

Healthwatch Hackney and City & Hackney Mind

Single homelessness and mental health in Hackney

An insight into the experiences of single homeless people
with mental health needs

April 2018



Table of contents

Executive summary	3
Introduction.....	4
Application process.....	8
Hostels.....	12
Patients on psychiatric wards.....	21
What we have learned.....	26
Recommendations.....	27
Equalities data for participants.....	29

1. Executive Summary

Healthwatch Hackney (HWH) and City and Hackney Mind (Mind) produced this report to provide insight into the experiences of single homeless people with mental health needs in the London Borough of Hackney. We felt it important for statutory commissioners and services to understand these experiences.

Patients interviewed for this report were all living in hostel or other temporary accommodation. Interviewees were especially vulnerable due to their mental health needs and uncertain housing situation. We also interviewed advocates who support these residents.

We spoke to people about their experience of the homelessness application process and accommodation. It was clear the process was especially stressful for people with mental needs and that poor communication, long waits and lack of understanding had compounded their mental ill-health.

Most told us they found the application process disempowering, opaque, confusing and often fraught with delays. One advocate described the single homelessness process as 'in gridlock'. We heard about very worrying conditions in some local hostels clearly detrimental to residents' physical and mental health.

The link between homelessness and mental ill-health is most evident among

patients sectioned under the Mental Health Act. Mental health advocates told us it was common for clients to be admitted to hospital due to a crisis exacerbated by housing insecurity, debt or money worries. Some patients we spoke to had lost their home during hospitalisation simply because they were too ill to manage ongoing debt, rent and service charges or notify relevant people they were in hospital.

Making a homelessness application from a psychiatric ward is particularly hard. Many patients are deemed 'intentionally homeless' even when arrears and eviction arise because of their mental health crisis. Hospital discharge is fraught with difficulty with some patients discharged to unsuitable and unstable accommodation, increasing the risk of relapse and readmission.

This report is work in progress and we want it to spur service and commissioner engagement with people who have mental health and housing needs in the borough.

New [integrated commissioning](#) structures in development in Hackney provide a unique opportunity for statutory partners to promote smarter and more effective joined-up working between health and housing services to improve outcomes for these vulnerable residents.

2. Introduction

Healthwatch Hackney through its NHS Community Voice project and City and Hackney Mind produced this report to highlight the experiences of single homeless people with mental health needs in Hackney. We aimed to gather evidence on the link between housing insecurity and mental health and give people an opportunity to share their experiences.

This report is the result of:

- Healthwatch Hackney's strategic and statutory objective to reach and collect views and feedback from previously under-represented residents
- NHS Community Voice's commitment to representing voices of people unable to attend regular health and care fora
- Concerns raised by single homeless people with mental health needs at a homelessness open day in November 2016
- Concerns raised by City and Hackney Mind advocates who reported seeing an increase in clients whose mental health has deteriorated because of housing insecurity

We are grateful to all the people who gave us their time and shared their experiences whilst managing both their mental health and housing needs. Many thanks also to

City and Hackney Mind advocates who supported clients at focus groups and Healthwatch Hackney staff who facilitated discussions.

In retrospect, it would have been beneficial to this report if we had also interviewed frontline staff both within mental health, housing needs and targeted preventative services. However, we believe this report can contribute to discussions between services and patients to address its findings. We shared this report with service managers and commissioners to fact check the report.

In January 2018 we had a public meeting on housing and homelessness (with a focus on single homeless people). Many of the points raised were very similar to what people told us during the focus group discussions and one to one interviews. A number of families also attended and told the meeting that cramped and unsuitable temporary housing was damaging their children's mental health. One mother forced to share a bedroom with her teenaged son said: *'He is isolated and depressed. He is ashamed to invite friends from school because they will see he has to share a bedroom with his mum.'*

People at the meeting also acknowledged the wider context of government cuts faced by the council, which they blamed for contributing to the scale of the housing crisis in Hackney and beyond.

2.1 Method

We interviewed 20 single homeless adults with mental health needs. 12 out of the 20 contributors were aged 50 or under, 12 were men and 8 were from Black, Asian, Minority Ethnic & Refugee Groups.

Feedback collected at the following events:

1. Homeless and Health open day, November 2016
2. Focus group with single homeless people with mental health needs, February 2017
3. Focus group with City and Hackney Mind advocates, March 2017
4. One to one interviews with single homeless people throughout 2017/18
5. Housing and health public meeting, January 2018

Discussions focused on three areas:

1. Homelessness application process
2. Temporary housing and hostel conditions
3. Hospital admission and discharge

It was important to us that single homeless people speak for themselves and share their experiences. Questions asked by interviewers and facilitators were kept as broad as possible to enable this.

It was also important to us that people felt able to discuss issues in an environment where they felt comfortable. This is why we had the open day event, the small focus group discussion and one to one interviews. A few people asked to speak to us privately because they did not want to disclose certain issues in public.

2.2 National picture

The number of rough sleepers in England has increased by 132% since 2010 while the number of people accepted as homeless reached 58,000 in 2015/16, 18,000 higher than for 2009/10¹. Rough sleeping in London has more than doubled since 2010 while the number of households accepted as homeless has risen year-on-year since 2009.

Research by [homeless charity Crisis](#) found that 62% of the homeless population is 'hidden'. The hidden homeless include people staying with family or friends, sofa-surfing, living in squats, hostels, or in overcrowded accommodation.

80% of homeless people in England report having mental health needs with more than a quarter citing mental ill-health as the reason for being homeless.² A 2016 report by St Mungo's also found that council funding to prevent vulnerable people becoming homeless had been cut by 45% between 2009-10 and 2014-15.

¹ [Homeless Monitor: England 2017](#)

² [Homeless Link 2014](#)

2.3 Local picture

Hackney is a diverse borough and has in recent years become a desirable place to live for single people and families and consequently has a rapidly changing demographic. Hackney's improved desirability however has come at a cost, house prices have gone up extensively and rent prices are increasingly unaffordable.

The borough faces significant challenges providing affordable housing for the increasing number of homeless people seeking their help. A 2017 [report](#) by homeless charity Shelter ranked Hackney 10th in a list of 50 areas in the country with the highest levels of homelessness. They found 1 in 44 Hackney residents were either sleeping rough or in temporary accommodation. The challenge faced by homeless people in Hackney has attracted press attention including Hackney Gazette's [Hidden Homeless campaign](#).

Hackney council is increasingly candid about the difficulties it faces. Despite building more social housing than any other council in London there is still a housing shortage. More than 12,000 households are on the housing waiting list and 2,700 of those people are in temporary accommodation. Demand for social housing is growing owed to rent increases and the impact of government welfare changes. The council estimates that it would take 10 years to house

everybody on the current waiting list; council plans to deliver 3,000 new affordable housing without support from central government will still not meet the increasing demand.³

2.4 Mental health locally

One in four people in England will experience mental ill health. The [Mental Health and Substance Misuse Needs Assessment 2016](#) shows rates of mental ill-health in Hackney are higher than the national average. The borough also has higher rates of hospital admission due to mental ill health⁴.

2.5 Housing and health

The 2010 Marmot Review found housing and housing quality, in particular, to be a wider social determinant of health. Hackney's Joint Health and Wellbeing Strategy 2015-2018 reflects this perspective.

[The East London Health and Care Partnership](#) also recognises housing and the needs of homeless people as a central issue in east London. Housing is also included within the new Integrated Commissioning structure being implemented in City and Hackney, demonstrated by the appointment of the Hackney Council Group Director,

³ [Social Housing in Hackney](#)

⁴ JSNA Mental Health and Substance Misuse 2016

Neighbourhoods and Housing, as the deputy chair of the Transformation Board.

In addition, professionals and staff working directly with mental health patients report a link between their patient's mental ill health and housing and welfare benefit insecurity⁵.

It is important that this report is read within the context of wider political and financial pressures facing local councils including Hackney and in particular the crisis in housing shortage.

There is no expectation that all of the issues identified in this report can simply be resolved by building new homes. We want to focus on those areas we believe the council; health commissioners; mental health providers' and the community and voluntary sector could work better together on to improve the experiences of people during the application process, whilst in temporary accommodation, during hospital admission and at the point of discharge.

In addition to some of the specific recommendations in this report, Healthwatch Hackney and City and Hackney Mind would like to see:

- Housing and mental health commissioners work more closely together when commissioning services for single homeless people. Patients discharged into

the community particularly will be impacted by the lack of decent temporary accommodation and the availability of permanent housing.

- Representatives from homelessness teams should be included in discussions and decision making on the health and care of some of the borough's most vulnerable residents
- Co-ordination and joining up of referral routes, signposting and access points could go a long way to prevent high risk individuals from reaching further crisis.
- Efforts to integrate services should not be part of a top-down agenda but take place at a grassroots, community level and quality community and voluntary sector organisations should be invited to be part of the solution.
- We would also like to see single homelessness and the impact on health and wellbeing reviewed by the health in Hackney scrutiny commission to support the development of a local strategic response.

⁵ JSNA Mental Health and Substance Misuse 2016

3. The application process

People told us that the homelessness application process is characterised by a lack of communication, support and council delays resulting in frustration and a sense of disempowerment. As one person told us *'you don't know where to go for help with forms or anything.'*

3.1 Presenting as homeless

Single people who apply to the council to make a homelessness application are usually directed to The Greenhouse where council workers offer advice to applicants. Advocates said it was often not clear to their clients that this step constituted 'Housing Advice' only and was not part of the formal homeless application process. Advisors will call the council to make an appointment for the person to be assessed for homelessness.

Often appointments are weeks in the future leaving the applicant for long periods 'without support'. The Greenhouse gives appointments to the first 10 people who arrive in the morning, so the 11th person in the queue receives no help.

The Housing Advice process helps the council manage appointments for homelessness assessment yet it leaves many people vulnerable and homeless awaiting an assessment appointment.

City and Hackney Mind advocates said homeless clients who presented directly to

the council typically waited four weeks for an appointment.

Clients needed to be 'quite assertive' and 'argue' to speak to a housing worker able to offer temporary accommodation or bring forward their first appointment on the grounds of urgency. Clients had to provide a bailiff's letter confirming they have been evicted physically from their last property or supply a copy of a restraining order to accelerate the process. Crime numbers are usually not sufficient.

3.2 Initial appointment

People told us when they secured an initial appointment with the council there was little information and clarity about what to expect from this key meeting. Crucial information was withheld, for example not being told that failure to detail and evidence their medical/health needs at the meeting could delay their application.

Others told us they felt 'judged' at the meeting. One man told us how housing staff who conducted the appointment implied that he was just a gay man who 'couldn't hold a relationship together' even though he was a domestic abuse victim with documented mental health needs.

'In retrospect I feel that I should have been signposted for support, not dismissed and told to simply 'focus on yourself.'

3.3 Barriers to making a homelessness application

Advocates described the homelessness application process as 'in gridlock'. Patients told us also they felt reliant on their mental health advocates to support them through the process.

One patient commented:

'We are not taken seriously unless an advocate acts on our behalf.'

Advocates said it was common for the council to refuse accepting some clients as homeless because they took anti-psychotic medication. It was claimed housing workers told clients they could not consider them to be 'more than ordinarily vulnerable' or 'actively psychotic' even though they had a documented severe mental health condition.

People with depression were also told they were ineligible for support because they were 'not psychotic'. Mental health advocates say this is an 'artificial distinction' as it was possible for a patient to have symptoms of psychosis with depression. The two were not 'mutually exclusive'.

Sometimes the bureaucratic burden of proving they are homeless is 'just too much' for patients. A patient told us he just 'gave up' and ended up street homeless. Proving he was vulnerable was an uphill struggle even though he was in active treatment for his mental health condition.

'They kept telling me to bring this paper and that paper; I just sleep in London Field's Park now. I feel suicidal and vulnerable on the streets. I get no mental health support, I've given up. I would be better off dying on the streets.'

Reported delays in taking a homelessness application could be seen as a form of gatekeeping as the process is delayed by up to a month whilst the client waits for the appointment to submit the homelessness application. Feedback from people we spoke to raise the suggestion that delays are being used as a form of queue management.

3.4 Delays – outcome of assessments

[Government guidance](#) states local authorities should complete their enquiries within 33 days of accepting an application for homelessness. Patients told us this often took much longer. Advocates said the council often missed the deadline with many of their clients typically waiting 6 to 9 months or even longer for their application to be considered.

People told us that delays were bad but their experience whilst waiting was worse.

Advocates reported difficulties in getting updates on their clients' application. One housing officer told an advocate they were told not to answer the phones by their management.

A young hostel resident awaiting a decision on his homelessness application

highlighted the lack of communication from some housing officers:

'I don't have any confidence to speak to my housing officer; he's literally not even there. He doesn't reply to my emails or phone calls, so what exactly is his role?' At one point I wrote to him that my mental health was deteriorating. I didn't want him to solve all my problems, but he ignored me and I thought that wasn't right at all, a housing officer should try and support you in the best way possible, and just communicate with people properly.'

Another patient described how delays had taken a toll on her health and how the system only responded once she was in crisis:

'It took being hospitalised and sectioned for my housing problems to be sorted out. There is so much bureaucracy and distrust. Papers are lost by the council so you have to start again. It all makes you more mentally unwell.'

Advocates reported delays were getting worse with clients often asked to resubmit their application. Many felt the council used delays to manage the waiting list.

One applicant waited nine months for a response to their application. Their advocate pursued the delay only to learn their client's housing worker had left and their case had not been reallocated. It is

important the council follows the 33-day guidance; backlogs are not an acceptable reason for delay. Patients said it would be helpful and good practice if timescales were included in decision letters.

3.5 Delays after 'duty to house' is accepted

People can face further delays even if the council accepts it has a duty to house them. It can take up to a year or more, living in a hostel, in conditions described later in this report, with people's lives on hold before they are moved into temporary or permanent accommodation.

One person told us:

'Since being housed after 15 months of official homelessness, I am only too aware that knowing my rights and finding the energy to fight for them gave me the privilege to move through the system so quickly.'

Recommendations

1. The council must provide clear, accessible and adequate information to homeless applicants so they can fully understand the process and become more empowered to navigate the system. Information must include:
 - a) How the process should work
 - b) Timescales
 - c) Where to go for help
 - Information must be offered in easy read and translated formats
 - We recommend this information should also be provided online and cover processes, charges, timescales, common services, mental health crisis information, how to get help and how complain

2. Hackney council must ensure all housing/homelessness officers are familiar with the guidance in the [2011 ombudsman's focus report on homelessness](#)

3. There should be clear information about the Housing Advise service at The Greenhouse and should include accessible information on how to get support if people are homeless out of hours

4. The council must adhere to its own processes and timescales for processing applications. If this is not always possible, this should be communicated to applicants with clear timescales on when they can expect a response

4. Hostels

Homeless people who apply to the local authority for help are initially placed in temporary accommodation, usually a hostel or Bed and Breakfast accommodation, until a decision is made on whether the council is duty bound to house them.

In the past, if the council accepted they have a duty to house someone, the person would be moved on to 'secondary' temporary accommodation, usually a private sector or housing association leased. The person would then be able to bid for a property through the Council gateway, a process that can take many months, or even years.

The increasing shortage of temporary means many people are now living in hostels, in conditions described below for many months and sometimes several years. Hostel residents we spoke to said they met people who had been at their hostel between 1-3 years. One told us:

'Hostel accommodation is not a short-term solution anymore and no one should be made to feel that their life is not worth living just because they don't have a home and have support needs.'

One advocate told us:

'The council is focused on the long term goal of social housing, but they should accept that there are and will be many

people in temporary accommodation for 1.5 years or more, and focus on improving the quality of these or even build temporary accommodation.'

4.1 Hostel conditions

Most homeless people we spoke to reported issues with council secured hostel accommodation. Clients said vulnerable people including families were placed in hostels with little regard for their level of need or vulnerability.

People reported frequent drug and alcohol abuse taking place as well as sexual exploitation and theft. One hostel resident said he was shocked to find families with young children housed alongside residents with active psychosis.

One resident filmed psychotic residents banging on bedroom doors in the middle of the night and excrement in the corridor. Advocates said their clients frequently told them they felt unsafe in their accommodation although housing workers regularly told them they were 'lucky to be housed'.

Participants particularly resented paying service charges to private landlords who were already receiving a maximum of £260 a week rent to house highly vulnerable people in poor conditions.

'Paying service charges for a place like that is not even registering with me, especially when I am using my ESA

(Employment Support Allowance) *for it. It smells. There's only one way to describe it: horrible, I don't use the kitchen at all.'*

Mental health advocates said some local hostels *'operate within a standard of their own'*.

4.2 Effects on physical and mental health

Participants described the effects of the hostel environment on their mental and physical wellbeing. Many said their hostel accommodation made them feel 'unsafe' and highly anxious. Most reported not being able to sleep due to noise and anxiety.

'Dealing with noise and substance abuse when you are mentally not well is really hard. These accommodations are very noisy, when sleep is the number one solution for recovery, being in a place where you can hear every single move from next door doesn't make you better.'

'No one is safe in hostels, there is sexual exploitation going on.'

'I am not stable, my life is on hold, I can't do anything until this situation is over. I am supposed to feel better when housed, not feel more depressed.'

At a Hackney hostel focus group discussion, clients discussed two recent deaths among fellow residents which they suspected were suicides. Residents were deeply affected and wanted to do

something to support each other. They discussed organising a 'buddy system' to check on people who had not left their room for more than a couple of days. One resident spoke of her upset at hearing about the death of another resident whose health had deteriorated through drug use. She had previously asked the hostel manager to check on the resident but later found out she had died.

Mind advocates described hostels as *'pressure cookers'* for vulnerable patients, including those discharged from psychiatric care. Private hostels were especially ill equipped to support vulnerable patients. Many were *'very inflexible'*. The mental health advocates described their clients living in a *'state of permanent anxiety'*. *'They are often scared. Many of our clients hide in their rooms.'*

One former hostel resident told us:

'In temporary hostel accommodation I felt alienated, vulnerable, unsupported and scared most of the time. It had such a negative impact on my mental and physical health that I attempted suicide. I simply did not want to go on. I'll always look back at this experience being the darkest time of my life.'

4.3 Vulnerability and abuse in hostels

An LGBT client felt particularly vulnerable and fearful when he was placed in private hostel accommodation following homophobic abuse from previous neighbours. A female resident said she was racially abused and was too scared to use the hostel's shared bathroom and toilet. Another hostel resident suspected that vulnerable women residents were being sexually exploited by male residents.

Advocates described their clients as being in poor physical health and frequently witnessed a decline in their health in the period after hospital discharge. Eating regularly and healthily is impossible to achieve because of poorly cleaned communal kitchens.

In one instance a client with severe obsessive compulsive disorder (OCD) was temporarily housed in a hostel with communal living facilities. The environment triggered compulsion to clean and an escalation in their condition. A lack of stable accommodation also inhibited their ability to apply for a Personal Independence Payment (PIP).

Another client diagnosed with Chronic Obstructive Pulmonary Disorder (COPD) became locked in a cycle of rent arrears as they were moved to several different B&Bs and hostels. The constant moves affected their medication compliance and access to healthcare.

One person was placed inappropriately on the top floor of a hostel with no lift despite an evidenced need for ground floor accommodation because of her mental health needs and phobias.

Patients with mental health and physical health needs said they had repeatedly told housing officers their hostel accommodation was unsuitable for their health needs and making them more ill, but nothing was done.

4.4 [.....] Hostel⁶

We received a number of comments about one particular hostel during the open day, the focus group discussions and one to one interviews.

Some residents claimed drug and prostitution businesses were operating from the hostel. One resident said: *'You have shootings – murders. The police are on the doorstep. There are crack houses and the neighbours are so intimidated.'*

Another resident said *'The music starts at 7am, and the walls are thin'*. More than one resident complained about bed bugs.

'I am in [] at the moment and it is really affecting my mental and physical health, I am scratching and itching all the time. There is a dead rat outside my window which has been there for weeks and although I keep reporting it, nobody is

⁶ We have chosen not to name this particular hostel but will share the name with service providers

doing anything about it. I can't open my windows as a result and the place is getting stuffy, I haven't had a decent night's sleep for weeks now.'

One resident described how he had become sleep deprived and stressed due to sleeping in a room above the boiler which makes a lot of noise. He also spoke of a room at the hostel where sexual activity between residents took place. A claim confirmed by another resident. His ex-partner told us that she felt compelled to continue to support her partner at the hostel even though they are separated because his mental health was deteriorating at the hostel and he was feeling unsafe.

Others complained about the way the hostel was managed. One resident was recently attacked and robbed in their room by a former resident who was allowed access to the hostel.

'There are real issues around mismanagement; there are illegal evictions which are not helping people's mental wellbeing. The management is not following policies and procedures. There have been no improvements since the last death...The big issue here is as always, safety, security, bad management & negligence.'

This particular hostel seems to have a reputation among other hostels. A patient from a different Hackney hostel said that if

they ever complained about their accommodation they were threatened with being sent to this particular hostel. Residents told us this made them feel powerless and scared to complain.

'Residents are afraid to complain because they see what they do to those who complain against them.'

'Vulnerable people are in an environment where people are violent, taking drugs, there is bedding with bed bugs and cockroaches and sexual exploitation is going on and you are scared to tell the management because you fear being chucked out.'

A female resident said she felt 'harassed' by hostel staff when she complained about a theft and was threatened with eviction, which would affect her chances of securing permanent housing.

Residents often spoke of deaths at the hostel including one reported in the local press. These added to residents' already high anxiety levels. People asked how someone could die in a hostel and not be found for three days.

'The council have done nothing. It should be shut down.'

It should be noted that some hostel residents were scared of other residents and didn't feel the hostel was equipped to adequately deal with drug dealing and

prostitution. When asked if advice and advocacy sessions might be helpful in the hostel, they told us it would not be fair on the workers and would be resisted by other residents.

'You have to remember this is their business, their money.'

4.5 Barriers to making a complaint about hostels

Advocates told us that, in general, clients were too frightened to complain about hostel conditions. They were fearful of upsetting other residents engaged in anti-social activities in a situation where they have no protection. Some were scared of jeopardising their homelessness assessment or housing application.

Advocates told us:

'They have no options about where and how to live.'

Residents were most angry that private hostels were 'profiteering' from the plight of vulnerable residents and in their view the council seemed unwilling to tackle substandard conditions because of the lack of housing stock. People said they wanted landlords and councils to ensure current hostels were safe and adequate for all residents including vulnerable people with mental health needs.

Patients and residents called for a hostel/homelessness forum where people could share experiences with health and care professionals and housing and homelessness teams. Many felt this to be a good way to register their concerns about hostel conditions without being targeted by hostel management. The forum could also help fulfil the council's objective of learning from user experience referenced in the [Homelessness Strategy](#).

People also recommended councillors should spend one night a year sleeping in a hostel to experience what it is like.

Recommendations

1. The council should introduce a monitoring system that delivers rigorous scrutiny of hostel conditions and charges
2. Landlords must be compelled to maintain hostels to ensure they are safe for all
3. Hackney Council should establish a forum for residents in temporary accommodation to provide a 'safe space' to raise concerns and highlight where improvements are needed

4.6 Staff training and mental health awareness in hostels

Many people we heard from reported a worrying lack of mental health awareness amongst homeless staff notably, hostel staff.

One advocate recalled a conversation with a manager in the temporary accommodation team who said they were often asked by residents to check on people at risk of suicide but did not feel qualified to do because they didn't receive any mental health training. Staff themselves had nowhere to raise their concerns.

Hostel staff were reported to be ill equipped to deal with the significant and wide ranging mental health needs of people housed under one roof. Hostel residents had witnessed people having psychotic episodes yet it was left to other residents to 'step in and help'. One advocate said that a security guard didn't know if they should call an ambulance when someone attempted suicide. One advocate told us:

'Most hostel staff have never had training and don't understand the ins and outs of mental health needs. They really struggle.'

A client told us;

'I feel sorry for any vulnerable person needing to prove their vulnerability and having to live in this [hostel] environment.'

Given the profile of people allocated temporary housing the lack of training is worrying. According to the City and Hackney Joint Strategic Needs Assessment on housing and homelessness, 'the proportion of homeless people with diagnosed mental health problems (45%) is nearly double that of the general population, with depression especially prevalent.'⁷

Recommendations

1. Mental health awareness and signposting training should be provided to all staff in contact with homeless people including housing staff and hostel staff
2. Establish a forum for frontline mental health and housing staff to support joint working, share best practice and improve processes

⁷ JSNA Housing and Homelessness 2016

4.7 Importance of advocacy, support, advice and information

Homeless people told us hostels lacked any useful information on how to get advice or advocacy or ongoing help for their mental health needs. People said they needed case management, concrete help with filling out forms, finding work, securing benefits and advocacy. They also wanted information on how to get help to support their on-going mental health needs. One resident told us:

'I was offered something called floating support which was useless. What I really needed was help and case management.'

One hostel resident who became homeless following domestic abuse said they received no support for dealing with the mental health impact of leaving an abusive relationship.

Residents of one hostel called for access to better information and signposting for accessing health and care services including registering with a GP. Residents were under the false impression they could not register with a GP without proof of address.

Another hostel resident with mental health needs had received no support for his condition and was on a waiting list to see a mental health advocate. He said his ex-partner who has mental health problems was the only person providing him with

any support. Both were visibly upset when they spoke to us. His partner told us:

'I am the only one he has, I can't leave, he needs me. We have support from the carers centre and EQUIP (Early Intervention City and Hackney); we're also waiting for Mind to get back to us.'

Mental health advocates sometimes face challenges supporting clients because of hostel access arrangements. They cited one private local hostel, which had banned all non-residents as part of a clampdown on prostitution and drug dealing. The ban extended to mental health advocates, social workers and support workers who were no longer able to meet clients on the premises or knock on their door to ensure the advocacy session took place.

Providing support to mental health patients recently discharged to hostel and B&B accommodation is particularly important. Advocates described the many challenges they faced trying to support this extremely vulnerable group to avoid them falling into arrears with bills, rent and service charges.

'Clients keep getting moved from B&Bs to hostels. They get stuck in a cycle of rent arrears and lose their paperwork. Most don't really understand what they are being told. Many are on a lot of meds and don't get up until 2.30pm so they miss morning appointments. There must be a better way. They are vulnerable and need support after discharge.'

'Hostels don't help people with housing benefit or telling people that they are liable for council tax, or quite often high service charges that they are responsible for paying.'

One resident who got a call from his housing manager informing him he owed two weeks service charge payments during our interview said:

'I am not psychic, they should you tell you this straight away when they put you in a hostel.'

4.8 Money, stress and evictions

Many homeless people with mental health needs in Hackney build-up rent, council tax and service charges arrears. Advocates said their clients see these debts appear and disappear without explanation.

Council tax arrears are common. People can go for several months unaware that they are liable until they are presented with a large bill. Most then struggle to make a retrospective benefits claim. Rent problems build up quickly as most landlords charge each resident the full £256 a week. Any glitch in a housing benefit claim can quickly add up.

Consequences can be very serious including evictions from hostels and being refused for long-term social housing due to arrears.

One person told us:

'It took my friend to tell me that I could be made intentionally homeless if I didn't clear my rent arrears, otherwise the council would have chucked me out.'

4.9 Length of stay in temporary accommodation

Hackney Council's [temporary accommodation strategy](#) acknowledges that homeless people in Hackney have to stay much longer in hostels than desirable. Extended periods in often 'pressure cooker' hostel environments pose a risk to homeless people with mental health needs.

One person told us she had been a hostel resident for three years. Others told us they had been living in hostels for between 1.5 and two years. People told us that this was a time of great uncertainty which had a much wider impact on their lives.

'I can't create personal relationships with people here [hostel] because I'm reminded I won't be here for long. I will be moved somewhere else but no one is telling me when and where. It is stressful, you can't start any courses, you can't apply for work or even become a volunteer. The feeling that you are in a temporary space with no ending doesn't help you to improve.'

Another person recently given permanent accommodation told us:

'Whilst my mental health severely deteriorated to the worst it has been in my life, I am now making the transition to feeling settled in my home and community. This housing solution has given me my life back and now I can feel like a member of society again. I love Hackney and everything about living in my borough. Now I can look forward with gratitude for the safe, secure place I have to call home which is already massively supporting my recovery and wellness.'

While the council is rightly focused on a long term goal of increasing availability of social housing, we believe it should develop a robust strategy and plan for improving existing temporary accommodation, including hostels, and for ensuring the health and care needs of vulnerable residents are properly addressed. Hostel residents with mental health needs should also receive high quality preventative outreach.

Recommendations

1. The council in partnership with health and care partners should improve the hostel 'offer' to include a package of support for hostel residents including benefits advice, advocacy, signposting, access to mental health professionals, drop-in mental health and drug/alcohol sessions.

5. Homelessness and patients on psychiatric wards

People with mental health needs on psychiatric wards are at particular risk of becoming homeless. Common issues include:

1. Need for support to continue living in their current accommodation after they are discharged from hospital.
2. Securing appropriate accommodation if they become homeless during their inpatient stay.
3. Ensuring vulnerable patient get the right level of support on discharge to aid their recovery and prevent hospital readmission.

Advocates who work with clients on the wards and after discharge explained the links between hospital admission and homelessness.

Both advocates work with patients on psychiatric wards in Hackney. One said a large number of her clients were sectioned under a 'short' section (s2 of the Mental Health Act 1983). Crucially patients detained under s2 are ineligible for [section 117 aftercare](#).

5.1 Detention under the Mental Health Act (MHA) Section 2

'Section 2' patients are detained in hospital for assessment to get treatment. Section 2 is usually used for patients not previously assessed in hospital or who have not been sectioned for a long time. Patients can be detained for up to 28 days under a Section 2. This cannot be renewed but some people are transferred to a Section 3. Information about sections under the Mental Health Act is available on the Rethink website [here](#).

Mind advocates working on the wards said section 2 patients were often in unstable housing and typically received no support in the community.

'A lot of the people we work with on the wards become homeless which leads to a deterioration in their health. By the time they are admitted they usually already have problems with finances and debt. Usually they have not had community support prior to their admission. While they are in hospital, their rent arrears get too large and eviction proceedings start and they are not able to do anything about it retrospectively.'

Advocates said the housing instability inevitably adversely affected their clients' mental health and often this led to hospitalisation.

'Most section 2 clients aren't known to services prior to admission. They hit crisis.'

'Debt and housing problems can be a massive stressor and it can trigger their first crisis. About 50% of our clients are not already known to services prior to admission.'

'The broader issue is of course that with continuing government cuts to social care, there simply isn't enough support for people in the community who desperately need it and we see people who would have otherwise managed with a bit of support in the community going into crisis and being detained in hospital as a result.'

5.2 Capacity to deal with housing problems while unwell

Advocates said clients on hospital wards were often too unwell to think about contacting their landlord. However, tenants who fail to notify their landlords that they are in hospital within 14 days, are deemed to have abandoned their property. One client detained in hospital accrued substantial rent arrears yet no-one informed the housing association he was in hospital. Another client living in private accommodation admitted to hospital after manic/psychotic episode was evicted due to accumulated rent arrears and had to be housed in hostel.

One advocate said:

'A number of patients experience hallucinations or are suicidal when they are admitted. They are so unwell they

have no understanding of their situation. Then, when they 'come to', they are suddenly discharged. Even if they are aware of their worsening housing situation, they are severely restricted so they can't do anything about it.'

'When they get better there is a sudden awareness of their situation and this can be detrimental to health and their impede recovery.'

Patients who lose their home while in hospital then face an uphill struggle to make a homeless application and for the council to accept they have a duty to house them.

5.3 Access to paperwork and evidencing homelessness claims

Making a homeless application requires documentary evidence. Patients on psychiatric wards struggle to access personal paperwork.

'They have no access to their paperwork and historical documents. This means they have no 'evidence' until they are discharged. They are very powerless. They can't get their documents because the doctors won't give them leave from the ward so there is nothing they can do.'

5.4 'Proving' vulnerability and eligibility criteria

Patients have to be deemed 'more than ordinarily vulnerable' to be accepted as

'priority homeless'. People with mental health needs must evidence their level of vulnerability to qualify for priority status. Without this, the council is under no duty to house them. While psychiatric reports can help, they can also hinder homelessness applications.

'Psychiatric reports focus on justifying why the patient is well enough to be discharged so they are often not that helpful for the homeless patient. The council takes no positive action to help these patients.'

Patients have to prove they have not made themselves 'intentionally homeless' to be considered for 'priority need'. This caveat works again for patients who lose their homes after admission following a period of mental health decline in the community.

'That's a problem if they have been evicted for rent arrears while in hospital or in the past.'

Patients who had not previous contact with community mental health teams prior to admission find it even harder to demonstrate that their mental health condition led to their housing crisis.

'As you can imagine, unless the person was receiving support or intervention from the community mental health teams at the time of becoming homeless, it is very

difficult to prove that their mental health was the direct cause of this.'

5.5 Housing support on mental health wards

Lack of housing support on the wards is also affecting the ability of mental health patients to avoid homelessness when they are discharged.

Advocates argued there was a 'clear need' for a new role spanning mental health and housing services to support vulnerable patients to retain their homes or find appropriate housing before discharge.

'There isn't a housing officer in the hospital to help patients as they cut down the funding. People therefore have no option of specialist housing assistance in hospital. For people on a section 2, they are not automatically entitled to a care coordinator or social workers post discharge and so if they have no other support and are discharged at the end of their section it will likely be on to the streets. People on restricted leave can't go to the council to present as homeless and sit for hours on end until the homelessness team will see them and have an interview with them as they are still detained in hospital.'

'The council cut [the housing officer on the ward] a couple of months ago. She would speak to people on the ward. I think she was resourced to support the hospital with

bed management and help speed up discharge for people clinically well enough to be discharged. She ran a surgery two days a week on the ward. They should reinstate that service so people can start to get housing help before they are discharged.'

*'If patients can make contact with the housing officer and take steps to apply to be accepted as homeless before they are discharged it is much better. If you apply within six weeks it can make a big difference. Advocates are massively powerless to support patients with housing applications. They need a lot of medical evidence to apply.'*⁸

5.6 Risk of relapse

Advocates say that even where patients manage to submit an application for homelessness they still face a risk of relapse during the long waits in the council's two-step decision-making process.

First the council decides if they have an 'interim duty' towards the person. If this duty is accepted, they are placed in hostels or B&B. But this is not a 'final' decision. The council then has 45 days to complete a 'full' homeless assessment. Advocates said the waiting period between the interim and final decision was

'high risk' for patients discharged from hospital.

'There is very little support or advice available in this period. Clients become very chaotic at this point and life becomes very challenging for them.'

'Under Section 2 they can be discharged very suddenly and many have nowhere to go apart from staying with friends.'

Advocates estimated that well over half their clients experienced a mental health relapse along with a decline in their physical health, due to their unstable accommodation or homelessness.

'The only option for many is to present as homeless at the local authority on discharge and hope accommodation can be found for them. This is not guaranteed. People often end up in a continual cycle of receiving no mental health support in the community on discharge because of a lack of suitable accommodation or unstable, unsafe or non-existent accommodation. This increases the risk of reaching a mental health crisis and readmission into hospital.'

5.7 Patients detained under Section 3

Patients detained under section 3 of the Mental Health Act can be kept on hospital wards for up to six months. S3 can be renewed for a further six months thereafter renewed for further periods of one year at a time. When patients under S3 are

⁸ This information was accurate when we spoke to the advocates in March 2017 but this may have changed thereafter

discharged, [their right to free section 117 after care](#) is activated. What aftercare looks like or whether it is paid for by the NHS or adult social care depends on the patients' assessed needs. This can include specialist supported housing but the final care plan is determined by a specialist panel.

5.8 Delays in discharge due to lack of housing

Ward based advocates in Hackney described how patients detained under section 3 of the MHA were often 'stuck' in hospital when clinically well enough to leave. This 'bed blocking' occurs because of delays in getting their aftercare agreed by the panel and a lack of safe and appropriate accommodation in the borough.

'There is no fast track process for these patients. We do what we can but we are powerless and just have to hand on the patients when they leave hospital.'

'Delays in discharge are often simply a result of the person being assessed as too vulnerable to be discharged to street homeless but there being no suitable accommodation available to house them.'

Recommendations

1. A specific role to be created from the homelessness team to visit and work with patients detained in hospital with no accommodation to go to on discharge.
2. Hospital staff to be trained in housing/homelessness processes

Advocates said delays in ward discharge often led to deterioration in patients' mental and physical health putting them at risk of relapse. These patients are often hardest to place in accommodation and may need specialist supported housing.

'Patients are not necessarily given accommodation under section 117 if they are deemed well enough to find their own.'

Often Section 3 patients who are unwell can often refuse to work with their care co-ordinator or social worker, leaving them with no other options for getting help with housing.

5.9 Community Treatment Orders

Some clients are subject to a Community Treatment Order (CTO) when discharged from hospital to ensure they take their medication. Only patients detained under certain sections of the Mental Health Act can be subject to a CTO including sections 3 and 37. The latter is a hospital order given by Crown Court. Patients discharged with a CPT should get support under the Care Programme Approach and be able to access to Section 117 aftercare which may provide supported housing.

6. What we have learned

1. Vulnerable adults with mental health needs in Hackney are at particular risk of homelessness.
2. Many already live in unstable accommodation and through ill health often fall into arrears or face eviction.
3. Patients with mental health needs find the process of finding a home disempowering and confusing. Some feel entirely hopeless.
4. The process for applying for accommodation and being accepted as 'officially homeless' is opaque and beset with delays.
5. People with mental health needs hospitalised either under 'section' or as a 'voluntary' patient are at particular risk of relapse if discharged without support or housing
6. Lack of support with housing on psychiatric wards contributes to delayed discharges and patients becoming homeless.
7. Vulnerable adults with mental health needs who become homeless face additional barriers securing temporary accommodation.
8. Confusion and delays associated with the application process have a negative effect on vulnerable people with mental health problems
9. Temporary accommodations in Hackney, particularly hostels, are often of a poor standard and poorly monitored.
10. Pressure cooker environments in some hostels exacerbate people's mental health problems and contribute to some patients relapsing.
11. Without the support of City and Hackney Mind advocates; many people would have struggled to navigate the homelessness process, indicating the importance of good quality advocacy for vulnerable people.

7. Recommendations

NHS Community Voice, Healthwatch Hackney and City and Hackney Mind are seeking a joint local response from health commissioners, health providers and Housing Needs services to better meet the needs of vulnerable single homeless people with mental health needs.

The homelessness application process

1. The council must provide clear, accessible and adequate information to homeless applicants so they can fully understand the process and become more empowered to navigate the system. Information must include a) how the process should work b) timescales and c) where to go for help.
 - Information must be offered in easy read and translated format.
 - We recommend this information should also be provided online and cover processes, charges, timescales, common services, mental health crisis information, how to get help and how to complain.
2. Hackney council should ensure all housing/homelessness officers are familiar with the guidance in the 2011 ombudsman's focus report on homelessness.
3. There should be clear information about the Housing Advice service and should include accessible information on how to get support if people are homeless out of hours.
4. The council must adhere to its own processes and timescales for processing applications. If this is not always possible, this should be communicated to applicants with clear timescales on when they can expect a response.

Temporary accommodation and specifically hostel conditions

5. The council should introduce a monitoring system that delivers rigorous scrutiny of hostel conditions and charges.
6. Landlords must be compelled to maintain hostels to ensure they are safe for all residents.
7. Hackney council should establish a forum for residents in temporary accommodation to provide a 'safe space' to raise concerns and highlight where improvements are needed.

Mental health awareness and training for hostel/homelessness staff

8. Mental health awareness and signposting training should be provided to all staff in contact with homeless people including housing staff and hostel staff.
9. Establish a forum for frontline mental health and housing staff to support joint working, share best practice and improve processes.

Mental health support, advocacy and signposting at hostels

10. The council in partnership with health and care partners should improve the hostel 'offer' to include a package of support for hostel residents including benefits advice, advocacy, signposting, access to mental health professionals, drop in mental health and drug/alcohol sessions.

Housing support for patients in hospital

11. A specific role created from the homelessness team to visit and work with patients detained in hospital with no accommodation to go to on discharge.
12. Hospital staff trained in housing/homelessness processes.

8. Equalities data: 20 participants

Ethnicity	Number
African	3
African-Caribbean	3
Mixed black and white	1
Pakistani	1
White British	4
White Irish	2
White other	6

Age	Number
18-30	4
31-40	5
41-50	3
51-60	7
61-70	1

Gender	Number
Male	12
Female	8



For more information on this report please contact:

Sulekha Hassan: sulekha@healthwatchhackney.co.uk: 0207 923 8367

Krishna Maharaj: Krishna.Maharaj@cityandhackneymind.org.uk: 075 259 90002

Liz Hughes: 077 730 02646