Houses in Multiple Occupation:

Why has Enfield become a target for HMOs?

An investigation of planning decisions, enforcement and licensing

Better Homes Enfield

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Key findings

Our investigation suggests Enfield has become a target for HMO developers due to weaknesses in planning practice, enforcement and licensing.

There's been a dramatic increase in the number of HMO applications

HMO-related planning applications in Enfield **have increased by almost 1,500% since 2023**, rising from just 38 in 2023 to 596 in the first ten months of 2026.

Enfield receives far more HMO applications than neighbouring boroughs

Between January 2024 and June 2026 **Enfield received nearly three times as many HMO-related planning applications as Barnet and Waltham Forest combined**.

Enfield approves a far higher proportion of HMO planning applications

Enfield Council's approval of HMO applications was roughly twice that of Barnet's and almost five times Waltham Forest's, between January 2024 and June 2026, (**Enfield approved 71% of applications**, compared to **32% in Barnet** and **15% in Waltham Forest)**.

Some planning officers approve almost 90% of HMO applications

There are **striking differences in approval rates between Enfield's planning officers**. Across 2025, approval rates ranged from **57% to 88% among the three officers handling the largest numbers of HMO applications**.

Planning policies are inadequately applied

Our analysis of over 50 HMO planning applications decided by Enfield Council in 2025 identified **multiple instances of questionable planning practices.**

These included the **inconsistent application of clustering and accommodation policies**; **poorly evidenced decisions about neighbourhood impacts**; **insufficient consideration of the loss of family homes**; **inadequate assessment of energy, water and drainage requirements**; **unresolved cycle parking and refuse arrangements**; and **failures to adequately address specialist advice**.

Council guidance proposed a presumption in favour of HMO approvals

A December 2022 Council briefing proposed instructing planning officers that HMO applications should be approved unless significant harm to neighbourhood character or amenity was identified. **This raises serious questions about whether the Council's wider approach to HMO development has influenced its unusually high approval rates and the inconsistent application of adopted planning policies**.

The conditions accompanying planning approvals are often weakly drafted

Planning permissions are granted on the understanding that developers will comply with 'planning conditions'. **Our investigation found these were often weakly worded** and **failed to establish clear requirements for demonstrating compliance or were missing altogether**.

Planning conditions are frequently not met

During our investigation we **identified multiple instances of HMOs failing to comply with the conditions of their planning permissions**.

Enfield Council failed to include an HMO policy in its new Local Plan

Enfield Council did not **include a replacement HMO policy in its submitted draft Local Plan**, an omission it subsequently said was unintentional. In contrast, **Barnet strengthened its HMO policy**, and **Waltham Forest retained key protections**.

Planning and licensing are poorly aligned

Our investigation identified **significant discrepancies between planning permissions and HMO licences**, including properties licensed for more occupants or different accommodation arrangements than their planning approval permitted.

We also found cases where **full five-year HMO licences had been granted for several years without the property having the necessary planning permission**. Internal Council documents show that these problems had been recognised for years, with hundreds of cases requiring attention despite successive attempts to improve coordination and enforcement.

Over 70 per cent of Enfield's HMOs may be operating without a license

According to the Council there are approximately **3,600 HMOs** in Enfield, yet only around **1,000 are licensed**. This suggests **almost three-quarters (72%) may be unlicensed**, raising serious questions about the effectiveness of the Council's licensing arrangements.

Poorly managed HMOs can have serious consequences

The Council has identified **4,376 complaints and ASB incidents associated with HMOs between October 2018 and September 2023**, involving **1,149 HMO properties**. These findings underline why effective planning controls, good accommodation standards and robust enforcement matter, both for people living in HMOs and for their neighbours.

1. Introduction and context

1.1 Houses in Multiple Occupation and their impact

Houses in Multiple Occupation (HMOs) generally accommodate at least three people from more than one household who share facilities such as a kitchen or bathroom. Many are created by converting existing family houses into HMOs.[i]

HMOs are an important part of the private rented sector, providing homes for people who may be unable to afford, or do not need, a self-contained home. As such, well-managed HMOs can make a valuable contribution to meeting housing needs.

However, their development also raises important questions about the loss of family homes, accommodation standards, the concentration of HMOs and impacts on neighbours. Adequate communal facilities, refuse and recycling storage, cycle parking, energy efficiency and other environmental standards are also important considerations.

These concerns do not mean that HMOs are inherently undesirable. They mean that effective planning controls and regulation are essential to ensuring that HMO accommodation is acceptable for both its occupiers and its neighbours.

1.2 Planning, licensing and the purpose of this investigation

The rapid increase in HMO planning applications in Enfield prompted Better Homes Enfield to investigate how effectively the Council regulates HMO development.

The central question we asked was whether Enfield's planning and licensing systems successfully secure the standards and safeguards its policies are intended to deliver.

HMOs are principally regulated through two separate systems.

1. **Planning control** determines whether a proposed HMO development is acceptable, considering matters such as accommodation standards, neighbourhood character, the concentration of conversions, environmental considerations, parking, waste management and other relevant planning requirements.

2. **HMO licensing** primarily regulates the safety, suitability and management of HMOs. Enfield operates licensing schemes covering qualifying HMOs accommodating three or more people, subject to statutory definitions and exemptions.[ii]

Our investigation combined analysis of planning application data, comparisons with neighbouring boroughs and a detailed analysis of over 50 HMO applications decided by Enfield Council in 2025, supplemented by other relevant cases.

It examines not only how planning applications are determined, but also whether conditions attached to permissions are subsequently delivered and how effectively the Council's Planning, Enforcement and Licensing functions work together.

The investigation does not assume that HMO development should be restricted or that a high planning approval rate necessarily indicates poor decision-making. Its purpose is to establish what the available evidence reveals about Enfield's planning and regulatory arrangements, identify shortcomings and to recommend improvements.

2. Research methodology

2.1 Analysis of planning application data

We analysed HMO-related planning applications in Enfield to identify changes in application volumes and outcomes.

Applications were identified using consistent search criteria. Although this approach may not have captured every HMO application, for example where the application description did not explicitly refer to an HMO, it provides a consistent basis for comparing changes over time.

We also compared Enfield with Barnet and Waltham Forest for the period January 2024 to June 2026, again using consistent application-selection criteria.

Approval rates were calculated using granted and refused applications, excluding withdrawn, pending and other outcomes. These figures represent planning applications, not individual properties, as several HMO applications can be made for a single property.

Application volumes were analysed by the date applications were received, whereas the analysis of decisions in 2025 covers applications determined during that year, including applications submitted in earlier years.

2.2 Detailed review of planning decisions

We examined over 50 HMO planning applications decided by Enfield Council in 2025, including approvals and refusals. For each application, we reviewed available planning documents, including plans, supporting statements, officer reports and decision notices.

Our analysis considered four areas:

1. **Quality of planning assessment:** application of planning policies, accommodation standards, neighbourhood impacts, environmental requirements and specialist advice.
2. **Compliance with planning permission:** whether available evidence indicated that approved development and planning conditions had been implemented.

3. **Planning and licensing:** consistency between planning permissions and HMO licensing records, including occupancy, accommodation arrangements and licence dates.
4. **Other concerns:** significant discrepancies or matters requiring further investigation.

We also examined HMO licensing records, Building Control information, Energy Performance Certificates and planning enforcement records. Site visits were undertaken to selected properties to check externally visible features against approved plans and planning conditions.

We only reported failures where we had evidence to support that conclusion. Where records were missing or incomplete, we identified questions for further investigation rather than assuming that requirements had been breached.

3. The growth of HMOs

3.1 The number of HMOs

In 2024/25, the Council estimated there were approximately **3,600 HMOs** in Enfield. Only around **1,000 are licenced**, which suggests **around 2,600, or 72% of HMOs, may be operating without a required HMO licence**.[iii]

Of licensed HMOs, Council records identified only 330 with planning permission or a certificate of lawful use. This does not necessarily mean the remaining properties are operating unlawfully. HMOs established before 2013 - when Enfield introduced borough-wide planning restrictions - may not require planning consent.[iv] Nevertheless, these figures raise questions about why so many HMOs appear to be allowed to operate without planning approval.

3.2 Housing conditions, safety hazards and antisocial behaviour

Research commissioned by Enfield Council revealed serious problems with the condition and safety of HMOs.

Of the 707 HMOs inspected by Council officers between 2020 and 2023, **65% had at least one housing hazard,** while 14.6% had a very serious hazard or were assessed as being in an unsatisfactory condition.

Fire hazards accounted for 32% of hazards identified, followed by damp and mould (24%), electrical hazards (12%) and excess cold (8%).

The research also identified **1,149 HMO properties associated with at least one complaint between 2018 and 2023, alongside 4,376 reported antisocial behaviour incidents**. Reported problems included noise, waste, fly-tipping and other nuisance behaviour.[v]

This does not mean all HMOs are poorly managed, nor that HMOs caused the incidents associated with them. However, they demonstrate the importance of effective regulation.

3.3 Changes in the number of HMO planning applications

The number of HMO-related planning applications has dramatically increased. Enfield received more than twice as many HMO-related applications in the first ten months of 2026 as in the entire decade from 2013 to 2022. **The increase between 2023 and the first ten months of 2026 was almost 1,500%** (see Table 3.3).

***Table 3.3**: HMO-related planning applications in Enfield, 2013–2026*

***Source**: Better Homes Enfield analysis of Enfield Council's planning register, 2013–October 2026.*

***Note**: Figures include repeat applications and related planning submissions, so do not represent the number of new HMOs created. The 2026 figure covers January–October only.*

Period	HMO-related applications
2013–2022 (ten years)	241
2023	38
2024	79
2025	304
January–October 2026	596

4. Enfield vs neighbouring boroughs

4.1 Planning applications and approval rates

We compared HMO planning applications in Enfield, Barnet and Waltham Forest between January 2024 and June 2026. All three boroughs have borough-wide Article 4 Directions requiring planning permission for conversions from conventional houses into smaller HMOs.[vi]

However, their application volumes and approval rates differ dramatically. Enfield received approximately 2.7 times as many HMO applications as Barnet and Waltham Forest combined. Furthermore, its approval rate was roughly twice Barnet's and almost five times Waltham Forest's (see Table 4.1).

Table 4.1: *HMO planning applications and approval rates, January 2024 to June 2026*
Source*: Better Homes Enfield analysis of planning application records published by the three councils. Approval rates are calculated from granted and refused applications, excluding pending, withdrawn and other outcomes.*

Borough	Applications received	Granted	Refused	Approval rate
Enfield	707	466	191	70.9%
Barnet	180	46	98	31.9%
Waltham Forest	85	9	50	15.3%

These are striking differences between three neighbouring boroughs facing similar housing pressures and operating comparable Article 4 controls.

The scale of the disparity raises an important question: ***why is HMO development so much more likely to receive planning approval in Enfield?***

4.2 Differences between planning policies

We examined whether the differences could result from differing HMO planning policies. Waltham Forest's minimum house-size requirement is an important difference. It prevents the conversion of smaller homes that could be converted into HMOs in Enfield. This policy was introduced to stop the depletion of relatively affordable family sized homes (see Table 4.2).

Table 4.2: *Comparison of key HMO planning policies*

Source: *Enfield DMD (2014); Barnet Local Plan (2025); Waltham Forest Local Plan (2024).*

Planning issue	Enfield	Barnet	Waltham Forest
Minimum house size restriction	No fixed minimum	No fixed minimum	Minimum of 124m^2
HMO /conversion concentration	Maximum 20% of properties along a road and one conversion in five consecutive properties	Three or more HMOs among the ten nearest properties considered harmful concentration	Controls concentration within streets and wider area
Accommodation standards	General accommodation and space requirements	Specific HMO requirements and guidance	Detailed bedroom and communal-room standards

Enfield's adopted policy on HMO concentration is not necessarily weaker than its neighbours. Its restriction on conversions within five consecutive properties could provide substantial protection against clustering.

The critical issue is therefore not simply what Enfield's policies say, but also whether they are consistently and robustly applied. Our detailed review of individual planning decisions, discussed in Section 6, raises serious concerns about this.

4.3 Appeals

Applicants who are refused planning permission can appeal to the Planning Inspectorate to review the decision. Analysis of appeal outcomes provide further evidence about how neighbouring boroughs' HMO planning controls operate. **The data shows that the overwhelming majority of HMO planning appeals were dismissed** (see Table 4.3).

Table 4.3: *HMO planning appeal outcomes in Barnet and Waltham Forest*

Source*: PlanningLens, The Article 4 Wave, Research Briefing No. 4, August 2026. Figures relate to the HMO-specific appeal cases identified in that research.*[vii]

Borough	Appeals dismissed	Appeals allowed	Dismissal rate
Barnet	43	3	**93.5%**
Waltham Forest	26	4	**86.7%**

These results suggest that their higher refusal rates in neighbouring boroughs have not simply resulted in large numbers of successful appeals. Planning inspectors have generally supported the refusals in the cases examined.

Equivalent, reliably established HMO-specific appeal figures were not available for Enfield, so a direct three-borough comparison could not be made. Nevertheless, **the appeal evidence demonstrates that councils can apply restrictive HMO policies and successfully defend their decisions when challenged.**

4.4 Enfield's emerging Local Plan

Enfield submitted its new Local Plan to the Planning Inspectorate for formal examination in August 2024. However, the Plan did not include an HMO policy, an omission the Council subsequently claimed was unintentional.[viii]

This contrasts with Barnet's new Local Plan, which introduced an explicit numerical test for HMO clustering, and Waltham Forest's, which retained its minimum house-size requirement and detailed accommodation standards.[ix]

The Council was made aware of the lack of a specific HMO policy in 2021 and said it would *"incorporate one into the next iteration of the Local Plan"*. Yet the revised Local Plan published for public consultation in 2024 still contained no specific HMO policy.

In 2024, Better Homes Enfield formally challenged the omission. Rather than acknowledging the problem, the Council's response asserted that the Plan incorporated policies to support the sustainable growth of HMOs while managing their impact on local communities.[x]

It was not until the Examination in Public in 2025, following the Planning Inspector's intervention, that the Council agreed to introduce an HMO policy into the new Plan.[xi]

The omission is even harder to explain in light of the Council's own internal discussions. In December 2022, officers were proposing an approach that favoured approving HMO applications unless significant harm was demonstrated. Yet despite knowing that HMO development was already raising important planning questions, the Council subsequently submitted its new Local Plan without any specific HMO policy. **Why was it proposing a more**

permissive approach to HMO development while failing to provide adequate controls in its new Plan?

The absence of an HMO policy in Enfield's submitted plan may have contributed to the borough becoming an attractive location for HMO conversions, particularly as neighbouring boroughs were maintaining or strengthening their protections. However, the extent to which this influenced development activity is difficult to establish.

The Council has still not adequately explained how a policy it expressly promised to introduce in 2021 was missing from the Plan submitted in 2024. Its claim that the omission was unintentional is difficult to reconcile with its defence of the Plan's HMO provisions in 2024.

The preparation of Enfield's new Local Plan has reportedly cost more than £7 million, while the growth of HMOs is having a significant impact on parts of the borough. Given this, we are calling on the Council to investigate how and why the HMO policy was omitted, why its earlier commitment was not honoured, and whether any decision was taken to exclude it. The findings should be made public.

5. HMO approval rates

Of 229 HMO planning applications decided during 2025, 73.4% were approved (Table 5.1).

Table 5.1: *Outcomes of HMO planning applications in Enfield, 2025*
Source: *Better Homes Enfield analysis of Enfield Council planning application records, 2025.*

Outcome	Applications
Granted	168 (73.4%)
Refused	61 (26.6%)
Total	**229**

Almost 40% of the applications granted or refused in 2025 sought retrospective planning permission, indicating that the HMO development had already taken place (see Table 5.2).

Retrospective applications were slightly more likely to be approved than other applications, although the difference is not statistically significant. The more significant concern is the scale of retrospective development. In many cases, properties were already operating as HMOs before the Council determined whether their use was acceptable in planning terms.

Table 5.2: *HMO planning decisions by retrospective status, Enfield, 2025*

Source*: Better Homes Enfield analysis and classification of Enfield Council planning application records, 2025. Approval rates exclude withdrawn applications.*

Application type	Granted	Refused	Approval rate
Retrospective	69	22	**75.8%**
Not identified as retrospective	99	39	**71.7%**

Enfield was more likely to approve applications for smaller Class C4 HMOs, generally accommodating three to six people, than larger *sui generis* HMOs (see Table 5.3).

Almost four out of five applications for smaller HMOs received planning permission, compared with just over half of applications for larger HMOs. This distinction matters because smaller HMOs account for most of Enfield's HMO planning decisions.

Table 5.3*: HMO planning decisions by application category, Enfield, 2025*

Source*: Better Homes Enfield analysis and classification of Enfield Council planning application records, 2025. Approval rates exclude withdrawn applications.*

HMO category	Granted	Refused	Approval rate
Class C4	135	36	78.9%
Sui generis	32	24	57.1%
Other or unclear	1	1	50.0%

Our analysis identified 20 planning officers responsible for assessing HMO applications during 2025. Approval rates varied considerably, including among officers handling substantial numbers of applications (Table 5.4).

Table 5.4: *Range of HMO planning approval rates among the three busiest planning officers, Enfield, 2025*
Source*: Better Homes Enfield analysis of Enfield Council planning application records and identified case officers, 2025. Approval rates are based on granted and refused applications.*

Measure	Lowest	Highest
Overall approval rates	56.7%	88.2%
C4 approval rates	57.1%	92.3%

Three council officers handling the most HMO applications decided between 17 and 68 applications. The differences were particularly striking for smaller C4 HMOs, with approval rates ranging from 57% to 92% among these officers. These variations were not simply explained by the presence of retrospective applications.

Different caseloads and application characteristics may explain some variation. Nevertheless, such substantial differences raise important questions about how consistently Enfield's planning policies have been interpreted and applied.

Our detailed review of individual decisions, discussed in Section 6, reinforces these concerns.

6. Assessment of HMO planning decisions

Our detailed review of FOI responses and over 50 HMO planning applications decided in 2025 identified a troubling gap between Enfield's adopted planning policies and how those policies are applied and enforced in practice.

6.1 Was Enfield Council encouraging HMO approvals?

Our investigation considered whether Enfield Council was encouraging planning officers to approve HMOs, rather than properly applying its own planning policies.

We have been provided with an internal Council briefing document dated December 2022 which proposed telling planning officers that HMO applications should be approved unless they caused significant harm to neighbourhood character or amenity.[xii]

The Council's reasoning was that Enfield was failing to build enough new homes and could not demonstrate that it had enough land available for future housing. Under national planning rules, this made it harder for the Council to refuse housing developments.

But there were weaknesses in the Council's reasoning. For a start, Enfield's prolonged delays in preparing its new Local Plan had left the borough without an up-to-date strategy to address its housing supply problems, the very problems it was using to justify a more permissive approach to HMO applications. The briefing also claimed HMOs provided affordable accommodation and helped meet housing needs. Yet it offered no evidence of how affordable HMO rooms were, how many were needed, or how converting family homes into HMOs would help address Enfield's shortage of family-sized housing.

Furthermore, whilst national planning rules may favour development when a council cannot demonstrate sufficient housing land, that does not mean applications should automatically be approved. Officers must still consider whether proposals comply with adopted planning policies and assess their effects on neighbours, residential streets and family housing.

The concern is that the Council was proposing to make approval the starting point, rather than one possible outcome of a proper assessment. This is particularly significant given our findings that Enfield approved a much higher proportion of HMO applications than neighbouring boroughs, sometimes despite acknowledged conflicts with its own policies.

In July 2026, the Council debated HMOs following a motion proposed by Cllr Susan Erbil. The debate revealed broad cross-party agreement that stronger action was needed to tackle excessive concentrations of HMOs and their impact on residential neighbourhoods. The Council agreed to review its policies and consult on reducing the permitted concentration of residential conversions.[xiii]

But this raises an important question: to what extent are the problems councillors now recognise connected to the approach to HMO development that the Council itself proposed in December 2022?[xiv]

The December 2022 briefing was addressed to Cllr Susan Erbil, who was then the Cabinet Member responsible for planning and licensing. The briefing does not establish that Cllr Erbil approved the proposed approach, that the instructions were subsequently issued, or that they influenced individual decisions. **But it raises serious questions about the Council's political and managerial oversight of HMO development and whether its own approach contributed to making Enfield a target for HMO developers**.

The Council should explain whether the proposed instructions were issued, who authorised them, what evidence and legal advice supported them, and whether the proposed approach was subsequently reflected in officer guidance or training.

6.2 Concentration and clustering policies

Policy **DMD5** restricts residential conversions to no more than 20% of properties along a road and no more than one in five consecutive properties. These are clear numerical controls intended to protect the character and amenity of residential neighbourhoods.[xv]

Yet our investigation identified cases where officers recommended approval despite acknowledging conflicts with these restrictions, including proposals immediately adjoining existing HMOs or converted properties.

The reasoning was sometimes troubling. Where an area already contained numerous conversions, officers used the established character of the neighbourhood to justify another HMO. Elsewhere, the absence of nearby conversions was used to support approval because an additional HMO would have little impact.

In effect, opposite circumstances were used to justify the same outcome: approval. This risks making the policy's restrictions meaningless.

Internal Council meeting notes from February 2025 shed further light on this approach. They record that officers were advised to focus on the actual harm caused by clustering rather than

strictly applying DMD5's numerical limits. This interpretation was said to have been influenced by unsuccessful appeals and discussions with planning inspectors.[xvi]

There is some support for a flexible interpretation in appeal decisions. Enfield's own research identified cases where inspectors allowed residential conversions despite breaches of DMD5's numerical limits because sufficient harm had not been demonstrated. More recently, an inspector allowed an HMO at 137 St Mary's Road despite a conflict with the one-in-five restriction.[xvii]

However, these decisions do not make DMD5's numerical restrictions optional. Inspectors have also upheld refusals involving clustering and the loss of family housing. Departures from adopted policy still require clear, case-specific justification.

Crucially, the purpose of DMD5's concentration limits is to **prevent harm from excessive conversions before it occurs**. The absence of existing complaints or evidence of current disturbance does not establish that additional conversions will cause no harm in the future. Nor should an applicant's failure to demonstrate that a proposal would avoid such harm be treated as a reason to disregard the policy.

Where a proposal conflicts with DMD5's numerical restrictions, the Council should consider the risk of future and cumulative harm and require convincing evidence and planning justification before concluding that a departure from the policy is warranted.

In some cases, officers also relied partly on anticipated changes in the emerging Local Plan to justify departures from clustering policies, despite the absence of a specific HMO policy in that Plan.

Our investigation raises serious questions about whether Enfield has gone beyond legitimate flexibility in applying DMD5, allowing departures from its numerical restrictions without sufficiently assessing the risk of future and cumulative harm.[xviii]

6.3 Impacts on neighbours

One of the most troubling findings was the repeated assumption by planning officers that an HMO would have much the same impact on a neighbourhood as a family home.

This opinion overlooks a fundamental difference. HMO residents generally live independently, with separate working hours, visitors, social lives and patterns of activity. Occupant numbers alone are a poor measure of the likely intensity of use, noise, disturbance or parking demand.

Furthermore, the comparison does not consider how HMO conversions alter the layout of family homes. Lounges, dining rooms and sometimes kitchens are converted into additional bedrooms, and communal activities are concentrated into fewer and smaller shared spaces. Families do not typically turn their living and dining rooms into separately occupied bedrooms or install additional kitchens in their loft. These changes are clearly capable of altering the intensity and patterns of use, yet officers have repeatedly relied on comparisons with family occupation without adequately examining their implications.[xix]

The Council's position is also difficult to understand given its own evidence of thousands of complaints and antisocial behaviour incidents associated with HMOs. Furthermore, planning inspectors have also recognised that HMOs can generate different patterns of activity and greater disturbance than family homes.[xx]

Our investigation found that officers repeatedly relied on comparisons with family occupation to justify approval, without adequately examining the likely impacts of the proposed HMO, and without backing up their opinion with evidence.[xxi] This risks dismissing legitimate concerns about the effects of HMO conversions on neighbouring residents without properly understanding or investigating them.

The Council should stop relying on this argument, at least until it publishes evidence to validate its opinion.

6.4 Accommodation standards

Some HMOs were approved despite acknowledged shortcomings in living conditions, including restricted bedroom outlook, insufficient floorspace or inadequate communal accommodation. Similar concerns resulted in refusals elsewhere, without always a clear explanation for the different treatment.[xxii]

This is troubling. The quality of the accommodation and living conditions for future occupiers must be paramount in decision-making, especially where buildings are expected to be used far more intensively.

6.5 Loss of family housing

Also concerning is the limited consideration given to the loss of existing family homes by planning officers when approving HMO conversions. In several cases, council officers gave positive weight to the contribution HMOs were claimed to make towards meeting housing needs, without adequately considering the loss of conventional family housing. [xxiii]

More fundamentally, **Enfield's housing-needs evidence does not assess the scale of need for HMO accommodation**, an omission Better Homes Enfield identified in its submissions to the Local Plan examination in January 2025.[xxiv] This raises questions about the evidence underpinning officers' repeated assertions that additional HMO accommodation is needed.

This is also particularly difficult to reconcile with Enfield's wider planning strategy.

The Council has argued that the shortage of family housing is one of the principal reasons why Green Belt land must be released for development. [xxv] Yet its planning assessments frequently emphasise the benefits of additional HMO accommodation without giving comparable consideration to the loss of the family homes being converted.

The contradiction is remarkable. The Council argues that it needs to build on Green Belt land because the need for the family homes is so acute, yet it is simultaneously failing to protect the family homes Enfield already has. Planning policy and planning practice should be working towards the same objectives, not pulling in opposite directions.

Planning Inspectors have upheld refusals of HMO conversions partly because of the loss of existing family homes. For example, in three recent Barnet appeals, **Inspectors gave weight to the need to protect family housing and questioned whether the additional HMO accommodation met an identified housing need**. In each case, the benefits of the proposed HMO were insufficient to outweigh the identified planning harms, including the loss of family housing.[xxvi]

If the Council has evidence which demonstrates the scale of need for HMOs in Enfield, then it should publish it. If it does not have this evidence, then it should stop relying on 'need' to justify the approval of planning applications to convert family homes into HMOs. Planning decisions should be based on evidence, not vibes.

6.6 Climate change and sustainability

6.6.1 Energy efficiency and cost

Reducing carbon emissions associated with heating Enfield's existing homes is essential to addressing the climate emergency. Energy used in homes accounts for around 39% of Enfield's carbon emissions, making improvements to the borough's existing housing stock a major priority. [xxvii] This means better insulation, more efficient heating systems and greater use of renewable energy.

Converting and extending existing homes provides an ideal opportunity to make these improvements, **often more cost-effectively than through separate retrofit projects**. Importantly, the benefits are twofold: cutting carbon emissions and reducing energy bills for future occupants.

Enfield's adopted planning policies provide mechanisms for securing energy-efficiency improvements when buildings are converted or refurbished. Enfield Council also declared a climate emergency in July 2019, committing to align its planning decisions with the transition to carbon neutrality.[xxviii]

Despite this, our investigation found that some planning officers repeatedly overlooked these policies or declared them inapplicable to HMO conversions, even where substantial extensions and alterations were proposed. We also identified examples of completed schemes with poor energy efficiency and potentially expensive heating systems, with little evidence that more efficient, lower-cost alternatives or renewable energy measures had been properly considered.[xxix]

These are missed opportunities to cut carbon emissions and to protect HMO occupants from unnecessarily high energy bills.

What makes this particularly concerning is that Enfield has previously imposed energy-efficiency requirements on ordinary HMO conversions, and it is unclear why this approach was not continued.[xxx] Furthermore, a Planning Inspector upheld the need for an Energy Statement and Energy Performance Certificate for an HMO application. Significantly, the Inspector recognised that multiple residents living independently were likely to consume more energy than a single family household.[xxxi]

In the face of both a climate crisis and a cost-of-living crisis, Enfield's planning department needs to explain why its own energy-efficiency policies have been applied so inconsistently, and why recent HMO developers have been allowed to avoid requirements imposed on comparable developments in the past.

6.6.2 Water use

London is seriously water-stressed, and climate change and population growth will put increasing pressure on supplies. Thames Water estimates that it will need an additional one billion litres of water per day by 2050 to meet future demand.[xxxii]

Converting houses into HMOs presents an important opportunity to improve water efficiency, particularly where new bathrooms, toilets and kitchens are being installed. Water-saving taps, showers, toilets and appliances can be incorporated relatively cheaply during building works.

The way HMOs are occupied also matters. Unlike a family household, residents may cook, shower and wash clothes independently, potentially increasing water consumption through more frequent use of appliances and facilities.

Enfield's adopted Policy DMD58 requires new residential development, including conversions, to achieve water consumption below 105 litres per person per day. Crucially, the policy also states that the highest level of water efficiency will be sought for other developments, explicitly including changes of use, extensions and refurbishments.[xxxiii]

Yet our investigation found that these requirements were inconsistently applied to HMO conversions. Some planning officers declared them inapplicable, even where substantial

extensions and multiple additional bathrooms were proposed. Others acknowledged the water-efficiency standards but failed to secure them through planning conditions.[xxxiv]

This is particularly difficult to justify when relatively inexpensive water-saving measures could be incorporated during conversion works.

London urgently needs to reduce water consumption, so why is Enfield Council routinely missing opportunities to make its growing HMO housing stock more water-efficient?

6.6.3 Flooding and drainage

Surface-water flooding is one of London's most serious climate risks, with increasingly intense rainfall putting growing pressure on drainage systems. The Environment Agency estimates that around 543,500 London properties are at high or medium risk of surface-water flooding.[xxxv]

Converting and extending existing homes provides an opportunity to reduce this risk. Measures such as permeable paving, rain gardens, water butts and other sustainable drainage systems (SuDS) can help reduce the amount of rainwater entering already pressured drains and sewers.

These improvements are particularly important where HMO conversions involve extensions, new hardstanding or the loss of garden space.

Enfield's adopted Policy DMD61 requires all developments to maximise the use of sustainable drainage systems and, where possible, retrofit them. Even smaller developments should seek to improve surface-water management, including through measures that reduce runoff at source. [xxxvi]

Despite this, our investigation found that drainage requirements were frequently overlooked, inadequately assessed or not secured through planning conditions. In some cases, officers failed to reconcile contradictory drainage information. In others, they recommended drainage conditions that were subsequently omitted from the planning permission.[xxxvii]

At a time when London needs to become more resilient to flooding, Enfield should be using HMO conversions to help improve drainage. The Council should therefore explain why it has frequently missed key opportunities to reduce flood risks.

6.6.4 Refuse and recycling

Reducing waste and increasing recycling rates are important parts of tackling climate change and creating more sustainable neighbourhoods. Recycling reduces the demand for raw materials and the energy needed to produce new products, while effective waste management helps reduce environmental damage.

For HMOs, where several unrelated residents share waste facilities, **adequate refuse and recycling storage is particularly important**. Without it, overflowing bins, litter and poor recycling arrangements can create problems for residents and neighbouring households and increase the risk of fly-tipping.

Yet our investigation found that planning officers sometimes approved inadequate refuse arrangements, even against the advice of the Council's own Commercial Waste team.[xxxviii]

In other cases, adequate refuse storage was left to planning conditions rather than satisfactorily resolved before approval, sometimes without clear requirements to demonstrate that the necessary facilities had been installed.[xxxix]

This is simply not good enough. The Council's own research has identified waste-related problems associated with HMOs, yet its planning assessments have not consistently secured appropriate arrangements for storing and collecting refuse and recycling.

The Council should be preventing foreseeable problems through effective planning decisions and conditions, rather than allowing inadequate arrangements to create avoidable difficulties for residents and neighbourhoods.

6.6.5 Cycle parking

Encouraging cycling is an important part of reducing transport-related carbon emissions, air pollution and congestion. It can also help residents save money by reducing their dependence on cars and public transport.

For HMO occupants, secure, convenient and accessible cycle parking can make cycling a practical and affordable alternative to car ownership. But simply providing spaces on a

planning drawing is not enough. If bicycles are difficult to store or retrieve, residents are less likely to use them.

Our investigation found repeated examples of HMO applications being approved with cycle parking that appeared impractical or contrary to planning requirements.[xl]

For example, officers accepted proposals for bicycle storage in rear gardens despite residents having to carry or manoeuvre bicycles through several internal doors, narrow corridors, kitchens or communal living areas to reach them.[xli]

The Council cannot credibly claim to promote sustainable transport while approving cycle parking that residents may be unable or unwilling to use.

6.7 Overall

Taken together, these findings suggest that Enfield has too often treated important planning requirements as matters to be worked around rather than standards that HMO developments are expected to meet.

HMOs can provide needed accommodation, but that does not justify overlooking policies intended to protect occupants, neighbours, family housing and the environment.

The Council needs to demonstrate that its planning decisions consistently deliver the standards and safeguards its own policies require.

7. Post-permission

Our investigation found that weaknesses in Enfield's approach to HMO development do not end when planning permission is granted.

Planning conditions are supposed to ensure that developments deliver the safeguards and improvements on which approval was based. HMO licensing should ensure that accommodation is safe and properly managed. Planning enforcement should address

unauthorised development and failures to comply with planning requirements.[xlii] Our investigation found weaknesses in all these areas.

7.1 Planning conditions

We found repeated examples of planning conditions that were too weak to provide confidence that the required improvements would actually be delivered.

Conditions frequently required facilities or improvements to be installed before occupation or within specified deadlines, but did not require photographic evidence, formal approval or other verification that the work had been completed. This was particularly notable for cycle parking, refuse storage and energy-efficiency measures.[xliii]

In many cases, officers relied on conditions to overcome shortcomings in applications without establishing how compliance would then be demonstrated and confirmed.[xliv] We also identified cases where conditions recommended by planning officers or specialist consultees were omitted from final decision notices, or where requirements for further details to be submitted and approved were not carried through into the conditions imposed.[xlv]

A requirement written into a planning permission is of limited value if the Council does not effectively check whether it has been met.

Our investigation also identified cases where **externally observable features did not appear to match approved plans or planning conditions**. These included missing cycle storage and inadequate or absent refuse facilities.[xlvi]

These findings were based on features observable from publicly accessible locations. They do not establish the compliance status of every condition or every property examined.

Nevertheless, they demonstrate the problem is not confined to poorly drafted conditions. There is also evidence that requirements imposed by the Council have not been delivered.

7.2 Enforcement

Planning enforcement is essential when development takes place without permission or fails to comply with approved requirements. However, our investigation identified cases where HMOs appeared to operate without the necessary planning approval and where facilities required by planning permissions were not provided.

The Council has powers to investigate suspected breaches and take proportionate enforcement action. It also has discretion over whether formal action is expedient. **But discretion should not be an excuse for planning requirements going unchecked.**

The evidence gathered so far does not establish the Council's overall HMO enforcement rate or how frequently identified breaches result in formal action. **The evidence nevertheless shows that some planning requirements have not been delivered and raises questions about how effectively the Council identifies and addresses breaches.**

The Council's own FOI responses raise further questions about how HMO enforcement has been managed. In March 2026, the Council confirmed that its dedicated HMO enforcement project focused on licensed properties, with other reported cases dealt with through normal planning enforcement procedures. Given that an estimated 72% of Enfield's HMOs may be unlicensed, **what systematic arrangements are in place to identify and investigate HMOs operating outside the licensing system?**

The FOI internal review also revealed that the Council could identify no official start date for its HMO enforcement project, no documented methodology for systematically selecting properties for investigation, and no documents setting out specific inclusion or exclusion criteria. It also found no project-specific guidance on sharing information about investigations. **After years of work on HMO enforcement, why were these basic arrangements still not clearly documented?**[xlvii]

7.3 HMO licensing

Enfield's HMO Licensing and Planning teams do not appear to work effectively together.

Our investigation identified properties granted HMO licences despite lacking planning permission, sometimes several years before retrospective planning approval was obtained.

The Council has known about this problem for years. An internal Council presentation from January 2023 revealed that 778 HMOs had been granted five-year licences on the basis that their owners would apply for planning permission. This raises serious questions about how effectively the Council monitored these properties, whether planning permission was subsequently obtained, and what action was taken when it was not.[xlviii]

Despite recognising the problem, the Council continued to grant five-year licences to HMOs without the necessary planning authorisation.

Internal procedures introduced in 2023 required officers to check planning status and normally issue shorter two-year licences where planning permission was missing or refused, allowing the position to be reviewed.[xlix]

Nevertheless, our investigation identified several cases where full five-year licences commenced before retrospective planning permission was obtained, including one where the licence commenced after planning permission had been refused. [l]

These cases suggest that the Council was not consistently following the procedures it had introduced to address this problem.

Granting a full five-year licence removes the earlier review point intended to help ensure that planning issues are resolved. The Council should explain why these licences were issued, what checks were undertaken and whether any exceptions to its normal procedures were justified.

We also identified discrepancies between planning and licensing records, including HMO licences permitting more occupants than the planning permissions and differences in the number of bedrooms, kitchens and bathrooms recorded. For example, in one case planning authorised 11 occupants while the licence permitted 15. [li]

How can the Council effectively regulate HMOs when its own departments authorise conflicting occupancy numbers and accommodation arrangements?

Despite earlier attempts to improve coordination, the problems remained unresolved. In February 2025, officers were discussing approximately 500 legacy HMO cases logged over the preceding year and agreeing further procedures for sharing information, checking planning status and monitoring licences. A new enforcement action plan followed in April 2025.[lii]

Planning and licensing are separate legal regimes, and an HMO licence does not confer planning permission. However, this does not excuse the apparent failure to identify and resolve inconsistencies between them.

8. Conclusions and recommendations

8.1 Conclusions

Enfield appears to have become a target for HMO developers.

The borough receives far more HMO applications than neighbouring boroughs and approves a substantially higher proportion of them.

Property prices, rental returns and the availability of suitable housing may all influence developers' choices. **While this investigation cannot establish the relative importance of these factors, its findings raise serious questions about whether Enfield Council's own approach to HMO development has made the borough an easier location in which to convert family homes into HMOs.**

Our investigation identified serious weaknesses at successive stages of the regulatory process:

- **Planning approval:** Adopted planning policies have been inconsistently applied, with some applications approved despite acknowledged policy conflicts, inadequate assessments, or unresolved concerns.

- **Implementation:** Planning conditions have frequently been poorly drafted, and in some cases necessary safeguards have been omitted from decision notices; our investigation also identified cases where required facilities and improvements have not been delivered

- **Licensing:** Five-year HMO licences have been granted without the necessary planning permission, while licensing records have authorised occupancy levels and accommodation arrangements that conflict with planning approvals.

- **Enforcement:** The Council has struggled to establish effective arrangements for identifying, monitoring and resolving planning breaches, despite successive initiatives over several years intended to address these problems.

These shortcomings have consequences for the quality and safety of accommodation, residents' living costs, the environment and climate change, the condition of neighbourhoods and public confidence in the planning system.

Critically, in December 2022, officers proposed encouraging HMO approvals unless significant harm could be demonstrated.

In January 2023, the Council recorded hundreds of five-year HMO licences issued on the understanding that their owners would seek planning permission. Further procedures and improvement programmes followed, yet our investigation found continuing weaknesses in planning decisions, licensing and enforcement.

At the same time, the Council failed to include an HMO policy in its new Local Plan, despite having promised to do so in 2021.

This investigation does not suggest that all HMO developments are problematic or establish that Enfield's planning decisions are systematically unlawful. However, it provides substantial evidence of inconsistent application of planning policies, inadequate or incomplete assessments, weak planning conditions, failures to deliver approved facilities and improvements, and significant discrepancies between planning and licensing records.

The central question is not simply whether Enfield has adequate planning policies and procedures, but why those already in place have so often failed to deliver the protections they were intended to provide.

Taken together, the evidence points to significant weaknesses in the Council's political and managerial oversight of HMO development and suggests its own decisions and practices may have contributed to the problems now experienced in parts of Enfield.

In short, HMO developers appear to get a much easier ride in Enfield than they do in neighbouring boroughs.

The Council has said it intends to strengthen its approach to HMOs. That is welcome, but further policy changes alone will not resolve the problems identified in this investigation. The Council must also establish why its existing policies and procedures have been so inconsistently applied, what went wrong with previous attempts to improve regulation, and what will be done differently in future.

Residents and HMO occupants deserve more than promises of improvement. They deserve evidence that the Council is delivering the protections its policies are supposed to provide.

8.2 Recommendations

Better Homes Enfield recommends that the Council:

- **Commission a detailed, public and independent review of the Council's handling of HMO planning applications, licensing and enforcement**, including the reasons for Enfield's markedly higher approval rates compared with neighbouring boroughs, the consistency of planning assessments, the effectiveness of planning conditions and compliance monitoring, and the political and managerial oversight of HMO development. It should establish whether the approach proposed in December 2022 was authorised or implemented, whether subsequent instructions or guidance encouraged approvals, and why the Council failed to include an HMO policy in its submitted Local Plan despite an earlier commitment to do so.

- **Review and strengthen Enfield's HMO planning policy**, drawing on experience in neighbouring and other boroughs, to ensure effective controls over HMO concentration, the loss of family homes and minimum accommodation standards.

- **Strengthen the consistency and transparency of planning assessments**, particularly the application of clustering polices, accommodation standards, environmental policies, and the assessment of neighbourhood impacts.

- **Base planning decisions on published evidence rather than unsupported assumptions**, particularly when assessing the need for HMO accommodation and likely impacts on neighbours. Where the Council relies on assumptions to justify planning decisions, it should identify and publish the evidence supporting them. Where that evidence does not exist, those assumptions should not be used to justify approval.

- **Require clearer and more robust evidence before granting permission**, including satisfactory approaches to energy, water and drainage requirements, as well as cycle and refuse arrangements.

- **Improve the drafting and monitoring of planning conditions**, ensuring that essential safeguards are precise, enforceable and subject to appropriate verification.

- **Introduce more effective checks on retrospective developments**, particularly where permission depends on reducing occupancy, altering existing accommodation or providing facilities that were previously missing.

- **Review and strengthen existing arrangements for coordinating Planning, HMO Licensing, Building Control and Enforcement.** This should include an assessment of why previous improvement programmes have not resolved longstanding problems, whether shorter-licence procedures have been followed, and how discrepancies between planning permissions and licensing records are identified and resolved. The Council should publish evidence of progress in addressing outstanding cases.

- **Establish a clearly documented and transparent approach to HMO enforcement**, including how properties are identified for investigation, how cases are prioritised, how

compliance is monitored and what arrangements exist to identify HMOs operating outside the licensing system.

- **Undertake a targeted review of existing HMO permissions and licences,** prioritising cases where occupancy limits or accommodation arrangements conflict, planning conditions have not been met, or properties appear to be operating without the necessary permission. Where breaches are identified, the Council should take prompt enforcement action.

- **Increase transparency over planning compliance and enforcement**, including clearer public reporting of investigations, their outcomes and the action taken.

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