Outlook

Consultation Submission – Proposed Revision of Policy HOU 13 – Seamus Clarke

From Auto Tools <[redacted]>
Date Wed 16/09/2026 01:08
To Local Development Plan <ldp@derrystrabane.com>

1 attachment (848 KB)
HOU13 Consultation Submission FINAL 15 Sep 2026.pdf;

Dear Planning LDP Team,

Please find attached my formal consultation submission concerning the Preferred Options Paper and associated assessments for the proposed revision of Policy HOU 13.

The submission is entitled:

"Policy HOU 13 Revision An evidence-led HMO and student accommodation strategy for Derry."

This is an individual, evidence-led response addressing the proposed percentage threshold, the method by which HMO concentrations should be calculated, the acknowledged housing and equality implications, and the need to integrate HMO controls with a deliverable student accommodation strategy supporting the continued expansion of Ulster University's Magee campus.

The submission recognises the legitimate need to protect established residential communities from unacceptable concentrations and cumulative effects. However, it also examines whether the preferred 10% transition threshold is supported by the published Derry-specific evidence and whether the potential accommodation, affordability, displacement and educational consequences have been sufficiently quantified.

It provides detailed responses to the Council's consultation options and makes practical recommendations concerning anti-clustering controls, HMO Management Areas, transparent calculation rules, managed student accommodation, monitoring and formal policy review.

Given the detailed nature of the submission, I respectfully request that:

1. receipt of this email and attachment is acknowledged;
2. the complete attached document is registered as my formal representation to the Preferred Options Paper and associated assessments;
3. its substantive evidence and recommendations are fully considered when the Council prepares the draft revision of Policy HOU 13; and

4. the principal issues raised are reflected in the Council's subsequent reporting on the consultation, rather than the submission being recorded solely as a headline preference for one option.

Please notify me promptly if there is any difficulty opening the attachment, if any part of the submission has not been received, or if any additional procedural step is required for it to be treated as a valid consultation representation.

Kind regards

Seamus Clarke

POLICY HOU 13 REVISION

An evidence-led HMO and student accommodation strategy for Derry

Consultation submission on the Preferred Options Paper and Integrated Assessments

239	6,505	10%
active licensed HMOs Council snapshot, end-May 2026	Magee students 2025/26 official census	Council preferred cap under consultation

Decision requested **Retain the adopted 30% transition rule while the Council completes a reproducible local evidence base; adopt targeted anti-clustering controls now; and make any lower cap time-limited, monitored and explicitly reviewable.**

Prepared by Seamus Clarke

Former Ulster University Magee graduate and local property owner

Submission date 15 September 2026

Consultation closes 30 September 2026

Evidence cut-off 15 September 2026

This paper is a policy representation, not legal advice and not an appraisal of any live planning application.

Document status and declaration

This submission updates and replaces the earlier research and peer-review drafts. It is written as a constructive response to Derry City and Strabane District Council's August 2026 Preferred Options Paper (POP) for revision of Policy HOU 13 and the associated Integrated Assessments Scoping Report. Official Council, Department for the Economy and Ulster University sources were rechecked on 15 September 2026. The submission incorporates the Council's current option set, the latest official HMO licensing return, the adopted Plan Strategy, the Planning Appeals Commission's Independent Examination report, the Council's historic evidence base, Magee Expansion Taskforce material and comparator policy evidence. [1]–[26]

The submission accepts that excessive concentrations of intensive housing can affect residential character and amenity and that the Council has a legitimate role in managing that risk. It does not argue for unrestricted HMO growth. Its narrower case is that a district-wide 10% transition cap should not be selected as if the public evidence demonstrated a locally measured causal breakpoint, and that the acknowledged accommodation and distributional effects need to be quantified before adoption.

The author is also the applicant in planning application LA11/2025/0579/F for professionally managed student accommodation at Avonmore House. That interest is declared for transparency. This submission does not ask that application to be approved, does not use it as evidence for a percentage threshold and does not claim an automatic exemption from HOU 13. The project is used only as a disclosed local worked example of the type of managed supply that could reduce reliance on dispersed conversions of conventional family housing.

> **Evidence standard Every material claim is classified as verified fact, Council position, analytical inference or recommendation. Where public data do not support a conclusion, the gap is stated rather than filled by assumption.**

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Executive summary

The Council's review is timely. Derry City and Strabane's licensed HMO stock rose from 188 in 2023/24 to 250 at 31 March 2026, an increase of 33.0%. The Council's later POP snapshot records 239 active licensed HMOs at end-May 2026 and states that most are close to Magee. Residents are entitled to effective management of concentration and day-to-day impacts. [2][11][12]

At the same time, Magee enrolment reached 6,505 in 2025/26, 60% above 2021, and official Taskforce material repeatedly identifies accommodation as a constraint on further growth. The Council's own Integrated Assessment says a more restrictive cap would initially constrain what is likely to be the most affordable student housing and could limit access to education and delay Magee expansion. A credible policy therefore needs both controls on harmful concentration and a delivery route for well-located, professionally managed alternatives. [3][13][15]–[18]

The scale of the alternative is material. A single 20-bed managed scheme provides the same numerical capacity as about seven conventional three-bedroom HMOs. This illustrates how planned supply can reduce reliance on dispersed conversions, although any actual displacement effect should be measured rather than assumed. [26]

The key problem is therefore not whether to regulate. It is whether the preferred 10% transition cap is sufficiently evidenced, spatially reproducible and integrated with a deliverable accommodation plan.

Bottom line

Finding	Evidence-led conclusion
Rapid growth is verified	Licensed HMOs rose 188 → 218 → 250 over the three official financial-year snapshots. This supports active management, but not a particular percentage.
10% is a policy judgement	The Derry evidence supports concern about concentration; it does not publish a local dose-response or causal analysis establishing harm at 10%, 20% or 30%.
The 2018 baseline is historical	The 319 figure is a total across 17 selected hotspot areas in May 2018—not today's active district licence count.
Council capacity arithmetic is a ceiling	The 1,030 and 2,800 HMO figures are mathematically correct applications of 10%, but they are not a forecast of developable, licensable or affordable supply.
Assessment acknowledges adverse effects	The Council records short-term housing, affordability, education-access and economic risks, but does not quantify the likelihood, scale or timing of mitigation.
Comparator practice is contextual	Belfast, Bristol and Derby use different numerators, geographies and safeguards. No universal 10% rule emerges.
A combined framework is stronger	Use a transition threshold with targeted anti-clustering, HOU 14, licensing, transparent data, accommodation delivery and a scheduled review.

Recommended consultation response

1. Percentage cap Select Option 3 for the transition period: retain the adopted 30% rule pending the Local Policies Plan and a current, reproducible evidence base. If the Council rejects Option 3, use 20% only as an explicitly time-limited, monitored fallback—not as proof of a harm threshold.
2. HMO Management Areas Support Option 2: designate HMAs through the Local Policies Plan so that higher-capacity locations can be identified transparently.
3. Clustering Support the substance of Option 3: prevent sandwiching and more than two adjoining HMOs, subject to precise definitions and limited physical-separation exceptions.

4. Denominator Support Option 2 in principle, but publish both the core-house denominator and a separate intensive-accommodation indicator covering flats, PBSA and short-term lets. This prevents a family-housing test from obscuring wider cumulative intensity.
5. Street or area Do not adopt an open-ended ‘nearby streets’ test based only on professional judgement. Define the primary street, junction treatment, long-street segmentation, physical barriers, data date and rounding convention in policy or binding supporting text.
6. Assessment Supplement the Integrated Assessment with quantified supply, affordability, equality and displacement scenarios before selecting the draft revision.

> **This position is neither pro-HMO nor anti-resident. It is a proportionate control-and-supply position: preserve the adopted transition balance, add targeted controls immediately, enable well-located managed alternatives, and lower the cap only when the local evidence and delivery plan justify doing so.**

1 Current policy and statutory process

Derry City and Strabane District Council adopted the LDP Plan Strategy on 10 July 2025. Policy HOU 13 presently applies a 30% street threshold during the period before the Local Policies Plan identifies HMO Management Areas; after that point the adopted structure provides for 30% in HMAs and 10% elsewhere. [5][6]

On 5 August 2026 the Council published a Preferred Options Paper and associated assessments for formal revision of HOU 13 under section 14 of the Planning Act (Northern Ireland) 2011. Consultation runs to 30 September 2026. The preferred percentage option is 10% throughout the transition period and outside HMAs thereafter. This is a proposal in a statutory process, not the adopted replacement policy. [1]–[4]

Instrument	Status at 15 September 2026	Implication
Adopted Plan Strategy HOU 13	In force	30% transition rule continues unless and until the statutory revision is adopted.
Draft HMO SPG	Guidance process	Can explain application of HOU 13/HOU 14 but cannot itself replace the statutory policy.
HOU 13 POP	Consultation to 30 September 2026	Tests alternatives; preferred options are not predetermined outcomes.
Draft Plan Strategy Revision	Indicatively October 2026	A further eight-week representation stage is anticipated.
Independent Examination and adoption	Indicatively 2027 to February 2028	Timetable is forward-looking and subject to statutory process/change.

The Council’s five decision questions

The POP does more than ask whether the cap should be 10%, 20% or 30%. It also asks whether to designate HMAs, how to control sandwiching and adjacency, what belongs in the denominator and how to define the street or area. Treating these as one package matters: the same headline percentage can behave very differently under different counting rules. [2]

Question	Council preferred option	Submission response
Percentage cap	10%	Do not support on present evidence; retain 30% transition pending evidence, with 20% as a reviewable fallback only.
HMAs	Designate through LPP	Support.

Question	Council preferred option	Submission response
Clustering	No sandwiching / no more than two adjoining; no radius	Support with definitions and narrow contextual exceptions.
Denominator	Exclude flats, apartment blocks and short-term lets	Support core test; add a separately reported intensive-accommodation metric.
Street / area	Include adjacent or nearby streets using judgement	Modify: replace open-ended judgement with a reproducible boundary rule.

2 Local HMO stock, growth and licensing evidence

The strongest like-for-like source is the Department for Communities' three-year return and the NIHMO service snapshot at 31 March 2026. The latter records 3,609 licensed HMOs in Northern Ireland, including 2,996 in Belfast, 250 in Derry City and Strabane and 214 in Causeway Coast and Glens. Derry's permitted occupancy was 1,202. [11][12]

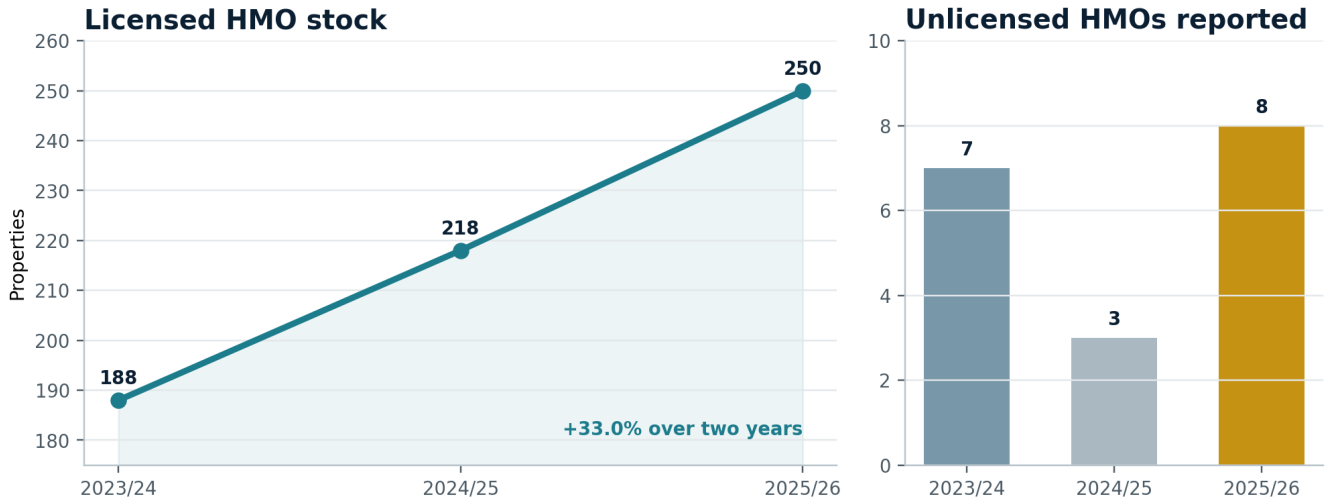


Figure 1 Derry City and Strabane licensed and reported unlicensed HMO series. Source: Department for Communities, AQW 47071/22–27, Deposited Paper 2125. [11]

The licence stock increased by 62 properties over the two-year interval, or 33.0%. That is a material change. The separate annual 'unlicensed HMOs' series—7, 3 and 8—should be quoted exactly as reported: the deposited paper does not explain whether each figure is a year-end stock, identified cases or another flow measure. It is therefore evidence of recorded regulatory activity, not a basis for estimating an unobserved total. [11]

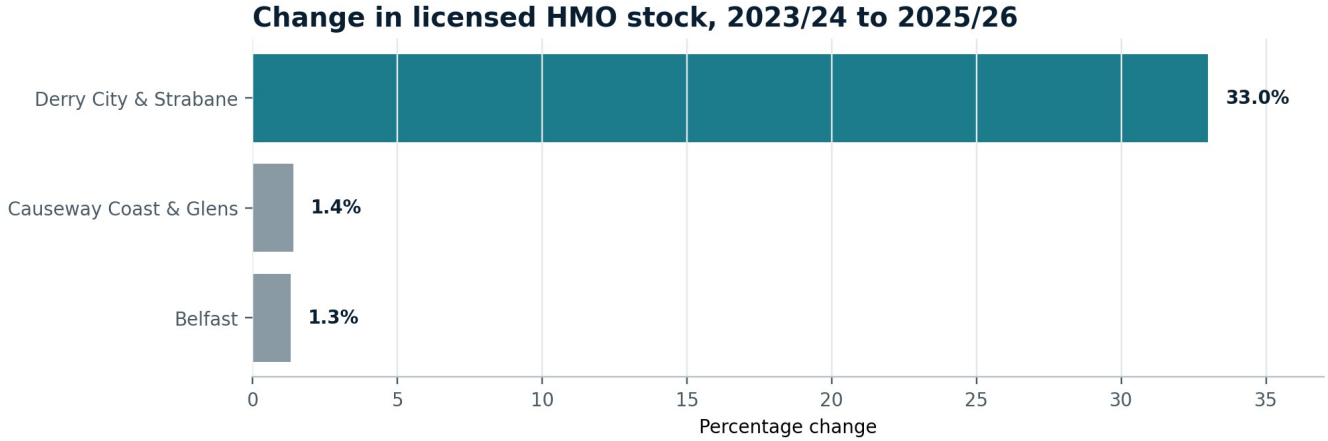


Figure 2 Percentage change in licensed HMO stock for selected council areas. Source: calculations from Deposited Paper 2125. [11]

The NIHMO service also recorded 175 inspections in Derry City and Strabane during 2025/26, including 95 licensing, 48 final and 16 enforcement inspections. It recorded 44 new applications and 33 renewals, while cautioning that ‘new’ applications include ownership transfers. These data show that licensing and enforcement are measurable operational controls, not substitutes for a planning threshold but essential complements to it. [12]

Do not mix unlike figures

Figure	Meaning	Date and scope	Current active licence total
319	Entries across 17 selected Derry hotspot areas	May 2018 study register	No
250	Licensed HMOs across Derry City and Strabane	31 March 2026 NIHMO snapshot	Yes, at that date
239	Active licensed HMOs across the district	End-May 2026 Council POP snapshot	Yes, at that date
232	Planning permissions and CLEUDs since April 2015	Cumulative planning record in POP	No

The movement from 250 at 31 March to 239 at end-May is not, by itself, an error. Licences may be granted, transferred, surrendered or expire between snapshots. The defensible rule is to state the source, date, geography and definition every time a figure is used. [2][11][12]

What is still missing

- A same-day, address-level reconciliation of active licences, planning permissions, CLEUDs, pending applications and enforcement status.
- Current street and neighbourhood concentration distributions using the denominator proposed for the revised policy.
- Outcome measures—noise, waste, parking occupancy, complaints, enforcement and property condition—normalised by dwelling count and year.
- A published method for duplicates, flats, corner plots, long streets, mixed-use premises, physical barriers and rounding.

3 What the threshold evidence establishes

There is a material difference between two propositions. First, high concentrations of HMOs can contribute to changes in housing mix, character and amenity. Second, a defined harm begins at precisely 10%, 20% or 30%. The first is supported by planning experience and academic literature; the second requires a local empirical basis that the published Derry record does not presently provide. [7]–[10][23]–[25]

Historic Derry evidence

EVB 16 explains the original 30% and 10% figures as reasonable policy-management thresholds. It does not publish a dose-response model, before-and-after design, control group or outcome analysis tied to those percentages. DfI subsequently asked why 30% was acceptable during transition if 10% was the later standard; the published consultation report answered in policy terms rather than with a quantitative local harm threshold. [7][9]

The Planning Appeals Commission’s Independent Examination report accepted 30% as a reasonable interim balance and characterised the exercise as one of professional planning judgement. It also found that applying 10% during the interim in the identified areas would prevent HMOs in locations regarded as suitable. The examination therefore validates threshold-based management, but it does not transform either number into a scientific breakpoint. [10]

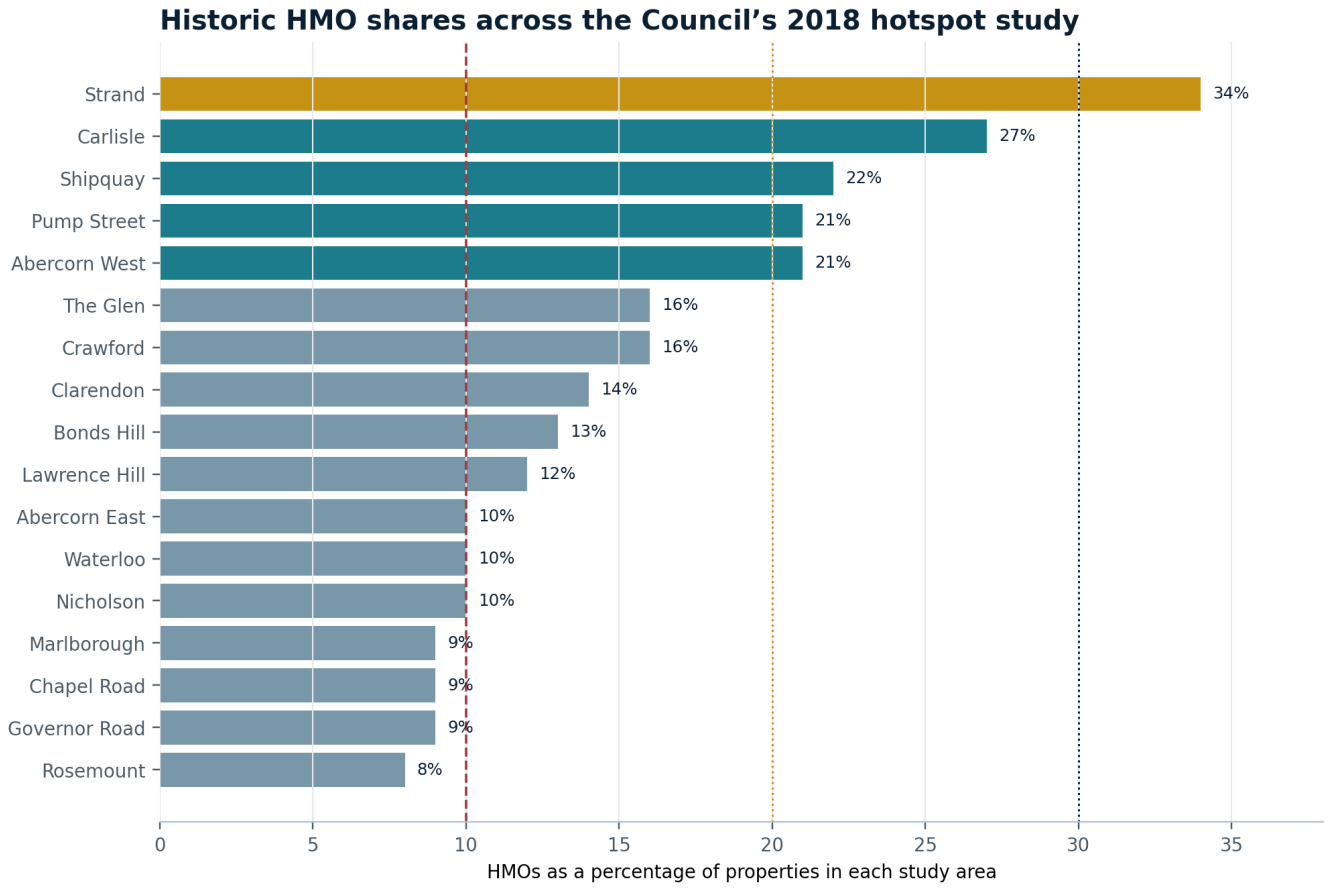


Figure 3 Historic hotspot percentages from EVB 16b. These are May 2018 study-area values, not current licensed-stock shares. [8]

The 2018 study is highly heterogeneous: Rosemount was recorded at 8%, The Glen at 16%, Carlisle at 27% and Strand at 34%. EVB 16 says none of the surveyed hotspot areas exceeded 30%, while EVB 16b and the Independent Examination identify Strand at 34%. That apparent discrepancy should be reconciled in the final evidence base, including any difference in data date or boundary. [7][8][10]

Evidential conclusion

> **The public evidence supports a precautionary concentration policy. It does not demonstrate that 10% is a Derry-specific causal tipping point. If the Council chooses 10%, it should call it a planning judgement, publish the assumptions and test the effects—not imply empirical certainty that is absent from the record.**

Academic research reinforces this disciplined framing. Hubbard's Loughborough study recognised social impacts and the case for intervention, but concluded that threshold analysis may spread students more thinly and that broader town–university regulation remains necessary. Later work on purpose-built accommodation also warns that shifting formats can reshape, rather than simply remove, studentification and housing-market effects. [23][24] Smith similarly frames studentification as a policy and integration problem with both negative impacts and obscured benefits. [25]

4 Magee growth, accommodation supply and displacement

Official DfE figures record 6,505 students at the Derry campus in 2025/26, 60% above the 4,060 recorded in 2021 and ahead of the Taskforce's 6,286 projection. The strategic ambition remains growth toward 10,000 students. DfE states that continued growth requires investment in both teaching and student accommodation. [13][14]

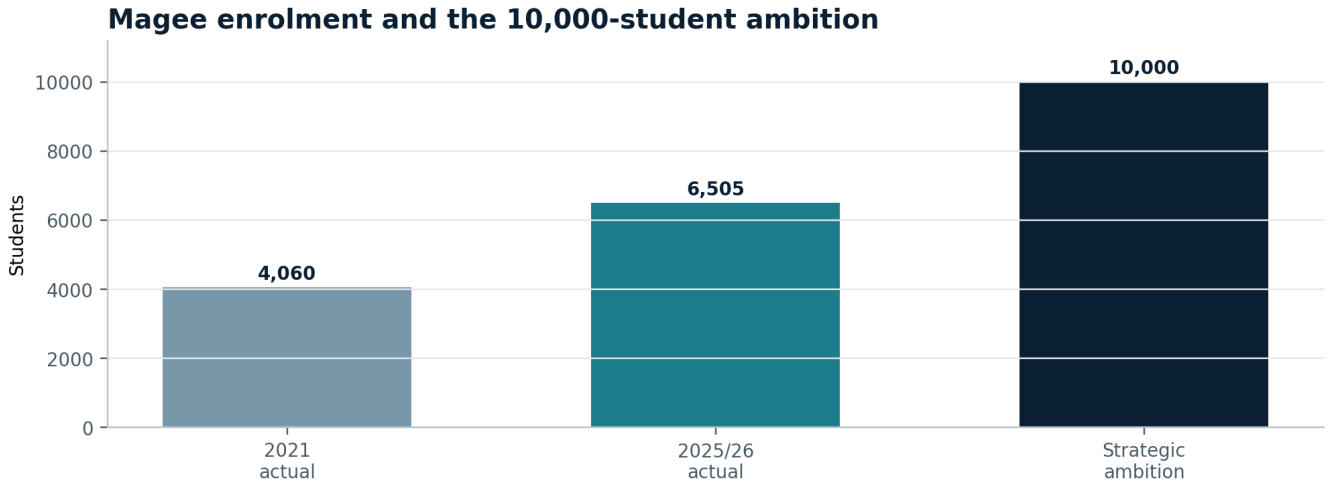


Figure 4 Magee enrolment and strategic ambition. Sources: Department for the Economy and Ulster University. [13][14]

The Taskforce record is consistent over time. In June 2025 it discussed up to 3,500 beds to support growth to 10,000, an immediate requirement of about 200 beds for September 2025 and weak developer interest in large PBSA. In September it recorded that insufficient supply was already preventing some students from accepting places. In December it was examining both PBSA and HMO or managed options. By March 2026 the accommodation working group was established, while the wider Programme Business Case and funding remained unresolved. [15]–[18]

The ‘up to 3,500 beds’ figure is not a verified present deficit. Many students commute, live locally, occupy HMOs or rent in the wider private sector. Equally, the POP’s approximately 700 university-managed places and approximately 1,100 PBSA units across three proposed schemes should not be treated as equivalent. The first is existing managed provision; the second is a planning pipeline with delivery, finance, timing and affordability risk. [2]

Audit of the Council’s theoretical capacity calculation

The POP identifies 10,300 ‘properties’ within one mile of Magee and 28,000 within 1.5 miles. Applying 10% gives 1,030 and 2,800 HMOs; multiplying by four gives 4,120 and 11,200 persons. The arithmetic is mechanically correct. The interpretation is not a capacity assessment. [2]

Assumption	Council treatment	Evidence issue
Eligible denominator	Applies 10% to all ‘properties’ in two catchments	Preferred denominator excludes flats, apartment blocks and short-term lets; the eligible stock is not quantified.
Spatial feasibility	Aggregates the whole catchment	A street-based cap cannot be converted directly into an area-wide total without the distribution and existing saturation of each street.
Existing supply	Reports a gross potential	Does not clearly net existing HMOs, permissions, CLEUDs or streets already at the cap.
Suitability and willingness	Treats potential as available	No test of property size, lawful use, licensing suitability, owner willingness, finance, rent or management capacity.
Occupancy	Assumes four persons per HMO	The 31 March 2026 permitted-occupancy average was 4.81; neither figure proves actual occupied beds or affordability.
Walk time	One mile is introduced as 20 minutes, later described as 15 minutes	Terminology should be corrected and the network-routing method published.
Pipeline	Assumes redistribution and PBSA alternatives	No probability-weighted delivery timetable or affordability analysis is published.

> **Use the figures as a gross scenario ceiling—not evidence that a 10% policy will deliver 1,030 or 2,800 viable HMOs.**

Required scenario test

Scenario	Supply assumption	Policy question
A Pipeline delivers	PBSA opens on time at assumed rent levels	Does HMO redistribution still occur, and where?
B Partial or delayed	Some PBSA is delayed or unaffordable	What pressure transfers to HMOs, the general rental market and commuting?
C Growth outpaces supply	Enrolment continues above plan	What triggers policy review or temporary flexibility?
D Lower growth	Student demand softens	Does the policy still protect neighbourhoods without sterilising suitable reuse?

5 Managed student accommodation as part of the solution

A concentration policy can limit where new HMOs are permitted; it cannot remove the underlying need for student accommodation. If enrolment grows while managed supply is delayed, the demand does not disappear. It is displaced into the remaining HMO stock, the wider private rented sector, longer-distance commuting or informal arrangements. The Council's own assessment acknowledges this risk. The policy response should therefore reduce dependence on dispersed HMO conversions, not merely ration them. [2][3][13][15]–[18]

Policy principle

> **Pair HOU 13 with a positive delivery framework for purpose-designed or adaptively reused, professionally managed student accommodation in sustainable locations close to Magee and public transport. Such schemes should be assessed on their actual design, location, management, accessibility, waste, transport and amenity effects. They should not receive automatic approval or an automatic exemption from concentration policy; equally, they should not be treated as if they were indistinguishable from the unmanaged subdivision of a conventional family house.**

Illustrative local case: Avonmore House

Avonmore House is included as a disclosed applicant-supplied example, not as independent evidence for a threshold. The proposal is for 20 purpose-designed, professionally managed student bedrooms at a long-term derelict property approximately three minutes' walk from Magee. It would not remove an occupied family home from the current housing supply. The comparison below tests the policy logic only; it does not predict that every managed bed displaces one HMO bed in practice. [26]

Project feature	Strategic relevance
20 managed bedrooms	Demand equivalent to 6.7 three-bedroom HMOs, conventionally expressed as about seven. This is transparent arithmetic, not a displacement forecast.
Three-minute walk to Magee	Locates student demand beside the campus rather than dispersing it into additional family-housing streets; reduces the practical need to drive to class.

Project feature	Strategic relevance
Adaptive reuse of a derelict property	Adds accommodation without converting or removing an occupied family home and supports regeneration of an existing urban site.
Professional management	A named operator, controlled access, inspections, conduct rules, complaint response, managed waste and booked arrivals can be secured through enforceable controls.
Accessible provision	Includes a wheelchair-accessible bedroom and demonstrates how planned supply can address needs that ad hoc conversions may not meet.

If delivered and occupied as proposed, Avonmore House would provide 20 managed bedrooms without removing an occupied family home from the current housing supply. That capacity is numerically equivalent to approximately seven three-bedroom HMOs, although the actual displacement effect should be monitored rather than assumed. This is the practical reason developments of this kind form part of the solution. [26]

Policy consequence

Any decision to tighten the HMO cap should be accompanied by: (i) a quantified managed-accommodation delivery target; (ii) a published pipeline separating operational, under-construction, permitted and proposed beds; (iii) an affordability test; (iv) a clear policy route for adaptive reuse and smaller managed schemes; and (v) a trigger for review if delivery falls behind enrolment-linked need. Without those measures, the cap controls geography but does not solve the accommodation problem.

6 Review of the Integrated Assessments

The Integrated Assessments Scoping Report is candid about several trade-offs. It says more restrictive options may improve existing residents' well-being, but would initially constrain HMO supply, which it describes as likely to be the most affordable form of student housing. It says fewer HMOs could become more expensive or impossible to obtain, limiting access to education, and could make the city less attractive to workers and students or delay university expansion. [3]

Those acknowledgements are important. They are also not fully carried through into the scoring and conclusion.

Assessment point	Published position	Peer-review observation
Housing supply	Short-term negative; expects redistribution/PBSA over time	The mitigation is not quantified by capacity, date, probability, location or price.
Education access	Narrative identifies affordability and access risk; score shown as neutral	The narrative and score need reconciliation or an explanation of significance and duration.
Economic growth	Negative short and medium term; neutral long term	The assumed recovery depends on supply pathways that are not demonstrated.
Overall significance	No new significant effects	A screening conclusion is not evidence that socioeconomic risks are absent; the report itself records them.
Equality	No significant equality impact; policy intended to redistribute, not reduce, HMOs	Age and race-related distributional effects should be tested because students, young people and migrant workers are named affected groups.
Mitigation	PBSA and HMO approvals elsewhere	No deliverability, affordability or displacement baseline is supplied.

This submission does not allege that the assessment is unlawful. It recommends a proportionate supplement before the draft revision: quantify the stock eligible under the proposed denominator; identify streets already constrained; probability-weight the PBSA pipeline; test rent and transport impacts; and provide age, student-status

and migrant-worker evidence where available. That would allow the Council to distinguish redistribution from net loss rather than assume it.

Minimum evidence before draft policy

- A gross-to-net accommodation capacity schedule for one-mile and 1.5-mile catchments.
- A PBSA pipeline table separating operational, under construction, permission granted, application pending and concept-stage beds.
- A rent and affordability comparison across university-managed, PBSA, HMO and general private rental options.
- A distributional assessment by age, student status and relevant equality categories, using cautious language where data are incomplete.
- A monitoring trigger if applications disperse into new neighbourhoods without accompanying services or transport capacity.

7 Comparator policy and research evidence

Comparator authorities demonstrate that percentage, numerator, denominator, geography and anti-clustering rules operate as a package. They do not establish one transferable scientific threshold. [19]–[22]

Authority	Headline test	Geography and companion controls	Transferable lesson
Derry adopted	30% transition; later 30% in HMAs / 10% elsewhere	Street-based; HOU 14 qualitative tests	PAC treated the transition figure as a planning balance.
Belfast	20% HMOs plus flats/apartments in HMAs; 10% HMO test elsewhere	Road/street; long streets use 300m each side	A ‘20% HMO cap’ description is incomplete because the HMA numerator is broader.
Bristol	More than 10% of dwelling stock	100m neighbourhood plus detailed sandwiching assessment	Bristol ties its judgement to local mapping and observed impacts.
Derby	More than 10% of residential and commercial properties	50m radius; no sandwiching; no three adjacent; limited contextual exceptions	Percentage works with micro-cluster controls and a declared GIS method.

Bristol is the strongest answer to an over-broad claim that there is ‘no evidence’ for 10% anywhere. Bristol’s evidence paper and SPD identify local areas at or above 10% with pronounced impacts and set a 100m test. That is relevant comparative practice. It does not prove that Derry shares Bristol’s dwelling stock, tenure, licensing framework, university scale, data distribution or causal breakpoint. [20][21]

Derby demonstrates the value of precision. It defines the measurement origin, uses address points, explains treatment of converted and purpose-built flats, acknowledges incomplete datasets and provides limited exceptions for physical barriers, very small samples and detached properties. Derry can borrow that methodological clarity without importing Derby’s 50m radius or 10% number mechanically. [22]

The wider academic literature supports intervention where neighbourhoods experience concentrated student occupation, but it also shows that threshold controls can redistribute demand and that PBSA changes the geography rather than necessarily resolving all housing-market and community effects. The appropriate lesson is integrated management, not a percentage in isolation. [23]–[25]

8 Recommended policy framework

Policy position

1. Retain the 30% transition threshold until the Local Policies Plan or an earlier evidence-led review supplies current street data and outcome analysis. This is a least-change position anchored in the adopted strategy and Independent Examination, not a claim that 30% is scientifically optimal.

2. Designate HMO Management Areas through the LPP using published criteria: accessibility, existing housing mix, dwelling typology, amenity indicators, service capacity and opportunity for managed accommodation.
3. Add anti-sandwiching and no-more-than-two-adjoining controls now, with exact definitions of adjacency, corner sites, opposite/rear relationships, gaps, mixed uses and physical barriers.
4. Keep the core percentage denominator focused on conventional houses if the policy purpose is to preserve that stock, but publish a second cumulative-intensity measure that reports flats, PBSA and short-term lets separately.
5. Replace an open-ended 'nearby streets' discretion with a reproducible rule. A preferred method is the named street or defined segment, plus specified junction frontages and a physical-barrier rule; use 50m/100m analysis as sensitivity evidence, not an undisclosed substitute boundary.
6. Retain HOU 14 and site-specific amenity assessment. Passing a concentration test should not guarantee permission; exceeding it should be linked to the actual policy conflict and the data relied upon.
7. Use licensing and enforceable management plans for operational issues: named operator, 24-hour contact, occupancy compliance, waste, arrivals/departures, inspections, complaint response and annual reporting.
8. Integrate HOU 13 with a funded accommodation delivery programme covering university-managed halls, PBSA, appropriate HMOs, adaptive reuse and smaller professionally managed schemes, general private rental, homestay and partnership models. Publish delivery targets by status, date and affordability band.
9. Publish an annual dashboard and review the policy after 24 months of operation, or sooner if affordability, enrolment, managed-accommodation delivery, concentration or complaint triggers are breached.

Fallback if the Council rejects 30%

If the Council considers that retaining 30% is unacceptable, Option 2 at 20% is the more proportionate interim fallback. It should be described as a temporary planning judgement, include tightly drafted anti-clustering rules, allow a reasoned exception where the denominator is very small or a substantial physical barrier changes the impact area, and expire or be reviewed within 24 months. A fallback should not be presented as a concession that 20% is empirically 'safe' or 'unsafe'.

Draft evidence wording

> **The Council recognises that concentrations of HMOs can, depending on local context and management, contribute to changes in residential character and pressures relating to parking, waste, noise and housing mix. The selected threshold is a precautionary planning-management judgement informed by local evidence and comparative practice; it is not presented as a universally proven point at which harm necessarily begins. It will operate alongside qualitative assessment, anti-clustering controls, licensing, accommodation delivery and monitored review.**

9 Monitoring, evaluation and review

The Council does not need academic certainty before regulating. It does need a transparent baseline and a way to learn whether the policy reduces harm, redistributes it or constrains supply. The following dashboard is proportionate to a single-policy revision and uses data the Council or partner bodies largely already hold.

Measure	Definition	Frequency	Decision use
Active HMO stock	Licence, planning and CLEUD status by address; duplicates resolved	Quarterly	True numerator and pipeline
Concentration	Named street/segment and 50m/100m sensitivity; denominator versioned	Quarterly	Geographic effect of policy

Measure	Definition	Frequency	Decision use
Amenity	Noise, waste, planning and licensing cases per 100 dwellings	Annual	Whether outcomes rise with concentration
Parking	Representative occupancy and permit/car-ownership evidence	Annual/targeted	Separate HMO effects from general pressure
Housing mix	Family houses, flats, HMOs, vacancy and tenure indicators	Annual	Community balance and displacement
Accommodation	Operational and probability-weighted pipeline beds by price band	Quarterly	Deliverability and affordability
Demand	Enrolment, commuting, local residence and accommodation preference	Annual	Net requirement—not enrolment alone
Management	Inspections, conditions, complaints and response times	Annual	Target poor operation directly

Evaluation design

Where data permit, compare outcome rates across pre-declared concentration bands—0–5%, 5–10%, 10–15%, 15–20%, 20–30% and above 30%—and across multiple geographies. Track before-and-after outcomes and use matched streets where possible. The purpose is not to claim experimental proof, but to identify whether the policy's assumed relationship is visible locally and whether effects cluster at a different scale.

A formal review should be triggered if any two indicators move materially against plan: operational accommodation falls behind enrolment-linked need; median shared-rental costs rise faster than the comparator market; applications concentrate in previously low-HMO streets; complaint or enforcement rates rise despite fewer permissions; or planned PBSA fails to reach construction or occupation milestones.

Conclusion

The HOU 13 revision addresses a genuine issue. Licensed HMO growth has been rapid, the Council records concentration near Magee, and residents are entitled to meaningful protection from unacceptable cumulative effects. The case for active management is strong.

The same record calls for discipline. Derry's historic evidence explains 10% and 30% as policy judgements; the Independent Examination accepted 30% as a transition balance; and the Council's 2026 assessment acknowledges that tighter control can constrain affordable accommodation, education access and economic growth. The proposed mitigation—redistribution and future PBSA—has not yet been quantified as deliverable, timed and affordable supply.

The most defensible response is therefore to retain the adopted transition rule while adding precise anti-clustering controls, current data, integrated accommodation planning and a scheduled review. Managed developments close to Magee—including adaptive-reuse schemes such as the disclosed Avonmore House example—can help absorb demand that might otherwise require further conversion of conventional houses. They must be judged on evidence and secured management, not granted automatic approval; but a policy that restricts HMOs without enabling credible alternatives is incomplete.

> **Requested outcome Amend the preferred option before draft policy: retain 30% during transition; define HMAs and calculation rules; adopt targeted anti-clustering; publish a quantified accommodation and equality supplement; create a clear delivery route for well-located professionally managed student accommodation; and commit to a 24-month evidence review.**

Appendix A Consultation option response matrix

POP question	Preferred / available option	Response	Reason
Policies to revise	Revise HOU 13 only	Qualified support	Core threshold, geography and calculation rules belong in policy; HOU 14 implementation can be clarified in SPG.
Percentage	1: 10%; 2: 20%; 3: 30%	Select 3; fallback 2 with review	No local causal 10% breakpoint; 30% is adopted/PAC-tested transition balance; assessment risks are unquantified.
HMAs	1: none; 2: designate	Select 2	Allows planned higher-capacity areas and avoids a universal geography.
Clustering	1: cap only; 2: Bristol model/radius; 3: sandwich/two adjoining	Select 3 with definitions	Targets micro-clusters without importing an untested radius.
Denominator	1: all units; 2: exclude flats/blocks/STLs; 3: broader exclusions	Select 2 plus dual reporting	Aligns core test with conventional-house protection while retaining visibility of cumulative intensity.
Street / area	1: named street; 2: nearby streets/judgement; 3: radius	Modified rule	Use named segment plus explicit junction/barrier/long-street provisions; avoid open-ended discretion.
Integrated Assessment	POP-stage screening	Supplement before draft revision	Quantify supply, affordability, delivery probability, displacement and equality effects.

Appendix B Key data and calculation checks

Northern Ireland HMO series

Council area	2023/24	2024/25	2025/26	Change	% change
Derry City & Strabane	188	218	250	+62	+33.0%
Belfast	2,958	2,964	2,996	+38	+1.3%
Causeway Coast & Glens	211	216	214	+3	+1.4%
Northern Ireland	3,489	3,542	3,609	+120	+3.4%

Calculation notes: 33.0% = (250 − 188) / 188; 6.93% district share = 250 / 3,609; average permitted occupancy = 1,202 / 250 = 4.81. Permitted occupancy is a licensing maximum, not proof of actual residents or student beds.

Historic hotspot table

Study area	HMOs	Properties	Reported share
The Glen	91	563	16%
Rosemount	35	442	8%
Nicholson	11	109	10%
Crawford	12	73	16%
Lawrence Hill	11	93	12%
Governor Road	15	162	9%
Strand	14	41	34%

Study area	HMOs	Properties	Reported share
Shipquay	4	18	22%
Waterloo	10	101	10%
Pump Street	9	43	21%
Carlisle	13	48	27%
Abercorn East	7	70	10%
Abercorn West	7	33	21%
Marlborough	13	147	9%
Clarendon	48	339	14%
Bonds Hill	16	119	13%
Chapel Road	3	35	9%

Source: EVB 16b, May 2018 register / desktop hotspot study. Values are reproduced as published and should not be treated as current boundaries or active-licence counts. [8]

Council capacity calculation

Catchment	Council property count	10% arithmetic	Persons at ×4	Status
1 mile / introduced as 20-minute walk	10,300	1,030 HMOs	4,120	Gross theoretical ceiling
1.5 miles / 30-minute walk	28,000	2,800 HMOs	11,200	Gross theoretical ceiling
20 Avonmore beds ≈ seven 3-bed HMOs	Verified proposal inputs; illustrative arithmetic	High for arithmetic; uncertain for realised displacement	State as demand equivalence only; monitor actual occupancy and displacement.	

The POP later labels the one-mile result a 15-minute walk. This submission recommends correcting the inconsistency and publishing the route/network method. [2]

Appendix C Claim audit and limitations

Claim	Classification	Confidence	Treatment
188, 218, 250 licensed HMOs	Verified official statistic	High	Use with financial year / snapshot label.
239 active licences at end-May 2026	Council statistic	High	Use for that date; do not mix with 31 March.
Most HMOs close to Magee	Council statement	Medium	Requires address-level current map for measurement.
10% causes amenity harm	Unverified causal proposition for Derry	Low	Do not state as fact.
10% enables 1,030 / 2,800 HMOs	Council scenario arithmetic	Low as deliverable capacity	Label gross theoretical ceiling.
PBSA will replace constrained HMOs	Forward-looking assumption	Low/uncertain	Probability-weight pipeline and affordability.
HMO restriction will redistribute, not reduce, supply	Council assessment assumption	Low/uncertain	Test through gross-to-net modelling.
6,505 Magee students	Verified official statistic	High	Do not convert directly to accommodation need.
Up to 3,500 beds	Taskforce planning estimate for 10,000 ambition	Medium	Not a current deficit.
Historic hotspot percentages	Historic Council dataset	High for 2018 values	Not current; boundaries/method need renewal.

Method

The review prioritised primary public sources: Council policy and evidence documents, statutory consultation papers, government statistics, official committee reports and peer-reviewed articles. Numerical claims were recalculated where inputs were available. Different dates and definitions were kept separate. Council intentions and forecasts were attributed as such. The review did not have access to the Council's address-level HMO GIS, raw OS Pointer extract, complaint microdata, application viability evidence, student accommodation survey or unpublished equality datasets.

This is a policy evidence review, not legal advice, a valuation, a viability appraisal or a determination of any planning application. Absence of published evidence is not proof that evidence does not exist; the recommendation is that material evidence be placed on the public record before the policy is finalised.

Appendix D References and source register

All web sources were rechecked on 15 September 2026. Council Word documents are cited by title and relevant numbered paragraphs/options because pagination may vary by renderer. Reference [26] is an expressly declared applicant source and is not used to establish a policy threshold.

[1] Derry City and Strabane District Council. Preferred Options Paper & Associated Assessments for LDP 2032 Plan Strategy Revision. 6 August 2026. Open source — Consultation landing page and statutory status.

[2] Derry City and Strabane District Council. LDP Plan Strategy Revision Preferred Options Paper: Policy HOU 13 — HMO Management Areas. July/August 2026. Open source — Option set, current data, Council capacity scenario and consultation questions.

[3] Derry City and Strabane District Council. Integrated Assessments Scoping Report for Preferred Options Paper for Revision of LDP Plan Strategy. August 2026. Open source — SA/SEA, equality and rural-needs screening.

[4] Derry City and Strabane District Council. LDP Plan Strategy Revision HMO Timetable. July 2026. Open source — Indicative statutory programme.

[5] Derry City and Strabane District Council. LDP Plan Strategy Adopted 2025. 10 July 2025. Open source — Adoption status and plan documents.

[6] Derry City and Strabane District Council. Draft Supplementary Planning Guidance 12c: Houses in Multiple Occupation. August 2025. Open source — HOU 13/HOU 14 implementation context.

[7] Derry City and Strabane District Council. EVB 16: Housing in Settlements and the Countryside. 2019 evidence base. Open source — Original threshold reasoning.

[8] Derry City and Strabane District Council. EVB 16b: HMO Study. 2019; May 2018 data. Open source — Historic hotspot table.

[9] Derry City and Strabane District Council. DS-500 LDP Draft Plan Strategy Consultation Report. 2022. Open source — DfI threshold query and Council response.

[10] Planning Appeals Commission. Report on the Independent Examination of the Derry City and Strabane District Council LDP Plan Strategy. 2024. Open source — Paragraphs 4.40–4.43 on transition balance.

[11] Department for Communities / Northern Ireland Assembly. AQW 47071/22–27, Deposited Paper 2125: licensed and unlicensed HMOs by council area. 23 June 2026. Open source — Three-year official series.

[12] Belfast City Council Licensing Committee. NIHMO Service Activity Update 2025/26. 22 April 2026. Open source — 31 March stock, permitted occupancy and inspections.

[13] Department for the Economy. More students than ever before at Ulster University Magee Campus. 18 December 2025. Open source — 6,505 enrolment and 60% growth.

[14] Ulster University. Major milestone reached as campus expansion Taskforce publishes its one-year progress report. 14 January 2026. Open source — 10,000-student ambition.

[15] Department for the Economy. UU Magee Taskforce meeting minutes — 23 June 2025. 23 June 2025. Open source — Bed planning estimate, immediate need and PBSA market discussion.

[16] Department for the Economy. UU Magee Taskforce meeting minutes — 8 September 2025. 8 September 2025. Open source — Accommodation constraint and planning-policy discussion.

[17] Department for the Economy. UU Magee Taskforce meeting minutes — 10 December 2025. 10 December 2025. Open source — PBSA and managed-HMO options.

[18] Department for the Economy. UU Magee Taskforce meeting minutes — 27 March 2026. 27 March 2026. Open source — Accommodation working group and delivery context.

[19] Belfast City Council. Belfast Local Development Plan 2035 Plan Strategy. May 2023. Open source — Policy HOU10 comparator.

[20] Bristol City Council. Managing the development of houses in multiple occupation SPD. 3 November 2020. Open source — 10%/100m and sandwiching framework.

[21] Bristol City Council. Houses in Multiple Occupation Evidence Paper. August 2020. Open source — Local evidence supporting Bristol's threshold judgement.

[22] Derby City Council. Houses in Multiple Occupation: planning requirements. current web guidance. Open source — 10%/50m, adjacency and exceptions.

[23] Hubbard, P., Environment and Planning A 40(2). Regulating the Social Impacts of Studentification: A Loughborough Case Study. 2008. Open source — Peer-reviewed research on threshold analysis and wider regulation.

[24] Hubbard, P., Environment and Planning A 41(8). Geographies of Studentification and Purpose-Built Student Accommodation: Leading Separate Lives?. 2009. Open source — Peer-reviewed PBSA and housing-market analysis.

[25] Smith, D.P., Urban Studies 45(12). The Politics of Studentification and '(Un)balanced' Urban Populations. 2008. Open source — Peer-reviewed policy and community-balance analysis.

[26] Clarke, S. Avonmore House: Briefing note for elected representatives — Planning application LA11/2025/0579/F. 18 August 2026. Applicant source — 20-bedroom proposal, location, adaptive reuse and management commitments; used only as a disclosed local worked example.

Document control

Field	Value
Title	Policy HOU 13 Revision — An evidence-led HMO and student accommodation strategy for Derry
Status	Consultation submission
Author	Seamus Clarke
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