

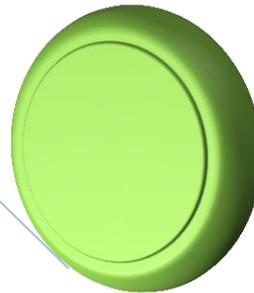


# Campaign Report

A list of key campaign issues and their impact on those engaging with CatchingLives from 2016 to Date, excluding evidence and impact collected at Canterbury Community Shelter, compiled by

**CampaignKent**

Kelly Napier  
20 July 2017

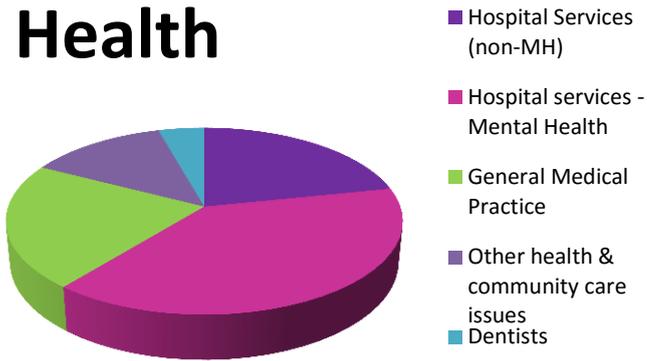


## Social Policy Issues

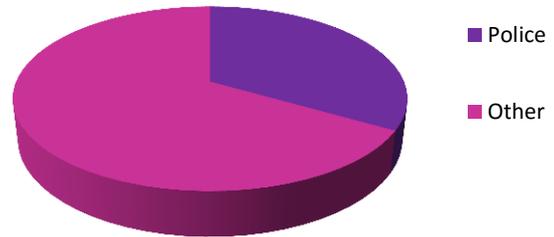
21 clients have raised 110 issues whilst engaging with social policy recording.

These are broken down below. Often a client will raise their presenting enquiry, but more often than not there are a number of other issues on further investigation.

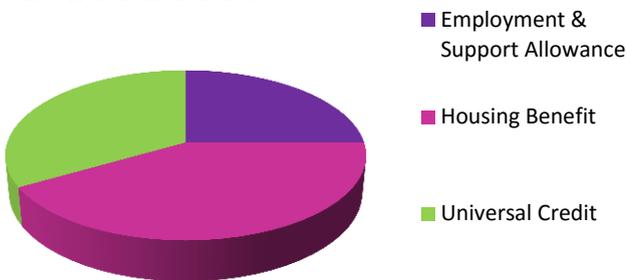
### Health



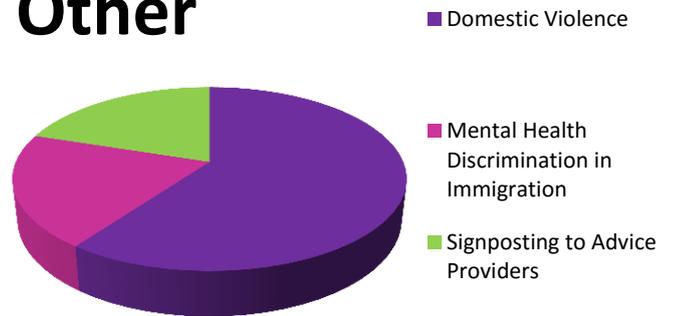
### Legal



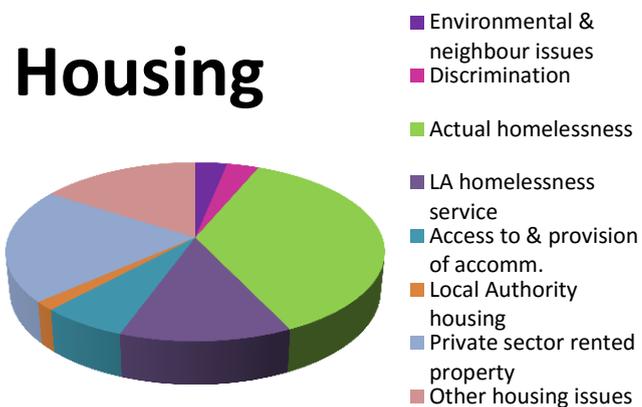
### Benefits



### Other



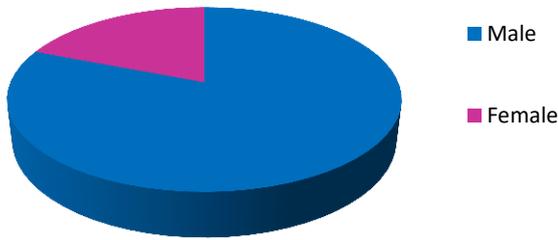
### Housing



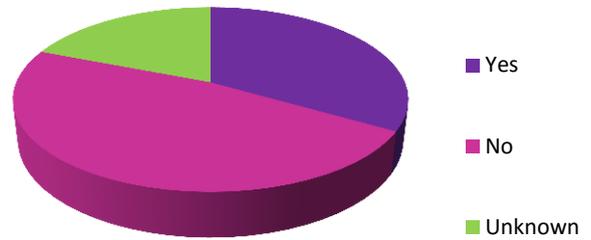
#### Actual Homelessness Breakdown

Prison Release to Street Homelessness	10
Relatives/friends unable/unwilling to house	6
Hospital Discharge to Street Homelessness	6
Other	2

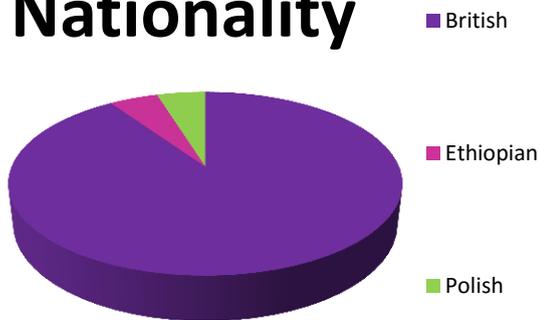
## Gender



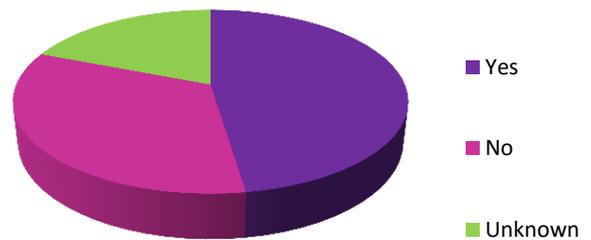
## Alcohol Issues



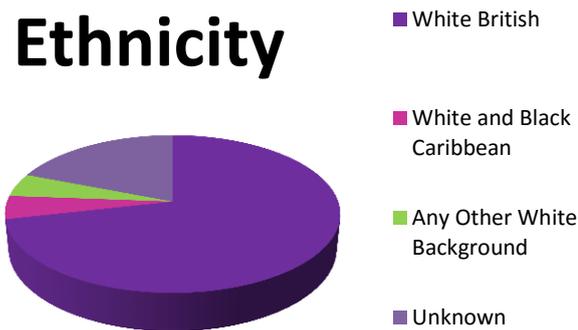
## Nationality



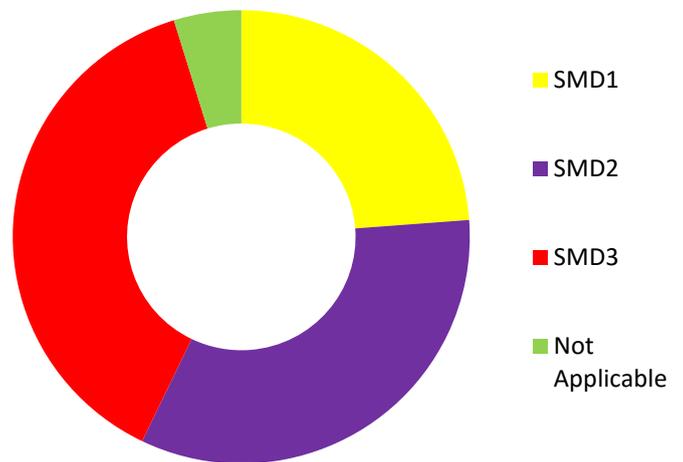
## Drug Issues



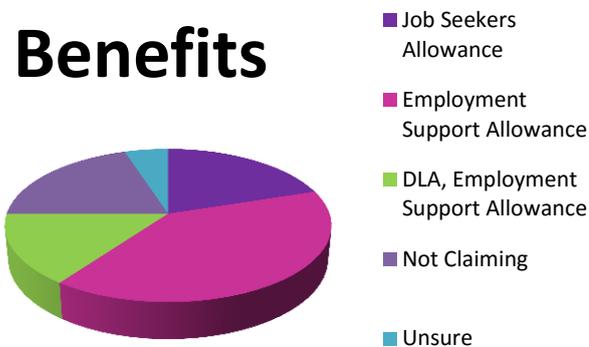
## Ethnicity



## Severe and Multiple Disadvantage



## Benefits



SMD1	Either Homeless, Offending or Substance Misuse
SMD2	Homeless and either Offending or Substance Misuse
SMD3	Homeless, Offending and Substance Misuse

## List of Recorded Issues

Category	Issue
Employment Support Allowance	Poor administration
Employment Support Allowance	Backdating
Employment Support Allowance	Other
Housing Benefit	Alleged fraud
Housing Benefit	Non-LHA payment
Housing Benefit	LHA Landlord payment
Housing Benefit	Incentives to work
Housing Benefit	Other
Universal Credit	Poor administration
Universal Credit	Complaints
Universal Credit	Payment
Universal Credit	Other
Hospital Services (non-MH)	Discharge & aftercare
Hospital services - Mental Health	Availability of care/treatment
Hospital services - Mental Health	Attitude of staff
Hospital services - Mental Health	Complaints
Hospital services - Mental Health	Liaison with other agencies
Hospital services - Mental Health	Mental Health Act issues
Hospital services - Mental Health	Discharge & aftercare
Hospital services - Mental Health	Other
General Medical Practice	Availability of care/treatment
General Medical Practice	Quality: diagnosis/care/treatment
General Medical Practice	Medication (over/under)
General Medical Practice	Communication/info to patients
General Medical Practice	Liaison with other agencies
Other health & comm care issues	Poor inter-agency communication
Other health & comm care issues	Addiction support services
Dentists	Availability of care/treatment
Environmental & neighbour issues	Neighbour issues
Environmental & neighbour issues	Anti-social behaviour
Discrimination	Sex/gender
Discrimination	Age
Actual homelessness	Rels/friends unable/unwilling to house
Actual homelessness	Prison Release to Homelessness
Actual homelessness	Hospital Discharge to Homelessness
Actual homelessness	Other
LA homelessness service	Processes & procedures
LA homelessness service	Homelessness assessments
LA homelessness service	Homelessness provision
LA homelessness service	Quality of admin, advice & support
Access to & provision of accomm.	Emergency accommodation
Access to & provision of accomm.	Finding private rented accommodation
Access to & provision of accomm.	Sheltered & supported housing
Local Authority housing	Suitability of accommodation
Private sector rented property	Rents & other charges
Private sector rented property	Quality of service
Private sector rented property	Security of tenure
Private sector rented property	Harassment by landlord
Other housing issues	Other landlord issues
Other housing issues	Alternative forms of accommodation
Other housing issues	Prisoners/ex-prisoners housing issues
Discrimination	Mental health
Police	Other

Other	Access to information
Other	Data Protection
Domestic violence	Against woman by current/ex male partner
Domestic violence	Physical
Domestic violence	Emotional, psychological
Advice & support providers	Other

## Evidence and Impact Statements collected at Catching Lives

### Local Authority avoiding duty to investigate homelessness

#### Cause of the Issue

Client was admitted to hospital due to taking an overdose of paracetamol and had been discharged morning of 17th. He stated that he could not return to his property due to a bailiff note on door saying it was being repossessed by Mortgage Company and the locks had been changed. He had received no warning of this and he stated he could not get hold of his landlady. He stated he had a local connection to another area.

Project Worker (PW) phoned out-of-hours service at the Council client had a local connection to and spoke to a member of staff. PW informed them that the client was stating he was homeless, recently released from hospital after taking an overdose and ex-forces. PW was informed that there was nothing the council could do as he was 'a single adult male with no children' and therefore 'not vulnerable'. Therefore they could not provide any emergency accommodation and recommended he approached council in the morning when they opened.

#### Impact on Client

Client left to look into other options of where to stay, stating he had never slept rough before and was feeling very depressed due to recent hospital admission.

### Lack of support from mental health services

#### Cause of the Issue

Client appeared at our centre at around 12pm in a distressed state, asking if we could help her find somewhere to live. PW sat with her in an office and when asked questions about her situation, such as where she was from and where she had stayed last night, she became very upset. She was very emotional (crying loudly), anxious and agitated; especially whenever I tried to discuss reasons for her leaving her accommodation and she stated "I can't go back there, I want to see a doctor" and "I took 80 paracetamol 2 days ago and will do the same tonight if I am on the streets again". Client became more and more hysterical in her presentation.

PW phoned the NHS Kent and Medway 'Single Point of Access' and asked if there was any help they could provide. I was informed they could not help and that we should call the council as she is homeless. I phoned the Council (out-of-hours number) and explained the situation. The lady I spoke to stated she did not think that placing the client in emergency accommodation such as a bed and breakfast would help as 'it sounds like she is having a mental health crisis.'

I then spoke to Kent Adult Social Services out-of-hours team who said that they could not help and that I would need to ask the North East Kent Crisis Home Resolution Treatment Team (and gave me a direct contact number). I called them and was told that there was nothing they could do as the client was not known to them and they could not open a referral. They said I would need to call NHS Kent and Medway 'Single Point of Access'. I explained I had already done so. I informed the

client that I had been unsuccessful in securing any immediate help and she stood up to leave building. I followed her, to try and speak to her, and heard her say 'if no one is helping me, I will kill myself'.

I called 101 to log my concerns, informing the person I spoke to of what client had said. The person who answered asked me if I thought she was serious about the threats she had made, and I said I could not make a judgement on that but, from my experience; she appeared in need of mental health support in some capacity and would be vulnerable in her current situation. Around 15 minutes later two police officers came to the daycentre and took a description of client, and also said they would look for her.

Kent Police phoned to ask if we had seen the client since I phoned 101 yesterday and I informed her that we had not. She explained that the client has been reported missing by someone (where the client was last accommodated). A couple of hours later, the Missing persons unit at Metropolitan Police phoned to ask the same question.

Kent Police again phoned to ask if we had seen client since she left, and I informed them that we had not.

I received an email from the Missing Person Liaison Officer at Kent Police stating client "has been found safe and well and has been provided with emergency accommodation in Canterbury".

### Impact on Client

Client was left extremely agitated, hysterical and saddened that no agency seemed to be able to help her and was left with facing further nights on the streets, placing her in a vulnerable position. It possibly also means that the client will not attempt to seek support from services if she needs it in future as she believes there will be none available.

## Prison Release to Street Homelessness

### Cause of the Issue

Client released from prison October 2016 to street homeless. Currently on Bail for alleged sexual assault on a female. Client's previous prison sentence was for burglary.

### Impact on Client

Issue recorded retrospectively

## Police action placing client in danger

### Cause of the Issue

Client presented at Catching lives and stated she wanted to be away from her husband as he had been making threats on her life and attacking her (tried to push her into a road). She stated the police had been to see them both and told her husband that if he makes one more threat towards her, they will 'take action'. Her husband appeared at door and asked that I pass a message to 'tell her to not bother coming back to our camp as she is not welcome', referring to the location they had been sleeping rough together. I asked the client what she was going to do and she stated she wanted to try for emergency accommodation from the Council. The council provided her an ongoing stay at a B&B in another area due to vulnerability (client has general poor health).

The following day, the client travelled back from the B&B and accessed our centre. Her husband appeared at the door, asking to see the client, and stated he would not leave from outside the centre until he was helped. PW phoned the

Council who stated they could not help her husband and due to a disability he could not safely get to any interim accommodation on his own anyway. They suggested a referral to adult social services was needed. PW went to inform him of this and he began to shout and make comments such as 'Catching Lives has never helped me and doesn't want to help me'. A minute later he was led away by another client.

20 minutes later the Council phoned stating the husband was at their offices and they were in a difficult situation in terms of what to do with him. PW was asked why they had not phoned social services on a safeguarding point of view. PW explained they had gone to inform the client of intention to do so, however was met with him shouting so explained that due to this, and the fact that our services were closed for the day, that the client was currently banned from services for prior incidents, that I had made decision not to call. The council stated that now they would have to call on his behalf. I was later informed that whilst at the Council Offices the husband made threats to kill the client. These threats were reported to the Police. The husband agreed to go into Care and Social Services were contacted. He was placed in a hotel in Canterbury for one night only and carers were going to go in to check his welfare and carry out an assessment of his needs. When the carers went to visit the husband at 19:00 he was found threatening to kill himself. The Police and ambulance were called. The carers left with the belief that he would be sectioned. However, this did not occur. The Police unfortunately telephoned the client, asking for her to come and speak with him (even though they were aware he had been making threats to kill her earlier that night) and she travelled from B&B in another area to do this.

Client and her husband approached Canterbury Council and a social services assessment was carried out. They were told they do not meet the criteria for assistance. They are both rough sleeping again.

### Impact on Client

With the police calling her to tell her that her husband was threatening to kill himself, she became heavily distressed (which increases her poor health) and was then put in a dangerous situation by being reunited with him. Further to this, whilst she was in the B&B, away from her husband, Catching Lives had made plans to help her take steps towards independence. Currently she has no benefits of her own, and no bank account that she can access. Her husband controls her access to money so when she is in a situation on her own (such as being placed in a B&B) she has no way to finance the trips, or buy food. Client asked Catching Lives to help her create own bank account, make single benefits claim and send off for bus pass (as she currently travels on husband's). This way, even if she were to return to her husband in the future she would have more independence and would be in a better situation if a similar situation arose. These plans have now fallen through and client is with husband (who has made multiple threats on her life, and physically attacked her), rough sleeping once again.

### Outcome

The Community Safety Team at Canterbury came to Catching Lives to speak with staff about what they do, and it was found very beneficial - firstly to have a clearer picture of procedure around domestic abuse where both parties are homeless, but to also network as there are a number of clients in common.

### Poorly worded letter causing distress for client

#### Cause of the Issue

Client received a letter from local Medical Practice stating 'the doctors at the Medical Practice are working with Kent Community Health NHS Foundation Trust's Health Trainer service to support you to improve your health and understand how best to use NHS services'. It then states 'A&E (casualty) departments have considerable waiting times and it is important that this service is kept available for those who really need to use it; people with serious or life-threatening illnesses and emergency situations' It mentions the average attendance rate at A&E in the client's area

being once every three years, but that their records show the client has attended more frequently than this. It then states 'a community health worker will be contacting you to arrange an appointment to talk about your attendance at casualty and provide free confidential advice and information'.

### Impact on Client

The client approached a Project Worker at Catching Lives for help with reading and understanding this letter as she initially thought she was being told off for attending A&E too frequently. This had distressed and confused her as she has been told by a doctor at the Medical Practice when she first began experiencing poor health that if she underwent a seizure she should always attend A&E or ring 999. After further tests to determine the cause and nature of her seizures she has since been advised to only attend A&E or call 999 if she has a seizure lasting for over 5 minutes, experiences anything irregular to her, or has multiple seizures in a short space of time. The last time she visited A&E was due to experiencing multiple seizures in a row in a short space of time, resulting in staff at Catching Lives calling an ambulance. The paramedics then made the decision to transport her to hospital. It therefore seems unnecessary to cause the client to worry about this letter when the high attendance over the last 3 years is due to the client following doctor's advice and decisions made by health professionals. It is unclear from the letter what the appointment to 'talk about your attendance at casualty and provide free confidential advice and information' will involve and, due to a lack of further explanation, it is not unreasonable that the client feels anxious about such an appointment and could interpret it in a way that she may receive a 'telling off' for a high attendance at A&E. The client is currently undergoing tests to determine the full nature of her seizures and therefore felt concerned that the Medical Practice thought it necessary to arrange another appointment on top of these when they already know her situation. There is also a concern that if such a letter was sent to others, for example someone with a mental health condition, it could be interpreted by them that they could get in trouble if they called 999 or attended A&E. This could prevent them doing so, even in potentially life threatening situations and therefore put them in danger.

### Outcome

Full apology email from the Practice Manager received.

## Universal Credit Refuse Direct Payment to Landlord for Client with Support Needs

### Cause of the Issue

Client is living in a shared property. He has been moved onto Universal Credit and the House Manager has said that he wants to change the client's tenancy agreement to include that the DWP have to pay landlord directly for housing costs.

Client has had a call from DWP saying they will 'soon' stop paying his housing element to the landlord and it will go directly to him with his responsibility to pay it to them. Neither landlord nor client wants this to happen.

The Jobcentre have also told him to do more of his own job searching, even though he has told them he strongly believes he has dyslexia and struggles to read and write, and that his ESA appeal is in place.

Catching Lives are the agency supporting with this, not the landlord of the supported shared housing. We are also chasing referrals for dyslexia and autism.

### Impact on Client

Client does not feel supported, he feels as though his tenancy is at threat.

## Prison Release to Street Homelessness (with no money)

### Cause of the Issue

Client released after serving 1 month on remand in prison, to street homelessness. No discharge grant was given and since release he has tried to complete a 'rapid reclaim' for ESA. Still not in place (needs to send a new sick note) so he has no income at all. Adding to this stressful situation, Kent Probation gave him a travel warrant for an appointment on 'Thursday 21st March' which is an incorrect date, leaving him confused as to when appointment was. We phoned on his behalf and they realised this was a mistake (should have read Thursday 23rd) so they sent another one by post.

### Impact on Client

Client is released to street homeless with no money and was left to sort this (claiming benefits) by himself, whilst also sorting other appointments (such as with substance misuse services and probation due to mix up). He has become very frustrated due to having to make repeated calls to DWP to sort his ESA and having no money to get by.

## Prison Release to Street Homelessness

### Cause of the Issue

Client has been a heroin and crack user on and off for 25 years, he was clean for seven years but has severe jealousy when in relationships, after his last relationship ended he relapsed. He has been in prison on and off since the age of 16 and this is when he started taking heroin.

Client feels that his family was incredibly dysfunctional, as children he and his siblings were scared of their father, he disclosed that he witnessed domestic violence and felt the home was unhappy and stressful. Client states that he loved living the lifestyle that wasn't orthodox, he felt that heroin was his secret and he revelled in it. This drug made him happy when high so he used that to self-medicate his sadness about his childhood. Client's father committed suicide when client was 21, client's mother left his father after 22 years of marriage and his father killed himself. This has had a very profound effect on the client emotionally, he still feels very sad. After his father's suicide client started using crack on top of his heroin.

Client was released from prison in March 2017 after being recalled for a 20 months sentence, he served two weeks. Whilst client was in prison he was taking methadone. Client was released and went directly to his heroin dealer as he had been released to street homelessness and he felt that his addiction wasn't addressed upon release, "there is no aftercare". Client states that his housing wasn't mentioned whilst in prison, he says that the prison is suffering massive cut backs.

### Impact on Client

Client has immediately started heavily using heroin and crack upon his release from prison to street homelessness. Client is shoplifting to fund his habit. Client states that if he had accommodation upon release he feels that he may have kept the motivation to stop using. He states that when taking heroin at night it makes him feel warm - it's his mental and physical and emotional painkiller. He can't move forward and make his life one he doesn't want to escape everyday until he has a room with a bed and then he can engage and get a job; he has a CSCS Card and is desperate to leave this self-abusive behaviour behind.

## Lack of Support in Supported Housing

### Cause of the Issue

Client was engaging with Catching Lives before moving into a shared property, and he recently came in to ask our advice. Client had been in supported accommodation and part of his move on process was to move into said shared accommodation.

Client's Employment Support Allowance has stopped and he put in a Universal Credit claim. He also states that the landlord is 'angry that the housing element of Universal Credit will be going to client and not directly to them so have 'made it part of his tenancy agreement that he ensures this is changed' (we have not seen a tenancy agreement for this client). We have requested this happens with DWP but it is likely that UC will say that they cannot do this until he has arrears; client hasn't been seen for an update.

### Impact on Client

Client believes he has dyslexia, and has been referred him to agency that can help determine this, he struggles with reading and completing forms (and is anxious about making phone calls on his own as he struggles to write down all the info he needs to remember).

Client states that his landlord offers no support (when it states on the tenancy agreement that the accommodation is 'Supported Accommodation') with the forms/phone calls etc., apart from changing his tenancy agreement to cover themselves, which has frustrated him. He feels his tenancy is under threat.

## Lack of Support for Move on from Supported Accommodation

### Cause of Issue

Client had a relationship breakdown in 2015 which led to their leaving their shared property as the property was in his name.

Client moved area. On arrival in Canterbury she boarded with her cousin, however, this became impractical as the cousin's tenancy was only in her name.

Client then rented a room from SpareRoom.com, which she was happy with, and she was in work at this point. Client became ill with a frozen shoulder and was unable to work, this left her claiming Employment Support Allowance, but had a medical and was deemed fit to work. Client was awaiting an operation at the time for her shoulder. Client then claimed JobSeekers Allowance, which she doesn't feel is appropriate.

Client then approached Canterbury Housing Advice Centre, they stated that if the client could get evidence from her doctor disclosing her mental health issues they would be able to help her. CHAC referred client to supported accommodation provider in Canterbury. Client was happy to have a roof over her head at the time.

This has changed; client has lived in the shared house at a rent of £165 per week for one year. She has seen tenants come and go, and all the while she has been enduring incredible anxiety. There have been issues; such as having a smell in her room from the time she moved in and reported it, the smell was making her heave - on inspection a dead rat was found in an alcove in her room. The client had bites everywhere and engaged with Catching Lives' nurse service to be given medication for scabies.

Client feels that the house is disgusting; she can never leave any of her belongings, such as her plates/cups/cutlery, in the communal areas as they get stolen. She cannot leave food in the fridge owing to that going missing.

Client feels intimidated in the property, and by the female House Manager, she has witnessed the HM cause an altercation with another tenant on more than one occasion. Another house manager came round to the property to talk about things going missing and essentially made all the tenants feel as though they were thieves, which intimidated client also. One of the tenants in the shared property also smokes cannabis and the house smells constantly of this.

### Impact on Client

Client is suffering crippling anxiety currently; she feels a failure because of this circumstantial situation. Client feels as though she is losing confidence to get back into work. Usually she has an interview and gets the job, she feels as though this situation is affecting every part of her life.

Client cannot reconnect with her mother, who lives in the area, owing to past physical abuse both in her childhood and as an adult.

Client just wants to live in a room where she is safe, doesn't feel intimidated, and doesn't feel as though she will come to harm. She wants to move on with her life and get back into work in order to help her mental health issues, but is unable to do this as her tenancy will then be at risk. All the while client has received no support in supported accommodation, she feels as though there is only interest in whether she pays her top up in rent.

### Lack of Support in Supported Housing

#### Cause of Issue

Client is a tenant of local shared accommodation provider. He moved into the shared house in December 2016. The house is occupied by four other tenants and there is a room that has been empty since client took up residence, however, when he suggested someone who may be able to utilise the room he was told that it was already rented out to someone who was living with their mother. This confused the client. The client has a homeless friend who had been going through a particularly hard time, and mentioned to the House Manager that he offered for the friend to come to his room and sleep on his floor for one night, he explained that the friend never took him up on the offer, but the HM told client that he was to bring no homeless friends to the property under any circumstances. He also said that if it happened his tenancy would be at risk. He then alluded to the incident that happened in 2015 in another property, stating that "that has happened before and ended up with someone getting their throat slit". This frightened the client even more.

The client, at one point, was collected from the property by a woman who worked for the Landlord and told that he had to register with a doctor and that she would go with him. The client felt completely bombarded into this situation, was taken to the doctors' surgery and stood over whilst he completed a registration form. The woman then insisted that the client had an appointment made for him, telling him that she was taking sertraline and that it was really good. Client went home and immediately telephoned the doctor after processing what had happened, cancelling his registration and appointment. Client wanted to do these things himself and was under the impression that he was in managed housing, not supported housing.

Issues with the other tenants started almost straight away, client was made to feel like a visitor in the communal areas and he felt threatened and vulnerable. The communal areas were of concern to the client, the television had been taken out of the communal living room because one of the more dominant tenants said that it was too noisy and he didn't want it there. The same tenant then filled part of the communal living room with gym equipment, which then quickly became a clothes horse, which was left until replaced with more laundry. Client found this unbearable to live with, alongside feeling intimidated by two particular tenants. One of which boasts of having a machete under his pillow in his room.

Client then decided to express his concerns firstly to the two tenants but was made to feel very intimidated and vulnerable, he then disclosed to the house manager of the property. Client was told that he should not approach other tenants with his concerns, and the client felt that the manager was implying that he would get evicted if he did. The client backed off and left the conversation.

Client has been trying to abstain from taking drugs, and thought that the landlord had a zero tolerance policy on drug taking and supplying from their premises. On moving into the property client felt he was doing really well, but then noticed that someone was smoking cannabis in the property. He found out which tenant it was and was then approached by him, asking him whether he smoked weed. The client didn't want anyone to know his past as he's starting afresh with his life. Unfortunately client was feeling particularly low about his situation when he was offered some cannabis by said tenant. He accepted, but immediately felt bad afterwards. This has happened on several occasions now and the client knows that if it wasn't available to him he would not be smoking it. He needs a safe environment to deal with his issues and he doesn't feel he has this. Client text the house manager to inform him of the drug use and supply, the machete, but explained that this was the tip of the iceberg. The house manager arranged to meet with the client.

The house manager met the client in a supermarket car park - when the client questioned this and asked whether they could go somewhere more private to talk he was told that he could take it or leave it. Before the client had a chance to talk the house manager pre-empted what the client wanted to say and talked only about the drugs and the machete, not the intimidation etc. The house manager said that he was aware of the issues and that there was nothing that could be done about it unless the tenants were caught in the act. Client mentioned that he had a bullet point list that he wanted to go through but the HM said he didn't want to talk about the other issues and client felt like he wasn't being listened to. Client then expressed that he should probably just go straight to the police and the local authority to talk to them about the issues, suddenly the house manager wanted to listen.

Client has a brain injury which makes him feel anxious and when under pressure he feels unable to process or express how he feels, once he leaves the situation and is able to find some quiet time to collect his thoughts and process an issue. He felt totally under pressure once he had the attention of the house manager and couldn't get his words out; this wasn't helped by the house manager constantly interrupting him. When the client asked to talk and explain he was told that if he were to start talking he wouldn't stop and that the house manager didn't have time for that.

Unbeknown to the client, before the meeting took place the house manager had telephoned the tenants in the property and told them that the client had complained about the drugs, supply of drugs and anti-social behaviour. Client felt that the meeting was also used for the house manager to offload some of his own concerns and blame the client.

### Impact on Client

This has put the client at risk in his own home from reprisals; he is being treated like a 'grass' and is living in fear. Client has experienced mental health issues and these present as very much fight or flight, usually culminating with the client leaving where ever he is and setting off on his bike, for sometimes months at a time - and living in a tent. Client had a brain injury from a criminal assault in 2011. This has left him with issues surrounding cognitive function. He has severe anxiety and it is easily triggered, the fear that he feels is because he feels vulnerable - he has been attacked before, therefore it could happen again. Client is always paranoid that the slightest wrong move could inflame the situation in his shared house; he has been under so much pressure that he has been riding his bike around the area until the morning, and then coming to Catching Lives as he knows it's a safe space.