Planning Services
Canterbury City Council

*Submitted via the online CCC Consultation Portal*

16 January 2023

Dear Sir or Madam,

**LOCAL PLAN REPRESENTATION IN RELATION TO THE DRAFT CANTERBURY DISTRICT LOCAL PLAN 2020 TO 2045 CONSULTATION**

This representation is prepared on behalf of Porchlight in response to the Canterbury City Council (CCC) Local Plan (Regulation 18) consultation which runs until 16th January 2023.

Porchlight is Kent's largest charity for homeless and vulnerable people. They are there for people who have nowhere to go and no-one to turn to. Some are living on the streets, others need support because they are at risk of losing their home.

Porchlight have over many years been providing support for people in Canterbury. Porchlight is seeking to raise further awareness of this issue in Canterbury, and seeks for the emerging local plan to include a specific policy/allocate sites for temporary and transitional housing for the homeless.

We understand CCC is in the process of preparing a new Local Plan which looks to set a strategy for development and vision for managing growth in the district until 2045. The Council is asking for views on principles that should determine where development should be directed and how it can deliver infrastructure improvements across Canterbury.

The draft Local Plan has seven key sections:

- Chapter 1 – Spatial Strategy: This chapter includes the District Vision and Strategic Canterbury City Centre Strategy. The chapter sets out the strategic policy framework for development in the urban area of Canterbury and includes site allocation policies for a range of developments across the city, including two strategic development areas to the east and southwest of the city, which will make a significant contribution to the district's housing and infrastructure needs.

- Chapter 2 – This chapter includes the Vision for Canterbury together with the out the strategic policy framework for development in the rural areas of the district, including the villages which are classified as rural service centres and local service centre and also the countryside.
- Chapter 3 – Whitstable: This chapter includes the Vision for Whitstable together with the Whitstable Town Centre Strategy.
- Chapter 4 – Herne Bay: This chapter includes the Vision for Herne Bay together with the Herne Bay Town Centre Strategy.
- Chapter 5 – Rural areas: The chapter sets out the strategic policy framework for development in the rural areas of the district, including the villages which are classified as rural service centres and local service centres and also the countryside.
- Chapter 6 – District-wide strategic policies: This chapter provides the set of strategic policies which will apply to planning applications for different types of development across the district.
- Chapter 7 – Development management policies: This chapter provides the set of detailed, non-strategic policies, which will apply to planning applications for different types of development across the district unless they are replaced by Neighbourhood Development Plans.

**Summary of Need**

Homelessness is increasing nationally. Government figures released in July 2022 show 74,230 households in England became homeless or were at imminent risk of becoming homeless between January and March 2022 – including 25,610 families with children. This represents an 11% rise in three months, and a 5% rise on the same period last year.

The government's latest homelessness data showed that:

- Despite being in full-time work 10,560 households were found to be homeless or threatened with homelessness. This is the highest number of people in full-time work recorded as homeless since this government started recording this data in 2018.
- 1 in 4 (25%) households were found to be homeless or at risk of becoming homeless because of the loss of a private tenancy (18,210 households). This has increased by 94% in a year and is the second leading trigger of homelessness in England.

Locally and in terms of Canterbury, the Housing Needs Assessment (September 2021) states in total, 1,469 households are considered to be in need ; 572 are currently homeless or in temporary accommodation, and 588 are living in overcrowded and/or concealed properties. A further 309 households fall into the 'other' category, which includes insecure tenants, households moving on from supported housing, those that are under occupying and those living in unsuitable properties (i.e. properties in major disrepair or that are hazardous). It goes on to state that there are 572 households in need (homeless and temporary).

Over many years Porchlight have been providing support for people in Canterbury. From April 2019 to the end of March 2022, 1075 referrals were received by the Porchlight Helpline and referred to the most appropriate services. The breakdown of their accommodation at the time of the referral is shown below and includes people who were homeless and those at risk of homelessness.
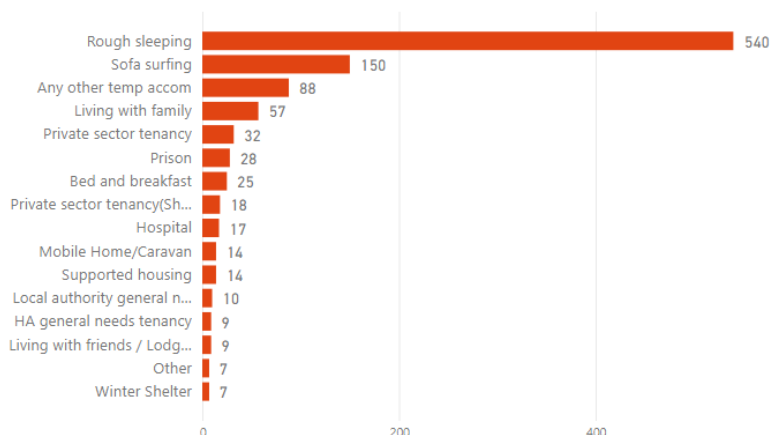


Of the 1075 referrals, 237 Canterbury people were supported by Porchlight services:

- 197 people accessed accommodation
- 74 people at risk of becoming homeless
- 36 people who were sleeping rough and waiting for a place in accommodation

Since 2010, the rough sleep numbers (in the month of November) has increased from 3 in 2010 to 22 in 2022, peaking in 2016 with 50 rough sleepers and 39 in 2019.

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ashford | 2 | 7 | 4 | 1 | 5 | 5 | 8 | 11 | 20 | 25 | 0 | 0 | 0 |
| Canterbury | 3 | 22 | 20 | 22 | 38 | 47 | 50 | 36 | 33 | 39 | 24 | 18 | 22 |
| Dartford | 0 | 15 | 16 | 12 | 19 | 10 | 9 | 9 | 12 | 13 | 4 | 6 | 4 |
| Dover | 8 | 14 | 5 | 5 | 4 | 9 | 9 | 13 | 20 | 9 | 7 | 5 | 6 |
| Folkestone and Hythe | 9 | 12 | 5 | 4 | 4 | 13 | 9 | 16 | 18 | 10 | 12 | 8 | 12 |
| Gravesham | 1 | 8 | 10 | 8 | 3 | 6 | 12 | 9 | 21 | 13 | 11 | 5 | 4 |
| Maidstone | 27 | 19 | 19 | 14 | 25 | 38 | 35 | 41 | 9 | 3 | 2 | 3 | 0 |
| Sevenoaks | 0 | 1 | 2 | 2 | 0 | 6 | 2 | 4 | 7 | 4 | 7 | 5 | 1 |
| Swale | 0 | 2 | 6 | 5 | 2 | 6 | 6 | 9 | 32 | 10 | 6 | 1 | 1 |
| Thanet | 1 | 9 | 8 | 14 | 15 | 17 | 33 | 46 | 23 | 17 | 24 | 14 | 12 |
| Tonbridge and Malling | 1 | 4 | 3 | 4 | 7 | 0 | 4 | 8 | 12 | 6 | 6 | 2 | 1 |
| Tunbridge Wells | 9 | 13 | 10 | 12 | 15 | 15 | 15 | 20 | 7 | 11 | 0 | 4 | 1 |

The reasons for an increase in Homelessness is difficult to pin down because of the pandemic, but a number of factors are considered to have contributed to the increase:

- The ban on evictions reduced homelessness during the pandemic, but when it was lifted, numbers increased.
- The house prices in Kent have increased more than in other parts of the country. In Canterbury average house prices have increased by 31% over the last 7 years (£232,000 in 2015 to £335,000 in 2022), rent increases mirror house prices.
- The LHA rates for a 1 bed property in Canterbury in 2015/16 were £119.10 in 2022 they are £136.93. This is an increase of just over 13%.
- The average rent for a 1 bed property in Canterbury is currently £667 pcm. £593 is payable through LHA. This is a shortfall of £74 per month. As this amount is not met through LHA, this must come out of other benefits that are meant for food and bills. Add the current recession and energy crisis to this and living becomes very difficult and develops the very real dilemma of whether to eat, heat or pay the rent.
- Not paying the rent, leads to eviction, being classed as intentionally homeless, and most likely rough sleeping/sofa surfing.

In light of the above, the need for transitional housing and temporary accommodation for the homeless is high. The demand for these facilities continues to grow and the existing facilities are not enough to keep up with demand for temporary accommodation for those who find themselves homeless.

**HMO's/Hostels**

Traditionally HMO's and hostels have been the way to try and accommodate the need for people experiencing homelessness.  Housing First/Led services are more effective and are cheaper to provide than a traditional 24-hour hostel based accommodation service.

A systematic review of research and evidence[1] into what works, undertaken by the Centre for Homelessness Impact (CHI), found that 'interventions offering the highest levels of support alongside unconditional accommodation were more effective in improving housing stability compared to basic support alongside unconditional housing and also in comparison to a no-intervention control group.

It also found that 'interventions with support programmes tailored to the individual reported better housing stability and health outcomes.'  Unconditional accommodation with intensive support and tailored interventions are the core provision of Housing First/Led services.

Hostels do have a specific problem with dynamics that housing First/Led service don't. Hostels support people that have experienced homelessness and sleeping rough. This means that a service could be working with a range of different challenges that can make other people feel unsafe. For example,

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[1] Accommodation-based programmes for individuals experiencing or at risk of homelessness: a systematic review and network meta-analysis (2020), Ciara Keenan et al, Centre for Homelessness Impact/University of Belfast

hostels can often be housing people who have been or are violent and at the same time house people who were the victims of violence.

It is difficult to enable people to feel safe within a shared environment. Working with issues such as social anxiety, a history of abuse/repeat trauma, and social isolation is very challenging in an environment where the person finds it hard to feel safe. The results of our housing First/Led services clearly demonstrate that when someone does have their own safe space, long-term and problematic issues can be addressed appropriately and with greater success.

**National Space Standards**

Housing Led, unlike Housing First, is a transitional housing solution. As such, the goal from the start will be to move people into their own accommodation that is appropriate to their needs such as Council, Housing Association, or private rented sector once they have had chance to recover and connect with local community support networks.

The core principles for housing led services is to provide a safe space (own front door) that enables someone to stabilise, recover and then reintegrate back into the community. Intensive support to help recovery and reintegration is provided throughout their stay and also to support transition to their own accommodation. People are encouraged to utilise community services that will help to support their recovery, develop independence and enable regular activities outside of their home environment.

In this regard the accommodation is more akin to student accommodation where the rooms do not have to accord with a regular housing standard. A stand alone homelessness policy would be able to deal with this matter. It would also allow difficult sites in shape and size which are not attractive to the private developers to be accessed by Porchlight and other charities.

**Costs and savings**

Social Return on Investment (SROI) is an outcomes-based measurement tool that helps organisations to understand and quantify the social, environmental and economic value they are creating. Developed from traditional cost-benefit analysis and social accounting, SROI is a participative approach that is able to capture in monetised form the value of a wide range of outcomes.

For the measurement of the Housing First service in Maidstone, Porchlight used the Manchester model developed by Greater Manchester and Birmingham City Council and GMCA Research Team. This model has been designed to follow the methodology in the SROI Guide published by the Cabinet Office 2009.

Porchlight used two calculations to work out the social return for our service. The first calculation utilised traditionally agreed cost areas such as savings on reducing A&E visits, inpatient care and Police

interventions such as custody incidents, focusing exclusively on fiscal costs to the public purse. This demonstrated that for every £1.00 spent on the service there is a forecast saving, or social return of £7.01.

Porchlight also specifically looked at the level of crime each person was committing in relation to their drug and alcohol use before Housing First. They then measured the difference in crime over their time with Housing First. This demonstrated that for every £1.00 spent on this service there is a further saving, or social return of £7.23.

Together they represent a total saving to society of £13.24 for every pound we spent on Housing First.

**Autism and homelessness**

Autism is a spectrum and impacts people in different ways; it is defined by NICE as a lifelong, neurodevelopmental condition characterized by differences in social interaction and communication, the presence of rigid and repetitive behaviour, and restricted interests. Recently, there has been a shift in the conceptualization of autism as a form of human difference, and not as a 'disorder' defined by deficit. By recognizing this, we do not undermine the potential impact autism-associated traits, including difficulty with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties, can have on daily activities. Autism also often co-occurs with physical, developmental and mental health conditions. Therefore, autistic people may present with a range of complex needs.

Autistic people often experience a range of risk factors for homelessness. Unemployment and poverty are a major cause, and reported as a significant challenge for autistic adults; only approximately, a quarter of autistic people are in any type of employment according to the Office for National Statistics' recent figures. Relationship breakdown and lack of social support are also risk factors for homelessness, and, again, are disproportionately felt by autistic people, with 79% reporting feeling socially isolated. This evidence suggests that autistic people are more likely to experience homelessness, and indeed, of the limited data that exists, the prevalence of autism in homeless populations has been estimated to be more than 12%. Amongst the 237 Canterbury people that Porchlight supported from April 2019 to March 2022, 28 people potentially had autism.

Homelessness carries with it an increased risk of premature mortality compared to the general population (43 years compared to the average of 80 years), and increased prevalence of mental disorders and substance misuse. This population is therefore in particular need of accessible services.

Emerging evidence suggests that autistic people are not only more likely to experience homelessness, but also that their homeless experiences may be different than non-autistic people. Autistic individuals may have fewer means of avoiding homelessness and can face particular challenges to resolving their homelessness; specifically accessing and engaging with homelessness services.

Environmental factors (e.g. contributing to sensory overload) were identified in the research as critical contributors to reduced service access by autistic individuals, and which are in need of research to understand their association with homelessness. These included burnout, masking, stigma, lack of trust for services , and their contribution to meltdowns or shutdown.

The research highlighted that services are not built with autistic people or women in mind, this includes specific needs for accommodation (e.g. control over the environment, such as noise, light, temperature, smell) and safe spaces. For autistic women, the need to provide women-centred homeless services that are comfortable and safe was emphasized.[2]

Developing specific and safe housing led accommodation with and for autistic people will be able to address the environmental factors cited above and enable support providers to specifically address the unique needs of autistic individuals.

**Local Plan Intervention**

The Homelessness Reduction Act places a legal duty on the Council to provide anybody who is homeless or threatened with homelessness with advice and assistance. We note that the Council has the CCC Housing, Homelessness and Rough Sleeping Strategy 2018-2023, and the draft local plan has Policy DS5 for Specialist Housing Provision, however this focuses more on older person accommodation, self build and temporary student accommodation.

We say that such an approach is wholly consistent with the National Planning Policy Framework (NPPF).  In particular, paragraph 8 and 62.

Paragraph 8, the social objective seeks to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well designed, beautiful and safe built places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being.

Paragraph 60 states to support the Government's objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, that the needs of groups with specific housing requirements are addressed and that land with permission is developed without unnecessary delay.

Paragraph 62 states the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies (including, but not limited to, those who require affordable housing, families with children, older people, students, people with disabilities, service

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[2] Lockwood Estrin G, Aseervatham V, De Barros CM, et al. Homelessness in autistic women: Defining the research agenda. Women's Health. 2022;18.

families, travellers, people who rent their homes and people wishing to commission or build their own homes.

We consider that at present and as drafted, the Local Plan does not make provision for transitional housing or for the different groups in society listed above which need us most.  This includes adults with Autism. Based on the above, we consider there should be further acknowledgement, a stand alone policy for transitional accommodation for the homeless, and furthermore identify specific sites for allocation of such accommodation within the plan period.  Without this specific reference/policy and specific site allocations, Porchlight are forced to compete on the open market with SME's and house builders which they are not in a position to be able to do.  With limited resources it is unrealistic to expect Charities to be able to compete traditionally for sites and therefore the vital need is not met.

Transitional housing is a stage which would provide people with accommodation on their journey to longer term/permanent accommodation. The aim is to move people into their own accommodation that is appropriate to their needs, such as council, housing association or private rented sector, once they have had chance to recover and connect with local community support networks. The core principles for housing led services is to provide a safe space (own front door) that enables someone to stabilise, recover and then reintegrate back into the community. Intensive support to help recovery and reintegration is provided throughout their stay and also to support transition to their own accommodation.

In the last six months or so Porchlight have been progressing a modular housing idea in partnership with Dan Town from OSG Architects to build a number of one bed self-contained units on infill sites and/or rural sites in the Canterbury area. A document entitle "Own Front Door" accompanies this submission and gives you an idea of the intended modular accommodation that could be achieved.

Porchlight recently met with Ben Fitter-Harding and he confirmed that he felt there was 'great potential in the modular, transitional housing for homeless clients to give them their own front door and help them on the journey to longer term housing'.

However, we consider that there are gaps in the evidence base that the Council holds which is what we have furnished you with in this submission.  This is in order to create an allocation specifically for homelessness as a policy in the Local Plan to 2045. It is intended that this representation helps to secure units of homeless accommodation within strategic site allocations as part of the 30% affordable housing component.

We trust that the above helps fill the gaps in the evidence base needed and that consideration for a homelessness policy, inclusion in larger strategic sites, and individual site allocations can be given in the next iteration of the Local Plan.  Finally, I attach two case studies which highlight real life examples. Should you require any further information, please do not hesitate to contact us.

Yours faithfully,

Matthew Woodhead
Director

**Case Study 1**

JOHN is in his late 50s, he has undiagnosed mental health conditions and severe physical health problems including kidney failure and heart conditions. He finds it hard to develop trust with support workers and exhibits hoarding behaviours.

JOHN became homeless after being served a section 21 notice to leave his home after living there for 20 years. He didn't understand the process and despite trying to stay there he was evicted and left street homeless. Given his multiple health issues he was immediately placed into temporary accommodation by Dover District Council and was highlighted by the Rough Sleeper team as an ideal candidate for Housing Led.

Initially, JOHN was suspicious of the project and refused to leave his temporary accommodation. His Housing Led worker developed a working relationship with JOHN and took him to visit the flat we were proposing to place him in. He reluctantly agreed to visit the flat and after two visits he agreed to move in. On moving in, JOHN's key worker used external funding to provide furnishings, white goods and cooking gear. JOHN was pleased with everything and started developing trust with his worker. Between them they made sure that JOHN attended all his hospital and GP appointments and stabilised JOHN's health. The worker then encouraged JOHN to take walks and get to know his community as JOHN was fearful of the area initially. JOHN started by doing light gardening and taking short walks and eventually became a very popular member of the local community. He started cycling as well and using the library and other local services. JOHN was managing his finances and bills well and never started to hoard.

Following regular reports to their link in Dover District Council, the key worker and housing officer jointly decided that JOHN was ready to move on. The housing officer initially offered private rented accommodation with the deposit and month's rent in advance paid. After consulting with JOHN, his key worker refused the offer explaining that JOHN needed greater stability than could be provided in the private sector. The housing officer agreed and a month later found a warden-assisted flat in a council property around the corner from JOHN's flat. After the first viewing, JOHN was very happy to proceed and the move was arranged.

Following that, his key worker kept in contact with JOHN for 2 months to make sure that he settled in well and to make sure that JOHN had any referrals in place that he would need. JOHN decided that he was fine without any further referrals and with the agreement that support could be reopened at any time by JOHN his key worker closed him.

**Case Study 2**

David (not his real name) was housed under housing first following a 17-year history of rough sleeping, during which time his relationship with his family deteriorated significantly and he became more and

more displaced in society.  David lived in a tent for much of his time rough sleeping and camped alongside another rough sleeper who also had a long history of sleeping rough.

Both David and his friend also had a long history of drug and alcohol use. David also served time in prison for theft and drug related offences. David did not engage with services other than to access the day centre occasionally for food and a shower during his rough sleeping years.

Two years ago, David found his long-term friend dead in his tent; this had a profound effect on David who withdrew even more from services and the world around him.  David never claimed benefits whilst rough sleeping and was often exploited for cheap labour which impacted negatively on both David's physical and mental health.

When David was first approached about being given his own home he was skeptical and suspicious, but with support he started to believe that that this was a genuine offer and agreed to try Housing First.

After 18 months of living in his home, David has reconnected with his family, specifically, his brother, mother and his now adult daughter.  David is in full receipt of benefits, is no longer being exploited and is able to pay his own bills and maintain his tenancy.

David has successfully addressed his dependence problems and no longer drinks or uses amphetamine.  As he no longer uses drugs and alcohol, he has also successfully stopped committing crime. He has also engaged with physical and mental health services and is now getting the treatment and support he needs to ensure his long term recovery from 17 years of homelessness.

David has successfully sustained his tenancy and is starting to live independently. He has now started to think about his future and has aspirations to work in the building trade.