

CRV East London – Advice and Information Case Studies

Befriending Story – March 2021

At the beginning of March, we received a call from the East London Foundation Trust (NHS Mental Health Services) to look for a befriender for a Vietnamese patient under their memory clinic. We took a Vietnamese patient and her daughter phone numbers and we called her daughter the next day.

The patient name is NTN, she is living in Limehouse and is 77 years old. We had a long conversation on the phone with her daughter to find out her long-term illness and what exactly does she need from our befriending service.

Mrs NTN has been living with dementia for over 10 years. Her daughter has supported her to live independently and safely at home for many years. Her daughter said that Mrs NTN's symptoms has not worsen in the past 5 years, she does not feel anxious, stressed and she can still follow conversations and concentrate.

Mrs NTN's daughter is her sole career and was forced to give up her job to look after Mrs NTN. However, this meant that Mrs NTN was not able to have a break.

Therefore, she wanted her mum to go into respite care so that she can have this break. Although, Mrs NTN did not want to and insisted she could manage at home on her own (she cannot go out by herself or cooked for her).

We told Mrs NTN's daughter what we can do for her mum.

At the present, we can provide telephone befriending service until 17 of May.

Afterwards, government rules will hopefully change when it comes to face to face contact. Our volunteers will be able to meet Mrs NTN, walk with her to the park or shopping centre. We hope that our luncheon club will reopen from the 21st of June and Mrs NTN can come to our club for social meetings to reduce her isolation. Her daughter can have a break from caring, she will be able to look after herself and that she will be less exhausted.

We also told Mrs NTN's daughter that our befriending service will stop in September 2021, but the Befriending service in Toynbee hall will take over our service. In the future (maybe from June), we will introduce Mrs NTN to get to know staff and volunteers from the Toynbee Hall and so she builds up the confidence to use a mainstream service

Homeless Support – January 2021

Mrs PTXL became homeless in September 2020 and we took her to the Housing options service on Roman Road to ask for help. The housing officer carried out an assessment, usually, it involved a face to face interview but it had been done over the phone because of coronavirus. After that, the housing officer told Mrs PTXL that they would contact her again at the end of September for a second assessment. She would receive text messages to tell the date and time of the appointment before her interview. Again, her second assessment was done over the phone, the housing officer asked her to provide certain documents, such as immigration status, passport, wage slips, proof of benefits. Mrs PXTL had to care for a child under the age of 18 therefore the council considered her circumstance a “priority need”.

After the assessment was completed, the housing officer started to draw up a personal housing plan and he said he would call her again very soon, she only needed to wait for his call. Mrs PTXL had to ask her friend in Deptford to give her a place to sleep and wait for the call from the housing officer. After a month, there was no call from Tower Hamlet's homeless department. We sent an email to ask if they had a plan to find somewhere suitable for Mrs PTXL and her grandson to live for at least the next 6 months. The interview housing officer did not give any reply, we continued to send an email to him requesting his help to find Mrs PTXL a suitable home.

Until January 2021, Mrs PTXL still stayed with her friend but she had to leave in February because her friend could not afford the rent for her private home, she was about to lose her job and she decided to move out of London. We tried to contact the housing officer, he never bothered to reply to our email. We started to call Social Service and Children's social care – Tower Hamlets because Mrs PTXL had a young grandson but their advice was to complain with the manager of the Housing options service. Fortunately, we found an email from Jacqueline who works in the referrals team at the Housing option. We filed a complaint of Mrs PTXL's case with all the needed documents. Two days later Jacqueline called us and she promised that she would do something about this case within a week.

A few days later, one housing officer sent us information about an affordable property in Forest Gate for tenants claiming benefits. We helped Mrs PTXL to contact a letting agent in Seven King to view the property where soon after a tenancy agreement was set up.

Mrs PTXL now has a safe place to stay. Our final job was to access the Universal Credit website to apply for her housing benefit.

Homeless Supports – June 2021

TD is an eighty two year old Chinese lady. When she arrived to the U.K in 2005 to visit her brother in Poplar , after that she applied for asylum under the humanitarian protection because she was at risk of serious harm on return to her country of origin.

Until 2015 , she allowed to settle down in the U.K (known as “indefinite leave to remain). A year later she had got a British passport and her pension credit.

During these years, she lives in her brother. He is 95 year old and a widower. He is renting a three bedroom flat from the housing association, but her name is not on the tenancy agreement. Recently Mrs TD did not get along with her brother, he wanted her to leave his accomodation, he has not given the date for her to leave yet but everyday he keeps a same message to tell her to move out as soon as possible.

Mrs TD is living under pressure, her life is stressful, she cannot speak English, she is always worried because she is threatened with homeless soon. She came to see us to ask for help to find accomodation. We told her that she has three options to get a place to live by herself :

We will take her to Housing Options Service in Roman road E2 to apply for emergency accomodation, but it is not guarantee she is able to stay in Tower Hamlets, they may offer her a temporary place in different areas.

We believe that Mrs TD is eligible to get sheltered accomodation because her age and needs. We can either by phone to shelter housing or by filling form on the Tower Hamlets – Homeseekers website, but she has to wait for a while to get her own place. It means she needs to talk to her brother to allow her to stay in his flat a bit longer.

Finally , there is sheltered housing for Vietnamese and Chinese people in Cambridge. The scheme manager always call us to ask if we know any Vietnamese or Chinese people who are homeless and over 55 year old, they can apply for a place to live straightway. Vietnamese and Chinese support staff will provide all the helps for residents. We are able to take Mrs TD to Cambridge to settle down if she wants to leave London in the next days.

After Mrs TD listened to three options, she decided to choose option number 2. She wants to live in Tower Hamlets because she has many friends around her. We completed an online application for her. Now she is waiting for a call or letter from the Tower Hamlet Housing Option. It is more important that her brother let her to continue to live in his flat until she gets an offer for sheltered accomodation

Welfare Benefit Support – December 2020

Throughout Covid 19, CRV East London has reduced a face to face advice service. Our staff are contactable during usual working hours (9.30 a.m – 5.30 p.m) via email, direct telephone lines and mobile.

Mr NTV is living in Bow E3, he contacted us in October because he had reached his state pension age and he received an invitation letter from the DWP. However, he did not know how to make the claim. We told him to take a picture of his new state pension invitation letter and send it to us by a text message where we would be able to apply online for him.

Mr NTV called us at the beginning of December to inform he was entitled £155 for his state pension, but he needed us to help his wife to apply for benefits because she lost her job in October. Due to covid 19, it was very difficult for her to get a new job. Both of them were not working, they did not have insufficient income to pay their mortgage as they needed to pay £600 every month.

We checked what benefits they could claim to help increase their income and improve their situation. We knew that they were out of work, therefore were entitled to get Council tax reduction. Mr NTV was having chemotherapy for his bowel cancer treatment and he had suffered from ankylosing spondylitis for over 20 years. He was able to apply for attendance allowance, and since he was born before 5 October 1954 he could get a “winter fuel payment”.

Mrs NTV celebrated her 60th birthday in October 2020, she had not reached her state pension age yet, which meant her husband could not apply a pension credit for her.

We told them that they could try to apply for universal credit to help their living costs. We did it for them online but the Universal credit team would phone them after we had their application. Mr and Mrs NTV could speak a little English, it would be difficult for them to talk to Universal credit staff. We suggested that when they received a call from the universal credit staff, they needed to turn on their speakerphone, take another phone turn on it on speakerphone and call us. We would then ask him to put the two phones near to each other so we could interpret for them.

At the end of December 2020, Mr and Mrs NTV were entitled to get a full council tax reduction, Mr NTV received the highest rate for his attendance allowance, but the Universal credit refused to offer mortgage payments because under their terms “people can only get help with mortgage payments if they have been claiming Universal credit for 39 weeks or more.

It was the best we could do for them, but we gave them advice that Mrs NTV could apply for carer allowance to look after Mr NTV. Also, they live in three bedrooms flat so they have the option to rent out one bedroom as a means for income

Welfare Benefit Supports – August 2020

Ms THN is 55 years old and living in Bow E3 with her two children under 18 year old. She lost her job due to coronavirus and her employer had permanently closed. Also she was being asked to leave accommodation that she and her children had been sharing with friends and she became homeless. Ms THN called us for help at the beginning of August 2020.

First we started to make a universal credit online claim for Ms THN. We talked to her on the phone and we created the Universal credit account for her. After we submitted her claim, we had to support her interview with jobcentre Plus because during the coronavirus outbreak all interviews and assessments would be done by telephone, but the Universal credit did not provide interpreting service, therefore Ms THN needed to make an appointment with the Universal Credit to call to our office and we would help her in interpreting.

When Prime Minister Boris Johnson announced easing of lockdown restrictions on 23 June 2020, but we had to set out guidance on how to open workplaces safely while minimising the risk of spreading Covid-19.

We only allowed one service user to enter our office that could reasonably follow social distancing guidelines (2M social distancing).

We have cleaning, handwashing and hygiene procedures in line with guidance.

We have carried out a Covid19 risk assessment and shared the results with all our staff.

When Ms THN came to our office, she had to follow our Covid 19 secure guidance. We used a landline phone with loud speaker to talk to able to interpret for Ms THN.

After Universal credit interview, Ms THN needed to wait around 5 weeks for her first payment.

Because Ms THN was unemployed, she could not get a privately rented property because she had not got enough money to pay rent, therefore we had to call housing options office in Tower Hamlets, because of the need to limit the spread of the coronavirus, the homeless office at Roman road – Bethnal Green has temporarily closed. Instead, they are operating a telephone service for homeless cases.

After the first interview on the phone at our office with housing option staff, Ms THN would wait for two weeks for their email for second interview. She also needed to prepare following documents: her I.D, proof benefits, 5 year proof of housing historyetc to submit after the second interview.

The second interview also took place at our office, they told Ms THN that they would get a temporary accommodation and after a week, Ms THN and her two children went to live in Stratford.

Covid 19 Supports

Mr VTN, 53 divorced man from Mile End, has multiple long term conditions. This includes arthritis, asthma, depression and heart failure. He has no family members and friends to support his everyday life. He always relies on our supports for many years.

At the end of January, Mr VTN had been burnt his left foot at home in an accident when he cooked his evening meal to make noodle soup. He told us that “when the water in a saucepan was boiling , I held a handle of the pan with my left hand to lift it up, suddenly my hand cramped up, I had a difficulty to bring my fingers together , I dropped a saucepan of boiling water on my foot and I was in pain”.

On the next day , Mr VTN contacted us because he could not bear with his scald injury. We called an ambulance to take him to Whitechapel hospital’s emergency department . After that our older project worker came to hospital to provide interpreting service.

Because his scald burn was serious, it would cause limitations in long term weight bearing and walking on the foot due to pain and discomfort so he had to stay in the hospital between 4 and 9 days for a treatment. Every two days , our befriending volunteer came to hospital ward to offer companionship and support to Mr VTN.

After a week, his wound did not infect , he was still in pain but he could walk less than 10 steps with a walking stick . The consultant and ward team decided to discharge Mr VTN but before he went home, the ward nurse called us to make a discharge planning and how to take care of him at home. His district nurse would visit him once a week. In the first two weeks , our befriending volunteers came to see him three times a week to provide following services:

- House cleaning
- Laundry
- Ensure safe bathing
- Shopping
- Contact Mr VTN’s local health centre to arrange to get a repeat prescription before his hospital supply runs out.
- Pick up his medicines from the local pharmacy.
- Booking hospital transportation and interpreter from the multi-lingual health advocacy service for his long term illnesses appointments.

The district nurse checked his dressing twice times , there was no signs of infection and his scald burn was healed, he could manage to walk out from home after two weeks but he still needed someone to escort him for his safety. Our befriending volunteers took him to our luncheon club but we closed this service from 23rd of March due to Covid 19.

Now Mr NTV stays at home most of the times, we sent him a “Covid-19 guidance” in Vietnamese. Our telephone befriending volunteer calls him once a week to make sure that he is able to protect himself from coronavirus.

Befriending Support – December 2019

Mrs NTL is an eighty two year old and for living alone in Bethnal Green. Before the Covid 19 pandemic, Our volunteer went to visit Mrs NTL twice a week but after March 2020 , we were stopping the delivery of face to face befriending, we changed to telephone befriending method and our volunteer called Mrs NTL once a week to reduce her isolation. But it was more important to speak to her to check her welfare:

Mrs NTL 's kidneys are not working properly , because she has got chronic kidney disease. She has to go to White Chapel hospital twice a month for dialysis. Mrs NTL has poor mobility , because her kidneys problem, high blood pressure and over weight. She is unable to walk more than 50 metre so she cannot take public transport. Our volunteer always books non-emergency patient transport services to and from hospital for her. But two months ago (August), the Renal – Kiney department in White Chapel hospital called our office to inform their transport services could not collect Mrs NTL for her routine dialysis, they tried to knock her door and there was no answer. We were worried that Mrs NTL might have a fall inside her flat, we called her phone and there was no replied. Suddenly we just remembered that Mrs NTL always went to Vietnamese Catholic Church at Bow Common Lane E3 every Sunday. We called Father Simon, he was very helpful and he asked some church members to go to look for her closest family members (we know Mrs NTL has a son but she does not want to talk about him). Twenty minutes later , Father Simon told us she was safe , she was on her way to hospital and she took a mini cab. After that we phoned to hospital reception to tell them where she was.

During this pandemic , our volunteer always makes sure that Mrs NTL has enough a supply of food and general supplies. She can eat well, she always has enough of her regular medication. During coversation with Mrs NTL on the phone, our volunteer needs to be patient and a good listener. She can repeat things many times but our volunteer just responds with “yes” as if it is the first time that she talks about it.

Our volunteer always tries to make enjoyable discussions about her childhood and adult life, she has a better feeling to reduce her isolation and loneliness.

Universal Credit Support – Oct 2019

Ms MP suffers from Osteoarthritis, which is controlled with medication to relieve her pain and supportive therapies to help make everyday activities easier, but sometimes it will flare up causing her pain and to become debilitated. She used to work in the nail saloon, but became unemployed because she was not fit to work for long hours. She had to leave her job at 60 years old and it would not easy for her to look for different works.

We advised Ms MP to claim universal credit. We had to support her to apply online universal credit claim. Ms MP was faced with many barriers, the first one was completing the email address field. Ms MP did not have an email address and has limited knowledge around IT and accessing the internet. The next barrier was completing the bank detail section. Ms MP had her post office card, however, this did not show the sort code and account number that was needed. We called her post office branch to get her bank details.

Ms MP was given an appointment for 4 days later. She was unable to speak English so she would face a problem to verify her identity at the Shorditch job centre. Our CRV staff had to come with her to provide language interpreting.

Ms MP was given a commitments appoint for 7 days later. We still had to support her in interpreting at the job centre. Ms MP went through what their commitments would be with her job coach. These commitments included : agreeing to log into journal

regularly to check activity, attending all related appointments, looking for works and learning English.

Because Ms MP has a long term illness , she is not able to look for works. We advised her to make an appointment to see her GP to get a sick note. After that , she had been assessed under the Work Capility Assessment of Universal Credit as having limited capility for work. Recently , the Universal Credit office allows her not to look for works and she does not need to see her job coach every two weeks at the job centre due to her Osteoarthritis. They will contact her after one year to assess her health condition again.

The reform of welfare benefit – Octocber 2019

Mrs HTB is living alone with dementia in Poplar and has been receiving our support since 2010. She is 57 years old and she has suffered a stroke since 2010. She is paralysed on her left side by the leg. She also has memory issues and depression. She has been living on welfare benefits for nearly 10 years. Her main income is Employment support allowance (ESA). Recently, the reform welfare system has caused a lot of difficulties for Mrs HTB, she is no longer counted as disabled in the eyes of the welfare system because the cuts remove all benefits that identify her as having a disability.

After she went for a medical assessment in July, the DWP decided not to give ESA to Mrs HTB and she has to go to work or apply for different benefits.

Mrs HTB disagreed with the decision from DWP, she wanted to challenge the ESA decision and she asked us to help her with the challenge.

First, we had to ask DWP to look at the decision again. This was called “mandatory reconsideration”. A month later, the DWP refused her mandatory reconsideration, Mrs HTB was not happy with the outcome of the reconsideration. She wanted to make an appeal to an independent tribunal. We helped her to submit an appeal application. They asked her to attend the tribunal at the end of September, we escorted her to the court but there was no Chinese interpreter. They had to postpone her case and recently they sent a letter to ask to go to court on 30th October 2019. We advised her to make a claim for Universal Credit while she was waiting for a decision. She would not be able to go back to ESA, even if her appeal is successful. It will be difficult for her because she does not know how to use a computer and how to access the Internet. It is something we need to support our service users.

END OF LIFE

Mrs NT was diagnosed with lung cancer last year, she has developed staged 4 cancer. Her husband was depressed who also suffered from heart failure, he could not give a full support Mrs NT to battle against her cancer.

Mrs NT called us to ask for a befriender that could come regularly to talk and to be friends with. After that, we sent an experience befriender to visit her most weeks, and who phones in between. Also, our befriender took her to visit the GP and hospital appointments.

During that period, our Older project worker made a Personal Independence Payment (PIP) claim and after a month, Mrs NT received an offer for PIP benefit. Our befriender continued to see Mrs NT for over 6 months, but her health condition got worse. Her cancer had spread to several areas of her body, which caused pain, she had to stay at the hospital to help with the pain.

At the beginning of this September, her long-term lung condition was entering the last stage of life, there was no more cancer treatment, the hospital palliative care team advised Mrs NT to go to hospice in Hackney, it was the best option because she would get a comfort care to relieve suffering as much as possible and to improve quality of her end of life. Our befriender came to visit Mrs NT every week. We know Mrs NT does not have long left with us and we hoped that at the care provided at the hospice helps her until the day she dies and that she dies with dignity.

(Mrs NT passed away at the end of September - RIP)

End of Life Story – May 2019

Mr. AV is a 56-year-old man and lives alone in his flat in Poplar. He has been diagnosed with liver cancer and is considered palliative since April 2019. He does not speak much English and requires an interpreter to communicate effectively. Mr. AV has been a member with us for over 30 years, we know him very well. He has a 12-year-old daughter who lives with her mother, they too live in Tower Hamlets, his daughter contacts him regularly but his ex-partner does not support him as she has a very hectic work life. In the past, we helped Mr. AV to apply for Job Seeker Allowance, we showed him how to access the internet to search for work and we registered him to an English class at Mile End Centre. At the beginning of March 2019, he told us that he had stomach problems and felt nauseated all the time. We booked an appointment for him to see his GP.

After the appointment, the GP referred him to London Hospital where they gave him a scan and biopsy test. The results came back as the final stages of liver cancer. There is hardly any treatment to help prolong his life. The Community Palliative Care Team contacted Mr. AV offering him a place at St Joseph's Hospice. He refused to go there because he wanted to stay near to the Vietnamese community and has many friends living in Poplar who could come and visit him every day.

In May 2019, Mr. AV's condition worsen. He could not go to Poplar Job Centre to sign on for his JSA. Our Vietnamese older people worker made the Universal Credit claim and Personal Independence Payment. A few weeks later Mr. AV was entitled to these benefits. At the same time, the Barts Health NHS trust Continuing Care team called our Vietnamese Homecare team to offer a care package to support Mr. AV with the management of his nutritional needs, domestic and laundry tasks. Our Vietnamese care worker came to his flat every day for two and a half hours to take

care of all his needs. Although Mr. AV's mobility decreased, on a good day he could go to Poplar Market to meet his friends. Our befriending volunteers sat him in a wheelchair and escorted him to see his friends at the Chinese food store during lunch.

We continued to provide homecare and befriending services to Mr. AV until mid of June, Mr. AV decided to go to Vietnam because there was no further treatment available from hospital specialists. Mr. AV hoped that Traditional Chinese Medicine could prevent and heal his illness. During that time his health condition worsened even more and he started to have a problem with his bladder and as he could not control when to pass urine.

He asked his ex-partner to buy him a return flight ticket to Vietnam, he decided to stay there for 3 months with his brothers and sisters. Before he left the U.K, our volunteer took him to his bank so he could have permission to withdraw cash at HSBC bank in Vietnam. We called the Barts Health NHS care team to interrupt his homecare service.

We continued to use Face Time to call him every week. His health condition has not improved. When he facetime us, he has to lay on the bed. We do not know how much longer he has. We know he is almost at the end of his life but at least he is around his family in Vietnam. If Mr. AV passes away in Vietnam, we will complete our final support to tell his partner to return his property to the housing association. We will write letters to Universal Credits and DWP to stop his benefits. We still hope he will be able to return to the UK in September.

PS: Recently we received a call from Vietnam to inform Mr.AV passed away and he will never return to U.K

Health Costs – March 2019

Mr XTV came to see us to show two letters from the NHS Business service authority, he told us that "these letters came out of the blue", it accused him of wrongly claiming a free prescription and demanded the £8.80 charge on each letter plus an £100 penalty.

Mr XTV believed that he should get full help with health cost because he was entitled to get universal credit in December 2018. He also applied the NHS low income scheme last year. We asked him to show his medical exemption certificate. It was expired at the end of October 2018 and he forgot to renew it.

The deadline to pay his penalty charge was in the mid of March 2019. We told him that we would challenge a penalty charge notice for him. We wrote a letter to NHS with his universal credit evidence, his standard allowance each month was £317.82, it showed that his net earnings was not more than £435, he met the criteria which would automatically entitle him to full help with his health costs.

After that we applied the NHS Low income scheme for Mr XTV.

On the 24 March 2019, Mr XTV came to our office to show a reply letter from the NHS about his NHS penalty charge. It said his cases had been closed and he did not need to pay anything. Also he had received the HC2 certificate.

Before Mr XTV left our office, we reminded him that it's his own responsibility to check his certificate's expire date.

Befriending Support – March 2019

At the end of March, the North West social service team made a new referral to us. Her name is FT, she is 95-year-old Chinese lady and living alone in Bethnal Green. She has got a son, but he does not live with her because he is working in the Chinese restaurant in Croydon.

The Social service informed us that Ms FT needed a befriending service. Our volunteer befriender could come to visit Ms FT in her home for a cup of tea and a chat. They also gave us her son's mobile number.

We called her son and made an appointment to see her in the next two days. Our Coordinator and volunteer went to visit Ms FT to do a health and her care needs assessment.

After assessment, Ms FT does not have mobility difficulties; she is able to walk although she is over 90 years old, she has memory decline with her age.

She does not want anyone to come to her flat to talk to her, but she needs someone to take her to Church every Sunday in East Cheap EC3.

As she can manage to walk to bus stop, she can sit on the bus comfortably. Our volunteer will accompany her to church for a first three weeks. She will show her the way, how to take the bus after Ms FT would be able to travel herself without escorting.

We are unable to take Ms FT to Church every week, because the distant to the Church is too far for our volunteer, she is living in Isle of dogs, it will take 45 minutes by bus to Ms FT's flat. After that, it will take one more hour to Church. The mass will take at least one hour. In total our volunteer has to spend about 4.5 hours to escort Ms FT to Church, it is a long hour for voluntary works if she has to do every week and she is not Christian.

Ms FT and her son agree for our volunteer to accompany her to Church for a first few weeks. If Ms FT does not remember the way, she will need to get Taxi or Uber to Church.