

We transform lives for people in Islington.
We're independent, and trusted.
The money we give improves lives for
local people, building a better future for us all.

Cripplegate Foundation Helping since 1500



*Invisible Islington:
Living in Poverty in Inner London
A report for Cripplegate Foundation
by Rocket Science UK Ltd*

Cripplegate Foundation

Cripplegate Foundation is an independent grant-giving trust which works mainly in Islington. We spend over £1.7 m a year on grants which meet the Foundation's priorities of:

- addressing and alleviating poverty
- increasing access to opportunities
- building social cohesion
- bringing about lasting change

We have a number of grant programmes:

Our **grants to voluntary organisations** extend valued existing services and fund new activities and ways of working where we have identified a gap that needs to be filled. The programme supports organisations such as youth groups, mental health projects, welfare rights services and projects for older people.

Our **small grants programme** mainly supports volunteer-led organisations, funding activities such as self-help groups, arts, advice and information. The programme allows a wide range of small and growing groups, notably new refugee and black and minority ethnic groups, to access support and funding.

Our **small grants to individuals** provide much-needed household goods. All applicants are offered a benefit check and are referred to other services such as counselling, money advice or training, giving them an opportunity to change their circumstances in the long term.

The Foundation also has a wider role in identifying needs, championing unpopular causes and supporting new developments in Islington. This role ranges from participating in local partnerships to facilitating a neighbourhood management approach to services.

Cripplegate Foundation commissioned this report to provide an informed base on which to build its grant programmes over the next five years. The detailed insight it gives us into the real lives of poor people in Islington will shape our activities and grants so that, more than ever, we will be meeting the needs and aspirations of those we serve.

Cripplegate Foundation
www.cripplegate.org

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1. Executive Summary

Islington is a borough of striking social extremes: London's richest and poorest residents exist side by side, living entirely different lives. Cripplegate Foundation commissioned this research to shine a light on the poverty that exists in Islington, to explore the factors that make it so entrenched – ill health, debt, isolation and lack of opportunity – and to re-think the actions needed to tackle it. Throughout, the aim has been to go beyond the statistics and allow local people to tell their stories about the impact of poverty on their lives. The report paints a picture of a divided borough in a divided city, where those living in poverty inhabit an invisible bubble - able to see but not to reach the economic and social opportunities so conspicuously enjoyed by their neighbours.

We interviewed 29 Islington residents over a six-month period to gain a detailed understanding of the effects that poverty had on their lives. We also spoke to local policy-makers and practitioners involved in tackling poverty in the borough. The results provide a vivid snapshot of what is like to be poor in 21st century Islington and expose the many inter-connected obstacles that make escaping that poverty so very difficult.

Headline findings

1. Finance

Debt - The vast majority of those we spoke to had been in debt and half were in debt at the time we interviewed them. Only women over 60 were free of debt. Debts ranged from a few hundred pounds to thousands, and from rent or council tax arrears to credit card and catalogue debts. Most people had got into debt purely in order to make ends meet.

Savings - Apart from older women, none of the participants had any savings. Most felt that they could not afford to save and struggled to make ends meet.

Credit - Whilst credit was widely available sources of support for managing debt were not. The people we interviewed did not know where to go in Islington for financial advice.

2. Work

With the exception of one woman, none of those who participated in the study were working. The main obstacles to working were:

- **Childcare** - women consistently cited lack of childcare as the main reason for not starting work again
- **Poor English** was the main reason preventing Bangladeshi men from working. They spoke of their lack of language and education limiting them to poorly paid, insecure jobs. It was a legacy that they did not want to pass on to their children.
- **A lack of decent jobs**

Most saw work as the main way in which to improve their quality of life and play a role in society. However, without significant change and the chance to improve their skills, most felt it unlikely that they would find work.

3. Family, community and friends

Family relationships provided crucial emotional and practical support to those we interviewed. They were a consistent source of happiness, particularly relationships with children and grandchildren. People were critically aware of how much 'poorer' their lives would be without them.

Outside of the family, a trusted individual was frequently a source of information, advice and guidance. This person was often attached to a locally-based organisation such as a school or community group.

Most of our interviewees did not have a role model in their lives who represented opportunity, aspiration or success. By and large, their friends, family and acquaintances were in the same situation as they were. Some felt that this hindered them from achieving their goals.

4. Health

Health problems - physical and mental - were the fundamental reason participants gave for being unhappy. Of those suffering ill health, many had long-term, and in some cases terminal, conditions. Stress, depression and anxiety were the main manifestations of poor mental health, again often long-standing conditions which had affected their lives profoundly.

Poor health commonly led to feelings of a lack of control and fears about the future. Our interviewees found it hard to use health and social care services, and their conditions often limited their ability to get out and interact with others. Isolation was common and a critical factor in how happy or positive an individual felt about their situation and their future.

How are we going to respond?

Cripplegate Foundation will use these findings both to inform the local and national policy debate about tackling poverty, and to shape its own activities and grant-making over the next five years. Our actions will focus on tackling the four themes to emerge from the research: debt; opportunity; family, friends and community and health.

1 Reducing debt

- We will set up a coalition on debt, drawing together members from the statutory, private and voluntary sectors
- We will work to make debt a priority for Islington's practitioners, putting tackling debt at the heart of local anti-poverty strategies and at the foundation of the services available to Islington residents
- We will explore ways to make independent financial advice more accessible
- We will identify how better to support individuals in debt
- We will promote and fund financial literacy training in primary schools and local community and public sector organisations

- ▶ We will find ways for the poorest Islington residents to access affordable credit
- ▶ We will build financial literacy training into the programmes that we fund

2. Building opportunity

- ▶ We believe that volunteering is a potentially very powerful way to address isolation. Our small grants programme involves over 1,500 volunteers who develop confidence, skills and networks through their involvement in grassroots organisations. We will look at expanding and promoting volunteering as a way of tackling isolation.
- ▶ We will identify the poorest residents who are not using services and approach them directly to tell them about the opportunities that exist. We will build on a successful door-knocking project, which has connected over 700 Islington residents to local services in the past 18 months. We will track the impact of these interventions on individual residents and trace how they influence the way local organisations work.
- ▶ We will work with local colleges and community organisations to find new ways of offering English language teaching. We will explore how language and skills training can combine to give local residents new opportunities and a real pathway out of poverty.

3. Reinforcing family, community and friends

- ▶ We will create programmes that can bring about *sustained* change in peoples' lives, offering tailored support to individual residents for up to three years.
- ▶ We will harness the support and expertise of other local organisations to help us deliver our programmes. We will identify partner organisations that can act as long-term, trusted intermediaries to help bring about the change we seek. Our partners will both identify the residents who would most benefit from our programmes and deliver the support.
- ▶ We will provide small-scale financial support over a three-year period to help people realise their ambitions. Some of our support will focus on training and employment but we will also offer help in other key areas such as life skills, confidence building and mental health recovery. Examples might include training to be a sports coach; guitar lessons for someone who has always wanted to learn music or art therapy. We will measure the impact of our support by assessing any changes that result in residents' lives.

4. Improving health

- ▶ We will work with Islington Primary Care Trust and local agencies to provide more visible, accessible and enduring sources of advice and support for residents suffering from ill health. Our ideas include:
 - Training health advocates to be based in local community organisations. The advocates could offer information on managing minor illness, exercise and diet. They could also act as champions for isolated residents in particular, linking them to local health services.

- Encouraging enthusiastic GP surgeries with a high proportion of low-income patients to offer targeted services (such as well-being clinics or antenatal classes) and to advertise their surgeries more widely.
- Finding ways to enable residents suffering from ill health to increase their control over their conditions and their lives. Examples might include self-management groups and expert patient programmes, helping people learn how to live with common chronic diseases. We will explore how to make these services accessible to the most isolated residents on low incomes.

2. Introduction

This report was commissioned by Cripplegate Foundation to explore the reality of poverty in Islington, its impact on people's lives, and the factors that make it so entrenched. A wealth of statistical data already exists on the numbers that live in poverty in the UK, who they are, and where they live, but statistics alone cannot give the full picture. To really understand poverty it is necessary to hear the detailed, first-hand experiences of those who live with it every day, and yet this is an area of research that is often overlooked.

This study focuses on the lives of real Islington residents and invites them to tell their individual stories. The aim has been to explore the causes of their poverty; to expose the things that prevent them from improving their circumstances, and to establish what improvement would look like for them as individuals.

The purpose has been to give local people a voice in the policy debate about poverty, and to ensure that Cripplegate Foundation's future funding strategy is based on the real needs of those we serve. The report's final chapter (on page 49) brings together the actions we intend to take to address the issues identified in this research.

Methodology

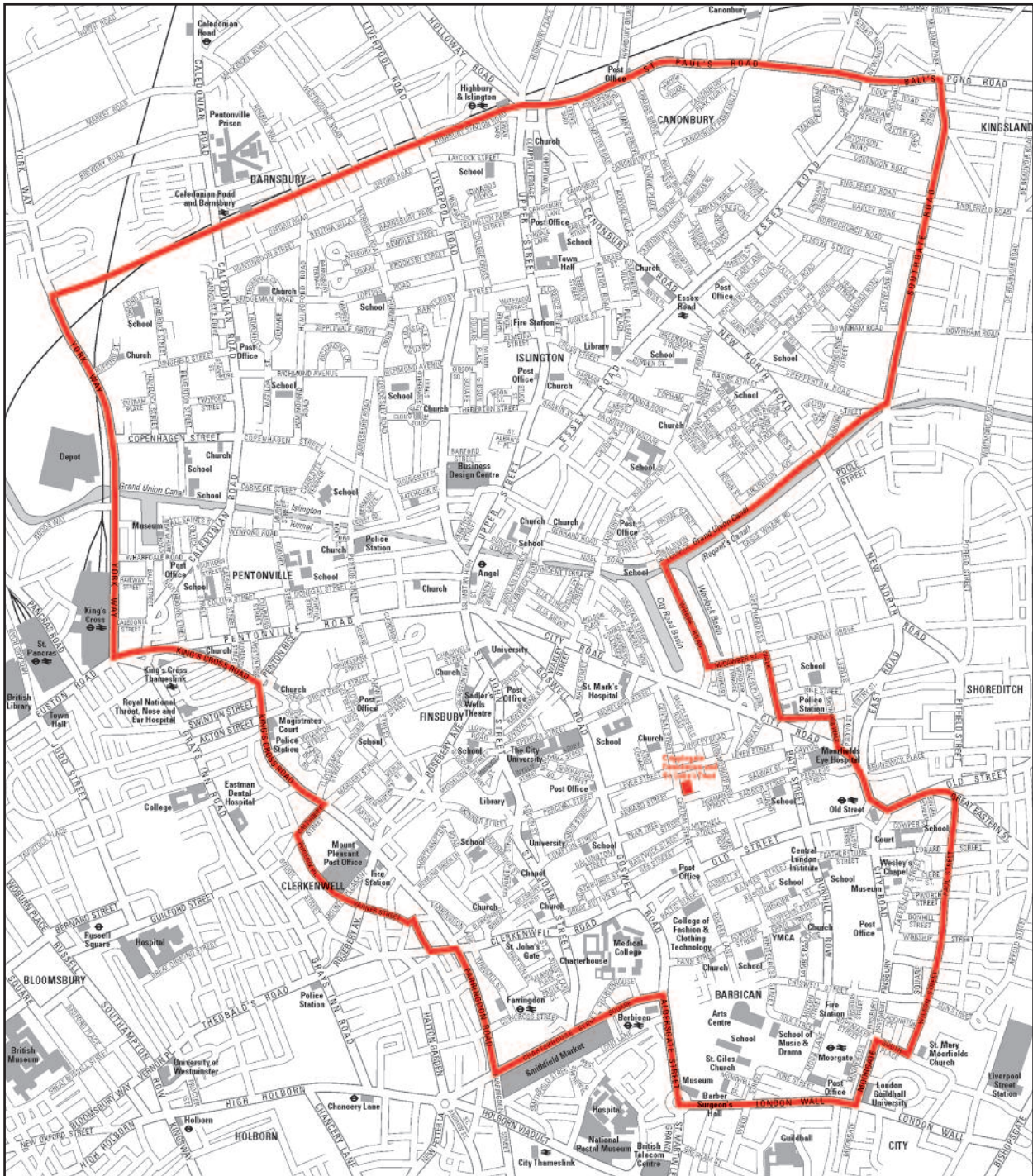
The report has only been made possible by Cripplegate Foundation's close relationship with the local community. Twenty-nine Islington residents were selected to participate, most of them living within the Foundation's area of benefit (see map below). Some had received grants from the Foundation, others had been supported by local organisations funded by Cripplegate Foundation. The research focussed on some specific groups:

- women with children
- those with ill health or a disability
- those with mental health issues
- men in their 40s and 50s
- people over 60

The participants were each interviewed three times over a period of six months. The interviews explored the issues of access to services, debt, isolation and happiness. To illustrate the lives of those we talked to, we mapped where they went each week. Each chapter includes a map showing the frequency, range and extent of the activities of one of our interviewees.

We also invited contributions from Cripplegate Foundation's stakeholders - practitioners and policy-makers working in Islington. Their views (see chapter 9) provide insight into how poverty is perceived in Islington and how policy and practices are developed to address it.

More detail on the methodology of this study can be found in appendix 1.



Cripplegate Area of Benefit

3. Portraits of our residents

The aim of this report is not to look in detail at statistics and try to solve poverty as a single, somewhat abstract, national issue, nor is it to examine how institutions or legislation might be reformed. The aim is to gain a detailed and nuanced picture of real poverty. We have taken as our starting point the stories of poor people, stories which articulate powerfully what it is like to live in poverty and the impact that deprivation has on happiness, aspiration and well being.

Kate - a mother

Kate lives with her partner and their two children. Although her partner works, his wage does not allow them to afford a mortgage and their two-bedroom council flat is quickly becoming overcrowded as the children get older. Being at home all day is making Kate miserable, especially now that her children are at school and don't need her so much.

Kate has only had a few, short-term, casual jobs. She would like to start working again but struggles to identify work that could fit around school hours. Having been out of work for so long, she also lacks confidence about her skills and is nervous about being 'the new girl in the office'. Kate didn't do well at school and now regrets not studying harder.

A second income might enable Kate and her partner to qualify for a mortgage and would certainly help with the catalogue debt that she can never quite get rid of. She tries to pay it off during the year but every Christmas it grows again when she buys presents for the family.

Kate has been to some Parent House courses and really enjoyed them. The laid back atmosphere and small classes were fun and less intimidating than one-to-one sessions.

Sam - a mother with ill health

Sam was born at the Royal Free in Islington and – just like her mother and grandmother - has lived in the area all her life. She has a young son and lives with her husband, who, following a serious accident, is on Incapacity Benefit. Sam was recently diagnosed with type 1 diabetes and has struggled to get her insulin dosage right, suffering at times several hypoglycaemic fits a day. This has forced her to leave her part-time job on a market stall and rely on benefit income. It has also made her life chaotic and left Sam feeling frightened about the impact of her condition on her life and her future.

Sam is still friendly with the people from her old job and has an open invitation to go back to work when she feels able. She was the co-chair of the PTA (she shared the position with another mother because she was worried about taking on sole responsibility with her diabetes) but has recently resigned as she felt poorly qualified for the role.

Leah - a mother with mental health issues

Leah is a lone mother with two young children: one primary school aged and one a toddler. She has lived in Islington for 12 years. She and her children currently live in a studio flat.

Leah has not worked since the birth of her youngest child. Previously she was doing several courses, including one on music production. She hopes to resume the course once her youngest is a little older, providing she can find affordable childcare.

For most of her adult life Leah has suffered from mental health problems including depression. Her housing situation – three people in a studio flat – exacerbates her feelings of anxiety and stress. Ideally, she would like to move abroad for a few years but she doesn't feel able to explore this possibility until her health improves.

Diana - a mother with ill health and mental health issues

Diana is a lone parent of two children: her son is now an adult whilst her daughter is still at primary school. She also has a young grandson. Diana has lived in Islington since she was ten years old. She has never worked and, as a result of her ill health and mental health problems, receives Disability Living Allowance and Incapacity Benefit.

Diana's son was stabbed several years ago and, whilst he survived, the experience has increased her fear and sense of isolation. She only leaves her flat to take her daughter to school and for her daily visit to her mother for a meal. At the weekends she and her daughter do not leave the house. Diana describes her house as "her world" and, although she knows she is in a rut, she does feel able to live any other way at the moment.

Mohammed - a man in his 40s/50s

Mohammed has lived in Islington with his wife and five children for ten years. His wife does not work and he receives benefits. He was a cook in a take-away restaurant but lost his job six months ago and is now on Job Seekers Allowance. Every day he visits local restaurants looking for work, so far without success.

Mohammed does not speak English. The Job Centre helped him to attend English classes but he stopped going after six months when the location changed and he felt that the second place was not as good. Mohammed recognises that his poor education has prevented him from finding a good job and he is very concerned that his children get a solid education. His lack of English also stops him from engaging with key services; he has stopped going to the doctor as he finds it too difficult to explain his problems.

Paul - a man in his 40s/50s with ill health/disability

Paul came to England from Zimbabwe 20 years ago. He has two teenage sons who live outside London. Having lived all over the capital, he recently moved to Islington, initially, following a stroke, to stay with his cousin. Before his stroke, Paul worked with people with learning difficulties. Since his stroke he has struggled to cope. His visa has expired and he is not entitled to any benefits. He got in touch with the Mary Ward Legal Centre which helped him to find accommodation. He waits to hear from the Home Office about his immigration status.

Over the period of this research Paul had two more strokes, which have affected his outlook on life profoundly. At the beginning of the study he was focussed on getting back to work and continuing with his training, now he is simply concerned with getting the right medical support.

Connor - a man in his 40s/50s with mental health issues

Connor has lived by himself in Islington for 20 years. His parents died when he was ten years old forcing him to grow up very quickly. He has no partner or children, he does not see the rest of his family, and, after a relationship ended badly some time ago, he does not have any contact with friends.

Connor has severe dyslexia. He is not currently working and receives benefits. Managing his day-to-day life is a struggle and he finds everyday tasks very challenging. He has developed informal support arrangements (such as asking his GP to read letters for him) but he would like more formal assistance. Connor is currently doing a foundation course in English at a local college.

Richard - a man in his 40s/50s with ill health and mental health issues

Richard lives on his own; he is single and does not have any children. His father and brother live nearby and his mother lives in sheltered accommodation in South East London. Richard has lived in Islington since he was a young boy and, as an adult, he has lived in sheltered accommodation, hostels and council properties.

Richard thinks that Islington is changing rapidly; he feels that it has lost its sense of community and become much more individualistic. He was violently mugged in 2000 and has not been able to work since, relying instead on Incapacity Benefit and Disability Living Allowance. Richard is meant to attend physiotherapy and pain management sessions in Kentish Town but does not go because he does not like the area. Locally, he is well-connected to advice and support services and knows where to go for help and assistance.

Peter - a man over 60

Peter was born and raised in Islington but emigrated to Canada. He returned to the borough 20 years ago, initially staying with family. His son and ex-wife remain in Canada but his daughter is in England. Peter lives in council housing and loves living in Islington, which he sees as unique with a real sense of community.

Until a few years ago Peter worked either as a truck driver or a cab driver but, following an accident, he stopped. He has found not working frustrating and struggles to make ends meet on the Pension Credit he has received since he turned 60. He relies on his local pub for a free evening meal, the local day centre for a cheap, hot lunch and his family for support at the weekends.

Rebecca - a woman over 60

Rebecca is 84 and has lived in Islington all her life. She lives by herself in social housing and has done so for over 20 years. She was married twice and has three children. Her two sons live outside London but her daughter lives across the street and she sees her every day. Rebecca worked all her life as a seamstress. She also took on cleaning jobs to make ends meet after her husband died. Despite being 'London born and bred', she would really like to live in the country, partly to be nearer to her son.

Rebecca has been going to a day centre for just over a year now and she thinks it is 'marvellous' because of the cheap, healthy lunch it provides and the variety of entertainment and classes on offer.

Anna - a woman over 60 with ill health

Anna is 68 and has lived on her own in Islington for 23 years. She moved to the borough after a long-term relationship failed. She doesn't have any children but she does have two older sisters who live outside London. Anna was signed off work ten years ago when she was diagnosed with fibromyalgia, a chronic condition that causes fatigue and muscle and ligament pain. She now receives a pension.

Anna has to manage her illness which reduces her ability to go places and to use different services. Despite her condition she is still active, regularly visiting a community garden and various community centres within the borough. She is well linked into health and social care services although she often finds them inflexible in meeting her needs.

4. What is poverty?

A summary of definitions and current thinking on UK poverty

4.1 Defining poverty

Over the years there has been much debate over how to define poverty in a country like the UK. In 1995 the UN agreed two definitions¹:

“Poverty is a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. *It depends not only on income but also on access to social services.*”

“Poverty has various manifestations, including lack of income and productive resources sufficient to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments; and social discrimination and exclusion. *It is also characterised by a lack of participation in decision-making and in civil, social and cultural life.*”

In the UK the debate has focussed more on relative poverty than on absolute poverty and the UK Government defines poverty using a relative income line. Those in poverty are judged to be those **living in households whose income is below 60% of the median income.**²

4.2 The dynamics of poverty

Poverty is not a static phenomenon³, it is a complex and dynamic situation. Recent research by the Joseph Rowntree Foundation (JRF) found that 32% of the UK’s population fell below the poverty threshold at least once during 1991-1998. In the same period an average of 15% of the population lived below the poverty threshold at any one time. Rather than being one homogenous, static block that 15% is made up of very different groups of people experiencing different - and in many cases fluid - types of poverty.⁴

Some experience ‘**transient poverty**’ – short periods during which they fall below the poverty threshold but quickly migrate out of it. Students, for instance, often encounter episodes of poverty before beginning their careers.

A second group inhabits the 15% on a more permanent basis. They are experiencing ‘**persistent poverty**’ and are structurally dependent on the state. JRF found that a small core of only 2% remained in poverty for all seven years of the study⁵. This group is widely seen as being the responsibility of the state, and yet the benefits they receive

¹ UN World Summit on Social Development, 1995

² Originally measured as households whose income was below 50% of the average

³ With the exception of the measure of ‘persistent low income’

⁴ N Smith & S Middleton, *A Review of Poverty Dynamics Research in the UK* (York: Joseph Rowntree Foundation, 2007)

⁵ Ibid

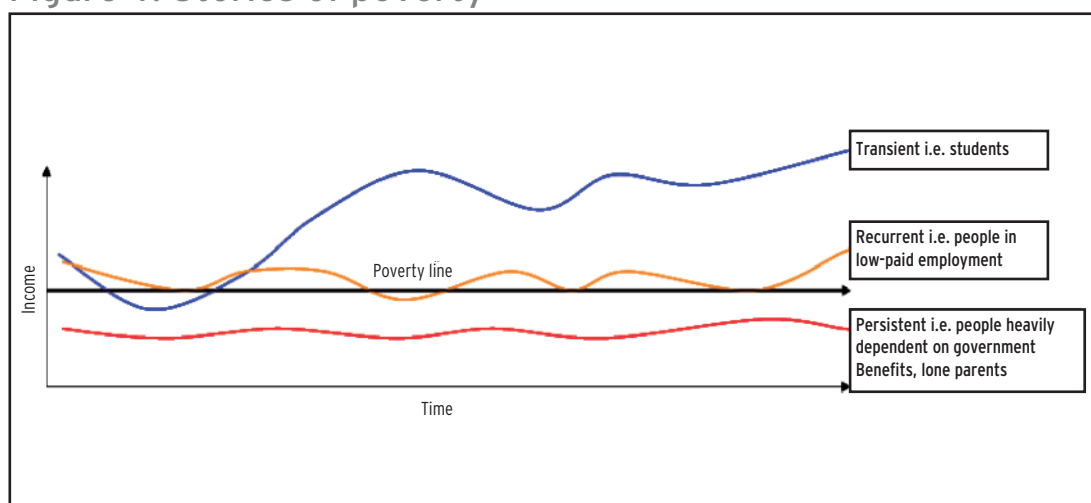
are often insufficient to meet their needs.

Most important in terms of developing a dynamic anti-poverty strategy for Cripplegate Foundation, is the third group within the 15%: those experiencing ‘**recurrent poverty**’. These are people who live on the brink of poverty. They break out of it from time to time, but low-paid, insecure employment leaves them highly vulnerable to the changes in income that can be triggered by price rises, loss of employment, retirement or family break-up. The members of this group are permanently at high risk of entering poverty and, even when mainstream poverty prevention programmes temporarily lift them out, their exit is generally not sustained.

This latter group is hardest to pinpoint, especially using static, point-in-time poverty data. It is also a group that slips easily through the state welfare net: its members tend to move in and out of the labour market and the benefit system is not sufficiently flexible to support them when they are out of work. The static, generalised data on poverty generated by point-in-time surveys (often used by researchers and government) underestimates the scale of this recurrent poverty in the UK and does little to promote a fine-grained and practical grasp of the dynamics of poverty and its impact on individuals, families and communities.

A richer and more sophisticated understanding of poverty is needed if we are to move beyond simplistic measures and intervene in a more informed, sensitive and effective way. To be meaningful poverty strategies need to focus not just on getting people out of poverty, but on keeping them out.

Figure 1: Stories of poverty



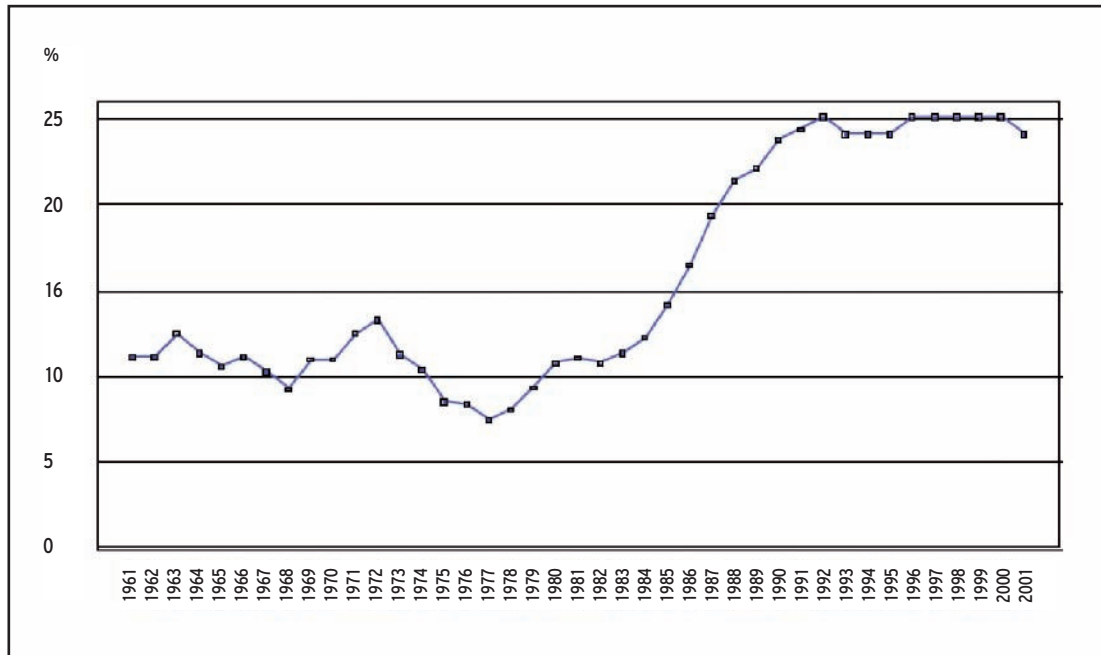
Derived from research undertaken by Joseph Rowntree Foundation⁶

4.3 How poverty has changed in the UK

Relative poverty has been increasing in the UK since mid-1980s. Research by David Gordon in 2002 (see fig 2) clearly demonstrates the striking rise in relative poverty that took place in the last two decades of the 20th Century.

⁶ Ibid

Figure 2: Percent of the UK population below half average incomes 1961 to 2001 (after housing costs)⁷



More recent research by Dorling et al has revealed inequality in Britain to be at 40-year high.⁸ Using census and survey data, this research divided households into five categories:

1. **Core poor** – Households that experience poverty in all three dimensions: they are income poor, they are materially deprived and they are subjectively poor. Core poor households are a subset of breadline poor households.
2. **Breadline poor** – Households living below a relative poverty line and, as such, excluded from participating in the norms of society.
3. **Non-poor, non-wealthy** – Households that are neither (breadline) poor nor (asset) wealthy.
4. **Asset wealthy** – Households that are relatively wealthy estimated using the relationship between housing wealth and the contemporary inheritance tax threshold.
5. **Exclusive wealthy**: households with so much wealth that they can exclude themselves from the norms of society. Exclusive wealthy households are a subset of asset wealthy households.

The research found that households in already-wealthy areas have tended to become disproportionately wealthier and that growing numbers of the rich live in areas segregated from the rest of society. At the same time, more households have become poor over the last 15 years but fewer are very poor. The net effect of this widening gap between rich and poor has been that ‘average’ households - neither poor nor wealthy - have been decreasing.

⁷ D Gordon, *Measuring Poverty and Social Exclusion in Britain* (2002)

⁸ D Dorling et al, *Poverty, wealth and place in Britain, 1968 to 2005* (York: Joseph Rowntree Foundation 2007)

Nationally, Dorling found that around the year 2000:

- 27% of households were breadline poor, of which a subset (11% of total households) were core poor
- 23% of households were asset wealthy, of which about a quarter (6% of total households) were exclusive wealthy.

In London, the findings were particularly stark. Urban clustering of poverty has been intensifying whilst wealthy households, particularly the 'exclusive wealthy', have also become more concentrated. Consequently, so-called 'average' households (neither poor nor wealthy) have gradually been disappearing from London and the South East.

4.4 How poverty has changed in Islington

This intensification of poverty and wealth and the widening gap between them is nowhere more evident than in Islington and, within it, Cripplegate Foundation's area of benefit:

Canonbury

- The proportion of breadline poor rose from 30% in 1980 to 40% in 1990, reaching 49% by 2000
- The asset wealthy grew from 1% (1980) to 3.5% (1990) and then accelerated to 20% by 2000
- The proportion of households classed as 'not poor, not wealthy' more than halved from 69% in 1980 to 31% in 2000

Holloway

- The proportion of breadline poor rose from 31% in 1980 to 37% in 1990, hitting 48% by 2000
- The asset wealthy grew from 2% in 1980 to 4% 1990, but had reached 19% by 2000
- The proportion of households classed as 'not poor, not wealthy' more than halved from 67% in 1980 to 33% in 2000⁹.

Indeed Islington has seen greater changes than almost anywhere else in the country. Of particular note has been the clustering of the 'exclusive wealthy', a sub-set of the asset wealthy that accounted for 8% of households in both Canonbury and Holloway in 2000. The extent of this cluster has led Butler and Lees to identify Barnsbury in Islington as the only area in Britain where 'super-gentrification' has taken place.¹⁰ They suggest that: "A new group of super wealthy professionals working in the City of London is slowly imposing its mark on this inner London housing market in a way

⁹ <http://www.sasi.group.shef.ac.uk/research/transformation/>

¹⁰ T Butler & L Lees, "Super-gentrification in Barnsbury, London: globalization and gentrifying global elites at the neighbourhood level", *Transactions of the Institute of British Geographers*, 31, (4), (2006) pp.467-487

that differentiates it and them both from traditional gentrifiers and from the traditional urban upper classes.”

Additional deprivation statistics drive home the reality of the scale of poverty in Islington and the social exclusion that goes with it:

- 16,700 (45%) children in the borough are raised in families that are heavily dependent on benefits, the second highest proportion of any UK local authority area.¹¹ Furthermore, three quarters of benefit-claiming families in Islington are headed by a lone parent, the highest rate in London.¹²
- 11,770 people in Islington claim incapacity benefit, representing 9% of the population aged 16-64, the second highest rate in London.¹³
- Joint with Hackney, Islington has the highest rate in London of Income Support (IS) claimants aged 35-44 in London¹⁴. 35% of the borough's claimants come from this group.
- Recent studies have shown that Islington has one of the highest levels of mental health problems in London.¹⁵ About 19 people commit suicide each year, almost 60% more than in the rest of England and Wales.¹⁶

These vulnerable people are most at risk of living in poverty.¹⁷ The poverty and exclusion they experience has deep and long-term consequences. Unsurprisingly, these people constitute the largest proportion of Cripplegate Foundation's individual grants recipients.¹⁸

4.5 Happiness

So the statistics leave us in no doubt as to the scale of poverty in Islington but the purpose of this study is to look beyond the dry data to examine the impact of poverty and how it can be alleviated. To help shed light on what living in poverty is actually like for the people of Islington we adopted the concept of happiness developed by Richard Layard in his seminal book *Happiness: Lessons on a new science*.

Layard explored the relation between increasing wealth and decreasing happiness in the developed world and controversially suggested that we should make happiness, not growth, the object of our economic policies.¹⁹ Layard argues that income is not the only significant factor in considerations of well being and identifies what he terms the 'Big Seven' factors that contribute to an individual's happiness:

¹¹ On average of 19.5% of children are raised in benefit-dependent families in the UK; in inner London the average increases to 36.2%. GLA, *Who benefits? An analysis of benefit receipt in London* (2007) p.124

¹² Ibid, p.74

¹³ Ibid, pp.109, 112

¹⁴ Ibid, pp.101-2

¹⁵ A recent report for the Mayor of London revealed the marked increase in demand for mental health services in inner London PCT areas like Islington, which is rated with a mental health need of 1.53 relative to the rest of London (where 1 is average). Dr Foster, *Availability of mental health services in London* (2003), pp.16, 83, 9

¹⁶ National Compendium of Health Outcomes Development as quoted in *Health in Islington: The Facts Update* (2007)

¹⁷ N Smith & S Middleton, *A Review of Poverty Dynamics Research in the UK*

¹⁸ Cripplegate Foundation, *Poverty in Islington – a brief for an evaluation* (2007), Appendix 1

- 1.** family relationships
- 2.** financial situation
- 3.** work
- 4.** community and friends
- 5.** health
- 6.** personal freedom
- 7.** personal values

Each of the 'Big Seven' makes an independent contribution to the level of happiness and each is explored in this report. Financial situation (debt), work and health each have their own chapters (chapters 5, 6 and 8). Family relationships and community and friends are brought together in a single chapter (chapter 7) because our interviewees generally made no distinction between the two. The remaining two factors, personal freedom and personal values – the hardest of the seven to define and explore in interviews – have been highlighted throughout the other chapters.

5. Financial Situation

Summary of key points

Disparity between rich and poor

- The view of Islington as a borough where great wealth sits alongside considerable deprivation was commonly held.
- Lack of money was seen by many as a source of frustration and unhappiness. It was often talked about in comparison to the considerable wealth 'next door'.

Debt

- Half of the individuals we interviewed had debts; most had been in debt at one time. The only group who consistently did not have debt were the women over 60.
- Debts ranged from a few hundred to thousands of pounds, and from rent or council tax arrears to credit card and catalogue debts.
- Most had got in to debt purely to make ends meet.

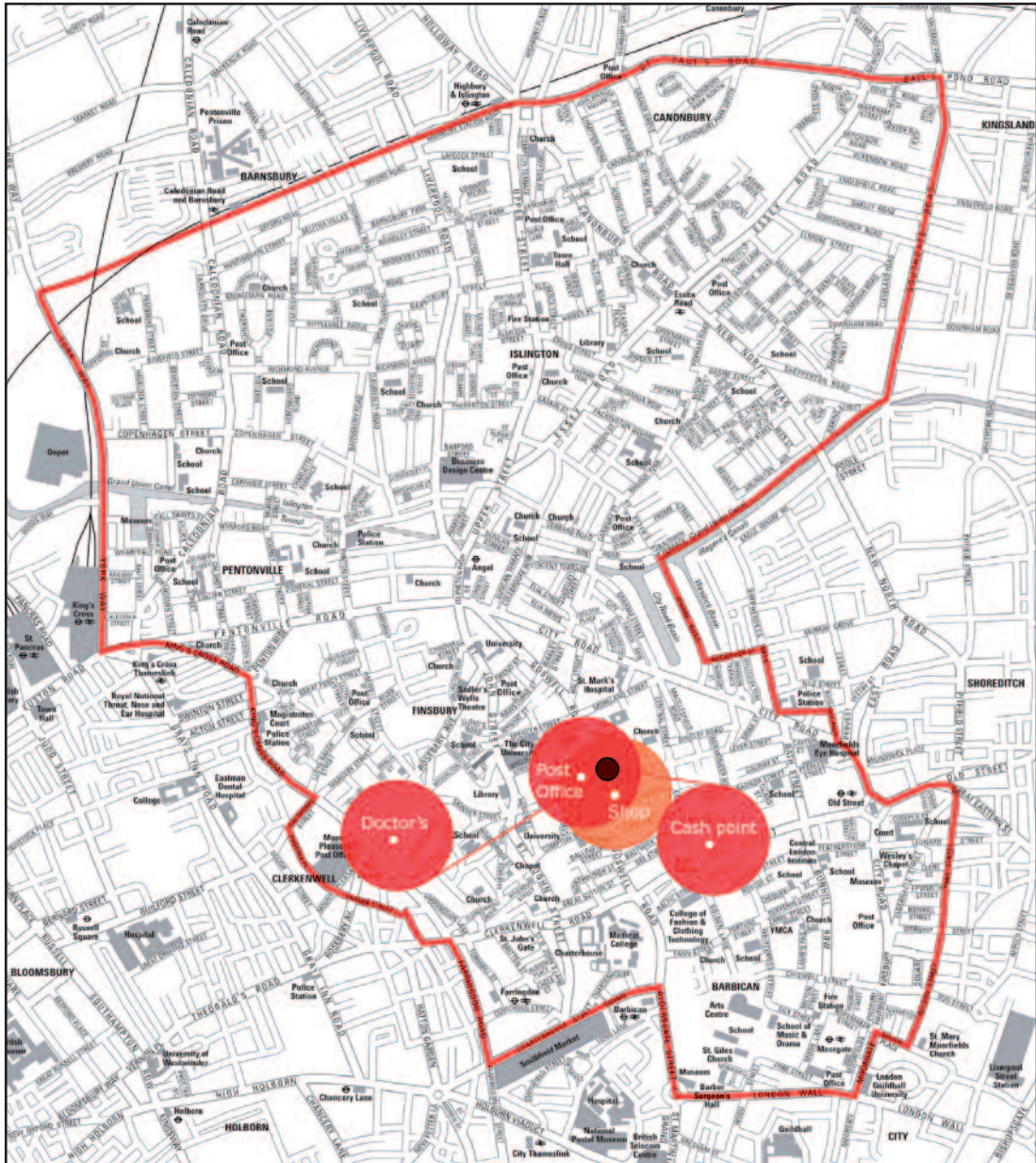
Savings

- Apart from older women, none of the interviewees had any savings.
- Most felt that they could not afford to save and struggled to make ends meet.

Access to financial services

- Everyone had access to a post office card account or a bank account.
- All spoke about accessing loans from both formal and informal sources.
- Whilst credit was widely available, sources of support for managing debt were not.
- The interviewees frequently referred to the lack of money advice in the borough. This was echoed in the practitioner interviews which highlighted the limited capacity of existing sources of financial advice.

Single man with ill health in his 30s/40s



This man visits the doctor and post office once a week or less; he visits the local shop once or twice a week. This is the extent of his activity. His friends go to the cashpoint for him as he finds it difficult to get out because of his poor health.

5.1 Living on limited income

Living on a limited income is difficult, particularly in a place like Islington which is both expensive and the home of great wealth. Simply making ends meet is a daily challenge and hardship and debt are facts of life²⁰.

“It is really noticeable living here what you don’t have, that makes it hard.”

Woman with children

“It is getting harder to live in Islington as everything is more expensive. It feels like the city is moving forward but you are stuck here. It is more about individuals now and less about community. You might see your neighbours during the week but then they are away at the

weekends and it is dead round here. It is the same with the students across the road...when they move in they push the prices up.”

Single man with ill health and mental health

Getting by on a small income is made more difficult by the fact that, for a variety of reasons, poor people tend to pay more for certain goods and services. It is well-documented that people living in deprived communities are likely to pay more for a range of things, whether it be accessing their money or paying utility bills through routes other than direct debit. As Matt Fellowes has shown in the United States²¹, and the National Consumer Council has demonstrated in the United Kingdom²², disadvantaged consumers “pay more or get less across a range of essential services”²³. In some cases, such as access to credit, markets may not be competitive for those on low incomes. In others, such as access to affordable goods, people are isolated due to disability or limited transport. Furthermore, those who are not in networks are often unaware of the local agencies that could give them vital money advice.²⁴

The poor are also less likely to have savings and are therefore more vulnerable to irresponsible or illegal money lending practices. Across the UK almost half of those with incomes under £10,400 have no savings at all, meaning that around eight million people cannot afford one or more household essentials (such as a washing machine), or to repair electrical goods or furniture when they need to.²⁵ All too often the result is a vicious cycle of spiralling debt.

Indebtedness is often caused simply by trying to make ends meet (for example buying the children’s winter coats), but it can also be triggered by changes in circumstances such as relationship breakdown, ill health or income shocks like the fridge or television breaking down. Whatever the cause, the resulting debt is often hard to overcome and affects those who experience it severely, not just materially but in terms of health and well being.

All of these issues fall under the banner of financial exclusion and there is currently a significant national government policy focus on tackling both its causes and effects, particularly as it is a proxy for wider social exclusion. As Cripplegate Foundation has rightly identified, the issues of debt and isolation should be a major focus of any strategies that deal with the root causes of recurrent or persistent poverty.

5.2 Debt

“I would prefer not to have debt but it’s inevitable when you’ve got four kids. It pays for clothes for them or a new cooker.”
Woman with children

Debt was a recurring theme for many people: 15 had current debts and most had experienced debt. Debts ranged from £300 to £10,000 and totalled more than £37,300 (excluding mortgages). A few people knew they had debts but did not know how much they owed and to whom. The debts were a mixture of priority and non-priority²⁶. Those who had non-priority debts often described taking out loans and credit cards, or running up catalogue debts to make essential purchases. They found themselves paying more due to high interest rates and charges.

²⁰ 34% of Cripplegate Foundation’s individual grant applicants have significant levels of debt

²¹ M Fellowes & T Brooke, *High price of being poor in Kentucky* (2007)

²² National Consumer Council, *Why do the poor pay more...or get less?* (2004)

²³ Ibid

²⁴ Cripplegate Foundation, *Poverty in Islington – a brief for an evaluation* (2007), Appendix 2, pp. 1-2

²⁵ National Consumer Council, p. 1

²⁶ A priority debt puts you at risk of losing your home, liberty or ability to meet basic needs (e.g. rent, mortgage, council tax and utilities). A non-priority debt relates to unsecured loans such as credit cards and storecards, personal loans and catalogue debt.

Kate uses catalogues to buy necessities like shoes for her daughters as she doesn't have ready money to buy them outright. She pays back a set amount to the catalogue each month - paying a £15 'service fee' on top of each £50 repayment. She also uses catalogues to help buy presents for her family at Christmas. She knows that her family understands - and are in a similar financial position themselves - but she wants to give them Christmas presents. She gets into debt each Christmas, starts paying it off, only for next Christmas to roll round building the debt back up. She can never get rid of it. She finds thinking about it stressful and depressing.

Informal debt

A number of our interviewees were in debt to family and friends. Small informal loans were often used to supplement benefit income and to make ends meet until the next benefit payment was due. Most of the sums were small but in some cases they stretched to thousands of pounds. Borrowing from family and friends made our interviewees feel uncomfortable but they still preferred it to borrowing from high street lenders, both because it was more affordable and because several (approximately a quarter) had poor experiences with their banks.

"I get it all out [of the bank] when it comes in and then I have to make it last for the whole week. This week I had £7.50 to last for the whole weekend... I do sometimes have to borrow from friends."

Woman with children

Dealing with debt

Irrespective of whether they had borrowed from formal or informal sources, being in debt caused most people considerable concern, often manifesting itself as stress, anxiety, depression and fear. For those with pre-existing mental health conditions, debt often exacerbated their illness.

"I have debts but I am not acknowledging them. I got a £90 charge when I went over my overdraft limit. It is just too stressful - all the letters asking me for money go behind the settee in a big pile. It is not a good way but I just can't deal with it. I went to Mary Ward [Legal Centre] and they did tell me what to do but sometimes I get agoraphobic and can't bring myself to sort things out. I don't like talking about it because it makes me upset and angry."

Woman with children with mental health issues

People managed their debt in a number of ways: some refused to acknowledge it, not knowing how much they owed and to whom; others tried to confront it and deal directly with their creditors, only three of our interviewees had sought or been offered advice.

Whilst several mentioned the Mary Ward Legal Centre and Islington Peoples' Rights as local sources of financial advice, a number of interviewees felt that advice (including money advice) was in short supply in Islington. Several mentioned that the borough had lost its Citizens Advice Bureau whose advice they had used in the past. Those who had been offered advice had been referred by other support services like School Home Support or Cripplegate Foundation.

Constrained by debt

The interviewees who had debts felt trapped by their lack of resources and unable to pursue goals and opportunities. This was a view supported by one of the stakeholders who said that people on limited incomes often 'had no idea how they can go about getting sub-

sidised activity'. One interviewee for example, wanted to take a football coaching course as a way of contributing to the local community but lacked the resources to do so.

"I would like to do something to help people. It's good to feel you've helped someone. I've never believed in greed, always thought it was better to share." Single man, aged 60

Mothers felt particularly inhibited by lack of money. Several commented that they wanted to be able to provide their children with 'the best', whether that be education or opportunities such as holidays, trips and extra-curricular activities. Feeling unable to provide was often directly linked to happiness, with women saying they would feel happier if they had more money.

"[I want] to get a job, to take the kids on a holiday and to have a bit more money coming in. Lack of money makes me angry." Woman with children

"If it was down to me I would send my children to a private secondary school. My eldest daughter is really smart and I want her to have all the best opportunities. All I can give my children is love... I can't afford to do things for them. Lack of money - it's the only thing." Woman with children

5.3 Savings

Savings are a crucial buffer for people on low incomes, protecting them from income shocks and peaks in expenditure like Christmas and new shoes for the children. Knowing that they have a little money tucked away also gives people more confidence to tackle any financial problems that arise.

With the exception of the two women over 60, none of our interviewees had any savings, though one of the mothers did try to put aside a little money for unexpected outlays. Lack of savings was largely due to benefit income being only just enough to cover living costs.

"I put aside my winter fuel allowance but every day is a rainy day on £119 a week. It is difficult to put aside some money." Single man, aged 60

In place of savings to meet unexpected expenditure, some of those we spoke to had to rely on charitable contributions. Several participants had received grants from Cripplegate Foundation and other charities to help them buy or replace white goods or items of furniture. However, the majority of people were not aware of this option and were therefore faced with the choice of either going without essential items, or getting into debt.

5.4 Financial products and services

All the people interviewed had access to mainstream financial products and services: they had bank/post office accounts, credit cards and loans. For some, ill health or disability made physical access to these services difficult. They struggled to get to cash machines for example, or were housebound and wholly reliant on others to collect their money for them.

"I often have to use ATMs that charge because it is too much of a struggle to walk further to one that does not charge." Man in his 30s/40s with ill health

“My friends bring me my money from my account as and when I need it.”

Single man, 40s, ill health

5.5 Conclusion

The interviews highlighted a widespread lack of awareness of affordable credit, saving options and money advice in the borough. None of the interviewees referred to sources of affordable credit, nor did they routinely talk about accessing money advice. Most said they preferred to manage on their own. **Whilst some individuals may feel capable of managing their financial situations, the offer of affordable credit, savings options and financial advice may help many to maximise their income and navigate an easier path through difficult times.**

6. Work

Summary of key points

Not working

- With the exception of one woman, none of our interviewees were working.
- Some had never worked due to ill health, a disability or mental health problems, others had lost their jobs due to a change in circumstances or had retired. The remainder moved in and out of intermittent employment.
- Without significant changes in their circumstances many of our interviewees will never work. This challenges the widely held view, particularly in government, that work is the route out of poverty.

Childcare

- Women consistently referred to childcare as the main obstacle preventing them from re-entering the labour market.
- Affordability and accessibility were the main barriers with women saying they were on waiting lists for places at childcare centres.

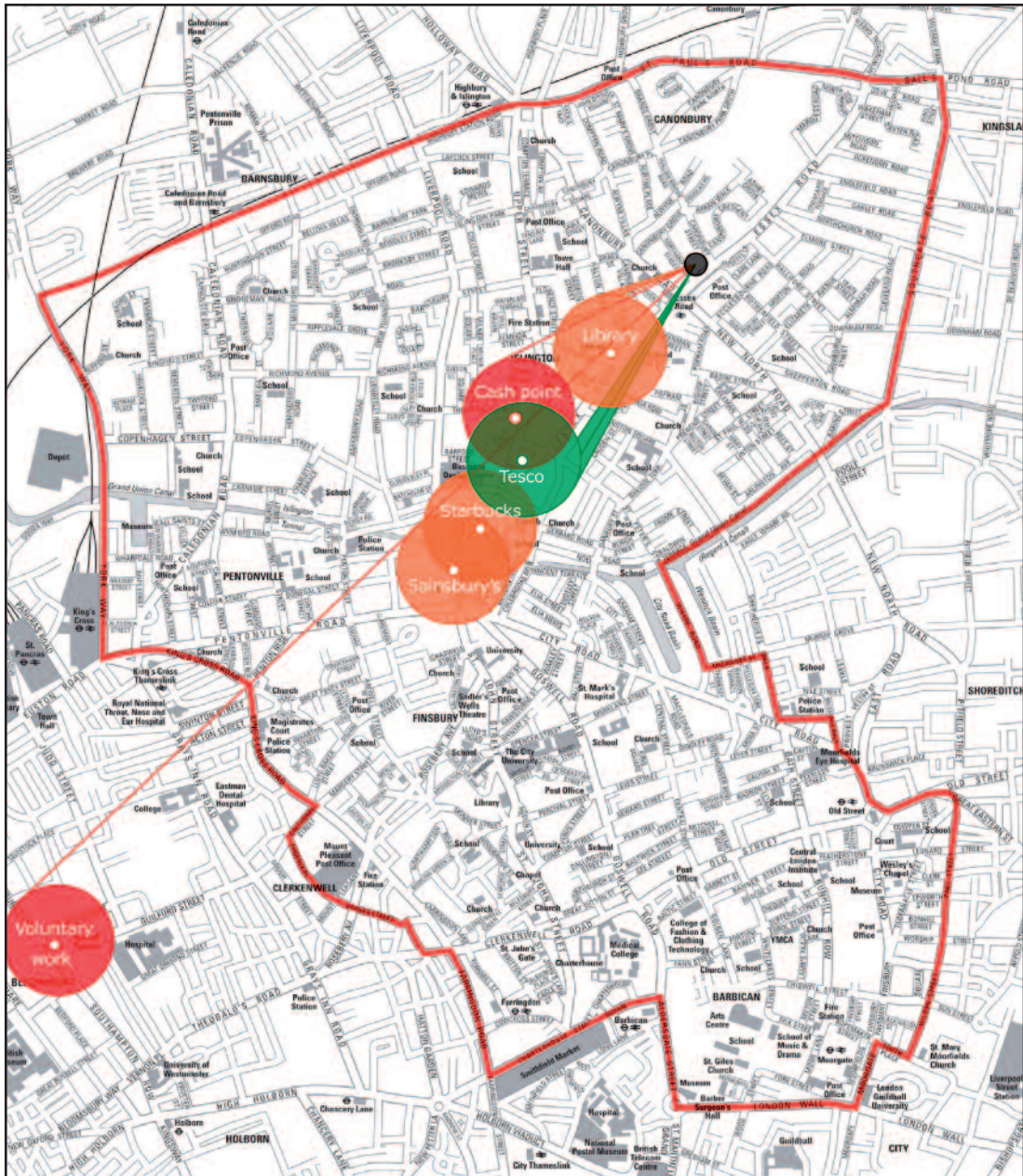
Lack of English

- Poor English was the main reason preventing Bangladeshi men from working.
- All of them referred to their lack of language and education as the reason for their employment history of poorly paid, vulnerable jobs.
- This was a legacy that they were concerned not to pass on to their children.

Opportunities

- A lack of suitable employment opportunities was the primary frustration for many.
- Parents often expressed this in relation to their ability to fit work around their children.
- Work was seen as a means to improve quality of life and to play a valuable role in society.

Man with ill health in his 60s



This man has regular, if infrequent, activity. He visits the shops at least twice a week, sometimes more, and he goes to the library. He rarely goes to the cashpoint as he is not working and does not have an income (he relies on his wife). He volunteers at a museum outside the borough once a week.

6.1 Childcare

While interviewees across the groups talked about strong family connections as a key aspect of their happiness, for the women with young children the picture was more complex. They emphasised that their children were a hugely positive feature in their lives, but the demands of caring for them put limits on their ability to (re)enter the paid workforce. For many this was deeply frustrating and the least satisfactory aspect of their lives.

“I should be working, doing something to take me out of the home. School holidays are the issue. Even to work part time would mean fundamental changes to the family structure. There aren't the kinds of jobs that suit my skills that suit children's hours.” Woman with children

“My life is going to school then coming home and cleaning, but I would need a well paid job to make it worth my while because I’d need some childcare. I get really miserable just keeping the house.”
Woman with children

Many of the women volunteered in their children’s schools, for example on the parent teacher association, in the canteen or doing sports coaching. As one woman said, “I am chair of the school PTA and have been involved in the nursery so, although I haven’t worked for money for ten years, I have kept going”. A common theme of the interviews with mothers was their desire to take up paid employment as ‘something just for me’ unrelated to their roles as mother, wife and home-maker.

6.2 Lack of English

Lack of work most strongly affected men from minority ethnic backgrounds. When questioned about their satisfaction with life, these participants tended to give higher scores than the other groups, reflecting their reported strong family and community connections. However, very few were working and they expressed frustration at their lack of English and its impact on their ability to provide for their families.

“I would like to have my own business but I can’t because I cannot speak English.”

Male in his 30s/40s

“I can’t speak English and I have problems, for example going to the doctors I can’t explain what I need, so I have stopped going. I can’t work and I worry about providing for my children. I would love to go to work and I am now trying to find a new [job].”

Male in his 30s/40s

“When I see successful people who used to be my peers I find it difficult to see their success because I feel like a failure.”

Male in his 30s/40s

6.3 Work means money and freedom

In terms of happiness, perhaps the strongest impact of not working is the financial stress that comes with not receiving a pay cheque. Debt and a constant juggling act to pay for food, bills, winter coats, heating and housing are causes of great worry and anxiety. For several of the women, moving into part-time work was not just about having ‘something for me’ but was directly linked to improving the family’s finances.

“There are things in this life that I can’t afford, like my children can’t do some activities because I can’t afford it. It is the way that I don’t have options. As a mum I would like to have the best for my kids and some times I feel frustrated about that.”

Woman with children

The interviewees frequently talked about lack of income in terms of limiting their activities, freedom and choice, now and in the future, and of having a very negative impact on their lives.

“I miss work. It’s frustrating doing nothing, it’s just a waste. I don’t want to be out of work. I have always worked; I am used to working and being stimulated and involved and I miss that.”

Single man, aged 60

This was particularly the case with housing and the problem of overcrowding which was one of the biggest issues for our interviewees. Not working meant that larger or

better housing was out of reach and, with little hope of being re-housed by the council or a housing association. Many participants were resigned to 'putting up with' housing that did not meet their needs.

“The flat is the biggest negative – it’s too small and we’re on top of each other. Not working is a problem as well. I can’t change the housing situation because we don’t earn enough for a mortgage and we aren’t priority housing candidates.”

Woman with children

6.4 Conclusion

The causes of worklessness are well understood – lack of opportunity, poor skills, caring responsibilities, ill health and disability. They were reflected in interviews across the participant groups. Equally clear was the impact of being out of work. **Lack of the income and the purposeful role provided by work reduces people’s choices and options and is key contributor to dissatisfaction and unhappiness.**

7. Family, community and friends

Summary of key points

Family

- A network of family members played a crucial role in providing emotional and practical support and ameliorating disadvantage.
- Family relationships, particularly with children and grandchildren, were a consistent source of happiness in peoples' lives.
- People were critically aware of how much 'poorer' their lives would be without them.

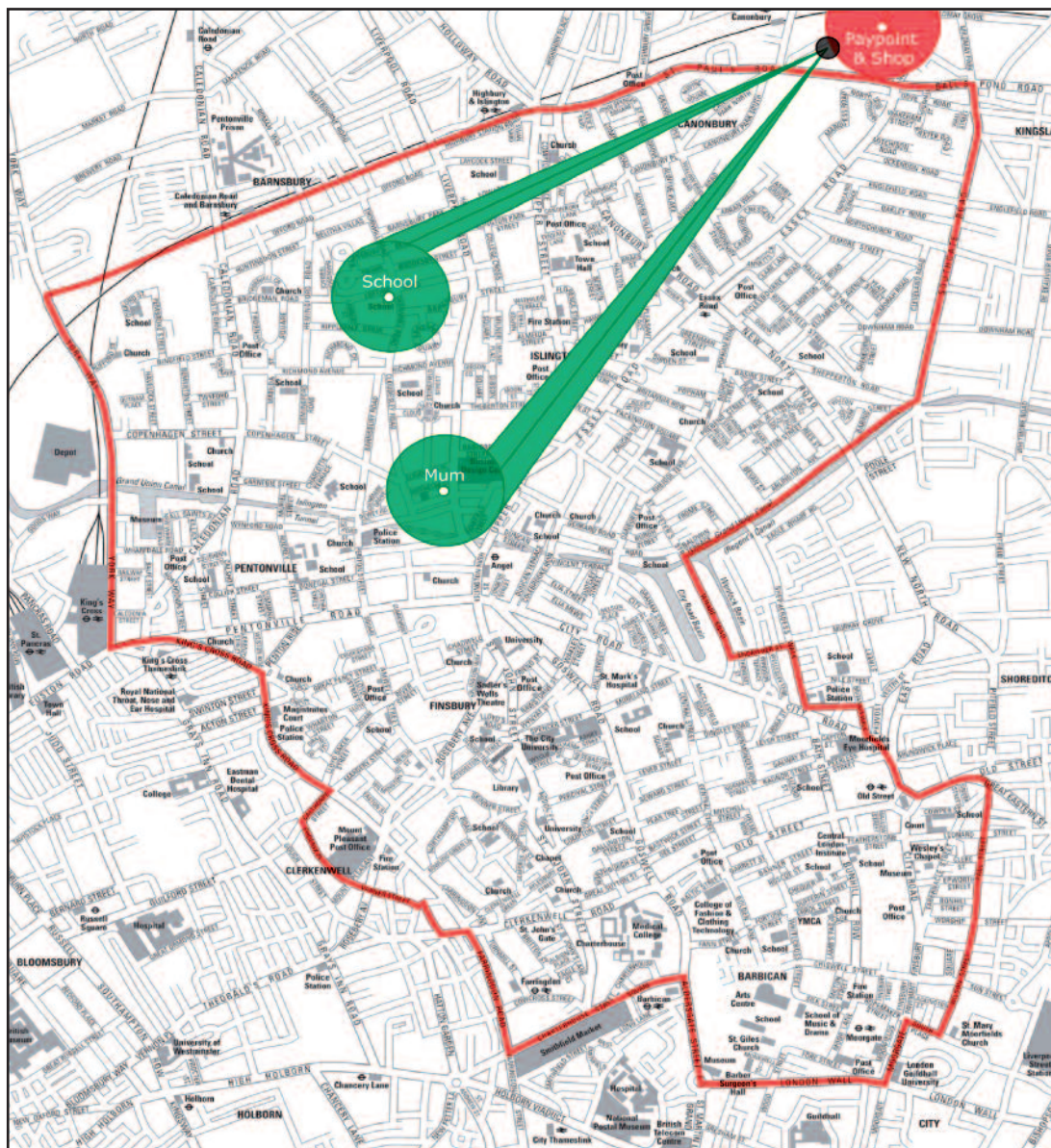
Trusted intermediaries

- Many interviewees benefited from a key individual who was a source of information, advice and guidance.
- This person was often neutral and attached to a specific organisation.
- The role of the school as a hub of information was important in connecting individuals to a range of services and support.

Role models

- Many felt that they did not have a role model in their life who represented opportunity, aspiration or success. Nearly all said that all their friends or acquaintances were in the same situation.
- Some who did express aspirations felt stymied by the lack of immediate role models to help them to strive for their goals.

Mother with mental health problems



Life for this woman revolves around her child's school and her mother's house. She takes her daughter to school every day and at the end of the school day they go to her mother's to eat a meal. Once a week she goes to the local shop for food. This is the full extent of her weekly activity.

7.1 Family makes us happy

The literature on happiness emphasises the role of strong family connections on well being. The interviews we conducted supported this; family was a source of comfort, support and pride. Across the interviews and the different participant groups, family was overwhelmingly cited as the most positive aspect of life – the bedrock of happiness. One participant simply said, "My family and friend relationships – they provide a huge amount of support and I am incredibly fortunate". For another his family and children were the 'best thing' about his life.

7.2 Family makes life more bearable

Many of the participants described daily struggles with financial, housing and health worries. Strong family relationships provided a strong counter-balance to their often bleak circumstances.

“Materialistically, financially, no my life is not ideal. Ideally, I’d like to have lots more money and have a big place with a garden. But in relation to what I have with my family and our love, then I’ve got everything.”

Woman with children

“My kids are the only positive thing, everything else is a problem.”

Woman with children

“Most of all my wife and children I like. I don’t like a lot of money, I just like that my children study good.”

Male in his 40s/50s

“Thank God I do have family because it would be very lonesome if I didn’t and I feel so sorry for these poor people who haven’t got no family. To be like that must be terrible mentally.”

Single

male, aged 60

7.3 Friends and acquaintances

Having a circle of friends and contacts in the community was also an important contributor to the happiness of our interviewees. Many commented that one of the things they liked about living in Islington was their local network of friends. A stronger theme however, was the importance of wider community connections. More mention was made of the positive impact on interviewees’ lives of day-to-day contact with shopkeepers, publicans and neighbours.

“I like the area, I am a social person I know everyone and I feel at home round here. This is unique here; most of the people who live round here have lived here all their lives and their families before them and they are all the same category as me. So when I go to the local pub, everyone and their mother all grew up in the same area and they’ve carried on the tradition of going to the pub as a family, on a Sunday or even during the week going for a chit chat along the bar. For me it’s a sense of community.”

Single man, aged 60

“I am happy here, my family are still here. A lot of friends have become close over the years because we live in the same community and I am close friends with everybody. I like my neighbours and where I live. It is important to look after everyone amongst my neighbours.”

Man in his 30s/40s

“I’ve known the pub for years and the Guv, now, there is nothing like him in the world. He caters to his customers. On a regular basis at 10 o’clock he puts out a great big platter of sandwiches so no-one goes home hungry. It is very difficult to live on the money I get so you’ve really got to look at your pennies, so all the little extras like the pub all help because it papers over the cracks.”

Single man, aged 60

“I go down Chapel Market. I like going down there. The stallholders are so friendly, you can trust them because they’re very good with pensioners. I go practically every day.”

Woman over 60

“The post office people know you ‘cos you go there every week.”

Woman with children

The importance of community networks was highlighted by the varying happiness levels reported by interviewees depending on their degree of social interaction or isolation. One

participant outlined how he didn't really have friends or family, "I just keep myself to myself". He did not use public services, despite suffering from dyslexia and health-related issues, nor did he attend community centres, groups or a local pub. His scores on the life satisfaction were very low. Without inferring too much from this, isolation seems to be associated with lower levels of optimism about life and the future. He went on to say:

"I don't realise my hopes. I don't find it easy talking about my future. I don't look forward to another day so I don't plan it. I don't look forward at all."

Male in his 30s with ill health and mental health problems

By comparison, other participants, who lacked a family network but had friends and acquaintances and participated in activities, displayed greater positivity and enjoyed higher satisfaction levels.

7.4 Access to community services

In addition to ad-hoc and informal networks, being linked to community services provided valuable, community-based interaction. Local schools were well-used entry-routes to a range of services, especially for children and families, and community organisations and centres also played an important role in fostering social connections. The quotes below show the positive benefits felt by the interviewees as a result of their involvement in community organisations.

"But when I come here [Claremont] it's like home from home. There's quite a few people here that I've made friends with. You meet people all the time and they're very good in the office as well."

Woman over 60

"This school is brilliant and they've introduced me to Parent House and the mums are great and I've made some really good friends."

Woman with children

Trusted intermediaries

While friends were a positive feature in people's lives, they were not seen as a support system in the same way as organisations such as Islington Bangladesh Association, Parent House and School Home Support. Individuals in these organisations were critical providers of information, advice and support - practical and emotional - on a whole range of issues. They also acted as vital conduits to other agencies.

These individuals are trusted intermediaries and there is the potential to develop them and their role further. Recent work by the Joseph Rowntree Foundation (JRF) looking at what continuous 'light touch' support can offer to individuals and communities provides useful pointers as to how this might be done.²⁷ The JRF work identifies the need for two types of trusted intermediary:

- Facilitators – someone who is 'on their side' and to whom they can turn for ideas, support and when things go wrong
- Brokers – who mediate with other organisations and agencies if necessary and unblock

²⁷ Joseph Rowntree Foundation, Changing neighbourhoods: the impact of 'light touch' support in 20 communities (2007)

relationships with power-holders such as the local authority

The ‘trusted intermediaries’ who played a role in the lives of our interviewees were performing an amalgamation of this role.

“He comes [to the Islington Bangladeshi Association] for anything, English support, income support, housing benefits, tax credits, he comes here for everything. Whatever official letters he gets, he comes in here so it could be three times a week, it could be twice a week. He has built a very trusted relationship with the advice and guidance officer. He’s got a lot of information which is quite sensitive so he feels comfortable with him. Every problem he has come with, IBA have put him in the right direction.”

Male in his 30s/40s

The school sent her a letter about her son’s attendance and that’s how she got talking to Jo at School Home Support. “Jo’s lovely. When I was pregnant with my daughter last year she helped me with furniture and bits and pieces. She caught me at a quiet moment which was really nice - she offered, did I need anything, what did I still need to get? As for other support I feel I’m quite tapped into stuff.”

Woman with children

“It would be useful to have someone or an organisation to read letters and to provide advice. My life would be a lot freer. I get bogged down with information that I don’t know what to do with. That would make my life better. It would make me so much more relaxed and less panicky.”

Single man with ill health and mental health problems

Participants often reported that they did not want to talk to their friends about their issues, or that they felt their friends were not able to help because they were ‘in the same boat’.

“I don’t have a role model because everyone is in the same position: single mums, no money.”

Woman with children

“I don’t really have anyone - all my friends are in the same situation.” *Woman with children*

“Not really, nothing they could help with, they’re busy with their own problems.”

Woman with children

7.6 Giving as well as seeking advice

Many of the women we spoke to, but few of the men, reported that they were ‘a bit of a hub’ of information and that other people, particularly mothers, sought them out. Several were active in their children’s schools and it was often through that their role as a source of information and support had developed. Importantly, playing this role was a positive boost to participants’ self esteem. All of the following quotes come from women with children.

“People ask me stuff all the time! I’m a bit of an enabler and people like the head teacher seek me out for advice.”

“I’m the agony aunt! I don’t really talk to my friends about problems, but I’m good at telling other people what they should do!”

“They all come to me. Other parents come to tell me things because they feel I’m somebody who can see sense.”

“Sometimes I am able to offer support and I like it.”

7.7 Conclusion

Social contact and connection, be it with family, friends or community, are critical to happiness and well being. **Family in particular is a source of comfort, support and pride and a key factor in determining peoples’ levels of happiness, but other sources of social interaction also have an equally important role to play.**

8. Health

Summary of key points

Ill health and disability

- Ill health manifested itself as long-term, chronic and sometimes terminal conditions such as diabetes, heart and lung disease and AIDS.
- Coping with these conditions impacted on the ability of our interviewees to engage with friends, family and the wider community and with a range of services including health and social care services. However, no one was visited at home by health or social care services.
- All those suffering from chronic conditions were unable to work and were reliant on benefits.
- A minority of the interviewees had addiction-related illnesses. They received support from health services as well as voluntary organisations. All were unable to work and some had lost employment as a result of their addiction.

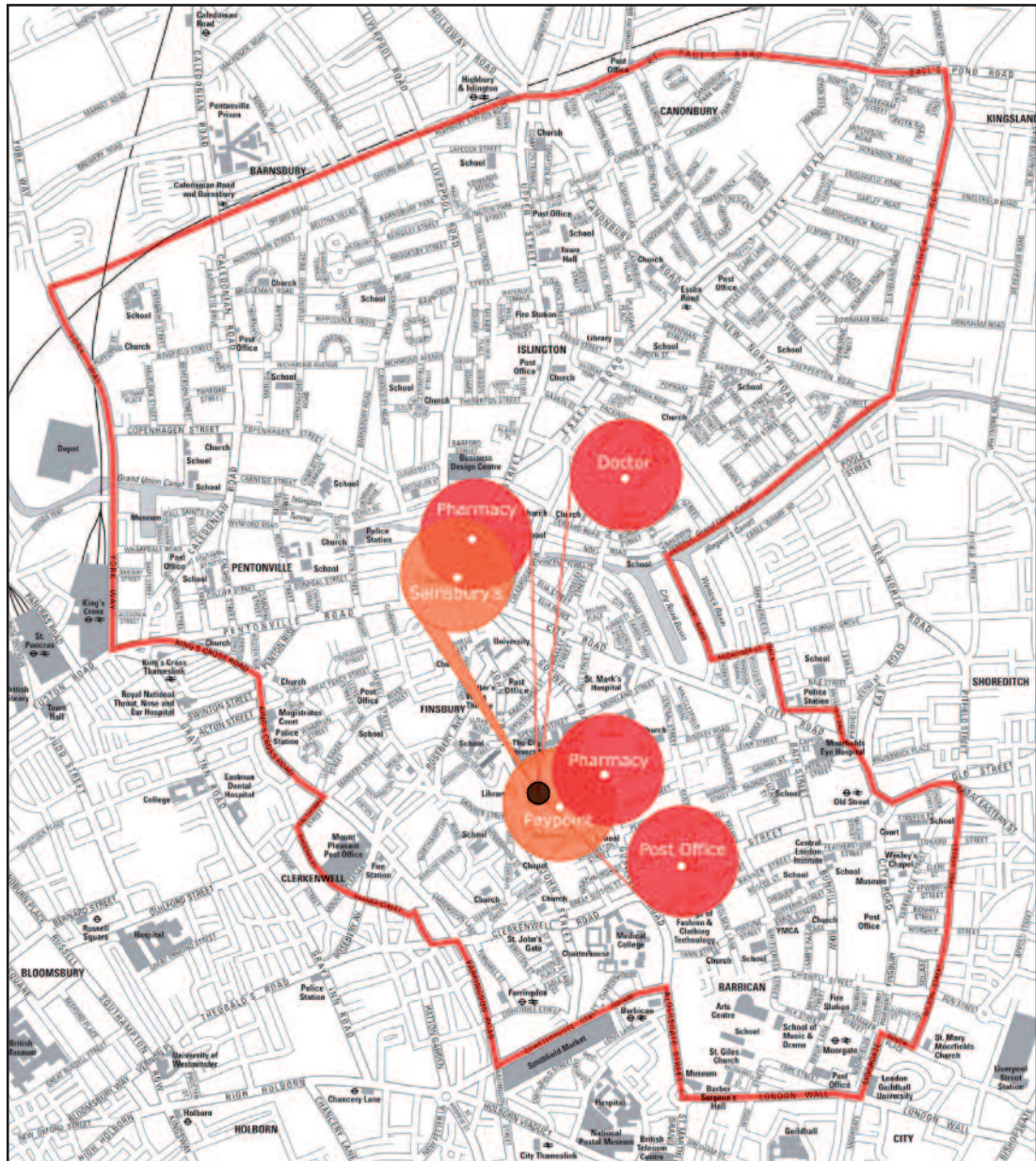
Mental health

- Stress, acute depression and anxiety were the principal manifestations of poor mental health amongst the interviewees.
- Mental health problems were often long-standing, acute conditions which had severely impacted on the way participants lived their lives.
- Some people had worked whilst others had never been able to.
- All experienced a degree of isolation as a result of their illness.

Health and happiness - isolation, lack of control, fear of the future

- Health, both physical and mental, was the fundamental reason individuals gave for being unhappy.
- Unhappiness stemmed from their feelings of lack of control, their inability to manage their circumstances and their fear of the future.
- Relative isolation was a critical factor in determining how happy or positive people felt about their situations and their futures.

Single male aged 40 with ill-health



This man's weekly activity revolves around supporting his health and meeting his basic needs. His activity is relatively infrequent.

8.1 Introduction

Of the 29 people we spoke to, 14 were experiencing some kind of ill health, disability, mental health problem or a combination of all three: five had ill health or a disability; five had mental health problems, and four had both. Their experiences highlight the complex interaction between health and other factors – family relationships, financial situation, work, community and friends – to shape an individual's life.

8.2 Individual needs

Health problems – and the special needs resulting from them – had a significant impact on our interviewees' access to services. This was clear from the interviews themselves which had to be adapted to the personal needs of the interviewees. One participant for

example, needed his interview to be confirmed in writing after it had been arranged by telephone, as his memory had been affected by a recent stroke. Others had accessibility problems and needed to be interviewed in accessible venues. Some of the participants' needs were not obvious at first. One interviewee suffered from claustrophobia and was unhappy being in a room with closed windows and doors. The first interview took place in a church hall where the windows were too high to open; a more suitable venue had to be found for her subsequent interviews.

If they are not to be effectively excluded, people need services to be delivered to them in a way that is sensitive and responsive to their particular circumstances.

8.3 Access to services

Access to healthcare was of paramount importance to those with ill health, a disability or mental health issues. Relationships with the hospital and the GP could have an enormous impact on the well being of the interviewees. Some felt dissatisfied with the health-related services they were receiving, or with their access to these services.

"I would change the healthcare system so that you could get an appointment because getting an appointment is atrocious."
Woman with children

"He's very dissatisfied with his GP. You used to be able to phone up your doctor and get an appointment that same morning or in the afternoon but now if you call the doctor they give you an appointment for two weeks down the line... He's experienced this on many occasions for his child or his wife or for himself he's been really seriously ill and they've just given him vouchers to go to the chemist, and they've said 'oh some of the illnesses we can give you guidance rather than seeing the doctor' or not given him an appointment until two weeks down the line."
Man in his 50s with ill health, speaking through a translator

This last comment shows the sense of powerlessness that those with health problems experienced when their needs were not being met, especially when they could not even get an appointment. In some cases, financial circumstances enhanced this feeling of powerlessness as necessary medical treatment was out of reach.

"I feel that the medical system is not doing enough about something which I am worried about. I've gone almost three weeks without any physio. If I had the money myself, I would pay the fees."
Man in his 40s with stroke

By contrast, GPs and health advisors had a positive effect on people's lives.

"I've had one doctor for many years and I know her well. She is very good to me, she has helped me a lot."
Woman with ill health and mental health problems

"My GP is really good. Sometimes if I get a letter she'll read it for me."
Man in 40s with severe dyslexia

The person fulfilling the role of informal health advisor didn't have to be a doctor or health professional.

"I come to Islington Bangladeshi Association for things and he is very good. He puts me in touch with exercise classes and health information."
Man in his 50s with ill health

Access to a whole range of other services was also affected by health problems. Several interviewees had access or mobility problems that prevented them from reaching services. Others had problems engaging with services even if they could reach them physically. One interviewee felt limited in the services he could use because of his dyslexia. Not only could he not read street signs (having to use shops as landmarks instead) but once he reached a service he had trouble explaining his needs and completing paperwork.

“I use the post office once a week at the newsagent, to pay my rent. I always use the same one because they know me, so I don’t have to tell them too much and if I need something they’ll help me, like form filling.”

Man in 40s with severe dyslexia

Health problems often compounded other difficulties experienced by our interviewees.

Dina came to south Islington from Rwanda as an asylum seeker 12 years ago. She initially worked as a carer but over the years she became sick with high blood pressure, depression and glaucoma and had to give up her job. Now she lives in her friend’s studio flat and survives on the financial support of friends. Until December 2007, Dina saw an elderly lady with MS for whom she had worked for many years doing chores and errands. In return, the lady helped her financially, for example paying for medicines as Dina was not entitled to NHS prescriptions. In the final days of the lady’s illness they saw each other every day and the lady paid for everything that they did together.

The lady died in December 2007 and Dina was understandably very upset about this in the second Cripplegate Foundation interview. As well as the emotional impact of losing an old friend, Dina will be financially affected by the loss of her main source of income. She still gets the odd bit of cash for cleaning the house of a friend of a friend, but her heart condition stops her from working more.

8.4 Employment

Ill health had a significant impact on the ability of our interviewees’ to work. All of those suffering from ill health or disability were out of work. Their interviews demonstrated how a change in health can throw people into poverty, unemployment and a ‘chaotic’ lifestyle.

Sam was recently diagnosed with diabetes. She has been trying to get her insulin dosage right but it has been an uphill struggle: “I was having hypos constantly (up to 3/4 times a day) and my life became very chaotic because these things were taking over my life. ... The way you feel when it happens is very scary.”

Sam’s life now seems dominated by health appointments with weekly visits to the doctor, the diabetic nurse and a hospital dietician. She often forgets to fill out one of her many repeat prescriptions, and “it’s always a last minute panic” because she’s not used to it yet. She is also waiting for tests to show whether she has an under-active thyroid. Sam wants to get back into work but “it’s because of the way I feel health-wise that I find it such a struggle.”

The interviewees found it particularly difficult to get back into paid employment. One man, who had been dismissed from his job two years earlier as a result of his alcoholism, described how it was “not easy to find a new job”. He had, however, found voluntary work a useful step in overcoming his alcohol problem, getting back into employment and making connections again with wider society.

“I go to the museum four days a week as a volunteer. Been a volunteer for four months. I like it: it suits me. The museum has a nice atmosphere and the people are good. ... I became a volunteer because after my alcohol problems they sent me to CASA, and it was through them that I found it.”
Man in his 60s with alcohol problems

8.5 Isolation

Health problems can lead to isolation caused not only by a lack of access to services and by unemployment but by dwindling connections to wider society and the local community. For some, isolation results from mobility problems:

“It’s so annoying when you fall down and you just can’t seem to get up. Now of course I worry about that all the time, so I go from each room holding onto doors and everything so I’ve got a hold on something. I wouldn’t be able to go anywhere if it wasn’t for this accessory. The pavements are so bad, the times I trip up and if I hadn’t got this I’d be on the floor. It does restrict where you’re going to go, I used to love going up the West End.”

Woman in her 80s

For others, it is a result of depression or panic attacks:

“Sometimes anxiety and panic attacks are really bad and then I don’t leave the house.”

Woman with children

“I see friends sometimes when I am well. It varies a lot from week to week because I have bouts of depression.”

Woman with children, with ill health and mental health problems

“I am stuck in a studio flat with two kids; I don’t live in my flat, I exist. It’s making me ill being there.”

Woman with children

Isolation may also be a result of how [they believe] others perceive them:

“It’s lonely because now, with the needs I have, people tend to back off because no income’s coming in, you know, people they don’t want to know. I miss talking to people and being with people. I only go home and close the door and that’s it. The only person who is talking inside the room is the TV and that’s it – that’s frustrating.”

Man in his 40s with stroke

8.6 Well being and happiness

Our interviewees demonstrated a strong (although not always consistent) relationship between being unwell and being unhappy. As the man in his 40s who had suffered a stroke explained, *“I can’t be satisfied being disabled ... It’s difficult being my age and being independent all my life and then all of a sudden I have to now wait for someone to do things for me. It’s very frustrating.”*

Indeed, when asked what they didn’t like about their life, what they would like to change and what they would like help with, the majority of interviewees with physical or mental health problems gave an answer related to their health. These included:

“My illness and my fear.”

Woman with children

“I’d just like to walk without the fear of falling over. I’m sure it’s the pills I take that make me unsteady. I wish I didn’t have to take so many drugs, I have to remember to take so many.”

Woman over 60

“My health. My life is controlled by something else, it dominates my goals. My health is out of my control.”
Man in his 40s with stroke

Woman over 60

“I’m still sorting out insulin dosages and still getting hypos. I need to get more confident about handling it. ... I can’t change my diabetes.”
Woman with children

“There’s a physical thing: I’ve got a joint operation scheduled for April 9th and I’m not sure whether or not to cancel it because the hand surgeon has imposed a medical student upon me without my permission or consent when I went for a pre-operation check-up, and I’m worried that he will do the same again. I’m going through the complaints procedure but they still haven’t got back to me. I feel quite nervous and alienated. A reply and some reassurance would be helpful because it is a worry. I feel like I am drowning in red tape: when I try to contact [hospital] transport there is no answering machine and no one picks up. There is a lack of consideration, it is not dignified. It is very challenging being in pain all the time.”

Woman over 60

“The fact that at the moment I can’t do anything because of my health and I need to be healthy in order to work to earn money.”
Man in his 40s with ill health

The happiness scores of the interviewees suffering from ill health tended to be erratic, fluctuating from interview to interview sometimes as a result of health problems but often as a result of other events. There were three people in particular whose health condition – or its effect on their life – changed quite dramatically over the course of the research and this was clearly reflected in their happiness scores.

Sam was the mother of a young child. She had recently been diagnosed with diabetes and was still learning to cope. Her happiness score rose from 25/35 in December to 29/35 in February. This may be attributable to the fact that she was getting better at managing her insulin doses and was feeling calmer about this aspect of her life, although she recognised that she still had some way to go.

Paul was in his 40s. He had first had a stroke in April 2007; he suffered two more during the course of the research. His happiness score declined dramatically between the first and last interviews, ending at the lowest possible score of 5. Most notably, he went from strongly agreeing that “The conditions of my life are excellent” (a score of 7) to strongly disagreeing (a score of 1). This underlines how a deteriorating health condition can change a person’s perspective despite their material circumstances remaining stable.

Dina was a woman with ill health and depression who suffered a major bereavement over Christmas when her good friend died. The loss impacted directly on her mental health and also indirectly upon her physical health, as the friend had been her main source of income and paid for her prescriptions. Dina’s happiness score decreased considerably from 19/21 (only 3 out of 5 questions answered) to 5/35, again the lowest score possible.

8.7 Aspirations

Health problems also profoundly affected people’s aspirations. Many focussed their hopes for the next year on becoming healthy:

“I want to win the lottery and to have a clean bill of health.” *Woman with children and ill health*

“I hope to continue to have good health.” *Man in his 50s with ill health*

“Good health.” *Woman with children and ill health and mental health problems*

“I am sick at the moment so I want to be in good health, but generally I am happy.”
Man in his 50s with ill health

Others felt that their aspirations were limited by their health condition:

“In relation to my life I don’t think there is hope of getting better because of my depression. But I hold on to the idea of the possibility for change.” *Woman with children*

“Getting my health back will give me a positive mind, at the moment it is like a jigsaw puzzle with a piece missing.” *Man in his 40s with stroke*

“At the moment it is quite impossible [for me to realise my hopes] because of my depression.”

Woman with children

“If I am physically fit then I hope to start a business - an Indian takeaway restaurant.”

Man in his 40s with ill health

8.8 Conclusion

Our interviewees painted a vivid picture of the profound effect that ill health and disability can have on life experience and outlook. Poor health reaches into many parts of life, affecting not just employment and financial security, but also access to services and connections to friends and the community. **It is the interaction of these many factors that makes ill health such a critical factor in poverty and such a powerful cause of unhappiness.**

9. Our stakeholders' views – perceptions of poverty and practice

The second strand of the research involved understanding the work of policy-makers and practitioners in Islington. We spoke to representatives of 15 organisations in the statutory and voluntary sectors, all of whom were responsible for delivering services to excluded or vulnerable people.²⁸ The aim of our discussions was twofold: first we wanted to understand how the stakeholders perceived poverty in Islington and how they addressed poverty as service deliverers; secondly, we wanted to explore whether they felt there was a role for Cripplegate Foundation in filling gaps in delivery or meeting unmet need.

9.1 Perceptions of poverty

The stakeholders pointed out that poverty in Islington takes two forms:

“We see absolute poverty: people who haven’t used electricity for two years, or people who live in their car. But we also see relative poverty: the gap between high earners and low earners is so big in Islington.”

Most saw relative poverty as particularly relevant to Islington:

“In Islington, you have very much the haves and have-nots. ... There are communities with very obvious wealth - cars and large houses - and communities in very obvious deprivation. This proximity between one extreme of wealth and one extreme of poverty creates its own problems.”

Some felt that the situation was worsening:

“The situation has further polarised. Islington is a society of extremes and becoming more so. The leap out of poverty is so difficult. You can’t progress a bit in Islington, you have to move out of the borough. This is strongly linked to the issue of house prices, which have risen sharply in recent years so that houses are far more inaccessible to indigenous communities than in other places. For example, Kensington and Chelsea have always been relatively costly, while Hackney and Tower Hamlets have always been relatively inexpensive. The problem in Islington is the extent of the change in the area.”

The concern about Islington as a society of ‘extremes’ is supported by Islington’s Sustainable Community Strategy (SCS)²⁹, which points out:

“Islington is the sixth most deprived local authority in the country with 75% of its residents living in a deprived area, and yet it also has some of the most expensive private housing in the country with an average house price of £449,000. It is this contrast and the effects of poverty, unemployment and the lack of affordable housing which we will need to tackle over the next few years if we want to create a truly stronger, sustainable community.”

²⁸ See Appendix 1 for a full list of all stakeholder interviewees

²⁹ Islington Strategic Partnership, *Our Vision for Islington 2020*

The contrast between wealth and deprivation – i.e. relative poverty – is emphasised by James Kempton, Leader of Islington Council, who sets out his thinking in the Strategy:

“One of the top priorities we have taken from [consultation with local people] is the importance of tackling the contrast between affluence and need which often exist side by side in our borough. Tackling this in a way which will be sustainable in the long term, through helping people into work and staying in work, is a key focus of the strategy .”

The Sustainable Community Strategy sets out a vision for Islington by 2020 and includes an aspiration that it should be a place where “No one is living below the poverty line”. The strategy’s objectives include not only ‘Reducing poverty’, but ‘Improving access for all’ and ‘Realising everyone’s potential’, reflecting the widespread understanding amongst stakeholders that poverty is not simply about income but also access and opportunities.

Stakeholders pointed out that there were many seemingly intractable problems that have not changed much over the years despite multiple efforts by a range of stakeholders:

“What has changed is that we are more aware than we were, we know it more. There have been research and statistics produced in recent years which show the scale of the problem. Economic inactivity rates have actually gone up in the last few years from 28.7% in 2004 to 32.8% in 2006, which represents 40,600 people who are economically inactive.”

“There is an excluded underclass, the long-term unemployed who are outside the mainstream economy.”

“I don’t expect there to be any marked change in the stats because there’s nothing drastically new on the horizon. It’s essentially cosmetic what we’re doing.”

A common problem cited in tackling worklessness was the level and relevance of people’s skills:

“There are enough jobs and enough childcare in Islington but there is a mismatch of skills. Most jobs in Islington require Level 3 or 4 skills and most local people do not have these so, as business representatives on the Islington Strategic Partnership feed back, local businesses have to look beyond the borough for recruitment. Very poor education has compounded the problem, as those achieving poor GCSE results a few years ago are now adults.”

Others highlighted the challenges around getting people into sustained employment:

“There is a culture of dependency that has been created, perhaps by the benefits-driven culture, and people that are dependent need a lot more support and handholding. You have to take services to people, you can’t expect people to come to services.”

“There are lots of barriers to succeeding. For example someone on Incapacity Benefit does not necessarily know about how to go about getting subsidised activity.”

“A lot of money goes into training and support but this is a bit simplistic and ignores the fact that people face a range of other problems once they’re in work. Retaining

the job is the challenge, and there are often problems ranging from a mismatch of expectations through to real discrimination. We get cases of people who've actually been beaten up by their employers, especially in industries like construction, hotels and catering, or leisure. Once someone has lost a job, this leads to a loss of confidence. Many jobs in Islington, and in London as a whole, have a real long hours culture and high expectations on staff. There are few workplaces with a slower pace to act as transitional steps for people who have been out of work for a long time."

"Men are traditionally seen as the bread winners and therefore they do not engage with services or support. They therefore just hang about till they can get a job. In the centre we provide advice and support services to try and encourage men to engage."

There was also mention of the issue of poverty for people in work:

"Income is a huge problem for people and there are real benefit-trap issues. The general perception from Islington Strategic Partnership is that you've got to get people into work yet people on the minimum wage are just as hard up as those that are unemployed."

9.2 Islington's services

Perceptions of services in the borough varied widely:

"Overall, it works pretty well, especially now people are coming together in agreeing the priorities for the area in the Sustainable Community Strategy and the Local Area Agreement. Things can always be better and there are compromises around the edges of the document as there always are. However, our statutory and voluntary sector partnership around tackling worklessness is very positive and better than it has been for ages."

"We have a strong and mutually supportive relationship with the Council, better than many."

"Gaps exist because of government policy, but provision wouldn't necessarily make it better."

"Completely disparate, not joined up."

Particular mention was made of the local strategic partnership. Islington Strategic Partnership (ISP) brings together stakeholders from the public, private, voluntary and community sectors to tackle local issues and is the force behind the borough's Sustainable Community Strategy (SCS), which has poverty as a long-term priority. Other partnerships were also mentioned including: the Canonbury Community Development Group, a partnership of 40 statutory and voluntary organisations working in the Essex Road area facilitated by Cripplegate Foundation; the Islington Community Network for local voluntary sector organisations; and the ISP's Social and Economic Well-being Theme Group, which includes the Council, Job Centre Plus, the voluntary and community sector and further and higher education institutions.

At a more local level, organisations work together in a variety of ways. Islington Law Centre for example, provides surgeries for Homes for Islington tenants as well as having a formal partnership with Islington People's Rights, a welfare rights service. There are many informal partnerships between different agencies and organisations.

Many stakeholders also talked about programmes addressing worklessness in the borough. Examples included: Committed to Work, through which local businesses employ Islington residents, and Islington Council projects, which annually support up to 2,500 people by providing advice and guidance and training and employment opportunities. However, finding employment is not a guaranteed route out of poverty in a high cost of living location like Islington, making it all the more important that advice services are also available to assist people out of poverty. Many stakeholders expressed concern at the limited provision of advice services across the borough:

“There are monumentally oversubscribed services like Islington Law Centre, Age Concern and Islington People’s Rights. We receive an average of 1,000 enquiries every week and we cannot take on every case.”

“On every high street, or certainly in every borough, there should be an advice centre - on Upper Street for example. There have been talks about having health centres, and there could be a desk within there, funded by the statutory sector.”

10. How are we going to respond?

10.1 Reducing debt

This report exposes debt as a huge issue for the poorest of Islington's residents. It is central to keeping people in poverty. It affects them both in work and out of work and can be a barrier to employment. It was consistently highlighted both by residents and stakeholders.

There is a clear need for advice and interventions that can help people in financial crisis. Advice can help people to stay in employment, it can keep a roof over their heads. It needs to be easily available, when and where it is needed. However, there is also a need to prevent debt and encourage money management. Widely available financial literacy training could provide residents with the tools to better manage their affairs.

Development of welfare rights and legal services for the most disadvantaged residents is already a key priority for Cripplegate Foundation. Over the past ten years we have set up and funded new models of advice services, taking services to our poorest communities. We will now make debt a principal theme of our work, actively raising the issues and working with agencies.

- ▶ We will set up a coalition on debt, drawing together members from the statutory, private and voluntary sectors
- ▶ We will work to make debt a priority for practitioners in Islington, and to put tackling debt at the heart of local anti-poverty strategies and at the foundation of the services available to Islington residents
- ▶ We will explore ways to make independent financial advice more accessible in the borough
- ▶ We will identify how better to support individuals in debt
- ▶ We will promote and fund financial literacy training in primary schools and local community and public sector organisations
- ▶ We will find ways for the poorest Islington residents to access affordable credit
- ▶ We will build financial literacy training into the programmes that we fund

10.2 Building opportunity

Ending poverty is not just about work. The most vulnerable residents often have to overcome many obstacles before they can seriously consider entering sustainable employment. For some paid work may never be a viable option.

Evidence from Cripplegate Foundation's grants programmes demonstrates the powerful link between participation and sustained changes in residents' lives. This takes time and may not sit easily with short-term government retraining initiatives. However, through its

grants and work in Islington, the Foundation is able to offer long-term interventions which address the often complex needs of residents.

- We will build on our support for neighbourhoods and our funding programmes to help people to develop basic life skills, to take part in training programmes, or to find ways to actively contribute to their local community.
- We believe that volunteering is a potentially very powerful way to address isolation. Our small grants programme involves over 1,500 volunteers who develop confidence, skills and networks through their involvement in grassroots organisations. We will look at expanding and promoting volunteering as a way of tackling isolation.
- We will identify the poorest residents who are not using services and approach them directly to tell them about the opportunities that exist. We will build on a successful door-knocking project, which has connected over 700 Islington residents to local services in the past 18 months. We will track the impact of these interventions on individual residents and trace how they influence the way local organisations work.
- We will work with local colleges and community organisations to find new ways of offering English language teaching. We will explore how language and skills training can combine to give local residents new opportunities and a real pathway out of poverty.

10.3 Reinforcing family, community and friends

Residents speak powerfully about the impact of trusted intermediaries on their lives. Cripplegate Foundation knows that life chances are changed by offering long-term support. We will review our grants which currently support individuals through welfare rights advice and grants for household goods. The programme will be refocused to offer more than a single intervention in residents' lives.

- We will create programmes that can bring about sustained change in peoples' lives, offering tailored support to individual residents for up to three years.
- We will harness the support and expertise of other local organisations to help us deliver our programmes. We will identify partner organisations that can act as long-term, trusted intermediaries to help bring about the change we seek. Our partners will both identify the residents who would most benefit from our programmes and deliver the support.
- We will provide small-scale financial support over a three-year period to help people realise their ambitions. Some of our support will focus on training and employment but we also offer help in other key areas such as life skills, confidence building and mental health recovery. Examples might include training to be a sports coach, guitar lessons for someone who has always wanted to learn music, or art therapy. We will measure the impact of our support by assessing any changes that result in residents' lives.

10.4 Improving health

Over 65% of our individual grant applicants have physical or mental health issues; their lives and happiness are circumscribed not just by poor health but by the isolation and low income that comes with it. Work may not be a viable route out of seclusion and poverty for these people, and other opportunities to participate in society may be a more effective way to bring about life changes.

Non-English speakers experience particular difficulty accessing healthcare because of language and communication problems. This leads to health inequalities.

- ▶ We will work with Islington Primary Care Trust and local agencies to provide more visible, accessible and enduring sources of advice and support for residents suffering from ill health. Our ideas include:
 - Training health advocates to be based in the local community organisations. The advocates could offer information on managing minor illness, exercise and diet. They could also act as champions for isolated residents in particular, linking them to local health services.
 - Encouraging enthusiastic GP surgeries with a high proportion of low-income patients to offer targeted services (such as well-being clinics or antenatal classes) and to advertise their surgeries more widely.
- ▶ We will support programmes that enable residents suffering from ill health to increase their control over their conditions and their lives. Examples might include self-management groups and expert patient programmes that help people learn how to live with common chronic diseases. We will explore how to make these services accessible to the most isolated residents on low incomes.

Appendix 1: Methodology

The research was conducted by Rocket Science UK Ltd, who developed a methodology comprising four elements:

- Policy review
- Face-to-face interviews with local residents
- Stakeholder interviews
- Policy and practice seminars with Cripplegate Foundation staff and stakeholders

1. Policy review

Policies to tackle social exclusion and alleviate poverty have enjoyed a high profile in the last decade, from the creation of the Social Exclusion Unit through to the recent launch of the Social Exclusion Taskforce. The literature review aimed to provide an up-to-date summary of current policy thinking and to identify emerging priorities so as to help the Foundation formulate its own profile and policy voice.

2. Resident interviews

The interviewees were drawn from Cripplegate Foundation's connections with the local community. Some people had received grants from Cripplegate Foundation whilst others had been supported by community organisations funded by the Foundation. The Foundation had a particular focus on individuals with the following characteristics:

- women with children
- those with ill health or a disability
- those with mental health
- men in their 40s and 50s

Residents from these groups were invited to participate. We also identified men and women over 60 as a group that the Foundation should try and engage with as part of this study.

	Ill health or mental health	Ill health or disability	Mental health	Both ill health and mental health
Women with children	7	1	2	2
Men in their 40s and 50s	4	3	2	2
Men and women over 60	4	1	1	-
Total	15	5	5	4

The 29 interviewees were all residents of Islington and the majority had lived in the borough for many years. They came from a range of ethnic backgrounds including Bangladeshi, Somali, Algerian, Turkish and British. Some of the interviewees had language difficulties and were interviewed with the help of a translator. Each individual was offered an incentive in recognition of the time they spent with us and to reinforce the message that we valued their insights and experience.

One-to-one interviews were felt to be the most suitable way of engaging with participants for two reasons. Firstly, many of the issues we wanted to cover were sensitive and not appropriate for group discussion. Secondly, we believed literacy issues and poor English might inhibit some participants from taking part fully in group discussion. Aide-memoires were developed to ensure consistency throughout the interviews.

We interviewed each participant three times over the course of six months from October 2007 to March 2008. Each interview explored different elements and issues. Conducting a series of interviews allowed us to revisit themes to explore them in greater depth and understand whether and how the participant's situation had changed. It also enabled us to gain insight into the impact of interventions and/or referrals to other services.

Underpinning all three rounds of interviews was our interest in the happiness and aspiration of the interviewees. At the initial interview each participant was invited to score their happiness level using an established set of questions³⁰. We asked them to reflect on their lives - past, present and future - whether it had lived up to their expectations and aspirations for themselves and those close to them. We asked this set of questions twice, during the first interview and then again during the final interview, with a view to tracking any changes and unpacking any issues that they may not have felt comfortable raising the first time.

The information gained from the interviews included:

- quantitative and qualitative information on happiness
- number, amount and types of debt
- levels of savings
- maps of access to services in the borough

3. Stakeholder interviews

One aim of the study is to help to shape the role of Cripplegate Foundation. In order to do this it is necessary to understand the environment in which the Foundation operates - its challenges and opportunities, and the objectives of the other organisations active within it. We therefore interviewed 16 stakeholders, both practitioners and policy-makers, involved in shaping and delivering a range of services in Islington. We also brought them together for a seminar to explore the findings and ideas emerging from the research, and to find ways that the Foundation and its partners could take this work forward.

Name	Role	Organisation
Martin Baillie	Manager, Welfare Rights and Charge Assessment Unit	Islington Council
Alan Baldwin	Superintendent	Islington Police
Frances Carter	Assistant Director	Children's Services, Islington Council
Asad Choudhury	Director	Islington Bangladesh Association
Murray Cooper	Director	Turkish Education Group
Janet Drysdale	Head of Regeneration and Community Partnerships	Islington Council
Deborah Fowler	Chief Executive	Age Concern, Islington
Mohamed Gure	Co-ordinator	Islington Somali Forum
Ruth Hayes	Centre Director	Islington Law Centre
Simon James	Assistant Director	Homes for Islington
James Kempton	Leader	Islington Council
Aidan Maloney	Co-ordinator	Camden & Islington Providers Forum
Nassar Miah	Assistant Director	EC1 New Deal
Anabel Palmer	Community Regeneration Manager	Southern Housing Foundation
Sarah Price	Director, Public Health	Southern Housing Foundation
Alison Ruddock	Head of Early Years Services	Islington Council

³⁰ We used the questions developed by the leading American Professor of Psychology, Ed Diener

Report by Rocket Science
Rocket Science UK Ltd
70 Cowcross Street
London EC1M 6EJ
Telephone: 020 7253 6289
www.rocketsciencelab.co.uk

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CRIPPLEGATE FOUNDATION LTD
76 Central Street
London EC1V 8AG
Telephone: 020 7549 8181
Email: grants@cripplegate.org.uk
www.cripplegate.org

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