
Islington Support Payment Scheme

Application form

About the scheme

The Support Payment Scheme has been introduced by Islington Council for people who experienced abuse while placed by the council in its children's homes between 1966 and 1995. Through the scheme, people who experienced abuse during this time can apply to receive a financial support payment of £10,000.

The scheme has been designed to be straightforward and to minimise the need to re-live past or further trauma as much as possible. We do need some essential information so we can process your application. We understand that recounting experiences of abuse may be difficult and there is support available to help you, if you would like.

Support available




Islington Council offers a range of support, including trauma counselling, specialist advice, support and assistance with care, housing, welfare benefits, and access to further education and suitable employment. For more information visit **www.islington.gov.uk/survivorsupport**

If you would like any support with completing your application or a version of the application pack in a larger print, Braille, audiotope, easy read, or another language, please email **supportpayment@islington.gov.uk** or call **020 7527 3254**.

Returning the application

Before you return the form, please make sure you have completed all sections, signed the declaration on page 11, and attached the necessary ID and supporting documentation.

Please return completed forms by:

-  Email: **supportpayment@islington.gov.uk**
-  Post: Islington Support Payment Scheme, 222 Upper Street, London N1 1XR (Please ensure that it is marked 'Strictly Private & Confidential').
-  Further information can also be found on the website **www.islingtonsupportpayment.co.uk**

1. Personal details

First name:

Last name:

Any former name/s you had while in children's home/s:

Date of birth (DD/MM/YY):

Current address: (If you have lived in your current address for less than five years, please provide details of any previous addresses)

Town:

Postcode:

Previous address/es: (please include address history for the past five years, if needed you can continue on to the additional information sheet on page 13)

Town:

Postcode:

Telephone number/s:

Your email address:

Please tick how you would like the Support Payment Team (SPS) team to contact you

☐

Post

☐

Telephone

☐

Email

If you would like someone to assist you in making this application, please provide their details. This other person may be a friend, relative and/or support group.

Name of assistant:

Contact details of assistant:

Email:

Telephone:

☐

Please tick this box if you consent to us communicating directly with your named assistant

Do you have a life-limiting or life-threatening illness?

We need to know this so we can prioritise your application and make a decision as quickly as possible.

☐ Yes ☐ No

If yes, you will be asked to provide evidence of this, which you can do in one of two ways:

- using a medical certificate or document (available to some people in the UK)
- a written letter or email from a healthcare professional.

A case advisor will contact you for this information after you have submitted your application.

2. Information about your time in the children's homes

In making this application you need to provide and write sufficient detail to evidence that you qualify for this scheme. We understand that recounting experiences of abuse isn't easy, but we do need enough detail to make a decision.

Please provide the following details as best you can recall of when you were a resident of an Islington Council children's home.

If you would like support after completing this application, please visit www.islington.gov.uk/survivorsupport

First requirement: Placed by Islington Council in its children's homes

Name(s) of the Islington children's homes you lived in or visited where you experienced abuse (tick all that apply):

Islington

- | | |
|---|---|
| <input type="checkbox"/> 17 Ardilaun Road, Highbury N5 | <input type="checkbox"/> 18-20 Highbury Grove, Highbury N5 |
| <input type="checkbox"/> 14 Conewood Street/Park Place N5 | <input type="checkbox"/> 29 Highbury New Park, Highbury N5 |
| <input type="checkbox"/> 1 and 3 Elwood Street, Highbury N5 | <input type="checkbox"/> 80 Highbury New Park, Highbury N5 |
| <input type="checkbox"/> 114 Grosvenor Avenue, Highbury N5 | <input type="checkbox"/> 75A Mildmay Park, Islington N1 |
| <input type="checkbox"/> 71 Hemingford Road, Islington N1 | <input type="checkbox"/> 26/28 Northampton Park, Islington N1 |
| <input type="checkbox"/> 11/12 Highbury Crescent, Highbury N5 | <input type="checkbox"/> 11 Sheringham Road, Islington N1 |

Greater London (outside Islington)

- | | |
|---|--|
| <input type="checkbox"/> Ashbrooke, 103 Park Avenue, Enfield EN1 | <input type="checkbox"/> Holmleigh, 35 -37 Solna Road, Winchmore Hill N21 |
| <input type="checkbox"/> 36 Ashley Road, Crouch End N19 | <input type="checkbox"/> Oak Lodge Children's Home, 32 Alexandra Road, Wood Green N8 |
| <input type="checkbox"/> Colgrain, 1 Dukes Avenue, Muswell Hill N10 | <input type="checkbox"/> 13 Torrington Park, North Finchley N12 |
| <input type="checkbox"/> Copthorne, 16-18 Village Road, Enfield EN1 | |

Essex

- | | |
|---|--|
| <input type="checkbox"/> 2 Collins Meadow, Hare Street, Harlow CM19 | <input type="checkbox"/> 342 Northbrooks, Hare Street, Harlow CM19 |
| <input type="checkbox"/> 158 Collins Meadow, Hare Street, Harlow CM19 | <input type="checkbox"/> 13 Northbrooks, Hare Street, Harlow CM19 |
| <input type="checkbox"/> Gorsefield Nursery, Stansted | <input type="checkbox"/> 56 Ryecroft, Hare Street, Harlow CM19 |
| <input type="checkbox"/> 60 Hare Street Springs, Hare Street, Harlow CM19 | |

Hertfordshire

- | | |
|---|---|
| <input type="checkbox"/> 36 Angle Ways, Leaves Spring, Stevenage SG2 | <input type="checkbox"/> 39 Pear Tree Way, Leaves Spring, Stevenage SG2 |
| <input type="checkbox"/> Dixon, Hadley, Hertfordshire Common, Barnet EN5 | <input type="checkbox"/> 17 The Muntings, Leaves Spring, Stevenage SG2 |
| <input type="checkbox"/> Gisburne House Children's Home, Gammons Lane, Watford WD24 | <input type="checkbox"/> 28 The Muntings, Leaves Spring, Stevenage SG2 |
| <input type="checkbox"/> 66 Hydean Way, Leaves Spring, Stevenage SG2 | <input type="checkbox"/> Residential Nursery, Widbury House, Ware SG12 |
| <input type="checkbox"/> New Park House, 1 Hanyards Lane, Cuffley EN6 | |
| <input type="checkbox"/> 26 Pear Tree Way Leaves Spring, Stevenage SG2 | |

Second requirement: Placement/s and abuse occurred between 1966 and 1995

The dates you were in Islington Council's children's home/s:

From: To:

The dates and time periods of the abuse:

Third requirement: Abuse while in the placement/s

Write below about the abuse you experienced in Islington children's homes. Abuse may be sexual, physical, emotional or neglect. (see Appendix on page 12 for applicable definitions of these types of abuse). Please provide the following details as best you can recall of when you were a resident of an Islington Council children's home. This could include information available from ISN (islingtonsurvivors.co.uk), photographs or other documentation.

The name/s of the abuser/s:

If you cannot recall names, please provide any nicknames or descriptions of the abuser and their roles.

If you can remember, it would be helpful to provide names of managers of the home/s.

The name/s of any witnesses to the abuse and/or others you told:

It would be very helpful if you could provide names of anyone, including Islington staff, who witnessed the abuse you experienced and/or the names of anyone you told and any action that was taken.

3. Criminal proceedings

Have you provided a statement to the police about non-recent abuse at any Islington Council children's home? (Please tick as appropriate)

☐ Yes ☐ No

If any of the persons you have named as abusers have been subject to criminal proceedings (whether found guilty or not) please provide their names below:

4. Supporting Information

Current ID and National Insurance Number is required to validate and process your application. Please contact the support team if you need assistance with any of your supporting information.

Please provide one of the following supporting ID:

- ☐ Photocopy of passport or EEA identity card
- ☐ Photocopy of driver's licence

If you are unable to provide the above, then please provide one form from each of the following:

- ☐ Utility bill (gas, electric, television, landline bill) issued within the last twelve months
- ☐ Bank, Building Society or Credit Union statement within the last twelve months
- ☐ Local authority council tax bill for the current council tax year

The second must be:

- ☐ Official Government correspondence (e.g. P45 or P60)
- ☐ Letter from the NHS (GP or Hospital)
- ☐ Central Government correspondence
(i.e. benefit award letter from DWP, letter from the Home Office)

National Insurance Number:

Please provide bank details so payments for approved applications can be made quickly and efficiently. These can also be provided at a later stage.

Your bank account details:

Bank name:

Account holder name:

Sort code:

Account number (8-digit number):

Access to Care Records

Do you consent to your Care Records being accessed to verify and assess your application? Without this it may be difficult for us to assess your application.

☐ Yes

You can apply for your records if you would like to see them. To do this, you need to submit a Subject Access Request to Islington Council by visiting www.islington.gov.uk/subjectaccessrequest

5. Compensation claims

Applicants are required to agree that any prior civil compensation payment be deducted from a scheme payment, also that any scheme payment be deducted from any future civil compensation payment.

Have you, or anyone on your behalf, made any compensation claim in relation to allegations of abuse? (Please tick as appropriate)

☐

Yes

☐

No

If yes, please provide the details and the outcome:

6. Privacy statement

Your personal information which you have provided will only be used:

- To make a decision on your support payment application;
- For fraud prevention;
- To protect your safety if we are concerned about your wellbeing;
- For anonymised reporting purposes.

We will be required to share your information with the scheme's independent legal provider DAC Beachcroft LLP who will deal with applications in conjunction with the council. If your application is referred to the Independent Appeal Panel at any stage, we will be required to share your information with the panel.

We may be required to pass information provided by you to the police if we need to obtain information from them about alleged and/or known abusers and by submitting this application you agree for us to do so.

We may also have to pass on your contact details to the police or other organisations, without your agreement, if we believe there is a safeguarding concern, or someone is at risk of serious harm.

We will always keep your information confidential and will not disclose any information provided by you to any organisation except as set out above or if required by law. Your information will be held for 6 years, in line with the council's retention policy.

For further information on how your information is used, how long it's kept for, how we maintain the security of your information and your rights to access information we hold on you, please email:

DP@islington.gov.uk

7. Declaration

I agree that any civil compensation payment I have received, or any civil compensation payment to me that has been agreed, by or on behalf of Islington Council, in respect of related non-recent abuse, will be offset against and deducted from any payment made to me under the Islington Support Payment Scheme.

I also agree that any payment I receive under the Islington Support Payment Scheme will be offset against and deducted from any civil compensation payment that may be made to me, by or on behalf of Islington Council, in respect of related non-recent abuse.

I agree to the terms and conditions of the Islington Support Payment Scheme.


By signing below I hereby declare that I agree to this, and that the information provided by me in this application form is true to the best of my knowledge and belief and I consent to my personal information being used and obtained as detailed throughout this form.


Signature:

Print:

Date:

Completed forms are to be returned either by:

 **Email:** supportpayment@islington.gov.uk

 **Post:** Islington Support Payment Scheme
222 Upper Street
London N1 1XR

If you are returning your application via post, please ensure that it is marked 'Strictly Private & Confidential'. We will let you know when your application has been received, the timescales for processing it and next steps.

If you would like support after completing this form, a case worker will be able to help you. You can also find out more about the support offer available to Islington survivors by visiting www.islington.gov.uk/survivorsupport

How did you hear about the scheme?

Your response will help with the ongoing promotion of the scheme.

- ☐ Islington Council's website
- ☐ Social media (e.g. Twitter, Facebook)
- ☐ Email from Islington Council
- ☐ Survivor Network Group
- ☐ Islington Support Service
- ☐ Other support organisations – please give more details in "Other" below
- ☐ Word of mouth e.g. told by family and friends
- ☐ Local newspaper e.g. Islington Gazette, Islington Tribune
- ☐ National newspaper or magazine
- ☐ IslingtonLife magazine (Islington Council's quarterly magazine)
- ☐ Other, please specify

Appendix

Sexual Abuse'

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

'Physical abuse'

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

'Emotional abuse'

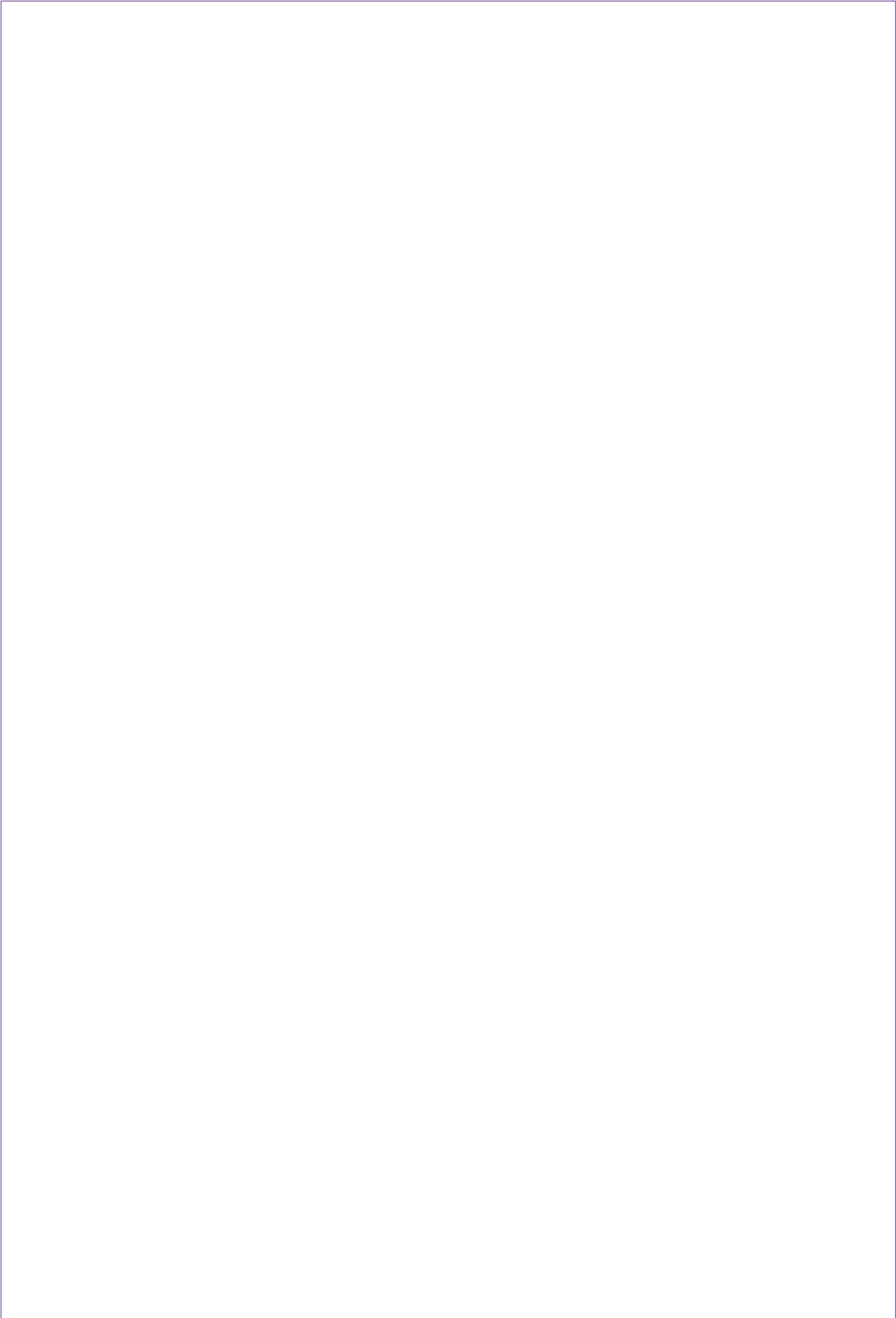
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

'Neglect'

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate care-givers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Additional information

Please use this space if you wish to continue responses from any previous section or provide any additional information:



Equalities Monitoring Information

We ask these questions so we can understand more about who is accessing the scheme and to see how we can make improvements. You are under no obligation to provide the information requested, but it would help us greatly if you did. Please answer all the questions and if you do not feel comfortable disclosing something, tick "prefer not to say".

The information which you provide will be treated as confidential and stored in accordance with the General Data Protection Regulation (GDPR). It will be separated from the application form, so it is kept apart from any personal information on your form.

How would you describe your gender?

☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say

☐ Prefer to identify in another way, please describe:

Do you consider yourself to be trans or to have a trans history?

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex and/or gender/ which they were assigned at birth.

☐ Yes ☐ No ☐ Prefer not to say

Are you married or in a civil partnership?

☐ Yes ☐ No ☐ Prefer not to say

What is your age?

☐ 18-24 ☐ 25-44 ☐ 45-64 ☐ 65+ ☐ Prefer not to say

Do you have any physical or mental health conditions, impairments or illnesses lasting or expected to last for 12 months or more?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

Are your day-to-day activities limited because of this?

☐ Yes, a lot ☐ Yes, a little ☐ No ☐ Prefer not to say

If yes, please select all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Learning disability or difficulty | <input type="checkbox"/> Neurodiversity e.g. Autism, ADD |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Long-standing illness (≥ 12 months) | <input type="checkbox"/> Other, please specify |

What is your religion or belief?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Rastafarian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Other, please specify |

How would you describe your sexual orientation?

- ☐ Bisexual ☐ Gay/ Lesbian ☐ Heterosexual/ Straight ☐ Prefer not to say
- ☐ Prefer to identify in another way, please describe:

How would you describe your ethnic background?

- ☐ Asian/Asian British ☐ Pakistani ☐ Chinese
- ☐ Indian ☐ Bangladeshi
- ☐ Any other Asian background, please describe:

- ☐ Black/Black British ☐ African ☐ Caribbean
- ☐ Any other Black background, please describe:

- ☐ Mixed/Multiple ethnic groups ☐ White and Black Caribbean
- ☐ White and Black African ☐ White and Asian
- ☐ Any other Mixed/Multiple ethnic background, please describe:

☐ Other ethnic group

☐ Arab

☐ Any other ethnic group, please describe:

-
- ☐ White ☐ English/Welsh/Scottish/Irish/British ☐ Gypsy or Irish Traveller
- ☐ Any other White background, please describe:

☐ Prefer not to say