

**Symposium « Inequalities in Great-Britain : perceptions, actions, evolutions»**

**Université Paris-Sorbonne III – 10, 11 April 2015**

## **Tackling social inequalities in the London Borough of Islington.**

Thierry Vallejos – Aix-Marseille Université

### **Content.**

**I – Islington : one of the 32 London Boroughs.**

**II – Tackling social inequalities.**

**III – Actions in Islington to tackle inequalities.**

**III – 1 : residents' health and the Local Council's actions.**

**III – 2 : jobs in Islington and the Local Council's actions.**

**III – 3 : the Council's actions on housing.**

**III – 4 : actions on education.**

**IV – Conclusion.**

-----

**I – Islington : one of the 32 London Boroughs.**

In 2013, there were 215,667 inhabitants<sup>1</sup> in Islington (199,130 in 2010) and the borough area is 14.85 km<sup>2</sup> : it is the third smallest London borough.

There are 12,067 people per km<sup>2</sup> and the population is expected to increase by 23,000 people between 2006 and 2016, that is to increase by 12.9% over a period of 10 years.

Islington is a very attractive borough. This attractiveness can be explained by its geographical position. It is very close to the City of London in the South and we all know that the City of London is a great provider of third sector jobs.<sup>2</sup> In the South of Islington, we find quite a young and well-off population working in the numerous third sector companies. These people have a

---

<sup>1</sup> 2013 Mid Year Estimates "UK Population Estimates". ONS. Retrieved 27 June 2014.

<sup>2</sup> There are also other reasons, some are historic : in the 18th century, springs were discovered at Sadler's Wells and Islington became very popular as a place for entertainment. People came to the theatre, to tea rooms or to take the waters. In the 19th century, hundreds of hectares were sold at a low price and that triggered the building of rows of terraced houses to accommodate people who had fled the countryside. At the end of the 19th century, Charles Dickens described the main street in Islington, Upper Street, as « *Amongst the noisiest and most disagreeable thoroughfares in London* ».

good financial situation. But we also find in the borough, more particularly in the North, a lot of non qualified young people, in a very delicate social situation<sup>3</sup>. For example, the North hosts a multi-racial population where the rates of illiteracy and unemployment are very high.

Contrast is a particularity of Islington : the richest people live alongside the poorest. For example, we can see in the North of the borough the Bemerton Council Estate, a derelict block of flats that was built in the 1960s and needs renovating and where a very destitute population lives. But we can also find in Barnsbury very nice Georgian houses with a 7 figure sale price, where the Blair family once lived.

House prices rocket whereas wages do not increase that much. Only a few households with average wages can afford to live in Islington (one person households or childless couples who share a flat with others)<sup>4</sup>. Some studies have shown that by 2020 only well-off people will be able to live in Islington. They will have to earn 90,000 £ a year.

Differences are striking in Islington : populations live alongside but do not communicate. The richest households earn more than 600,000 £ a year whereas the most destitute earn less than 15,000 £ a year<sup>5</sup>.

So, Islington is very fashionable and hosts very rich house owners but also attracts trendy night clubbers. Nevertheless, it has the 2<sup>nd</sup> lowest rate of poverty among children in London and the 4<sup>th</sup> in England : 43.4 % of children and half of working age children live below the poverty line. And males' life expectancy is the lowest in London...

Another example : life expectancy is rising in Islington but not as fast as in London. It means that the gap is widening between Islington and the rest of England even if people live longer. Actually, to increase life expectancy in Islington and to make it reach the English average, 100 deaths due to long illnesses more should be prevented per year.

These differences cause misunderstandings between social groups and as the report *Distant Neighbours: Poverty and Inequality in Islington* states it, « Poverty is deepening ».

Anyway, in Islington, the next years, rich people will get richer. In the middle-class, we will find some childless families and low-incomed families will be at the bottom<sup>6</sup>.

## **II – Tackling social inequalities.**

In Great-Britain, since the creation of the Health Security system in 1947, governments have launched programs to tackle health problems within the population and differences between residents in deprived urban areas. These schemes have, of course, been politically biased.

---

<sup>3</sup> Islington's Child Poverty Innovation Pilot - London Councils –Shared Intelligence Worklessness Forum, 2010.

<sup>4</sup> The high price of fents can easily be explained through the closeness of the City of London.

<sup>5</sup> *The Guardian*, Wednesday, 8 June 2011.

<sup>6</sup> *Distant Neighbours: Poverty and Inequality in Islington*, Joe Penny, Faiza Shaheen and Sarah Lyall New Economics Foundation.

In the late 20th century, inequalities between rich and poor areas of Britain widened. Between 1990 and 2000, the percentage of wealth held by the wealthiest 10% of the population increased from 47% to 54%. The share of the top 1% rose from 18% in 1990 to 23% in 2000<sup>7</sup>. Between 1979 and 1997, the Conservative governments of Margaret Thatcher and John Major relied on free enterprise to solve social inequalities in the most deprived boroughs of English cities and particularly in London.

When he came to power in 1997, Tony Blair adopted over a period of 10 years the so-called Third Way which meant that partnerships between different actors (local authorities, the voluntary sector, private companies...) were promoted or were not taboo subjects any more.

When social inequalities increase, so do health inequalities.

Today, the sanitary conditions in poor areas of big cities are worrying and people living there die, on average, 7 years earlier than people living in better-off areas. The latter have a life expectancy longer by 17 years before they are affected by long term illnesses such as lung problems due to tobacco addiction.

It means that not only do poor people die earlier but also spend a longer period of their life in bad health.

Solving people's financial problems and allowing them to have better wages is not the only tool to help them escape their social difficulties. Other signs of poverty need be tackled :

A governmental report, *The English Indices of Deprivation*<sup>8</sup> considers the following indicators :

- The lack of medical care and physical problems,
- Unemployment,
- The lack of education and training,
- Inaccessibility to housing and public services,
- Deprivation of place of living.<sup>9</sup>

Of course, financial difficulties have an impact on individuals' well-being : the more difficult it is to find a job and thus to earn money, the more difficult it is to find a proper place where to live especially in areas where rents are high. Thus, people can't do anything but live in polluted areas.

---

<sup>7</sup> Goodman A, Shepard A. *Inequality and living standards in Great Britain : some facts*. London : Institute for Fiscal Studies, 2005.

<sup>8</sup> *The English Indices of Deprivation*, Communities and Local Governments, 2010.

<sup>9</sup> To these factors, we can add the lack of wages affecting the young and the elderly.

The present government has launched several campaigns to encourage residents to adopt better attitudes to keep healthier<sup>10</sup>. Nevertheless, the positive effects of such recommendations have been questioned by the Cambridge University Behaviour and Health Unit in January 2011. This unit said that more powerful factors play a role in people's lives.

These factors are :

- Biological factors such as gender, age or racial origin,
- Behavioural factors such as the act of smoking, physical practice, or diet,
- Psychosocial factors such as stress or social isolation,
- Socioeconomic factors such as education, housing, access to public services or the environment we live in.

As we can see, health and tackling differences between individuals is a national concern. In February 2010, the government published a report on health inequalities : *The Marmot Review - Fair Society, Healthy Lives – A Strategic Review of Health Inequalities*.

This report underlines the fact that the lower a person's social status is, the more likely she is to have a poor health. It also notes that people who are not considered as poor but close to poverty criteria are as disadvantaged when it comes to health.

Access to healthcare through the National Health Service is free even if some people experience difficulties when they need to be cared for. For example, some of them do not know who to contact or do not understand the prescription they have been given by their doctor.

Nevertheless, the Newham PCT Report (a report that is regularly issued by the Health Service on patients' health) has underlined that. What's more, some people cannot benefit from the free health system such as immigrants who do not hold a visa or immigrants who have been refused asylum and who cannot pay for private healthcare.

Of course, health inequalities are not only the result of chance but as a low salary is not the only criterium that can prevent a person from accessing helthcare, the Marmot Report<sup>11</sup> *Fair society, healthy lives* issued in February 2010, came to the conclusion that to reduce health inequalities, we must act on 6 fields :

- Giving each child the best start in life,

---

<sup>11</sup> Named after the head of the commission, Michael Marmot.

- Allowing all children, all young people to keep control over their own lives and make the most of their abilities,
- Creating real jobs for everybody,
- Making sure that everybody has access to a safe environment,
- Creating and developing healthy communities and healthy living places,
- Strengthening the role and the impact of health prevention.

To achieve these goals, contributors to the report advocate cooperation between the different partners :

- local and national authorities,
- Health Security services,
- charities,
- and especially local councils and communities.

The report insists on the importance of partnerships between partners and on the involvement of communities to tackle health inequalities. Public services should be the leaders and providers of financial or material help in order to allow community groups to try and find solutions to improve health within the community.

Following this recommendation, the Local Governments Association issued a report in April 2010 on how to tackle health inequalities by using resources that exist within local communities<sup>12</sup>.

Now, let's have a look at Islington Local Council's actions to follow what the Marmot Report advocates.

### **III – Actions in Islington to tackle inequalities.**

Islington Local Council is willing to tackle inequalities within the borough and commissioned a report in 2010 to have a clear image of equality in the borough over the period 2010/11, to know where to start from<sup>13</sup>.

The 2010 *Fairness Commission* chaired by Richard Wilkinson came to the conclusion that inequalities are harmful to everybody, not only to the poorest<sup>14</sup>. The commission advocated that each employee should receive 8.30 Sterling Pounds an hour as, to Richard Wilkinson, the

---

<sup>12</sup> *Local Government Association, Improvement and Delivery Agency (IDeA) 'A Glass Half-Full' April 2010.*

<sup>13</sup> *Islington Council's State of Equalities report, 2010/11.*

<sup>14</sup>« Inequality is bad for everyone, not just the poor ».

salary is the key to erase social differences, hoping that the gap between wages will decrease important to reach the level it has in Norway, Finland, Sweden or even Japan<sup>15</sup>.

But as we have already said, money is not the only tool to tackle inequalities.

In 2014, just after the local Health Security system had been taken over by Camden and Islington Councils, a report meant to give an overview of the health situation in Islington was published. It was entitled : *Health inequality : tackling the causes*<sup>16</sup>.

That report underlined 4 factors that should be dealt with by the local authorities to improve health in the borough and to make residents feel healthy :

- Helping them to be healthy,
- Helping them to find a permanent job,
- Helping them to live in healthy places,
- Acting for their education.

Thus, to tackle social inequalities, Islington Local Authorities have decided to work alongside Camden Borough Authorities.

Both local councils recognize that helping people to be healthy allows to reduce inequalities as well as to act on their ability to find solutions to escape poverty and thus to be able to keep control over their lives.

The Camden and Islington councillors for Health and Well-Being say : « *We are committed to tackling health inequality in our two boroughs. It's a long journey and the change we want is unprecedented... But we have to succeed for the health and well-being of this generation and the next* »<sup>17</sup>.

### **III – 1 : Residents' health and the Local Council's actions.**

As we can see, Islington Local Council is very much concerned with its residents' health. As a matter of fact, tackling health inequalities to improve poor people's life is a major goal for Islington Local Authorities.

In Islington, there is a high rate of serious diseases due to a lack of prevention, bad hygiene and lung diseases caused by tobacco addiction.

---

<sup>15</sup> British cities such as Liverpool or York have followed the example set by Islington and have appointed their own Fairness Commission to look at how poor their residents were, and to try and solve it more easily.

<sup>16</sup> *Health inequality : tackling the causes, 2014. London Borough of Islington.*

<sup>17</sup> Camden and Islington Council lead members for health and well-being, Councillors Patricia Callaghan and Janet Burgess.

This is a real problem in England : lung diseases kill, every year, half of smokers and every year about 80,000 people die from problems linked to smoking. And in Islington, tobacco comes first on the list of risk factors causing death, with 19%.<sup>18</sup>.

It has been proved that there is a link between how poor a population is and how much addicted to tobacco they are.

What's more, smoking increases poverty. It has been shown that a person who smokes 20 cigarettes a day spends around 25,000 Pounds a year, and a poor smoker spends proportionately 5 times more than a wealthy smoker.

Reducing the number of smokers allows to reduce the percentage of people affected by tobacco related diseases. As smoking is a cause of death that can be prevented, Islington Local Council has involved themselves in tackling tobacco consumption. They have launched campaigns to warn residents and make them responsible. One of them is the *Smokefree Strategy and Communication* campaign. The Council would like the borough to be completely smoke-free by 2020<sup>19</sup>. The *Action Coalition* against tobacco is an alliance composed of about one hundred anti-tobacco organisations. This alliance was created when the law against indoor smoking was voted in 2006<sup>20</sup>

Smoking is also a cause of inequality between the rich and the poor when it comes to dying. In Islington, about half of smokers have a blue-collar job and blue-collar job employees are twice as likely to smoke as white-collar job employees.

As a borough of contrasts, Islington is a place where the feeling of inequality in health is exacerbated among disabled patients, as a report has shown. This report, *Islington Involvement Network (LINK)* has shown experience from patients leaving hospital. Handicapped patients do not get any help from social workers who are supposed to back them with coordination with their doctors.

The Local Council also takes care of people who do not have access to free healthcare through the Health Security System by creating a free surgery where they can see a doctor without any restriction. This surgery is called *Angel Medical Centre*<sup>21</sup>.

---

<sup>18</sup> [www.islington.gov.uk/fairness](http://www.islington.gov.uk/fairness).

<sup>19</sup> Smokefree Islington by 2020.

<sup>20</sup> Health Act, 2006.

<sup>21</sup> At Ritchie Street Group Practice, Angel Medical Practice operates a Walk-in facility that is open every day from Mon-Fri 8am - 8pm, Sat-Sun and Bank Hols 9am-6pm it offers a range of services, including health information, advice and treatment for a range of minor illnesses and minor injuries without having to make an appointment.

Tackling health inequality is a concern that is clearly expressed in the program of Islington Health Security published in 2010<sup>22</sup>. This report develops a strategy to tackle health inequalities in the next 20 years, such as tackling early deaths, by promoting healthier ways of life and giving answers to socioeconomic factors that determine health.

The Local Council has also asked the community to take part in this fight, as is written in *Islington Giving*, a program launched in 2010<sup>23</sup>. This program has backed more than 40 local initiatives and wishes to collect 3 million £. Its main goals are :

- investing in youth,
- tackling poverty,
- tackling isolation,

by making the Islington population take part in projects that benefit to the whole community in order to create cohesion between the rich and the poor, the elderly and the young, to collect money that will fund projects.

This initiative corresponds to what the Marmot Report advocates : making the community come together to back initiatives to improve the residents' well being.

Of course, the leader is the Local Council as the authorities have drawn the policy to relieve differences between people.

### **III – 2 : jobs in islington and the Local Council's actions.**

In the New Labour Manifesto for the 1997 General Election<sup>24</sup>, Tony Blair said « *We are determined not to continue down the road of a permanent have-not class, unemployed and disaffected from society. Our long-term objective is high and stable levels of employment* »<sup>25</sup>.

And today, in a more globalized job market , jobs in Islington are not plenty. Nevertheless, as is noted in the Islington Job Strategy, the Local Council is determined to «*encourage a diverse and vibrant economic base in the borough* ».

---

NHS walk-in facilities help people with busy lifestyles who need access to flexible and convenient health services. The centre is run by a team of experienced GPs and nurses. The walk-in facility does not replace local GP or hospital services but is designed to complement them.

<sup>22</sup> *Health Inequality Strategy, Closing the Gap*, NHS Islington, June 2010.

<sup>23</sup> « *The charity, launched in 2010, is taking action to improve people's lives in Islington, a borough of stark contrasts where wealth sits alongside poverty. It aims to create opportunity and encourages people to give what they can, be it money, time or talents, to make a real difference to the local community. To date has supported over 40 fantastic local projects* ». [www.islingtongiving.org.uk](http://www.islingtongiving.org.uk)

<sup>24</sup> *New Labour, New Life For Britain*, New Labour Manifesto, published in 1996 for the 1997 General Election.

<sup>25</sup> « *We are determined not to continue down the road of a permanent have-not class, unemployed and disaffected from society. Our long-term objective is high and stable levels of employment* », in *New Labour Manifesto (1997)*, New Labour Party, page 18.

There are 4 city centres in the borough with many small, local, mainly independent shops and the average floor space is 80 m<sup>2</sup>,

In Islington, in the 1990s, the number of jobs rocketed thanks to the boom in the creation of third sector jobs (finance, business...). London should keep its place as leader, in this sector in the years to come<sup>26</sup> and between 2012 and 2027, we can expect the creation of 35,000 to 45,000 jobs. Thus, by the end of the period, the number of jobs could be 230,000<sup>27</sup>.

One of the actions undertaken by the local authorities is to make sure that shopping spaces are and remain available and flexible. Needs for large floor spaces that would welcome Internet related businesses are expected to increase in the future, with large high ceilinged rooms. To put it in a nutshell, these spaces will have to be flexible to meet the needs of these companies, and that will also allow more people to access jobs.

To give a positive answer to the demand from companies while trying to solve the problem of poverty due to unemployment, the Local Council is very much concerned with training residents to make them qualified enough to apply for these jobs. Authorities offer training that corresponds to what the local market needs and even propose child caring to parents who are then more available to work.

Small businesses provide 36% of jobs in the borough and very small businesses (with less than 10 employees) represent 85% of all businesses, providing 17% of all jobs in the borough<sup>28</sup> : a local fabric the local authorities want to keep for the sake of the borough and of its residents.

### **III – 3 : the Local Council's actions on housing.**

In the borough of Islington, 44% of residents live in public housing whereas the percentage in London is 26%. 81% of residents live in flats (17% nationally and 45% for Greater London). What's more, as the population density is very high, there is a shortage of flats in the borough.

In 2011, the *Greater London Authority* (GLA) identified the need for 30,500 new flats every year and this need has been published in the housing program of the borough for the periods 2007-2008 and 2016-2017<sup>29</sup>. According to the GLA, Islington Local Council should build 1,160 flats every year until 2017<sup>30</sup>.

Priorities have been drawn :

---

<sup>26</sup> Today, the south part of the borough (north of the City of London), is the first job provider in the borough. Map : employees per hectare for all business types in [www.islingtongiving.org.uk](http://www.islingtongiving.org.uk).

<sup>27</sup> *Islington Council Core Strategy, Employment* – February 2011.

<sup>28</sup> *Ibid.*

<sup>29</sup> *Islington Council Core Strategy, Housing* – February 2011).

<sup>30</sup> The most urgent needs are in the south part of the borough (map of housing supply, *Ibid.*).

- listing land that is available to building<sup>31</sup>,
- making sure the existing or newly built accommodation had good standards (enough rooms to avoid overcrowding, reducing the noise due to transport),
- making sure that flats are available to elderly people or to families with children<sup>32</sup> or to disabled people<sup>33</sup>.

Students' needs are also taken into account in a special program, the *Strategic Housing Market Assessment (SHLA)* and the Local Council tries to give answers these needs by, for example, making sure rents are not too high<sup>34</sup>.

Local Authorities in Islington are conscious that the most important problem is the inability to access mortgage to buy a house or a flat. In their housing strategy, they want to make sure that mortgages are available to more residents and authorities are ready to act as a negotiating partner between banks and residents.

The 2013-2014 annual report<sup>35</sup> showed that being homeless, being unable to pay for central heating and overcrowded or unsafe housing increase health inequalities

This document reveals that efforts have been made by Islington and Camden Boroughs to isolate social housing or to increase the help offered to some residents in need.

### **III – 4 : actions on education.**

Young people who are under 19 represent 24.5% of the whole London population and a bit less than 20% in Islington.

Young people are particularly sensitive to problems they are affected by and such problems are even more acute when these youngsters live in families affected by social difficulties.

For example, in Islington, 1 child out of 10 lives in an overcrowded flat. (It is not unusual to find families with 8 children or more living in one flat) and 1 child in 2 lives in a Council-rented housing<sup>36</sup>.

In Islington, 95% of young people who do not go to school are from unemployed households and the proportion of teenagers who neither go to school nor receive any training was 6% in 2010. The percentage is 6% for Camden and 8% for Southwark : schooling is thus a very important tool to give young people a good start in life.

---

<sup>31</sup> This study has been made in 2009 by the *Strategic Housing Land Availability Assessment (SHLAA)*.

<sup>32</sup> *Affordable Housing Viability Study* (July 2009).

<sup>33</sup> The Local Council has published a paper on how to make housing accessible : *Accessible Housing Supplementary Planning Document (SPD)*.

<sup>34</sup> In 2009, a week rent for a student's room ranged from £220 to £280.

<sup>35</sup> *Annual Public Report 2013/14*.

<sup>36</sup> *Islington's Child Poverty Innovation Pilot. London Councils –Shared Intelligence Worklessness Forum*, 2010.

In 1997, the Ofsted report that was published underlined « *Significant weaknesses in management, curriculum, assessment, and partnership with parents and the community* »<sup>37</sup>, and revealed that within the borough, 20% of pupils were failing or benefited from special measures. After this report was published, the Council privatised the school system in the borough. It is *Cambridge Education*, a private company that was awarded the market, a 7 year £105 million contract.

At that time, only 26,5 % of pupils in Islington got 5 GCSEs with marks ranging from A+ to C, corresponding to the national average.

When *Cambridge Education* took over to get better results, tough measures were taken :

- enrolment criteria were revised,
- special need education services were reorganized,
- budgets were dispatched differently,
- programs were revised.

Schools were offered to ask for outside funds.

This is an example of partnerships between public and private sectors and the path to organize differently the education system within the borough was not an easy one : the Local Council kept an eye on the reform and set precise goals which were not met over the first 5 year period (1998-2003) and Cambridge Education lost more than £200 000. In 2004, the goals were achieved even if they had been revised downwards.

There was tension between the teaching staff and the administrative one who were accused of not being efficient enough. They were threatened with having their school run by private consultants. Parents protested : they did not want the private sector to run education for their offspring.

Anyway, results have improved every year since 2000 and today more than 70% of pupils pass their GCSEs with marks ranging from A+ to C.

In 2013, students in Islington did better than the national average. Results published in on 23rd October 2014 showed that in Islington, 59,4% of pupils passed 5 GCSEs or more with marks ranging from A+ to C whereas the national average was 52,6%.

Thanks to *Cambridge Education*, the comment was « *A good, improving school with excellent procedures* ». The company was praised for giving pupils more than they had been given before the company took over. *Cambridge Education* managers rely on teachers to make pupils improve as they are the ones who know what pupils need and what should be done to work better. However, even if the leader of the teachers' trade-union, Tim Harrison, recognizes that

---

<sup>37</sup> <https://www.gov.uk/government/publications/ofsted-report-standards-and-quality-in-education-1996-to-1997>.

Cambridge Education is a good asset for Islington, the running of the education system by a private company should not last too long.

This way of running education has also been adopted by Suffolk who does not rely only on the public sector as money provider.

But today, the Labour Party has a majority within the Islington Local Council and councillors would like school to be run by the Council. The Councillor in charge of education, Richard Watts, says : « *Islington schools have improved enormously over the past 10 years. We have a system that's working well. We want to bring elements back in-house (...) but in the future Islington schools will continue to have a relationship with Cambridge Education* ».

#### **IV – Conclusion.**

The labour governments who were in office from 1997 and 2010 had already advocated partnerships between the public and the private sectors for the sake of users. Islington Local Council was one of the first local authorities to promote this way of running a local authority and partnerships between the Local Council and companies are numerous. What's more, Islington community plays an important role for everybody's sake.

Most of the time, the Local Council is the leader and makes sure that goals are achieved and that they correspond to national policies.

As a matter of fact, what the Marmot Report advocates is taken into account. So is the report that was commissioned by the Local Council. But above all, the local characteristics are respected.

- The Local Council tackles residents' bad health through specific programs,
- as the City of London is very close the Council sets job programs that meet the specific labour demand,
- housing has specific features in Islington with a majority of local rented accommodation and small flats. Thus, the Local Council has to adapt their policy to the particularities of the place,
- education has been highly improved thanks to a public/private partnership.