Duncan Lewis

Review Team

London borough of Haringey

E-Mail only

Jeta.Ibi@enfield.gov.uk

Correspondence Address:
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London
EC3M 6BL
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Andre Cummings
Housing
City office

Our ref: **ANDREC/B1****1/DB**

Date: **5th April 2023**

REVIEW UNDER THE HOUSING ACT 1996 PART VII S202

Dear Sirs

RE: DB

NFA

We continue to act for the above-mentioned client in relation to his review under S202 of

Housing Act 1996. We write further to our previous communications to submit further Representations in support of our request for a review of the council S184 decision finding Miss [redacted] not in priority need. We have perused our clients housing file and taken further instructions from her. Our client instructs that she is in priority need and a further understanding of her medical

We want to thank you for agreeing to our request for an extension of time.

The purpose of this review is to address the council Non priority need decision on 25th January 2023

and to respond to the councils minded to letter dated 20th march 2023. Our client will first address the points of the council's regulation 7 letter and then address points regarding non priority need.

Background

Our client is 33 year old female , Our client moved into 7 tenneyson close , Scotland green road Enfield EN3 4SN on 9/08/2011. Our client was subject to an attacked in November 2017 by three men which was documents to Enfield council as our client was awarded with 150 bidding points in letter dated 13 September 2021 (see attached). Our client was attacked on 25th November 2022, this attack resulted in our client being stabbed in the hand and required surgery (see attached). Our client states London and quadrant housing association submitted an urgent application for assistance under section 183 housing act 1996 on 9th December 2022. They asked Enfield council for assistance as they no longer had housing to place our client as the police stated the property was not safe. (See attached). This submission included Enfield council to provide interim accommodation under s188. Enfield council issued a letter to you on 28th December 2022 stating that they would be offering our client with interim accommodation under section 188(1) pending enquiries into her case. The council provided our client with a travel lodge, our client states during her stay at the travel lodge she was sexually assaulted whilst waiting for food at the hotel restaurant/ bar. Our client states hotel room was broken into and her partner was assaulted trying to protect her. Our client state since this incident, she has been made homeless and the council stopped provided accommodation. Our client has been street homeless since 16 January 2023. On the 25th January 2023 the council issued our client with a S184 non priority decision letter and declined our client application for accommodation pending review.

Duncan Lewis
Solicitors

Regulation 7

Client response to minded regulation points 1- 26.

Point 11 states the following:

The Council acknowledges that you have reported experiencing issues of self-harm, though there is no evidence of current self-harming behaviour, we strongly urge you to immediately visit hospital or contact the emergency services if you are feeling unwell or have thoughts of self-harm.

Our client mother has instructed that our client has been self-harming since she was a child, in letter dated 24/02/0223 it is reported that our client has a history of self-harm, involving horizontal cutting of her arms. See attached letter. Further our client has made a SAR request on 26th January 2023 and still awaiting further medical evidence to support this history of self-half and mental health. Our client will put forward further evidence upon receipt.

In regard to point 13 which states:

On 27th November 2022 you sustained a hand injury due to a stabbing at the Goat Pub, which is in close proximity to your accommodation. As a result of this injury, you were admitted to hospital and discharged the same day, however you have not gone back to your property through fear of further

violence from the perpetrators of the attack. It has been established that the perpetrators live in proximity to your property, and you believe that returning to the property will entice a further attack as you feel you will inevitably come into contact with these people.

Our client instructs she was attacked on 25 November 2022 and not the 27th November 2022 as stated. Our client states the council seem to be using incorrect information's, our client was attacked on25 November 2022, the hospital could not stop the bleeding. North Middlesex could not deal with the injury and had to send our client to the royal free hospital. The royal free hospital did not have any beds so our client had to stay at north Middlesex until they were able to stop the bleeding. Our client was then given blood transfusions and sent home, our client was informed that she should go to the royal free hospital in the morning. Our client went to the royal free hospital the next day but there was no doctor there to do the operation she needed to the hand. Our client went back to the royal free hospital again on 27th November 2023 and an operation was carried out on her hand.
Further our client states she did not return to the property due to the advice from the police. (see attached letter).

In regards to point 15 which states the following
additionally, from information provided by the Met Police and yourself, this attack was perpetrated by individuals who you previously did not know, and this was not a planned or premeditated assault. There were no previous threats of violence from the perpetrators, nor has there been any further instances of violence, either actual or threatened, since this attack. The altercation at the Goat Pub has been deemed, both by you and the Police, as a spontaneous dispute that quickly escalated.

Our client mother instructs that although she did not know her attackers who assaulted her on 25/11/2022, one of the suspect of the assault lives on our client block of flats which lead to the police deeming the property to be unsafe for her to live in. our client states the police advised and made a recommendation to Enfield council on 8th December 2022 that she should be moved due to the proximity of the suspect of the investigation and the mental/ physical toll the incident has on Ms [redacted]

In regards to point 23 and 24

23. *In his report dated the 24th January 2023 Dr Ash Thakore acknowledged your history of anxiety and depression and sleep problems. He notes you are being prescribed standard anti-depressant medication and medication to help with sleep.*
Your ability to think rationally or your cognitive thought processing appear to be unabated. The Doctor advised that there are no unstable psychotic tendencies or active suicidal thoughts to consider, and you are not on an enhanced care plan.

24. *Dr Ash Thakore considered your history of asthma. He notes you are in receipt of standard inhaled medication. Dr Thakore advised that urgent respiratory interventions or profound degrees of ventilatory support are not required. You have not had repeated hospitalizations due to ongoing infective exacerbations of a poorly controlled underlying asthma diagnosis.*
It is now also stated DB had PTSD which she is waiting for treatment along with other treatment for her mental health.

Our client states in the letter dated by Dr Abidoye on 26th January 2023 it is stated that our client has reported that she has thoughts of self-harm and waiting therapy from the mental health team. The doctor asked if our client could be provided suitable accommodation as soon as possible due to the impact it is having on her mental health and recovery from hand injury.

Our client positon

The review officer correctly mention that the test to be used to assess whether or not Miss [redacted] is deemed to be vulnerable in accordance with Section 189(1) (c) of the housing act 1996 is laid down by the Supreme Court in the cases of ***Hotak v London Borough of Southwark; Kanu v London Borough of Southwark; Johnson vSolihull Metropolitan Borough Council*** **[2015] UKSC 30; [2015] 2 WLR 1341**. In deciding whether a person is vulnerable in accordance with Section 189(1) (c) of the above Act the Council must ask itself whether the applicant, as a result of being rendered homeless, is 'significantly more vulnerable than ordinarily vulnerable'.

Paragraphs 1 to 53 the Supreme Courts set out the history and background in relation to vulnerability and the defining paragraph, which sets out what the definition of vulnerable is in paragraph 53. In this paragraph Lord Neuberger states

"*Accordingly, I consider that the approach consistently adopted by the Court of Appeal that "vulnerable" in section 189(1) (c) connotes "significantly more vulnerable than ordinarily vulnerable" as a result of being rendered homeless, is correct*".

Lord Neuberger stated significantly and more vulnerable means - *Virtually everyone who is homeless suffers "harm" by undergoing the experience, and therefore one is thrown back on the notion of a homeless person who suffers more harm than many others in the same position*".

It is noted that the reviewing officer stated under Section 189(1) (c) that they are not satisfied that our client would suffer more harm than an ordinary person if made homeless. Our client's instructions are that this notion is rebutted and she is currently homeless and more vulnerable.

Medical condition and circumstances

The review officer has stated in points 40 and 41 that it is accepted that our client suffers from the aforementioned condition and other social stressors such as homelessness and have noted the challenges our client face on a day to day basic. The review offer states that along with this and considering medical reports our client would not be significantly more vulnerable than ordinary person.

In regards to management on her own if made homeless our client has stated this is not the case. On our clients Personal independence payment plan assessment awarded in 2020 states that our client needs supervision or assistance from another person to prepare or cook a simple meal (see attached). The letter further states that in regard to washing and bathing , our client will need supervision or prompting from another person to wash or bathe, this supports the notion that now our client street

homeless she is struggling to gather good and keep her hygiene. Further it is stated in regard to dressing and undressing, our client either needs another person to tell her how to get dress or undressed, how to do it or when to keep her clothes on. Our client needs prompting or assistance selecting appropriate clothing. Our client needs support in making complex budgeting decisions and cannot undertake journeys alone as it will cause overwhelming psychological stress.

For these above reasons when compared to an ordinary person our client is in priority need. An ordinary person does not need support to eat their food, bathe, dress, undress or support with mixing people.

Our client states that they have not declined the help and support from L&Q and information of point 42 is incorrect, our client was previously housed by L & Q for 11 years and if help is offered to relief her homelessness she would accept.

Our client states what is stated in point 46 is incorrect, it is stated :

Regardless, I have considered that you have the skills, understanding, resources as well as the assistance available to resolve your homelessness, you could access different friends' accommodation if required. You have also demonstrated that you have engaged with your GP, Police when required, maintained your finances, and engaged with the Council regarding your housing issue since November 2022. You have sought the services of the solicitors to advocate on your behalf, you provided submissions in writing and are able to advocate independently with or without support.

Our client mother has instructed that the council are incorrect, our client has not been the one doing everything, and her family has been supporting her as she cannot do things on her own. Our client needs assistance in making calls, writing due to her dyslexia learning difficulty. Our client has never been able to deal with things herself since she was a child and has always needed great deal of help. Our client is unable to receive this help when homeless as she has nowhere to sleep.

Other special reasons

Our client states that they disagree with point 51 that a person can assess someone's mental health without conducting a interview or examining in person.
Our client states Dr Ash Thakore has done a paper review for the council and a doctor is unable to get a full picture this ways.

New medical evidence

Our client instructs she suffers from, learning difficulties , mental health, asthma, insomnia and physical medical needs due to attack that took place on 25th November 2022. Our client traumatic memories from the attack are triggered easily especially when she walks past the incident site. Our client was referred to the plastic surgery psychology service following her attack. Our client conducted an psychological assessment on 16th February 2023 at the royal free London hospital. The

assessment results showed that our client is suffering from symptoms consistent with PTSD. The report states that our client does not want to care for her injured hand as she feels it is not hers, this highlights our clients mental health struggles. The report supports that our client has history of self-harm, an ordinary person if made homeless would not self-harm. The assessment stated that our client needs to be stable under community services before psychological therapy in relation to her hand. Our clients PHQ-9 were 17/24 and GAD-7 19/21 which shows our client suffers from server depression and server anxiety. Lisa Goodman the clinical psychosis stated that when our client is stable she can return to the plastic surgery psychology service for support.(see attached) our client mental health shows that she is in priority need , a ordinary person would not suffer from anxiety and depression and be told to return when they are stable. Our client is homeless and her mental health suffers more and more every day.

Our client GP letter dated 16 march 2023 the letter states our will have to operate on her injury to repair the tendon in her hand. The letter supports that suitable accommodation soon as possible would be suitable due to the impact being homeless is having on our clients mental health and allow her to recover from her injury.

The law

The homelessness code of guidance for local authorities chapter 8 states the following in regard to priority need.

8.17 When assessing an applicant's vulnerability, a housing authority may take into account the

services and support available to them from a third party, including their family. This would involve considering the needs of the applicant, the level of support being provided to them, and whether with such support they would or would not be significantly more vulnerable than an ordinary person if made homeless. In order to reach a decision that a person is not vulnerable because of the support they receive the housing authority must be satisfied that the third party will provide the support on a consistent and predictable basis. In each case a housing authority should consider whether the applicant, even with support, would be vulnerable.

Mental illness or learning disability or physical disability

8.26 Housing authorities should have regard to any advice from medical professionals, social services or current providers of care and support. In cases where there is doubt as to the extent of any vulnerability authorities may also consider seeking a clinical opinion. However, the final decision on the question of vulnerability will rest with the housing authority. In considering whether such applicants are vulnerable, authorities will need to take account of all relevant factors including:

(a) the nature and extent of the illness and/or disability;

(b) the relationship between the illness and/or disability and the individual's housing difficulties; and,

(c) the relationship between the illness and/or disability and other factors such as drug/alcohol misuse, offending behaviour, challenging behaviour, age and personality disorder.

8.27 Assessment of vulnerability due to mental health problems will require co-operation between housing authorities, social services authorities and mental health agencies. Housing authorities should consider carrying out joint assessments or using a trained mental health practitioner as part of an assessment team. NHS mental health services provide help under the Care Programme Approach (CPA) for eligible patients, including people with severe mental illness (including personality disorder), who also have problems with housing. People who are homeless on discharge from hospital following a period of treatment for mental illness are likely to be vulnerable. Effective arrangements for liaison between housing, social services and mental health services will be essential in such cases but authorities will also need to be sensitive to direct approaches from former patients who have been discharged and may be homeless.

8.28 Learning or physical disabilities or long-term or acute illnesses which give rise to vulnerability may be readily discernible, but advice from health or social services should be sought wherever necessary.

Having left accommodation because of violence

8.37 A person has a priority need if they are vulnerable as a result of having to leave accommodation because of violence (other than domestic abuse) from another person, or threats of violence from another person that are likely to be carried out. It will usually be apparent from the assessment of the reason for homelessness whether the applicant has had to leave accommodation because of violence or threats of violence. In cases involving violence, the safety of the applicant and ensuring confidentiality must be of paramount concern.

8.38 Note, in this context violence does not include violence which relates to domestic abuse. For further guidance on dealing with cases involving

Conclusion

In regards to chapter 8.17 of homelessness code of guidance foe local authorities, our client mother underwent heart surgery and was in hospitals for a long peridos of time since our client has been homeless, our client cannot rely on the consistent assistance from her mother as she is battling with her own health conditions.

As stated previous in Hotak v London Borough of Southwark, Kanu v London Borough of Southwark, Johnson v Solihull Metropolitan Borough Council [2015] UKSC 30 that when determining whether a person is "vulnerable" within the meaning of section 189(1)(c), a local housing authority "must pay close attention to the particular circumstances of the individual". We believe that the local authority has acted incompetence in this sense and has completely disregarded our client's individual circumstances and she is indeed in priority need and in need of accommodation.
Our client states that on 21 October 2019 she was awarded medical priority from L & Q after a medical assessment (see attached) Our client states her medical condition has thus become worse since this point and should be considered in priority need by the council.

If you have any queries, please contact me by telephone on 02072752883. Please ensure that you quote our reference number above in all correspondence and communications with this office.

Yours faithfully

Duncan Lewis

Housing Options and Advice Service

Income and Expenditure Form

ENFIELD Council

Name	DB		
Address	7 Tenneyson Close, Scotland Green Road		
	Enfield	Postcode	EN3 4SN
Tel. no.	Daytime:	Evening:	
Date	21/12/2022	Housing Application ref.	9007**** i believe

Your Personal Expenses

Housing Costs	Amount Weekly	Amount Monthly
Rent (full rent)	i think about £140.00 per week paid via housing benefit	
Council Tax	Paid via housing benefit	
Water Rates	£9.00 per week	
Home Contents Insurance		
Gas		
Electricity	£80 per week	
Total amount (a)	**£ –**	**£ –**

Household Expenses		
Food and Household Shop	£75.00	
Discretionary Spend	£50.00	
Clothing / School Uniform		£60.00
Travelling costs		£60.00
Broadband and Mobile		£68.00
Call Charges		
Child Care Costs		
TV Licence		£13.00
Total amount (b)	**£ 238.00 –**	**£ 201.00 –**

Total Expenses (c)		
Housing Costs (a) plus Household Expenses (b)	**£ –**	**£ –**

i got a budgeting loan From DWP £24.00 per week.

Your Income

Type of Income	Amount Weekly	Amount Monthly
Wages (your pay)		
Wages (your partner's)		
Working Tax Credit		
Child Tax Credit		
Child Benefit		
Universal Credit Personal Allowance		
Income Support / JSA		
Housing Benefit / Universal Credit Housing Element *This must be entered if FULL rent is given in Housing Costs table. If CAP rent is given in Housing Costs table, leave this amount blank.*	my rent and Council tax are paid via Enfield Council Housing Benefit	
Employment Support Allowance	£180.19 weekly but i get it every 2 weeks so get £360.38 2 weekly	
Maintenance Payment		
Student Grant		
Other Pension		
Carers Allowance		
PIP		£467.40 every month
DLA		
Total amount (d)	**£** £180.19 weekly but i get it every 2 weekssoget£360.38 2 weekly	**£** £467.40everymonth

For Office Use Only

Category D – Total Income	£ –	£ –
Category C – Total Expenses	£ –	£ –
Available income per month (Category D minus Category C)		£ –
Available income per week (Category D minus Category C – weekly only)	£ –	

ENFIELD
Connected

ENFIELD
Council

Information for persons applying to Enfield Council as Homeless / or for inclusion on Enfield's Housing Register

Who We Are?

We are Enfield Council and we are the Data Controller for data you provide as part of your application. You can contact us in the following ways:

Email: Housing.Needs@enfield.gov.uk
Telephone: 020 8379 1000
Post: Housing Department, Enfield Council, Civic Offices, Enfield, EN1 3XA

Why We Are Processing Your Data

We will use your personal details to progress your application. The information you give us will be used for making enquiries and assessments so that we can make decisions required to process your application under Part 6 and / or Part 7 of the Housing Act 1996 as amended.
Information can also be used for the prevention and detection of fraud.

Who We Obtain Data From and Who We Share Data With?

To process your application, we may need to get more information from third parties including:

a) Your doctor/GP and other healthcare professionals;
b) Other Enfield Council departments and other Local Authorities;
c) Government Agencies including:
  i) Department of Work and Pensions;
  ii) Home Office;
d) Your current landlord and / or their agent;

e) Previous landlords and / or their agents you have had in the past 5

Sarah Cary
Executive Director Place
Enfield Council
Civic Centre, Silver Street
Enfield EN1 3XY

www.enfield.gov.uk

If you need this document in another language or format contact the service using the details above.

f) Friends or family members;

g) HMRC;

h) Credit reference agencies;

i) Your employer;

j) Land Registry;

k) Police;

l) Relevant landlords and estate agents who may be able to offer you accommodation;

m) Fraud Prevention agencies.

Personal information may be shared with any of the above, other Council services and data processors acting on behalf of the Council, as well as where the law allows, third parties such as banks or building societies and fraud prevention agencies. If fraud is detected as part of this information sharing process, you may be refused certain services, finance or employment. We always share the minimum information required for our enquiries. You may object to this sharing below and we will not then share data *unless required by law*, but this may reduce your opportunity to obtain housing or prevent your application from proceeding.

Your Rights

You have rights in respect of your data, including the right to be supplied information on how we use your data, what data we are holding about you, to request correction or erasure of your data, to object to processing and to complain to the supervisory authority.

You can object to us sharing your data with any of the organisations above and we will not share as you instruct, although this can affect your application or prevent it from being processed. You can object at any time in writing by email, post or in person.

For full details please see our privacy notice at https://new.enfield.gov.uk/privacy-notice or ask for an accessible copy if required.

Consent

To reach a decision on your application, we may need to request a medical assessment.

We require your consent to process health information. If you do not give consent, we will not be able to take health information into account which may affect your application.

Medical assessments are often done in-house. The names of the third-party healthcare professionals we may share your information with to obtain a medical assessment are:

n) Gemar Ltd;
o) Now Medical Ltd.

By ticking the box below on this form, you are giving us your consent to share personal data about health.

Your consent can be withdrawn at any time by contacting us by email, post, telephone or in person although this may affect your application. Our contact details are as above.

Concerns Regarding Our Use of Your Data

If you are not happy with our processing of your data, you should contact us as noted above in the first instance. You also have the right to contact our Data Protection Officer or the Information Commissioner.

Our Data Protection Officer can be contacted at:

Email: Enfield.Data.Protection.Officer@enfield.gov.uk
Post: Data Protection Officer, Complaints & Information, Enfield Council, Silver St., Enfield, EN1 3XA

The Information Commissioner may be contacted via their website https://ico.org.uk

Consents / Objections

☒ **I consent** to the council sharing my medical data for the purposes noted above

Please tick **one** of the boxes below. If you object to data sharing, please ensure you provide the names of the organisations you do not wish us to share information with. Note that in some circumstances we are required to share information by law; your objection is only valid where this does not apply.

☒ **I have no objection** to Enfield Council sharing my data with all the organisations noted in this document and to obtaining information from them in order to process my application.

☐ I **do not** wish Enfield Council to share my data with the organisations listed below.
I have no objection to Enfield Council sharing my data with the other organisations noted in this document and obtaining information to process my application. I understand that this objection may reduce my opportunity to obtain housing and may prevent my application from proceeding.

Organisation(s) objected to:
(you may use the letters in the document rather than writing full names if you prefer)

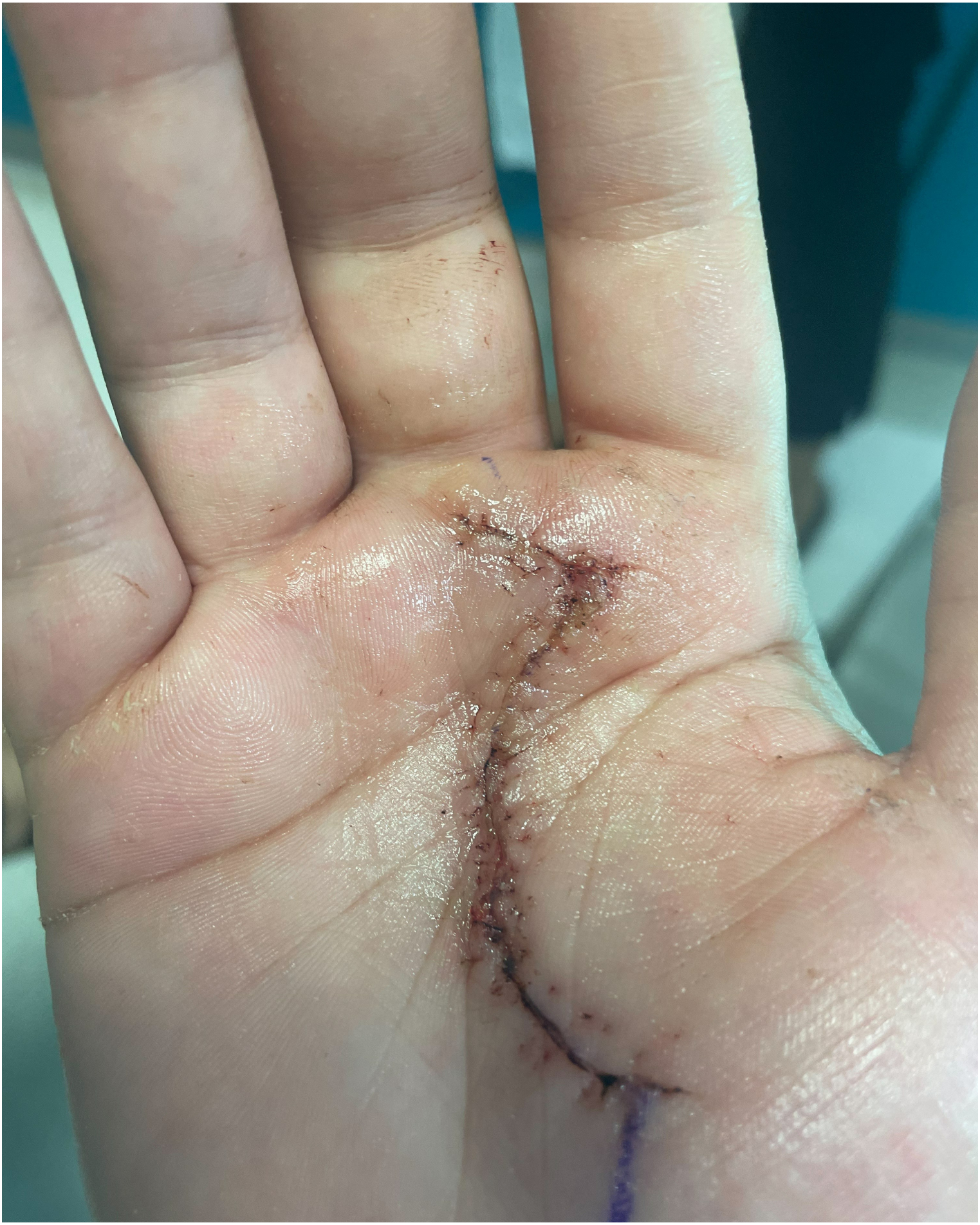
DECLARATION

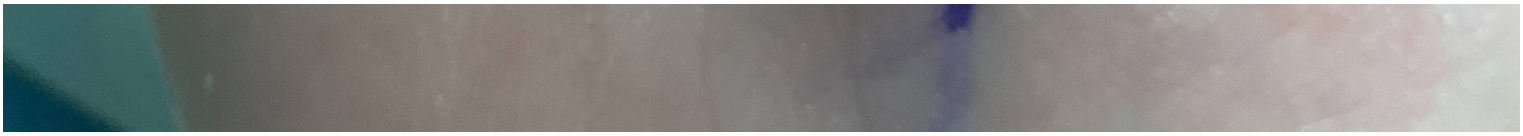
It is an offence to knowingly make a false statement and/ or to omit to provide information with the intention to induce the Council to believe that you or any other persons are entitled to accommodation. If you are found to have provided false information or omitted to provide information in this way the Council may withdraw assistance and/or consider criminal proceedings.

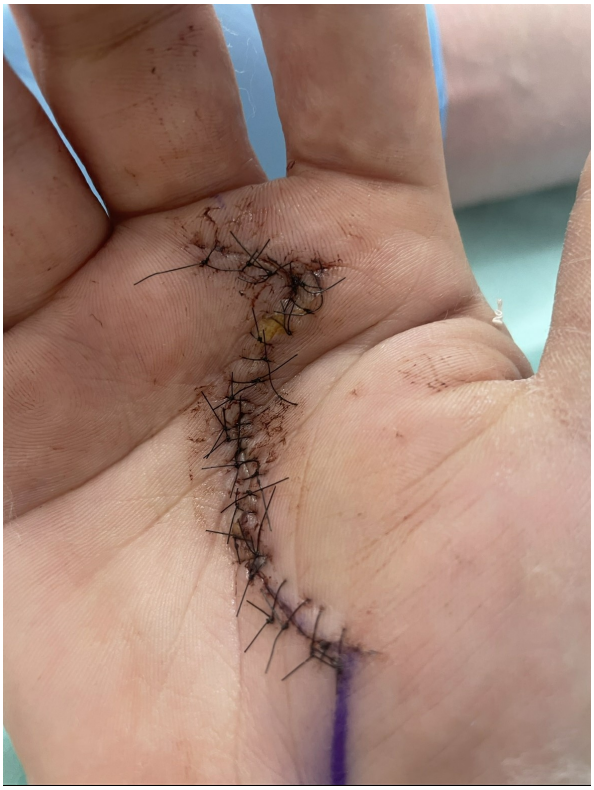
You must also inform the Council immediately of any changes to the information that you provided as part of your housing application, as these may affect the assistance that is provided to you. If you do not tell us of any changes to your circumstances, the Council may withdraw assistance and/or take legal action against you.

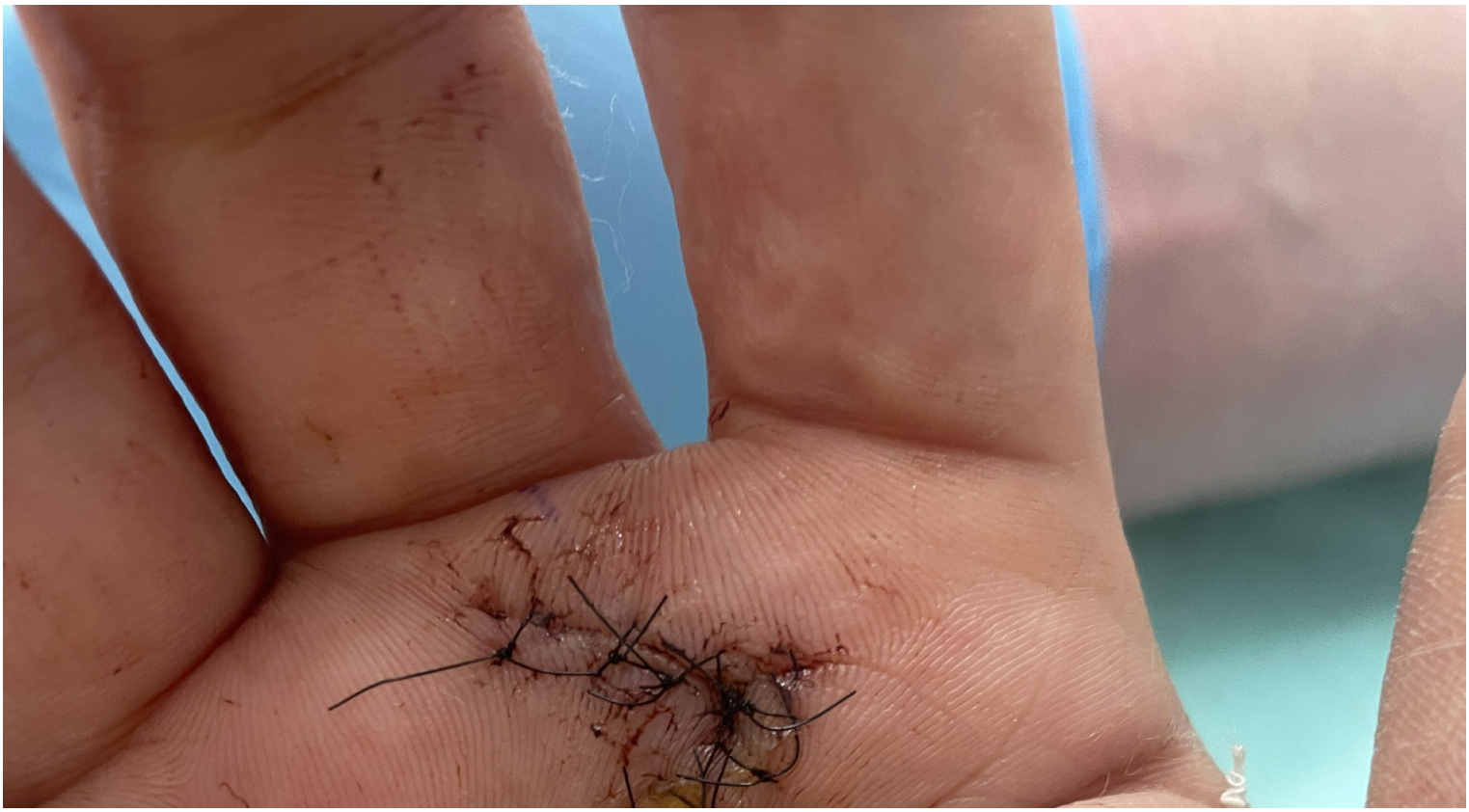
Signature of main applicant: -^^^^^^^^^^^^^^^^^^^ 1
Print full name:…DB ……
Date:…21/12/2022……
Signature of co-applicant:……
Print full name:……

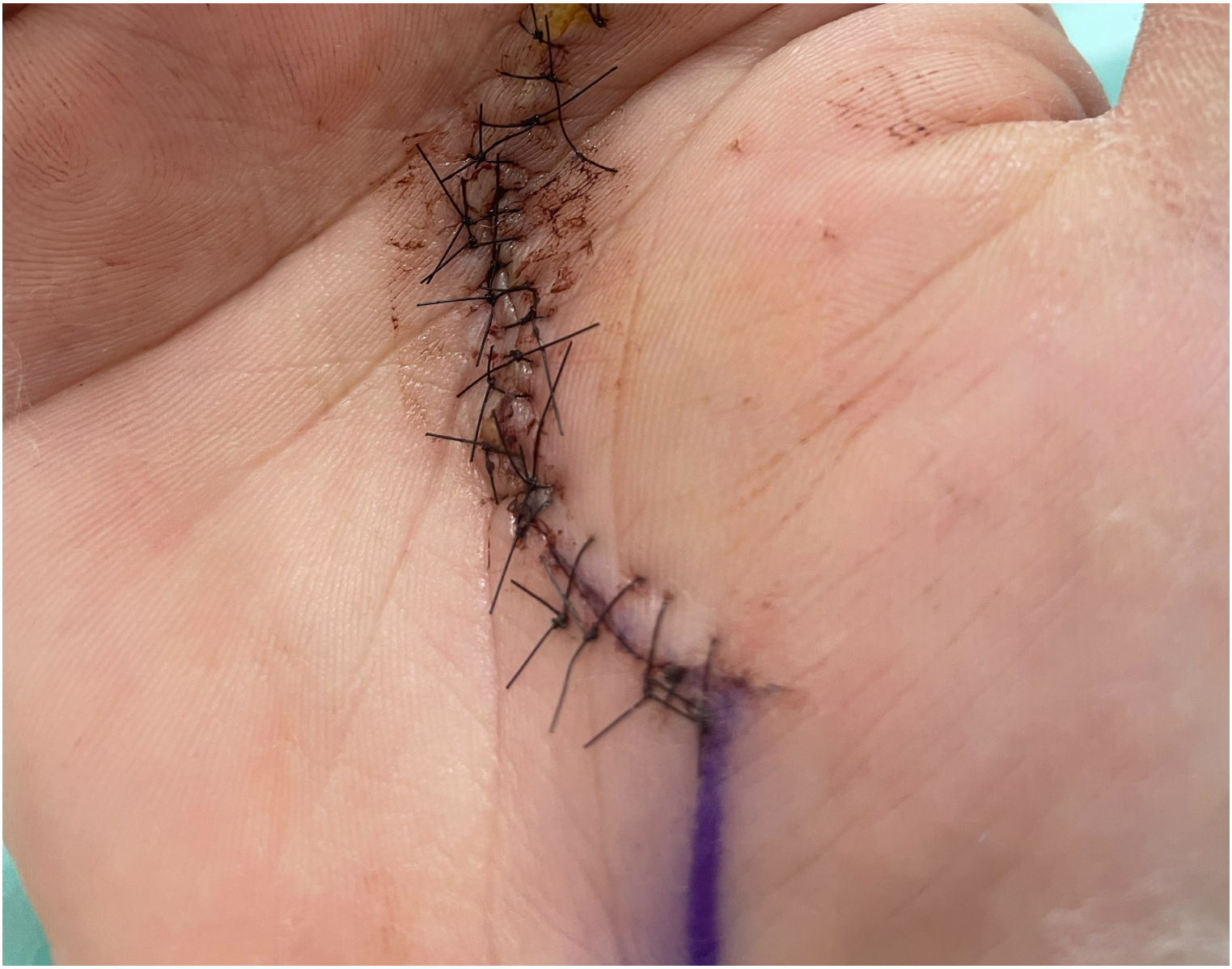
IMPORTANT – Enfield residents should register for an online Enfield Connected account. Enfield Connected puts many Council services in one place, speeds up your payments and saves you time – to set up your account today go to **www.enfield.gov.uk/connected**











SUITABILITY ASSESSMENT FORM

Form completed with customer:	**Yes**
Customer offered an interpreter:	**N/A**
Language required:	N/A

This form is used by us when we are looking for a property to offer you. The information you provide will help us to ensure that any property we offer you will meet your needs.

It is your responsibility to inform us of the housing needs that you have. We are likely to ask you to provide evidence of any statements that you make within this form- for example proof of medical or mobility needs.

Main applicant name:	**DB**	
Reference number:	**Jigsaw ref: 7437*** **	**Northgate: 9999*** **
Contact details:	**Phone number: 07868****	**Email address:** DB@yahoo.com
Current address:	7 TENNYSON CLOSE ENFIELD, EN3 4SN	
Number of bedrooms (property size) needed:	1	
Is applicant willing to downsize?	**Yes, applicant is happy to have a room or studio, she just wants somewhere to stay.**	
Address of property being offered (if relevant):		
Benefit capped:	Customer receives ESA and PIP for her mental health Date checked: Not checked	
Professional / family member to be copied into offer (if relevant):	DB@yahoo.com, customer would like to be emailed alone.	
Duty stage i.e. prevention, relief or main	**Relief**	
In TA	**Yes ☐ NoK**	
Willing to move out of London?	**Yes ☐ NoK** Customer insists on being placed in Enfield or any local boroughs such as chestnut, Enfield, Tottenham, Haringey, Palmers Green, Barnet, Edmonton and Southgate. She states she cannot move out of these areas as she states her friends help her and she will like to stay in Enfield or other boroughs stated.	
Urgent Transfer	**Yes K No^ App is homeless today**	
Complex Medical case	**Yes ☐ No^**	
Caseworker name and contact details:	**Lilian Moki**	
Date of assessment:	**28/12/22**	

Authorising Manager	**Chris Farrell**

Family composition N/A			
Please detail below everyone you wish to be housed with you			
Name	**Relationship to main applicant**	**Date of Birth and Age**	**Gender**
Applicant alone			
Is any member of the household pregnant? If so, please specify	NO		

Employment N/A			
Are you / anyone in your household working?			
No		If yes, please provide details:	
Name and relationship to applicant	**Job title, contract type, working hours per week**	**Name of company and location of work *(full address)***	**What method is used to travel and how long does it take?**

Caring Responsibilities	
Do you / anyone in your household have caring responsibilities? NO	
No	If yes, please provide details:

Name, address, and relationship to person they care for	How often do they care for the person, and what do they do? *(Number of times per week / duties carried out)*	Are they in receipt of Carer's Allowance? Attach evidence to file	What method is used to travel and how long does it take?
Customer states her friends help her take her medication by giving her to take every night. She states they help her cook.	Customer states her friends help her • take her medication by giving her to take every night. • Help her cook as she is not able to cook. • Tidy up her house She gets shopping done online and is delivered	Unofficial support as they do not receive carers allowance. Just friends helping.	Customer uses Cab and her friends drive when taking her to her appointment. She gets anxiety when on public transport and stopped using it.

Education Needs N/A				
Do you have any statemented/special needs children? No				
Details of schools attended by dependent children N/A				
Child's Name	**Age**	**Year Group *(If taking GCSE / A Level please specify)***	**Name of School *(please specify if this is a specialist school)***	**What method is used to travel and how long does it take?**

Childcare	
Do you use childcare currently? N/A	
No	**If yes, please provide details:**

Who provides current childcare?	Reason for childcare *(e.g. work / study / a break from children etc.)*	Cost of childcare	What method is used to travel and how long does it take?

Social Services			
Are you or any of your children known to social services? N/A			
No □ yes x		**If yes, please provide details:**	
Name	**Age**	**Social Workers name**	**Social Worker's contact details *(phone number and email address)***
Applicant DB		Samuel Leach	Samuel.leach@enfield.gov.uk 02045267062 07929076972

Physical Health			
Do you / anyone in your household have physical health needs such as chronic disease or mobility issue?			
Yes □ No x		**If yes, please provide details:**	
Name and relationship to main applicant	**Type of health problem *(professional diagnosis)***	**Medication / support received *(e.g. Carer, Occupational Health or Adult Social Care)* Do they use any mobility aids or require adaptations in the home? Attach evidence to file**	**Travel to GP / hospital / health facility - What method is used to travel and how long does it take?**

Miss DB	Applicant states she broke her right leg and not able to use the stairs properly. She can use the stairs, but she cannot carry heavy objects up the stairs even shopping bags. She can manage up till 3rd floor not more than that.	Customer is not using any mobility aid. No medication for the right leg.	DB uses a Cab most of the time .
		Still under investigation	
Any recommendation from MAO:	Not passed to MAO Case still under investigation		

Mental or Cognitive Health			
Do you or anyone in your household have mental health needs *(e.g. anxiety, depression, clinically evidenced phobias)?'* Or cognitive health needs *(e.g. ADHD or Autism)*			
Yes		**If yes, please provide details:**	
Name and relationship to main applicant	**Type of mental health/ cognitive health problem (professional diagnosis)**	**Medication / support / specialist support received** **Are there any pending referrals with supportive organisations?** **How does this impact on your housing needs?** **Attach evidence to file**	**Travel to GP / hospital / health facility - What method is used to travel and how long does it take?**
DB	DB has been diagnosed with Depression and anxiety a long time ago since she was	• Sertraline 150mg for day and night combined. • Co-codamol • Paracetamol	Travel by CAB

	young. She also states she suffers from ***schizophrenia*** but there is no medical evidence for that one but she can get medical evidence for depression and anxiety from her Drs. She also states she has underlying issues such as sleeping disorder and other stuff she is not sure that must have been written down by the Dr.	Ibuprofen Inhaler for Astham Zopiclone. This does not impact a lot on her housing but her mental health affects her current circumstance.	
Any recommendation from MAO:	Not passed to MAO however, still under investigation		

Risk of violence N/A		
Are you or anyone in your household at any risk of violence or abuse? DB was as risk of violence in November but investigation pending to determine if still at-risk No n 1		
From Whom	**What locations are you at risk in**	**Details of risk (who and what):**
	Applicant states she does not know as she does not know where the other two perpetrators live.	DB was attacked outside the pub at the highroad, “The Goat Pub” near Tesco by unknown men. She was stabbed in her palm and blood started oozing out. She got in the CAB as someone called it and she inside. Applicant stated she argued with the guy and she cannot remember everything as she was unconscious. She was with her friend and he had bruises all over

		him. He also cannot remember anything at all as they were both attacked.
Unknown persons, three in number. She states one of them lives around her address in her estates. She states he may be in prison but she is not sure. She states the police are working on it.	IDVA / support worker – Early Help worker – Solicitor – Any other professional - Nazma Sharif <NSharif@lqgroup.org.uk>	

Preferences	
What areas would you like to live in? ***Please note we can only offer you properties which are affordable and suitable for you. Housing stock within Enfield is limited so it may be difficult to source a property in your ideal location. If you would like to remain in a specific area, we would recommend you source your own accommodation. Providing the accommodation is affordable and suitable, we may be able to financially help you to secure the property.***	
Enfield, chestnut,Tottenham, Haringey, Palmers Green, Barnet, Edmonton and Southgate.	

Summary of discussion and accommodation that can be offered

- Case is still under investigation.
- Customer states she will like to be placed in Enfield as her mother lives in Enfield and she does not like to go far.
- Customer states that she suffers from depression and anxiety, she also states that her Dr has advised to increase the dosage as her mental health is getting bad.
- Customer states she would like to the areas stated here due to friends helping her with her activities and medication. She also states that she can manager the 3rd floor as she finds it hard to climb stairs with shopping and heavy objects due to her right leg she broke.
- Customer wants to be placed at chestnut, Enfield, Tottenham, Haringey, Palmers Green, Barnet, Edmonton and Southgate.
- Advised customer that Enfield has shortage of properties and she may be placed where we have something available and she understood but request it must be within the boroughs she has listed.
- Advised her that we will be placed in her TA but that L&Q will have to be paying for it and they will provide her for permanent accommodation.

- Advised customer that we are not sure of the level of risk until we finished our investigation with the police to determine if she is still at risk since the attack was not planned and not someone she knows.
- Requested for more medical evidence which she states she will email it when she gets it from her Dr.

I agree that the information detailed in this form is an accurate reflection of my discussion with my housing coordinator:

Signature	D. DB	Print Name	DB DB	28/12/2022 dated
Spouse/Partner Signature		Name		dated

ENFIELD Connected

ENFIELD Council

Please reply to Edmonton Green Library
to 36-44 South Mall
Edmonton
N9 0TN

E-mail: TAAccess@enfield.gov.uk
Your Ref: 999****
Date: Wednesday, 28 December 2022

Dear DB

RE: Interim Accommodation Offer (S188(1) Housing Act 1996 as amended)

You applied to this Council on the 28/12/2022. Having assessed your initial application the Council has reason to believe that you are homeless, eligible for assistance and have a priority need.

This places a duty on the Council to provide you with suitable interim accommodation pending enquiries into your case and relevant duties. In addition to using its own stock to provide interim accommodation, the Council has entered into arrangements with accommodation providers to provide self-contained accommodation, hostel and hotel accommodation which is provided on a day to day basis.

Your Interim Accommodation will be at **#53 Travelodge Enfield, Lumina Park, Great Cambridge, EN1 1FS and will start on the 28/12/2022**. The provider of the accommodation is London Enfield – 03719 846494 (booked by Enfield Council). The cost of the accommodation is £178.85 per week. As interim accommodation we consider it to be suitable as it meets your basic requirements.

Important Information

The only people allowed to occupy your accommodation are:

Name	Date of Birth
N/A	

1. If you refuse this offer no other offer of interim accommodation will be made unless you have a change in circumstances that would have rendered this accommodation unsuitable.

2. You occupy interim accommodation on a day-to-day basis and it is not considered to be a dwelling. You do not, therefore, have the rights of security of a tenant and can be moved to alternative accommodation at any time.

3. As you do not enjoy the rights of a tenant, if you are required to leave the interim accommodation and refuse, there is no obligation on the accommodation provider

or the Council to obtain a Court Order requiring you to leave the premises. You will simply be given **28** days' notice and you will have to leave by the given date or the locks will be changed.

4. You must contact Lilian Moki Lilian.Moki@enfield.gov.uk if you will not be staying at the Interim Accommodation on any day.

5. You must abide by the rules governing the use of the accommodation. A copy of these rules will be provided to you. If you breach any of the rules you may be evicted and you will not be offered any other interim accommodation unless you have a change in circumstances that would have rendered this accommodation unsuitable.

6. You must allow the accommodation provider and the Council's authorised representative access to your accommodation at any reasonable time without prior notice.

7. You may be entitled to housing benefit for the occupation charge. A member of staff will assist you to complete an application form for this before you are provided with your interim accommodation. Should any additional information be required to assess your claim for Housing Benefit you must supply this without delay. If you fail to do so this may result in the accommodation being cancelled.

8. You must look after your own things at all times. Accordingly, please consider whether you should have suitable insurance for your possessions.

9. By signing your occupation agreement you also agree to the Council sharing information that you have provided that may be relevant to the management and provision of the accommodation with the provider of that accommodation.

10. You do not have a right to request a review of the decision that the accommodation is suitable for you. However, you may seek a judicial review.

Yours sincerely,

Pinar Elmaz

Housing Access Officer
Housing Access Team

KATE OSAMOR MP
HOUSE OF COMMONS
LONDON SW1A0AA

Miss DB
7 Tennyson Close Scotland Green Road
Enfield
Middx
EN3 4SN

4 January 2023
MP Case Ref: KO41***

Dear Miss DB

I write further to my previous correspondence and enclose a copy of the reply that I have now received from Enfield Council in response to the enquiries and representations I have been making on your behalf.

Enfield Council reassure me that they are taking your case very seriously and are committed to working with you to ensure a positive outcome. I understand that Mr Chris Farrell from the Council's housing department spoke with you on the 16th of December and after this organised a meeting with your social worker, and L&Q to discuss actions to be taken to ensure your safety. Unfortunately, L&Q did not attend this meeting. I have also written to them in recent days.

Mr Farrell at Enfield Council informs me L&Q provided you with hotel accommodation and that you undertook a homelessness application being placed in interim accommodation by Enfield Council on the 28th of December.

The Council confirm that they are continuing to investigate your homeless application and will work with L&Q to ensure you are provided with safe accommodation. They tell me you can contact your caseworker during working hours if you have any questions or concerns.

It is vital that you also obtain legal advice on your housing situation. The organisations below are able to assist with this:

Shelter London
Telephone: 0344 515 1540
https://england.shelter.org.uk/get_help/webchat

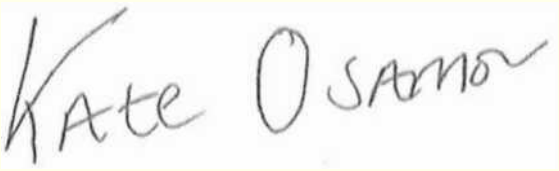
Citizens Advice Enfield:
Telephone: 0300 330 1167
http://citizensadviceenfield.org.uk

Housing Law Practitioners' Association:
https://www.hlpa.org.uk/cms/find-a-housing-lawyer/

I am awaiting a response from L&Q on this matter and will be in touch as soon as I receive a response from them. I hope that this response from Enfield Council provides some reassurance and clarity.

Yours sincerely

37 Market Square, Edmonton Green Shopping Centre, London, N9 OTZ
Constituency Office: 0208 803 0574 Parliament Office: 0207 219 6602
www.kateosamor.co.uk kate.osamor.mp@parliament.uk Twitter: @KateOsamor



KATE OSAMOR MP (Edmonton)

Dear Kate Osamor MP,

Case Reference: 101000274311

Thank you for your email, the contents of which have been noted.

Firstly, I want to express my sympathies for Ms[redacted] and the injuries she sustained. I wish her a speedy recovery and hope that with time and physiotherapy, she regains full use of the ruptured tendon in her hand

I personally spoke with Ms[redacted] on the 16th December 2022 who informed me that she could no longer return to her property due to fear of violence from her neighbour. At this time, Ms[redacted] had been liaising with her Housing Association, L&Q, who were providing her with hotel accommodation in the interim as part of their on going safeguarding commitment to their tenant. Following this, I convened a professionals meeting with Ms [redacted] social worker Samuel Leach and L&Q representatives Joanne Saine and Nazma Sharif with the intention that all agencies involved undertake necessary action to ensure the resident's safety. Unfortunately, both representatives from L&Q did not attend this meeting and we were not able to come to a collective agreement regarding ongoing housing responsibility for Ms[redacted]

Following this, a full homeless application was undertaken by caseworker Lilian Moki who has since been working with Ms[redacted] to help her navigate the statutory homeless process. It should be noted that L&Q were continuing to provide hotel accommodation throughout this time frame.

On the 28th December 2022, LBE provided Ms[redacted] with interim accommodation pursuant to s188 Housing Act 1996 while we continue to investigate her homeless application and work with her landlord to ensure she is provided with safe accommodation. Ms[redacted] can contact her caseworker Lilian Moki during working hours for updates regarding her case.

I can assure you that LBE takes Ms[redacted] case very seriously and will work closely with her to ensure there is a positive outcome.

I trust the above satisfies your query but if you require further information, please do not hesitate to contact me.

Yours sincerely, Chris Farrell

Can you confirm what evidence the Travelodge manager his name is Viktor has provided as proof that the door was broken due to a fight between two men as we asked the Travelodge to review the camera footage and they advised that there are no cameras in the hallway into the hotel rooms. So I am just unsure what evidence there could be to say 100% the door was broken due to a fight, as the only witnesses was myself, my boyfriend who was attacked and the perpetrator of the attack.

Additionally as the door was broken due to the perpetrator of the attack kicking the door to try to gain access to the hotel room prior to the attack on my boyfriend, can you confirm the photos provided by the Travelodge manager his name is Viktor as proof the door has been broken shows the foot prints on the outside of the hotel door, when the police attended after the attack we explained to the police in the police statement, was caused by the perpetrator of the attack kicking the door to gain access to our hotel room.
As from discussions with the Travelodge manager his name is Viktor on the day I was asked to leave the Travelodge, he advised that the photos was taken after cleaning services have cleaned the area of the attack where my boyfriend's blood was on the carpet and door and not sure if the foot prints on the door has been cleaned as well, as if the photos show this then it will prove someone was trying to gain access to the hotel room and this was the reason for the door being broken not the attack on my partner.

Can you also confirm if the Travelodge manager his name is Viktor explained what the perpetrator was doing to the staff from when he got to the hotel which was sexual harassment taking his cloths off etc and the perpetrator was warned many times he would be kicked out of the hotel?
Then on the night of the 13/01/2023 he started doing it to myself when I was waiting to get a pizza from the hotel restaurant / bar for me and my boyfriend to eat this was around 20:30 to 21:30, the perpetrator would not leave me alone he was all over me, and also started to take his clothes off and show me pictures of him on his phone naked I kept asking him to stop I had a boyfriend I tried to move away. And called my boyfriend on the phone to come down and wait with me till the food was ready. He was also threatening a guy in the hotel restaurant / bar that he would beat him up.
Before my boyfriend come down a male security guard come up to the perpetrator again and told him he had been warning many times already if he did not stop, he would be kicked out. But the perpetrator still kept on being all over me, I told him my boyfriend was coming

down, the perpetrator then ordered more drinks, when my boyfriend got to me the guy was still all over me, and I saw my boyfriend coming over to us I was so happy to see him, when he got up to us the perpetrator said to him, I ordered you a drink here you go. My boyfriend could see I was very uncomfortable, the perpetrator pulled up a char for my boyfriend and said to him sit down, I was still waiting for my food and as soon as our food come, I went up to my room, then released my boyfriend had the key so had to go back down to get the key from him, then went back up to my room, my boyfriend stayed to finish his drink. The guy asked my boyfriend where the local pub was and my boyfriend told him, the guy asked my boyfriend if he could show him where to go he was not from the area, so my boyfriend took him to show him, on the way to the pub the guy started talking racist about black people which upset my boyfriend my boyfriend stated you can't be talking like this my girlfriend is mixed raced, they were nearly at the pub the guy offered my boyfriend a drink for showing him where the pub was my boyfriend said no I need to get back just wanted to get away, but the guy said come on just one drink you shown me where to go the least I can do is buy you one drink. My boyfriend said ok and went into the pub, but called me and said for me to come to the pub and get him,

Lastly I am in communication with the police to get them to provide you with witness statements etc. which show that my partner was the one that was attacked and that they are currently investigating this and looking for the perpetrator of the attack, can you provide us with the best email address to get these documents sent to?

Jimfantastic2016@outlook.com

Travel Lodge Incident on the 13/01/2023 and 14/01/2023

My name is James Rowland and this is what happened on the night of the incident on the 13/01/2023 and 14/01/2023 at travel lodge I was in my room and my girlfriend called me and asked me to come downstairs there was a guy there asking about if I knew anyone local it was unusual for [redacted] to call me as she had only gone down to get food so I came down stairs to the bar and found [redacted] with a guy leaning over her showing her pictures on his phone [redacted] then see me and he turned round and started showing me pictures of his scars, but you could also see naked pictures of himself on his phone.

I could tell there was something not right with my girlfriend she seemed very uneasy around the guy.

The guy asked me if I knew where a local pub was as he was not from the area, I said I did and he asked me to show him where it was.

I then went for a cigarette and came back where he started being aggressive with another customer staying at the Travelodge about an earlier interaction to which I told the other customer to leave the guy.

[redacted] left and went up to the room as soon as her food was ready, she then had to come back down to me as I had the key to the room, I give her it and said I would be back soon she went back to the room with the food.

The guy again asked if I could show him where the local pub was, I agreed to take him there as I was going there anyway, on the way the guy started to be very racist towards black people I said hold on you cant be saying them things its wrong and that my girlfriend was also mixed raced, I told him to stop it was wrong what he was saying, the guy did stop and never said anything more like what he had been saying.

When we got to the pub whilst there the guy was arguing with the locals and getting very handsy with the girls that were there, I told him he needed to calm down which he did for a little while then started again.

I had called [redacted] to come meet me at the pub, when she got there the guy was being very creepy again with her, so as soon as the guy started to talk with someone, me and [redacted] left the pub without him seeing and went back to the hotel.

Me and [redacted] had been back in our hotel room some hours just chilling.

later on, that night we heard a knocking and first ignored it then a banging and kicking on our hotel door it was the guy extremely drunk demanding he come in shouting why had I left him in the pub on his own. I was shouting at him to go away.

The guy when got into the hotel room he hit me, I was trying to get him out of the hotel room he was trying to push pass me, he kept hitting me and pushing me, I was bleeding, I had to protect myself so hit the guy, we ended up in the corridor fighting as he was still trying to get in the hotel room door again. I don't remember much as of the fight but my face was bleeding from cuts to my face and I have sustained badly bruised or cracked ribs from him throwing me around.

I was very angry and ignorant to help being given to me from the security guard and from the police that had arrived on the scene, I then left the hotel as I did not want there to be anymore arguments and I went home to try and sort my injuries out.

The next day I went back to the hotel, the police came looking for the guy at 1st they asked if I was George I said no he was the one that attacked me. The police said Kent police had called them about the guy and that's why they were there, I think he was wanted by Kent police. I then explained to the police what had happened at the hotel and why I was so badly injured I told the police everything that had happened, this happened outside the hotel while I was speaking to police [redacted] came out of the hotel as she had to leave the hotel the cab was waiting for her.
The police stated they would send me a text with the crime ref for the attack on me.

RE: DB

DOB: *****

Dear Lilian Moki and everyone else.

I am writing this email as I am very confused as to why Enfield Council is stating they will not give me any more temporary housing or help and are willing to leave me homeless on the streets when they know I am a vulnerable person with mental health and PTSD due to the attack that happened to me which is why I can't stay at my flat which left me not being able to use my right hand.

It seems Enfield council has taken everything on board as to what the Travelodge manager (his name is Viktor and throughout this email, I will call him the manager) has said, but anything I have said has been disregarded, and I have to prove what happened despite the fact a police investigation is ongoing which I have already given you the crime ref number to. And following talking to the police yesterday to get an update, they want me to put a crime report in regarding the sexual harassment of myself as this will then be linked to the other crime ref: number, which I am in the process of doing online as that's how the police asked me to do it.

I would like some information confirmed in writing.

Can you confirm what evidence the Travelodge manager has provided as proof that the door was broken due to a fight between two men, we asked Travelodge to review the camera footage and they advised that there are no cameras in the hallway into the hotel rooms. So I am just unsure what evidence there could be to say 100% the door was broken due to a fight, as the only witnesses were myself, my boyfriend who was attacked, and the perpetrator of the attack.

Additionally, as the door was broken due to the perpetrator of the attack kicking the door to gain access to the hotel room prior to the attack on my boyfriend, can you confirm the photos provided by the Travelodge manager as proof the door has been broken shows the footprints on the outside of the hotel door? When the police attended after the attack they asked about the footprints on the door, we explained to the police in the police statement, they were caused by the perpetrator of the attack kicking the door to gain access to my hotel room.

As from discussions with the Travelodge manager on the day I was asked to leave the Travelodge via a letter being put under my door, he advised that the photos were taken after cleaning services have cleaned the area of the attack where my boyfriend's blood was on the carpet and door, and I am not sure if the footprints on the door have been cleaned as well, as if the photos show the footprints then it will prove someone was trying to gain access to the hotel room and this was the reason for the door being broken not the attack on my partner.

My boyfriend and I had been in the hotel room hours before the perpetrator came back to the hotel and started to kick the door to get into my hotel room, shouting why had my boyfriend left him in the pub on his own. We were shouting at him to go away.

The perpetrator when he got into the hotel room hit my boyfriend and my boyfriend was just defending himself and preventing any harm to come to me, and am unsure what else he was meant to do when the perpetrator of the attack gained access to the hotel room through kicking the door in, is he just meant to stand there? My boyfriend tried to get the perpetrator out of the hotel room, at first, my boyfriend did not hit the, perpetrator, but due to the continued violence towards him and due to the fear for my safety my boyfriend then retaliated to try and stop the damage he was taking and to ensure nothing happened to me. I would call this self-defence, not a fight between two men as the Travelodge manager has said.

It was my boyfriend who was profusely bleeding from his face due to the damage the perpetrator had caused.

The perpetrator was not injured I know this as after my boyfriend left the hotel after the police had left to seek help for his injuries, the perpetrator kept coming to my room he knew my boyfriend had left and kept saying now your boyfriend had gone let's get it on, the only thing that was wrong with the perpetrator was his jacket was ripped.

I was on the phone with my family and they heard everything, I was telling the perpetrator to go away leave me alone or I will call the police.

I was scared to leave my room, but my family said I needed to go down and speak to someone at the Travelodge, that they have to do something they can't leave it so that the perpetrator can just keep coming into my room. I went down and spoke to the Travelodge I was still on the phone with my family and they heard the Travelodge say there was nothing they could do.

The Travelodge never asked us to put in writing what happened they did not even ask me what happened, and would not listen to anything I had to say when I was trying to tell them, the Travelodge manager just kicked me out via a letter under the broken door of the hotel room 1st thing in the morning, without any way of knowing the full facts and has just told Enfield Council what they believe happened, and that the door was broken due to a fight between two men, which is not the case.

As for the reason I smoked in my hotel room I was very scared to leave my hotel room as the perpetrator was right next to my room, I had all my belongings in the room and the Travelodge said they could not help me, the Travelodge left me in a very bad position knowing I was placed there due to being homeless and leaving me next to the perpetrator, I fully admitted to the Travelodge manager I had smoked due to what had gone on and being scared to leave my room. But I had already been kicked out of the hotel before the Travelodge manager knew I had smoked in my room.

Can you also confirm if the Travelodge manager explained what the perpetrator was doing to the staff from when he got to the hotel which was sexual harassment taking his clothes off etc the perpetrator was warned many times by staff he would be kicked out of the hotel.

Then before the issue with the door and the attack on my boyfriend on the night of 13/01/2023 the perpetrator started to sexual harass me when I was waiting to get my food from the hotel restaurant/bar he was also taking clothes off in front of me and trying to show me naked pictures of himself on his phone. I told him I had a boyfriend and to leave me alone. He was drunk, staff also had to come to him again and warn him again he would be kicked out due to what he was doing. I felt very uncomfortable I could not just leave as I had ordered my food and was waiting; I made a call to my boyfriend and asked him to come down and wait with me.

There is a great deal more information I can go into, which will be put into the statement to the police, but I can't believe that I have been blamed for this and I am now homeless and living on the streets because I believe the full information has not been given by the Travelodge manager (as he never had any way to know what had happened apart from witness statements, as there are no cameras in the hallway, and the only witnesses were myself, my boyfriend and the perpetrator), and he was not willing to listen to me when I was trying to explain to him what had actually happened, and he just kept repeating that he has advised Enfield Council and they have confirmed that you will need to leave the hotel. And now Enfield Council has discharged their duty to provide me with temporary accommodation and left me homeless when there is a police investigation ongoing which will now include the sexual harassment to myself from the perpetrator, and additionally when Enfield council knows I am a vulnerable person with mental health conditions.

I would also like everything put in writing from Enfield Council as to my whole case with them regarding my homelessness. I would also like confirmation if Travelodge is trying to claim damages to the door from Enfield Council, as I am the victim in this and the expenses should be charged to the perpetrator and not to Enfield council.

Finally, I am a victim and a vulnerable person with mental health and PTSD due to the attack that happened to me which is why I can't stay at my flat, I have been sexually harassed by a customer staying at Travelodge, and was placed at this Travelodge by Enfield Council, I have had my hotel door kicked in by the same customer staying at the Travelodge and my boyfriend has been assaulted by that same person, and I feel that Enfield council discharging their duty to provide me with temporary accommodation is disgusting and if this decision is not overturned and you provide me with temporary accommodation I will be going to the local and national newspapers to report this, as this decision has been made with hearsay and no real evidence into what actually happened at the Travelodge, by the Travelodge manager.

I would like this information within the next few days due to me being homeless sent to my email. And if Enfield Council is willing to do anything to help me.

I await to hear from you.

Regards

DB. 19/01/2023

Duncan Lewis
Solicitors

CLIENT AUTHORITY FORM – TO THIRD PARTIES

Name of Client: **DB**

Client's Address: **NFA**

Date of birth: **************

NI Number:

My Solicitors	**Duncan Lewis Solicitors**
Correspondence Address	**Sackville House, 143-149 Fenchurch Street, London, EC3M 6BL**
Fee Earner	**Andre Cummings**
Direct Dial	
Case Ref. Number	**B184********

Confirmation

For the purposes of progressing my legal matter and processing data under one or all of the following: Article 6(1)(b) contract, Article 6(1)(c) legal obligation, and/or Article 6(1)(f) legitimate interests of the General Data Protection Regulation (GDPR); I hereby authorise you to release to my solicitors above, any notes, records, reports, papers, correspondence, information or documentation concerning me, in your possession, which they may require of you, including specifically if requested, my previous solicitors' files (including attendance notes), and all medical records relating to me that you may hold.

Please quote the above case reference number in all correspondence.

Signed: _____ Dated: 08/12/2023

RE: DB

DOB: **********

Dear Lilian Moki and everyone else.

I am writing this email as I am very confused as to why Enfield Council is stating they will not give me any more temporary housing or help and are willing to leave me homeless on the streets when they know I am a vulnerable person with mental health and PTSD due to the attack that happened to me which is why I can't stay at my flat which left me not being able to use my right hand.

It seems Enfield council has taken everything on board as to what the Travelodge manager (his name is Viktor and throughout this email, I will call him the manager) has said, but anything I have said has been disregarded, and I have to prove what happened despite the fact a police investigation is ongoing which I have already given you the crime ref number to. And following talking to the police yesterday to get an update, they want me to put a crime report in regarding the sexual harassment of myself as this will then be linked to the other crime ref: number, which I am in the process of doing online as that's how the police asked me to do it.

I would like some information confirmed in writing.

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As from discussions with the Travelodge manager on the day I was asked to leave the Travelodge via a letter being put under my door, he advised that the photos were taken after cleaning services have cleaned the area of the attack where my boyfriend's blood was on the carpet and door, and I am not sure if the footprints on the door have been cleaned as well, as if the photos show the footprints then it will prove someone was trying to gain access to the hotel room and this was the reason for the door being broken not the attack on my partner.

My boyfriend and I had been in the hotel room hours before the perpetrator came back to the hotel and started to kick the door to get into my hotel room, shouting why had my boyfriend left him in the pub on his own. We were shouting at him to go away.

The perpetrator when he got into the hotel room hit my boyfriend and my boyfriend was just defending himself and preventing any harm to come to me, and am unsure what else he was meant to do when the perpetrator of the attack gained access to the hotel room through kicking the door in, is he just meant to stand there? My boyfriend tried to get the perpetrator out of the hotel room, at first, my boyfriend did not hit the, perpetrator, but due to the continued violence towards him and due to the fear for my safety my boyfriend then retaliated to try and stop the damage he was taking and to ensure nothing happened to me. I would call this self-defence, not a fight between two men as the Travelodge manager has said.

It was my boyfriend who was profusely bleeding from his face due to the damage the perpetrator had caused.

The perpetrator was not injured I know this as after my boyfriend left the hotel after the police had left to seek help for his injuries, the perpetrator kept coming to my room he knew my boyfriend had left and kept saying now your boyfriend had gone let's get it on, the only thing that was wrong with the perpetrator was his jacket was ripped.

I was on the phone with my family and they heard everything, I was telling the perpetrator to go away leave me alone or I will call the police.

I was scared to leave my room, but my family said I needed to go down and speak to someone at the Travelodge, that they have to do something they can't leave it so that the perpetrator can just keep coming into my room. I went down and spoke to the Travelodge I was still on the phone with my family and they heard the Travelodge say there was nothing they could do.

The Travelodge never asked us to put in writing what happened they did not even ask me what happened, and would not listen to anything I had to say when I was trying to tell them, the Travelodge manager just kicked me out via a letter under the broken door of the hotel room 1st thing in the morning, without any way of knowing the full facts and has just told Enfield Council what they believe happened, and that the door was broken due to a fight between two men, which is not the case.

As for the reason I smoked in my hotel room I was very scared to leave my hotel room as the perpetrator was right next to my room, I had all my belongings in the room and the Travelodge said they could not help me, the Travelodge left me in a very bad position knowing I was placed there due to being homeless and leaving me next to the perpetrator, I fully admitted to the Travelodge manager I had smoked due to what had gone on and being scared to leave my room. But I had already been kicked out of the hotel before the Travelodge manager knew I had smoked in my room.

Can you also confirm if the Travelodge manager explained what the perpetrator was doing to the staff from when he got to the hotel which was sexual harassment taking his clothes off etc the perpetrator was warned many times by staff he would be kicked out of the hotel.

Then before the issue with the door and the attack on my boyfriend on the night of 13/01/2023 the perpetrator started to sexual harass me when I was waiting to get my food from the hotel restaurant/bar he was also taking clothes off in front of me and trying to show me naked pictures of himself on his phone. I told him I had a boyfriend and to leave me alone. He was drunk, staff also had to come to him again and warn him again he would be kicked out due to what he was doing. I felt very uncomfortable I could not just leave as I had ordered my food and was waiting; I made a call to my boyfriend and asked him to come down and wait with me.

There is a great deal more information I can go into, which will be put into the statement to the police, but I can't believe that I have been blamed for this and I am now homeless and living on the streets because I believe the full information has not been given by the Travelodge manager (as he never had any way to know what had happened apart from witness statements, as there are no cameras in the hallway, and the only witnesses were myself, my boyfriend and the perpetrator), and he was not willing to listen to me when I was trying to explain to him what had actually happened, and he just kept repeating that he has advised Enfield Council and they have confirmed that you will need to leave the hotel. And now Enfield Council has discharged their duty to provide me with temporary accommodation and left me homeless when there is a police investigation ongoing which will now include the sexual harassment to myself from the perpetrator, and additionally when Enfield council knows I am a vulnerable person with mental health conditions.

I would also like everything put in writing from Enfield Council as to my whole case with them regarding my homelessness. I would also like confirmation if Travelodge is trying to claim damages to the door from Enfield Council, as I am the victim in this and the expenses should be charged to the perpetrator and not to Enfield council.

Finally, I am a victim and a vulnerable person with mental health and PTSD due to the attack that happened to me which is why I can't stay at my flat, I have been sexually harassed by a customer staying at Travelodge, and was placed at this Travelodge by Enfield Council, I have had my hotel door kicked in by the same customer staying at the Travelodge and my boyfriend has been assaulted by that same person, and I feel that Enfield council discharging their duty to provide me with temporary accommodation is disgusting and if this decision is not overturned and you provide me with temporary accommodation I will be going to the local and national newspapers to report this, as this decision has been made with hearsay and no real evidence into what actually happened at the Travelodge, by the Travelodge manager.

I would like this information within the next few days due to me being homeless sent to my email. And if Enfield Council is willing to do anything to help me.

I await to hear from you.

Regards

DB 19/01/2023

KATE OSAMOR MP
HOUSE OF COMMONS
LONDON SW1A0AA

Miss DB
7 Tennyson Close
Scotland Green Road
Enfield
Middx
EN3 4SN

23 January 2023
MP Case Ref: / KO4***

Dear Miss DB

I write further to my previous correspondence and enclose below a copy of the holding reply I have now received from Enfield Council, in response to the enquiries and representations I have been making on your behalf.

I will contact you again as soon as I receive the substantive reply.

I appreciate that the holding response states that a response should be provided by the 2nd of February however due to the nature of the case, I have made clear I am expecting an update much sooner than this.

First and foremost we would recommend you obtain legal advice about your housing situation if you have not already done so.

The following organisations can assist in this respect:

Shelter: Telephone: 0808 800 4444 / 0344 515 1540
https://england.shelter.org.uk
Shelter's Webchat: https://england.shelter.org.uk/get_help/webchat

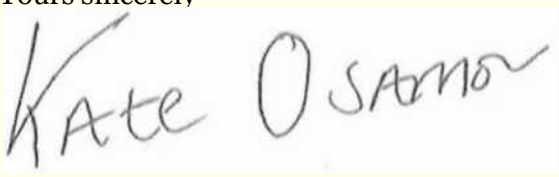
Citizens Advice: Telephone: 0800 144 8848/ 0300 330 1167
http://citizensadviceenfield.org.uk
Citizens Advice's Webchat:
https://www.citizensadvice.org.uk/about-us/contact-us/contact-us/web-chat-service/

To find an emergency hostel place:

Streetlink: 0300 500 0914.

No Second Night Out: 020 3856 6000 (9am – 5pm week days only)

Yours sincerely



KATE OSAMOR MP
Member of Parliament for Edmonton

37 Market Square, Edmonton Green Shopping Centre, London, N9 OTZ
Constituency Office: 0208 803 0574 Parliament Office: 0207 219 6602
www.kateosamor.co.uk kate.osamor.mp@parliament.uk Twitter: @KateOsamor

Dear Kate Osamor MP,

Thank you for your enquiry.

This has been allocated to officers who are responsible for investigating and responding to you. They have a target to respond to your enquiry by 02/02/2023, which should be the 8th working day following the enquiry submission date, with submission date as day 0. Saturdays and Sundays and bank holidays need to be discounted from this count. Your reference number for this enquiry is 101000375768.
You will receive our response by email and it will also be available on your elected member online account.

ENFIELD Connected

ENFIELD Council

DB
Email: DB@yahoo.com

Please reply to: Lilian Moki
E:lilian.moki@enfield.gov.uk
T: 0208 132 1584
Date: 25-01-2023

Our ref: 743****

Dear DB

S184(3) DECISION RESULT
(Housing Act 1996 as amended)

I write regarding your homeless application made on the 20TH December 2022

Considering all the information available to me I am satisfied that:

- You are homeless
- You are eligible for assistance and that
- You do not have a priority need

Relief Duty Ongoing

Although you have been issued with a not in priority need decision, we will continue with trying to relieve your homelessness as part of the ongoing relief duty which has yet to come to an end. However, following the ending of the relief duty we will not owe you any duty under Section 190 or Section 193.

We will also provide you with advice and assistance, which is our duty to those found not in priority need.

In reaching this decision I have taken into account all the information held on your housing file and in particular the following:

- Now Medical assessment dated 24th January 2023
- Royal Free appointment letter dated 12 January 2023
- Plastic Surgery Team appointment letter dated 02 December 2022
- Hospital discharge papers dated 27 November 2022
- Medical Notes dated 4 March 2022
- Vulnerability questionnaire dated 21 December 2022
- The Code of Guidance 2018 as amended and in particular Chapter 8
- The judgment made by the Court of Appeal in the cases of Panayiotou v Waltham Forest
  - Smith v Haringey EWCA Civ 1624 2017, Guiste v Lambeth LBC (2019) EWCA Civ 1758, McMahon v Watford BC; Kiefer v Hertsmere BC [2020] EWCA Civ 497
- The judgment made by the Supreme Court in the case of Hotak & Ors v London Borough of Southwark [2015] UKSC 30
- S149 of the Equalities Act 2010

Sarah Cary
Executive Director Place
Enfield Council
Civic Centre, Silver Street
Enfield EN1 3XY

www.enfield.gov.uk

By priority need we mean that you do not fall into one of the following categories.

- You are not pregnant and neither is a member of your household is pregnant.

- You do not have a child, below the age of 16 or aged 16-18 and in full time education, who is dependent on you and either normally resident with you or expected to reside with you.

- You are not 16 or 17 years old and who is not a 'relevant child' or a child in need to whom a local authority owes a duty under section 20 of the Children' Act 1989.

- You are not a person who is aged 18 to 20 and was formerly looked after, accommodated or fostered between the ages of 16 and 18

- You are not homeless because of an emergency such as fire, flood, or a similar disaster.

- You are not homeless because of domestic abuse.

- You are not vulnerable *(see definition of 'vulnerable' below)* <u>as the result of</u>:
  - Old age.
  - Mental illness, learning or physical disability.
  - Being a person aged 21 or over and were formerly looked after, accommodated or fostered.
  - Serving in this country's armed forces.
  - Serving time in prison or having been committed for contempt of court or any other kindred offence or remanded in custody.
  - Having left your home because of violence or threats of violence that was likely to be carried out.
  - Another special reason that puts you puts you at a greater risk of suffering more harm than an ordinary person if made homeless.

Therefore, I conclude that you are not in priority need under S189 of the Housing Act 1996"

<u>Context of your application for housing</u>

I think it is important to set out the background to your application and give an overview of the context in which your application was made before I consider your medical problems and circumstances. As I understand the position, you were living at 7 Tennyson Close, Enfield, EN3 4SN and you have an assured tenancy with registered provider L&Q. You approached the London Borough of Enfield for homeless assistance as you were victim of an attack at a nearby pub and now do not feel safe at your current property.

<u>Test of Vulnerability</u>

The test employed to assess whether or not you are deemed to be vulnerable in accordance with section 189(1)(c) of the Housing Act 1996 is laid down by the Supreme Court in the cases of *Hotak v London Borough of Southwark; Kanu v London Borough of Southwark; Johnson v Solihull Metropolitan Borough Council* [2015] UKSC 30; [2015] 2 WLR 1341. In deciding whether a person is vulnerable in accordance with Section 189(1)(c) of the above Act the Council must ask itself whether the applicant, as a result of being rendered homeless, is

'significantly more vulnerable than ordinarily vulnerable'.

Paragraphs 1 to 53 the Supreme Courts set out the history and background in relation to vulnerability and the defining paragraph, which sets out what the definition of vulnerable is in paragraph 53. In this paragraph Lord Neuberger states

"*Accordingly, I consider that the approach consistently adopted by the Court of Appeal that "vulnerable" in section 189(1)(c) connotes "significantly more vulnerable than ordinarily vulnerable" as a result of being rendered homeless, is correct*".

Before I go on to deal with your medical problems and circumstances I would like to deal with what 'significantly more vulnerable' means. In paragraph 52 of their judgement Lord Neuberger stated, "*Virtually everyone who is homeless suffers "harm" by undergoing the experience, and therefore one is thrown back on the notion of a homeless person who suffers more harm than many others in the same position*". He immediately then gave his concluding definition of what vulnerability means and I have detailed this above. This clearly shows that a person is not vulnerable simply because they will suffer from harm. They are vulnerable if, when homeless and without any accommodation, they will suffer more harm that an ordinary person if made homeless. This was confirmed by the Court of Appeal in their judgement in the cases of Panayiotou v Waltham Forest & Smith v Haringey EWCA Civ 1624 2017 who also stated that a person is vulnerable if they are at risk of more harm in a significant way.

<u>My Assessment</u>

The Supreme Court highlighted when assessing whether or not an applicant is vulnerable, an authority must pay close attention to the particular circumstances of the applicant. The English Homelessness Code of Guidance 2018 advises that I should take into consideration the nature and extent of your conditions along with the relationship between the conditions, your housing difficulties and any other factors that may be relevant. As set out in my list of information considered I have reviewed the information on file and others that have encountered you.

In the cases of *McMahon v Watford BC; Kiefer v Hertsmere BC [2020] EWCA Civ 497* the Court of Appeal stated that I am obliged to consider carefully whether your problems (whether or not these are disabilities as defined by the Equality Act 2010) impact on your ability to carry out normal day-to-day activities. This requires both an individual and cumulative assessment and, in turn, an assessment as to whether they make you "vulnerable" for the purposes of section 189(1)(c).

The assessment, therefore, is not a clinical assessment, but it should be a practical assessment of your situation and what has occurred or would occur when you are compared to an ordinary person, if rendered homeless, taking into close consideration your medical or any other relevant factors.

Looking at your own situation it is without doubt that you will suffer harm by being homeless and being without accommodation. However, considering your circumstances singularly and/or as a whole I am not satisfied that this is to the extent that you will suffer more harm than an ordinary person if made homeless. Indeed, I am not satisfied that you are susceptible to such harm. For this reason, I do not consider that you are "vulnerable" within the meaning of Section 189(1)(c) Housing Act 1996. I will give my reasons for this conclusion below in detail.

<u>Medical Problems and Circumstances</u>
According to the information available it has been stated that you are vulnerable as a result of fleeing violence, medical issues sustained from your attack and depression, anxiety and PTSD.

However, taking into account your medical problems and circumstances singularly and/or as a whole I am not satisfied that these are such that you are vulnerable as defined.

This is because I am satisfied that despite your medical problems and circumstances you will be able to do all the things that I will expect an ordinary person if made homeless to do, e.g. try and find alternative accommodation, buy food, keep warm and dry, maintain hygiene, stay safe, engage with homeless services and take any prescribed medication and get treatment when required, maintain communication. This is turn leads me to conclude that you have sufficient capabilities/resources to limit the harm that you will suffer in the event that you are homeless and without any accommodation so that you did not suffer more harm than an ordinary person if made homeless. I will give my reasons for this conclusion below.

Mental illness, learning or physical disability

I will seek to explain your medical issues in two separate categories, first concentrating on your conditions you were previously managing such as depression and asthma and subsequently I will evaluate vulnerability as it relates to your hand injuries and ongoing rehabilitation issues.

Depression and Insomnia

You have been diagnosed with depression since January 2008 and have recurring insomnia which affects your sleep since December 2007. Both these long-standing issues have been managed via your GP through medication and via counselling. You take 100mg Sertraline daily for your depression, which is a standard anti-depressant and you are not receiving any enhanced care plans as part of your ongoing recovery, nor has your ability to think rationally or cognitive processing been affected by your depression or insomnia. You also take promethazine hydrochloride to assist with normal sleep function, which is over the counter medication and can be purchased without a prescription. Further to this you have no unstable psychotic tendencies and while I note that notes from your GP indicate you have engaged in bouts of self-harm in the past, you are not actively suicidal or receiving inpatient or outpatient care to manage the symptoms of your illness.

Asthma

You have been diagnosed with Asthma since birth and use standard inhaler medication to combat the symptoms of your illness. It should be noted that you do not require profound degrees of ventilatory support to maintain standard functioning, nor do you have a history of urgent respiratory interventions. There is no evidence to suggest that your asthma would impact your day to day functioning or render you significantly more vulnerable than an ordinary person if made homeless.

Hand Injury

You sustained a hand injury to your right hand in November 2022 after an attack at a local pub. You were admitted to hospital on the 27th November and discharged the same day after surgical intervention. You were prescribed Amoxicillin to combat any potential infection and co-codamol, which is a standard issue painkiller to combat any prolonged pain as a result of your injury. You are not in receipt of any specialist day to day care as a result of this injury and I can conclude that you do not have a significant inability to function as a result of a mobility disorder.

I note that you are receiving physiotherapy as part of your ongoing recovery programme, which is standard procedure for the recipient of a lacerated tendon and the function of this therapy is

to increase mobility in your right hand over time, which you have advised me has reduced functioning. You also have a meeting with a psychologist to discuss any ongoing mental health issues suffered as a result of your injury. Although this consultation has not yet occurred, and I can therefore not comment on any undiagnosed mental health issues you have suffered due to your hand injury.

Despite the above ailments, I am satisfied that you can do most, if not all, of the things an ordinary person can do if made homeless. You have demonstrated that you have managed to source interim accommodation for yourself when homeless, access your finances, use your very close support network to manage your day to day affairs including budgeting, finances, accessing food, advocacy, representation, consistently attending your medical appointments, taking your medication and chasing your homeless application with the local authority to expedite any support that can be offered. You have also demonstrated that you have been liaising with your landlord in order to progress a managed move to another L&Q property and have been complying with the police in order to further progress your ongoing investigation. I do not deny that you have various medical issues, but I am satisfied that you have demonstrated and continue to show that you are not at risk of harm if homeless and you are not significantly more vulnerable than an ordinary person if made homeless.

Having left your home because of violence or threats of violence that was likely to be carried out

On 27th November 2022 you sustained a hand injury due to a stabbing at the Goat Pub, which is in close proximity to your accommodation. As a result of this injury, you were admitted to hospital and discharged the same day, however you have not gone back to your property through fear of further violence from the perpetrators of the attack. It has been established that the perpetrators live in proximity to your property and you believe that returning to the property will entice a further attack as you feel you will inevitably come into contact with these people.

From information provided by the Met Police and yourself, this attack was perpetrated by individuals who you previously did not know and this was not a planned or premeditated assault. There were no previous threats of violence from the perpetrators, nor has there been any further instances of violence, either actual or threatened, since this attack. The altercation at the Goat Pub has been deemed, both by yourself and the police, as a spontaneous dispute that quickly escalated.

As a result of this attack, you received an injury to your hand which was treated and you are receiving ongoing outpatient treatment as part of your continued recovery. This information has been detailed previously in this decision letter.

Despite you leaving your accommodation through risk of violence, I am satisfied that you can do most, if not all of the things an ordinary person can do if made homeless.

As stated in a vulnerability questionnaire undertaken with you on the 21st December and in subsequent conversations with your caseworker, you admittedly have a close support network who which consists of your mother, your partner and friend Jonathan, the latter of which has been assisting you with accommodation in the interim, which was confirmed in a phone call undertaken by your housing coordinator Lilian Moki. You receive holistic support from your family which includes support with accessing benefits, representation on your behalf, advocacy on your behalf, assisting you with maintaining accommodation, budgeting, food, resources and cleaning. It is an undisputed fact that your support network assist you with many aspects of your activities of daily living and have been continuing to do so since you have been

experiencing homelessness. I would therefore conclude that because of this support offered to you, you can do all of the things and ordinary person would do if made homeless and you would not suffer more harm as a result of leaving your accommodation through threats of violence. You have managed to source interim accommodation via your support network, accessed financial assistance, have continued to be compliant with your medication, food and medical treatments while experiencing homelessness, which has demonstrated that you are not significantly more vulnerable than an ordinary person if made homeless. I am therefore satisfied that leaving your home because of violence has not stopped you from undertaken all the necessary action that I would expect an ordinary person to do if made homeless.

You have also been proactive when liaising with the local authority and your elected member of parliament to further progress your homeless case, which leads me to conclude that you have sufficient understanding of the homeless system to expedite your affairs and move forward any assistance that can be offered to you.

Other Special Reason

The legislation envisages that vulnerability can arise because of factors that are not expressly provided for in statute. You do not appear to have any other issues that would come under this category. I am, therefore, not satisfied that you are vulnerable as a result of factors not expressly provided for by statute.

Under the category of special reason I must consider whether your medical problems and circumstances taken as a whole make you vulnerable as defined. It is important that I do this because whilst no one single medical problem or circumstance may make you vulnerable taken together they might. I have, therefore, looked into all your medical problems and circumstances together as a whole. Having done so, I am satisfied that there is nothing that noticeably differentiates you from ordinary people who are homeless in terms of the harm, injury or detriment you will suffer for the reasons given above. It does appear to me that your capabilities are not noticeably compromised and you are quite capable of managing independently. Whilst I appreciate that it would be stressful being homeless nevertheless I am satisfied that you have sufficient capabilities/resources to ensure that you did not suffer more harm than an ordinary person if made homeless. Therefore, I am not satisfied that you are vulnerable as defined as a result of any special reason.

Given the above, I am not satisfied that you are vulnerable as defined. I have considered your circumstances both singularly and as a whole and do not consider that you are vulnerable for the reasons given above. In reaching this decision I have, as indicated above, had the public sector equality duty well in mind.

I appreciate that if the Council do not give you accommodation that this will have an impact on your mental and physical health and that you may suffer harm and deterioration. However, it is evident to me that you are resourceful enough to prevent yourself from suffering more harm than an ordinary person if made homeless. Indeed, you have been in need of accommodation for some time now and the evidence in front of me does not lead me to conclude that you have suffered more harm than an ordinary person if made homeless.

I do not doubt that you would benefit from being rehoused. It is evident from the information provided that being accommodated will help you deal with your mental health and/or physical health issues better. However, this is not the same as saying that you are vulnerable as defined, especially as the Supreme Court acknowledged that every person is better off being housed.

I appreciate that an ordinary person may not have your pre-existing mental and/or physical health problems. However, the test is not whether you do but whether you are vulnerable as defined and this is linked to the harm you may suffer as a result of being homeless. I am not satisfied that this will be to the extent that you will suffer more harm than an ordinary person if made homeless. For me you have done everything that I would expect of an ordinary person if made homeless, e.g. engage with support services, approach the local authority etc.

Given the above, I am not satisfied that you are vulnerable as defined.

Therefore, I conclude that you are not in priority need under S189 of the Housing Act 1996.

Advice and Assistance

The local authority will continue to assist you for the remainder of your S189b(2) Relief Duty and will be liaising with your landlord to gain safe access back to your accommodation.

If you disagree with this decision

You can request a review of this decision under Section 202 of the Housing Act 1996 as amended within 21 days of being notified of the authority's decision. Please note that review requests made outside of the time limited may not be considered.

Yours sincerely,

Lilian Moki

Specialist Resettlement Coordinator.

KATE OSAMOR MP
HOUSE OF COMMONS
LONDON SW1A0AA

Miss DB
7 Tennyson Close Scotland Green Road
Enfield
Middx
EN3 4SN

26 January 2023
MP Case Ref: KO41***

Dear Miss DB

I write further to my previous correspondence and enclose a copy of the replies that I have now received from Enfield Council and L&Q in response to the enquiries and representations I have been making on your behalf.

Enfield Council

Enfield Council inform me that you were provided with interim accommodation in the Travelodge on the 28th of December 2022 as further investigations were made into your homelessness application. They state that on the 14th of January an incident occurred with another customer at the Travelodge.

The Council tell me that following the incident and the discovery of disrepair in the hotel room, empty gas canisters and evidence of smoking you were asked to leave.

Enfield Council says they have issued a S184 letter which explains their decision not to continue to accommodate you. I understand this letter details options to appeal if you wish to do so.

The Council tell me that they will work with you for the remainder of your Relief Duty and will take steps to secure accommodation. They say they will also work with L&Q to assess what assistance can be given to make your property safe to return to.

L&Q

L&Q inform me that following the incident at your property which you reported to them on the 6th of December, they considered that due to the immediate risks to you, they needed to secure temporary accommodation at the Travelodge in Enfield. They state that to consider you for a move, they would need to take a number of steps but say that due to the lack of available properties, these can take sometimes over 12 months to conclude.

As a result of the lack of available properties, L&Q say that residents are encouraged to explore alternative housing arrangements such as the mutual exchange scheme and rehousing within the borough. They have given details of the person who can help refer you to these schemes in the full response.

L&Q tell me that as a result of an incident at the Travelodge where the police were involved, you were asked to leave the premises. They confirm their Anti-Social behaviour team are working with Enfield Council and looking into the matter to agree on next steps. They reassure me they will be in touch with you imminently to discuss this, and your tenancy status at 7 Tennyson Close.

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www.kateosamor.co.uk kate.osamor.mp@parliament.uk Twitter: @KateOsamor

In light of the Council's decision not to accommodate you, it is vital that you seek legal advice on any appeal options should you wish to do so.

Unfortunately, as a Member of Parliament, I am unable to provide legal advice, however, the organisations below are very well placed to advise on the matters such as this.

Please ensure you approach one of the organisations for legal advice without delay should you wish to appeal the decision made by Enfield Council:

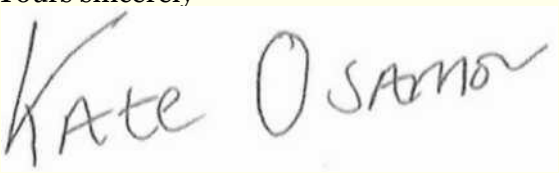
Shelter London:
Telephone: 0344 515 1540
https://england.shelter.org.uk/get_help/webchat

Citizens Advice Enfield:
Telephone: 0300 330 1167
http://citizensadviceenfield.org.uk

Housing Law Practitioners' Association:
https://www.hlpa.org.uk/cms/find-a-housing-lawyer/

Thank you again for approaching me about this issue.

Yours sincerely



KATE OSAMOR MP (Edmonton)

Enfield Council

Dear Kate Osamor MP,

Case Reference: 101000374610

Thank you for your enquiry, the contents of which have been noted.

Ms [redacted] was provided interim accommodation in Enfield Travel Lodge on the 28th December 2022 pending further investigations into her homelessness. On the 14th January. Enfield Travel Lodge management staff contacted The Housing Advisory Service to advise that Ms [redacted] and her partner had been involved in an altercation with another customer of the hotel. Both parties blamed each other and offered different accounts to what happened.

This is currently under police investigation to determine both liability and ongoing legal action if applicable and I understand that Ms [redacted] is proactive in assisting the investigations.

Further to the above altercation, Travel Lodge management staff also asked Ms [redacted] to immediately vacate the property due to disrepair issues inside the hotel room, empty gas canisters found in the room and admission of cigarette smoking in the premises.

As of today, The Housing Advisory service have issued Ms [redacted] with a s184 decision letter explaining our decision not to continue to accommodate her. Our full reasons can be found in the letter addressed to Ms [redacted] and if she wishes to do so, details to appeal are enclosed in the decision.

We will of course continue to work with Ms [redacted] for the remainder of her Relief Duty in order to take reasonable steps to secure accommodation for her and will be liaising with her landlord, L&Q, to establish what assistance can be provided to ensure her property is safe for her to return to.

I trust this satisfies your query but if you require more information, please do not hesitate to contact me.

Yours sincerely, Chris Farrell

L&Q

Dear Kate Osamor MP,
RE: Miss [redacted] - 7 Tenneyson Close, Enfield, EN3 4SN
Thank you for your correspondence dated 23rd December 2022 in regard to your constituent, Miss [redacted] of the above address. I sincerely apologise for the delay in responding to you.

The matter is pertinent to an incident that took place in November 2022.
Having now reviewed the information provided to me by my team, I can now provide you with the following update:

Anti-Social Behaviour
I can confirm that a report was received by Miss [redacted] on Tuesday 06 December 2022 where it was reported that individuals living within her building were fighting elsewhere, and on attempting to stop this fight, Miss [redacted] was unfortunately assaulted and required hospital treatment. I have instructed our Neighbourhood Housing Lead to contact the Metropolitan Police and request full disclosure on this incident, which will include what steps they are taking to support Miss [redacted]

To consider Miss [redacted] for a management move, we require a risk assessment that sets out the ongoing risk to her and what actions we can take as a landlord to reduce this risk.

On receipt of this, we can progress the matter to our high harm panel for further consideration on the level of priority that can be given to Miss [redacted] considering these events. Due to a lack of available properties, management moves can take some time to conclude, sometimes over 12 months. Residents are therefore encouraged to consider alternative means of rehousing. This includes utilising the mutual exchange scheme and rehousing within a local authority. Our Neighbourhood Housing Lead, Joel Prospere (joelprospere@lqgroup.org.uk) can help complete referrals in these instances.

Given the immediate risks to Miss [redacted], we were able secure her with temporary accommodation with a local Travelodge in Enfield. I am informed that Miss [redacted] has been involved in further Anti-Social Behaviour, where the Metropolitan Police were called, and Miss [redacted] was asked to leave the premises.

I can confirm that our ASB service are currently reviewing the matter with partners within Enfield council to agree the next step. Joel and the ASB team will be in contact with Miss [redacted] imminently to discuss her personal circumstances including her tenancy status at 7 Tennyson close.

I do hope this letter clarifies our position on this matter and has fully addressed your enquiry. If you require any further information or wish to discuss the matter further, please feel free to contact me.

Yours sincerely,
Mairead Lynch Head of Housing London North & West

Duncan Lewis
Solicitors

CLIENT AUTHORITY FORM –TO THIRD PARTIES

Name of Client: **DB**

Client's Address: **NFA**

Date of birth: ********

NI Number:

My Solicitors	**Duncan Lewis Solicitors**
Correspondence Address	**Sackville House, 143-149 Fenchurch Street, London, EC3M 6BL**
Fee Earner	**Andre Cummings**
Direct Dial	
Case Ref. Number	**b1845*********

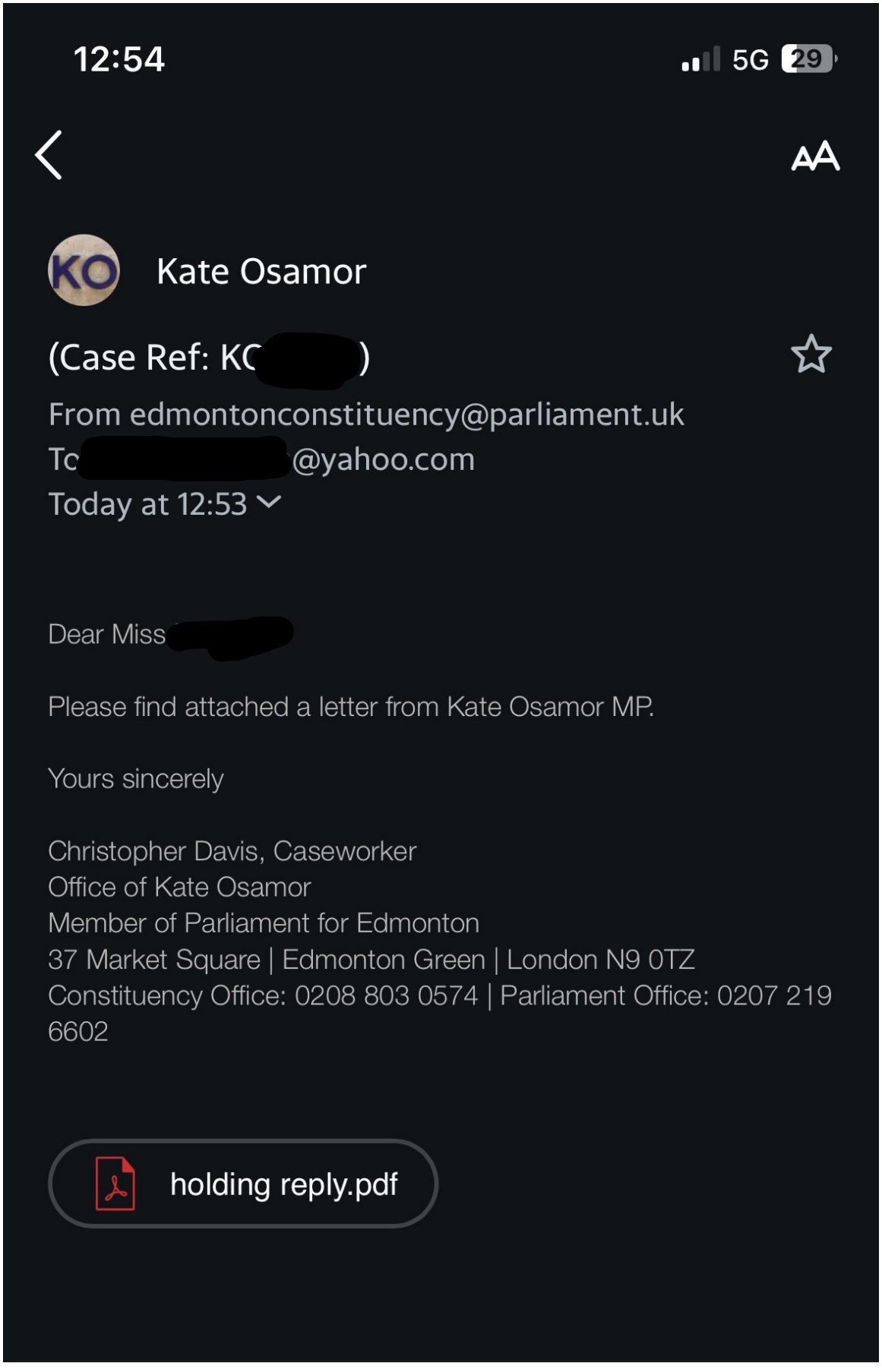
Confirmation

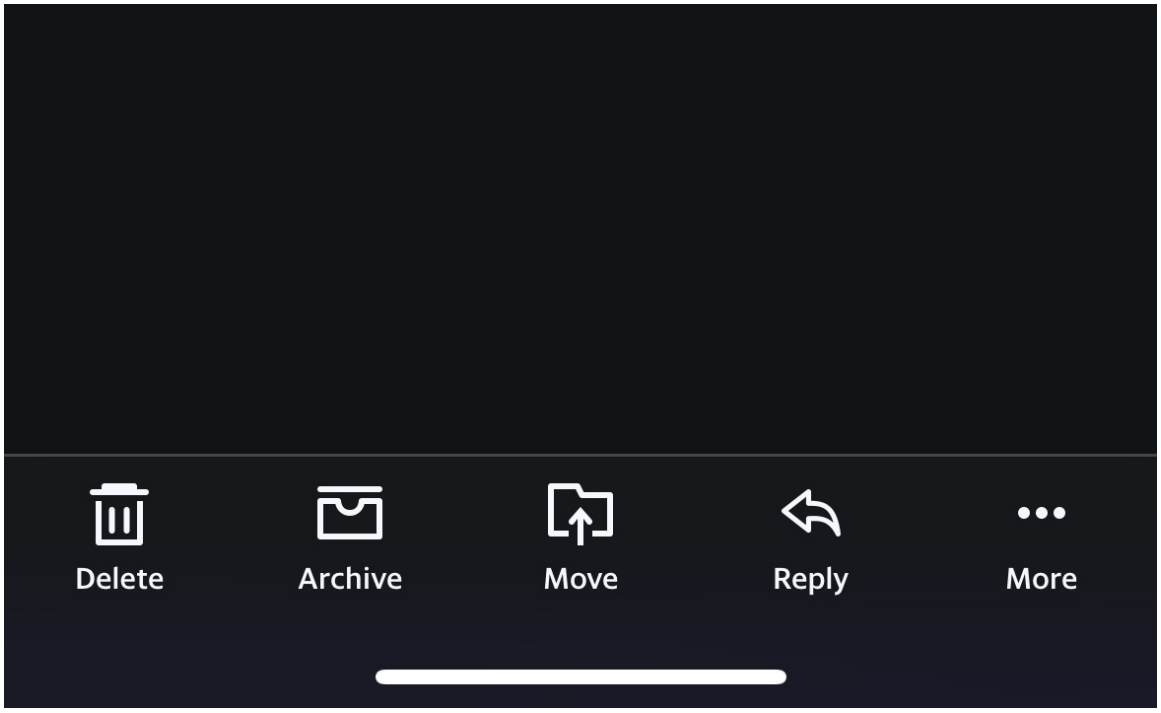
For the purposes of progressing my legal matter and processing data under one or all of the following: Article 6(1)(b) contract, Article 6(1)(c) legal obligation, and/or Article 6(1)(f) legitimate interests of the General Data Protection Regulation (GDPR); I hereby authorise you to release to my solicitors above, any notes, records, reports, papers, correspondence, information or documentation concerning me, in your possession, which they may require of you, including specifically if requested, my previous solicitors' files (including attendance notes), and all medical records relating to me that you may hold.

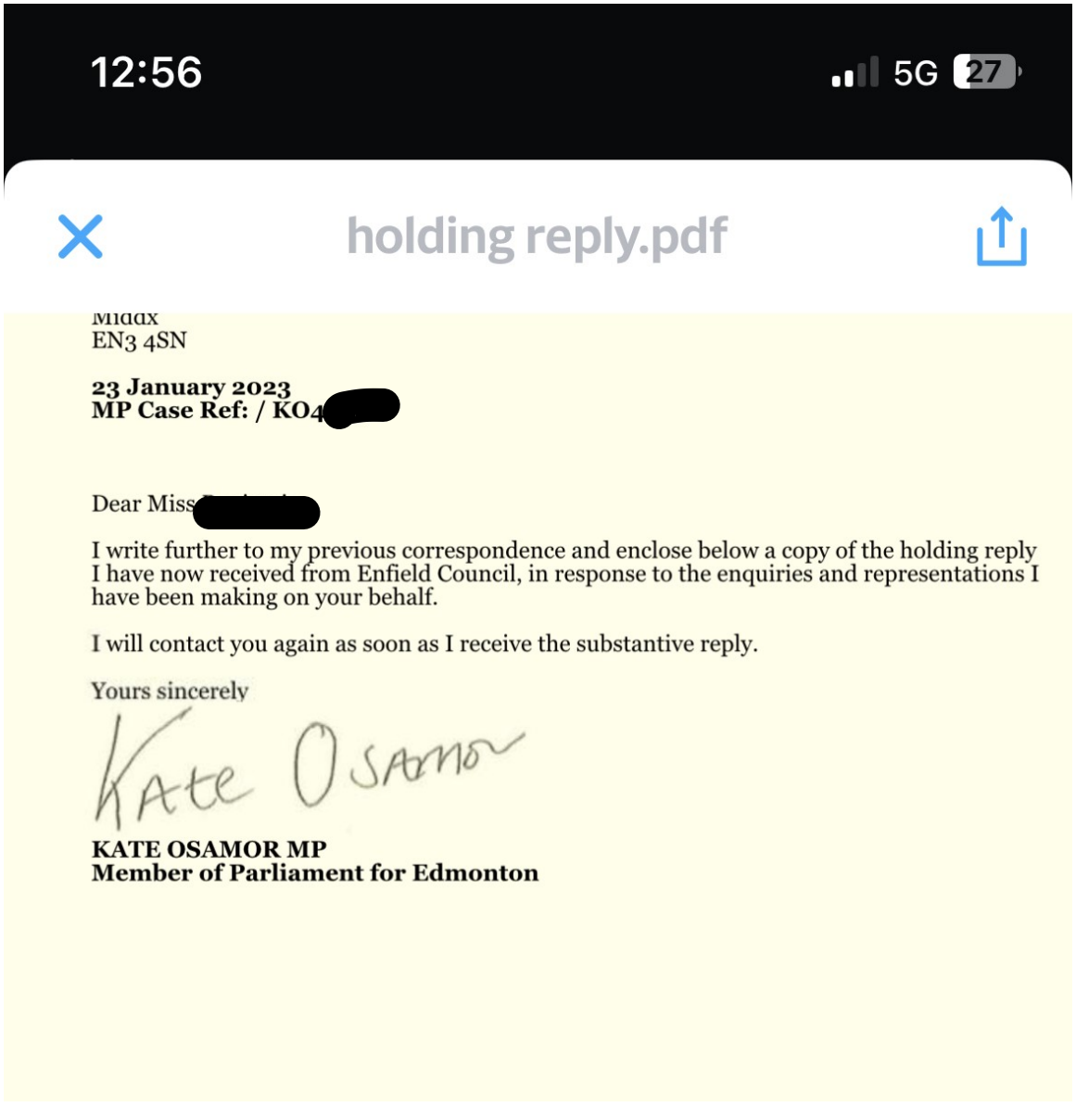
Please quote the above case reference number in all correspondence.

Signed: _____ Dated: _____

Print Name: _____


12:54
5G 29
AA
KO
Kate Osamor
(Case Ref: KC)
From edmontonconstituency@parliament.uk
To @yahoo.com
Today at 12:53
Dear Miss
Please find attached a letter from Kate Osamor MP.
Yours sincerely
Christopher Davis, Caseworker
Office of Kate Osamor
Member of Parliament for Edmonton
37 Market Square | Edmonton Green | London N9 0TZ
Constituency Office: 0208 803 0574 | Parliament Office: 0207 219 6602
holding reply.pdf





Middx
EN3 4SN

23 January 2023
MP Case Ref: / KO4[redacted]

Dear Miss[redacted]

I write further to my previous correspondence and enclose below a copy of the holding reply I have now received from Enfield Council, in response to the enquiries and representations I have been making on your behalf.

I will contact you again as soon as I receive the substantive reply.

Yours sincerely

Kate Osamor

KATE OSAMOR MP
Member of Parliament for Edmonton

37 Market Square, Edmonton Green Shopping Centre, London, N9 0TZ
Constituency Office: 0208 803 0574 Parliament Office: 0207 219 6602
www.kateosamor.co.uk kate.osamor.mp@parliament.uk Twitter: @KateOsamor

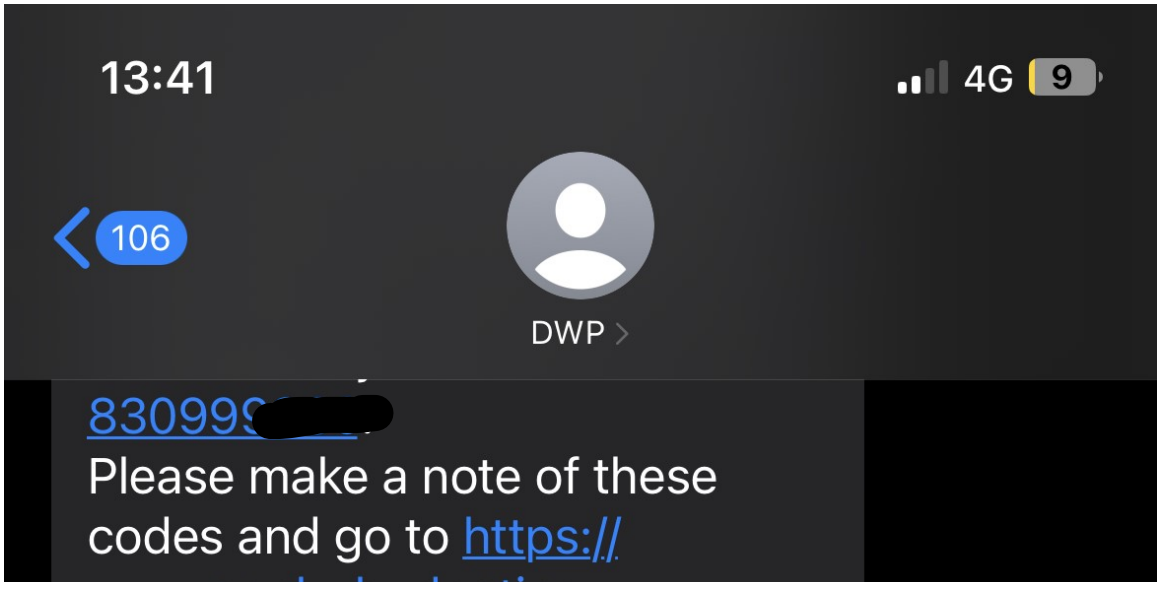
Thank you for your email, I confirm receipt of your letter.

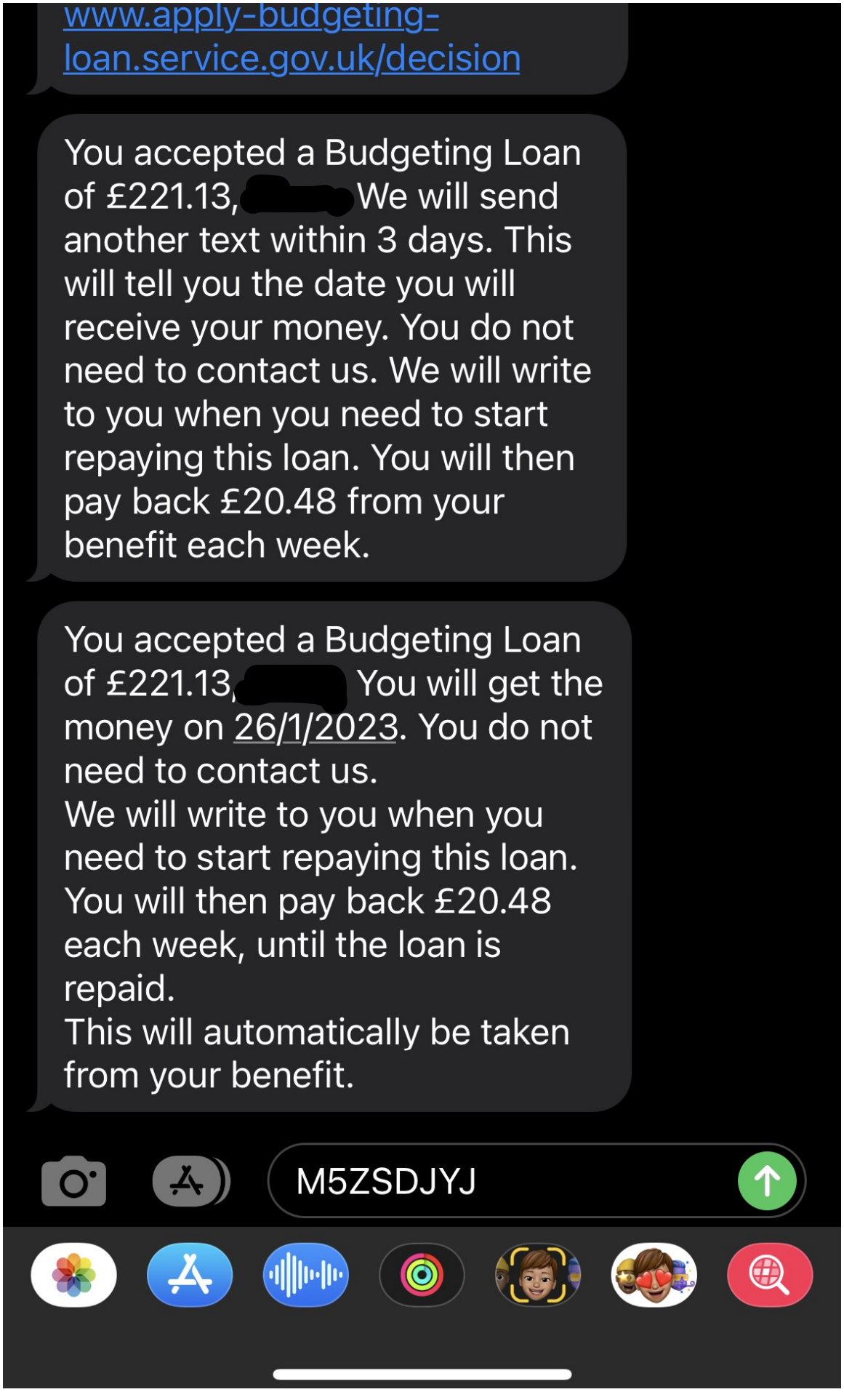
We will be investigating this matter with priority and will reply back to Kate Osamor MP.

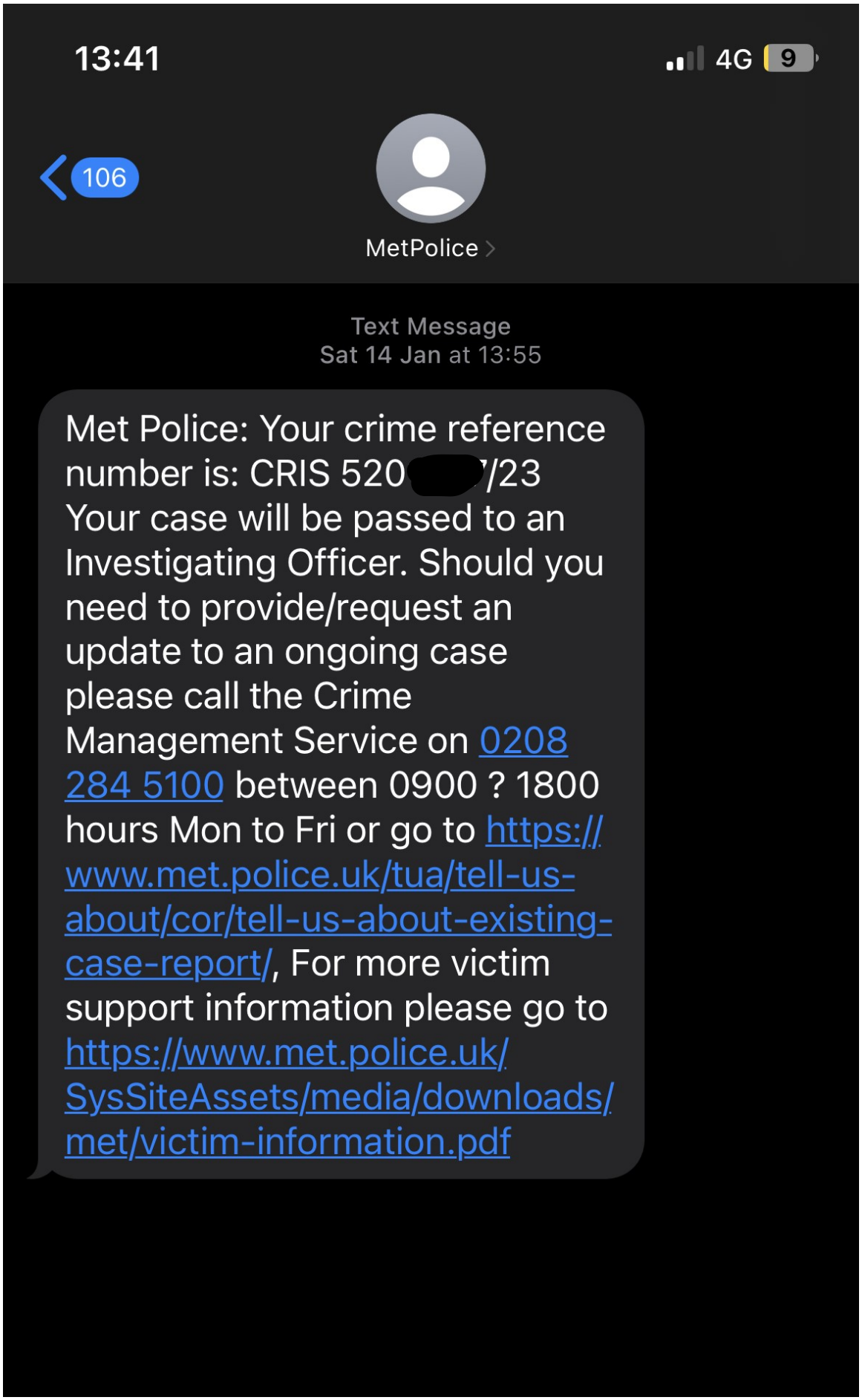
Kind regards,

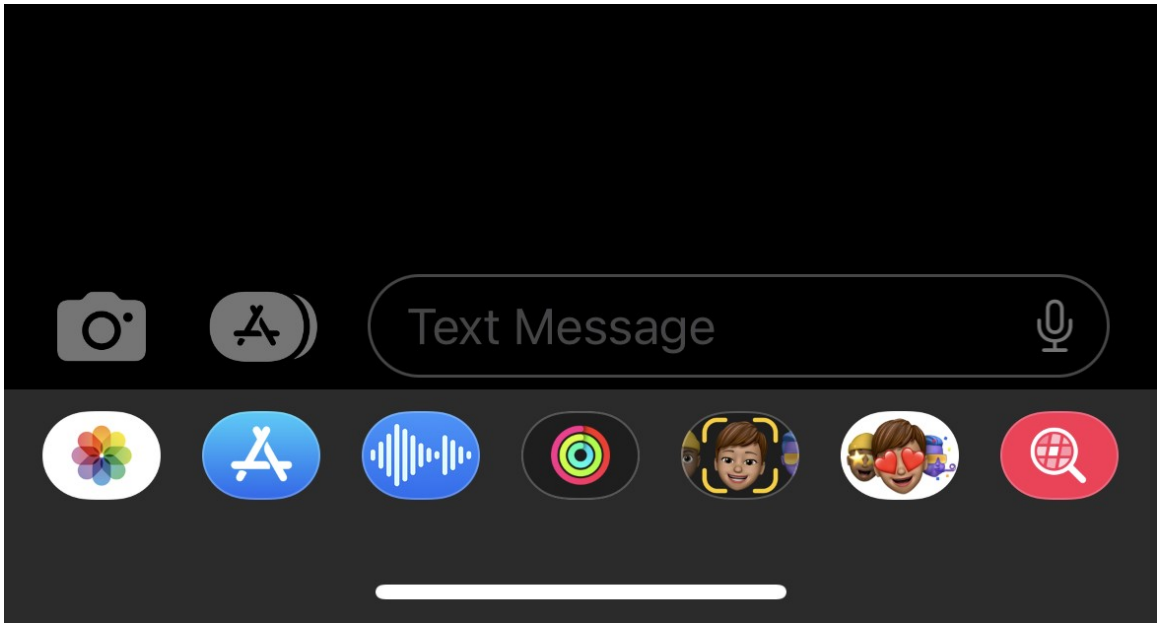
Lian

Lian Brian-Preacher Pronouns: She/her (Click here to find out why I'm using pronouns)
Service Development Manager
Housing Advisory Service
Housing & Regeneration
Place Department
Enfield Council




www.apply-budgeting-loan.service.gov.uk/decision
You accepted a Budgeting Loan of £221.13, [redacted] We will send another text within 3 days. This will tell you the date you will receive your money. You do not need to contact us. We will write to you when you need to start repaying this loan. You will then pay back £20.48 from your benefit each week.
You accepted a Budgeting Loan of £221.13, [redacted] You will get the money on 26/1/2023. You do not need to contact us.
We will write to you when you need to start repaying this loan. You will then pay back £20.48 each week, until the loan is repaid.
This will automatically be taken from your benefit.
M5ZSDJYJ


13:41
4G
9
106
MetPolice
Text Message
Sat 14 Jan at 13:55
Met Police: Your crime reference number is: CRIS 520 /23 Your case will be passed to an Investigating Officer. Should you need to provide/request an update to an ongoing case please call the Crime Management Service on 0208 284 5100 between 0900 ? 1800 hours Mon to Fri or go to https://www.met.police.uk/tua/tell-us-about/cor/tell-us-about-existing-case-report/, For more victim support information please go to https://www.met.police.uk/SysSiteAssets/media/downloads/met/victim-information.pdf



13:42 4G 9

106

RoyalFree >

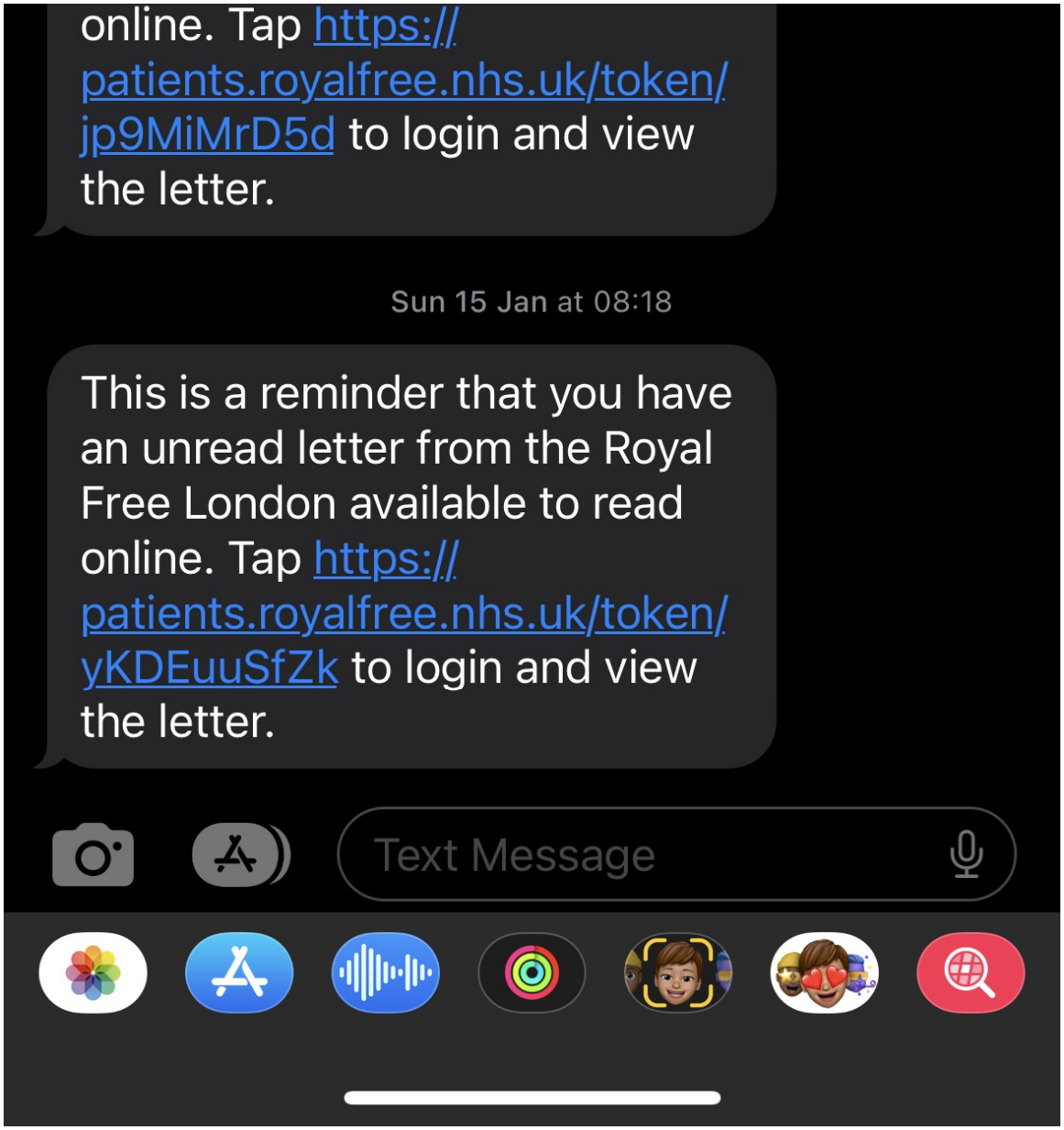
Mon 9 Jan at 16:37

Dear [redacted]

You have a new letter from Royal Free London NHS Foundation Trust available online at https://patients.royalfree.nhs.uk/token/coFzubZyvR

Thu 12 Jan at 08:17

This is a reminder that you have an unread letter from the Royal Free London available to read



BETA This is a new service – your feedback will help us to improve it.

Application received

We have sent you a confirmation text message.

What happens next

We will send a decision message to you at **07868267755** in the next week. This will tell you if we can offer you a loan and what to do next.

If you are offered a loan

We will tell you:

- how much you can borrow
- how much your repayments will be if you accept the loan

You do not have to accept the loan offer if you do not want to.

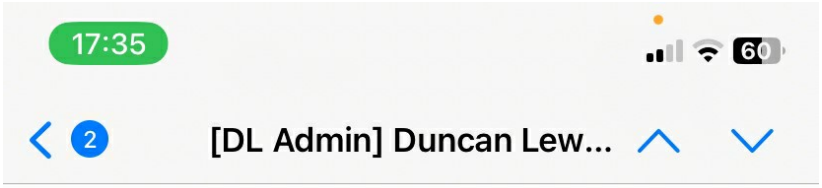
If you are not offered a loan

We will tell you why and how to get help if you need it.

What did you think of this service?.

Get help

For Social Fund enquiries



- 3 months up to-date bank statement from **All accounts** including saving accounts (**20th October 2022 – 20th January 2022**) from your daughter . Can get this printed from the bank or use online banking.

- Up to-date proof of pass porting benefits letter from this month or last month if this month is not available i.e., Universal Credit, ESA, JSA or income support benefits received.
- Proof of ID

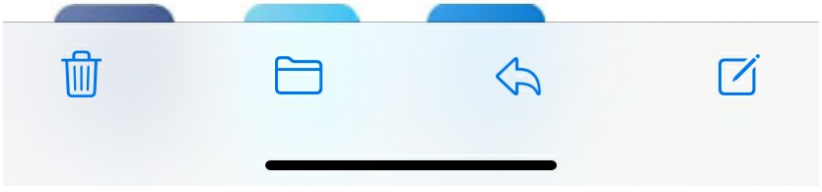
Please provide these documents as a scanned document, or as in PDF format.

Please also complete the Legal Help Form attached.
Please tick the correct box, and sign the client's certification section. Please make sure this is hand signed and that the date matches the recent bank statement date.
Please make sure the legal help for signature is dated the same date as the bank statement date or else legal aid will be rejected
Please note, should a week pass before we apply for legal aid funding, we require up-to date bank statements for each week that passes.

Do not hesitate to contact me further if you have any questions.

I look forward to hearing from you.

Andre Cummings
Caseworker
DDI: 02072752883



PLEASE USE THE KIOSKS

NHS
Royal Free London
NHS Foundation Trust
Tel: 020 7443 9757

369

MISS [redacted]
23 BYRON TERRACE
HERTFORD ROAD
LONDON
N9 7DG

2217

F514STIS83HW
S369 c1.350/504 b1

12 January 2023

MRN Number: [redacted]
NHS Number: [redacted]

Dear Miss [redacted]

This letter is to confirm that an appointment has been made for you to see a member of the Plastic Surgery Service team on: **Tuesday 28 February 2023 at 13:30**

At: Clinic 4,
1st Floor
Royal Free Hospital
Pond Street

London, NW3 2QG

This appointment is with a Psychologist who works within the Plastic Surgery team.

Please bring this letter with you when you attend, with any current medication that you are taking, in original containers.

If you need to cancel or reschedule this appointment please contact us on the telephone number above, as if you fail to notify us and do not attend this appointment, you may be discharged back to the care of your GP.

Please Note: If you are late for this appointment there is a risk that you will not be seen and your appointment will have to be rescheduled.

For further information about The Royal Free London, our Sites and Services, Transport Links and Parking etc. please visit our website.
https://**www.royalfree.nhs.uk**
Please let us know on the above number if your contact details have changed.

Yours sincerely
Outpatient Appointment Centre

Sent from Yahoo Mail for iPhone

09 January 2023

Miss [redacted]
23 BYRON TERRACE
HERTFORD ROAD
LONDON
N9 7DG

Tel: 020 7317 7703

Hospital Number: [redacted]
NHS No.: [redacted]

Dear Miss [redacted]

This letter is to confirm that an appointment has been made for you to see a member of the Physiotherapy Hand Therapy team on: **Tuesday 31 January 2023 at 15:00**

At: Hand Therapy, Clinic 5, First Floor
Royal Free Hospital
Pond Street

London, NW3 2QG

If your condition has improved and you no longer require this appointment please contact us as soon as possible.

RVL Synertec WILL NOT print this letter!

Please bring this letter with you when you attend, with any current medication that you are taking, in original containers.

If you need to cancel or reschedule this appointment please contact us on the telephone number above, as if you fail to notify us and do not attend this appointment, you may be discharged back to the care of your GP.

Please Note: If you are late for this appointment there is a risk that you will not be seen and your appointment will have to be rescheduled.

For further information about The Royal Free London, our Sites and Services, Transport Links and Parking etc. please visit our website.
https://www.royalfree.nhs.uk

Please let us know on the above number if your contact details have changed.

Yours sincerely
Outpatient Appointment Centre

Royal Free Hospital
Pond Street
London
NW3 2QG
Tel: 020 7443 9757

02 December 2022

Miss [redacted]
23 BYRON TERRACE
HERTFORD ROAD
LONDON
N9 7DG

Hospital Number: [redacted]
NHS No.: [redacted]

Dear Miss [redacted]

This letter is to confirm that an appointment has been made for you to see a member of the Plastic Surgery Service team on: **Monday 06 March 2023 at 14:30**

At: Clinic 4, 1st Floor
Royal Free Hospital
Pond Street

London, NW3 2QG

Please bring this letter with you when you attend, with any current medication that you are taking, in original containers.

If you need to cancel or reschedule this appointment please contact us on the telephone number above, as if you fail to notify us and do not attend this appointment, you may be discharged back to the care of your GP.

Please Note: If you are late for this appointment there is a risk that you will not be seen and your appointment will have to be rescheduled.

For further information about The Royal Free London, our Sites and Services, Transport Links and

Parking etc. please visit our website.
https://www.royalfree.nhs.uk
Please let us know on the above number if your contact details have changed.

Yours sincerely
Outpatient Appointment Centre

09 January 2023

Miss [redacted]
23 BYRON TERRACE
HERTFORD ROAD
LONDON
N9 7DG

Tel: 020 7317 7703

Hospital Number: [redacted]
NHS No.: [redacted]

Dear Miss [redacted]

This letter is to confirm that an appointment has been made for you to see a member of the Physiotherapy Hand Therapy team on: **Tuesday 31 January 2023 at 15:00**

At: Hand Therapy, Clinic 5, First Floor
Royal Free Hospital
Pond Street

London, NW3 2QG

If your condition has improved and you no longer require this appointment please contact us as soon as possible.

RVL Synertec WILL NOT print this letter!

Please bring this letter with you when you attend, with any current medication that you are taking, in original containers.

If you need to cancel or reschedule this appointment please contact us on the telephone number above, as if you fail to notify us and do not attend this appointment, you may be discharged back to the care of your GP.

Please Note: If you are late for this appointment there is a risk that you will not be seen and your appointment will have to be rescheduled.

For further information about The Royal Free London, our Sites and Services, Transport Links and Parking etc. please visit our website.
https://www.royalfree.nhs.uk

Please let us know on the above number if your contact details have changed.

Yours sincerely
Outpatient Appointment Centre

Miss DB
23 Byron Terrace
Edmonton
London
N9 7DG

Also known at the below address:

7 Tennyson Close
Scotland green Road
Enfield
EN3 4SN

26/01/2023

Data Protection Officer

Subject access request

Dear Sir or Madam

I [redacted] of
23 Byron Terrace, Edmonton, London, N9 7DG or 7 Tennyson Close, Scotland Green Road, Enfield, EN3 4SN, DOB: *******

Please supply the data about me that I am entitled to under data protection law

1. Full copy of all my Medical Records held about me on all Barnet, Enfield and Haringey Mental Health NHS Trust Authority Also Adult Improving Access to Psychological Therapies (IAPT), Mind Mental Health and CAMHS, Also any information that has been shared between any government bodies and 3rd parties.

2. This would include everything that is held on IT systems and held in paper-base files, for all departments, Telephone Calls, Emails, shared information,

this would include all dates and times information was received or sent regarding Miss DB.

The reason I need everything Is due to my GP not holding any information and due to an issue where I was attacked stabbed, the police have stated its unsafe for me to stay in my flat and I have been left homeless. I need all my information as soon as possible to give information to my GP to update their systems. and for me to hold a copy of it.

If this data can not be emailed, could I please pick it up when ready as this will be faster.

If any information is being withheld, I would like to know why and for what reason it is being withheld and to be sent full information as to why it is being withheld.

- **07807 33***** (this is my mothers phone number)** whom I have already given authority to Enfield Council that should be on record, for her to be able to do anything for me on my behalf:
- **Email address is lorraine32@blueyonder.co.uk)**

If the information can not be emailed to my mothers' emails, can it please be sent to her home address of

- **23 Byron Terrace, Edmonton, London N9 7DG**
- **I have included my ID with this application, and also my Letter of Authority for my mother Miss Lorraine Cordell.**

If you need any more data from me, or a fee, please let me know as soon as possible. It may be helpful for you to know that data protection law requires you to respond to a request for data within one calendar month.

If you do not normally deal with these requests, please pass this letter to your Data Protection Officer, or relevant staff member. If you need advice on dealing with this request, the Information Commissioner's Office can assist you. Its website is ico.org.uk or it can be contacted on 0303 123 1113.

Yours faithfully

Miss DB 26/01/2023

311241/1048195 DB

Patient Boarding Card

Details

DOB: **********
Age: 33y
Gender: Female
NHS No.: 434 751 ****
Mob: 07868 2****** (n)
Email: DB@yahoo.com
Language: English
Registered GP: Dr Warren
Registered Practice: Nightingale House Surgery, 1-3 Nightingale Road, N9 8AJ
Tel: 02082 **** (n)
Personalised Care: *Please send written correspondence BOTH via POST and EMAIL. *
Would prefer face...
ICE Lorraine Cordell / Next of Kin**0208 245 ***(Mum)

Episode

Status: Completed (19/04/2022)
Date Received: 21/06/2021
OPT In Date: -
Referral Source: Self.
Service: Enfield
Stage: [S3 DROPO] S3 Dropped Out Of Treatment
Allocated Therapist: Aduramigba Williams
Referral Team: Enfield IAPT

Labels

Online Referral Face to Face

Alerts

Severe Risk Q9 Severe GAD-7 Severe PHQ-9 F32 - Depressive episode

Completed clinical contact (IAPT) - 26/07/2021

Clinical Time: 45 mins
Administrative Time: - mins
Supervision Time: - mins
Appointment Location: Phone Appointment
Appointment Purpose: Triage / Screening
Secondary Intervention: -
Primary Intervention: Pure self-
Only
Sign Post To: -
Step Intensity: Low intensity - 1st step in current
Access to Psychological Therapies care spell
Care Contact Patient Therapy Mode: One to
Language Used for the Delivery of Treatment: -
Interpreter Present?
Is This Contact the Result of a Planned Internet Enabled Therapy Programme: -
Attendance: Attended (On Time)
Short Notice Cancellation: -
Consultation mechanism: Telephone
Honos Cluster: -

PHO 9: 22
Risk Q9: 2
GAD 7: 18
W & SAS: 31
W&SAS Work: 4
W&SAS Home: 7
W&SAS Social: 8
W&SAS Private: 8
W&SAS Family: 4
Social phobia (Q1): 8
Agoraphobia (Q2): 8
Specific phobia (Q3): 2
Employment Status: Benefits
The number of hours worked in a typical week by PERSON: -
Self-Employment Indicator: -
Is the Patient Unable to Work Due to Sickness? -
Receiving SSP: No
Benefit Receipt Indicator: -
Jobseeker's Allowance (JSA) - Yes should not be selected if ESA or UC is yes: -
Employment And Support Allowance (ESA) - Yes should not be selected if JSA or UC is yes: -
Universal Credit (UC) - Yes, should not be selected if JSA or ESA is yes: -
Personal Independence Payment: -
Other Benefits: -
Use of Psychotropic Medication: Prescribed and taking

Agoraphobia: mobility inventory (when accompanied): - **Agoraphobia: mobility inventory(when alone):** -
Body Image Questionnaire: -
Generalised anxiety disorder penn state worry: -
Health anxiety inventory short week scale: -
Obsessive compulsive disorder inventory: -
Panic disorder severity scale: -
Post traumatic stress disorder impact of events scale: - **PTSD Checklist for DSM-5 (PCL-5):** -
Social phobia inventory: -

Clinical Contact Summary: Triage Screening Notes
Triage Screening conducted on 26/07/2021.
Introduction to service completed.
Confidentiality discussed and patient consents to the relevant Patient is aware that clinical records will be shared with there you know, we store your information on our own confidential any information that can identify you and the Department of that helps us improve the delivery of care.
Demographic details checked

the sharing of information with GP/other professionals.
GP and other health care professionals if relevant.
Just to let l record system, and we also collect data that does not have Health use this to create a large IAPT information database

-------MDS -----
PHQ: 22
GAD: 18

LIFESTYLE QUESTIONS

Are you currently engaging in any other therapy/treatment? Patient stated that she is on a waiting list for an assessment with MIND at the moment and she is hoping that she can talk to someone about how she feels. Patient stated that she has not had an assessment yet and she has been informed that it could be a 7-week wait before an assessment takes place.
Patient is aware that if she starts therapy with Enfield IAPT or MIND-she will have to choose which service she would like to have therapy with as we do not recommend dual therapies.
Previous therapy? Patient reported that she has had a lot of support from MIND in the past, which she has found to be helpful.

IAPT HISTORY: March 2014 Did not engage with **CBT:** Discharged. June 2015 Triaged and offered further counselling assessment - DNA. June 2020 Opted for IESO but requested to change to **face-to-face:** Advised to re-refer due to time lapse Dec 2020 Offered Xyla but did not engage.
Patient reported that she has tried to get support with IAPT before, but she has not been able to see someone face to face and she finds video and type talk sessions difficult which is what she reports she was offered previously. Patient reported that having therapy sessions on the internet is confusing and she would prefer a face-to-face approach.

PHYSICAL HEALTH

Do you have any disabilities or any mobility issues? Dyslexia. Patient reported that she struggles to read however, her.
Mum is able to support her with reading letters and emails.
Do you have any long-term conditions? Asthma.

MEDICATIONS

Prescribed Medication - sertraline (100mg) and zopiclone (3.75mg). patient reported that she has taken antidepressants on and off her whole life.
Non-Prescribed Medication: patient denied.

SUBSTANCE USE

Recreational drugs – patient denied.
Alcohol – patient reported that she does not drink regularly, only on special occasions.
Cigarettes – 10 cigarettes per day.
Caffeine: - 1-2 fizzy drinks per day. several capri suns per day.

RISK

PHQ9 Q9 'Thoughts of being better off dead or hurting yourself in some way' Score -2
Suicidal Thoughts – Patient reported that she does not feel suicidal at the moment. however, she reports that sometimes she feels suicidal and thinks about killing herself but does not get these thoughts regularly. patient reported it is more thoughts of "what's the point", had these thoughts on and off since being a child.

Triggers: messy house, people talking down to her, feeling depressed and irritated, difficulties sleeping. The patient denied any current intent, plans, preparations to end own life in the present moment. patient reported that she wants to live.
Do you ever feel life is not worth living? patient denied.

Self-Harm Thoughts - patient denied.
Intent (0/10) – patient denied.
Plans – patient denied.
Preparations - patient denied.
Previous Suicide Attempts – patient reported that over a year ago she remembers waking up and wanting to kill herself by thinking about jumping off a bridge, patient reported it was just suicidal thoughts at the time and when she felt this way she phoned her mum to tell her about it, mum come over to her home and patient

felt better following this. Patient reported that thoughts of her mum and brothers stopped her from acting on these thoughts. patient stated that she thinks it would have been selfish if she did it.

Previous Self Harm -patient reported that she last self-harmed 2 months ago. she had cut her arms and legs with a razor in order to 'feel something.' Patient reported that She had been self-harming like this since her teenage years in secondary school up until 2 months ago. Patient reported that prior to two months ago, she had not self-harmed for a few years. No medical attention ever required for previous self-harm.

Protective Factors: boyfriend, mum, brothers.

Self-Neglect: mum is helping her to wash herself, brush her teeth and dress.
Harm To Others – patient denied.
Harm From others – patient reported that 2 years ago a group of individuals come to her house and tried to kick her door off and they tried to stab her through the letter box, they cut the side of her face through the letterbox as well as her arms and hands. Patient reported that it was reported to the police. Police informed her that they believe it was a mistaken identity and they got the wrong house. Patient reported that she gets worried that they will come back as she does not know why it ever happened and never got any answers about it.
[IF RISK EVIDENT] "Do you feel you can keep yourself safe in the current moment?" "yes."

RISK MANAGEMENT PLAN:
Patient was offered the numbers for the Enfield Crisis resolution and home treatment team (0800 151 0023) and Samaritans (116 123)-patient stated that she already has crisis & Samaritans numbers. Patient was also advised that if risk levels change, in addition to the crisis team and Samaritans who can be contacted, patients can also contact their GP to arrange an emergency appointment, visit their local A&E department, or dial 999.
Patient stated that she feels able to reach out for support via one of these means should risk levels change. Patient also reported that if she was in a crisis, she would call her mum as this is what she has done previously, and this has been helpful.

MAIN PROBLEM:

- Patient reported that she wants to sort her head out.
- She reports that she feels paranoid about going out.
- She feels like people are talking about her when she leaves the house.
- She wants to go out and make friends, but she can't.
- Won't go shop because she feels anxious being around other people.
- When she is around a group of people, she feels sick and is paranoid, she thinks that people are staring at her ***"are they talking about me or about someone else?"***
- Patient reported that the Covid19 pandemic is making it worse because everyone is wearing masks too.
- Patient reported that this problem has been going on since her teenage years.
- She also struggles to go out with her mum who she is close with
- Patient reported that She has been feeling more angry recently. She reports some things which trigger her anger E.g. ***"the way people talk down to me, it makes me feel stupid."***
- Patient reported that she Can't be bothered to get up and do anything at the moment. She has stopped doing the housework and cooking – mum now does this for her. mum doesn't her to cook in case she burns the house down. Patient reported that her House being messy is contributing to her depression.
- Patient reported that she has not felt happy for about a year now. not wanting to do anything. Not wanting to leave bed.
- struggling to put on a smile on her face. Always feeling low and down.
- She feels that family do not want to be around her, and she does not know what to do about this.
- Spending most of her time in bed at the moment.
- Mum is making sure that she eats every day and has a wash.

- Patient stated that She worries about her mum a lot. ***"If mum died, I would be worried about what would happen to me. I don't want to keep burdening my mum all the time ... I wish I could do things for myself."***
- Patient reported that her main concern is not being able to go out. She wishes that she didn't have to take her mum with her to appointments.
- Patient reported that she has a Support system comprised of her brother, uncle, mum, dad, and partner.

5 AREAS

Thoughts: I don't want to go out. When I do go out, I feel like I am going to be sick. I do not want to see anyone. Everyone knows I'm miserable and stays away from me. It makes me down and it makes me feel upset because I am struggling to be happy. They do not get how I feel. I get paranoid thinking people are after me.

Feelings: on edge, anxious, worried, depressed. Irritable. Frustrated.

Behaviours (Coping strategies/ avoidance): not wanting to go out. Feels physically sick when going out. Only staying in most of the time. used to go for long walks outside but now no longer doing this. no cooking, no cleaning. Mum encourages her to perform self-care tasks.

Physical: nauseaus. Racing heart.

PTSD SCREEN

In your life, have you ever had any experience that was so frightening, horrible, and overwhelming that you believed at the time that your life or someone else's life was at risk or threatened? "the event where the guys attacked me, I get worried about anyone coming back for me, my neighbours had a party the other day and they were arguing and I locked all the doors, I didn't want to go to the toilet in case they heard me, I was scared at the time."

If yes, ask

- **Are you safe now?**
  "I worry about them coming back to hurt me."
- **Do you get flashbacks, images or nightmares about it? Are these about one event or several separate events?** Patient denied.
- **How often do you get these images? Whilst these are happening do you ever forget that you are safe now and feel as if you are back there again?**
- **How much do these images stop you from doing what you need to on a day to day basis?**
- **How much do you avoid situations that remind you of it?**
  "I don't really like going out, even going to a family event I don't like going because I don't know how I will be." "I am funny around loud noises."

03/02/2023, 14:52 IAPT us Print Page - Print_Patient_Contact_Details

- Have you been constantly on guard, watchful or easily startled? "Yes at home and outside because I don't know who it was who atiacked me."
- Do you have to do things to help you feel safe? What do you do (in and out of the house) and how much of your day does this take up? "try to keep calm."

Goals: (what are you hoping to achieve with help from our service?)
"Understand why I don't want to go out all the time"

"Be more motivated to do the tidying round the house."
"be able to do things alone again such as going to appointments."

COMB:

- Do you have any specific needs that we need to be aware of/to help you access the service? I would prefer face-to-face apts.
- What is your availability? (days, time, location)
- Gender preference?

Outcome of triage appointment: Patient informed that their case will be discussed with a senior practitioner within the service to identify appropriate treatment options if suitable as well as signposting to other services if relevant. Patient informed that they will be contacted with an outcome for the assessment within the next 2 weeks. Two contact attempts will be made on different days and if client is not able to be reached, the outcome will be sent to their email address and they have 2 weeks to respond to the letter by email or calling the service, otherwise risk being discharged from the service.

SUMMARY AND OUTCOME OF TRIAGE SCREENING

MDS scores: PHQ: 22, GAD:18

Risk:

- PHQ9 Q9 'Thoughts of being better off dead or hurting yourself in some way' Score -2
- Suicidal Thoughts – Patient reported that she does not feel suicidal at the moment. however, she reports that sometimes she feels suicidal and thinks about killing herself but does not get these thoughts regularly. patient reported it is more thoughts of "what's the point", had these thoughts on and off since being a child. triggers: messy house, people talking down to her, feeling depressed and irritated, difficulties sleeping. Patient denied any current intent, plans, preparations to end own life in the present moment. patient reported that she wants to live.
- Self-Harm Thoughts - patient denied.
- Previous Suicide Attempts – patient reported that over a year ago she remembers waking up and wanting to kill herself by thinking about jumping off a bridge, patient reported it was just suicidal thoughts at the time and when she felt this way she phoned her mum to tell her about it, mum come over to her home and patient felt better following this. Patient reported that thoughts of her mum and brothers stopped her from acting on these thoughts. patient stated that she thinks it would have been selfish if she acted on these thoughts.
- Previous Self Harm -patient reported that she last self-harmed 2 months ago. she had cut her arms and legs with a razor in order to 'feel something.' Patient reported that She had been self-harming like this since her teenage years in secondary school up until 2 months ago. Patient reported that prior to two months ago, she had not been self-harmed for a few years. No medical attention ever required for previous self-harm.
- Protective Factors: boyfriend, mum, brothers.
- Self-Neglect: mum is helping her to wash herself, brush her teeth and dress.
- Patient denied being a risk to others.
- Harm From others – patient reported that 2 years ago a group of individuals come to her house and tried to kick her door off and they tried to stab her through the letier box, they cut the side of her face through the letterbox as well as her arms and hands. Patient reported that it was reported to the police. Police informed her that they believe it was a mistaken identity and they got the wrong house. Patient reported that she gets worried that they will come back as she doesn't know why it ever happened and never got any answers about it.

[IF RISK EVIDENT] "Do you feel you can keep yourself safe in the current moment?" "yes."
RISK MANAGEMENT PLAN: patient stated that she already had crisis and Samaritans numbers. Patient was also advised that if risk levels change, in addition to the crisis team and Samaritans who can be contacted, patient can also contact their gp to arrange an emergency appointment, visit their local A&E department or dial 999. Patient stated that she feels able to reach out for support via one of these means should risk levels change. Patient also reported that if she was in a crisis, she would call her mum as this is what she has done

previously and this has been helpful.

Conceptualisation of main problem:

MAIN PROBLEM:

- Patient reported that she wants to sort her head out.
- She reports that she feels paranoid about going out.
- She feels like people are talking about her when she leaves the house.
- She wants to go out and make friends, but she can't.
- Won't go shopping because she feels anxious being around other people.
- When she is around a group of people, she feels sick and is paranoid, she thinks that people are staring at her **"are they talking about me or about someone else?"**
- Patient reported that the Covid19 pandemic is making it worse because everyone is wearing masks too.
- Patient reported that this problem has been going on since her teenage years.
- She also struggles to go out with her mum who she is close with
- Patient reported that She has been feeling more angry recently. She reports some things which trigger her anger E.g. **"the way people talk down to me, it makes me feel stupid."**
- Patient reported that she Can't be bothered to get up and do anything at the moment. She has stopped doing the housework and cooking – mum now does this for her. mum doesn't her to cook in case she burns the house down. Patient reported that her House being messy is contributing to her depression.
- Patient reported that she has not felt happy for about a year now. not wanting to do anything. Not wanting to leave bed. struggling to put on a smile on her face. Always feeling low and down.
- She feels that family don't want to be around her and she doesn't know what to do about this.
- Spending most of her time in bed at the moment.
- Mum is making sure that she eats everyday and has a wash.
- Patient stated that She worries about her mum a lot. **"If mum died I would be worried about what would happen to me. I don't want to keep burdening my mum all the time … I wish I could do things for myself."**
- Patient reported that her main concern is not being able to go out. She wishes that she did not have to take her mum with her to appointments Patient reported that she has a Support system comprised of her brother, uncle, mum, dad, and partner.

5 AREAS

Thoughts: I don't want to go out. When I do go out, I feel like I am going to be sick. I do not want to see anyone. Everyone knows I'm miserable and stays away from me. It makes me down and it makes me feel upset because I am struggling to be happy. They do not get how I feel. I get paranoid thinking people are after me.

Feelings: on edge, anxious, worried, depressed. Irritable. Frustrated.
Behaviours (Coping strategies/ avoidance): not wanting to go out. I feel physically sick when going out. Only staying in most of the time. used to go for long walks outside but now no longer doing this. no cooking, no cleaning. Mum encourages her to perform self-care tasks.

Physical: nauseaus. Racing heart.
Trauma symptoms:

PTSD SCREEN

In your life, have you ever had any experience that was so frightening, horrible and overwhelming that you believed at the time that your life or someone else's life was at risk or threatened? "the event where the guys attacked me, I get worried about anyone coming back for me, my neighbors had a party the other day and they were arguing and I locked all the doors, I didn't want to go to the toilet in case they heard me, I was

scared at the time." If yes, ask

- Are you safe now? **"I worry about them coming back to hurt me."**
- Do you get flashbacks, images or nightmares about it? Are these about one event or several separate events? Patient denied.
- How often do you get these images? Whilst these are happening do you ever forget that you are safe now and feel as if you are back there again?
- How much do these images stop you from doing what you need to on a day to day basis?
- How much do you avoid situations that remind you of it? **"I don't really like going out, even going to a family event I don't like going because I don't know how I will be."** **"I am funny around loud noises."**
- Have you been constantly on guard, watchful or easily startled? **"Yes at home and outside because I don't know who it was who attacked me."**
- Do you have to do things to help you feel safe? What do you do (in and out of the house) and how much of your day does this take up? "try to keep calm."

Are you currently engaging in any other therapy/treatment? Patient stated that she is on a waiting list for an assessment with MIND at the moment and she is hoping that she can talk to someone about how she feels. Patient stated that she has not had an assessment yet and she has been informed that it could be a 7 week wait before an assessment takes place. Patient is aware that if she starts therapy with Enfield IAPT or MIND- she will have to choose which service she would like to have therapy with as we do not recommend dual therapies. -
Previous therapy? Patient reported that she has had a lot of support from MIND in the past, which she has found to be helpful.

IAPT HISTORY: March 2014 Did not engage with CBT: Discharged. June 2015 Triaged and offered further counselling assessment - DNA. June 2020 Opted for IESO but requested to change to face-to-face: Advised to re-refer due to time lapse. Dec 2020 Offered Xyla but did not engage.
Patient reported that she has tried to get support with IAPT before, but she has not been able to see someone face to face and she finds video and type talk sessions difficult which is what she reports she was offered previously. Patient reported that having therapy sessions on the internet is confusing and she would prefer a face-to-face approach. -
Recreational drugs – patient denied.

Alcohol – patient reported that she does not drink regularly, only on special occasions. -
Do you have any disabilities or any mobility issues? Dyslexia. Patient reported that she struggles to read however, her Mum is able to support her with reading letters and emails. -
Goals: (what are you hoping to achieve with help from our service?) "Understand why I don't want to go out all the time" "Be more motivated to do the tidying round the house." "be able to do things alone again such as going to appointments."

Subjective: 31-year-old female unemployed client Living alone. Takes sertraline (100mg) and zopiclone (3.75mg). engaged well in triage. prefers f2f apts. What do you recommend?
Next expected contact within:
SMS Message

Message: IAPT telephone appointment reminder: 10:30am on Monday 26th July. Please complete your questionnaires beforehand. Thank you.
Status: Delivered to Handset
Queued Date: 12:17 25/07/2021
Scheduled delivery: 12:00. 25/07/2021.
Webforms
Web fo25/07/2021.21 for this session:
Webform: PHQ9/GAD7/Phobia/WSAS

Method: Email to DB@yahoo.com
Date: 25-Jul-2021
Status: Email sent

Department of Plastic & Reconstructive Surgery

Ext: 36988

Royal Free London
NHS Foundation Trust

Royal Free Hospital
Pond Street London
NW3 2QG www.royalfree.nhs.uk
Switchboard: 020 7794 0500
Fax: 020 7830 2195

Private & Confidential
Suzanne
Hand Therapist
Royal Free Hospital
Pond Street
London
NW3 2QG

/J059******/MRN50*****
NHS No: 434 ****
Clinic Date: 16/02/2023
Date Typed: 24/02/2023

Dear Suzanne

Re: Miss DB DOB: ******** **
23 Byron Terrace, Hertford Road, London, N9 7DG

Thank you for referring DB to the plastic surgery psychology service. I met with her on 16th -February fer-a psychological assessment She attended the clinic with her friend James who, waited outside, but helped her complete measures as DB is dyslexic.

P000N

DB reports that she was involved in an altercation during which she was stabbed in the palm of her hand in November 2022. She remembers the period before the stabbing but has no memory of what happened thereafter. DB reports experiencing constant intrusive thoughts in relation to the incident. She thinks these may be memories but is not sure. She has constant nightmares, during which she is stabbed or otherwise unsafe. She is therefore getting very little sleep and feeling exhausted during the day.

DB finds that her traumatic “memories” are easily triggered. Triggers include walking past the site of the incident. Thoughts of the incident immediately flooded back and felt like she couldn’t breathe. DB needed to put a plastic bag over her hand to try and stem the blood flow (she needed a blood transfusion as part of hospital treatment). Recently when she needed to cover her hand with a bag in the bath, this triggered memories and severe anxiety.

DB scored a total of 67 today on the PCL-5 indicating symptoms consistent with PTSD. DB reports that she has been sectioned in the past and has previously experienced auditory hallucinations. I understand that she has a diagnosis of bipolar and has been under mental health services since childhood. It was unclear why. DB is feeling that her friends and family may be manipulating her, by this-she meant they are encouraging her to go out and go to appointments. She is unable to articulate why but feels the intent may not be benign. She recognises this may represent paranoid thinking which can be considered in the context of her bipolar diagnosis.

DB reports that since the stabbing she is finding it difficult to go out. She is unable to go to her home as the perpetrators are known to her and there is a pending court case. They know where she lives and she is fearful of another attack. She is therefore moving around between friends' houses.

DB finds that she does not want to care for her injured hand. She feels that it is not hers. She feels she does not want to use it or care for it and that it is bad. She reports that she tells hand therapy she is engaging in exercises, when actually she is finding it very difficult to find the motivation to do this. We discussed the concept of embodiment and how we might work with that within the service. DB (reports feeling low, anxious and exhausted. She is experiencing some suicidal ideation but has no ' current plans or intent. She rates herself 3/10 likely to act, with her mother and family being protective factors.

DB has a history of self-harm, involving horizontal cutting of her arms. The last occurrence of this was over a year ago. DB reports that she saw her GP two weeks ago who is aware of her history of self-harm and suicidal ideation. She was advised to self-refer to the crisis team but had not felt able to do this. We made this referral today together in clinic. The referral was taken by Jubeda Akthar, Assistant Practitioner. DB was advised that a clinician would contact her within four hours today. I have asked for an email to update in due course.

DB would need to be stable under community services before psychological therapy in relation to her hand would be indicated. Her scores today on the PHQ-9 were 17/24 and her scores on the GAD- 7 were 19/21 indicating both severe depression and severe anxiety. As psychological therapy in relation to the hand is not indicated at this point, I will now discharge DB from the plastic surgery psychology service back to the care of the crisis team and her GP. However, when she is stable, she is most welcome to return to the plastic surgery psychology service for support in relation to engaging with hand therapy, should that be deemed necessary.

Yours sincerely

Dictated and approved electronically to avoid delay.

Lisa Goodman
Clinical Psychologist . —

cc
Private & Confidential
Dr J M Thomas
Nightingale House Surgery
1 Nightingale Road Edmonton
London N9 8AJ

Miss DB
23 Byron Terrace
Hertford Road
London
N9 7DG

Barnet, Enfield and Haringey. NHS
Mental Health NHS Trust

A University Teaching Trust

Private & Confidential
To be opened by addressee only

Date: 08.03.2023

Dr Abidoye
Nightingale House Surgery
Nightingale Road Edmonton

N9 8AJ

Barnet, Enfield and Haringey Mental Health Trust
Enfield Assessment Service
25 Crown Lane
Southgate London

N14 5SH

Tel: 0208 702 3329

NHS No.434 751 8617
RioNo.1048195

Dear Dr Abidoye,

Re; Miss DB DOB *** (** years)**
Address - Currently of no fixed abode - Sofa surfing

! had opportunity to assess Ms. DB in our Silver Street Clinic on 01 March 2023 after she was referred to by our Crisis Telephone Service. She presented with her partner.

Reason for Referral
Referrer reported history of auditory hallucinations and suspected that DB has PTSD.
Clinical Documentation recorded diagnosis of depression and anxiety.
Experiencing a deterioration in MH triggered by:
- Assaulted and stabbed on 27th November 2022- In hospital for 3 days
- Mum is currently in hospital- had a heart operation
- Not able to return to her home address due to assault.

DB reported that she has been having disturbed sleep and nightmares at night.
No changes in appetite highlighted.
DB has a history of having auditory hallucinations but denied experiencing psychotic symptoms at time of triage.
DB is not taking any medication at present; she was previously prescribed sertraline but stopped taking medication 3. weeks ago, GP is aware and she reported they would review medication. - _____ _
No currently using drugs or drinking alcohol.
Reported that she used to socially use cocaine but stopped after she was assaulted last year.
No clear diagnosis

History of presenting Problem:
Gave verbal consent to sharing information along Trust guidelines, happy for final letter to go to GP and to home address

Ms. DB told me last November she went to pick up her boyfriend at a Bar. When they came out, her boyfriend who was intoxicated with alcohol had an altercation with a man and a woman whom she alleged were both under the influence of alcohol. She got involved during the altercation pulling

her boyfriend away and she alleged she was pushed to the ground and the woman stabbed her. She sustained deep cut in her right hand, and she told me she fainted because of the bleeding and she now unable to remember much what actually happened.
Police now is investigating the incident. No one has been arrested yet and they are still looking for the alleged assailant. She is now stressed out of having to attend court. She told CCTV footage is not clear.

She told me she has been told by police not go to her flat "kicked me out and told me it is dangerous for me to go back." and subsequently has been of no fixed abode since. She told me she has been sofa surfing at her boyfriend and other friends since the incident.

Since the incident, she has been experiencing symptoms suggestive of PTSD -
Hyperarousal - easily irritable and aggressive at time, hypervigilance, can't go outside - afraid of the dark, difficulty concentrating, and difficulty sleeping, experiencing bad dreams, and waking up in sweat. Constant ruminating and flashbacks about the incident 'in my head', Crying for no reason.

Compounded to the trauma following the incident, she attended North Middlesex University hospital yesterday and was told that she must have her ovary removed and she is worried she wouldn't be able to have any kids.

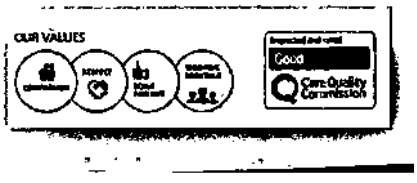
She also told me she is also stressed out as her mum is in ICU following a heart operation and she is physically very unwell.

Before the incident she told me was paranoid about people betraying her and she has been diagnosed with dyslexia when she was at school, and she has had depression and anxiety since she was 13 years of age.

She told me she was previously diagnosed with bipolar affective disorder and when challenged as her health records doesn't indicate such a diagnosis, she then told me it was the charity MIND who told her she may have had Bipolar.

Past Psychiatric History:
Previously treated with depression and anxiety from 2008 - 2011.
Otherwise, no previous history on Rio.

Current Medication:
Sertraline 150mg
Sleeping tablet - Zopiclone
She told me she has been on Sertraline most of her life although she never felt any benefit since on it and has been taking it as prescribed.
To the contrary, notes from our CTS indicate she stopped taking her antidepressant



Information provided about her condition by her GP (
Ms. DB understands the risk and benefit of medication prescribed and was involved in decision about medication.

Drug/ Alcohol and smoking status:
Smoke cigarettes.
Only drinks alcohol socially when out with her friends - She used to drink in excess during her teenage years but denied any problematic drinking recently.

She told me she used to sniff 'Charlie' cocaine during her teenage years. However, when our CTS spoke with her recently, she reported to socially use cocaine but only stopped after she was assaulted last November.

Present Social Circumstances:
She is currently of NFA and sofa surfing
She receives ESA and PIP.

Mental State Examination:
A+B: Revealed a 33-year-old Caucasian woman. Her right hand was bandaged and told me she is scheduled to attend special unit for plastic surgery on her hand. She was casually dressed, and her self-care was good. She established a rapport easily and she was mildly agitated shaking her leg incessantly during the interview. Her speech was fluent, coherent and normal in volume, rate and content

Subjectively she rated her mood as being (0) on a scale of 0 to 10 (where 0 is most depressed and 10 happiest). However objectively her mood appears normal with a reactive and mildly anxious affect

She told she attempted self-harm by cutting her wrists about 7 months ago. No scar or mark noted. Her left wrist is covered with tattooed. She has no current suicidal ideation, plan or intent and cited her mum as a protective factor.

With regards to her perception, she reported hearing her boyfriend whispering to her from inside her head "playing games in my head' and not from external spaces about 3 to 4 times in a week since the incident. This appears more related to her traumatic experiences and unlikely to be psychotic. She also reported a history of feeling paranoid about other people betraying her, likely in the context of her personality and a history of using cocaine.
Her appetite is not great, although she is eating, and she is not sleeping well although she reported having 8 hours sleep last night.

Nursing Impression:
Her presentation is suggestive of traits of PTSD following an incident last November when she alleges, she got stabbed in her right arm.
She is also stressed out as she subsequently lost her accommodation following the incident and her mum is currently very unwell in hospital.

Management plan:
We discussed therapy to manage her PTSD and advised her to engage with 1APT.

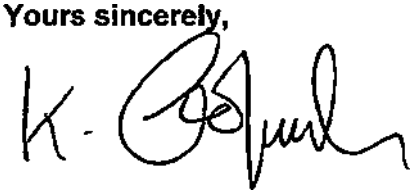
Please refer her to Enfield 1APT for therapy.

She told me a housing solicitor is helping her with her accommodation, and I have advised her to go to the homeless person unit and MIND for support.

She told me she is seeing her GP for a review of her medication.

I have discharged her back to your care,

Yours sincerely,



Kris Gopaulen Community Psychiatric Nurse Enfield Assessment Service

Copy to: Ms. DB

DR D ABIDOYE
DR Y CHONG

NIGHTINGALE HOUSE SURGERY
1-3 NIGHTINGALE ROAD
EDMONTON
LONDON N9 8AJ
Tel: 0208 805 9997
www.nightingalehousesurgery.nhs.uk

16 March 2023

PRIVATE & CONFIDENTIAL

Re: Miss DB dob ** NHS No: 434 75**** 23 Byron Terrace, Hertford Road, London, N9 7DG**

I can confirm that the above ***-year-old lady is a patient registered at our practice.

Going through her medical records she has a history of depression since 2008.

She was assaulted on 26th November 2022 and was admitted to North Middlesex Hospital A&E department with bleeding in the right hand. She was examined by the surgeons and had a rupture of the flexor digitorum superficialis tendon and was treated with antibiotics and bandaging. She notes that she had a form of surgery initially in November 2022 and she has been having hand therapy since.

According to the patient, following review, they are going to have to operate on the injury to repair the tendon in March 2023.

Due to the assault, she has been suffering an acute exacerbation of her mental health issues. She informs us that the police have assessed her flat and deemed it unsafe to live in and therefore currently she is homeless and has to stay sometimes with friends in the day. She has to leave the friends at night and stays in the streets and sometimes wherever she can.

She is struggling to sleep. She was very tearful when she spoke to my colleague Priya Sharma and was started on anti-depressants Mirtazapine On 7th December 2022. When she was reviewed by Miss Sharma on 21st December she was extremely stressed and has self-harmed. She was also getting thoughts of self-harm

and is waiting therapy from the mental health team. She is very stressed about her homeless situation.

She is having repeated flashbacks and dreams about the assault. She feels low when these happen, with nausea and sickness. She has dreams about people stabbing her and has significant numbness in the hand. She has seen the Enfield Community Psychiatric nurse, Kris Gopaulen who has noted that "her presentation is suggestive of traits of PTSD" and the Clinical Psychologist at Royal free Hospital Lisa Goodman, has also seen DB. She scored 67 on the PCL-5 test by Lisa Goodman which she has stated indicates "symptoms consistent with PTSD", see reports attached. As such, DB has been referred to IAPT for PTSD management.

DB has had a recent pelvic scan. This has shown a 3cm ovarian cyst. She will need to be scanned again in 3 months. She has complained of pelvic pain.

We would be grateful if she could be provided suitable accommodation as soon as possible due to the impact it is having on her mental health and as well as her recovery from the hand injury.

Many thanks,

Yours sincerely,

Dr Ajogbe
Salaried GP

DB
FAO: Andre Cummings

Please reply to: Jeta Ibi
Civic Centre
Silver Street
Enfield
EN1 3XA

Phone: 0208 078 5901
Ref: 743*****
Date: 20.03.2023

Sent by email to: E-mail: Jeta.Ibi@enfield.gov.uk
AndreC@Duncanlewis.com

Dear Miss DB

Re: The Homelessness (Review Procedure etc.) Regulations 2018, Regulation 7 (2)

1. I write further to your request for a review of the decision that you are not in priority need dated 25th January 2023. I have considered the original decision letter and the representations on review. I note that on review your representative submitted a report from your GP Dr Ajogbe dated 26th January 2023 in relation to your mental health deteriorating due to the assault you experienced at the Goat pub, that you have been suffering an acute exacerbation of your mental health issues and you are struggling to sleep, that in light of the more recent information that you have provided, you should be treated as being in priority need of accommodation.

2. In accordance with the Homelessness (Review Procedure etc.) Regulations 2018, Regulation 7 (2); if the reviewer considers that there is a deficiency or irregularity in the original decision, or in the manner in which it was made, but is minded nonetheless to make a decision which is against the interests of the applicant on one or more issues, the reviewer must notify the applicant that the reviewer is so minded and the reasons why and that the applicant, or someone acting on their behalf, may make representations to the reviewer orally or in writing or both orally and in writing.

3. I am writing to advise that I have considered your representations; however, I am minded to make an adverse decision on your homelessness application and find that you are not in priority need for accommodation. The reasons for this are outlined below.

Sarah Cary
Executive Director
Place
Enfield Council
Civic Centre, Silver

www.enfield.gov.uk

? If you need this document in another language or format contact the service using the details above.

4. Please note that this letter should be read in conjunction with the S.184 decision letter of the 25th January 2023.

Equality Act 2010

5. In carrying out the review I have had due regard to S.149 of the Equality Act 2010. I can confirm that I have reached the current position with the equality duty well in mind and carried out this exercise in substance, with rigour, and with an open mind. I have focused very sharply on (i) whether you are under a disability (or has another relevant protected characteristic), (ii) the extent of such disability, (iii) the likely effect of the disability, when taken together with any other features of her application.

6. I note that you are a 33-year-old female British citizen. It was also disclosed that you have history of depression since 2008 and have recurring insomnia which affects your sleep since December 2007, which is noted to have been adequately managed by your GP through prescribed medication and via counselling. You have been suffering an acute exacerbation of your mental health issues due to the assault on 26th November 2022, you had a rupture of the flexor digitorum superficialis tendon and was treated with antibiotics and bandaging.

7. I note that you had a form of surgery initially in November 2022 and you have continued with hand therapy. It is also noted in the GP's letter dated 26th January 2023, you advised that following your medical review, you will be undergoing an operation on your injury to repair the tendon in March 2023. It is noted on 7th December 2022 you were prescribed with Mirtazapine an anti-depressant, used to treat depression, which can also be helpful with difficulties getting to sleep, furthermore you were reviewed by Miss Sharma on 21st December, as you were reported to be getting thoughts of self-harm also awaiting therapy from the mental health team. I also note you have been diagnosed with Asthma since birth and use standard inhaler medication to combat the symptoms of your illness and you do not require profound degrees of ventilatory support to maintain standard functioning, nor do you have a history of urgent respiratory interventions.

8. Having carefully considered the above stated medical diagnosis, I am satisfied that you do not have protected characteristic of a disability. This is based on the above medical history and information that has been obtained, I can confirm the information will be fully considered in this letter. I am also of the opinion that you have the other relevant protected characteristics such as sex, race, religion, belief, and age. I have taken these into account, along with your personal circumstances, when considering the review and whether you are vulnerable and in priority need.

9. I am satisfied that your case has been assessed fairly and you have had the opportunity to make submissions throughout the homeless application and review. I am satisfied that when compared to people without the same protected characteristics the manner in which the Council has treated your application demonstrates that you have not been treated less favourably than those with or without similar protected characteristics. When carrying out the review I am satisfied that your circumstances and protected characteristics have been fully considered and taken into account.

10. However, having weighed up the information and focused sharply on the factors set out by the courts, I am of the view that you do not have a priority need for accommodation and I do not consider that you should be treated more favourably as a result of the protected characteristics that you have. The reasons for this provisional decision will be explained in this letter. In my view and on a review of your case, I am satisfied that, you are not significantly more vulnerable than ordinarily vulnerable when I compare you to the ordinary person if homeless.

11. The Council acknowledges that you have reported experiencing issues of selfharm, though there is no evidence of current self-harming behaviour, we strongly urge you to immediately visit hospital or contact the emergency services if you are feeling unwell or have thoughts of self-harm.

Background to homelessness application and review

12. It is recorded that you approached Enfield Council for housing assistance on 20th December 2022, as you were a victim of an attack at a nearby pub and now do not feel safe to return to your current accommodation at 7 Tennyson Close, Enfield EN3 4SN where you are a tenant of registered provider London & Quadrant Housing Trust (L&Q) and have an assured tenancy with L&Q.

13. On 27th November 2022 you sustained a hand injury due to a stabbing at the Goat Pub, which is in close proximity to your accommodation. As a result of this injury, you were admitted to hospital and discharged the same day, however you have not gone back to your property through fear of further violence from the perpetrators of the attack. It has been established that the perpetrators live in proximity to your property, and you believe that returning to the property will entice a further attack

suspects of the investigation and the mental/physical toll the incident has been on you. Additionally in an email dated 14th December 2022, Nazma Sharifl L&Q Caseworker mentioned that L&Q will be referring your case to their high harm panel to consider a long-term priority move for you, which seems to be a more appropriate and lasting way to resolve this issue.

15. Additionally, from information provided by the Met Police and yourself, this attack was perpetrated by individuals who you previously did not know, and this was not a planned or premeditated assault. There were no previous threats of violence from the perpetrators, nor has there been any further instances of violence, either actual or threatened, since this attack. The altercation at the Goat Pub has been deemed, both by you and the Police, as a spontaneous dispute that quickly escalated

16. You stated that you are single and have several medical conditions such as Depression, hand Injury and Asthma, you advised that you were assaulted on 26th November 2022 and was admitted to North Middlesex Hospital A&E department with bleeding in the right hand. You were examined by the surgeons, and you had a rupture of the flexor digitorum superficialis tendon and was treated with antibiotics and bandaging.

17. I also note in your GP report that due to the assault; you have been suffering an acute exacerbation of your mental health issues. you informed your GP that the police have assessed your flat and deemed it unsafe to live in and therefore currently you are homeless, and you have to stay sometimes with friends in the day and leave your friends at night and stay in the streets and sometimes wherever you can.

18. Enquiries into your homelessness was conducted. Consideration was given to the fact that you had stated that you have been rough sleeping in and around the Borough since November 2022, however during the enquiries with rough sleeper's team to ascertain if you are known to them and have a chain number, they advised that you are not known to them and have never been counted as a rough sleeper in the Borough.

19. It is recorded that you were provided with interim accommodation at 53 Travelodge Enfield, Lumina Park, Great Cambridge, EN1 1FS pending further enquiries into your application. Following the conclusion of these enquiries, in the section 184 decision letter dated the 25th January 2023 the Caseworker advised that you were

not in priority need for housing. You requested a review of the decision on the 26th January 2023.

Summary of medical information and personal circumstances

20. In reaching the current position on review I can confirm that I have considered the medical documents, reports, and your opinions, as well as disclosures made by you. I can confirm that I have considered the following key documents (and in no particular order):

- Your homeless application, housing forms and file notes.
- Section 184 decision dated 25th January 2023.
- Now Medical assessment dated 24th January 2023
- Royal Free appointment letter dated 12th January 2023
- Plastic Surgery Team appointment letter dated 2nd December 2022
- Hospital discharge papers dated 27th November 2022
- Medical Notes dated 4th March 2022
- Vulnerability questionnaire dated 21st December 2022
- The relevant case laws.
- The above-mentioned Act.
- The Homelessness Code of Guidance for Local Authorities 2018.
- The Equality Act 2010.
- All other relevant information contained in the housing file.

21. As stated above you reported that you have been diagnosed with history of anxiety and depression and sleep problems, asthma, and injury to your right hand in November 2022 following your attack at the goat pub.

22. In reaching the decision that you are not in priority need for housing, I have had sight of the medical opinion from the independent Medical Advisor at Now Medical dated the

23. In his report dated the 24th January 2023 Dr Ash Thakore acknowledged your history of anxiety and depression and sleep problems. He notes you are being prescribed standard anti-depressant medication and medication to help with sleep. your ability to think rationally or your cognitive thought processing appear to be unabated. The Doctor advised that there are no unstable psychotic tendencies or active suicidal thoughts to consider, and you are not on an enhanced care plan.

24. Dr Ash Thakore considered your history of asthma. He notes you are in receipt of standard inhaled medication. Dr Thakore advised that urgent respiratory interventions or profound degrees of ventilatory support are not required. You have not had repeated hospitalisations due to ongoing infective exacerbations of a poorly controlled underlying asthma diagnosis.

25. Dr Ash Thakore also considered you sustained an injury to your right hand in November 2022. The Doctor noted you required a surgical procedure and you have had physiotherapy. Additionally, he notes you report you are awaiting further surgery on 28th February. However, Dr Thakore did not see evidence to suggest that you have any profound unstable degree of neurological compromise or that you are in receipt of any specialist day to day care service input that we would associate with someone which has a significant inability to function due to a secondary mobility disorder.

26. Dr Thakore was of the opinion that your medical issues do not confer you with a medical priority. Dr Thakore went on to advise that compared to any ordinary person made homeless, your issues do not constitute any significance and the doctor made no housing recommendations on health grounds.

<u>The Law and Guidance</u>

27. The following categories listed below are people considered to be in priority need as defined in s.189 of the above Act:

    a) A pregnant woman or a person with whom she resides or might reasonably be expected to reside.

    b) A person with whom dependent children resides or might reasonably be expected to reside.

    c) A person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside.

d) A person who is homeless or threatened with homelessness as a result of an emergency such as flood, fire or other disaster.

e) A person aged 16 or 17 who is not a 'relevant child' or a child in need to whom a local authority owes a duty under s.20 of the Children Act 1989.

f) A person under 21, who was (but is no longer) looked after, accommodated or fostered between the ages of 16 and 18 (except a person who is a 'relevant student');

g) A person aged over 21 who is vulnerable as a result of having been looked after, accommodated or fostered (except a person who is a 'relevant student').

h) A person who is vulnerable as a result of having been a member of Her Majesty's regular naval, military or air forces.

i) A person who is vulnerable as a result of having served a custodial sentence, been committed for contempt of court or other kindred offence or having been remanded in custody.

j) A person who is vulnerable as a result of leaving accommodation because of violence or threats of violence that is likely to be carried out.

28. I have considered whether you fall under any of the above categories and, in particular, whether you could be vulnerable as a result of physical health issues, mental health issues.

29. The Homelessness Code of Guidance for Local Authorities 2018 advises that I should take into account all relevant factors, including the nature and extent of an applicant's conditions along with the relationship between the conditions, their housing difficulties and any other factors that may be relevant.

Test of vulnerability

30. In the cases of *Hotak v London Borough of Southwark; Kanu v London Borough of Southwark; Johnson v Solihull Metropolitan Borough Council (2015)* the Supreme Court highlighted that when assessing vulnerability, an authority must pay close attention to the particular circumstances of the applicant. It was noted that virtually everyone who is homeless suffers harm by undergoing the experience.

31. The Council needs to ask itself whether an applicant would be significantly more vulnerable than ordinarily vulnerable as a result of being rendered homeless when compared to an ordinary person if made homeless. This was confirmed in the court judgment of *Jesse Panayiotou V Waltham Forest et al (2017)*.

32. I have considered whether you fall under any of the above categories and in particular, whether you fall under category c.

33. It was made clear at paragraph 42 of the *Hotak* judgement that “street homelessness” is not found in the 1996 Act and “homelessness” is an adjective which can cover a number of different situations. The consideration of whether an applicant is vulnerable and in priority need takes into account and then considers that they will be without accommodation as a result of the decision that they are not in priority need for accommodation. However, I have considered the various scenarios of homelessness, including you being without accommodation, in order to consider the affects and risk of harm toward you.

34. In paragraph 62 of the Hotak judgement it is stated: ‘As explained in para 37 above, an applicant's vulnerability under section 189(1)(c) has to be assessed by reference to his situation if and when homeless. In other words, it is not so much a clinical assessment of his physical and mental ability (to use a shorthand expression): it is a contextual and practical assessment of his physical and mental ability if he is rendered homeless (which, as just explained, must be compared with the ability of an ordinary person if rendered homeless). The fact that it is a contextual and practical question points strongly in favour of the conclusion that, when deciding if he is "vulnerable", one must take into account such services and support that would be available to the applicant if he were homeless.’

35. At paragraph 63 amongst other things, it goes on to say: ‘Virtually everyone is better off housed than homeless, but it is those people who will be more vulnerable in practice if they are homeless who could be expected to receive priority treatment. It would seem contrary to common sense if one were to ignore any aspect of the actual or anticipated factual situation when assessing vulnerability. It is also relevant to note that paras (a), (b) and (d) of section 189(1) are all concerned with practical situations.

36. At paragraph 64 amongst other things, it is stated: ‘As Lord Wilson pointed out, this conclusion is supported by considering an applicant with a physical or mental condition which, if not treated, would render him vulnerable, but which can be satisfactorily treated by regular medication. If such an applicant, when homeless,

would be perfectly capable of visiting a doctor to obtain a prescription and a pharmacist to collect his medication, and then of administering the medication to himself, it would be unrealistic to describe him as "vulnerable", when compared with an ordinary person when homeless'.

37. I have also considered paragraph 70, which states the following: '…in some cases, the support may be every bit as good as the applicant would receive if he were housed, but it would still not prevent him from being vulnerable. Accordingly, the reviewing officer must always consider very carefully whether the applicant would be vulnerable, after taking into account any support which would be available.'

38. The assessment is not a clinical assessment, it should be a practical assessment of your situation and what has occurred or could occur when compared to an ordinary person, if homeless. This assessment should pay close attention and show due consideration to your medical conditions and any other relevant factors.

39. Therefore, in addition to the medical information provided, I have considered what you have done and achieved with your conditions and personal circumstances while rendered homeless and facing housing uncertainty. I have taken into consideration the services and support available if you were without accommodation.

Consideration of the information

A person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside.

Medical Issues

40. It is accepted that you suffer from the aforementioned conditions. I also note that other social stressors such as homelessness. I note the challenges you reported with regards to managing your day-to-day affairs as you described yourself as being of low mood. And you had suffered a significant exacerbation of your mental health issues following the assault you experienced in November 2022, and you were also getting thoughts of self-harming.

41. I have considered all the report from treating professionals who are either directly or indirectly involved in your care, including support offered by your close friends. Despite this, I am not satisfied that you are significantly more vulnerable than

ordinarily vulnerable, when I compare you to an ordinary person, if rendered homeless.

42. In reaching the view that you are not in priority need for housing, I have considered the level of support, which is available to and accessed by you, your past accomplishments despite suffering from the above stated medical issues, *whether* you have been rendered vulnerable as a result of your medical conditions and suffering experience of the assault. I have considered the fact that at present you are not engaging with any mental health programme and have declined help from L&Q so that they can provide you with the support as your Caseworker mentioned that they will be referring your case to their high harm panel to consider a longterm priority move, which seems to be a more appropriate and lasting way to resolve this issue.

43. You provided a letter from Nightingale House Surgery from your GP dated the 26th January 2023, Dr Ajogbe advised that you have a history of depression, you were also getting thoughts of self-harm and you are waiting therapy from the mental health team. Given this information I am of the opinion that you are able to manage your medical conditions without assistance.

44. During the conversation in December 2022 when you approached the council, you advised that you had been sleeping rough and using facilities from different friends' accommodation available to you, which demonstrates your awareness of the facilities available to you if without accommodation.

45. I have considered the information held on your housing file and have carried out an analysis of the practical and contextual activities that you had shown in a situation of homeless. I have noted that you had advised that you had been without accommodation since your assault in November 2022, As stated earlier, we were unable to verify you are sleeping rough with the rough sleeper's team.

46. Regardless, I have considered that you have the skills, understanding, resources as well as the assistance available to resolve your homelessness, you could access different friends' accommodation if required. You have also demonstrated that you have engaged with your GP, Police when required, maintained your finances, and engaged with the Council regarding your housing issue since November 2022. You have sought the services of the solicitors to advocate on your behalf, you provided submissions in writing and are able to advocate independently with or without support.

47. It is clear from the information available that you are able to advocate on the type of property that you would prefer to live in and have rejected the offer made by L&Q, although this would have resolved your homelessness.

48. Even though stable accommodation makes access to services easier, I am satisfied if you should find yourself without accommodation, you would still be able to maintain appointments, manage your affairs and continue to engage with the relevant services if homeless as you had previously demonstrated and have also advised that you have been without accommodation since November 2022. Whilst it may not be ideal, if you were without accommodation, there are a number of services such as night shelters and services offered by the StreetLink https://www.streetlink.london or call 0300 500 0914, (Shp) Single Homeless Project 0204 509 8300, Riverside is a floating support group and can be contacted on 0208 443 7500, The Edmonton Homeless Resource Centre is a drop-in center where homeless people can access advice, counselling, advocacy and assistance in securing alternative accommodation and can be contacted on 0208 884 1838.

49. When I balance and weigh up the information on file, I am of the view that your medical conditions and personal circumstances do not impact you to such an extent that you should be considered to be in priority need for housing. As such, when I assess your medical conditions and personal circumstances practically, I form the view that you are not significantly more vulnerable than ordinarily vulnerable when compared with an ordinary person, if rendered homeless.

Other special reason

50. I have taken into account all of the information from your, medical professionals, support letters, and submissions. I have carefully considered your medical issues and personal circumstances in order to assess how they have affected you and could affect you if homeless. However, I am satisfied that the appropriate medical support would continue to be available to you in order to monitor and manage your conditions so that you would not be at more risk of harm when without accommodation than an ordinary person. You have been able to maintain your medical care, obtain your prescriptions, collect these and self-medicate as required. You also report having consistent support from friends.

51. When considering the information, I note that the NowMedical doctor who completed their report did not interview or examine you in person, whereas the other medical professionals in your care and assessment have done. However,

their report was prepared after taking into consideration information directly from you and the treating professionals and support services.

52. After consideration of all the facts of your case and your submissions on review, I am satisfied that you are not in priority need. However, prior to making the final S.203 decision, you or someone acting on your behalf, may make further oral and/or written representations regarding the issues raised in this letter. Please ensure that I am in receipt of any further submissions by **5pm on Friday the 24th March 2023.** Please note that unless an extension of this deadline has been agreed, I reserve the right to make a decision on review any time after that date based on the information currently available.

53. Please send any correspondence regarding the review to Mrs Jeta Ibi by either email at Jeta.Ibi@enfield.gov.uk

Yours sincerely

JetaIbi

Jeta Ibi
Housing Review Officer
Housing & Regeneration
LONDON BOROUGH OF ENFIELD

Our reply

I do not feel as if Enfield Council has taken everything into consideration within this Regulations 2018, Regulation 7 letter. I feel from the start of this process Enfield Council has bushed everything under the Carpet, and tried there hardest to put it back on to L&Q knowing L&Q does not have any housing. Leaving a vulnerable person in priority need homeless on the street.

There is proof she self-harms so why is it saying there is no evidence?

Enfield Council knew about DB before the attack on 25/11/2023, DB was attacked at her flat, in 2017 by 3 males which should be well documented at Enfield Council as she was given points to bid. Enfield Council is also aware of all the issues DB had with her neighbor down stairs and give her more points to bid, due to what it was doing to her mental health.

How Enfield Council is saying the attack on DB was not premeditated on the 25/11/2023 is beyond me, the people left the pub, then came back to the pub and this is when the attack happened.

It seems that the medical records Enfield Council are using are incorrect. DB got attacked on the 26/11/2023, the hospital could not stop the bleeding, North Middlesex could not deal with the injury and had to send her to the royal free, the royal free never had any beds, so she stayed at north Middlesex until they were able to stem the bleeding, give her blood transfusions send her home to go to the royal free in the morning, she went but there was no doctor to do the operation needed to the hand, so she went back on the 27/11/2023 were the operation was carried out.

Why did Enfield Council not tell DB about the rough sleeping team as if she had known she could have got some help? DB has been walking the streets at night and sleeping in the day.

DB has always had mental health issues since she was a child, it seems records are missing I have requested an SAR from all the mental health services but as of yet have not got anything back. DB mental health has got a lot worse in fact and that is what the documents have said.

Dr Ash Thakore seems to have done a paper base review how is any doctor meant to get the full picture of someone mental health with a paper base review yet not see the person. So its only a paper base review?

I believe section 27 / J is what DB comes under.

It is now also stated DB had PTSD which she is waiting for treatment along with other treatment for her mental health.

Enfield Council seem to think DB is doing everything herself as that is what has been stated by them, yet it has been her family that has got her a solicitor and heling her to write things up and make calls, there is nothing about DB's dyslexia learning difficulty. DB has never been

able to deal with things herself since she was a young child and has always needed a great deal of help. And it has been her family that are the ones that help her.

What offer has DB rejected? L&Q has not offered her anything only told her it would be around 3 years to rehome her. That's why L&Q went to Enfield Council for help.

I am not happy with this whole Regulations 2018, Regulation 7 letter it seems it has been rushed so Enfield council can wash there hands of DB and leave her on the streets. So much has been missed out.

Miss DB
7 Tenneyson Close
Enfield
London
EN3 4SN

Your tenancy ref: G8*******

Wednesday, 19 April 2023

Dear Miss DB,

Re: Priority Needs Panel – Rehousing Approval.

In line with our new criteria for rehousing, your case was presented to our Priority Needs Panel and I am pleased to inform that it has been agreed that you will be given one direct offer of suitable accommodation.

What are the next steps?

- You have been placed on our Rehousing List for urgent rehousing.
- The property offered will have the same number of bedrooms as your current home. Our Rehousing Service is not able to resolve issues of overcrowding and the priority is to move you to an area of safety.
- You will be rehoused outside of the risk areas as identified by your Neighbourhood Housing Lead and/or ASB Case Worker.
- You will only be made one offer of accommodation. If you choose not to accept the offer made, you will have the option to appeal by submitting in writing the reasons for the refusal within 5 days. The property will be held pending the outcome of the appeal which will be represented to an independent panel for consideration.
- You will be expected to sign a new tenancy. As part of this process, you will be required to complete a new housing application form along with providing proof of ID, income details and proof of address for everyone within the original household.

We are not able to give a timescale as to when a suitable property will be located, as we are reliant on existing residents moving out of our homes. L&Q have a very small proportion of properties that can be used to rehouse existing residents who urgently need to move, as most properties must be offered to the local authority. It is also heavily dependent on the size of the property and can take up to and beyond two years to be moved.

If you have any safety concerns while you wait to be rehoused, please contact your Neighbourhood Housing Lead and/or the allocated ASB Case Worker as they will remain your point of contact.

All rehousing cases are placed in date order of approval and will be reviewed every 3-6 months. Should your circumstances change, it is imperative to keep us updated.

The Rehousing Team will only contact you once a suitable property is available.

Please rest assured that every effort will be made to rehouse you.

Yours sincerely,

Priority Needs Panel

Miss DB
7 Tenneyson Close
Enfield
London
EN3 4SN

Your tenancy ref: G8******

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Please rest assured that every effort will be made to rehouse you.

Yours sincerely,

Priority Needs Panel

Department for Work & Pensions

DB
7 Tennyson Cl Scotland
Green Rd Enfield
EN3 4SN **0035151358**

www.gov.uk

Telephone: 0800 169 0310
Textphone: 0800 169 0314

Your reference:
JH******

20 April 2023

Information about your benefit entitlement

Please read this letter in full

Dear DB

Please find the information you requested below.

Your entitlement details

You were awarded Income-related Employment And Support Allowance.

Entitlement start date: 31-Jul-2012

Current amount: £225.45 Weekly

Reporting changes

You must tell us straightaway if there is a change in your circumstances. If you give wrong or incomplete information, or you do not report changes, you may be paid more or less money than you should. You will have to pay back overpaid money when told to do so. You could also be prosecuted or need to pay a financial penalty. If we pay you less money than we should we may pay you this money back.

We have many different ways we can communicate with you.

If you would like Braille, British Sign Language, a hearing loop, translations, large print, audio or something else please tell us using the phone number at the top of this letter.

DW480_4_L303124 21042310035151228171\1ofZ

Please turn over

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Notice of Housing Appeal

In the County Court at Central London	
Claim Number	K40****
Date	20 June 2023

[redacted]	**r' Claimant** **Ref B 18********
THE LONDON BOROUGH OF ENFIELD	**1st Defendant** **Ref** 74****

TAKE NOTICE that the Housing Appeal will take place on

23 November 2023 at 10:30 AM

at the County Court at Central London, Thomas More Building, Royal Courts Of Justice, Strand, London, WC2A 2LL

When you should attend

1 day has been allowed for the Housing Appeal

Please Note: This case may be released to another Judge, possibly at a different Court

LISTING POLICY: The court's listing policy is determined by the senior judge and implemented by staff in accordance with his directions. Your case may not be allocated to a judge until the day of the hearing, and may have to wait in the unassigned list until a judge becomes available to hear it. Every effort will be made to ensure that your case is heard at this or another convenient court. If it is not possible to provide a judge to hear your case, the court and HM Majesty's Court and Tribunal Service will not be responsible for any costs incurred in the absence of any departure from listing policy due to maladministration.
Parties should be aware that this case may be one of several cases that have been listed to commence at this time. This may mean that your case will not be called immediately at the time scheduled, but may be heard later in the day. We will try to ensure that if your case is listed in the morning it is heard by I pm and if your case is listed in the afternoon it is heard by 4pm. In some circumstances it is possible that your hearing could overrun. You and any witnesses should therefore be available until the end of these periods or even later.
If there are special reasons why this is inconvenient you may make a short notice application to a circuit judge to adjourn. Ordinary inconvenience arising from the fact of being in the unassigned list will not be sufficient reason for an adjournment, nor will the fact that both parties agree to an adjournment.

ACCESSIBILITY: Please inform us as soon as possible if you, your witnesses or legal representatives have a physical disability that may affect your attendance at this court. We can make alternative arrangements for the case to be heard in a suitable court room by calling the Customer Service Team on 0300 123 5577.

FILING OF SKELETON ARGUMENTS AND TRIAL BUNDLES: Trial bundles (if applicable) should be lodged no earlier than 3 working days before the trial (unless otherwise ordered). All trial bundles should be

clearly marked as being heard by a Circuit Judge. Any bundles delivered by hand can be dropped off at the public counter by obtaining an appointment by ringing the appointment line on 0207 947 7502 indicating that the delivery is for a trial bundle.
Skeleton arguments for this case should be sent by email to CentralLondonCJSKEL@justice.gov.uk. Parties may not send PDF files to this Inbox. Any emails to which PDF files are attached will be deleted without having been opened or read. Furthermore, do not send skeletons by FAX or by any other means unless email is not available in which case explanation must be provided with the document.

CIRCUIT JUDGES email enquiries.centrallondon.countycourt@justice.gov.uk
In compliance with GDPR requirements, the privacy notice sets out the standards that you can expect from the Ministry of Justice (MoJ) and HM Majesty's Court and Tribunals Service (HMCTS) when we process personal data about you in the context of civil court proceedings; how you can get access to a copy of your personal data; and what you can do if you think the standards are not being met. Please see link below for further information:

https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter#hmcts-privacy-policy

From: David Quee <Davidq@Duncanlewis.com>
Sent: 26 June 2023 16:36
To: 'Lorraine Cordell'
Subject: RE: [B184****] RE: [B18*****] Re: Claim no: K4****1 - DB v LB of Enfield - Skeleton Argument and Amended Grounds

Dear Lorraine,

Thank you for your email and update on the matter.

Do you have an alternative email address for Ms. DB? I have sent correspondence to this email: DB@yahoo.co.uk, but it was not delivered (server rejected it).

Thank you for your assistance.

Kind regards

David Quee
Trainee Solicitor
DDI: 02072752023

From: Lorraine Cordell <lorraine32@blueyonder.co.uk>
Sent: 26 June 2023 4:27 PM
To: David Quee <Davidq@Duncanlewis.com>
Subject: [B18450***] RE: [B1845****] Re: Claim no: K40CL101 - DB v LB of Enfield - Skeleton Argument and Amended Grounds

Dear David

Thank you for the update not sure if I am to say if anything is wrong, but LQ has put DB as e priority needs for housing, but they do not have any housing so Enfield Council stating she refused help from LQ is wrong as LQ gave a time line and it was around 3 years before they could house her as they don't have anywhere to house her, this is why LQ asked for help from Enfield Council.

Also the Crisis team has been in contract with her GP as DB health is getting worse. She is waiting for a date to see a mental health team.

Regards

Lorraine

From: David Quee <Davidq@Duncanlewis.com>
Sent: 26 June 2023 15:45
To: 'DBDB@yahoo.co.uk' < >
Cc: 'lorraine32@blueyonder.co.uk' <lorraine32@blueyonder.co.uk>
Subject: FW: [B18450***] Re: Claim no: K40**** - DB v LB of Enfield - Skeleton Argument and Amended Grounds

Dear Ms. DB,

Please find below the email and the attached amended grounds, skeleton argument and letter to the local authority sent to the Court for your information.

If you have any queries, please do not hesitate to contact me on 020 7275 2023.

Kind regards

David Quee
Trainee Solicitor
DDI: 02072752023



From: David Quee
Sent: 22 June 2023 11:20 AM
To: 'enquiries.centrallondon.countycourt@justice.gov.uk' <enquiries.centrallondon.countycourt@justice.gov.uk>
Cc: Bernadette Chikwe <bernadettc@Duncanlewis.com>
Subject: [B184***] Re: Claim no: K40***** - DB v LB of Enfield - Skeleton Argument and Amended Grounds

Dear Sirs,

Re: DB v The London Borough of Enfield
Claim no: K40***

We refer to the above proceedings in which we act for the Appellant.

Please find attached the Appellant's Skeleton Argument and amended Grounds.

Please also find attached a letter dated 22nd June 2023 that we have sent to the Respondent proving service.

Yours faithfully

David Quee
Trainee Solicitor
DDI: 02072752023

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North London
Mental Health Partnership

NHS

Barnet, Enfield and Haringey
Mental Health NHS Trust
Camden and Islington
NHS Foundation Trust

Private & Confidential
To be opened by addressee only
Dr Abidoye
Nightingale House Surgery
1-3 Nightingale Road
Edmonton
London
N9 8AJ

Barnet, Enfield and Haringey Mental Health Trust
Enfield Mental Health Single Point of Access
25 Crown Lane Southgate London
N14 5SH

Tel: 0208 702 3329

3rd July 2023

NHS No. 434 ******
RiO No. 10****

Re: Miss DB - DoB: 26 Aug 1989
23 Byron Terrace Hertford Road, Edmonton, London, N9 7DG

Miss DB is a ****-year-old unemployed single woman seen in a face-to-face appointment at Crown Lane clinic.

She has had mental health referrals this year from her GP Dr Abdoye, Nightingale Surgery (referral dated April 23) and Dr Lisa Goodman Psychologist in the RFHosp hand plastic surgery team (she referred her in Feb 23 with PTSD).

She seemed restless during the interview and dissatisfied with many aspects of her life and interactions with health professionals.

She swore frequently when speaking to me.

She told me that she has a boyfriend and has been with him for "a while" but the relationship is difficult sometimes "because of her mood swings" (said Mum).

She feels her friends and her boyfriend "don't like me " "I feel like I'm on my own and no-one gets me...I'm losing everyone" "I feel like I'm unlucky...proper unlucky, and everything bad happens to me...I've always felt like that and it makes me so angry...I lose a lot of things...everything I touch turns into shit ...everyone else gets chances".

"If I do get friends, they find the truth of me and then they don't want to be with me anymore" and she feels she needs to "pretend" to keep relationships.

She attended her appointment on time with Mum (Lorraine) and Uncle (Andrew).

She won't go back to live in her London Quadrant flat (because of the attack) and they're relationship can be tense and Mum is unwell (heart op recently and on dialysis, now on the transplant list) so she's staying with different friends and "Holly doesn't want me to stay there no more".

She is using her mother's address (Byron Terrace N9) for correspondence etc.

She has a solicitor (going through Court at the moment) trying to get her a place to live.

Her Uncle says, "she has no stability" although her family try to support her "but she argues with us all the time".

History of presenting complaint:
"I'm just stressed out ...I don't feel right and I get angry all the time" (to which Mum responds "she's had those issues for years").

Mum says, "she's getting high and low really quickly".

Andrew said that "she has been much worse since the attack" (when she was assaulted end Nov 22 and sustained a severe cut to her, dominant, right hand).

Nightmares have been worse after the attack (end November 22) "I can't sleep and I wake up sweaty and shivering" the nightmares are not just related to the attack and when she wakes it takes her a long time "to calm down",

The dreams have got worse and she has been nauseated and shaky since she has been on risperidone,

She sometimes believes "family and friends...people are talking about me and being funny with me ...I can't explain it ...I don't know it's just the way I feel...sometimes I feel like it's real other times I think I'm being stupid".

She doesn't like the way people look at her and if people are round her laughing, she feels they are laughing at her "I've always felt people laugh and look at me funny...some people are just horrible".

"I feel people are against me because they think I am lying and chatting shit".

She sometimes relates TV to her and gives the example that she sees a character on TV and they are stabbed and she feels it is more than a coincidence "is it to do with me?" - not clearly an idea of reference.

She says her hand (cut in the attack) "doesn't feel like my hand" since the attack but she can't explain this. She is right-handed but isn't using her damaged right hand. "I don't even like the sight of it".

She says she thinks about the attack very often and " it just comes into my head".

She is avoidant of memories of the attack.

She doesn't want to use knives for cooking because a cut was used in the attack.

Similarly, she gets upset by plastic bags because after the attack they used a plastic bag to try to stop the bleeding.

She was "bad before the attack but she's gone ballistic since".

She has never gone out much but less wanting to go out since the attack.

She continues to have treatment from the hand plastic surgery team at the Royal free hospital.

She has a psychologist from that team (Lisa Goodman).

She is waiting for her next hand clinic appointment.

She should be wearing a splint but she puts bandages on it instead because she finds the splint painful and doesn't want to look at her hand.

"I need someone to talk to you can't just give me tablets".

"I can't keep living like this ...it's stupid ...no-one is listening... I'm sick and tired of this... I want to know I can be safe.

"I don't believe people that just chat shit" (referring to health professionals) "she's getting no help".

Sleep? "I never sleep", initial insomnia - when I asked why and she said "fuck knows" but she sleeps with the light on, feels scared and any noise startles her.

She wakes sweaty every night.

If she wakes in the night, she sometimes feels the need to check there is no-one there before she can go back to sleep.

"Sometimes I feel alright and sometimes I feel like shit".

Limited pleasure from life since the attack.

I feel "so down".

Some diurnal mood variation "not very good in the morning".

Appetite variable "I don't fancy food...I feel sick thinking about it".

Weight - has lost 2 stone (without trying to) since she was stabbed (approx 6 months).

Social Hx
Benefits ESA, PIP (for hand and mental health)
No debt
Homeless at the moment (“sofa-surfing").

Forensic Hx
Caution for drunk and disorderly 18/12 ago and she said angrily "I had a little too much to drink at a funeral...that was ages ago".

Caution and probation and a tag for ABH as a teenager "I was only young...it was ages ago".

Personal Hx
Premature - Born at 27/40 "she died about 20 times and they brought her back to life" - "lung collapses" and ventilated.

Long periods in hospital including GOSH, in an out of hospital up until 7
School - "primary was good".

Her emotional problems got worse "at secondary school".

Mum feels her mood changed after her periods started.

Physical health
Recent ECG because "her heart was going .fast" and she need to be " monitored by a specialist".

GP also told her she is "borderline diabetic".

Polycystic ovaries (she is waiting for a gynae appointment) and a separate issue with other "cysts on her ovaries".

Asthma.

Her blood pressure has been raised.

Past Psych Hx:
Never admitted for mental health problems.

No period of treatment from Crisis Home Treatment team although she has called them.

Diagnosed with dyslexia.

She saw school counsellors for "mood swings", anger and "cutting" from "early teens"

Not sure if she saw CAMHS (child and adolescent services).

DSH history - she was cutting (wrists /legs) but stopped around 22 years.

She explained it was "for release" not with the intention to die "it makes me feels less numb...it makes me feel better".

She cut herself in COVID and the last time was? early Dec and she says she has stopped now.

She says she tried to hang herself? age 20 when attending Lucas House OP for anxiety/depression and she had a variety of antidepressants including fluoxetine, sertraline, venlafaxine.

"I don't want to kill myself.

She saw CPN Gopaulen for assessment 1.3.23 when no psychotic symptoms were elicited.

Current medication:
Risperidone 2mg (1mg bd) - prescribed by GP- but feels it makes her sweaty and shaky and dizzy and "horrible".

No other medication.

Analgesics for headaches (her headaches have been worse recently) and period pains (she has heavy, painful periods).

Substance misuse:
No recreational drugs use
Tried cannabis and coke "but it made me feel funny and I didn't like it"
Infrequent alcohol "but when she does, she gets plastered"
Smokes tobacco (roll ups, a pouch a week approx).

Impression:
EUPD
Mixed anxiety/depressive symptoms? part of - PTSD.

Plan:
Given MIND leaflets on EUPD and PTSD.

Given Choice and medication leaflets for risperidone and mirtazapine.

"I don't want to keep taking tablets...but I hundred per cent need something" so we agreed she will reduce risperidone to 1 mg nocte for a week and then stop.

I have given her an FP10 for 28 days mirtazapine 15mg nocte - after a week she could increase the dose to 30mg nocte.

I will refer to the South locality team at Lucas House.

Yours sincerely

Dr Hilary Scurlock
Consultant Psychiatrist
Enfield Mental Health Single Point of Access

Cc: Miss DB