

Integrated care?

How well services work together for people who access substance misuse and homeless services in Tower Hamlets.

FEBRUARY 2019

HEALTHWATCH TOWER HAMLETS



Project Overview

To understand how well the health and social care system works for people who access substance misuse or homelessness services Healthwatch Tower Hamlets spoke to service users about the following issues:

- Do services work together to provide person-centred care and support services users in their needs?
- Do services users feel that they are respected, listened to, and involved in their own decisions?
- Where do services work well together?
- Where do services not integrated as well?

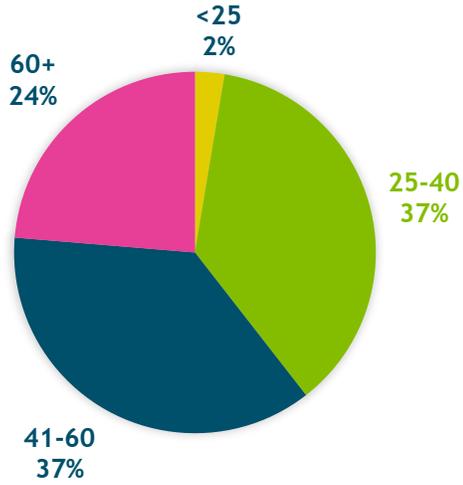
People who are homeless, have precarious living conditions or suffer from a substance misuse problem all face conditions that put them at risk of a poorer quality of life, poorer health outcomes, and increased risk of premature death. This population face difficulty accessing health and benefits services, poorer mental health, higher unemployment and vulnerability to violence. We wanted to find out whether the services in place meet their needs, and whether they felt supported in addressing their comorbidities.

Between October 2018 and January 2019, we spoke to 80 service users across eight services through one to one interview, focus groups and Enter and View visits.¹

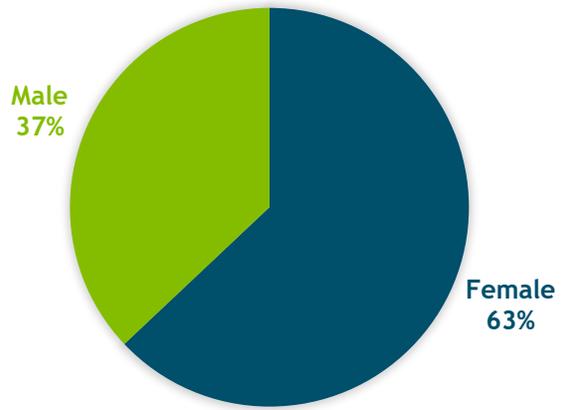
1. **Health E1** – Homeless peoples GP practice
2. **Hackney Road Hostel** – Look Ahead
3. **Riverside House** – Salvation Army (women’s hostel)
4. **Reset** – substance misuse treatment centre at Mile End Hospital
5. **Providence Row Day Centre** (substance misuse outreach and referral)
6. **Change Grow Live (CGL)** Reset Recovery and Support
7. **GrowTH** homeless night shelter
8. **ICLS-** Look Ahead community stepdown project for mental health service users living independently.

¹ Healthwatch Tower Hamlets has a statutory right to ‘Enter and View’ certain premises to talk to users and observe activities. The purpose of these visits to hear and see how people experience the service, collect the views of services users. The results of these visits are reported to providers, regulator, Local Authority and NHS commissioners and quality assurers, the public, and Healthwatch England, and are used to develop insights and recommendations to inform strategic decision making at local and national levels.

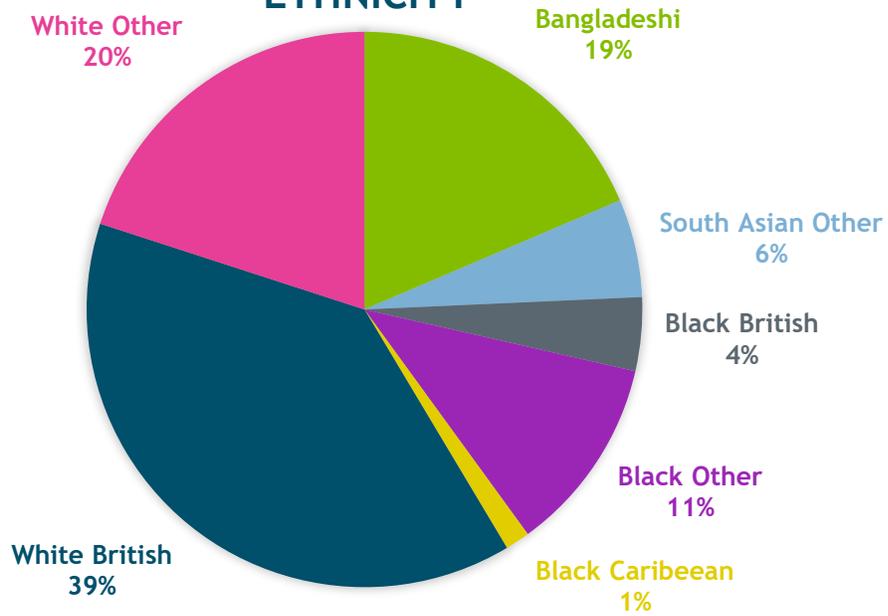
AGE RANGE



GENDER



ETHNICITY



What we learned

- Individual services tend to work well, however services users can often feel supported by a service but let down by the system as a whole. **A lot of good services don't add up to a supportive system.**
- Services are not particularly well integrated for service users, particularly those with co-morbidities, and most **find the system quite difficult to navigate.**
- Mental health is the weakest service in terms of access and availability. **Many service users feel let down by the mental health support system.**
- Housing is essential**, it's seen as the key issue to address prior to tackling other health and wellbeing concerns. However, hostels are largely not seen as good environments for recovery, and many people have struggled to find long term accommodation.
- Support systems are essential. **Service users who have a person within the system they can trust and rely on to help navigate between wide-ranging services are more likely to have positive experiences.** This may not necessarily be a key worker but someone who they trust, and they feel is knowledgeable and dependable.
- Lack of accurate information and advice about what services are available and how to access them leads to **widespread confusion** about how services work.



HEALTH E1

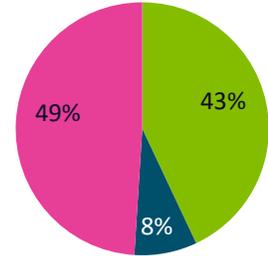
Recommendations

1. Support community services to **combat misinformation**, particularly in terms of accessing emergency shelter.
2. Build enough flexibility in the system to allow service users **to self-select their key worker or trusted person** and provide the training for staff to fill that role. How can this be built into service provider contracts and staff job descriptions?
3. Co-locate services that are aimed at supporting services users i.e. physical and mental health, employment, benefits and financial advice, housing and substance misuse support and social activities and life skills.
4. Create and resource a working group of service users to **co-design and improve services** moving forward.
5. Clarify the availability of mental health support in the community and how to access those services.
6. Improve signposting to ensure that **people are supported to access services**, not just pointed in the right direction.
7. Support both staff and service users to access information about available community and third sector services.
8. Support substance misuse service users to access additional support in the evening and outside of regular service hours.
9. Include support and signposting for homelessness and substance misuse services in the role of community navigators at Idea Stores.

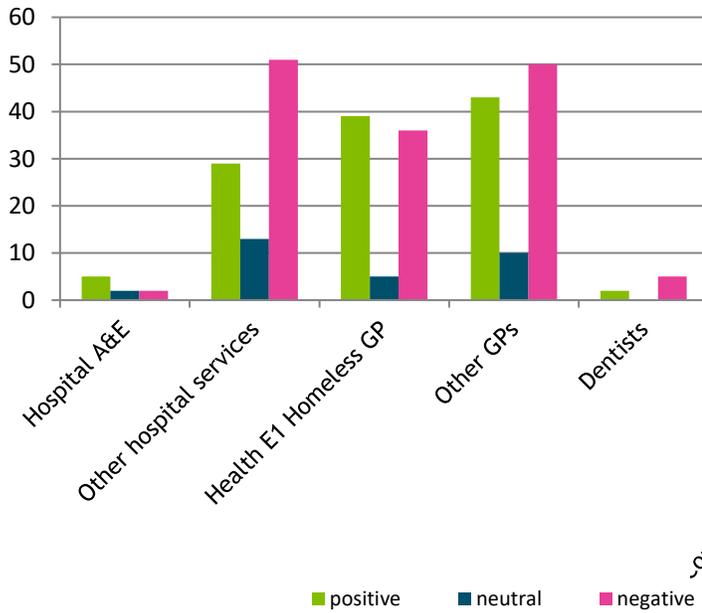
The big picture

Overall, respondents' opinion of health and social care services in the borough was mixed, with drug and alcohol services and hostels learning more positive in feedback, but housing services, health services and mental health services receiving more negative feedback. Housing services, in particular, received negative feedback, which we expected, due to the population we interviewed.

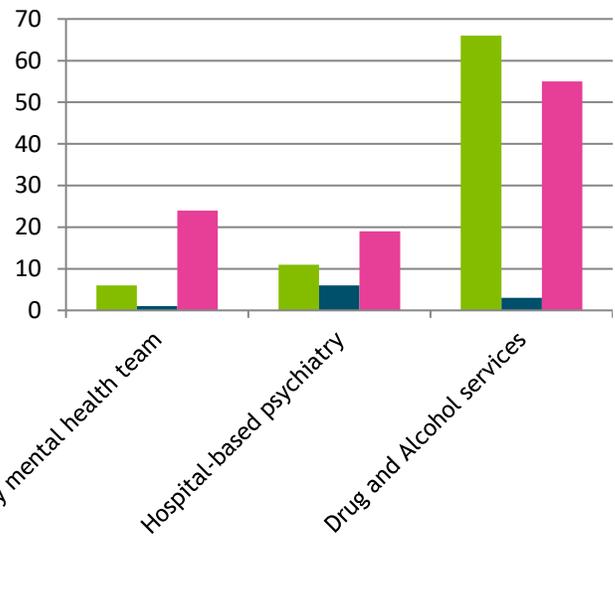
■ Positive
■ Neutral
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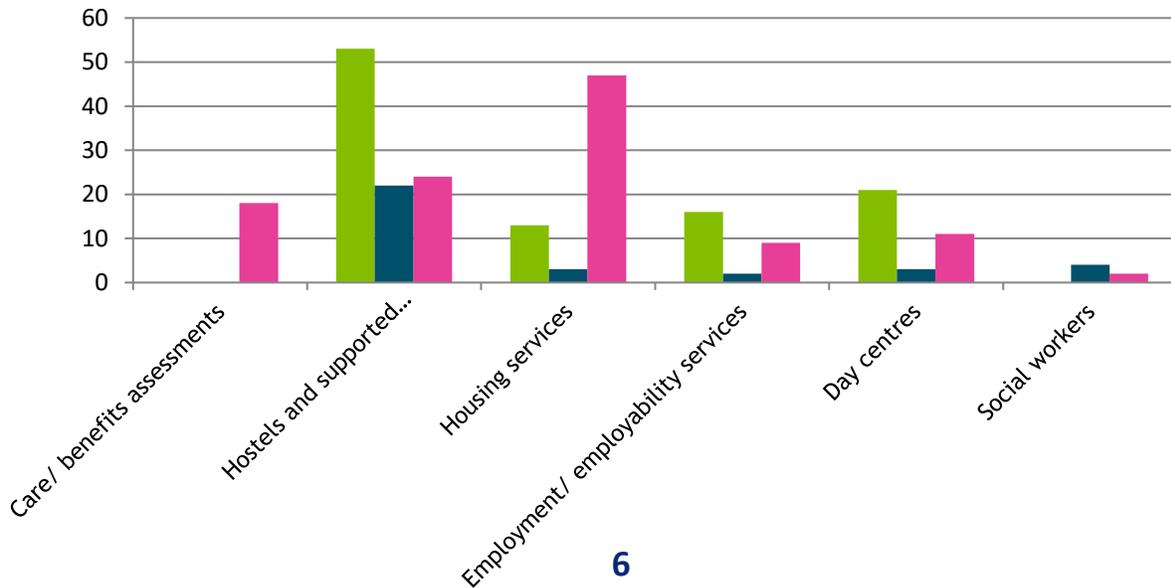
General health services



Mental Health and Specialist services



Community and social services



How well is care integrated for service users in Tower Hamlets?

We found that individual services aimed specifically at vulnerable people work well, but there are serious challenges in getting services to work together well to support service users. Service users felt that it was on them to try and navigate different services and struggled to get support to do so.

- *It feels like all of the services work separately.*
- *It's like they force the most vulnerable people to take complete and utter responsibility for all aspects of their physical and mental health.*

A few service users did feel that their services were integrated and appreciated the support they were given, although all mentioned that it had taken quite a long time for them to reach that stage.

- *It's taken a while to get everything into place, but now I think the services can complement each other pretty well, particularly when they seem to communicate about my needs.*

We found that in order to provide integrated care, service users either needed to have co-located services or a really proactive key worker or support system. Co-location of services was particularly beneficial because service users often found it too difficult to balance their needs. Further co-location of services, as exists at the Providence Row Dellow Centre, avoids service users having to choose which services they are able to access.

Where does integrated care work well?

Key Workers

Although the people we spoke to, including staff members, did not believe that the system is particularly well integrated as a whole, there are several aspects that do function well. In particular, the system of key workers and the support and links that they offer service users that goes beyond a specific treatment or service. They appreciate that their support workers provide a more personalised service, assisting in paperwork, paying bills, attending doctors' appointments, and otherwise providing support for everyday tasks. Service users who had a good relationship with their key workers were also typically more engaged with services and felt like they had 'someone in my corner'

- *My support worker is good. She's made all the difference... She gets me places, like the Doctors and the opticians. I wouldn't have gone.*
- *I didn't feel that I had anybody on my side, and when I came to Reset then I realised that I had a team of people rooting for me.*

Service users particularly appreciated when their key workers were people they could connect to on a personal level, as then their key worker would be more likely to understand their experience and support them to stay motivated.

- *It's been helpful to have someone who understands your experience. I know she has a child as well, so she's been great helping me get back in touch with my son. It's all around culture, she understands what my culture is like. I wouldn't change her for anything.*

Furthermore, key workers can advocate from patients in relation to other health and care providers (even though their powers may be limited).

- *I have anxiety and depression, so my doctor gave me medicine, but they had a lot of side effects. When I told my doctor about these side effects he did not listen or change my medication. My support worker fought with him to give me new medication, but he still did not listen.*

Convenience

Service users also felt that their care was more joined up and worked better together when they were able to access multiple services in close proximity to one another. For instance, Look Ahead ILCS service users were able to access a variety of support at 3 Colts Lane Clinic, which is just around the corner. The proximity of the clinic to their supported accommodation, as well as the fact that they could access mental health, substance misuse and physical health support there, meant that they faced fewer barriers to support.

- *I'd prefer to have more services come here [to Riverside House]. Like Reset does, rather than us having to go to them.*

Unfortunately, many other service users did not access services that were geographically convenient to them, and they largely felt that these accessibility problems had negative effects on their general wellbeing.

- *You spend most of your money going here and there on buses. You go without food to do that because most of your money is going on transport.*
- *It's hard to get to services because it's much easier to get to your dealer than to get on a train that we can't afford or walk all the way to the centre.*

- *I have to come here to get my tablets, but I'm on crutches, once I've paid for the bus to get all the way over here, I can't then get to Reset can I? My key worker understands, he only makes me go so often, but it's tough when it's so expensive.*

Not a one size fits all

It's clear that to have high quality integrated care within these services you need to be able to meet an incredibly diverse range of needs and preferences within the approach. Providing a wide variety of options also indicates the understanding that service users cannot be categorised simply based on their health and care needs, and that empathetic care is key. Service users found some services better than others in providing a wide variety of support depending on your needs. For instance, service users appreciated a variety of options when it came to recovery programmes, and the ability to access groups other than Alcoholic Anonymous, as many felt that AA didn't match their needs, but weren't always suggested an alternative.

- *When I was at Look Ahead, I felt that they pushed me to AA or nothing. But at AA, they tell us that we need a female sponsor, and I have a terrible relationship with my mum and having to call an older woman with authority over where I go and what I do, still feels really bad. But at Look Ahead, it was like, ok go to meetings and we're here if you want to talk. Whereas Riverside, it's like, let's talk now, and you could do this or this or this. There's options you know?*

In addition to providing a diverse range of options for treatment, service users also appreciated having access to activities outside of their care plans. For some service users, participating in lots of activities within their community made them feel supported and enthusiastic about their recovery.

- *I come here a lot, I come to the women's group like today, I've done the IT classes, art class, ear acupuncture, almost everything they offer. I get a bit bored now because I've done everything.*
- *I've been attending the classes here, just to occupy myself, because I'm not working at the moment, so staying home and not doing much, sometimes you have that urge that you want to drink again. I'm doing boxing and drama which is quite good for confidence.*

Service users who appreciated the variety of support struggled due to the lack of support available in the evening, which is when they felt they were at the highest risk of relapse.

- *This place should offer something to do in the evening, because its hard in the evening. If you're on your own you'll think of using.*

Sense of community

The services that received the most positive feedback where those that had gone to extra lengths to make the service feel like a place where service users could spend time and make their own. Feeling ownership and a sense of community also seemed to destigmatise the service and encourage participation overall.

- *You come here full of worry and you leave empty. It's a community.*
- *I come here all the time, this is like my family... I like being here, it puts structure into my life, and I just love it, it's like a family environment.*



PROVIDENCE ROW DELLOW CENTRE

Where does integrated care fall short?

Dignity and Respect

While there are some aspects of the sector that are well integrated and providing quality support, service users also had some negative feedback about their care as a whole. First is the fact that they did not feel like they had any dignity or that they were respected by the staff they interacted with. This, in turn, meant that they were less motivated to access services.

- *If people were a bit more patient and more understanding of what I'm going through, it would be better. Sometimes when people are rude to you, you just wanna walk away from it all.*
- *Sometimes it just comes down to dignity. If you have like dirty clothes and you think you wouldn't be welcome into a centre to talk to someone because you aren't clean, then you aren't going to try.*

Particularly, people living with drug or alcohol addictions felt that they were patronised or infantilised by medical service providers. They were not regarded as partners in their own care, or as empowered to make their decisions.

- *The staff at the hospital treated me well but once I told them I was a drug addict their whole mood changed and they weren't very helpful anymore.*
- *I don't really think I'm getting adequate support at my GP. I've been going to him my whole life, and I think because he knows my whole family, he knows my mum is an alcoholic, and my dad drank as well, so I think whenever I go, he just thinks "oh here we go again". So, if I go and say I think I need whatever, he'll give me a load of them, or he'll just sit and wait for me to answer my own question. He just signs off my sick note as alcohol dependent or low mood but doesn't look into it any more than that.*

Making their own decisions

In addition to not feeling respected, service users also felt that they were not consulted when it came to making decisions about their health or other services. As ensuring that the individual is at the centre is an integral part of integrated care, this feedback shows that there is still a way to go before services are truly integrated.

- *You can't support people if they aren't involved in decisions about their own lives.*

Just as having control over your own life is a key component of effectively coordinated care, so too is maximizing the effectiveness of available resources and services. However, service users did not feel as though they were provided with enough information and advice, which in turn meant that they were not accessing services that could've been a help to them.

- *I went to CELBS (City and East London Bereavement Services - saw a guy there for bereavement counselling. There's a lot of girls here who would benefit from things like that, but its whether caseworkers know. It's vital our key workers know that these things are available. If you don't know a service exists, then you won't get their help. It's all about information.*
- *Something that has helped me get through this journey I am on is that I know what services I am entitled to. At first, I had a hard time understanding which key workers worked together.*
- *I think a lot of people don't have good knowledge about the services that are out there to help them... Having support is the best way for someone to seek help.*

Staff members that we spoke to felt similarly that they were not able to maximize the use of all of the services in the community, because they were unaware of them, didn't know how they worked or were wary to direct a service user there in case the service itself wasn't sustainable.

- *Because everything is changing you end up 100% relying on your own knowledge and people you meet on the job. We're all definitely guilty of only referring to the services we've worked with in the past, without going outside of that, just because you don't know how it will be or whether it will have funding next month. And I'm not willing to put my clients through that.*

Lack of stability

In addition to not understanding what services are available, service users are equally wary about services due to their lack of stability. Whether its constantly changing key workers or services that are always changing contract or location, service users have an inherent mistrust in the system because they have been let down in the past.

- *Right now, I don't trust anyone, they always tell me different things.*
- *What I've found quite upsetting is how many times they changed my social worker. Not just for me, but for my daughter who was 12/13 at the time. I think*

she had four different social workers, and I think that's disgusting. Because all they kept telling me was 'stability', but they weren't demonstrating that themselves. I felt provoked by social services... I felt intimidated. But here [@ RESET] I've had the same key worker since I walked in these doors. That's stability.

The broad themes stated above are key aspects of integrated care that either help or hinder our participants experience in the health and social care sector. However, there are also aspects of particular services, while they may not link directly to concepts of integrated care, still play a prominent role in the delivery of support. As a result, we have outlined them below.

An adversarial relationship with authorities

One of our Enter and View representatives noted that *“Police behaviour to rough sleepers and hostel dwellers was pretty negative, there was a feeling that they were not deemed as credible and their reported crimes were largely ignored. Mental health was the main issue they felt that stigmatised them.”*. This view is echoed by the homeless people we spoke to.

- *I was still working but then the police arrested me. I was arrested for trespassing and when I went to my court date the person didn't show up and I was put into prison for two months. I just kept getting put into prison for very minor things. I broke my leg and while at the hospital the police told me I fit the description of someone who was trying to steal an iPad. Even though I told the police that I didn't do that they arrested me again and I was put into prison for eight months.*

Some of the vulnerable people we spoke to were undocumented immigrants or had difficulty proving their legal status; which was often one of the reasons for their precarious situation. In relation to addressing these issues, authorities were seen as obstructive rather than helpful.

- *The authorities arrested me and wanted to deport me. Ever since 2008 I have been trying to fight this issue, but the home office kept on changing the protocol. They would say something new every time I went, like I needed a new form or that I need to make more money now. The home office asked the bank to pay money for me and the bank wouldn't pay it. At this time, I was working in social care, living at Riverside, and the home office kept being difficult with me. Not all of my home office issues have been sorted yet... I couldn't get a flat because my passport wasn't stamped. I couldn't drive or get a license because I don't have a British passport or have any proof to say that I'm legally allowed to be in the U.K.*

Similarly, in relation to care and benefits assessment, service users felt that the Department for Work and Pensions offered them no support and positioned itself as more of a gatekeeper than anything else. They found it frustrating to try and access benefits, as well as feeling that there were not adequate concessions made for people with complex needs.

- *Benefits I do myself, I don't get any help with them. Universal credit, you have to work 2 months to qualify, so I can't get help.*
- *But this universal credit is a nightmare. Everything has to be done online and you need to have access to the internet to do it. They don't realise that if you're street homeless you have a cheap old phone that doesn't even get the internet. You've got to go to the library and go to the desk and ask and you've got to find a computer. You can't keep up with it all. But they don't care. They just sanction you. They drop your pay from 254 to 190. What they don't realise is that when you're street homeless you're on your feet 24 hours and you've got to run to this place, and this place.*

Homelessness Services

Having access to permanent and stable accommodation was one of the most important issues for the people we spoke to. Without housing, it is very difficult to address any other health or wellbeing issues, and lack of a stable address has knock on impacts that are incredibly detrimental. For instance, without proof of address, service users struggled to access jobs, get benefits, or even access other health services.

- *My main problem is housing. I have no problems with using computers. It's just that unfortunately I ended up homeless, and that's a struggle. At the moment, housing is the first step to anything else.*

Day Centres and Hostels

Day centres provided an essential place for respite, particularly for people who were sleeping rough, offering warm meals, advice, and a supportive space.

- *I went to the Mission and the Mission was helpful, they fed us, gave us clothes, and then we got a place to stay that same night.*
- *The Salvation Army one [day centre] I will go to. I find it quite interesting there.*
- *Coming here for the gardening group, teaches you skills gardening. I also do CV and work skills, they teach you how to make a cv, prepare yourself for work.*

- *I come here a lot, it's a place to sit, to just rest and get a meal. Sometimes I come to the film club, or the aromatherapy and massages. There's an English club, but I haven't done it because I don't have time.*

For some people, even accessing temporary accommodation is difficult, as they haven't been able to find space in hostels or any other support housing.

- *I became homeless due to job loss. I applied to 4 hostels, but haven't gotten in yet, I might be able to get in this winter. I'm not getting any other benefits or government services.*
- *I spent 4 or 5 days at a hostel here in Aldgate, but they told me since I hadn't been raped, tortured and I didn't have an addiction, there was no place for me.*

For people who have been placed in hostels, the system overall is fairly positive, but they largely consider the hostels to be run down and poorly managed, although they think of the staff in a particularly positive way. Particularly for those who were in hostels and also had substance misuse issues, they worried about relapses due to the culture of individuals in hostels.

- *For me life in the hostel is no good. You end up hanging out with the wrong people.*
- *The people at the hostel who work there are nice, but the place itself is grim.*

Sleeping Rough

For those who rough sleep, they reported that Streetlink has been inefficient in helping them, telling them that they must be seen by the outreach team in order to get help. Whether or not this is misinformation, several people reported getting this information directly from StreetLink.

- *They told me I needed to be somewhere public, so I sat on Whitechapel high street for three nights. I don't know why I had to do that, they had my phone number. But for three nights I watched, and they never came. So, I called, and they said "stay there for another three nights". Then I realised they were never coming. The second time, I thought "there's a lot of people in central London" and they told me to sit near Charing Cross Station, but they didn't show.*
- *They told me that they would come and see me rough sleeping twice. They've come once, but they haven't seen me twice.*
- *When I come here they referred me to Streetlink you have to be referred by them to get on the list. I've been here five weeks and I'm still not on the list.*

Streetlink referred me to some other company and they referred me to some other company.

Homelessness has shown to have a knock-on effect for people. Whether it's a lack of address or an increased risk of illness, not having a permanent address has a serious impact on individuals.

- *I have a continuing health problem with my leg, its infected, my homelessness has led to me catching an infection in my leg.*
- *Sometimes I have pain in my mind, it goes all weird. [A hospital psychiatrist] gave me medication but I don't like to use anything. He didn't do anything—just asked me questions, I don't know what to say, sometimes I get confused and dizzy, but medication, I really don't like to use it, makes it worse. This problem with the mental health, maybe if I wasn't in a shelter - you have a good life, you feel better, easy as that. I have friends, but when you're homeless you have no one around you, not even your friends, they're not interested in that*

Mental Health Services

Accessing mental health services is a huge issue for service users. Despite many of the people we spoke to expressing a need for mental health support, very few of them had actually managed to access any kind of help. Furthermore, some people felt that their mental health needs had been overlooked by the health professionals they had seen.

- *With the ambulance, it's the physical symptoms, that side of things they're great with, with helping you up, checking your head. But I was anxious, I felt unsafe, I wanted to be in a safe environment, and I felt that mental health isn't them, it's just a waste. When I went to the hospital after I was having fits at Look Ahead, and I had banged my head, the doctors were all over, coming up to me. But the other night, they said there's no marks on you so there isn't a need.*
- *They didn't discharge me into mental health services. They shove you out. Doctors don't have the time to talk to you and figure out what your mental health issues are. They just tick boxes on your forms.*

In trying to access mental health support, most service users felt that they had been left to their own devices, not receiving any support in trying to access services, but being forced to try and navigate a very complex system on their own.

- *I wanted bereavement counselling and I've really struggled to access. I've tried to access it several times and I still have not had a response, so I feel quite let down by that.*

- *And it's just been left on my own trying to struggle through stuff that is like you need a proper in-depth specialized help and that left to your own devices is almost impossible to sort out yourself and I've just been left to sort it out myself for five years while my life goes down the toilet.*

Barriers to Mental Health Support

For those people who have been able to access mental health services, they report it as a very difficult and prolonged process with lots of barriers, including being forced to go through repetitive assessments before being given a care plan.

- *I get mental health support, but I had trouble getting in at first, took 6 to 8 months to actually get into the service. Every time I went it was a different doctor and they asked the same proxy questions and I must've told them the same thing 35 times. It was hard because at the time I was in bits, so it was hard to keep going back and back.*
- *I've been to five or six different initial assessments now and like each one is god knows how many weeks or months wait and then you've got to wait until that's done and it just honestly feels like they don't care unless I'm causing a massive stink.*

For people who would like to access mental health services but also suffer from a substance misuse problem, the barriers to access are even higher. There is largely an understanding that you are not able to access mental health support when you are still being treated for substance misuse, although there appears to be some caveats to this of which even staff members are not aware. However, both services and staff agree that barring mental health services from those who have a substance misuse problem is not the right approach, as substance misuse may frequently be a symptom of a mental health problem, as opposed to the other way around. In fact, some service users reported feeling that their mental health was disregarded because of substance misuse problem.

- *I don't agree with the policy that you have to be clean before you access full mental health... I think they disregard mental health because of substance misuse.*
- *I've never accessed mental health support, but I want to. I hear voices, see things, even when I'm sober... Everyone pins it down to drink, but it happens when I'm sober, and I don't think that all of it.*
- *I experience manic depression, which led to my substance misuse, not the other way around.*

Similarly, staff members reported their frustration for not being able to advocate for mental health services for their clients if clients were also accessing substance misuse services.

- *The blanket ban on mental health services if you have a substance misuse issue is a shortcoming in my opinion. That could be sorted out but it's a bit of a postcode lottery. Some GPs identify an issue, but instead will tell you to go away and sort out your substance misuse and come back after. But mental health is often not a symptom of substance misuse, but it's a cause of substance misuse.*

Interestingly, no one we spoke to mentioned or seemed aware of any mental health services aside from the Community Mental Health Team. Whether this shows a lack of knowledge or the fact that community mental health services such as Inspire, are not appropriate for this population, it does reiterate that people are not aware of the services that exist.



RESET TREATMENT @ MILE END

Physical Health Services

While service users typically struggled to access mental health support, they felt largely positive about physical health services, and some had a strong attachment to their GP, seeing them as another form of support.

- *First things first, I want to talk about my GP, who is in Bow. He is a permanent source of goodness; he's been so supportive... he has provided the stability I need... He's been marvelous, don't know where I would be without him.*
- *I've been with my GP for a very long time, and I've got an attachment, but I'm out of that restriction area now. My doctor is brilliant, really really good. They helped me... my doctor would write letters to confirm that I was in recovery and I was working on it. And in the past, he helped me with housing as well, when I first came back, I was in a hostel with my daughter, and my doctor wrote letters to the council to help me onto the housing ladder.*

While individuals who had registered with a specific GP often held a strong attachment to them, those who attended the Health E1 GP Practice also found it a very useful service, particularly because it did not require all of the paperwork typically required by other practices.

- *I've been coming here for 2 years; I was made homeless in 2016. Its ok here, I like the way you can come in sometimes. They're pretty helpful. I can't think of anything outstanding, but it's nice that you can just come in whereas other places you end up coming and being turned away.*
- *I have a GP here, on Brick Lane, they're good, they found my blood test from ten years ago. They checked my HIV and I'm fine luckily. I don't know how they did that. They're ok here, I've only been to see them one time since I've been back.*

Accessing benefits and state support

Service users find it exceedingly difficult to access benefits, which contributed significantly to their precarious living conditions. In some cases, issues with benefits represent why individuals became homeless in the first place.

- *I don't know what's going to happen to me, because it's so hard right now. But this universal credit is a nightmare. Everything has to be done online and you need to have access to the internet to do it. They don't realise that if you're street homeless you have a cheap old phone that doesn't even get the internet.*

You've got to go to the library and go to the desk and ask and you've got to find a computer.

Several of the people we spoke to had not been able to apply for benefits because they were missing any form of ID. Aside from housing, forms of ID appear to be a key aspect for individuals, as without them they have very limited options. Crisis UK was mentioned multiple times as being a critical support mechanism for these individuals, but even with the support of Crisis, replacing IDs is a long slow process that doesn't allow for any progress in the meantime.

- *They sent me a letter, the home office, and told me I was going to have wait 8 weeks for my ID. I haven't had it since July.*
- *We can't access funds right now because we don't have ID. Crisis is helping us get our passports, but we can't get help until we do that. There are many things you need, but first the passport, after that, access card.*

Finally, several staff members mentioned throughout our visits to night shelters that there has been a steady increase in guests who have no recourse to public funds. Given how the system works, there is little allowance for not being able to 'move on' individuals, but given the increase in homelessness across the country, this is an issue that could easily grow over the years, an increase in individuals who need the most help, but have the fewest pathways by which to access it.

Accessing Information

Although there is a significant amount of support available for both homeless people and substance misuse service users, both in terms of treatment and available support in the community, we found that this information is difficult to find, particularly if you have not accessed these services before. We conducted a small mystery shopping exercise to understand how easy it is for someone who is unfamiliar with Tower Hamlets services to find support in the borough. Using a google search and key terms of 'homelessness', 'support', 'Tower Hamlets', 'substance misuse', 'addiction', our mystery shoppers looked for the most readily available information. Disappointingly, information on these services was very difficult to find, with only the RESET webpage, and the housing office for Tower Hamlets in Bethnal Green coming up as viable walk-in options. No information on community or third sector support services, such as day centres or advice hubs were readily available. We found that it was only possible to find information about these services when you already knew they existed, and therefore could search for them by name. For someone who is newly homeless or at risk, and trying to access support, they would find it very difficult to find the support they need.

We would like to thank all of the services and service users for their participation and support of this project.

How service users can share feedback

Healthwatch Tower Hamlets always wants to hear about the experience of local people in the health and social sector. Please, share your views!

Telephone: 020 8223 8922

Email: info@healthwatchtowerhamlets.co.uk

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Twitter: @HWtowerhamlets

You're welcome to use this information free of charge, but if you do, please cite the report and let us know at info@healthwatchtowerhamlets.co.uk