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## **Report**

London Health Commission

*Health Impact Assessment – Draft Culture Strategy*

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**A report of the London Health Commission**

*written by*

**Marsaili Cameron**

**Ben Cave**

**Adam Coutts**

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- Trust Arts Project
- those who facilitated, and took notes at, the small group sessions during the workshop, and
- those who commented on drafts of the report or contributed additional information.

### Core planning and development team

The following people and organisations were centrally involved in planning and developing events related to the policy appraisal workshop, and reviewing drafts of this report on behalf of the London Health Commission.

Helen Davies .....	Health Policy Manager, Greater London Authority
Lesley Mountford.....	Specialist Registrar in Public Health, Greater London Authority
Gail Findlay .....	London Health Commission Coordinator
Julia Ricketts .....	Greater London Authority Health Advisor Support Manager, Directorate for Health and Social Care, London
Deirdre Cunningham.....	Director of Public Health, South East London Strategic Health Authority
Caron Bowen.....	HIA Facilitation and Support Manager, London Health Observatory
Natasha Gowman .....	Independent consultant
Gus Wilson.....	London Health Commission Administrator
Marsaili Cameron.....	Independent consultant
Ben Cave .....	Independent consultant
Adam Coutts .....	Independent consultant

## Introduction

It is widely accepted that many factors can affect health and well being. Some of the major factors – such as poverty, the environment and transport – are influenced by local or regional government. Statutory policies, therefore, can have a significant effect on the health of local communities.

Health impact assessment (HIA) is a tool to ensure that all policies, strategies and practices are properly assessed in terms of how they will impact on health. The aim of HIA is to encourage decision-makers to build on the positive and reduce the negative impacts of their decisions.

Decisions affecting health are made in the private and not-for-profit sectors as well as the statutory sector. Accordingly, organisations in all sectors can play an important role – working together and separately – in improving the health of Londoners and reducing health inequalities among different communities and groups.

In pursuit of this goal, the London Health Commission is committed to carrying out health impact assessments on the Mayor of London's draft strategies. By the end of 2002, HIAs had been carried out on eight draft strategies: transport, economic development, air quality, bio-diversity, municipal waste management; energy; spatial development (known as the London Plan); and noise. Reports of these HIAs can be found on the London Health Commission website: [www.londonhealth.gov.uk/hia.htm](http://www.londonhealth.gov.uk/hia.htm)

This report contains the findings of the HIA on the draft Culture Strategy.

## Section 1. Framework for the health impact assessment

The process for carrying out a policy appraisal health impact assessment (HIA) of the Mayor's draft Culture Strategy was agreed at the London Health Commission meeting of 2<sup>nd</sup> December 2002.

The health impact assessment of the Mayor's draft Culture Strategy reflects the outcomes from a rapid review of the evidence on cultural policy and health change (1) and from two main gatherings for discussion, debate and scrutiny. These are:

- policy appraisal workshop on 17<sup>th</sup> February 2003;
- meeting of the London Health Commission Executive on 21<sup>st</sup> February 2003.

At the policy appraisal workshop on 17<sup>th</sup> February, stakeholders from a variety of sectors had the opportunity to:

- bring their own experience and knowledge to bear on key questions about the draft strategy, and to share their views with other participants; and
- explore evidence linking cultural activity and health and, where appropriate, to relate this to their own experience and recommendations.

The final HIA report on the draft Culture Strategy was submitted to the Mayor on 12<sup>th</sup> March 2003.

The London Health Commission has summarised and distributed the rapid evidence review as *Culture and health: making the link* (2).

### 1.2 What is the Culture Strategy aiming for?

The summary of the Culture Strategy describes its key objectives in the following way:

'The Culture Strategy will be at the heart of the Mayor's drive to maintain and improve London's cultural strengths. It has four key objectives:

- Excellence** to enhance London's status as a world-class city of culture
- Creativity** to promote creativity as central to the success of London
- Access:** to ensure that all Londoners have access to culture in the city
- Value** to ensure that London gets the best value out of its cultural resources.

Underpinning each of these objectives is the principle of **diversity**: the recognition that the excellence and quality of culture in London will only be achieved by ensuring that London's diverse communities are reflected, and active, in the cultural life of the city.'

### **1.3 Outline of the process**

#### **Shape and focus of the policy appraisal workshop**

The half-day workshop took place on 17<sup>th</sup> February 2003, at the Greater London Authority, City Hall.

The overall purpose of the workshop was to:

- provide participants with an overview of the contents of the draft strategy and of the development process underpinning it;
- brief participants on key aspects of existing evidence on the health impacts associated with the draft strategy; and
- encourage participants to share their own experience and knowledge in this area with colleagues, to discuss insights and analyses, and so to help shape recommendations going forward to those finalising the strategy.

#### ***Who attended, and what did they do?***

Approximately 80 people attended, drawn from a range of sectors and levels of seniority. (See page 32 for a full listing of the participants.)

Chaired by Dr Sue Atkinson, Health Adviser to the Mayor, an initial plenary meeting included a presentation on the draft Strategy by Rosy Greenlees from the Greater London Authority (GLA) Culture Strategy team; an introduction by Dr Deirdre Cunningham (South East London Strategic Health Authority) to key aspects of evidence in the field; and an outline by Caron Bowen (London Health Observatory) of the process to be used for the HIA.

East London Dance gave a short performance which succeeded in covering a considerable variety of dance styles. The performers then invited questions from the enthusiastic audience. The young people talked about what they had gained from getting involved in the dance group – in particular, increased self-confidence and improved flexibility and stamina.

Participants then moved into small groups facilitated by Trust Arts Project.

Further information on East London Dance and Trust Arts Project is in Appendix 2 on pages 34-35.

The aim of this part of the workshop was to stimulate new and different ways of approaching the wide-ranging and very varied issues included in the draft Strategy.

Each of the groups addressed one of three broad themes:

- access and inclusion
- education and employment
- improving and protecting health through cultural activity.

These themes had been identified through analysis of the evidence base and of the draft Strategy.

Participants worked through two structured activities to address questions relating to clusters of policy proposals from the draft Strategy.

In an introductory activity, participants, in pairs, took part in a ‘health game’, brainstorming the potential positive and negative health impacts of key policy proposals in the draft Strategy. In the main activity of the session, each participant was invited to draw on a range of different resources and props – including wigs and photographs – to build up, and discuss with others, their creative response to one or two policy proposals and related questions. In doing so, they were asked to be particularly mindful of the potential impacts of the proposals on the health of Londoners who are members of disadvantaged groups.

After a brief plenary session, Greater London Assembly member Jeannette Arnold, who is Chair of the Culture Strategy group, spoke further about the values underpinning the Strategy and welcomed the contribution of participants in the workshop.

**Box 1 Doing it differently – brief reflections**

This workshop differed in format from previous workshops in the GLA HIA series.

The main difference was that it involved creative performance – both from guest performers and from the workshop participants themselves.

Participants responded in different ways to the expectation that they use approaches other than debate to expressing their views on the health implications of the draft Strategy. Some clearly felt more comfortable than others in working with visual images, textiles and other physical props.

So, what might be learned from this aspect of the workshop? Two elements perhaps provide starting points for discussion:

1. A certain amount of panic showed on the faces of some professionals at the workshop. The questions, ‘What’s going on?’ and ‘What am I doing here’ reverberated silently.  
These moments of panic might be helpful in giving professionals insight into the kind of feeling people from voluntary and community groups sometimes describe themselves as experiencing when working with professionals.
2. In the field of organisation development, it is increasingly recognised that metaphors can play an important role in organisational life. Metaphors can be constrictive – for example, they may distort and mislead; or they can be liberating – for example, they may stimulate new organisational insights (3). It was clear that participants in the workshop were using their ‘creative time’ partly to explore the implications of the language commonly used in the public health arena. For example ...  
... sticking plaster was used liberally and with relish to hold fragile structures together; and  
... wigs and hats were enthusiastically seized on by people accustomed to thinking in terms of, ‘Which hat am I wearing at this meeting?’.

## **Section 2. Main findings and recommendations**

The main findings and recommendations of the HIA on the draft Culture Strategy are outlined in this section.

Many important health considerations were already incorporated in the draft strategy. The strategy team is to be congratulated on the work that has gone into the preparation of the strategy and on the diverse types of economic, social (including health) and environmental evidence which have been pulled together.

- Section 2.1** outlines those areas of the draft Culture Strategy which it was felt could make a particularly significant contribution to improving health and reducing health inequalities.
- Section 2.2** outlines some areas of concern where it was felt that the proposed policies might contribute to harming population health and increasing health inequalities.
- Section 2.3** presents the detailed recommendations from the HIA process, along with summaries of evidence in support of the recommendations.

## 2.1 *What we like ...*

We welcome the Mayor's vision of culture as a powerful force which promotes understanding and a sense of identity. We also welcome the vision of London as a city with a vast range of cultural resources.

We congratulate the strategy team on producing a comprehensive strategy which demonstrates how culture and cultural policy can link with a wide range of policy areas and which covers many of the main issues for health, and social, development.

We see the following areas of the draft Strategy as being of particular importance in relation to the health and well-being of Londoners.

### **Over-arching view of cultural activity as contributing to social and economic development**

We welcome the statement that the creative and cultural industries need to be recognised as a significant contributor to London's economy and success (Policy Proposal 6). There are positive impacts associated with this proposal because it would generate interest, profit from celebration of culture – leading to general expansion of London as a cultural centre.

We also welcome the recognition that access to culture should be the right of all Londoners (Policy Proposal 8) and that a consistent framework should be developed for the collection of data on cultural participation in London (Policy Proposal 8.1).

Another welcome strand in the Strategy is reinforcement of the importance of using arts events and activities to address, explore and publicise healthy lifestyle issues (Policy Proposals 9 and 9.2).

### **Delivery in partnership**

We welcome the recognition that the Culture Strategy must be delivered 'horizontally', along with the Mayor's other strategies – in particular, the economic and spatial development strategies.

Improvements in infrastructure and support are acknowledged to be necessary to realise the creative potential of London's cultural diversity (Policy Proposal 3). These allow increased access to community venues, extended social networks, increased self-expression and reduced stress and risk of isolation.

## 2.2 *What we are concerned about ...*

Understandably, with such a wide-ranging strategy, there sometimes seem to be potential conflicts between projected benefits for different sections of London's population.

We see the following areas of the draft Strategy as being in particular need of review to prevent inadvertent damage to the health and well-being of Londoners.

### **Does a concern for health and other social inequalities run throughout the Strategy?**

Where is the 'centre of gravity' of the Strategy? Does it lie at the level of the community or the individual? And which group should be prioritised: local communities or consumers of cultural services?

We agreed that inner and outer London needs more investment in cultural institutions – but workshop participants stressed that disadvantaged and isolated people need to have ready access to these institutions. We agreed that development can be beneficial for the wider community if the economy is stimulated.

## Does the Strategy give a clear picture of how cultural policy impacts on the health of communities?

In an area of such richness and complexity, we felt that it was important to give specific pointers on how the Strategy can contribute further to improved social capital and why it needs to do so (see Box 2). After all, different sections of society use different cultural sectors very differently. What influences people's patterns of participation?

### **Box 2 Social capital**

Social capital is neither traditional capital (money), nor human capital (education). Social capital refers to the *resources stored in human relationships*, whether casual or close. It is not "civic engagement," though engagement in public life helps to generate social capital by usefully connecting people. It is not trust per se, but some of the best "goodies" come from trusting, as opposed to wary, impersonal ties among people. Social capital is the stuff we all draw on all the time, through our connections to a system of human relationships, to accomplish things that matter to us and solve everyday problems

cited in (4)

Social capital operates at various levels: the family, neighbourhood, city, and society and is used by individuals to get by, i.e., social support or bonding social capital and get ahead –bridging social capital or social leverage

cited in (4)

The benefits of sociability operate through a variety of mechanisms. For example, help from family and friends during a medical emergency, information given by a friend about a new screening test for cancer, or cooperation with neighbours to petition against the closing of a community hospital. From each of these mechanisms our social connections to others represent an asset, or a form of capital, that can be leveraged for health gain.

cited in (5)

The Strategy could usefully clarify, and perhaps expand on, its definitions of culture. At present, the Strategy gives a definition of culture as the '*activities and expressions manifested in the arts, sport, tourism, heritage, museums, libraries and archives, creative industries, parks and open spaces*' (Appendix B). We suggest that this defines cultural policy or cultural activity. The strategy also uses the term culture to describe people's sense of identity and history.

We also felt that clear distinctions could usefully be made between access to culture, participation in culture, and access to employment through cultural industries.

The Strategy could usefully present a 'helicopter' overview of the different 'citizen roles' that it is addressing, where there is an impact on health and well-being, and why, eg:

- ...employee
- ... employer
- ... consumer
- ... participant in cultural activity

- ... member of local community (whether or not you participate in cultural activity)
- ... learner (of any age)
- ... citizen (culture is political dynamite – whose discourse wins out when it is promoted by System?...)
- ... patient/client – of health and social services (eg, hospital food, GP arts referral)
- ... resident of inner/outer London

### **Non-inclusion in draft Strategy of policy proposals relating to food**

Workshop participants in each thematic group expressed concern that food is not included in the draft Strategy. Diet and access to food are important determinants of health.

### **Different age groups**

There is no real recognition of the fact that young people have distinct, and rapidly changing, cultural values and interests.

### **Links with education and with employment**

The draft Strategy gives a good overview of the key partnerships needed to make the vision a reality. But workshop participants felt that greater depth was needed in the guidance to two key areas of partnership: education and employment. In particular:

- work with local authorities to develop deeper understanding of ‘culture’ throughout the education system, from pre-school upwards.
- work with the ‘creative industries’ to explore ways to develop better working conditions and more progressive routes to employment.

#### **Box 3 Culture as a means of opening up the world**

Workshop quotation ...

*The opportunity to experience culture, from a primary school age if not earlier, is the launch pad of possibility. Direct access for children is one step.*

*Another step and one which is equally important, is that those who care for children have access to arts/culture so that they can support/nourish their children. So that culture is part of everyday life rather than a yearly visit to a pantomime.*

- *Self-confidence, self-awareness for both adult and child.*
- *Articulation.*
- *To be heard.*
- *To be seen.*
- *To not be afraid to be seen and heard.*
- *To imagine possibilities rather than face dead ends.*

## 2.3 *What we suggest ...*

There are six main recommendations.

1. Provide a clear picture of how cultural activity can affect the different aspects of individual and community life.
2. Acknowledge food, and the production and consumption of food, as an important vehicle for expressing and celebrating cultural diversity.
3. Consider mechanisms by which the creative industries can benefit their employees by improving working conditions and providing structured career paths.
4. Consider the tensions involved in developing a 24-hour economy within areas of mixed land use which incorporate both live and work design.
5. Strengthen the proposals for social and economic development through cultural policy by valuing the existing communities in local areas
6. Recognise the full importance of transport in London in sustaining cultural activity and development.

### **What do the recommendations include?**

The **recommendations** are described fully in the following pages.

Each recommendation has several specific, numbered **actions** attached to it. Where there has been agreement among those taking part in the Health Impact Assessment that these actions are linked to a specific **policy proposal** or proposals in the draft Culture Strategy, these proposals are highlighted alongside the actions. Where no specific policy proposals are highlighted, those developing and implementing the draft Culture Strategy are requested to review the draft Culture Strategy in light of the recommendations and take appropriate action.

**Summaries of evidence** in support of the recommendations are presented in boxes at the end of each section. This evidence comes from a review to support this HIA (1).

## 1. Provide a clear picture of how cultural activity can affect the different aspects of individual and community life.

- i. The Culture Strategy should point clearly to the need to develop capacity to apply new, or updated, social technologies (such as running better and more accessible public meetings, engaging with people and establishing more inclusive neighbourhood groups which link the grassroots with the grassstops) as well as addressing the endemic problems of social division and inequality.
  - Policy 9 states that Culture should be a means of empowering London's communities
- ii. Cultural policy and cultural activity can contribute to developing social capital (see Box 4). But a major problem for empowering communities and developing social capital is that social capital is wired along the same 'fault lines' as our relationships and social participation, *ie* race/ethnicity, social class, gender, and socio-economic status (see Box 5). We recommend that the Strategy should aim to develop social bonds which bridge, or link, different groups and institutions rather than strengthen and harden group identities
  - Policy 9.1 states that local cultural provision and its role in community empowerment should be promoted. Box 5 shows that social capital; and community cohesion may reinforce some patterns of exclusion.
  - Paragraph 239 describes how promoting and strengthening communities based on ethnic identity and religious affiliation can have both positive and negative effects.

### **Box 4 Social capital builders and the cultural strategy**

Despite the romantic ideas of community and of creating local places facilitating social interaction and connections, the fault lines are a more important determinant of social ties and participation than creating cultural quarters or hosting large scale events (6). In most cities, the type and quality of participation in any civic process and networks of personal and organizational affiliation are coloured by the social and economic inequalities of society (6,7).

- iii. Indicate key areas of work with local authorities and other education providers to instil a deeper understanding of 'culture;' throughout the education system, from pre-school upwards. Such work would include opening up resources such as schools for cultural and creative activities – for example, out of hours use of schools for cookery classes or food co-ops, or for art classes and exhibitions
- iv. Be more questioning of the links between cultural activity and social development, and encourage providers of cultural activities to consider the particular needs of the communities they serve.

- Paragraph 242 of the draft Strategy describes the 'very obvious' benefits of physical exercise and activity and paragraph 411 mentions the direct physical benefits from sport. Different programmes of activity will be needed for the different groups.
- Box 7 shows that sports and physical activity can have beneficial effects but that evidence for sustainable social development is limited.

**Box 5 Some social capital may not be for the 'greater good'**

Social capital is considered important not for what it is but for what we can do with it. The outputs may be morally good and bad. The Mafia and terrorist groups call upon their networks of social capital all time in order to achieve their ends and which often are to the detriment of those excluded. Social capital builders should therefore pay attention to what they are building for as well as to the details of the building process (6).

Some forms of social capital can be a barrier to social cohesion and personal development. A tightly knit group such as family members or closed circles of friends may be inward seeking and less orientated to trust and co-operation at the wider community level (8). Powell and Smith (9) use ethnicity as a marker of group identity and argue that exclusive ethnic group ties can impede individuals from expanding their contacts with a wider network.

Cited in Cave and Coutts (1)

- v. Consider using an expanded version of the World Health Organisation definition of health (paragraph 411) *as a state of complete physical, psychological and social well-being*. This definition has been criticised for ignoring the situation of people who have chronic illness but view themselves as healthy. We therefore suggest that the strategy considers expanding the definition of health to show that:
  - health is *a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities* (World Health Organisation Health Promotion glossary cited in source 2).

**Box 6 Racism and ethnic inequalities in health**

Racism is a central component of ethnic inequalities in health (10). Discrimination and social exclusion can lead to a disadvantaged socio-economic position and consequent poor health.

The experience of racial harassment and perceptions of racial discrimination make an independent contribution to health over and above socio-economic effects. Racism and its accompanying social disadvantage are important aspects of the lives of people from ethnic minority groups.

Cited in Cave and Coutts (1)

**Box 7 Sports ... individual and social benefits?**

Exercise has the capacity to diminish morbidity and mortality within the population (11). The list of health aspects associated with low levels of exercise includes some major causes of death and disability and is composed almost exclusively of disorders that affect adult health. Most involve lifelong processes that begin during the child or adolescent years and surface clinically in later adulthood (11).

Evidence about the long-term social benefits of sports and community development is not wholly conclusive: some reports claim that participation in sports can enhance people's quality of life by stimulating participation in a whole range of non-sport activities (12). This is disputed in research which finds little evidence of sustained social benefits from sport and recreation ((13) cited in (14)).

Cited in Cave and Coutts (1)

## 2. **Acknowledge food, and the production and consumption of food, as an important vehicle for expressing and celebrating cultural diversity.**

- i. Recognise that food is hugely significant for both health and culture. The food sector is a major area of economic activity and employment, for example, and London's status as a world city is partly dependent on a well functioning food economy (15). Food, as a source of nutrition for individuals, also has huge potential to maintain or damage health. And food is not just about sustenance, but about identity (see Box 7).
  - *Delivery in Context* (Chapter 7) of the draft strategy describes how the Culture Strategy must be delivered in tandem with a full range of partners to realise the social and economic benefits.
  - Action 4.4.5 of the Economic Development Strategy for London (16) states that the London Development Agency will undertake further work on the links between nutrition, health and food policy .

### **Box 8 Food and identity**

Food is not merely about sustenance and nutrition: it is packed with social, cultural and symbolic meanings. 'Every mouthful, every meal can tell us something about ourselves and about our place in the world' (17, p3).

- ii. Acknowledge that food retailing and catering is an area of economic strength for ethnic minority communities and has been a major factor in the regeneration of several communities. The majority of London based food companies are small and medium enterprises and overall it is a labour intensive sector, with a high number of entry-level jobs (15).
  - Policy 9.1 which states that local cultural provision and its role in community empowerment should be valued could include mention of the economic and social importance and the cultural resonance of different types of food.

### **Box 9 Hospital food**

Workshop quotation ...

*Is the food in hospital culturally diverse? Sometimes. Often not.*

*Notice on blue NHS apron (workshop prop) ...*

*'Want rice and peas and fried plantain. But not for breakfast, please!'*

**Box 10 Eggs, circulation and work**

Workshop quotation ...

*A cautionary tale: Once upon a time, government propaganda said, 'Go to work on an egg.' Every breakfast table across the land probably showed the effects of this advice. This was good for the food industry, of course. Indeed it became strong enough to get away with the scandal of producing salmonella-laden eggs – making the pleasure of eating soft-boiled eggs life-threatening.*

*This proved to be a bad idea especially for people with heart/circulation vulnerabilities.*

*An alternative scenario sees a sharing with other cultures. In a celebratory, non-threatening series of neighbourhood activities, they might have learned to like wider variety of grains, fruits, pulses and varied their diets positively, using local info. and defying (ill founded) government. propaganda – and ended up healthier.*

### 3. Consider mechanisms by which the creative industries can benefit their employees by improving working conditions and providing structured career paths.

- i. Any growth in the Culture Sector will increase employment and in general is welcomed. But some types of employment can damage rather than improve health. Therefore we recommend that particular attention is given to the nature of employment likely to be created and the terms and conditions of that employment.
  - Box 11 shows how some types of work do not bring social inclusion but serve to compound existing health and economic inequalities.
- ii. Make clear that there are large numbers of unskilled and semi-skilled workers who support the creative industries. The leisure and creative sectors *overall* have some of the lowest wages sector-wide and some of the poorest working conditions. Accordingly, there is a need to work across sectors to improve these conditions.
  - The Department of Culture, Media and Sport define creative industries as those ‘that have their origin in individual creativity, skill and talent and that have a potential for wealth and job creation through the generation and exploitation of intellectual property’ (18); table 12 of the Strategy lists the sub-sectors of the creative industries.
  - Policy proposal 7.1 recommends that effective education, training and career development opportunities should be developed in the creative sector and Policy 7.2 requires access to opportunity through targeted interventions and partnership.

#### **Box 11 Employment prospects**

The health consequences of employment and unemployment are directly contingent upon the quality of the work (19). A high level of job demands and an imbalance between effort and reward are risk factors for future psychiatric disorders (20).

Employment conditions among artists who work with people are lamentable (21).

Cited in Cave and Coutts (1)

- iii. Highlight the need to work across sectors to develop progressive routes in employment in the creative industries. Once introduced, these will generate a critical mass of properly trained participants able, in time, to make demands on the industry.
- iv. Consider, where appropriate, requiring creative industries in receipt of public funds to carry out health impact assessment on their plans and programmes and to lead by example – and bear in

mind the fact that the sector may need advice and support on health-related matters.

- Policy 9.3 recommends promoting the role and potential of culture in health and community safety: this could be extended to demonstrate the link between health improvement and cultural activities.

**4. Consider the tensions involved in developing a 24-hour economy within areas of mixed land use which incorporate both live and work design.**

- i. Give further guidance on strategies for minimising conflict and noise problems. Mixed land use is beset by conflicts of interest between the tourists and the people ‘who live there’. People who live near cultural services such as bars, restaurants, museums may not appreciate late night opening. But increased revenues especially from late night bar and club openings may override the complaints by these people.

- Paragraph 121 recognises that management issues are key to minimising conflict and noise problems

**Box 12 Licensing regulations and impact assessment**

Westminster City Council incorporated health and well-being impact assessment into their Best Value Review. One of the workshops looked at the licensing regulations in the City.

An unexpected recommendation was that bars and restaurants could and should reduce the amount of noise and disturbance experienced by local residents by fitting rubber feet to any outdoor furniture. This quietens the constant movement of chairs and tables and the stacking of the furniture at the end of the night.

- ii. We recommend that work with marginalised groups plays a part in the Mayor’s role in contributing to and delivering the cultural agenda. For example, activities in the 24 hour economy could be tied to work on safer sex and safe drug and alcohol use (see Box 13 and Box 14).

**Box 13 Drug use**

Indicators show that service capacity in London is low for all substances (22): opiates are dealt with best and alcohol the least. These figures also inversely reflect need – the problem use of alcohol is most widespread, this is followed by other drugs such as amphetamines, cocaine and heroin; when considering harm to society and health need, alcohol and heroin probably cause the most harm, although the impact of stimulants such as cocaine has yet to be assessed.

Reasons given by young people for their initiation and use of illicit drugs centre around peer group influence (23) eg: friendship, the desire to be part of a group or not feel left out of a group, seeing friends taking drugs with no obvious adverse consequences and witnessing friends taking drugs and apparently enjoying themselves.

Cited in Cave and Coutts (1)

**Box 14 Alcohol and violence**

Alcohol use is inextricably intertwined with modern social living and is a visible part of everyday life. Many young people begin to drink as part of the normal socialisation process (24). One ethnographic study (25) described the changing nature of drinking cultures. The research identifies a move away from the high consumption, male-dominated working-class culture to a binge-drinking culture, frequented by both males and females who drink mainly at weekends and in groups.

The link between alcohol and aggression is not a simple one (24). Men, particularly young men, are the most likely victims. However, there is also a strong link between domestic violence where women are the victims, and alcohol. Men who drink heavily are more likely to physically abuse their partners. Consequently, women are more likely than men to be injured in the home, while men are more likely to sustain injury near licensed premises.

The potential for alcohol-related violence can be reduced by controlling elements of the physical and social drinking environment (26).

Cited in Cave and Coutts (1)

## 5. Strengthen the proposals for social and economic development through cultural policy by valuing and supporting the existing communities in local areas

### Box 15 Cultural bureaucrats

Workshop quote ...

*Would need to work very carefully to enable cultural quarters of the kind in strategy to happen – where's the evidence to date?*

*Building too much expectation – does the industry have the capacity?*

*Artists make cultural quarters not bureaucrats.*

- i. Strengthen the proposals for developing cultural quarters by valuing the existing communities in these areas and being wary of social exclusion caused by gentrification
  - Policy 11.1 recommends that established, emerging and potential creative clusters are mapped to ascertain the impact of property prices on the displacement of creative business. Further criteria for monitoring should include the pricing out of local population, loss of essential local services, loss of local community support networks, loss of community.
  - Policy 11.2 states that the role of culture should be promoted in neighbourhood renewal programmes to local strategic partnerships.
- ii. Cultural quarters develop 'naturally' rather through external determinants. We should aim for small-scale cultural quarters within neighbourhoods, as well as having whole neighbourhoods designated as cultural quarters.
- iii. Highlight the key role cultural activity has to play in the full spectrum of public policy. For example, an integrated approach which sees Cultural Policy as a key element of Neighbourhood Renewal Fund policy development will complement the health agenda.
  - This principle is examined in chapter 7: paragraph 397 states that linkages and partnerships must be created with a wide range of policy makers and organisations to maximise the potential of culture and to ensure the most effective means of delivery. The regional approach needs to be mirrored at sub-regional and local levels.
- iv. Cultural development needs to place emphasis on access, participation and capacity building. Strategies for attracting large scale events to London, such as the Olympics, would be more sustainable if they included consideration of the experience of local communities (see Box 17) and included strategies and funding for anti-poverty programmes. Coordination and planning are needed if social inclusion is to be achieved: this requires resource.

- Policy 2 explicitly focuses on the strategic benefits to London of hosting world-class events. The impacts of large-scale events can be complex, variable and create winners and losers: where community and user involvement in resource and funding decisions are weak there are higher risks of negative impacts.
- v. Cultural quarters do not provide capacity for ‘good’ employment: they may lead to poor jobs if training is not good. They may raise expectations – then may disappoint, causing problems.
  - Policy 1 states that London needs more investment in its world class cultural institutions
  - Policy 11 states that cultural quarters must be developed as key contributors to London’s creative capital and the development of the broader economy

**Box 16 Gentrification**

Gentrification is “the rehabilitation of working-class and derelict housing and the consequent transformation of an area into a middle-class neighbourhood” (27, p1).

The term ‘gentrification’ refers to a process of class succession and displacement in areas characterised by working-class and unskilled households (28,29).

Gentrification appears to improve the physical and social fabric of an area. However, social problems are usually evacuated through the ‘improvement’ of neighbourhoods: the subsequent absence of social problems is thereby used as evidence that gentrification has positive social impacts (29).

cited in (1)

**Box 17 Large-scale events and local communities**

The challenge is to ensure that community interests include the needs of local residents and local public spaces and are not limited to professional sports teams, their owners, developers, hotel and leisure industry operators (30). Citizen participation was minimal in the bidding for Olympic events: the Mayor of Atlanta stated that the Games would lift people out of poverty. There was, however, no strategy nor funds for anti-poverty programmes.

There were positive and negative social impacts of the 2000 Olympic Games in Sydney, Australia (31): including an increased sense of pride in Sydney and an opportunity for indigenous leaders to highlight issues facing their people. Negative impacts included hazards from the construction work, poor consultation and mistrust over the financial and political benefits of the Games.

cited in (1)

## 6. Recognise the full importance of transport in London in sustaining cultural activity and sustainable development

- i. Highlight the potential of access to transport for culture for improving health. Main elements are: increased access to exercise; less stress; better mental health; respect for cultural diversity; participation in sport/team working.
- ii. Bring out the importance of community safety issues in relation to the 24-hour economy. The late night economy brings issues about workforce health and safety: people working in the informal economy have little choice. Box 19 shows how many assaults are close to transport
  - Policy Proposal 10.2 focuses on the importance of work in partnership with transport providers.

### Box 18 Transport issues

The primary function of transport is in enabling access to people, goods and services ((32) cited in (33)). In so doing it also promotes health indirectly through the achievement and maintenance of social networks.

Lack of access to transport is experienced disproportionately by women, children and disabled people, people from minority ethnic groups, older people and people with low socio-economic status. These groups find their access is reduced to services such as shops and health care and spend a higher proportion of their resources on transport (33, p56).

The cost of rail and local bus fares has risen by nearly one third in real terms since 1980, whereas motoring costs have decreased by 5% (cited in 33, p56). Increasing people's access to cultural organisations necessitates over-coming physical barriers such as cost, travel and lack of time (14). Poor people may be exposed to potentially more threatening situations due to their greater reliance on public transport which is consequential to their lack of private transport (34).

People who feel unsafe tend to restrict their behaviour to safe places or safe times or to avoid certain activities they perceive to be dangerous such as walking down the street at night or travelling on public transport (34).

cited in (1)

- iii. Indicate strategies for tackling some of the in-built discrimination associated with transport issues: eg older people afraid to go out alone; under 18s excluded from venues with alcohol; people on low incomes have little money to spend on fares for getting to cultural events.
- iv. Acknowledge that the availability of transport is not enough to give access to culture. Other important 'doors' are: money;

language; information (about events and about transport). People will not access cultural events if scared to go out at night (or if others are scared on their behalf).

**Box 19 Drinking establishments and late night transport**

Violence at night is heavily associated with drinking: most attacks occur on the principal routes leading from drinking establishments to late night public transport facilities (35).

The impact of fear of crime is not just upon individual freedoms and activities but it is also focused on particular social groups frequently following and reinforcing divisions of social exclusion (36).

Cited in Cave and Coutts (1)

**Box 20 Participation in the arts**

Many activities are segregated by race, socioeconomic class and gender. This is, in part, because people seek those who are like them and, in part, because the system of financing and presenting the arts has traditionally reinforced entrenched patterns of exclusion..

Social exclusion disempowers people: it deprives people of access to the arts. The theatre or cinema is not high on the list of priorities when people are struggling to survive (37).

cited in (1)

### **Section 3. Materials provided to workshop participants**

The scoping of the HIA workshop for the draft Cultural Strategy identified issues of key importance for the focus of the HIA workshop.

After considering the evidence base and the draft Strategy the following issues were identified in order to focus, but not to confine, the discussion in the HIA workshop groups:

1. access and inclusion
2. education and employment; and
3. improving and protecting health through cultural activity.

The workshop participants were given summaries of the policy proposals in the draft Culture Strategy.

The summaries were prepared by the Core Team and are provided below.

The following summaries are based on evidence sheets which were handed to participants before the workshop. They were based on *Health evidence base for the Mayor's Cultural Strategy* (1) which was commissioned by the South East London Strategic Health Authority. This document forms the basis of *Culture and health: making the link* (2) which was also sent to participants.

Each issue is introduced with

- **key directions** indicated in the draft strategy;
- key points from the **evidence**;
- **questions** to consider in the workshop session; and
- **relevant policy proposals** for consideration.

## 1. Access and inclusion

### Key themes and directions

Cultural facilities make an important contribution to quality of life in London, including access to London's cultural institutions and collections, architecture and public buildings and its parks and open spaces. Access is also important to people from outside London, which attracts 56 percent of the UK overseas visitors market. Access is determined by factors such as transport, affordability, and the location of cultural facilities, which can be particularly important for people whose mobility is already limited by disability or age.

### Key points from the evidence

Communities with a higher level of participation in cultural activities, groups and societies (such as choirs and bowling clubs) have higher levels of participation in civic governance, as well as better health.

People who regularly attend cultural events live longer than those who don't. People who are involved in cultural activities have a better sense of their own self-reported health and wellbeing than those who do not.

Participation in the arts can help to build social capital, helping to transcend divisions between different groups in society and increase social inclusion and empowerment. However, many forms of organised cultural provision are segregated by race, class and gender.

Some large scale cultural events such as major sporting events or music festivals appeal to and involve relatively limited sections of society as competitors/performers and spectators, and can impact negatively on the community within which they are located.

Space for children's active play has been reduced as roads and pavements have become more dangerous through increased traffic.

### Questions

- What are the positive and negative implications for the determinants of health, and health inequalities, of the policy proposals highlighted above?
- Will they lead to greater participation in cultural activity among disadvantaged groups? In particular, will they reduce segregation and increase inclusivity? (8.2, 8.4, 9.1-4, 10.2)
- Which of the policy proposals are most, and least, likely to contribute to regeneration, promoting safer communities and encouraging healthier lifestyles?
- Are the proposals likely to result in adequate location of cultural facilities and resources at neighbourhood level, to redress areas of disadvantage? (11.1, 11.2)

- Is enough being done to ensure that planning for large scale sporting and cultural events and facilities actively involves and empowers the local communities within which they are located? (1.1)
- Which of the proposals are most, and least, likely to increase people's participation in cultural activities by overcoming physical barriers to access, including travel and cost?

**Relevant policy proposals**

<p>1: London needs more investment in its world-class cultural institutions</p>	<p>1.1 Champion the development of London’s major cultural facilities taking account of the broader transport, spatial and economic issues.</p>
<p>3: Improvements in infrastructure and support are necessary to realise the creative potential of London’s cultural diversity.</p>	<p>3.1 Develop a capacity-building programme for black, Asian and minority ethnic cultural organisations and initiatives. 3.2 Develop a programme of support for selected cultural events, which reflect the diversity of London.</p>
<p>4: London’s evening and late night economy needs to be developed in line with the changing needs of Londoners.</p>	<p>4.1 Promote the effective and sensitive management of evening and late night activity. 4.2 Ensure TfL, National Rail, south east services and other transport providers work closely with cultural organisations and the entertainment business to deliver safer travel at night.</p>
<p>7: Education and lifelong learning must play a central role in nurturing creativity and providing routes to employment.</p>	<p>7.1 Facilitate the effective development of education, training and career development opportunities in the creative sector. 7.2 Ensure access to opportunity through targeted interventions and partnership.</p>
<p>8: Access to culture should be the right of all Londoners</p>	<p>8.1 Develop a consistent framework for the collection of data on cultural participation in London. 8.2 Promote best standards and improve access to mainstream cultural and sporting activities for disabled people. 8.3 Promote sports activity to Londoners through the Sport Action Zones, Active Communities Programme and other initiatives. 8.4 Promote improved access for all Londoners through targeted interventions and partnership. 8.5 Maximise the potential of new technology to facilitate access to the creative sector for all Londoners.</p>
<p>9: Culture should be a means of empowering London’s communities</p>	<p>9.1 Promote the value of local cultural provision and its role in community empowerment. 9.2 Develop a programme of activity to address social inclusion and add value to the Mayor’s on-going work on homelessness, refugees etc. 9.3 Promote the role and potential of culture in health and community safety. 9.4 Develop innovative high profile partnerships to engage young people in cultural activity.</p>
<p>10: There should be a spread of high quality cultural provision across London and at all levels – local, sub regional and regional.</p>	<p>10.1 Facilitate strategic partnerships to maximise growth of cultural provision. 10.2 Work in partnership with TfL and other transport providers to ensure that the transportation needs of the cultural sector are met and that opportunities to promote access to culture are maximised.</p>
<p>11: Cultural Quarters must be developed as key contributors to London’s creative capital and the development of the broader economy.</p>	<p>11.1 Support the development of Cultural Quarters and promote their role as key contributors to London’s creative economy and its regeneration. 11.2 Promote the role of culture in neighbourhood renewal programmes to local strategic partnerships.</p>

## **2. Improving and protecting health through cultural activity**

### **Key directions**

Community participation is vital for successful health promotion (see the Alma Ata Health for All declaration, and the Ottawa Charter for Health Promotion). Cultural activity includes physically active leisure pursuits. Physical activity can take many forms from strenuous activity such as vigorous sports to moderate activity such as walking, all of which are beneficial to health in varying degrees. Art can also provide important therapeutic benefits, for individual patients and as part of public space and hospital arts projects. Food is also an important aspect of Londoner's cultural identity and experience, as well as a key determinant of health. Not all forms of cultural activity support better health. Alcohol and drug use are associated with leisure activity for many sections of society.

### **Key points from the evidence**

Communities with a higher level of participation in cultural activities, groups and societies have better health.

People who regularly attend cultural events live longer than those who don't. People who are involved in cultural activities have a better sense of their own self-reported health and wellbeing than those who do not.

Exercise can help to prevent early deaths from a range of causes, including heart disease and stroke, as well as reducing the risk of conditions such as diabetes, high blood pressure, osteoporosis and some cancers. It can also help the treatment of depression, anxiety and asthma.

Women are less likely to exercise regularly than men, and women from ethnic minorities are least likely to be involved in any regular physical activity. People on low incomes have a lower level of physical activity than other Londoners.

Barriers to accessing opportunities for physical activity include child care responsibilities, cost, transport and cultural factors such as requirements for single sex provision.

Alcohol is linked with injury to young men as a result of aggression near licensed premises.

Other drugs which have a considerable impact on the health of Londoners include heroin, cocaine and amphetamines. Almost 50% of young people are likely to try illegal drugs at some time although only about a fifth go on to develop a long term pattern of use.

Treatment and care facilities for all forms of drug related ill health are below the necessary capacity. Opiates are dealt with best, and alcohol least well.

Fear of crime restricts participation in cultural activities. This is worst among women living in poor neighbourhoods and people with direct experience of racism, or with physical disabilities.

### Questions

- What are the positive and negative implications for the determinants of health, and health inequalities, of the policy proposals highlighted below?
- Are they likely to lead more people to regard physical activity as something fun and enjoyable, and will they remove barriers to access especially among current low-use groups? (8.2, 8.3, 9.2, 12.4)
- Will they result in people feeling they have safer access to cultural and leisure activities especially at night? And will people living near late night cultural facilities feel their quality of life is being preserved? (8.2, 8.3, 9.3, 11.2)
- Will sufficient support be in place to effectively address problem alcohol and drug use associated with some forms of cultural and leisure activity? (9.3)
- Does the strategy adequately address the cultural aspects of food in London, as a key determinant of health? (No specific proposals)

**Relevant policy proposals**

<p>4: London’s evening and late night economy needs to be developed in line with the changing needs of Londoners.</p>	<p>4.1 Promote the effective and sensitive management of evening and late night activity. 4.2 Ensure TfL, National Rail, south east services and other transport providers work closely with cultural organisations and the entertainment business to deliver safer travel at night.</p>
<p>8: Access to culture should be the right of all Londoners</p>	<p>8.2 Promote best standards and improve access to mainstream cultural and sporting activities for disabled people. 8.3 Promote sports activity to Londoners through the Sport Action Zones, Active Communities Programme and other initiatives.</p>
<p>9: Culture should be a means of empowering London’s communities</p>	<p>9.1 Promote the value of local cultural provision and its role in community empowerment. 9.2 Develop a programme of activity to address social inclusion and add value to the Mayor’s on-going work on homelessness, refugees etc. 9.3 Promote the role and potential of culture in health and community safety. 9.4 Develop innovative high profile partnerships to engage young people in cultural activity.</p>
<p>11: Cultural Quarters must be developed as key contributors to London’s creative capital and the development of the broader economy.</p>	<p>11.1 Support the development of Cultural Quarters and promote their role as key contributors to London’s creative economy and its regeneration. 11.2 Promote the role of culture in neighbourhood renewal programmes to local strategic partnerships.</p>
<p>12: The cultural potential of London’s public spaces should be fully realised</p>	<p>12.4 Promote the cultural potential of London’s green spaces and waterways.</p>

### **3. Education and employment**

#### **Key directions**

Employment is a significant determinant of health. Cultural industries, as employers of hundreds of thousands of workers in London, have an important contribution to make to the health of Londoners in this respect. London's creative and cultural sector generates a total estimated revenue of £25 to £29 billion per annum, employing more than 500,000 people in the creative industries alone. An estimated 275,000 people are employed in tourism in the Capital. 42,800 Londoners are employed in sport, and 13,700 employed in libraries and museums. Culture can also provide an important vehicle for education and learning for all ages.

#### **Key points from the evidence**

Improved educational attainment in childhood is linked to better health in adulthood.

The importance that children's and adults' social networks attach to learning including out of school activities and parental involvement in school activities is a key determinant of attainment.

Negative impacts of employment on physical and mental health are associated with: lack of control over work; lack of social support; imbalance between effort and reward; and lack of job security.

One study found that workers in arts projects demonstrated high levels of skill and commitment, but described employment conditions among artists who work with people as 'lamentable'. They found many areas requiring improvement: pay, contracts, work environment, training, career development, management and professional support.

The provision of community cultural facilities by itself does not increase social capital. Additional intervention is needed to increase participation.

#### **Questions**

- What are the positive and negative implications for the determinants of health, and health inequalities, of the policy proposals highlighted above?
- Are the proposals likely to increase opportunities for Londoners, especially those who are currently unemployed, to gain employment within the cultural industries? (1.1, 5.1, 7.1, 7.2, 11.1, 11.2)
- Do they maximise learning opportunities for all ages?
- Are the proposals likely to improve employment conditions, which can affect health, for those already working within the cultural industries? (6.3, 7.1, 7.2)
- Are the proposals for spatial development of London's cultural facilities likely to contribute to the regeneration of disadvantaged neighbourhoods, including through employment opportunities,

especially in the Opportunity Areas identified in the draft London Plan?  
(1.1, 5.1, 11.1, 11.2)

**Relevant policy proposals**

1: London needs more investment in its world-class cultural institutions	1.1 Champion the development of London’s major cultural facilities taking account of the broader transport, spatial and economic issues.
5: London needs to develop its brand and promote itself as a world cultural city and tourism destination.	5.1 Champion the tourism industry, providing strategic leadership, bringing both the public and private sectors together to maximise the benefits to London’s economy.
6: The Creative and Cultural Industries need to be recognised as a significant contributor to London’s economy and success.	6.1 Promote investment, sustainability and growth across the creative and cultural industries. 6.2 Promote and maximise the value of the creative and cultural industries. 6.3 Promote the contribution of individual practitioners and the importance of nurturing new talent.
7: Education and lifelong learning must play a central role in nurturing creativity and providing routes to employment.	7.1 Facilitate the effective development of education, training and career development opportunities in the creative sector. 7.2 Ensure access to opportunity through targeted interventions and partnership.
11: Cultural Quarters must be developed as key contributors to London’s creative capital and the development of the broader economy.	11.1 Support the development of Cultural Quarters and promote their role as key contributors to London’s creative economy and its regeneration. 11.2 Promote the role of culture in neighbourhood renewal programmes to local strategic partnerships.

## Section 4. Appendices

### *Appendix 1 Participants in policy appraisal workshop*

In alphabetical order ...

<b>Name</b>	<b>Organisation</b>
Faye Munro	London Borough of Hounslow
Kukuwa Abba	Islington Primary Care Trust
Shaed Ahmad	Harrow Primary Care Trust
Belinda Andrews	St Georges Healthcare NHS Trust
Jennette Arnold	Greater London Authority
Sue Atkinson	Directorate of Health and Social Care
Pippa Bagnall	Directorate of Health and Social Care
Caron Bowen	London Health Observatory
Anna Bowman	Lambeth Primary Care Trust
Amanda Brown	Active Lifestyles Team, Croydon Council
Marsaili Cameron	Consultant/ Author
Donna Carr	Greater London Authority
Adam Coutts	Consultant
Nikki Crane	The Arts Council of England
Deirdre Cunningham	South East London Strategic Health Authority
Helen Davies	Greater London Authority
Peter Davis	Barnet Area Forum
Carol Dixon	London's Museums, Archives and Libraries
Len Duvall	Greater London Authority
Lara Ellen Dose	National Network for Arts in Health
Kathleen Frenchman	
Roza Gan	Harrow Interfaith Council
Andy Ganf	Government Office fo London
Claudia George - Meek	Cultural Arts Network
Sarah Gill	Directorate of Health and Social Care
Natasha Gowman	Public Health Consultant
Rosemary Greenlees	Greater London Authority
John Hadley	Sport England
Bob Harris	Cultural Strategy Group
Pam Harris	London Borough of Wandsworth
Meli Hatzihrysidis	Department of Culture Media and Sport
Rachel Haynes	Chartered Society of Physiotherapy
Lucy Hetherington	British Trust for Conservation Volunteers
Jason Lever	NSPCC
Elizabeth Manero	London Health Link
Caoimhe McAvinchey	People's Palace Project
Ian McDowell	Newham Healthcare NHS Trust
Brendan McLoughlin	London Development Centre
Ron Melville	Forestry Commission
Juliet Middleton	CABE
Paula Morrison	Oxleas NHS Trust
Lesley Mountford	Greater London Authority
Paul Murphy	London Irish Centre
Jo O'Brien	Association of London Government
Hyacinth Parsons	Government Office fo London
Colin Priest	
Julia Ricketts	Directorate of Health and Social Care
Lisa Scott	East London Dance

Moira Sinclair	Vital Arts
Belinda Sosinowicz	Trust Arts Project
Patricia Terry	Department of Culture Media and Sport
Cheikh Traore	Greater London Authority
Courtney Van der Weyer	Sustain
Rashmi Varma	Confederation of Indian Organisations
Shaun Wallace	African Contemporary Art
Gus Wilson	Greater London Authority
Jennifer Wortham	Directorate of Health and Social Care
Lola Young	Greater London Authority
Imam Yunus Dudhwala	Newham Healthcare NHS Trust
John Morris	
Boris Wannow	African Contemporary Art
Jackie Sands	Stratford Circus
Marcia Harris	Groundwork Trust
Karen Drezgic	London Arts
Amelia Benoit Benoit	DANCER
Aisling Byrne	Kensington, Westminster & Chelsea PCT
Yiannis Christos	FACILITATOR
Patricia Cox	FACILITATOR
Joanna Gore	FACILITATOR
Lucy Harrison	DANCER
Joanne Lecky	DANCER
Lesley Orbiston	FACILITATOR
Amrithri Perera	FACILITATOR
Dee Piari	DANCER
Laura Ann Smith	DANCER
David Such	FACILITATOR
Nisha Vadher	DANCER
Sadie Williams	DANCER
Vicky Hobart	Haringey Primary Care Trust

## ***Appendix 2 Performers and facilitators at the workshop***

### **East London Dance**

East London Dance has pursued a core vision to involve artists with the communities of the outer East London boroughs since 1987. For the past five years we have summarised our vision and defined our brand as artists and communities. Our progress has produced an aesthetic and practice which today involves a commitment to total access with a wholly inclusive approach, capable of involving everyone in the community in the positive social and artistic experience of dance. We have been continuously developing our expertise in dance participation and creation projects that meet the needs of and celebrate our diverse communities.

'Urban Street Vibes Youth' are part of the first phase of our 3-year youth strategy 'Urban Moves'. Funded by the Esmee Fairbairn Foundation, Jack Petchey Foundation and London Borough of Newham, the group meet weekly at Stratford Circus and are currently working on a new piece with choreographer Robert Hylton which will be performed at the end of March.

The piece which was performed is called 'We Can Move'. It was first performed on December 19<sup>th</sup> 2002 in a youth dance showcase at Stratford Circus. It is a celebration of music and movement of black origin, and gives a taster of Jazz, Jive and Urban Vibes.

East London Dance are:

Director: Kiki Gale

Development Director: Anthony Peppiatt

General Manager: Franck Bordese

Projects Manager: Alexandra Kenyon

Projects Coordinator: Lerato Dunn

Administrator: Lisa Scott

Projects Assistant (placement): Amanda Spellman

The choreographer for the piece 'We can move', is Leon Hazlewood, assisted by Laura Ann Smith

The dancers are:

Amelia Benoit

Lucy Harrison

Joanne Lecky

Dee Piari

Laura Ann Smith

Nisha Vadher

Sadie Williams

For more information please contact East London Dance on 0208 279 1050

### **Trust Arts Project**

The facilitators are:

Amrithri Perera

Lesley Osbiston

Patricia Cox

Yiannis Christos

Joanna Gore

David Such

Belinda Sosinowicz, Director

*An Arts for Health organisation*

TAP Lambeth are specialists in utilising the arts and cultural activity for health, social care and community regeneration.

We provide:

Consultancy and project management

Participatory art programmes

Commissions and arts training

Enhancement of built environment

Collaboration with treatment services Creative advocacy work

As well as putting together exhibitions and publications, we enable direct client involvement in designing and producing both capital and refurbishment projects (interiors and gardens). Community participation and user-led involvement are key to our success, as is engaging experienced artists and designers.

We work in partnership with:

SLaM NHS Trust

Community Health South London NHS Trust

Lambeth PCT, Lewisham PCT

Sure Start Lambeth

Lambeth Social Services

Lambeth Education

Architectural practices

Tenants Associations Other healthcare

For more information please contact

**Trust Arts Project,**

Rehab. Lambeth Hospital, 108 Landor Road, London SW9 9NT

tel: 07958 211 839

e mail: [belinda.sosinowicz@slam.nhs.uk](mailto:belinda.sosinowicz@slam.nhs.uk)

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