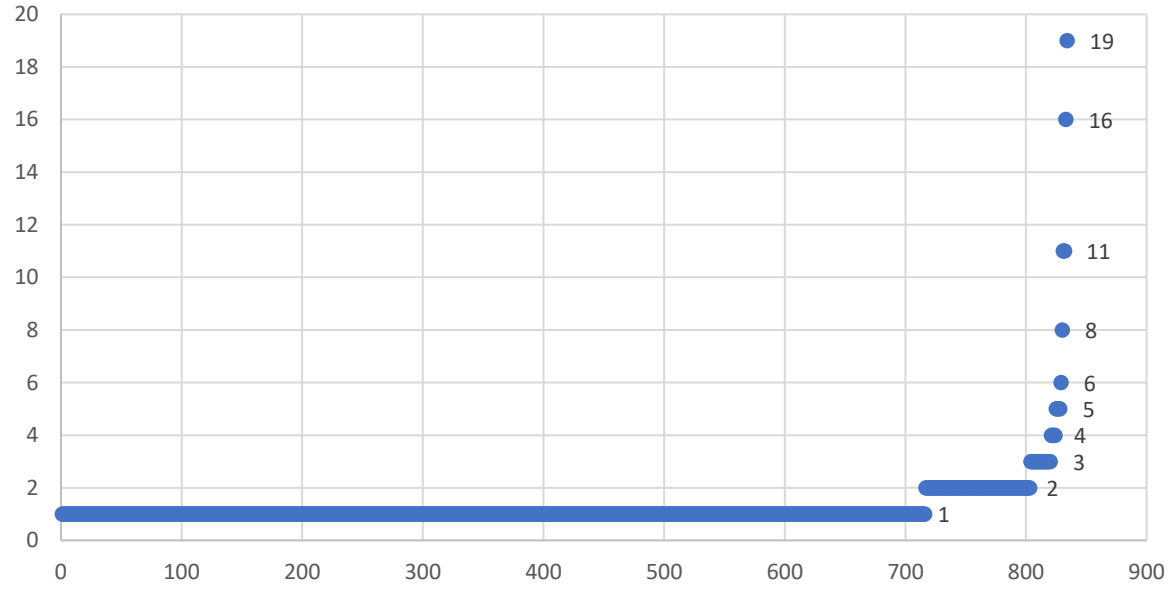


Figure 9. Number of HMO licence holders by number of HMO licences held (Source: TI 2024).

5 HMO Standards & Management

Housing conditions are affected by the level of maintenance, quality of repair & management, the age of the property, thermal efficiency, and type of construction.

Proper management of HMOs is necessary to safeguard the tenants and the wider community. The HMO Management Regulations require the manager to keep all parts of the HMO safe, clean and well maintained. They also place a duty on tenants of HMOs to cooperate with the manager and not damage any fire safety equipment.[3] HMOs can exhibit some of the poorest housing conditions of any tenure if poorly managed. Therefore, HMO managers are required to comply with licence conditions and HMO Management Regulations. These include space standards, repair obligations, fire precautions and testing, waste management and tenancy management. [4]

5.1 Complaints from tenants and others

Complaints made by tenants and others to Enfield Council regarding poor property conditions and inadequate property management are a direct indicator of low quality and poorly managed HMOs. Enfield recorded 1,149 HMOs (known and hidden) subject to one or more complaints from tenants and others over a 5-year period (October 2018 – September 2023) .

96 Additional HMOs received one or more complaints by tenants and others to Enfield Council. New Southgate (16) has the highest number of complaints (Figure 10). Complaints are distributed across most of the borough. Concentrations of complaints come predominantly from the southern and eastern wards (Map 5).

[3] The Licensing and Management of Houses in Multiple Occupation (Additional Provisions) (England) Regulations 2007, https://www.legislation.gov.uk/uksi/2007/1903/contents/made

[4] Regulating the Privately Rented Housing Sector, Evidence into Practice, Edited By Jill Stewart, Russell Moffatt, (2022) https://www.routledge.com/Regulating-the-Privately-Rented-Housing-Sector-Evidence-into-Practice/Stewart-Moffatt/p/book/9781032159690

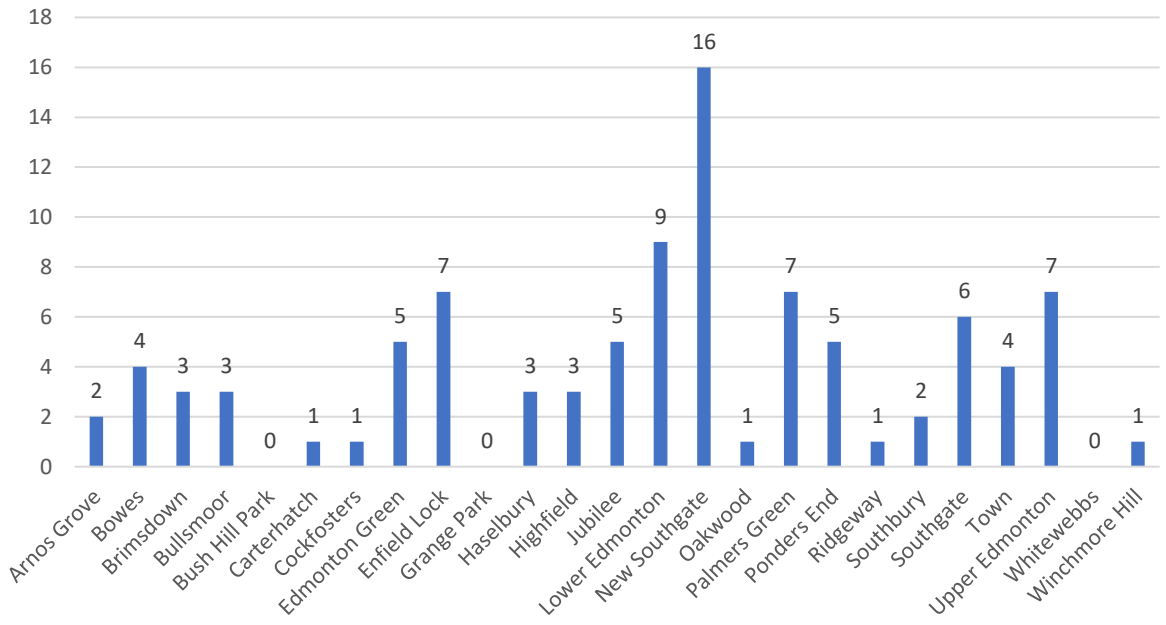
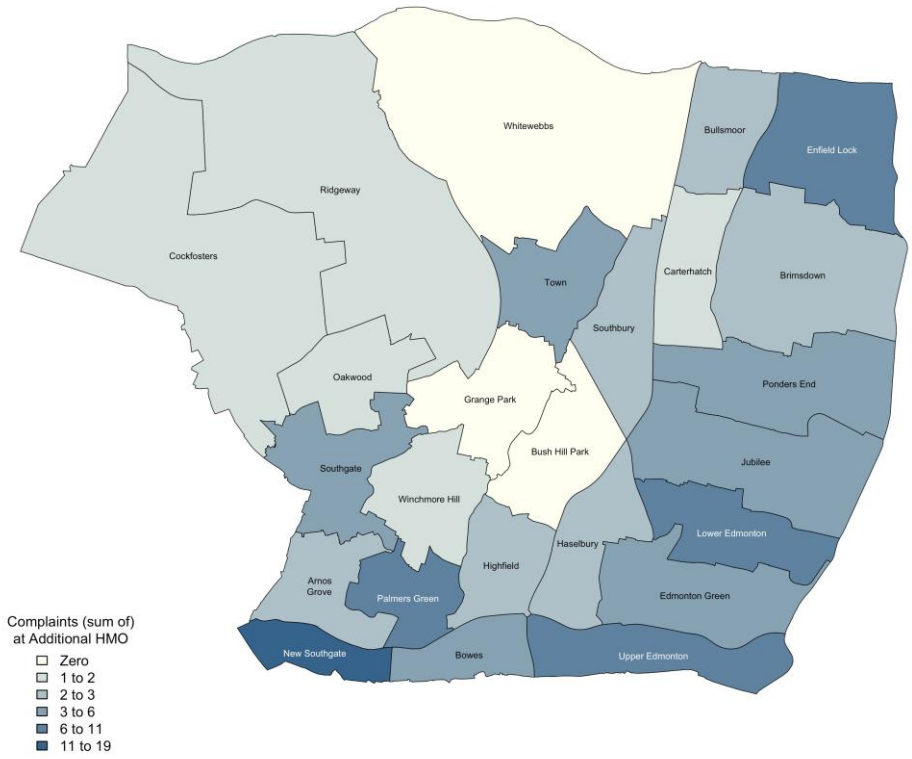


Figure 10. Number of Additional HMOs with one or more complaints from tenants and others by ward (October 2018 – September 2023) (Source: TI 2024).



Map 5. Distribution of Additional HMOs with one or more complaints from tenants and others by ward (October 2018 – September 2023) (Source: TI 2024, Map by Metastreet).

419 Mandatory HMOs have had one or more complaints made by tenants and others to Enfield Council (Figure 11). Lower Edmonton has the highest number of complaints (44). Complaints are distributed across the borough. Concentrations of complaints come predominantly from the southern and eastern wards (Map 6).

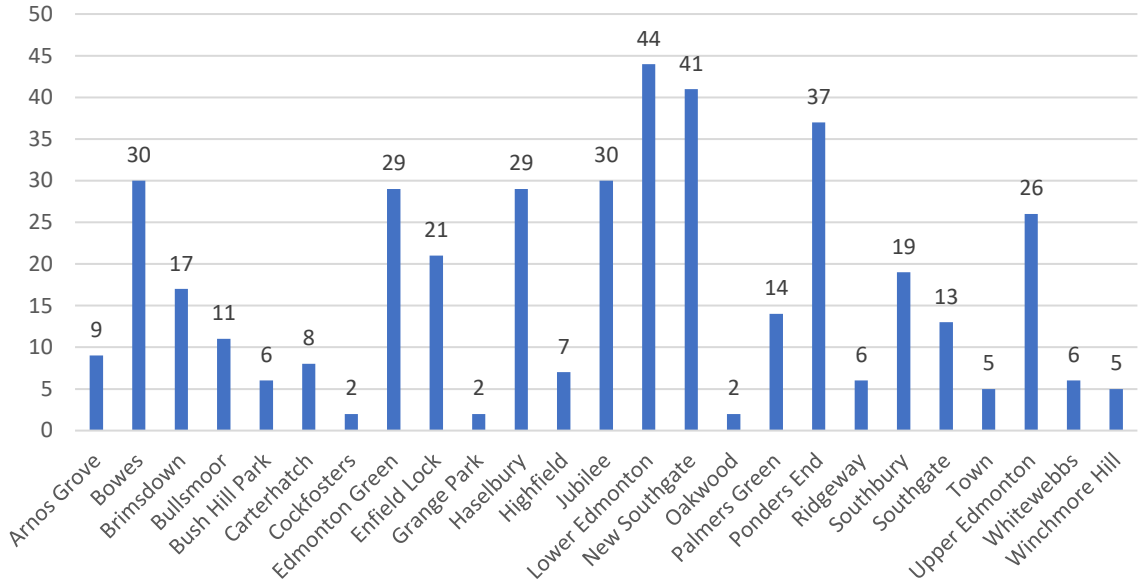
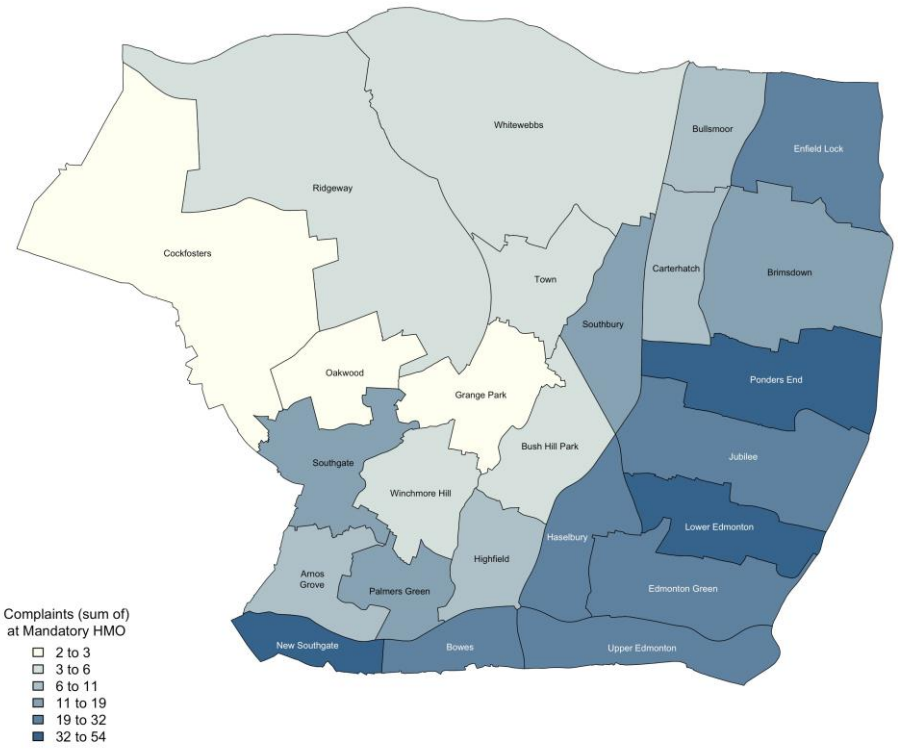


Figure 11. Number of Mandatory HMOs with one or more complaints from tenants and others by ward(October 2018 – September 2023) (Source: TI 2024).



Map 6. Distribution of Mandatory HMOs with one or more complaints from tenants and others by ward (October 2018 – September 2023) (Source: TI 2024, Map by Metastreet).

502 predicted hidden HMOs have been linked to one or more complaints made by tenants and others to the Council. Haselbury and Ponders End (43) have the highest number of complaints (Figure 12). Complaints are distributed across the entire borough. Concentrations of complaints come predominantly from the southern and eastern wards (Map 7).

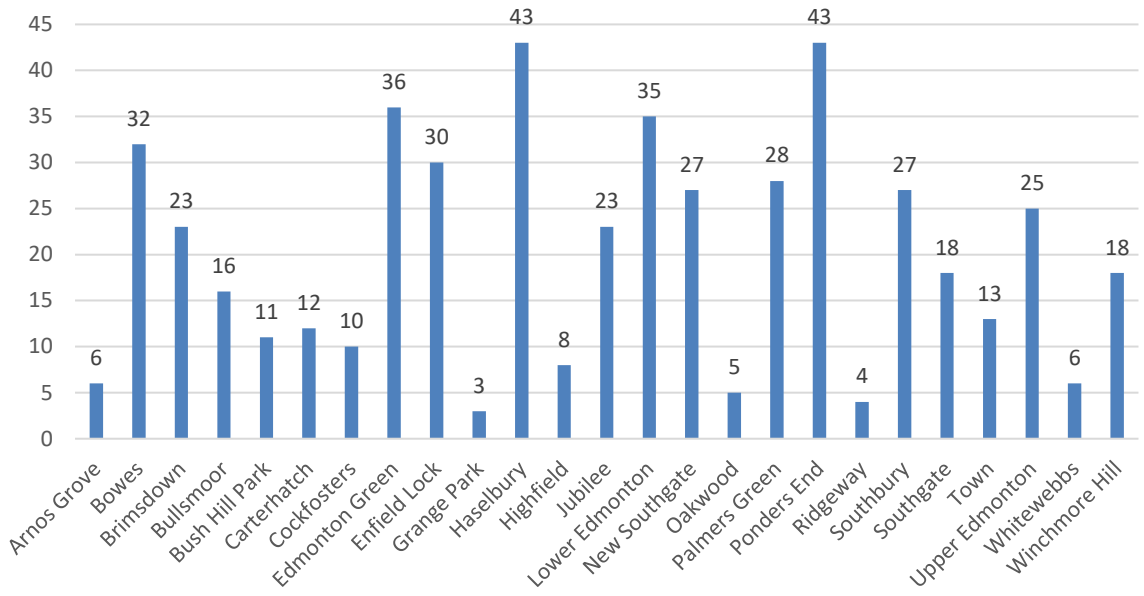
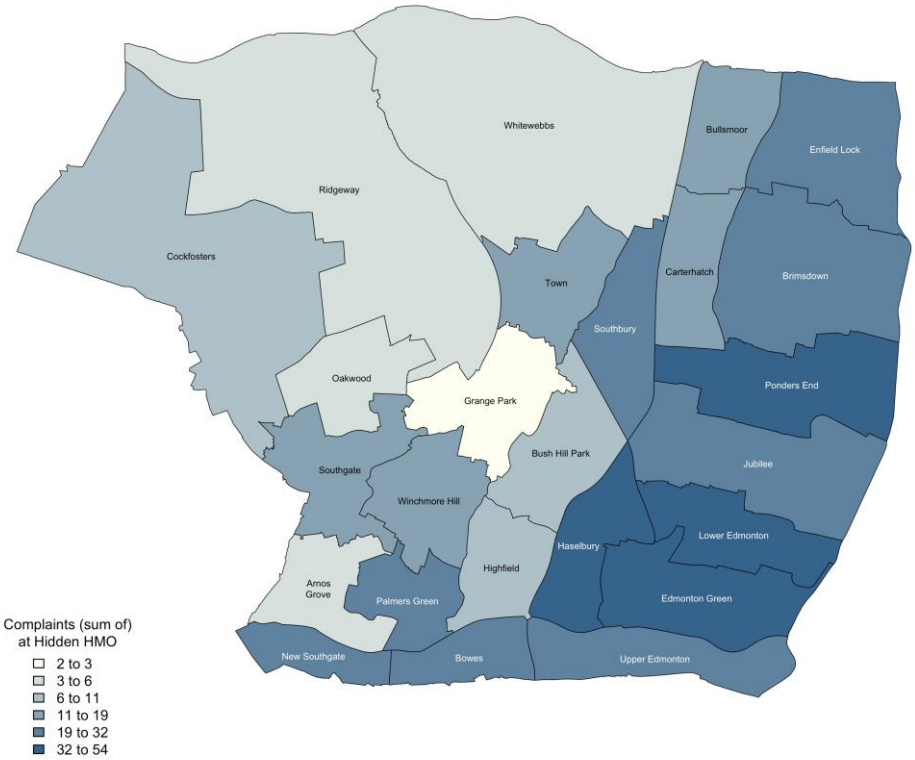


Figure 12 Number of predicted hidden HMOs with one or more complaints from tenants and others by ward (October 2018 – September 2023) (Source: TI 2024).



Map 7. Distribution of predicted hidden HMOs with one or more complaints by ward (October 2018 – September 2023) (Source: TI 2024, Map by Metastreet).

79 s257 HMOs were subject to one or more complaints made by tenants and others to Enfield Council (Figure 13). Haselbury and Ponders End s257 HMO (10) have the highest number of complaints.

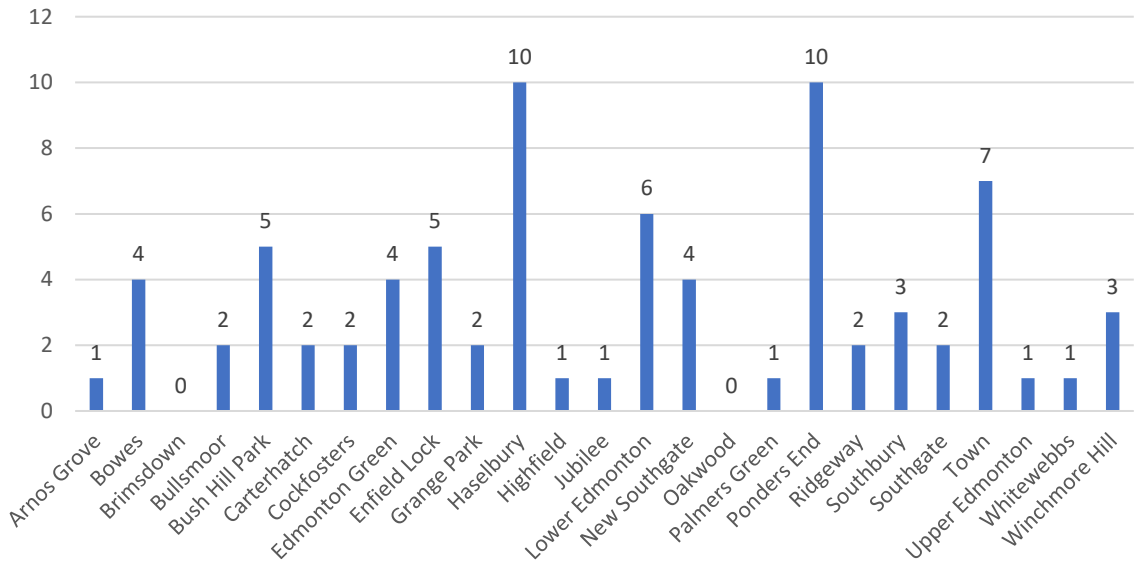


Figure 13. Number of predicted s257 HMOs with one or more complaints by ward (October 2018 – September 2023) (Source: TI 2024).

5.2 Fire precautions

As part of the HMO licence application process, applicants are asked to report on the level of fire precautions in the HMO to be licensed.

Out of a total of 852 applications, 174 (20.4%) responded 'no' and 678 (79.6%) responded 'yes' to the following question, ***Does the property have fire doors fitted to the kitchens?*** (Figure 14).

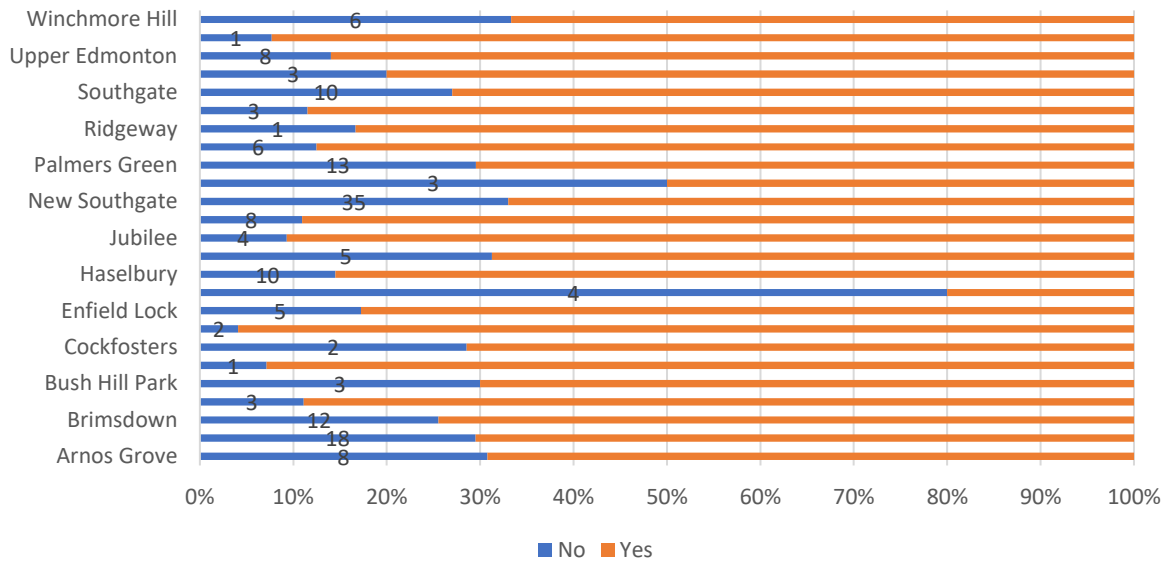


Figure 14. Does the property have fire doors fitted to the kitchens? Results by ward. (Source: TI 2024).

Out of a total of 852 applications, 143 (16.8%) responded 'no' and 709 (83.2%) responded 'yes' to the following question, **Does the property have a mains powered fire detection system?** (Figure 15).

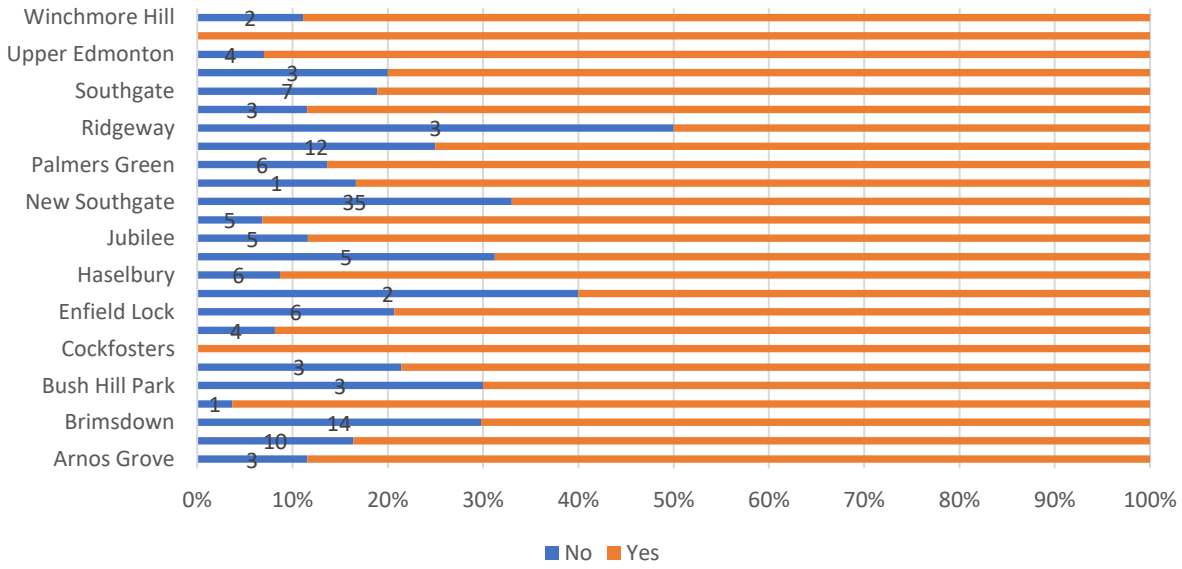


Figure 15. Does the property have a mains powered fire detection system? Results by ward. (Source: TI 2024).

5.3 Inspection results

Enfield has an active HMO inspection programme. Between 2020-2023 Enfield officers undertook 707 HMO property inspections.

The Housing Health and Safety Rating System (HHSRS) is a system for assessing housing conditions. A hazard is any risk of harm to the health or safety of an actual or potential occupier of accommodation that arises from a deficiency in the dwelling, building or land in the vicinity.

During officer HMO inspections, 920 hazards (Category 1 & 2, HHSRS) were identified across 462 properties. Therefore 65.3% of HMOs inspected were found to have at least 1 hazard (Category 1 & 2, HHSRS).

Hazards identified during officer inspections are distributed across all wards, except Ridgeway. New Southgate (159) and Lower Edmonton (109) have the highest number of identified hazards (Figure 16).

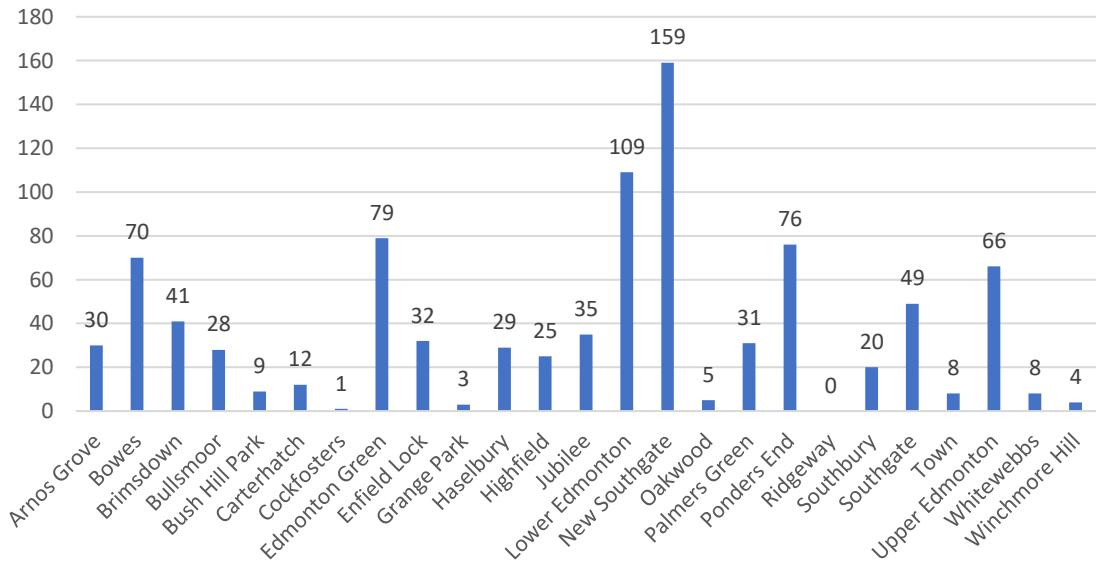
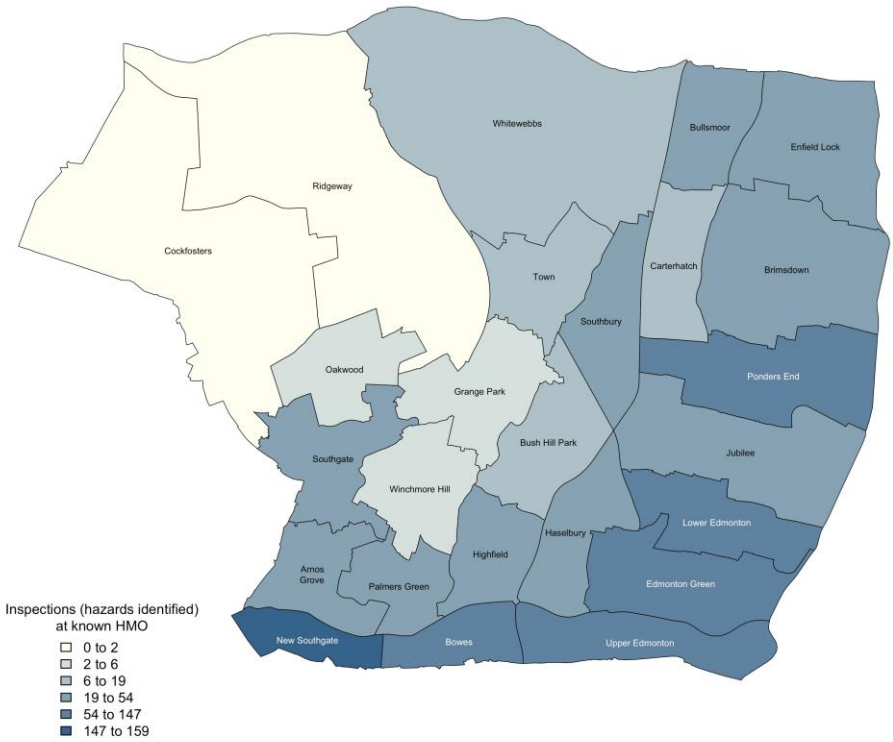


Figure 16. Hazards identified during inspections (2020-2023) (known HMOs) by ward (Source: TI 2024).

Identified hazard are distributed across most of the borough. Concentrations of identified hazards are predominantly from the southern and eastern wards (Map 8).



Map 8. Hazards identified during inspections (2020-2023) (known HMOs) (Source: TI 2024, Map by Metastreet).

During inspections of Additional HMOs officers identified 228 hazards in 143 properties. New Southgate (46) ward has the highest number of identified hazards (Figure 17 & Map 9).

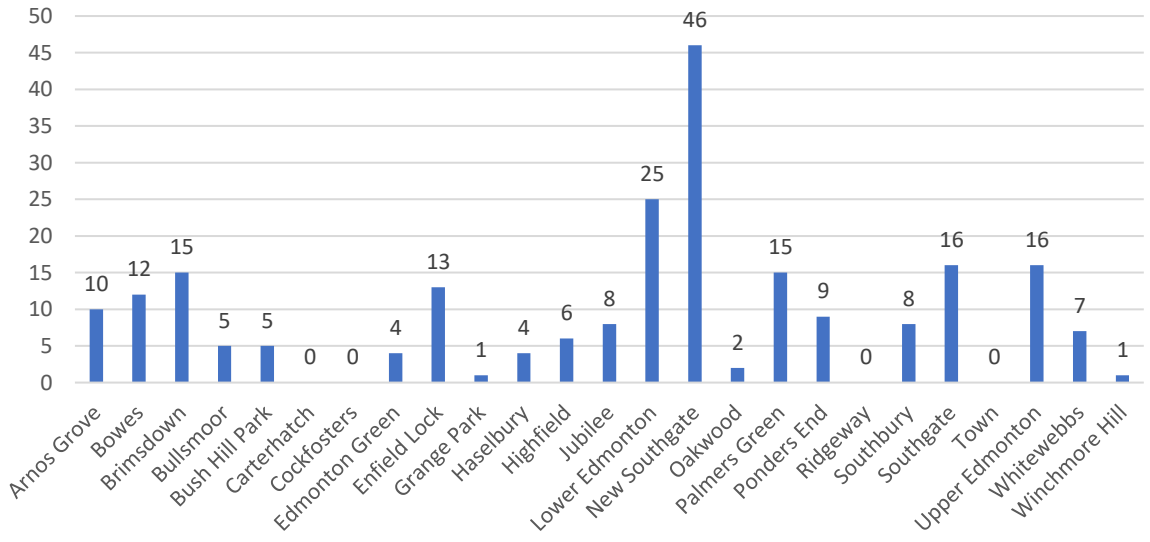
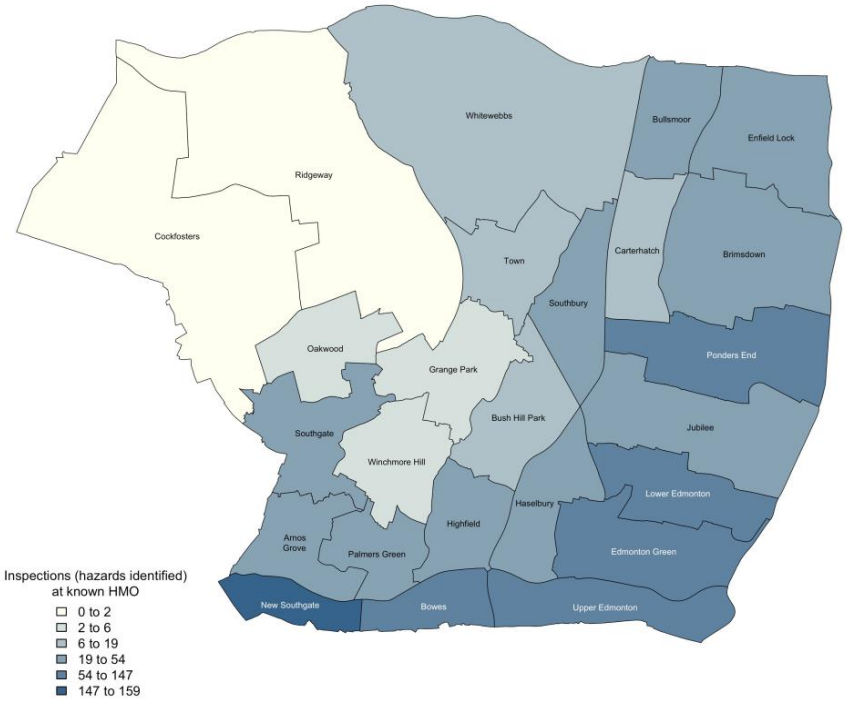


Figure 17. Hazards identified during Additional HMO inspections (2020-2023) (Source: TI 2024).



Map 9. Hazards identified during Additional HMO inspections (2020-2023) (Source: TI 2024, Map by Metastreet).

690 hazards were also found in Mandatory HMOs. New Southgate has the highest number of hazards (113). Hazards are distributed across most of Enfield (Figure 18 & Map 10)

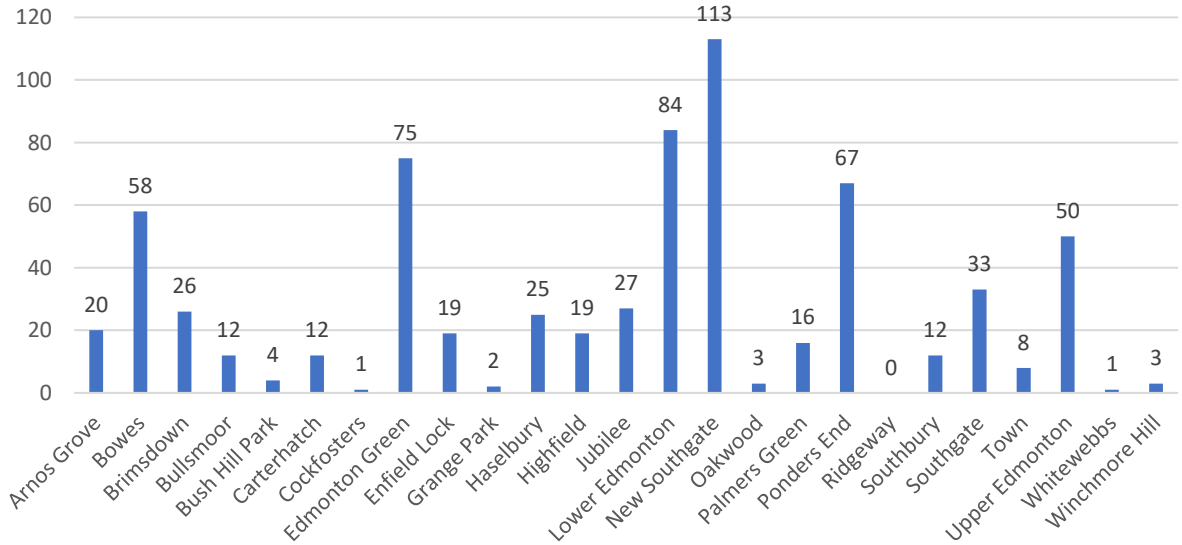
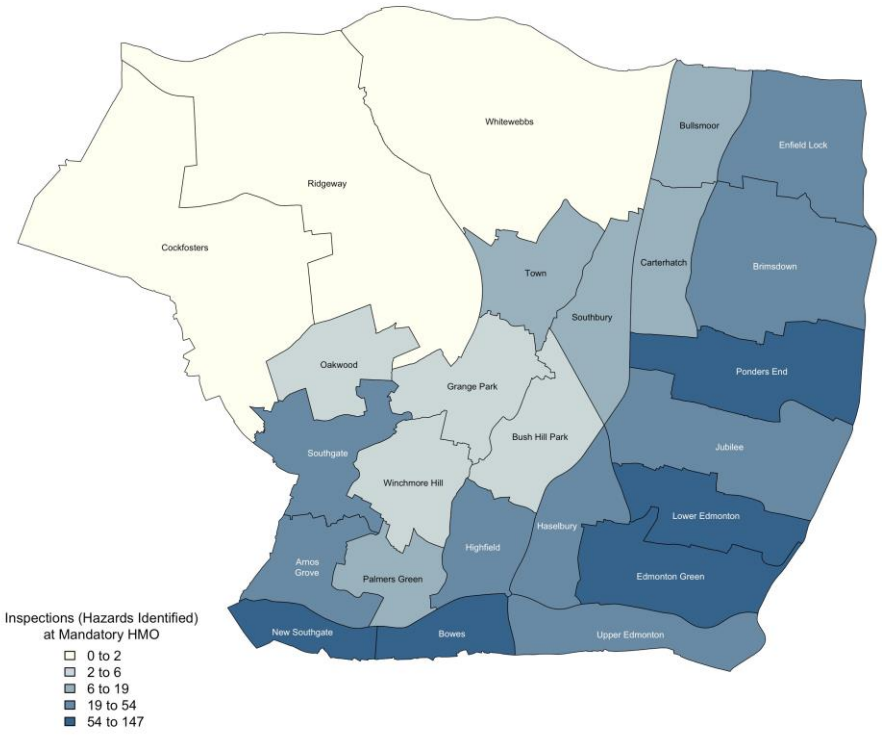


Figure 18. Hazards identified during Mandatory HMO inspections (2020-2023) by licence type (Source: TI 2024).



Map 10. Hazards identified during Mandatory HMO inspections (2020-2023) (Source: TI 2024, Map by Metastreet).

Currently the HHSRS assessment identifies 29 hazard types that give rise to hazards, under 4 main public health categories; physiological requirements; psychological requirements; protection against infection; protection against accidents. [5] Serious hazards (Category 1 & 2, HHSRS) hazards have a physiological or psychological impact on the occupant and may result in medical treatment. [6]

Enfield Inspecting Officers identified 18 different hazard types while inspecting HMOs(Additional and Mandatory) . Fire was by far the most common hazard identified (32%), followed by Damp and Mould Growth (24%), Electrical hazards (12%) and Excess Cold (8%) (Figure 19).

[5] HHSRS) operating guidance, https://www.gov.uk/government/publications/hhsrs-operating-guidance-housing-act-2004-guidance-about-inspections-and-assessment-of-hazards-given-under-section-9

[6] Housing Health and Rating System, Operation Guidance, 2006, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/15810/142631.pdf

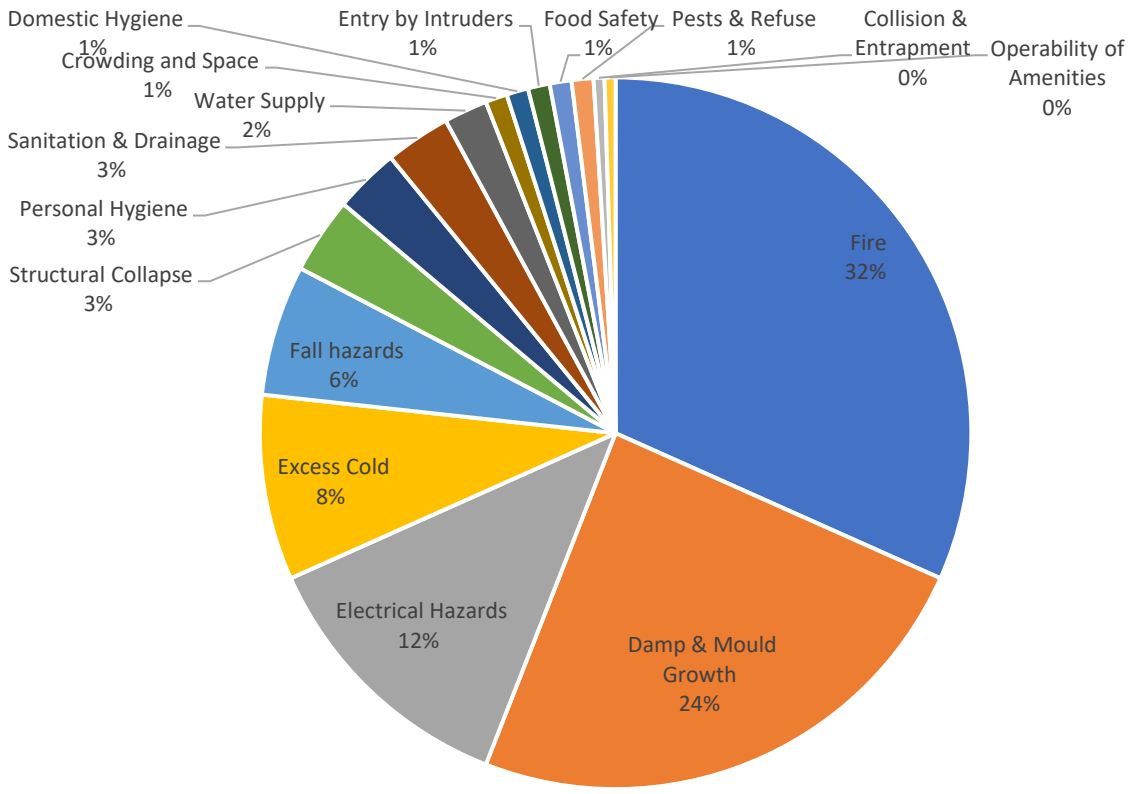


Figure 19. Hazard types (% of totals) identified during inspections (2019-2023). (Source: TI 2024).

5.4 Predicted HMO hazards.

In 2023, 12% of private rented dwellings in England had at least one Category 1 hazard; this was a higher proportion than the average for the total housing stock (8%), and significantly higher than owner occupied dwellings (9%) or social rented dwellings (4%). Furthermore, the private rented sector had the highest proportion of non-decent homes (21%)[7]

Using a sample of properties that are known to have at least one serious housing hazard (see above), it is possible to predict the number of HMO properties with at least one serious hazard (Category 1 and/or high scoring Category 2 hazards ,HHSRS A-D) across the HMO population (known and predicted hidden) (Figure 17). Note, for converted property HMOs (s257), there are no predicted hazards. Further details of the methodology can be found in Appendix 2.

There are 1,456 HMO (known and predicted hidden) properties in Enfield that are likely to have at least 1 serious housing hazard (Category 1 and/or high scoring Category 2 hazards, HHSRS). This

[7] EHS Headline 2022-2023, https://www.gov.uk/government/statistics/chapters-for-english-housing-survey-2022-to-2023-headline-report

represents 37% of the known and predicted hidden HMO population, more than double the PRS national average (12%) (Figure 20)[8].

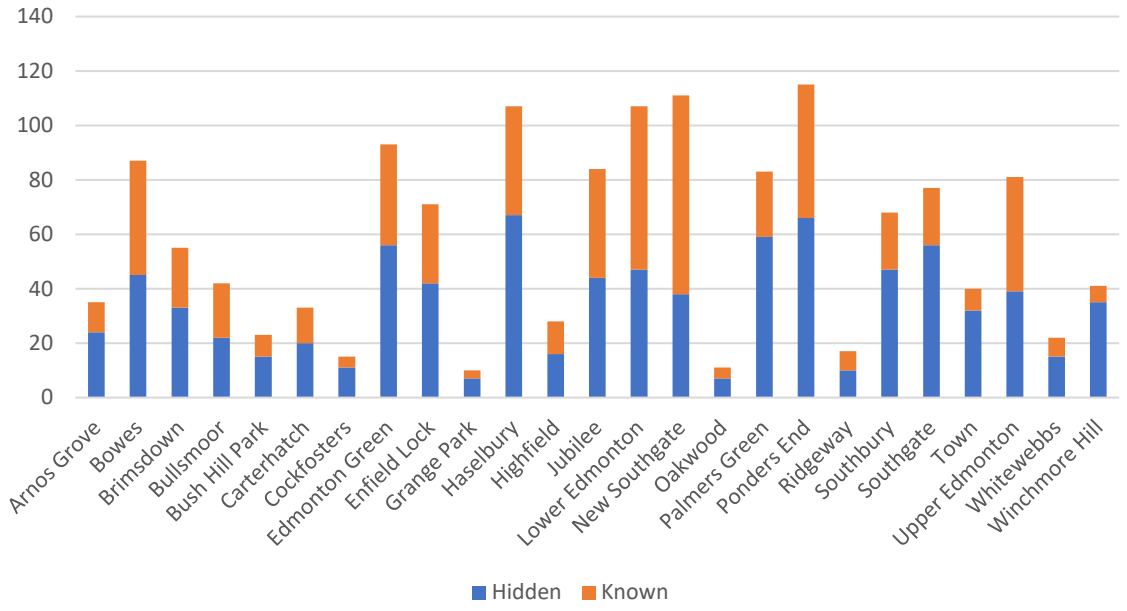


Figure 20. HMOs (shared amenities, known and hidden) with one or more predicted serious hazards (Category 1 and/or high scoring Category 2 hazards, HHSRS) by ward (excluding s257 HMO) (Source: Ti 2024).

There are 136 Additional HMOs properties in Enfield that are likely to have at least 1 serious housing hazard (Category 1 and/or high scoring Category 2 hazards, HHSRS). New Southgate has the highest number of predicted hazards (26) (Figure 21). Concentrations of properties with serious hazards can be found predominantly in the southern and eastern wards (Map 11).

[8] EHS Headline 2022-2023, https://www.gov.uk/government/statistics/chapters-for-english-housing-survey-2022-to-2023-headline-report

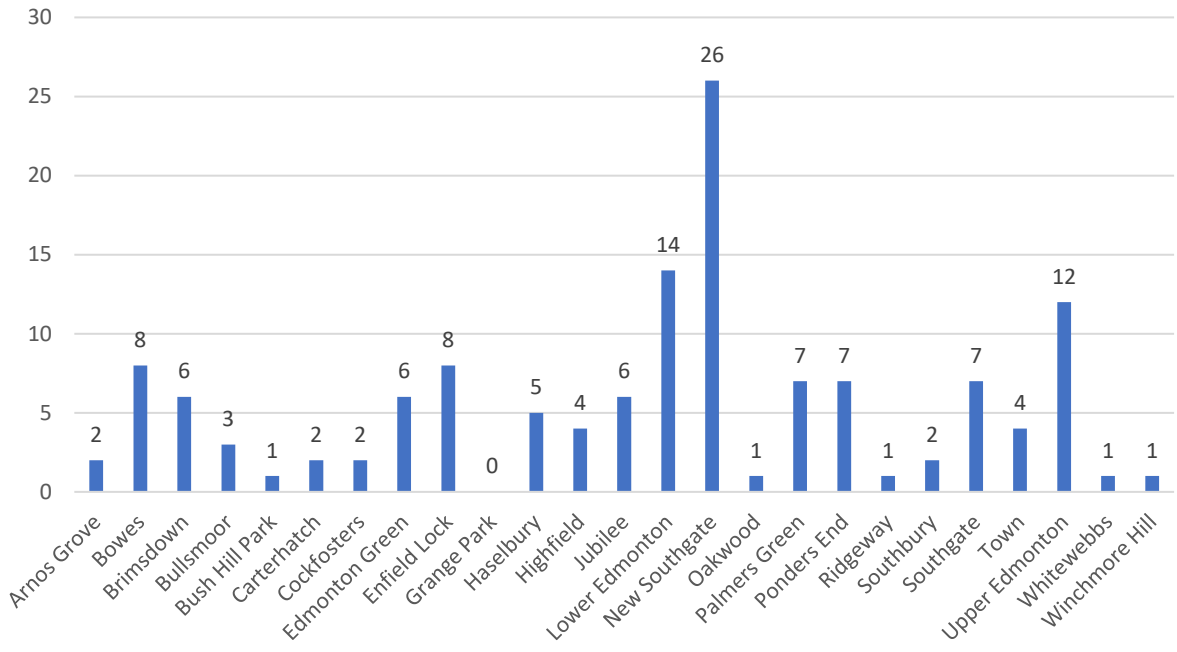
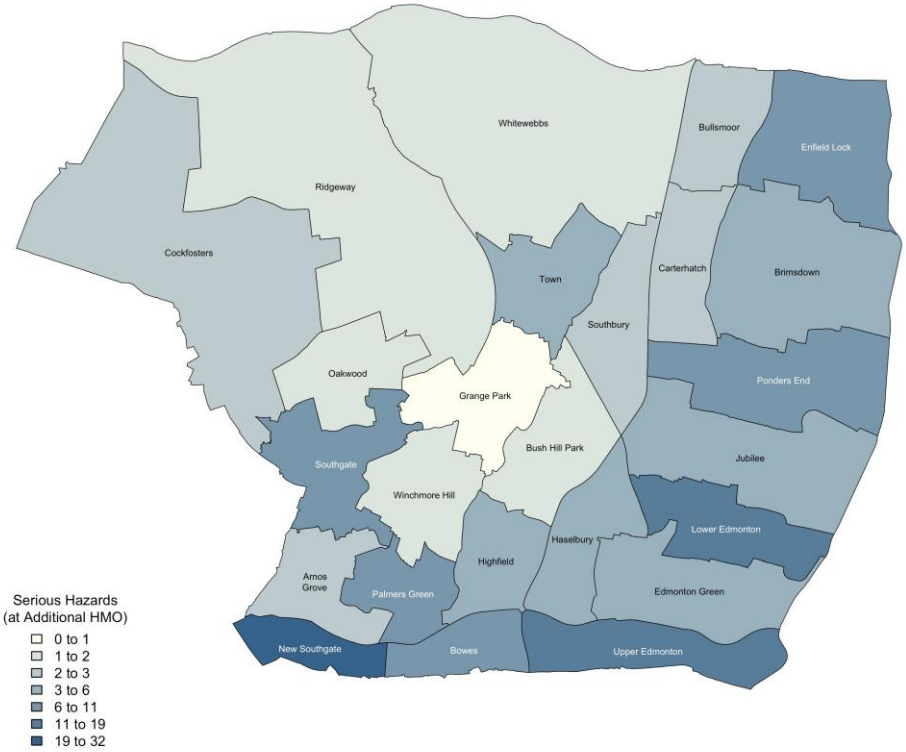


Figure 21. Additional HMOs with one or more predicted serious hazards (Category 1 and/or high scoring Category 2 hazards, HHSRS) by ward (excluding s257 HMO) (Source: Ti 2024).



Map 11. Distribution of Additional HMOs with one or more predicted serious hazards (Category 1 and/or high scoring Category 2 hazards, HHSRS) by ward (Source: Ti 2024, Map by Metastreet).

Mandatory HMOs with serious hazards are distributed across the whole borough (Figure 22). New Southgate (47) and Lower Edmonton (46) have the highest number of predicted hazards. As with other types of HMO, concentrations of properties with serious hazards can be found predominantly in the southern and eastern wards (Map 12).

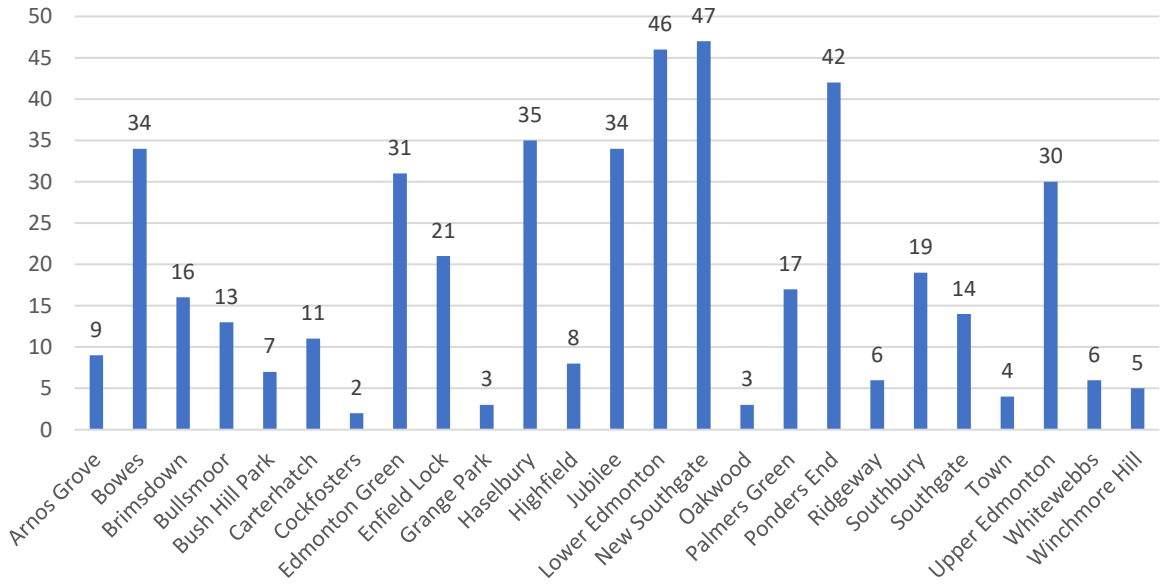
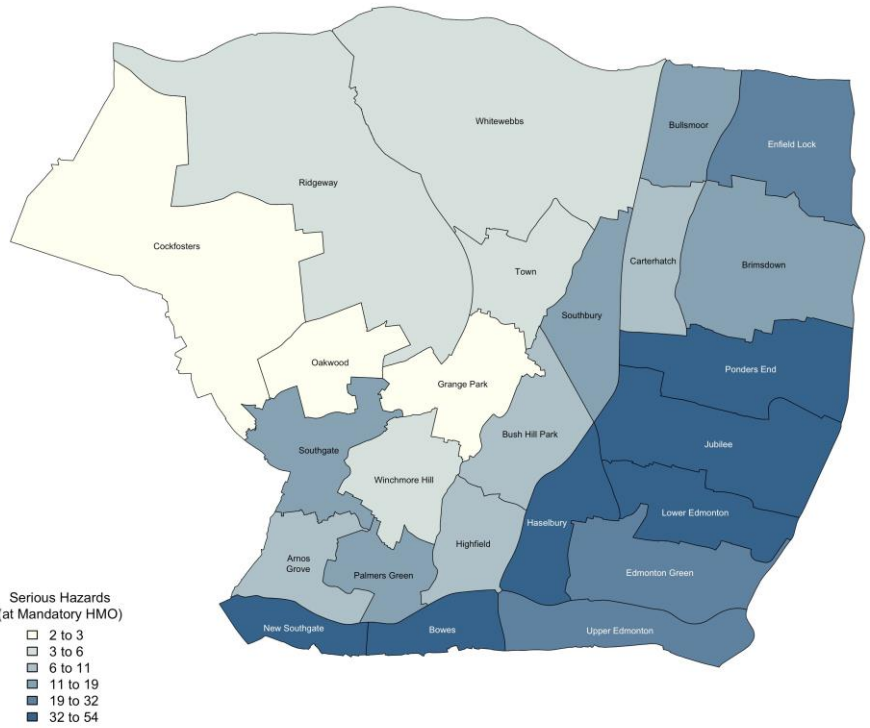


Figure 22. Mandatory HMOs with one or more predicted serious hazards predicted (Category 1 and/or high scoring Category 2 hazards, HHSRS) by ward (excluding s257 HMO) (Source: Ti 2024).



Map 12. Distribution of Mandatory HMOs with one or more predicted serious hazards (Category 1 and/or high scoring Category 2 hazards, HHSRS) by ward (Source: Ti 2024, Map by Metastreet).

853 predicted hidden HMOs have serious hazards and are distributed across the whole borough. Haselbury (67) and Ponders End (66) wards have the highest number of hidden HMOs with predicted serious hazards (Figure 23). Concentrations of properties with serious hazards can be found predominantly in the southern and eastern wards (Map 13).

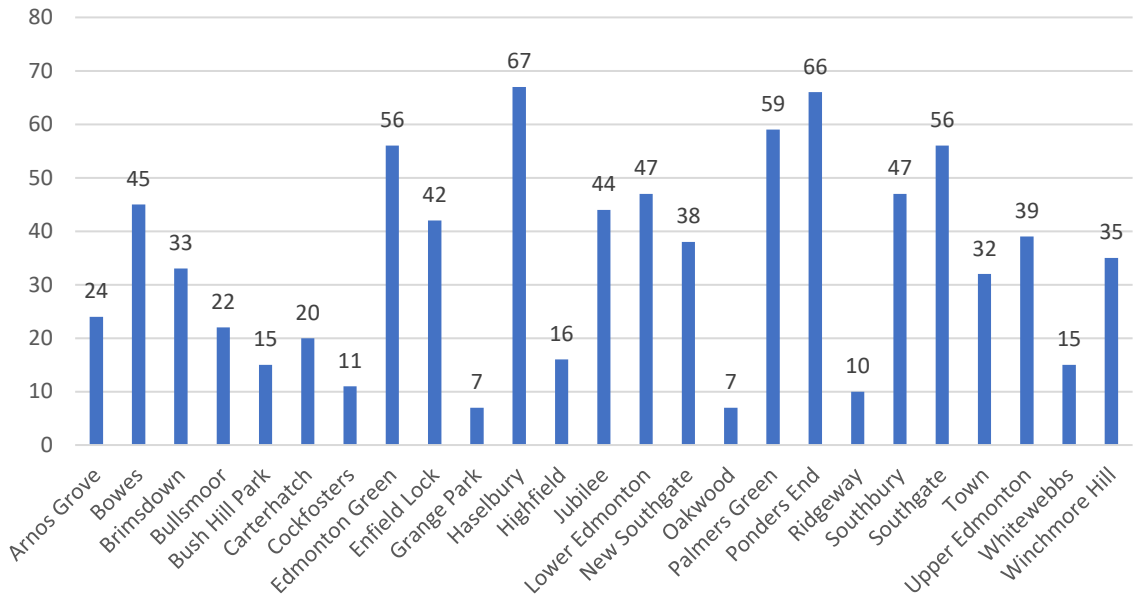
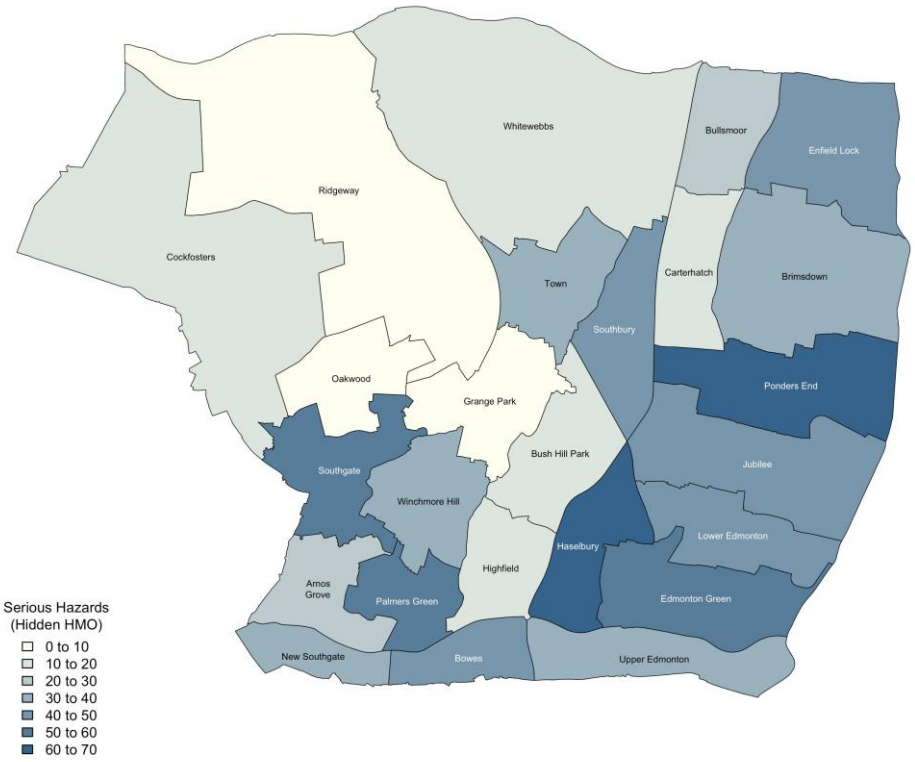


Figure 23. Hidden HMOs with one or more predicted serious hazards (Category 1 and/or high scoring Category 2 hazards, HHSRS) by ward (Source: Ti 2024).



Map 13. Distribution of hidden HMOs with one or more predicted serious hazards (Category 1 and/or high scoring Category 2 hazards, HHSRS) by ward (Source: Ti 2024, Map by Metastreet).

5.5 Energy performance

An EPC rating is an assessment of a property's energy efficiency. It's primarily used by buyers or renters of residential properties to assess the energy costs associated with heating a house or flat. The rating is from A to G. A indicates a highly efficient property, G indicates low efficiency.

The energy efficiency of a dwelling depends on the thermal insulation of the structure, on the fuel type, and the size and design of the means of heating and ventilation. Any disrepair or dampness to the dwelling and any disrepair to the heating system may affect efficiency. The exposure and orientation of the dwelling are also relevant.

As part of this study, 1,046 EPC ratings were matched to known HMO properties (Figure 24). All figures have been modelled from this group.

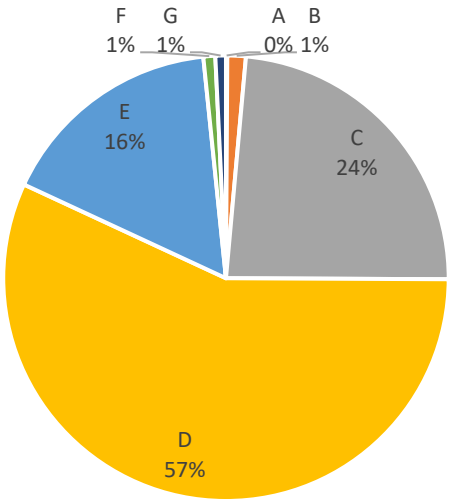


Figure 24. EPC rating distribution for HMOs (A-G) (Source: Ti 2024).

Enfield has 189 HMO EPC records that are E, F, & G. EPC ratings E, F, & G represent properties with the least energy efficiency. New Southgate (25) and Lower Edmonton (22) have the highest number of EPC ratings E-G (Figure 25).

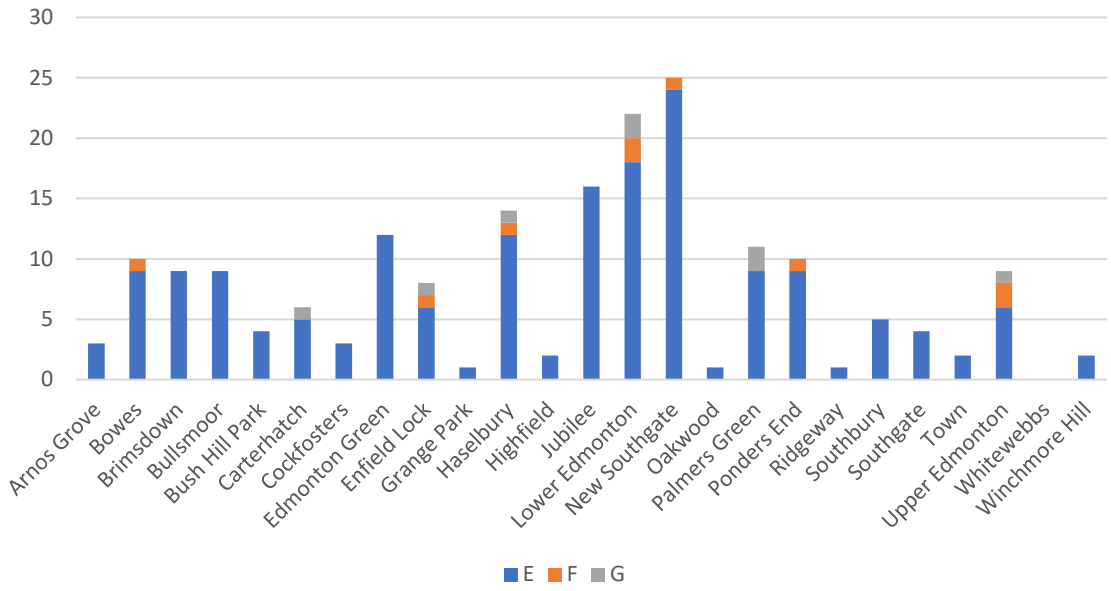


Figure 25. EPC rating (E-G) distribution for HMOs by ward (Source: Ti 2024).

The Minimum Energy Efficiency Standard (MEES) came into force in England and Wales on 1 April 2018. The regulation applies to PRS properties and mandates that all dwellings must have an EPC rating of E and above to be compliant. It has been calculated using the matched addresses that 1.1% (42) of HMO properties in Enfield have F and G rating. It is possible that these properties have been excluded from the MESS regulation requirements on technical grounds.

6 HMO Anti-Social Behaviour (ASB)

Different types of ASB incidents, including ASB and enviro-crime, recorded by the council over a 5-year period (October 2018 – September 2023) have been linked to HMO properties and analysed.

Combined, 4,376 incidents have been matched to all HMO properties (all types). It is important to note, where incidents could not be matched directly at the property level with HMO, ASB incidents have been discarded from this study. For example, ASB incidents investigated on a street corner that cannot be directly linked to an HMO property have been excluded. Ponders End (447) has the highest levels of ASB (Figure 26).

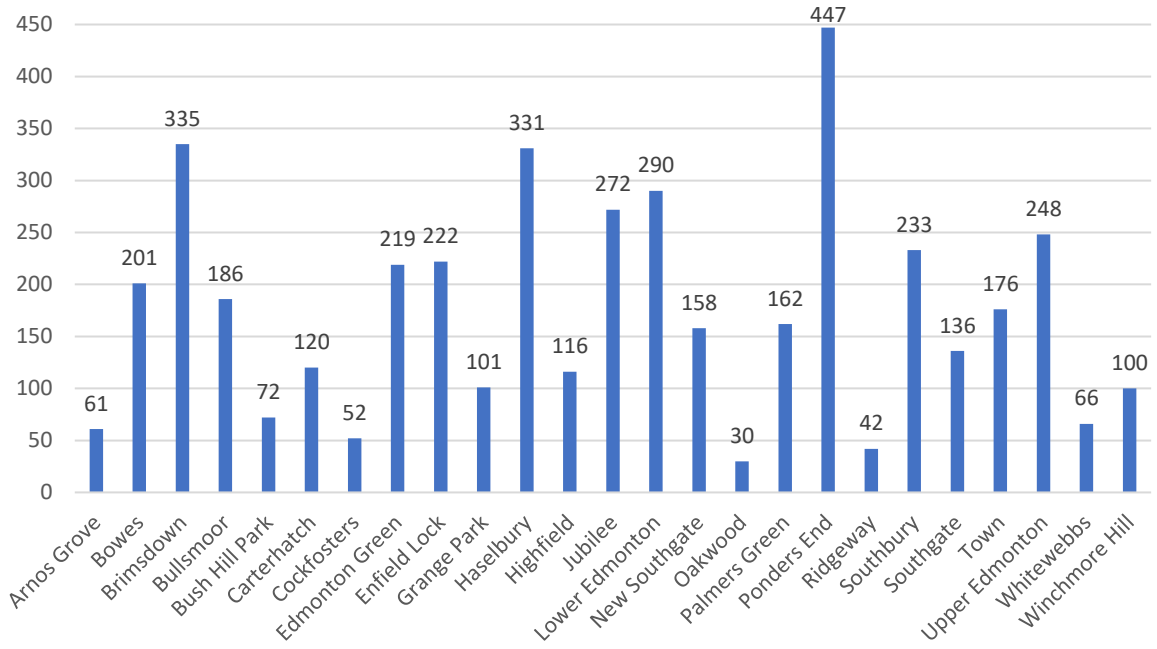


Figure 26. ASB incidents linked to HMOs (all types) by ward (October 2018 – September 2023) . (Source: Ti 2024) (Excluding s257).

152 ASB incidents reported to Enfield Council have been linked to Additional HMOs. Town (23) has the highest number of complaints (Figure 27). ASB incidents are distributed across most of the borough. Concentrations of ASB incidents come predominantly from the southern and eastern wards (Map 14).

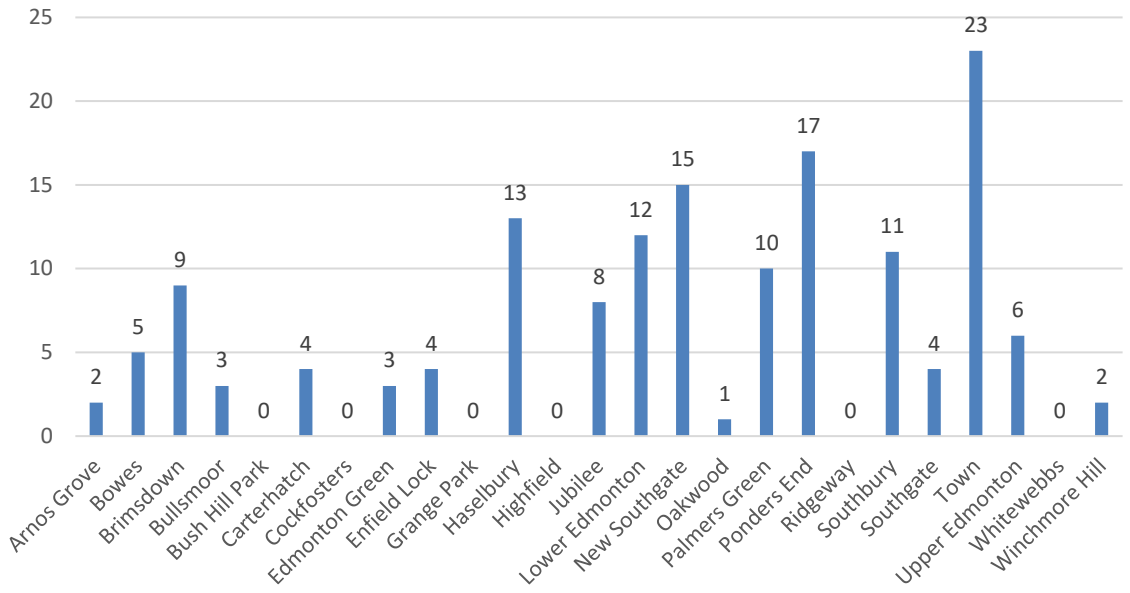
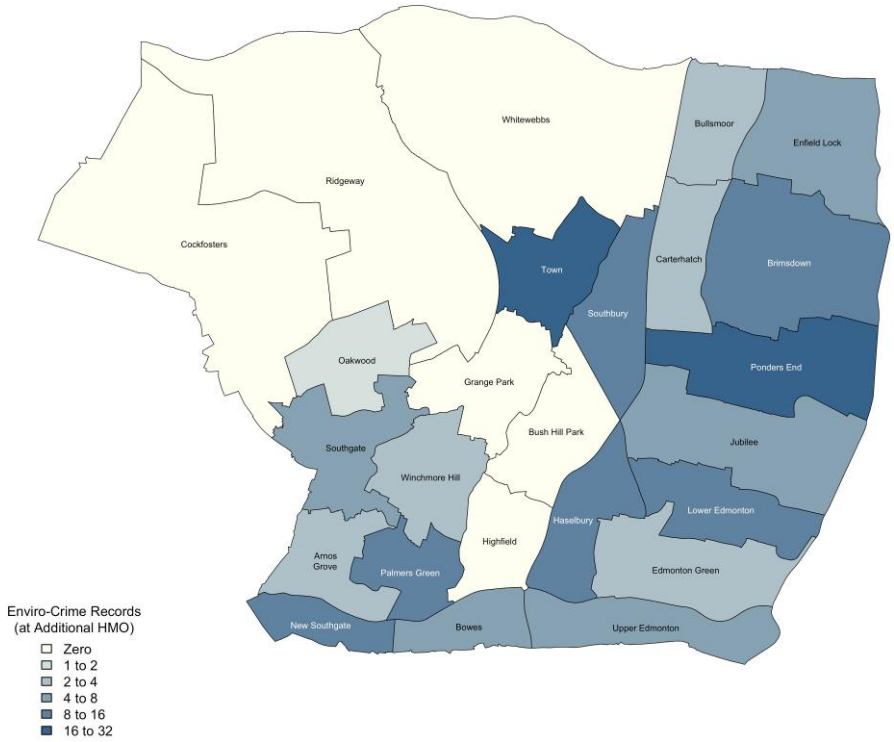


Figure 27. ASB linked to Additional HMOs by ward (October 2018 – September 2023) . (Source: Ti 2024).



Map 14. Distribution of ASB linked to Additional HMOs by ward (October 2018 – September 2023) (Source: Ti 2024, Map by Metastreet).

646 ASB complaints made by tenants and others to Enfield Council are linked to Mandatory HMOs. Haselbury (86) has the highest number of complaints (Figure 28). All wards have ASB linked to HMOs with central and eastern wards having higher concentrations (Map 15).

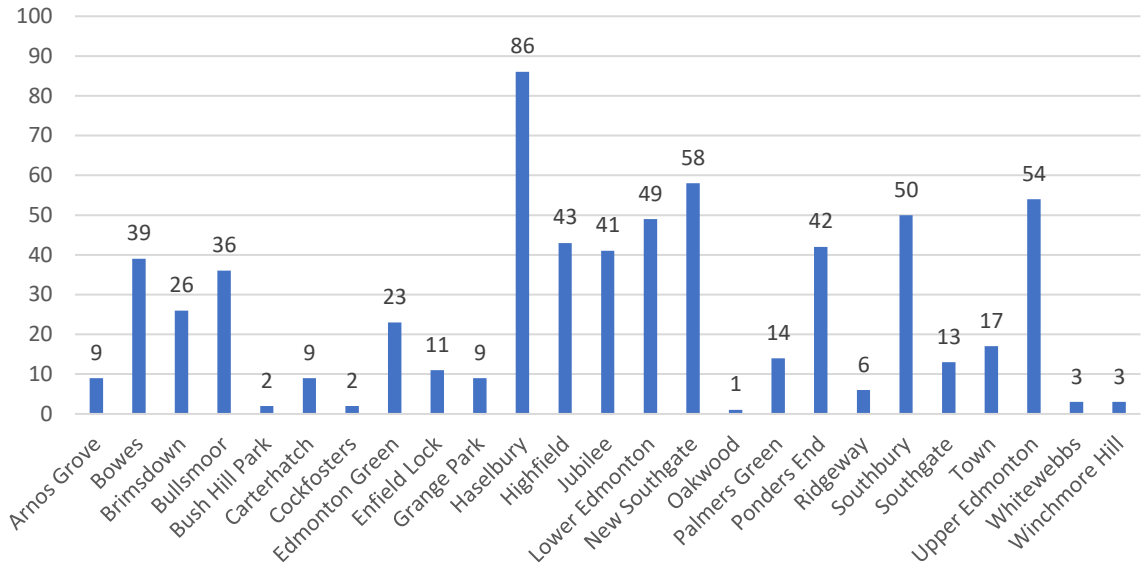
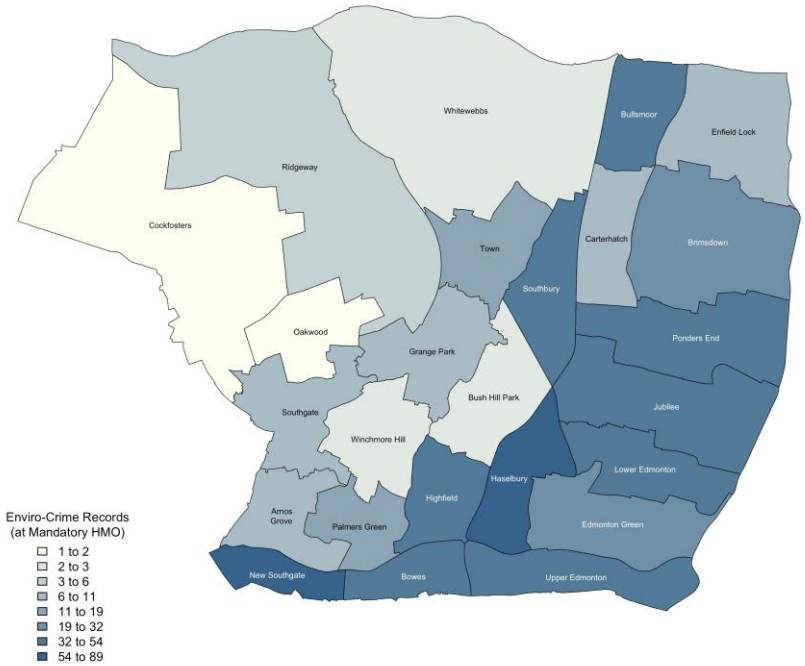


Figure 28. ASB linked to Mandatory HMOs by ward (October 2018 – September 2023). (Source: Ti 2024).



Map 15. Distribution of ASB linked to Mandatory HMOs by ward (October 2018 – September 2023) (Source: Ti 2024, Map by Metastreet).

3,410 ASB incidents have been linked to predicted hidden HMOs. Ponders End has the highest number of ASB incidents (374) (Figure 29). All wards have ASB linked to HMOs (Map 16).

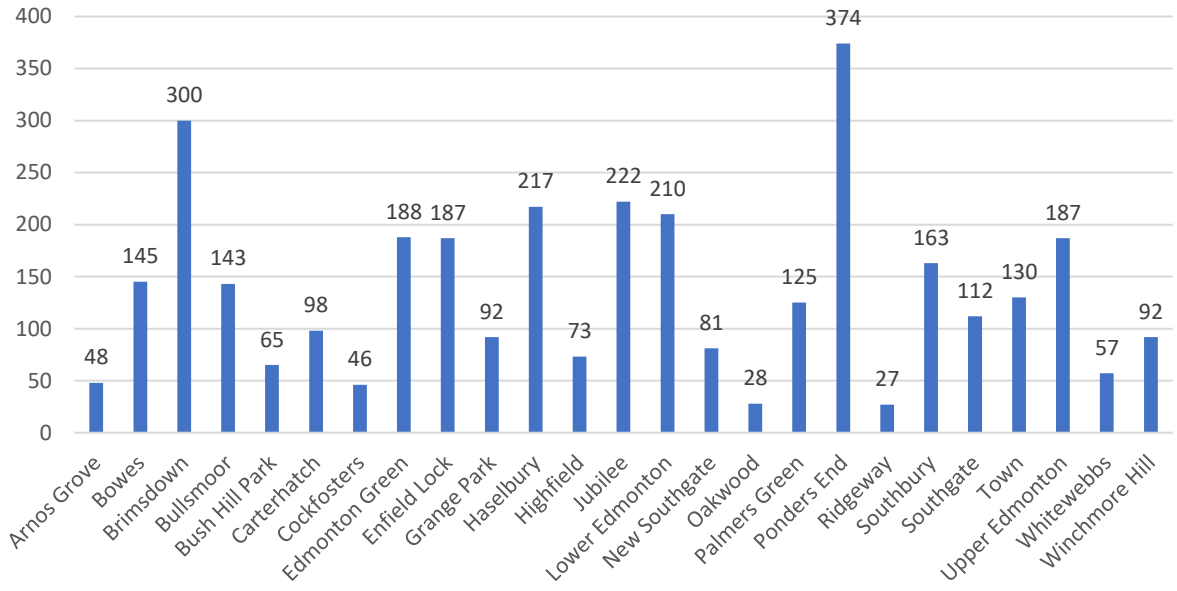
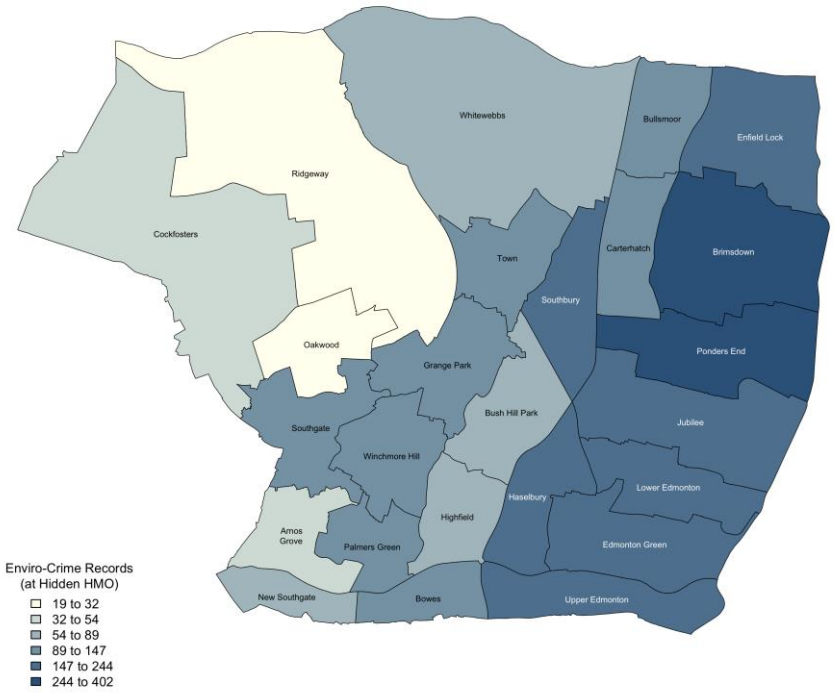


Figure 29. ASB linked to predicted hidden HMOs by ward (October 2018 – September 2023) . (Source: Ti 2024).



Map 16. Distribution of ASB linked to predicted hidden HMOs by ward (October 2018 – September 2023) (Source: Ti 2024, Map by Metastreet).

168 ASB incidents have been linked to predicted s257 HMOs. Enfield Lock (20) and Lower Edmonton(19) has the highest number of ASB incidents (Figure 30).

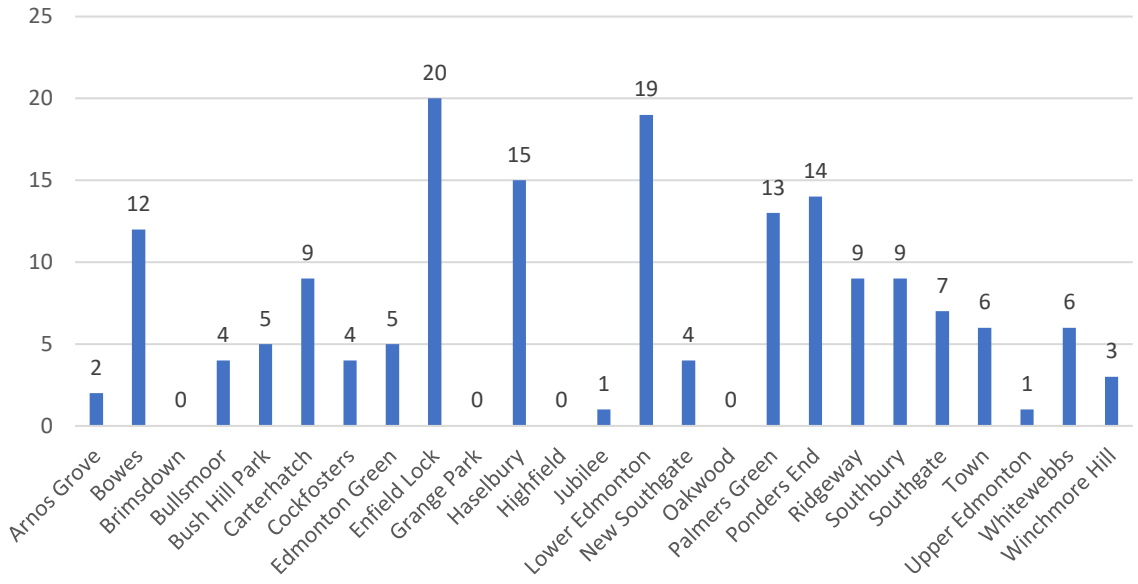


Figure 30. ASB linked to s257 HMOs by ward (October 2018 – September 2023) . (Source: Ti 2024).

Understanding the types of ASB emanating from HMOs (all types) helps support the development of strategic interventions. ASB in Enfield linked to HMO (all types) is made up of a wide spectrum of types, including Noise (46%), nuisances (31%), waste, rubbish & fouling (15%), obstruction (5%.) and other ASB (3%). (Figure 31).

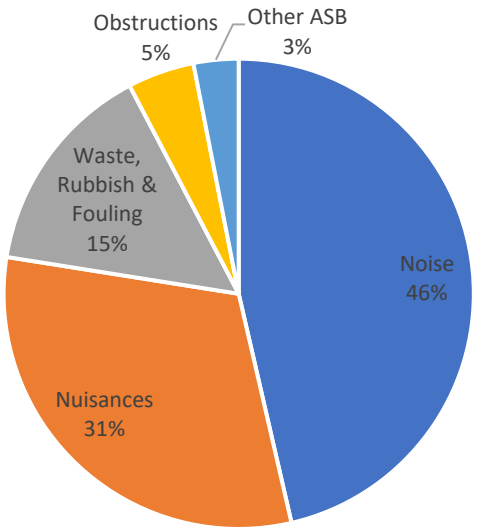


Figure 31. ASB incident types linked to HMO (excluding s257) properties (Source Ti 2024).

Repeat ASB incidents (2 or more at same property) provide an indication of persistent ASB linked to HMO properties. HMOs (all types, excluding s257) have been linked to 528 repeat ASB incidents (2 or more at same property). Haselbury (47) has the highest recorded repeat ASB incidents linked to HMOs (Figure 32).

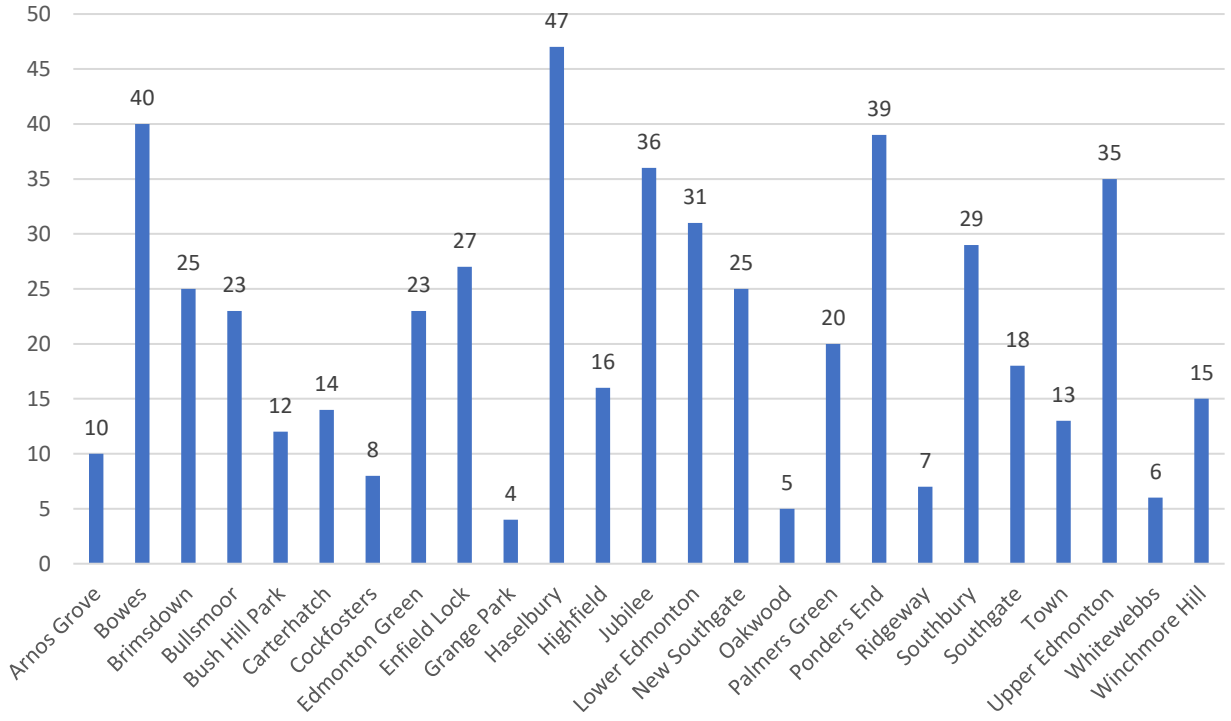


Figure 32. Repeat ASB incident (excluding s257) by ward (Source Ti 2024).

7 Regulation and Enforcement

Enfield Council uses a range of interventions to improve HMO standards, including enforcement and regulation. Enforcement includes using Housing Act and other public protection legislation to enforce standards and includes civil penalties and prosecutions.

Interventions can be a result of a complaint being made by a tenant about their accommodation or as a result of a proactive inspection. Regulation includes sector intervention through the use of statutory housing and public health notices to address poor housing standards in the HMO sector. This includes notices to have HMOs repaired through to the prohibiting the use of some or all parts of a property.

Over a 5-year period (2018-23), Enfield Council used its regulation powers to intervene at 334 unique HMO premises; this equated to 731 statutory notices interventions. Over the same period, 56 enforcement cases under housing and public protection legislation were taken, linked to 19 unique HMOs. Lower Edmonton (104) had the highest levels of regulation and enforcement intervention (Figure 33).

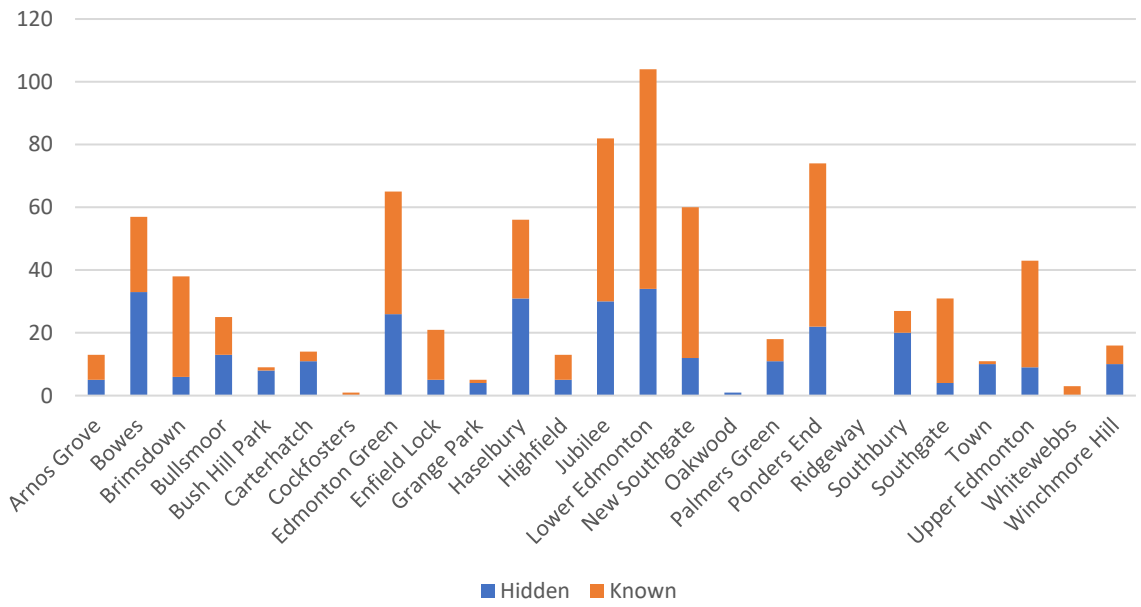


Figure 33. Regulation and enforcement interventions linked to HMOs (hidden and known) by ward (October 2018 – September 2023) . (Source: Ti 2024).

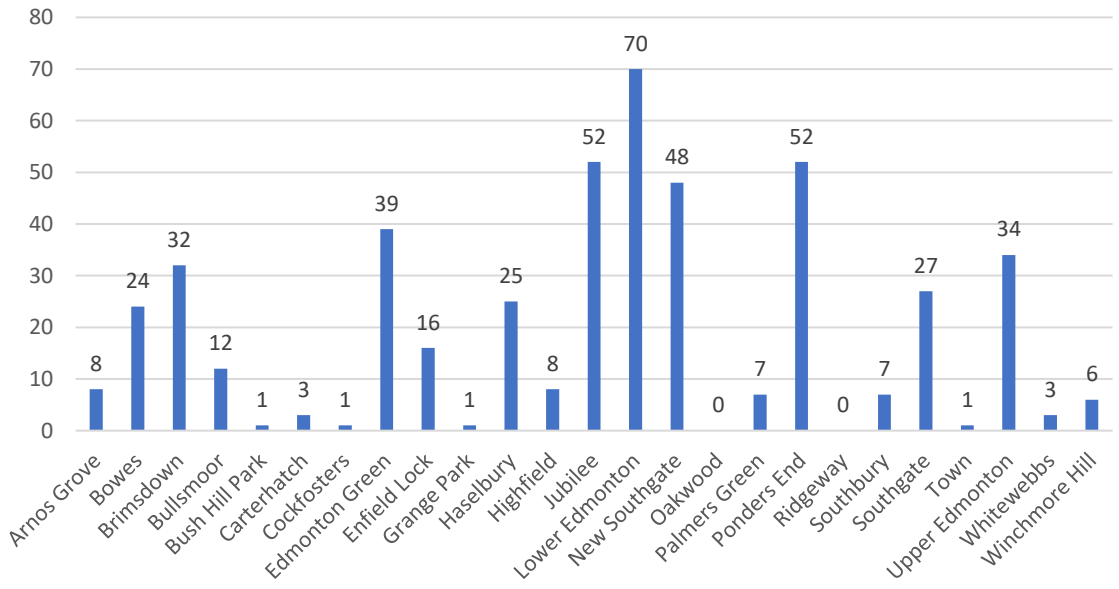


Figure 34. Regulation and enforcement interventions linked to known HMOs by ward (October 2018 – September 2023) . (Source: Ti 2024).

310 regulation and enforcement interventions have been linked to predicted hidden HMOs over 5 years (Figure 35).

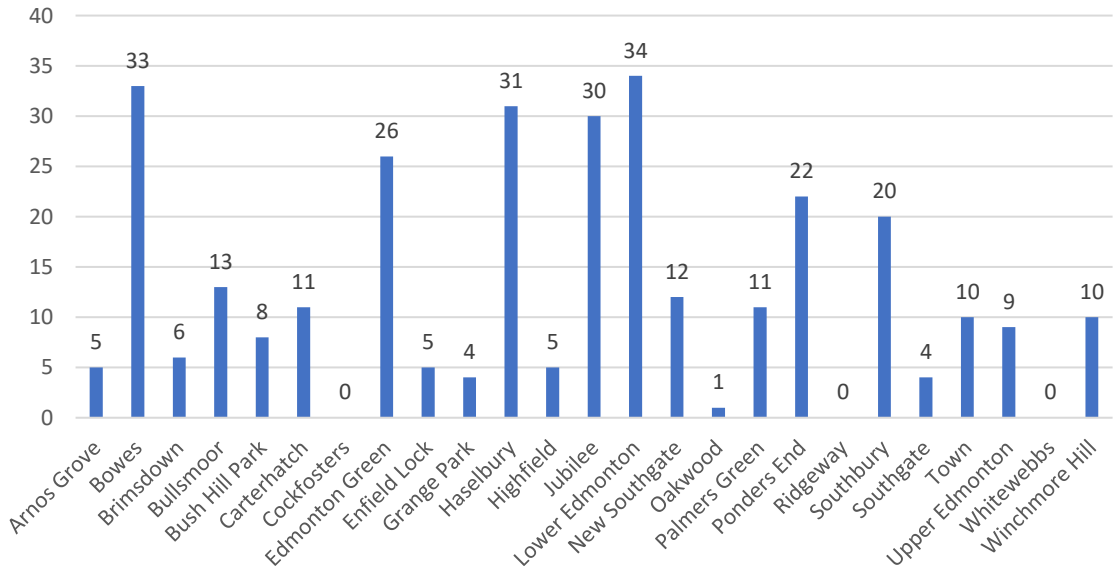


Figure 35. Regulation and enforcement interventions linked to hidden HMOs by ward (October 2018 – September 2023) . (Source: Ti 2024).

In addition to the interventions above, 79 regulation and enforcement interventions have been linked to predicted s257 HMOs over 5 years. Town (4) had the highest number of interventions (Figure 36).

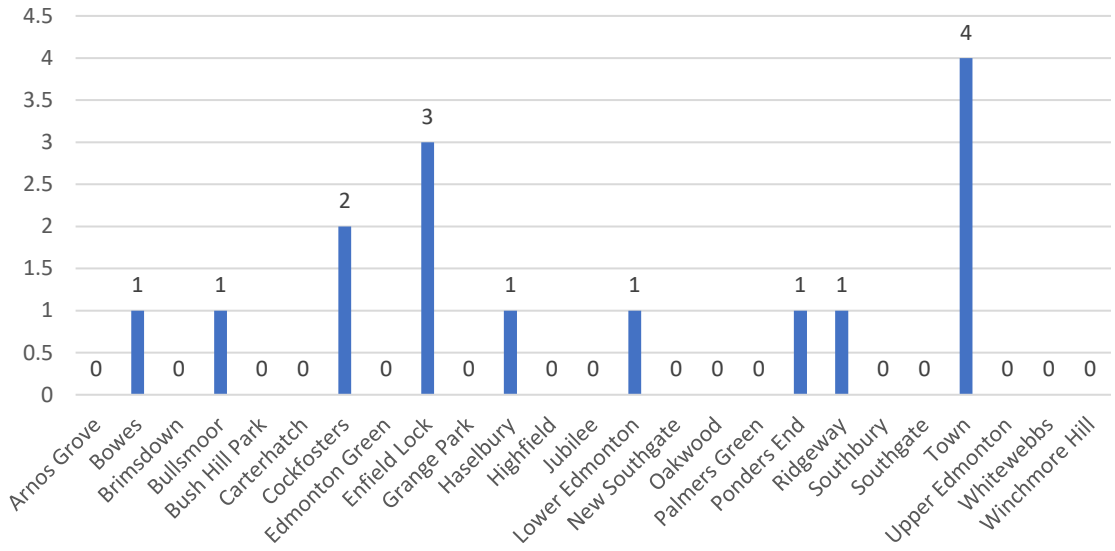


Figure 36. Regulation and enforcement interventions linked to predicted s257 HMOs by ward (October 2018 – September 2023) . (Source: Ti 2024).

8 Conclusions

The HMO population in Enfield is made up of three main categories (described above); licenced HMOs (Additional and Mandatory) that share basic amenities (1,095); predicted hidden HMOs that share basic amenities (2,835) (predicted hidden HMOs); and converted properties with multiple flats that share common parts which are generally defined as less than two thirds owner-occupied (436) (s257). The total HMO population in Enfield is therefore calculated to be 4,366. The HMO population is distributed across all wards. Palmer's Green (375) has the most HMOs, Oakwood has the least (22) (Figure 1).

Additional HMOs are distributed across Enfield (338). For this category, New Southgate (59) has most HMOs (Figure 2 & Map 1).Mandatory HMOs (757) are more numerous than Additional HMOs (338). Lower Edmonton ward has the highest number of Mandatory licences (75) (Figure 3 & Map 2). The largest HMO category is the predicted hidden HMO (2,835). This group may either be exempt from licencing, unlicenced, or licenced as a single-family dwelling. It is not possible to identify from the data (where licensable) if the predicted hidden HMO properties would fall under Additional or Mandatory HMO requirements. Palmers Green has the highest number of predicted hidden HMOs (282) (Figure 4 & Map 3). Predicted section 257 HMOs are distributed across most wards(436). Bowes (56) has the highest number of section 257 HMOs (Figure 5 & Map 4).

The most common HMO property type in Enfield are houses (82%), while bungalows are the least common property types (1%) (Figure 6).

Licence application data was analysed for occupancy and revealed a total of 5,659 tenants occupy 1,095 known HMOs in Enfield, forming 4,980 households. Each HMO is occupied by 5.1 tenants on average. The average number of households per property is 4.5. The number of tenants occupying HMO properties ranges between 3–34 persons. Extrapolating the known tenant occupancy per HMO (5.1) to the predicted HMO (shared amenity) data (2,835), the predicted HMO tenant population in Enfield is calculated to be 14,459 residents. Combined, this represents approximately 6.1% (20,117) of Enfield's 2021 census population estimates (330,000).

Analysis of HMO license holder data for 1,095 HMO licences identified 835 unique licence holders. The average number of licences per licence holder is 1.3. The number of licences per licence holder ranges between 1-19 licences. Most HMO licence holders manage just one property (716) (Figure 9).

Enfield recorded 1,149 HMOs (known and hidden) subject to one or more complaints from tenants and others over a 5-year period (October 2018 – September 2023) .

96 Additional HMOs received one or more complaints by tenants and others to Enfield Council. New Southgate (16) has the highest number of complaints (Figure 10). 419 Mandatory HMOs have had one or more complaints made by tenants and others to Enfield Council (Figure 11). Lower Edmonton has the highest number of complaints (44). 502 predicted hidden HMOs have been linked to one or more complaints made by tenants and others to the Council. Haselbury and Ponders End (43) have the highest number of complaints (Figure 12). Complaints are distributed across the entire borough. Concentrations of complaints come predominantly from the southern and eastern wards (Map 5,6 & 7). 79 s257 HMOs were subject to one or more complaints made by tenants and others to Enfield Council (Figure 13). Haselbury and Ponders End s257 HMO (10) have the highest number of complaints.

Out of a total of 852 applications, 174 (20.4%) responded 'no' and 678 (79.6%) responded 'yes' to the following question, Does the property have fire doors fitted to the kitchens? (Figure 14). Out of a total of 852 applications, 143 (16.8%) responded 'no' and 709 (83.2%) responded 'yes' to the following question, Does the property have a mains powered fire detection system? (Figure 15).

Enfield has an active HMO inspection programme. Between 2020-2023 Enfield officers undertook 707 HMO property inspections. During officer HMO inspections, 920 hazards (Category 1 & 2, HHSRS) were identified across 462 properties. Therefore 65.3% of HMOs inspected were found to have at least 1 hazard (Category 1 & 2, HHSRS). 14.6% (103) of inspected HMOs were found to have very serious hazards (Category 1, HHSRS) or the property condition were found to be "unsatisfactory".

During inspections of Additional HMOs officers identified 228 hazards (Category 1 & 2, HHSRS) in 143 properties. New Southgate ward has the highest number of identified hazards (Figure 13 & Map 9). 690 hazards were also found in Mandatory HMOs. New South Gate has the highest number of hazards (113).

Enfield Inspecting Officers identified 18 different hazard types while inspecting known HMOs. Fire was by far the most common hazard identified (32%), followed by Damp and Mould Growth (24%), Electrical hazards (12%) and Excess Cold (8%) (Figure 19).

There are 1,456 HMO (known and predicted hidden) properties in Enfield that are likely to have at least 1 serious housing hazard (Category 1 and/or high scoring Category 2 hazards, HHSRS). This represents 37% of the known and predicted hidden HMO population, more than double the PRS national average (14%)(Figure 20) .

136 Additional HMOs properties in Enfield that are likely to have at least 1 serious housing hazard (Category 1 and/or high scoring Category 2 hazards, HHSRS). New Southgate has the highest number of predicted hazards (26) (Figure 21 & Map 11). Mandatory HMOs with serious hazards are distributed across the whole borough (Figure 22 & Map 12). New Southgate (47) and Lower Edmonton (46) have the highest number of predicted hazards.

853 predicted hidden HMOs have serious hazards and are distributed across the whole borough. Haselbury (67) and Ponders End (66) wards have the highest number of hidden HMOs with predicted serious hazards (Figure 23 & Map 13).

Enfield has 189 HMO EPC records that are E, F, & G. EPC ratings E, F, & G represent properties with the least energy efficiency. New Southgate (25) and Lower Edmonton (22) have the highest number of EPC ratings E-G (Figure 26).

Different types of ASB incidents, including ASB and enviro-crime, recorded by the council over a 5-year period (October 2018 – September 2023) have been linked to HMO properties and analysed. Combined, 4,376 incidents have been matched to all HMO properties (all types). Ponders End (447) has the highest levels of ASB (Figure 26). 152 ASB incidents reported to Enfield Council have been linked to Additional HMOs. Town (23) has the highest number of complaints (Figure 27). 646 ASB complaints made by tenants and others to Enfield Council are linked to Mandatory HMOs. Haselbury (86) has the highest number of complaints (Figure 28). 3,410 ASB incidents have been linked to predicted hidden HMOs. Ponders End has the highest number of ASB incidents (374) (Figure 29). 168 ASB incidents have been linked to predicted s257 HMOs. Enfield Lock (20) and Lower Edmonton(19) has the highest number of ASB incidents (Figure 30).

ASB in Enfield linked to HMO (all types) is made up of a wide spectrum of types, including Noise (46%), nuisances (31%), waste, rubbish & fouling (15%), obstruction (5%.) and other ASB (3%). (Figure 31). Repeat ASB incidents (2 or more at same property) provide an indication of persistent ASB linked to HMO properties. HMOs (all types) have been linked to 528 repeat ASB incidents (2 or more at same property). Haselbury (47) has the highest recorded repeat ASB incidents linked to HMOs (Figure 32).

Over a 5-year period (2018-23), Enfield Council used its regulation powers to intervene at 334 unique HMO premises; this equated to 731 statutory notices interventions in total (Figure 31). Over the same period, 56 enforcement cases were taken linked to 19 unique HMOs. Lower Edmonton (104) had the highest levels of regulation and enforcement intervention (Figure 32).

310 regulation and enforcement interventions have been linked to hidden HMOs over 5 years (Figure 33). In addition to the above, 79 regulation and enforcement interventions have been linked to predicted s257 HMOs over 5 years (Figure 34).

Appendix 1 – Ward summaries

Table 1. HMO overview (known HMOs, Additional) (Source Ti 2024).

Wards	Number of properties	1 or more serious hazards	Complaints received
Arnos Grove	14	2	2
Bowes	19	8	4
Brimsdown	21	6	3
Bullsmoor	11	3	3
Bush Hill Park	2	1	0
Carterhatch	4	2	1
Cockfosters	4	2	1
Edmonton Green	13	6	5
Enfield Lock	12	8	7
Grange Park	2	0	0
Haselbury	22	5	3
Highfield	5	4	3
Jubilee	10	6	5
Lower Edmonton	23	14	9
New Southgate	59	26	16
Oakwood	3	1	1
Palmers Green	24	7	7
Ponders End	14	7	5
Ridgeway	2	1	1
Southbury	9	2	2
Southgate	21	7	6
Town	6	4	4
Upper Edmonton	21	12	7
Whitewebbs	6	1	0
Winchmore Hill	11	1	1

Table 2. HMO overview (Mandatory) (Source Ti 2024)

Wards	Number of properties	1 or more serious hazards	Complaints received
Arnos Grove	18	9	9
Bowes	58	34	30
Brimsdown	34	16	17
Bullsmoor	21	13	11
Bush Hill Park	11	7	6
Carterhatch	16	11	8
Cockfosters	5	2	2
Edmonton Green	50	31	29

Enfield Lock	33	21	21
Grange Park	4	3	2
Haselbury	61	35	29
Highfield	16	8	7
Jubilee	50	34	30
Lower Edmonton	75	46	44
New Southgate	70	47	41
Oakwood	5	3	2
Palmers Green	32	17	14
Ponders End	58	42	37
Ridgeway	8	6	6
Southbury	28	19	19
Southgate	25	14	13
Town	10	4	5
Upper Edmonton	50	30	26
Whitewebbs	8	6	6
Winchmore Hill	11	5	5

Table 3. HMO overview (predicted hidden HMOs) (Source Ti 2024).

Wards	Number of properties	1 or more serious hazards	Complaints received
Arnos Grove	68	24	6
Bowes	217	45	32
Brimsdown	89	33	23
Bullsmoor	71	22	16
Bush Hill Park	58	15	11
Carterhatch	40	20	12
Cockfosters	54	11	10
Edmonton Green	180	56	36
Enfield Lock	146	42	30
Grange Park	9	7	3
Haselbury	223	67	43
Highfield	78	16	8
Jubilee	111	44	23
Lower Edmonton	215	47	35
New Southgate	128	38	27
Oakwood	13	7	5
Palmers Green	282	59	28
Ponders End	163	66	43
Ridgeway	39	10	4
Southbury	131	47	27
Southgate	125	56	18

Town	94	32	13
Upper Edmonton	135	39	25
Whitewebbs	61	15	6
Winchmore Hill	105	35	18

Table 4. HMO overview (s257) (Source Ti 2024).

Wards	Number of properties (shells)	ASB incidents
Arnos Grove	3	2
Bowes	56	12
Brimsdown	1	0
Bullsmoor	0	4
Bush Hill Park	20	5
Carterhatch	0	9
Cockfosters	10	4
Edmonton Green	32	5
Enfield Lock	23	20
Grange Park	13	0
Haselbury	25	15
Highfield	1	0
Jubilee	4	1
Lower Edmonton	20	19
New Southgate	11	4
Oakwood	1	0
Palmers Green	37	13
Ponders End	30	14
Ridgeway	35	9
Southbury	12	9
Southgate	25	7
Town	27	6
Upper Edmonton	10	1
Whitewebbs	11	6
Winchmore Hill	29	3

Appendix 2 - Tenure Intelligence (Ti) – stock modelling methodology

This Appendix explains at a summary level Metastreet's Tenure Intelligence (Ti) methodology (Figure 37).

Ti uses big data and machine learning in combination with expert housing knowledge to accurately define outcome at the property level.

Council and external data have been assembled as set out in Metastreet's data specification to create a property data warehouse comprising millions of cells of data.

Where necessary, machine learning is used to make predictions of defined outcomes for each residential property, using known outcome data provided by the council.

Results are analysed by skilled practitioners to produce a summary of housing stock, predictions of levels of property hazards and other property stressors. The results of the analysis can be found in the report findings chapter.

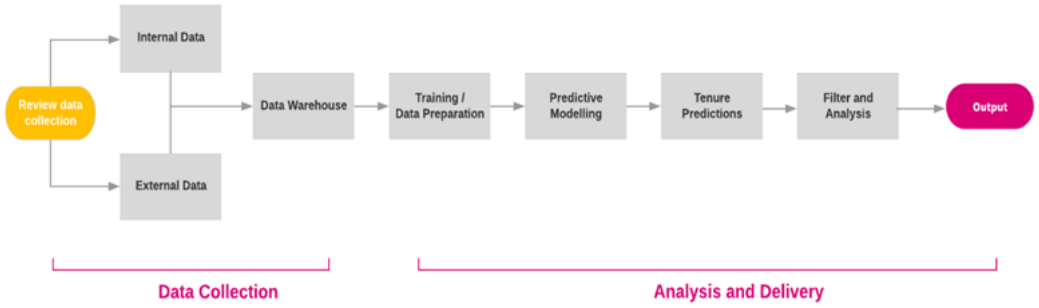


Figure 37. Summary of Metastreet Tenure Intelligence methodology.

Methodology

Metastreet has worked with Enfield to create a residential property data warehouse based on a detailed specification. All longitudinal council held data is 5 consecutive years, from April 2018 – March 2023 unless otherwise specified.

Once the property data warehouse was created, the Ti model was used to predict tenure and stock condition using the methodology outlined below.

Machine learning was utilised to develop predictive models using training data provided by the council. Predictive models were tested against all residential properties to calculate risk scores for each outcome. Scores were integrated back into the property data warehouse for analysis.

Many combinations of risk factors were systematically analysed for their predictive power using logistic regression. Risk factors that duplicated other risk factors but were weaker in their predictive effect were eliminated. Risk factors with low data volume or higher error are also eliminated. Risk factors that were not statistically significant are excluded through the same processes of elimination. The top 5 risk factors for each model have the strongest predictive combination.

Using a D^2 constant calculation it is possible to measure the theoretical quality of the model fit to the training data sample. This calculation has been completed for each model. The D^2 is a measure of "predictive capacity", with higher values indicating a better model.

Based on the modelling each residential property is allocated a probability score between 0-1. A probability score of 0 indicates a strong likelihood that the property tenure type is *not* present, whilst a score of 1 indicates a strong likelihood the tenure type *is* present.

Predictive scores are used in combination to sort, organise and allocate each property to one of 4 categories described above. Practitioner skill and experience with the data and subject matter is used to achieve the most accurate tenure split.

It is important to note that this approach cannot be 100% accurate as all mathematical models include error for a range of reasons. The D^2 value is one measure of model "effectiveness". The true test of predictions is field trials by the private housing service. However, error is kept to a minimum through detailed post analysis filtering and checking to keep errors to a minimum.

A continuous process of field testing and model development is the most effective way to develop accurate tenure predictions.

The following tables include detail of each selected risk factors for each model. Results of the null hypothesis test are also presented as shown by the Pr(>Chi) results. Values of <0.05 are generally considered to be statistically significant. All the models show values much smaller, indicating much stronger significance.

Serious hazards (HHSRS) model

Numerous properties where the local housing authority has recently taken action to address serious hazards were sampled for training data. Specifically, this included Housing Act 2004 Notices served on properties to address serious hazards. The model results show that each of the model terms is statistically significant, with the overall model having a "predictive capacity" of around 91% (Table 5).

Table 5. Serious hazard (HHSRS) predictive factors.

Risk factors selected	**Pr (>Chi) ***
CURRENT_ENERGY_EFFICIENCY	2.2e-16
Rec_Bal	1.075e-05
PRS_complaint	0.0074925
Enviro_crime_count	2.2e-16
Regulation_count	2.2e-16
Training data, n= 842	
D^2 test = 0.73**	

HMO predictive model

The HMO model shows that each of the 5 model terms is statistically significant, with the overall model having a "predictive capacity" of around 67% (*Table 6*).

Table 6. HMO predictive factors.

Risk factors selected	**Pr(>Chi)**
Enviro_crime_count	8.010e-09
Rec_Bal	1.003e-12
HB.room.flag	2.2e-16
NUMBER_HABITABLE_ROOMS	2.2e-16
Liability_order	0.0004607
Training data, n= 1133	
D^2 test = 0.67	

Metastreet Ltd

6-8 Cole Street

London SE1 4YH