

**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  
Executive summary of a report  
for Cripplegate Foundation  
by Rocket Science (UK)*

# 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.

We run a **small grants programme** on behalf of Islington Strategic Partnership. It 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](http://www.cripplegate.org)

# 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 21<sup>st</sup> 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. A 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.

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