Poverty within Kensington

Accredited Community Research Course

2012-2013

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Executive Summary

This is a qualitative research project to raise awareness and highlight the poverty within vulnerable communities in the affluent borough of Kensington and Chelsea which is not immediately obvious. The report will identify the extent to which, such poverty removes choice and hinders people from participating within the society, the impact on their individual personal power and the struggles of living in poverty compounded by isolation.

Kensington and Chelsea have the highest number of people suffering with mental health. And the majority of adults with mental illness in receipt of incapacity benefits come from St Charles ward, the area in which I conducted my research.

The literature presents articles, surveys and focus group discussions from members of the Community, who share their views of how they are adversely affected and the need for services that are tailored to their needs. The participants' feelings about the lack of information on what the right services are when they try to access them and them. This clearly is an issue that needs to be addressed. This is demoralising to them.

Digging further into this situation in Kensington and Chelsea, a clear picture is now emerging of the number of people needing help or assistance. There has been a rise of 22% of people needing assistance from the Council Housing Department and this is set to continue.

The cuts in welfare benefits and the austerity measures are already having a big impact on the community. People are already moving out of Kensington and Chelsea and as the borough becomes more unaffordable to live in, the rich mix of communities will be lost forever, as will the diversity. This will not only affect the wellbeing of those affected but further changes to the welfare system (the universal credit) due to take effect later this year, as it is rolled into the borough, will also add to the overall pressure.

The report is concerned with the effects of poverty within the vulnerable communities in some areas of Kensington and Chelsea, especially in St Charles Ward where I conducted most of my research.

Chapter 1:

Central aim and research plan

The purpose of this research is to explore poverty within the seemingly affluent borough of Kensington and Chelsea. Secondly, the benefits changes and how they are affecting people and to explore awareness of local services. Specifically, I wanted to explore how poverty within vulnerable communities, such as refugee and migrant communities and disabled people,, is linked to mental health issues, language barriers, and marginalisation among other things and evidence that shows that poverty within these communities is escalating due to the current economic climate.

From this research, I want to help devise ways to campaign and influence decision makers and to help lobby for the reduction and possibly the eradication of poverty within these communities with the aim of empowering these communities to help themselves by supporting them in making informed choices.

I decided to carry out the research by attending refugee and migrants' schools, focus groups and workshops to help me in exploring the issue of poverty in depth. My time frame was 6 months.

I think the best method for me was devising a questionnaire with the community groups, leaders, teachers, mentors etc. which would help shape the right questions

The data was collected in coordination with the migrant/refugee communities by working hand in hand to decide together the type of information we wanted to gather, bearing in mind the sensitivity of the subject and making sure that it was not biased, hence involving the communities in all, or most, phases of the research

It was helpful to audio record as well as taking notes of interviews in the form of questionnaires bearing in mind that the use of recorder could deter or inhibit people from participating. I have also considered the ethical and data protection issues.

- What is poverty and what are its effects?
- What is being done? (facilities, projects, government)
- Is this effective?
- If not, why not? And what needs done and how?
- What is happening regarding the cuts and how will this effect poor communities

My role as a Community Researcher is to conduct research in the community on local needs and feed this information to the Earls Court Health and Wellbeing Centre where I work, and to ensure that it is meeting the local community requirements. In addition to that, I promote and raise awareness of the Health and Wellbeing Centre in the local area, raise awareness and recruit people to the time bank and peer mentoring to build links between the centre and the wider community.

I also volunteer for Health works (a project that comprises of 10 voluntary organisations) working with a team of volunteers and other workers from the Partnerships projects and involved with both Westminster and Kensington and Chelsea. It aims to affect better health outcomes within local communities and to build capacity within communities to tackle the wider determinants of health, thereby improving the quality of life for local communities.

All with the aim of promoting and supporting local people's wellbeing, community development and social inclusion and accessing local services according to their needs.

Literature review

Kensington and Chelsea is viewed by many as one of London's richest boroughs but this is not the full picture.

Borough profile

The Royal Borough of Kensington and Chelsea is one of the wealthiest boroughs in London. It is located in the west of central London and shares borders with Brent in the north, Westminster to the east, Wandsworth in the south, Hammersmith to the west and with the river Thames in the middle. It hosts a number of different events at the Exhibition centre, such as The Olympia and Chelsea Flower show. There is also the iconic Portobello Road.

The borough was created in 1965 from the former boroughs of Kensington, with the Royal Borough status inherited by the new borough. It has a huge number of London's major facilities and tourist attractions and symbols of its affluence like the museums in South Kensington and now the Design museum in the former Commonwealth Institute, Imperial College, famous department stores like Harrods, many foreign Embassies and Kensington Palace. It is known for having exclusive residential districts which are also among the most expensive in the world.

Between 1890 and 1980 RBKC lost half of its population reaching as low as 130,000, due to World War Two bombings and also the clearing of slums. Then in 2007, there was an increase to 179,000 which has since decreased to around 158,000 residents. It is still the most populous local authority with 132 persons per hectare.

RBKC is a miniature London. Its ability to attract the most qualified people in London is demonstrated by the fact that it has the 0largest number of higher earners in the capital, of £60,000. However, this prosperity is not shared equally, and the borough also contains above average levels of deprivation. This deprivation is more dominant and concentrated in the north of the borough, with the five northerly boroughs of Norland, Colville, St. Charles Notting Barns and Golborne each including at least one 'Lower Super Output Area' in the 20% most deprived in the country. Golborne is the 8th most deprived ward in London, out of 627. Earl's Court, Radcliffe and Cremorne also include areas of disadvantage. (http://www.londonspovertyprofile.org.uk/indicators/boroughs/kensington-and-chelsea)

There are 18 wards within the borough. I will study St Charles as this is the location I work in.

Demographics

Size: 12.15 km^2

Population: 158,919 (47.8% male/52.2% female)*

Population Density: 131 people per hectare; the most populated of all boroughs*

Age Breakdown: 5.8% 75+, 78.6% 16-74, 15.6% under 16*

Ethnicity Breakdown: 78.6% White, 21.4% BME*

Religion: 62% Christian, 15.3% no religion, 22.7% other*

Education: 26 primary schools, five secondary schools, two non-mainstream schools+

Employment: 59.1% employment rate*

Kensington and Chelsea

See the Borough highlighted in red above

St Charles Ward has a population of 9200. It's well-being is 519th out of London and 17th poorest out of the 18 wards in K&C. The 62nd most deprived ward in London and the 2nd most deprived in K &C. Child poverty stands at 43%. In 2009, St Charles had the highest number of adults with mental illness in receipt of incapacity benefits in the borough. (Spotlight, Kensington and Chelsea, 2012).

The Definition of poverty: in my own thoughts/ words, it is the economic deprivation, when people can't pay for food; when there are people sleeping rough. People still have to battle with the basics of paying their rents. These impacts on families significantly

For the government, concern with poverty lies with the Indices of Multiple Deprivation (a Labour party initiative). This is the comprehensive study into poverty that exists in the UK .

The Indices, published by Department for Communities and Local Government, studies poverty across a load of significant indicators - -all try to pinpoint which places are the poorest. The basis of doing this is so as find and analyze the different areas which are all influenced by hardship or poverty

(http://www.guardian.co.uk/news/datablog/2011/mar/29/indices-multiple-deprivation-poverty-england)

The indices include:

- Income
- Employment
- Health deprivation and Disability
- Education Skills and Training
- Barriers to Housing and Services
- Crime
- Living Environment.

Health Profile 2012

- The health of people in Kensington and Chelsea is mixed compared with the England average. Deprivation is higher than average and about 5,400 live in poverty.
- Life expectancy is 6.9 years lower for men in the most deprived areas in Kensington and Chelsea than in the least deprived areas.
- About 21.1% of year 6 children are classified as obese.
- The rates of statutory homelessness, violent crime, long term unemployment and drug misuse are higher than average.

http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50283

The government's main concern with poverty is child poverty. They have pledged to end it before 2020.

The government have introduced some very radical reforms to benefits. This included:

I could not get the exact figures that have been moved out of the borough as yet because the changes are so recent but that many articles, including this Guardian one, http://www.guardian.co.uk/society/2012/nov/04/london-boroughs-housing-families-outside-capital, state that local authorities are preparing to send residents to areas outside London to seek more affordable accommodation.

Another article (http://blog.shelter.org.uk/2013/04/homeless-families-to-be-hit-twice-by-benefit-cap/) states that 5,500 families will be affected this year alone with the majority of these in London and the SE.

On Tuesday, 12th of March, the government announced changes to the new under-occupancy rules for Housing Benefit. Foster carers and households with adult children serving in the Armed Forces will not lose benefit if they have an 'extra' bedroom. The Ministerial Statement says:

> "*People who are approved foster carers will be allowed an additional room, whether or not a child has been placed with them or they are between placements, so long as they have fostered a child, or become an approved foster carer in the last 12 months.*
>
> *"Adult children who are in the Armed Forces but who continue to live with parents will be treated as continuing to live at home, even when deployed on operations. This means that the size criteria rules will not be applied to the room normally occupied by the member of the Armed Forces if they intend to return home. In addition Housing Benefit recipients will not be subject to a non-dependent deduction, ie, the amount that those who are working are expected to contribute to the household expenses, until an adult child return home."*

The Residents' Network website

http://www.mmtrackb.co.uk/13/link.php?M=11769608&N=6671&L=6697&F=H

Welfare Reform. A Select Committee (the Parliamentary equivalent of a scrutiny panel) looked at Universal Credit at the end of last year. Their report broadly welcomed the new system but pressed the government to define the 'vulnerable' people who would continue to have their benefit paid to their landlord. Now the Welfare Reform Minister has responded to the report, saying that more than a million people will be better off and nobody will be worse off when they make the change. He said that vulnerable claimants will be supported but has not given a definition of vulnerable

http://www.theresidentsnetwork.co.uk/

http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/news/ucgovtresp/

Methodology

In order to explore poverty in St Charles and the effects of the cuts on service users, I changed my original research plan and did the following:

- Table in the street for those passing by (survey and 121 help with the survey)
- Focus group

I chose to do the table in order to attract people. We offered an incentive and on the first data alone attracted 50 people.

I chose to do a survey where much of poverty is hidden and I wanted to explore the different views of individuals. From being a peer mentor and previous community research, I knew this was the best approach and allowed me to look deeper and to get the view of a wide group of people including those who had mental health issues (and some of those were not apparent on meeting the person). This allowed a more private approach.

A survey is a collection of questionnaires run over a certain time period. We were able to sample those walking by. With the right questions, you can easily identify issues. It gives focus (rather than vocal). It allows the data to be collected and compared as it gives statistics.

I also ran a focus group. This was because I further wanted to identify/ explore the key issues emerging from the community – from those who know best. They are the ears! I wanted to hear from them why they think these are the issues and also to find solutions. The questionnaire is very much designed by me but the focus group allowed the participants to be the ones in charge. It was fun!

The main features of a focus group are – group discussion around a particular topic. We added a solution approach. As above, it allows further exploration of ideas and for local people to come up with the ideas and solutions.

I did not use the school approach in the end as the schools' reception was negative. They said they were short staffed. The stall was better in the end (in the main road near the bus stop).

Ethical considerations

I submitted an information sheet, consent form and my research plan to the Evelyn Oldfield Unit ethical panel. My research was signed off as sound.

For everybody at the stall, I informed them what they said would be confidential and their data stored in a safe cabinet. In this report, the identities are anonymised. In the focus group, we ran it in the centre (a safe and trusted area) and gave consent forms. We made the participants comfortable and provided some refreshments. There was no deception and participants were told they could withdraw at any point. They all took part willingly. Some even wanted to become community champions following on from the process (something we offered). Therefore this was an empowering form of research.

Chapter 2: Research findings

This following chapter is a presentation of the results from the focus group and the survey.

In the group discussions (10 people with a mixture of refugees, migrants and British born community members, 25th of March 2013)), attendees were encouraged to select some of the issues they believe affect the community. They were given a flipchart to set out the issues and then we collectively explored the solutions. The following were their main concerns and suggested solutions:

Signposting to available services

- Not enough sign posting for DNT or local/available services.
- Notice boards should be on display around North Kensington.
- The names of buildings/block should be clearly displayed.

Older generation

- More activities and support for the elderly
- Meals for the elderly, involve teenagers, deliveries etc.

Healthy Eating/Obesity/Diet

- Healthy eating workshops food awareness and advice are needed.
- More access to healthier/affordable food. The food bank works, but could be made better with more food donations and finding ways to make it more structured.
- Fitness classes/walks/gym/dance needs to be offered at affordable prices and fun.
- Also clear and consistence advertising e.g. signposting website, dates/times.
- Walks around little and large scrubs. Serena has walk leader training and can facilitate this with at least two other walk leaders.

Employment.

- It is felt that employment opportunities really needs to improve locally, that volunteering, support mentoring and training is a solution to improve employment opportunities.

- That the Health Champions Programme working in partnership with DNT to support the local community in helping to achieve this.

Disabilities

- There should be more activities for people with disabilities.
- Especially young adult facilities.

Gardening for all

- Gardening plots in St Charles and St Quintins.
- Gardening groups/sessions for all ages.
- Litter pick up.

Dog fouling

- Finding ways to combat dog fouling, ensuring owner take responsibility.
- Park Police.
- On the spot fines.
- Campaign.
- Volunteers to talk to public raising awareness.

Addiction

- Drugs in the estate, is still a problem especially with young people.
- More drugs awareness needs**.**
- Smoking and alcohol support.
- Counselling.

Community hub

- Participants would like DNT to become a community information centre, where they can find out all the activities and services that are in the local community.

Intergenerational Work

- Young people working together with older people to improve community relationships (buddying).

Sports

- For all ages including football, basketball and dance classes for children.

Stop the bounce (access to information)

Participants feel when they try to access information they are past from department to department to access some information and services, that at times it is extremely difficult to get the support and information required. This is an issue that needs to be addressed.

Homelessness: Although homelessness is not obvious in the local area, two participants have experienced homeless and have said that it is still an issue as people are at risk of becoming homeless.

Example of how the recent changes affect people in the community: case study

I spoke to one lady who highlighted her stress as a carer. She said that she felt that caring for someone with severe mental health issues and disabilities was starting to affect the way she communicates with people outside the community/ her care role. It should have been straight-forward. The processes are not easy. With the personal care budget, it theoretically gives a patient independence but this is still dictated by nurses and doctors. She struggled to make them understand that her disabled daughter needed care beyond what they've suggested. She also said that she felt the changes were constant and impossible to keep up with. She said she felt she was just getting used to one department and then this was changed and then she had to open up communications with another. She said she felt no one was taking charge. She found this very stressful.

TOP FOUR HEALTH OR WELLBEING ISSUES

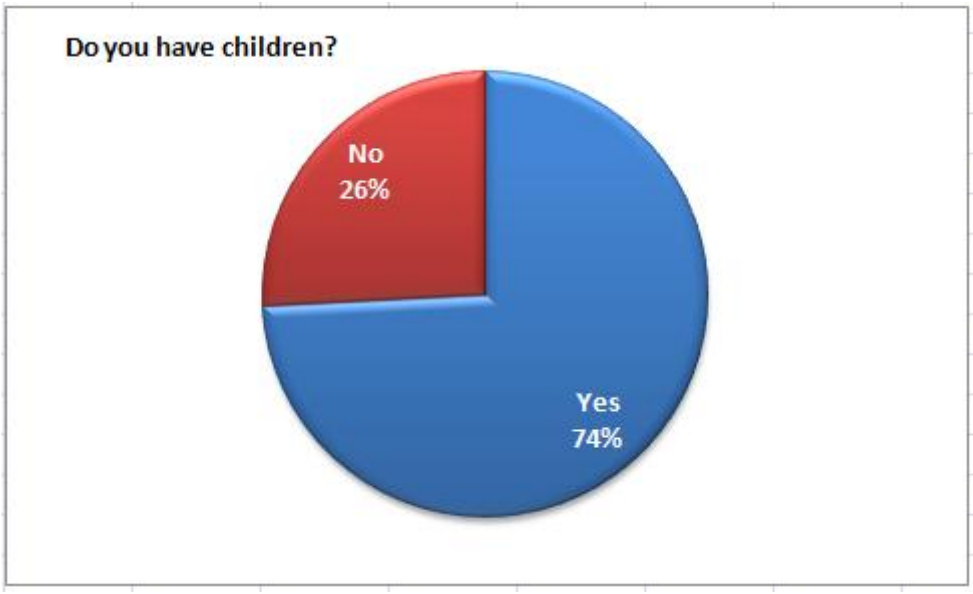
1. CANCER
2. DIABETES
3. MENTAL HEALTH ISSUES
4. PHYSICAL ACTIVITY

SURVEY and Feedback

I also conducted a survey with passersby on the street to get the feel of what their disadvantage looks like and to explore the issues that matter to them and their feelings about the services. 90 filled in the questionnaire. The following are the results:

WHICH LOCAL SERVICES DO YOU USE? (Top answers)

- GP
- Dentist
- Play Centre
- St Charles Hospital
- Sexual Health Services
- Dalgarno
- Barlby Surgery
- St Mary's Hospital
- Opticians
- CAMMS –Child & Adolescents Mental Health Services
- Colville Medical Practice
- Sure Start
- Library
- Nova
- Children's Services
- Social Services
- Dietician
- Gym (the respondents noted that there were gyms but these were too expensive for them to use)
- Open Age (for 50+)
- Mental Health Services
- Bingo



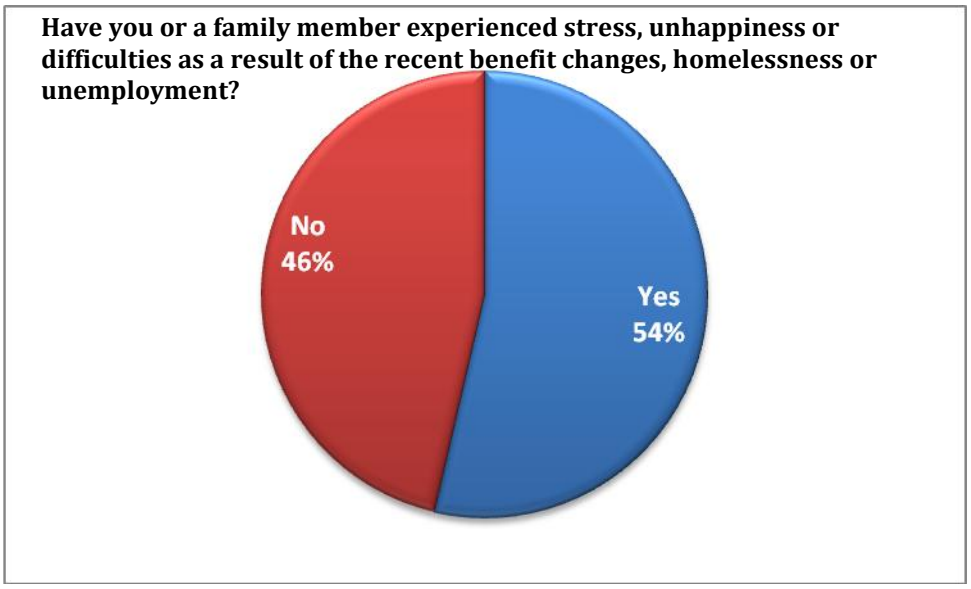
74% of the respondents had children.

AREAS OF CONCERN THAT YOU HAVE FOR YOUR CHILDREN

- General health
- Activities
- Safety
- Support with education
- Playgroups/Creches
- Mental health

The respondents were worried that there weren't any afterschool services. Some mentioned their kids didn't go to the schools (but didn't write this in the questionnaire).

I also asked a specific question on how the cuts had affected the community.



I also asked the question of why this was the case. These are the answers:

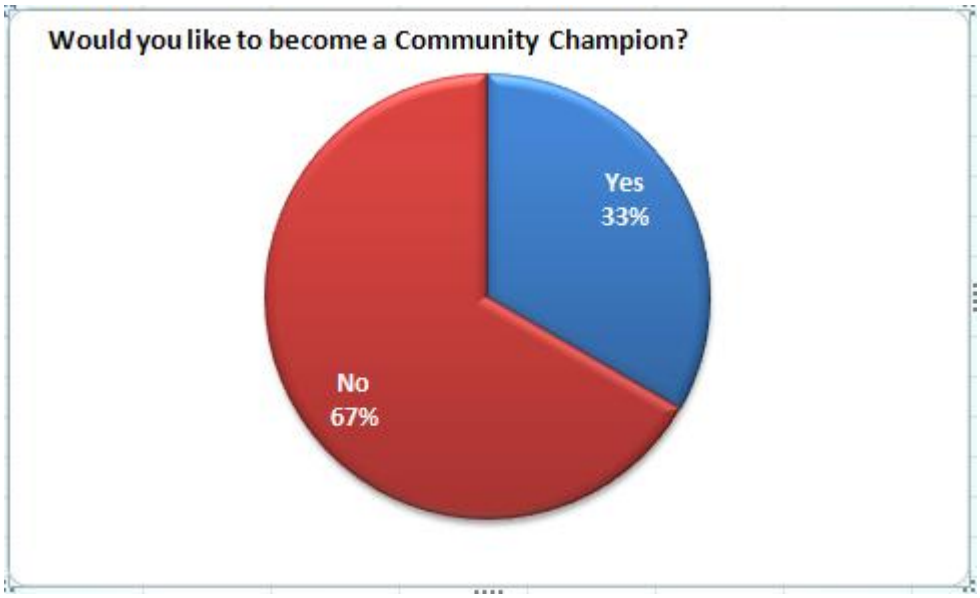
REASONS FOR EXPERIENCING STRESS

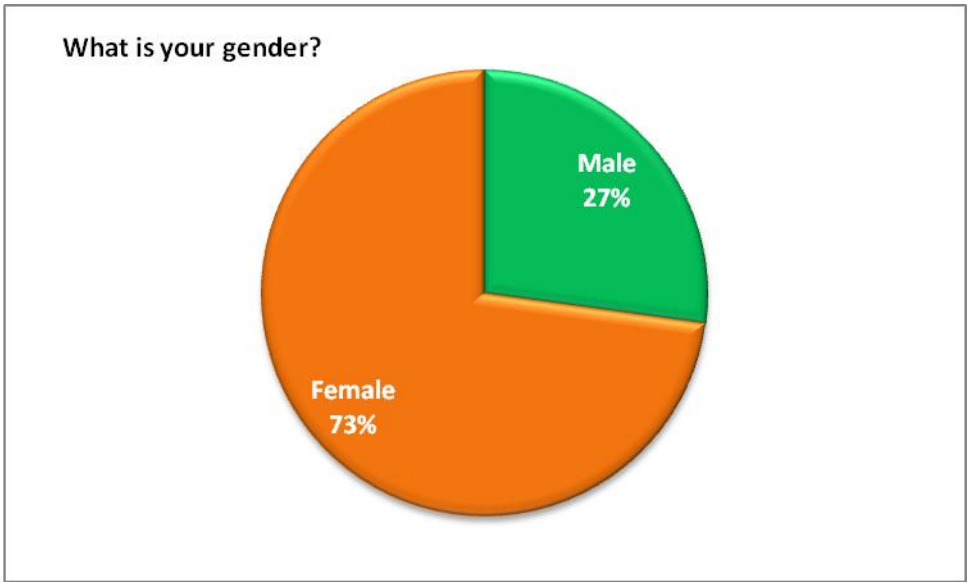
- Redundancy
- Housing issues - increase in rent/overcrowding
- Difficulty in finding employment
- Receiving less benefits/benefits stopped or changed
- Local gym closing due to lack of funds
- Mental health issues
- Relationship breakdown
- Childcare costs
- General stress
- Isolation

ARE THERE ANY ACTIVITIES YOU WOULD LIKE TO GET INVOLVED WITH TO IMPROVE YOUR HEALTH?

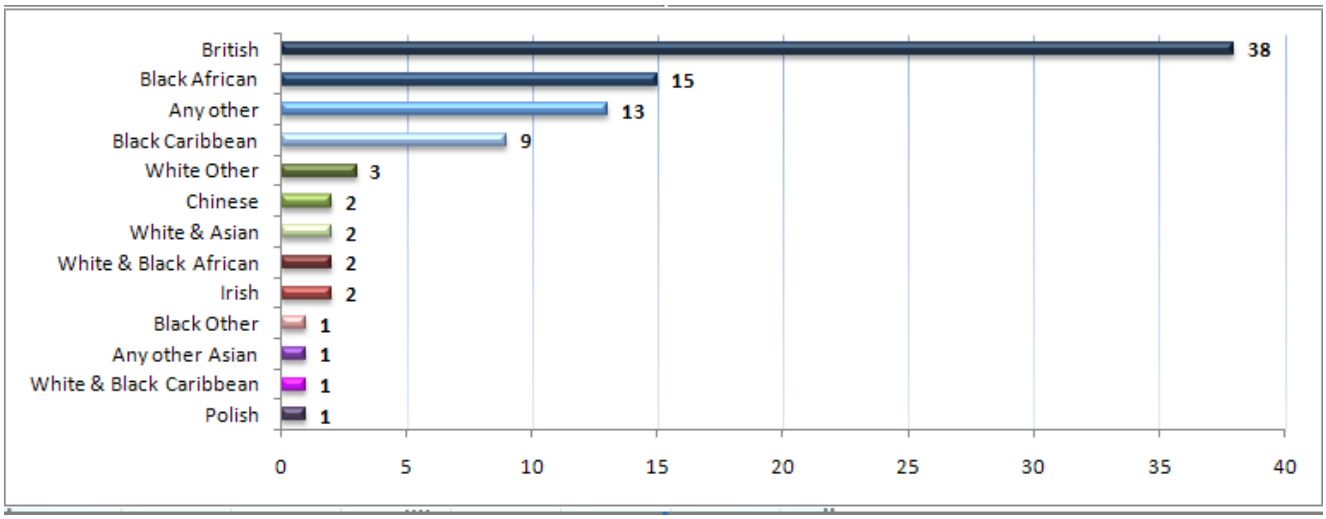
- Fitness classes in the community
- Health eating information
- Affordable gym
- Cooking lessons
- Gardening
- Dance classes
- Sports (boxing/basketball/football)
- Manual handling training
- Yoga/pilates
- Support with mental wellbeing
- Mentoring and support groups
- Women only fitness sessions
- Soft play for under 5's
- Services for isolated people
- Osteopathy
- Chiropody
- Community events (E.g. Health walks)
- Support for people with disabilities
- Arts and crafts
- Swimming
- Affordable pampering sessions
- Weekend activities
- Podiatry

I also asked if participants were interested in becoming community champions (a NHS scheme I could refer them to). 33% were keen but that 67% were not .Their results are as follows:

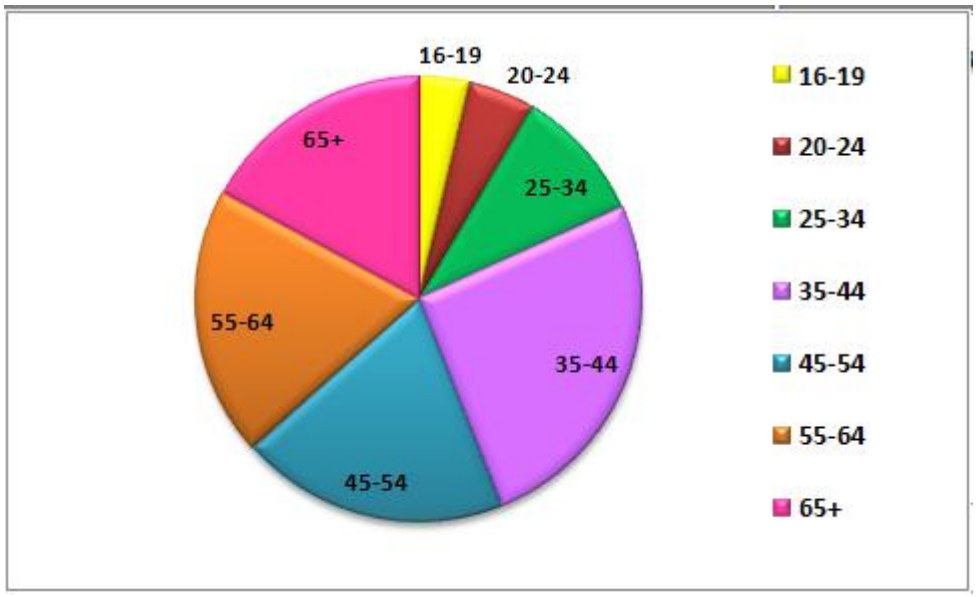




What is your ethnicity?



WHAT IS YOUR AGE GROUP?



It is clear that is was both very mixed ethnicity and mixed age who took part in this study.

Chapter 3: Discussion and conclusions

The central questions of my research were:

- What is poverty and what are its effects?
- What is happening regarding the cuts and how will this effect poor communities
- What is being done? (facilities, projects, government)
- Is this effective?
- If not, why not? And what needs done and how?

The key findings in my research answering these are as follows:

Those living in this poorer ward face a number of difficulties and are feeling the changes in the benefits already. Stress levels seemed high and people disclosed some quite harrowing stories.

Lack of activities

There are lots of services locally but they are not accessible to local people. They are too expensive and the participants noted some things were closing down as the St Charles Hospital's activities (weight management etc.) are closing.

This creates a viscous circle as when provision becomes in accessible it makes people more sedentary and results in unhealthier lifestyles leading to depression.

There was also a demand particularly for older people and younger people (and for mixed age activities).

Engagement Ambivalence

This is interesting as a finding. I asked participants if they wanted to become health champions. 33% said yes only. It suggests they are not willing to participate in the community or that they haven't had their issues addressed so they have developed ambivalence to taking part. They also said they were too busy with their families.

People feel like they have not been included and have been let down.

Lack of motivation

The people within the ward seem to lack motivation to engage. This may be because they are out of work for a long time. Their skills for this become dormant. And it might also be because they feel marginalised or discriminated against

Effects of the cuts

Already 54% of participants said they had been affected by the cuts. This included those who told us about being made redundant, affordability of housing issue, reduced benefits, concern about disabled families etc. This is getting worse.

Vulnerability of disabled people and refugee/ migrants

From my research, both of these groups need to be highlighted. Refugees and migrants face language barriers, making understanding these changes very hard. They are most likely to be affected by these changes.

For disabled people, they need to go through their carers and their cares need have to go through various departments which is tedious and difficult getting right information and so this change affects both and this leads to stress and depression.

Unemployment

Unemployment was the key concern for participants. Participants said they went to the job centre but the jobs weren't there. Even if there are jobs, they may not have the right skills. There needs to be a more creative approach to match people or to refer them to learn new skills. There seems to be little help to get them to get training.

Some are long-term ill and this makes it very hard to get work but with the new changes they are being forced to get work.

They seem detached, ambivalent and demoralised.

There are a lot of issues raised about the Job Centre advisors. They need to be trained to understand the people.

Some have not worked for a long time and there needs to be incentives to get them out. Some said they had given up hope because they have gone through various channels just to get a job with no success.

Diet

Diet was an issue raised in the research. It is so cheap to eat fast foods and there seems to be an ever growing number of them. People said they wanted healthy eating classes so seem motivated to change this. There was an interest in this. They wanted to understand what good food is, ,buying it, cooking it, what options are there if they are giving up junk food and what it does to the body. The focus group participants were particularly strong on this.

Concern for their children

Related to the last point, there was concern that the children are getting fatter. There was a lack of affordable activities and the fact that some youth activities were closing was mentioned as a concern.

With nothing to do, crime may become an issue.

That teenagers seem to ride their bikes on the streets detached from the people was raised as an issue, creating problems for the local residents. Drugs and crime were also flagged up as concerns.

As above, we were informed that some of the kids were not attending school. This will impact on their future earnings and poverty.

What is being done locally?

There are a number of services locally as listed in the research above. However, many of these were not affordable; some were being cut; some of the community centres were flagged up as not well used and some local people felt they weren't for them.

Regarding my literature review, it is clear from my findings that their everyday lives are being affected by poverty and by the cuts. This impacts even more.

At the rates of things changing, there is a lot of uncertainty in the community. This leads to more stress and worthlessness.

The introduction of the bedroom tax has contributed to the hardships with many set to be either homeless or move to places farther to their families or familiar surroundings that they are attached to or are familiar with.

Chapter 4

Recommendations

1. Increase the availability of services which are affordable. Also to raise awareness of the range of services and options available to them so that they can make an informed choice with the help of easy to reach professionals at all sectors.
2. Create centres which have various activities created solely for isolated people with an easy to understand timetable to encourage engagement (built on the requests of local people – validates and supports local people)
3. Activities to bring older and younger people together – can learn from each other and create a more vibrant community (can be through a mentoring scheme) – holistic approach to the relationship and a shared experience
4. Employment services –more tailored to people's needs and sessions to build their classes, thereby supporting and building developing individuals skills so as to contribute effectively to their communities and take action.
5. Community healthy eating and living classes - to start the children from young
6. More public health messages, even with home visits through health champions to help families, using local knowledge
7. Vital services need to not be cut. They need to be nurtured. This is really important for the health of communities. In order to empower the community and create powerful communities where people feel they belong and have a say, you have to keep these services intact.
8. Promoting services that are fair and just promoting or enhancing the quality of life and the ability of individuals to challenge those policies which are detrimental to their improvement to life and to have the knowledge to do that head on.

The strengths and limitations of research

What worked well was strong engaged with people through the stall approach. I learnt lots more than expected. Using the focus group as well meant that we got to learn even more and it was solution focussed.

I changed my initial approach of going through schools (please see my methodology section).

I would have loved to have gone to schools and been able to discuss health issue with the mothers' families – they are the ears and eyes and could give me a personal history and understanding of e.g. why they eat what they eat, why they don't access services. This would be more comprehensive.

A budget and including other areas would be ideal for any future research. I could have worked with more community researchers. We could have further explored the issues of the community based on our own skills.

Also financial constraint prevented me from setting up series of workshops with translators that will enable me to discuss different issues of concern and also the difficult issues in details with the participants including those with language barriers and disability so as to get a holistic view.

Bibliography

1. Spotlight, Kensington and Chelsea Spotlight, Kensington and Chelsea (2013) Understanding your area and the contribution of the local voluntary and community sector, Kensington and Chelsea Social Council (accessed 30th April 2013)

2. London's Poverty profile, 2011 (online) 2013 available at http://www.londonspovertyprofile.org.uk/indicators/boroughs/kensington-and-chelsea/ (accessed 1 Jan, 2013)

3. The Guardian data log online available at http://www.guardian.co.uk/society/2012/nov/04/london-boroughs-housing-families-outside-capital (accessed 13th May, 2013)

4. The Guardian data log online available at http://www.guardian.co.uk/news/datablog/2011/mar/29/indices-multiple-deprivation-poverty-england (accessed 13th May, 2013)

5. UK Government online available at www.imd.communities.gov.uk (accessed on the 13th May, 2013)

6. The Resident Network newspaper online available at http://www.theresidentsnetwork.co.uk/ (accessed 14th May, 2013)

Universal Credit implementation: meeting the needs of vulnerable claimants — Government response to the Committee's Report

7. http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/news/ucgovtresp/ (accessed 15th May ,2013)

Guardian Article Online:

8. http://www.guardian.co.uk/society/2012/nov/04/london-boroughs-housing-families-outside-capital (accessed 15th May, 2013)

Health profile 2012 available at the website at

9. http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50283 (accessed on 1st May, 2013)

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