Liverpool 08 European Capital of Culture: Mental Well-being Impact Assessment
Acknowledgements

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Those who have contributed to writing the report and recommendations: Ruth Gould, Ruth Melville, Catherine Reynolds, Jude Stansfield & Julia Taylor.

Capital of Culture MWIA Project Group members: Kirsty Connell, Ruth Gould, Julie Hanna, Ruth Melville, Janette Porter, Catherine Reynolds, Alex Scott-Samuel, Phil Taylor, & Helen West.

MWIA Steering Group members: Cardy Camara, Tony Coggins, Anthea Cooke, Elaine Church, Julie Hanna, Jonathan Nicholls, Catherine Reynolds, Alex Scott-Samuel, Jude Stansfield, Julia Taylor, & Helen West.

Workshop facilitators: Anthea Cooke, Sophie Grinnell, Ruth Melville, Alex Scott-Samuel, Jude Stansfield, Helen West, & Duncan Young.

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Principal authors:
Helen West,
Julie Hanna,
Alex Scott-Samuel,
Anthea Cooke

Contact
IMPACT
Division of Public Health
University of Liverpool
impact@liv.ac.uk

The Mental Well-being Impact Assessment toolkit is available to download from:
http://www.northwest.csip.org.uk/mwia

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Executive Summary

What is ‘Well-being’?
“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation”. (Coggins & Cooke, 2004)

Mental Well-being Impact Assessment (MWIA) is a way of identifying potential positive and negative impacts on the health and well-being of those directly and indirectly affected by projects and policies such as the Capital of Culture programme. The Impact Assessment results in evidence-based recommendations, which will inform decision-makers how they can increase the benefits and reduce negative effects resulting from the Capital of Culture. The Culture Company has shown an exemplary commitment to improving the mental well-being of the population by commissioning a Mental Well-being Impact Assessment, and these recommendations are intended to optimise their existing programme of work.

Aim & Objectives of the Project
The overall aim of the project was to carry out a Mental Well-being Impact Assessment of the Liverpool Capital of Culture programme, using the draft MWIA toolkit that was being developed by a partnership of interested organisations. The objectives of this project were:

- To assess the impact of a wide range of Culture Company strategies, policies and projects upon factors likely to promote and protect mental well-being, and in particular on enhancing control, increasing resilience, facilitating participation and promoting social inclusion.
- To select, screen and assess a range of programmes reflecting the range of Culture Company objectives.
- To engage with the Culture Company, their stakeholders, and members of the community in assessing potential impacts on mental well-being, developing indicators of these impacts, and formulating recommendations.
- To pilot the newly developed MWIA toolkit, and contribute to its development through evaluating the experiences of those using it and participating in the project.

What does MWIA involve?
The MWIA process involves exploring positive and negative impacts a project may have on mental well-being, by asking those involved in the project to answer a series of questions and reviewing the research literature. This process helps to create recommendations which will help with the development of initiatives and enhance their impact on people’s well-being.

Screening
The initial ‘screening’ stage explores some of the effects that the programme could have on mental well-being, and is used to decide whether a more intensive assessment should be carried out.

16 projects & policies were screened
These were: HUB Festival, Chinese New Year, Show Racism the Red Card, Directors Cut, 08 Business Connect, G-litter, Grants programme, Four Corners of the City, Commercial partners, Mersey Boroughs, 08 Volunteers, 08 Welcome customer service programme, Made in Liverpool, Philharmonic War Requiem performance, Liverpool Music Week, and the 08 Vision statement.

Workshops
To provide a more intensive assessment, a range of stakeholders were invited to a half-day or one-day workshop. At this stage, people who are involved in the project in different ways were invited to participate, such as funders, managers, people with a creative/artistic role, and communities the project has or will work with, in order to get as wide a perspective and as many ideas as possible.

8 projects & policies participated in workshops
The Grants programme, G-litter, Four Corners of the City, Mersey Boroughs programme, 08 Volunteers, Chinese New Year, Commercial Partners, and the 08 Vision Document.
Results

As expected, both positive and negative impacts of the Liverpool Capital of Culture programme on mental well-being were identified. **14 Themes** were identified as emerging from the workshops and screening, and reviewing the research evidence:

- Consultation & Decision-making
- Challenging Discrimination, Inequalities and Cultural Attitudes
- Emotional Well-being
- Neighbourhood Change and Crime
- Arts & Culture
- Spirituality & Connectedness
- Physical Health
- Involving Communities & Bringing People Together
- Physical Environment & Transport
- Cost, Income & Employment
- Access, Advocacy & Practical Support
- Communication & Trust
- Feedback & Evaluation
- Legacy & Sustainability

**33 Recommendations** were developed by the project steering group, based upon the recommendations suggested during the workshops, research evidence and analysis of the themes. These highlight areas in which the Culture Company is already investing in the mental well-being of the population, and where this impact could be maximised.

Evaluation

An important element of the project was to pilot the newly developed MWIA toolkit, and evaluate the experiences of those using it and participating in the project. Feedback was requested from workshop and screening participants, project leads and workshop facilitators. A number of changes were made to the toolkit in response to this feedback.

Some recurring themes in the feedback were:

**Strengths**
- Raised awareness and understanding of mental well-being.
- A useful process for developing the project.
- The value of bringing people together and discussions with a range of stakeholders.

**Improvements**
- Simplifying the terminology and the process.
- Providing more information in the invitation and introduction of the workshop.
- Defining the project being assessed, for example providing a written summary.
- Engaging a more representative range of stakeholders in the workshops.

**Project Group:**
- Catherine Reynolds, Liverpool PCT (Chair)
- Kirsty Connell, Liverpool Culture Company
- Ruth Gould, NWDAF & Liverpool Culture Company Board
- Julie Hanna, Liverpool Culture Company
- Ruth Melville, Impacts 08, University of Liverpool
- Janette Porter, Envar
- Alex Scott-Samuel, IMPACT, University of Liverpool
- Phil Taylor, Liverpool Culture Company
- Helen West, IMPACT, University of Liverpool
Recommendations

Overall Recommendations for the Culture Company Board and Directors:

Receive the report and a presentation of it. Explore, understand and reflect upon the results.

Articulate the link between mental well-being and the aims and objectives of the Culture Company and the 08 Vision statement. Raise awareness about the importance of mental well-being in achieving those aims.

Commission a working group to produce an action plan to implement and monitor key recommendations of the report, in conjunction with the Capital of Culture monitoring and evaluation processes.

Consultation & Decision-making

Facilitate internal involvement in decision-making, for example by introducing a staff intranet system or communal space to foster engagement.

Take any opportunities for consultation of users at events. Facilitate involvement in decision-making using tools such as the 08 Roadshow. Ensure that feedback reaches the appropriate decision-makers.

Ensure that communities are aware of open decision-making and publicise good practice.

Challenging Discrimination, Inequalities and Cultural Attitudes

Ensure that all aspects of the Culture Company programme actively enhance diversity, equality and inclusion. Encourage other organisations using the Liverpool 08 branding to meet the same standards.

Emotional Well-being

Consider how modifications to the work environment of Culture Company employees could enhance their emotional well-being.

Ensure that emotional well-being is included in the 08 Vision statement and other written outputs.

Neighbourhood Change and Crime

Contribute to the work of the Liverpool Commission ‘Health is Wealth’.

Recognise that people’s sense of safety and mental well-being are inter-dependent.

Arts & Culture

Realign commissioning so that it values, and is informed by, the needs of communities and artists.

Retain a central role for Culture in the 08 Vision statement, linking it to play, fun, leisure, aesthetics, enjoyment and inspiration, in addition to the environment, health, and education.

Foster clarity and agreement with partnering organisations, facilitate sharing, and manage these relationships well so that they see the value of culture in enhancing well-being.

Make arts and culture accessible to all, by publicising the involvement that people can have in the European Capital of Culture programme.

Spirituality & Connectedness

Value relationships, shared goals, and process, and recognise the role of culture as a tool to connect different parts of the community.

Work to help people see the value of spirituality and connectedness in enhancing mental well-being.

Physical Health

Raise awareness of the Public Health agenda, engaging with initiatives such as Taste for Health, SmokeFree Liverpool, Liverpool Feels Good (which includes alcohol) and Liverpool Active City and generalise these priorities across the Culture Company programme.

Build physical health into events and projects across the Culture Company programme.
**Involving Communities & Bringing People Together**

Acknowledge the potential for the European Capital of Culture to both increase involvement and engagement, but could also lead to people feeling excluded. Seek to include everyone, and be mindful of who may be excluded.

Recognise the responsibility that the Culture Company carries for these outcomes. Clarify the roles, relationships and responsibilities around maximising inclusion, at a strategic level.

Raise awareness of the geographical spread of the Capital of Culture programme. Host a sizeable proportion of activities outside the city centre, and provide ways of accessing the city centre for those living in outlying areas (e.g. special buses or trains, reduced fares).

**Physical Environment & Transport**

The planning of all Culture Company projects should take into account their impact on the environment.

The 2009 theme of environment should be used to raise awareness of the link between environment and mental well-being.

**Cost, Income & Employment**

The Culture Company links with business should acknowledge that the mental well-being of employees contributes to their productivity.

**Access, Advocacy & Practical Support**

See recommendations for Challenging discrimination, inequalities and cultural attitudes

**Communication & Trust**

Clearly communicate the benefits for Liverpool of the European Capital of Culture and the work of the Culture Company. Provide visible and tangible examples of the work of the Culture Company around Liverpool, for example publicly celebrating events after they have happened, so that successes are recognised.

Promote open, honest and clear communication in all aspects of Culture Company business.

Consider how clarity and transparency in internal communications could enhance the work environment of Culture Company staff.

**Feedback & Evaluation**

Conduct a workshop to develop indicators for evaluating the impact of the Culture Company programme and the European Capital of Culture upon mental well-being, and proceed to monitor these indicators.

Emphasise evaluation, reflection and learning to enable the Culture Company to realise its delivery objectives.

Engage with Impacts 08, communicate the benefits of evaluation, publicise evaluations that have taken place and implement the results of evaluation.

**Legacy & Sustainability**

Consider how Culture Company staff and partners could be involved in the formulation and communication of the Culture Company exit strategy.

Consider how the public and key stakeholders can best be involved in ensuring the best possible cultural legacy of 2008.
Liverpool will be the European Capital of Culture in 2008. The Liverpool Culture Company was established by Liverpool City Council to develop, manage and deliver with partners the culture programme up to 2008 and beyond. They are planning and coordinating a wide variety of initiatives for the years around 2008, in the areas of Artistic, Events, Business, Sport, Communities, Marketing, Tourism, Welcome, Heritage, Marketing, Commercial, and Funding. IMPACT were commissioned to undertake a Mental Well-being Impact Assessment (MWIA), piloting the newly developed MWIA toolkit, to identify potential positive and negative impacts on the health and well-being of those directly and indirectly affected by the Capital of Culture programme.

The bid submitted by Liverpool for the European Capital of Culture year contained the aspiration that “By 2008 and for a new generation it will have become a better city to live in, to work in, to visit, to invest in” and the mission of Liverpool Culture Company is “to deliver the best-ever European Capital of Culture and to leave an enduring legacy for the people of Liverpool”. It is widely accepted that many factors can affect mental well-being and health, for example, employment, transport, and the environment. Consequently, as the Capital of Culture affects people’s experience of living, working, visiting and investing in the city, there will be impacts on the mental well-being and health of the population of Liverpool and beyond.

Cultural festivals bring with them economic investment, tourism and employment. These potential outcomes have been prominent in the promotion of the Capital of Culture year. Impressive forecasts of the revenue and jobs created in the city by the accolade have been publicised. While these are important, many of the effects of the Capital of Culture programme will be in the arena of the mental well-being of the population, and it is these impacts that this project aims to redirect attention towards. Mental well-being is the theme of one of the domains of the Impacts 08 research programme, and the MWIA will contribute to the development of this domain and the associated cluster of indicators.

This report contains the findings of the MWIA on the Capital of Culture programme. There is also a report available on the development and piloting of the MWIA toolkit, of which this project was a part.

What is ‘Mental Well-being’?
During the workshops conducted for this research project, participants browsed definitions of mental well-being, and indicated which they particularly liked or disliked. The definition that was consistently preferred was:

Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation”. (Coggins & Cooke, 2004).
This definition was favoured for its lack of jargon, holistic approach, and because people were able to relate to it.

‘Mental well-being’ includes the range of experiences we all have as humans as we live and interact. To be healthy involves functioning well physically, cognitively, emotionally, and spiritually. The term ‘mental well-being’ is frequently misinterpreted as referring to mental illnesses. However, we intend mental well-being as a holistic, positive term, which encompasses everyone’s lived experiences, whether negative or positive, and primarily describes ‘wellness’ rather than ‘illness’.

The MWIA toolkit drew upon a review of current theory and practice and identified four ‘categories’ of protective factors that promote and protect mental well-being:

- Enhancing control
- Building resilience and community assets
- Facilitating participation
- Promoting social inclusion

Each of these categories is further broken down into an average of ten sub factors, that in turn are at the levels of individual, community and society, and are detailed in Part 2 of the MWIA toolkit and in the tables below.

**Protective Factors for Mental Well-being**

### 2a Enhancing control

MWIA question: How does the proposed development impact on people’s control?

<table>
<thead>
<tr>
<th>Protective Factors for Enhancing Control</th>
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<tbody>
<tr>
<td><strong>Individual/lifestyle</strong></td>
</tr>
<tr>
<td>Skills and attributes e.g. sense of control, belief in own capabilities</td>
</tr>
<tr>
<td>Knowledge, skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices</td>
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<tr>
<td>Opportunities for self-help e.g. information, advocacy, groups, advice, support</td>
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<tr>
<td>Maintaining independence e.g. support to live at home when severely disabled or frail elderly</td>
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<tr>
<td><strong>Community/social</strong></td>
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<tr>
<td>Opportunities to influence decisions e.g. at home, work or in the community</td>
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<tr>
<td>Consultation processes e.g. opportunities for expressing views and being heard</td>
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<tr>
<td>Local democracy e.g. devolved power, voting</td>
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<tr>
<td><strong>Socio-economic/environmental</strong></td>
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<tr>
<td>Financial security &amp; control over finances e.g. credit union, debt advice</td>
</tr>
<tr>
<td>Employment e.g. job control, job security, appropriate work, levels of employment</td>
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<tr>
<td>Physical environment e.g. housing, noise, density, pollution, re-cycling</td>
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<tr>
<td>Transport options e.g. choice, accessibility, affordability</td>
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</table>
2b Increasing resilience and community assets
MWIA question: How does the proposed development impact on resilience and community assets?

<table>
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<tr>
<th>Protective Factors for Increasing Resilience and Community Assets</th>
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<tbody>
<tr>
<td><strong>Individual/lifestyle</strong></td>
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<tr>
<td>Emotional well-being – e.g. self esteem, self worth, confidence, locus of control, hopefulness, optimism, life satisfaction</td>
</tr>
<tr>
<td>Cognitive functioning and social functioning – e.g. problem solving, decision making, relationships with others, communication skills</td>
</tr>
<tr>
<td>Spirituality e.g. having beliefs and values</td>
</tr>
<tr>
<td>Learning and development e.g. formal and informal education and hobbies</td>
</tr>
<tr>
<td>Arts and creativity e.g. expression, fun, laughter and play</td>
</tr>
<tr>
<td><strong>Community/social</strong></td>
</tr>
<tr>
<td>Trust and safety e.g. being able to believe in reliability of others and services, reducing fear of crime</td>
</tr>
<tr>
<td>Social networks e.g. contact with others through groups, friendships, neighbours,</td>
</tr>
<tr>
<td>Social support e.g. family member or service that is supportive</td>
</tr>
<tr>
<td><strong>Socio-economic/environmental</strong></td>
</tr>
<tr>
<td>Shared public spaces, and green space e.g. gardens, café, pub, library, park, canal, natural environments</td>
</tr>
<tr>
<td>Robust local economy e.g. local skills and businesses being used to benefit local people, sustainability</td>
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<tr>
<td>Ease of access to services e.g. Education, Housing, Health &amp; Social Care</td>
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2c Facilitating Participation
MWIA question: How does the proposed development impact on participation?

<table>
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<tr>
<th>Protective Factors for Participation</th>
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<tbody>
<tr>
<td><strong>Individual/lifestyle</strong></td>
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<tr>
<td>Having a valued role e.g. volunteer, governor, carer</td>
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<tr>
<td>Sense of belonging e.g. connectedness to family, group, community</td>
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<tr>
<td>Feeling involved e.g. in the community</td>
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<tr>
<td><strong>Community/social</strong></td>
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<tr>
<td>Activities that bring people together e.g. connecting with others through groups, clubs, events</td>
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<tr>
<td>Opportunities to get involved, e.g. citizen's juries, volunteering, Time Banks, advocacy</td>
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<tr>
<td>Processes/ delivery that support social contact e.g. corner shop</td>
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<tr>
<td><strong>Socio-economic/environmental</strong></td>
</tr>
<tr>
<td>Economic e.g. access to paid work for all</td>
</tr>
<tr>
<td>Transport e.g. good networks and access</td>
</tr>
<tr>
<td>Access to services or goods e.g. easily accessible and understood, user-friendly</td>
</tr>
<tr>
<td>Cost e.g. affordable, accessible</td>
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2d Promoting Social Inclusion
MWIA question: How does the proposed development impact on social inclusion?

<table>
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<tr>
<th>Protective Factors for Promoting Social Inclusion</th>
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<tbody>
<tr>
<td><strong>Individual/lifestyle</strong></td>
</tr>
<tr>
<td>Trust others – e.g. feeling listened and responded to, reliability of support</td>
</tr>
<tr>
<td>Feel safe at home e.g. freedom from abuse</td>
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<tr>
<td>Positive identities e.g. gender, ethnicity, sexuality, disability, faith</td>
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<tr>
<td><strong>Community/social</strong></td>
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<tr>
<td>Practical support e.g. job support</td>
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<tr>
<td>Tolerance e.g. community cohesion, mutual respect</td>
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<tr>
<td>Low levels of crime e.g. low anti-social behaviour, hate crime</td>
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<tr>
<td>Conflict resolution e.g. mediation, problem solving</td>
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<tr>
<td><strong>Socio-economic/environmental</strong></td>
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<tr>
<td>Challenging stigma of mental illness e.g. breaking down stereotypes</td>
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<tr>
<td>Challenging discrimination e.g. racism, HIV</td>
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<tr>
<td>Tackling inequalities e.g. gap between rich and poor</td>
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Culture and Mental Well-being

Research evidence has identified many ways in which culture and the arts can affect mental well-being. These include contributions to social capital, the effects of participation in cultural activities, the impact of specific cultural services such as built environment, physical activity and access to parks, and the processes employed by organisations within the cultural sector such as employment, stakeholder involvement and evaluation.

In its definition of ‘Culture’, the Department of Culture, Media and Sport (DCMS, 2000) states that culture has both a material and a value dimension, and that these are inextricably entwined and constantly inform each other. It is clear from the breadth of this definition that Culture shapes many aspects of our lives, and we can therefore anticipate that it will affect our health and mental well-being in a wide range of ways. A number of reviews have been published presenting evidence linking culture to potential impacts on health and mental well-being. In its report of July 1999, Policy Action Team 10 (PAT 10) argued that participation in the arts and sport can help to address neighbourhood renewal by improving communities’ performance on the four key indicators of health, crime, employment and education (DCMS, 1999). The report acknowledged that despite anecdotal evidence that the arts and sport successfully promote community development, relatively little "hard" evidence existed about this process.

Culture impacts on the social determinants of health and the protective factors for mental well-being at all levels: individual and lifestyle, community and social, and socio-economic and environmental. Several reviews have been carried out of this evidence base, and this document focuses primarily upon these. Reviews of the effects of culture upon health have been carried out by Staricoff (2004), Health Development Agency (2000), Cave & Coutts (2002) and Goodlad, Hamilton & Taylor (2002). The effects of culture on well-being have been reviewed by Galloway, Bell, Hamilton & Scullion (2006), and Ruiz (2004) reviewed the social and economic impacts of culture. Research into culture and regeneration is also relevant to assessing its impact upon mental well-being, as many of the issues addressed as a city undergoes regeneration have an impact upon the mental well-being of its population. Reviews have been carried out by Kay, Watt & Blake Stevenson (2000), Evans & Shaw (2004), and Landry, Greene, Matarasso & Bianchini (2006)

Strength of Evidence
Ruiz’s (2004) literature review of the social and economic impacts of culture, the arts and sport concluded that there exists a wide body of evidence on the impact of culture, the arts and sport on individuals and communities, but that there are various gaps in research which, if filled,
would contribute significantly to a robust evidence base for these policy areas. Humphrey & Levitt (2007) state that "reviews of the evidence on impact and value reveal a disappointing picture, with many gaps, a bewildering array of performance indicators, lack of coherence, lack of rigour, no large-scale ‘streamlining of activity’, ‘weak’ methodologies based on anecdote, small surveys, case studies, self-report and qualitative data, and a tendency to focus on immediate outputs rather than intermediate (e.g. jobs) or strategic outcomes (e.g. increased social cohesion)" (p.6) Most studies focus upon the effects of active participation, without addressing impacts on those who passively watch, or unintended impacts on others (Evans & Shaw, 2004). Interventions in arts and culture are complex, dynamic and highly context dependent, and it is therefore difficult to attribute an effect to a cause.

Evans & Shaw (2004) comment that there appears to be a wealth of evidence of the role played by cultural activity in social regeneration. However, they add that a large amount of this literature is advocacy and promotion, produced to justify further resources, and therefore not providing a sufficiently balanced picture of the impacts. Belfiore and Bennett (2007) state that this means that research has not been undertaken to establish whether or not such impacts exist, but to come up with evidence that they do, with more time and resources spent on looking for “proof” of impacts than on trying to understand them. They call this “advocacy disguised as research and yet another round of policy-based evidence making” (p.138). Appropriate caution is therefore necessary in interpreting research findings generated to attract funding.

Culture has been characterised as a tool to deliver other policy goals, particularly in the UK, where the Department of Culture, Media and Sport (DCMS) has emphasised culture’s instrumental value in regeneration. Estelle Morris (former Arts Minister) said “I know that Arts and Culture make a contribution to health, to education, to crime reduction, to strong communities, to the economy and to the nation’s well-being” (Morris, 2003; cited by Belfiore & Bennett, 2007), and Arts Council England asserts that the arts “have the power to transform lives and communities” (2002, p. 2). Greater emphasis is placed on the intrinsic value of culture elsewhere in the European Union. In previous European Capital of Culture programmes, regeneration has only been explicitly connected to the year for Glasgow 90, Lille 04 and Liverpool 08.

Reviews of the research evidence identify a number of potential impacts of culture and the arts upon factors related to health and mental well-being.

Health
Research has shown that participation in cultural activities can lead to improved physical and mental health, and improvements in the healthcare system. Staricoff (2004) reviewed studies showing that arts interventions can have a positive effect upon clinical outcomes. Among these findings were that music and visual art reduced anxiety and depression during chemotherapy and reduced side-effects of the treatment; music caused a significant reduction in anxiety levels and positive effects on blood pressure, heart rate and demand for myocardial oxygen in a cardiovascular unit; playing music in neonatal intensive care resulted in improvement in clinical and behavioural states, and reduced the length of stay in hospital; arts interventions in screening and diagnostic procedures increased people’s perception of comfort, reduced their levels of cortisol (a hormonal indicator of stress), and controlled blood pressure levels; music reduced physiological and psychological indicators of pain, and reduced the use of medication to reduce pain after surgery; music and visual arts reduced stress and anxiety before surgery, helped to control vital signs, and reduced patients’ requirements for sedatives after surgery.

The arts have been shown to have positive uses in mental healthcare. Staricoff cites studies that show how the arts can facilitate improved communication skills of mental health users, helping relationships with family and mental health providers; provide ways for people to express themselves, stimulating creativity and enhancing self-esteem; prompt behavioural changes in mental health users, such as being more calm,
attentive and collaborative, decreasing the need for medication and physical restraint. Literature, creative writing, poetry, theatre, drama and visual arts have been shown to help service users express themselves, increase control over their inner world, and help carers understand influences on their behaviour, promoting empathy between patients and staff. Music, singing and dancing can help patients to express themselves, recall events from their lives, and increase their range of movement.

There is a wealth of anecdotal evidence of enhanced physical and mental well-being from community-based arts projects. Findings include enhanced motivation, greater connectedness, reduced sense of fear, isolation and anxiety, and increased confidence, sociability and self-esteem (HDA, 2000), improved communication skills in those with special needs, ‘carers’ having developed new skills and confidence, and improved interpersonal skills and increased social networks leading to an improved sense of well-being (Ruiz, 2004).

Participation in culture and feeling part of the community is associated with better health (Mitchell et al, 2000). Participating in the arts and experiencing culture can have physical, mental and social effects through the reduction in tension and arousal of attention, alertness or excitement (London Health Commission, 2002). In a longitudinal study, those who were culturally inactive had poorer health than those who participated in cultural activities (Johansson et al, 2001; cited in Cave & Coutts, 2002). Bygren et al (1996) found higher mortality rates among those who rarely attended cultural events. Those who rarely attended such events had 60% higher mortality risk than those attending most often.

**Social Capital**
Cultural activity can develop and maintain social capital, by encouraging links between individuals and groups. It is often more successful in supporting internal group bonds than bridging barriers between groups. Cultural activity may act by bonding social groups, bridging between groups, or encouraging links. There is evidence linking the components of social capital with health, for example life expectancy, anxiety, depression, coping with illness and prognosis when ill (Cave & Coutts, 2002). Higher social capital, in the form of trust reciprocity and cooperation, discourages antisocial and criminal behaviour. Where communities have limited acquaintances between residents, anonymity, and low civic participation, there is increased violence and crime (Cave & Coutts, 2002).

Participation in cultural and sporting activities has been shown to improve or create social networks, enhance quality of life, promote social cohesion, personal and community empowerment, improve personal and local image, identity and a sense of well-being. For ethnic minority groups, all of the above personal and social aspects can occur, and in addition participation in cultural activities relating to their own culture can result in an enhanced sense of pride within, and ‘empowerment’ of, the ethnic community. For disabled people, participation can reduce isolation, increase social networks and enhance quality of life.

**Drugs and Alcohol**
The prevalence of alcohol consumption at cultural events, and possible abuse of drugs at such gatherings have effects upon people’s health and well-being. Consumption of alcohol is associated with celebration, and in moderate amounts can positively impact upon the well-being of those participating, and reduce the risk of coronary heart disease, stroke and sudden death. However, in larger quantities it is associated with mental and physical health problems, such as coronary heart disease, accidents and chronic conditions e.g. liver disease. It is also associated with crime and aggression. Drug use has physical, mental and social impacts, that are predominantly negative. Culture and arts have the potential to influence the social patterns and acceptance of drug use positively or negatively.

**Education and Lifelong Learning**
Participation in arts and cultural activities enhances education. Research has shown a link between cultural participation and increased literacy, and that participation in music and visual arts is linked to being above average in reading, maths and behaviour. Arts activities and creativity
in education are believed to have a positive educational impact on the majority of pupils. Ruiz (2004) presents evidence demonstrating that participation in cultural and sporting activities has been shown to result in the gaining of new skills, improve informal and formal learning, increase self-confidence, self-esteem and a feeling of self-worth. For young people in particular, participation can reduce truancy/bad behaviour at school, reduce the propensity to offend and lead to better educational/employment prospects.

Employment
Employment is a significant determinant of health. Cultural industries employ large numbers of people, and therefore make an important contribution to their health. Traditionally, the arts and leisure industry has not necessarily provided jobs that are good for people’s well-being. The lack of control over work, job security and social support experienced by employees, and the imbalance of effort and reward are linked to health risks (Cave & Coutts, 2002).

Housing and the Built Environment
The arts and culture can contribute to improvements in design and the built environment, which have direct and indirect influences on health and mental well-being. Poor building design provides opportunities for crime and has been linked with mental well-being, while good design encourages greater ownership, use of facilities, involvement of communities, improves children’s play opportunities, and reduces vandalism (Cave & Coutts, 2002).

Parks and Open Spaces
Parks and open spaces are part of the ‘material dimension’ of culture, and may also provide a setting for cultural activities. They potentially have positive and negative impacts upon health and mental well-being. They provide space for exercise, with the greatest benefit for children. They also facilitate social interaction and community activities. Children’s behaviour, friendships and play are strongly influenced by access to open spaces, and parks can therefore affect their development and well-being. However, parks provide opportunities for criminal, social or psychological aggression, drug abuse, and conduct offences. Fear of crime may restrict their use, and the positive benefits available. They may also increase hay fever and the effects of traffic pollutants. (Cave & Coutts, 2002)

Physical Activity
Where higher levels of activity and exercise are promoted by cultural and arts activities, this can have benefits for mental as well as physical health. Physical activity reduces levels of illness and lowers death rates, for example it is beneficial in the prevention and treatment of coronary heart disease, hypertension, obesity, osteoporosis, diabetes mellitus and asthma. Promoting physical activity to children can prevent the development of health conditions in adulthood. (Cave & Coutts, 2002)

Play and Leisure
Children’s play facilities promote independence and personal mobility, which have a positive impact on their behaviour and mental health. Children’s play territory is being diminished by increases in the fear of crime and volume of traffic on roads. Informal leisure is essential for psychological health, in adults as well as children. ‘Leisure lack’ is associated with diminished well-being. (Cave & Coutts, 2002)

Crime
A link has been demonstrated between participation in arts, culture and sport activities and a reduction in offending behaviour. Where sport and arts activities have been targeted at young people at risk, or actual offenders, a significant reduction in crime figures or reduced propensity to offend has occurred. In addition to creating a ‘diversion’ from criminal behaviour, programmes of activity can facilitate key skills in learning, develop personal and social skills and provide routes into further education and employment, all of which can reduce recidivism (Ruiz, 2004). Cultural events also have the potential to increase crime, for example at events or festivals, where large numbers of people congregate.

Economic Impact
Culture and the arts may act as a catalyst for regeneration. Economic appraisals and evaluations of museums, libraries, galleries,
exhibitions, theatres, and cultural events have demonstrated direct and indirect economic impacts on local areas and beyond. Cultural centres or events can result in additional expenditure, tourism and employment in an area. They can also enhance the image of an area, create a ‘sense of place’ and civic pride, and promote the area internationally (Ruiz, 2004).

**Food**
Food embodies social, cultural and symbolic meanings, beyond sustenance and nutrition. Food retailing and catering is an area of economic strength for ethnic minority communities. However, it is a labour-intensive sector, with a high number of entry-level jobs (Cave & Coutts, 2002). Food at cultural events and festivals can often be expensive and unhealthy, with potentially negative effects on health and well-being.

**Transport**
Transport enables access to people, goods and services, and in doing so promotes social networks. It was one of the barriers to participation in arts and culture identified by Ruiz (2004). Increasing people’s access to cultural organisations necessitates overcoming barriers such as cost, travel and lack of time (Evans & Shaw, 2004). Deprived areas tend to have a higher volume of traffic, resulting in increased air and noise pollution, and higher rates of road traffic accidents. Poor access to transport is experienced disproportionately by women, children, disabled people, people from ethnic minorities, older people, and people with low socio-economic status (Cave & Coutts, 2002). The cost of public transport has risen, while motoring costs have decreased slightly. Those on low incomes may therefore be prevented from accessing culture and the arts.

**Large-scale Events and Festivals**
Events and festivals have complex and variable effects upon those attending the event and nearby communities. Research on the Sydney Olympics highlighted the mixture of positive and negative effects upon health and well-being. Positive impacts were maximised when the communities were consulted and involved in decision-making (Cave & Coutts, 2002). Negative impacts include noise pollution, overcrowding in the city, unused facilities, increases in council tax and increased crime rates during the event (Ruiz, 2004).

**Participation and Barriers to Participation**
Goodlad, Hamilton & Taylor (2002) evaluated the Scottish Arts Council’s National Lottery Arts and Social Inclusion Scheme. They concluded that it had been an effective funding scheme, which encouraged Social Inclusion Partnerships to use the arts as a means of social inclusion. There was evidence that the arts projects overcame barriers to participation, and that people experienced positive effects from participation, including increased skills and confidence. However, the benefits of projects were limited by not reaching the most vulnerable individuals, and not gaining a high profile in communities.

As described in previous sections, participation in culture and the arts potentially benefits individuals and communities, for example in terms of health, mental well-being, social capital, employment, and education. However, there are a number of barriers that prevent people from experiencing the benefits of participation. It is important to understand who doesn’t participate in arts and cultural activities and why, to ensure that cultural policy is inclusive and tackles social exclusion.

Studies of the level and extent of participation in culture, the arts and sport has shown that certain groups are under-represented in participation in each of these areas – low socio-economic groups, young people with low educational attainment, disabled and mobility impaired people (particularly those living in rural areas), ethnic minority groups, young males post-education (in the arts), teenage girls (in sport) and school children and teenagers (visiting heritage organisations) (Ruiz, 2004). These barriers include economic, cultural, educational, environmental (e.g. transport) or physical factors. Ruiz (2004) summarises the common barriers concluded by research as lack of time and money (particularly the cost issue for families); availability and location; lack of, or inaccessible, public transport (particularly for those living in rural or peripheral areas); lack of information, lack of understanding and perception that the activity is ‘not for them’; irrelevance to their
everyday lives, and ‘management ethos’. For ethnic minority groups there are barriers such as lack of diversity in representation of the arts and in sport, lack of their own culture portrayed, language barriers, fear of racism and social constraints. For disabled people and mobility impaired people (e.g. the elderly), lack of appropriate access to and at the facilities, lack of programmes geared to their needs; lack of emotional and physical support, and a sense of ‘feeling different’ constrain their participation in cultural and sport activities. For the lesbian, gay, bisexual and transgender community, the small number of plays and arts events that are reflective of their culture in spite of the fact that a considerable number of people in the arts world are from their communities; the lack of books on subjects related to their communities in libraries; and the lack of privacy in changing rooms in leisure centres

Regeneration
Evans & Shaw (2004) produced a report for the DCMS on the contribution of culture to regeneration in the UK. They reviewed published evidence, assessing its value and validity, and presented illustrative case studies. They identified three models through which cultural activity is incorporated into the regeneration process. These are ‘Culture-led regeneration’, in which cultural activity is seen as the catalyst and engine of regeneration; ‘cultural regeneration’, where cultural activity is fully integrated into an area strategy alongside other activities in the environmental, social and economic sphere; and ‘culture and regeneration’, where cultural activity is not fully integrated at the strategic development or master planning stage, and is often a small-scale ‘add-on’ to the existing plans.

Evans & Shaw (2004) evaluated the contribution of culture on the following factors: land values and occupancy (versus vacant premises/voids), design quality, environmental/quality of life, e.g. air/water pollution, noise, liveability, open space, diversity, sustainable development, multipliers (jobs, incomes/expenditure – direct, indirect, induced), cost benefit analysis, contingent valuation (i.e. willingness to pay for ‘free’ activities such as parks, museums, libraries), inward investment and leverage, distributive effects, cohesion, inclusion, capacity, health and well-being, and identity. Many of these factors affect mental well-being, and these are therefore all relevant to evaluating the impact upon mental well-being.

Kay, Watt & Blake Stevenson (2000) present an extensive literature review and four in-depth case studies on the role of the arts in regeneration. They found evidence that the arts can increase individuals’ personal development; attract people who otherwise might not be attracted to participate in community activities; improve an area’s image; attract economic investment; help in the process of community development; and lead to training and employment. For arts projects to realise their full potential in the regeneration process, they highlighted the need to embed the arts project within the local heritage and culture; to create quality of product and in access; and to make what is offered as accessible as possible, particularly to those who are most excluded.

Culture and Mental Well-being - Conclusions
Reviews of the evidence show that culture and the arts affect many aspects of our lives, and therefore of our health and mental well-being. This summary has considered the evidence of culture’s effects upon health, social capital, drugs and alcohol, education and lifelong learning, employment, housing and the built environment, parks and open spaces, physical activity, play and leisure, crime, economics, food, and transport. The effects of large-scale events and festivals, participation & barriers to participation, and regeneration were also considered. From this evidence, we anticipate that the Liverpool 2008 European Capital of Culture programme will have a wide variety of impacts upon the health and mental well-being of a diverse range of people.
The Mental Well-being Impact Assessment Toolkit

The production of toolkits for Health Impact Assessment, and other forms of impact assessment, is well developed. A review of existing impact assessment tools (Cooke, Stansfield & West, 2007) found that mental well-being was largely neglected. The assessment of mental well-being is important in its own right: mental health, like physical health, is a resource to be protected and promoted. However mental well-being – how people think, feel and function – is also an important pathway through which some of the major determinants of health – inequalities, exclusion, poverty, unemployment, discrimination – impact on overall health and well-being. (Wilkinson 2006.) The MWIA toolkit was therefore developed in response to this need. MWIA can be used to assess the effect of projects, programmes and policies upon people’s mental well-being and health. The aim of MWIA is to identify potential impacts so that positive effects can be maximised and negative impacts reduced, in order that health and well-being are promoted and inequalities are reduced.

The development of this MWIA toolkit has taken over two years, (building on an early version developed in Lewisham and Lambeth) and has involved piloting work in Lambeth and Lewisham Primary Care Trust, and in Primary Care Trusts across the North West of England, in addition to the work carried out on the Liverpool Culture Company programme. The process is designed to engage a wide variety of people in exploring the issues associated with mental well-being. Piloting the toolkit and evaluation of the process was an essential part of its development, and the toolkit was edited throughout the project in response to this feedback.

The toolkit comprises the following sections:

- An introduction and overview
- Part one - A screening toolkit
- Part two – Evidence Based Assessment Tables – population characteristics, social determinants and protective factors for mental well-being
- Part three – A Rapid and Comprehensive Assessment Process
- Part four – Developing indicators.

Appendices to support the MWIA process

Aims and Objectives of the Capital of Culture Mental Well-being Impact Assessment  
(from Project Terms of Reference)

The overall aim of the project was to carry out a Mental Well-being Impact Assessment of the Liverpool Capital of Culture programme, using the MWIA toolkit.

The objectives of this project were:

To assess the impact of a wide range of Culture Company strategies, policies and projects upon mental well-being, in particular on enhancing control, increasing resilience, facilitating participation and promoting social inclusion.

To select, screen and assess a range of programmes reflecting the range of Culture Company objectives.

To engage with the Culture Company, their stakeholders, and members of the community in assessing potential impacts on mental well-being, developing indicators of these impacts, and formulating recommendations.

To pilot the newly developed MWIA toolkit, and contribute to its development through evaluating the experiences of those using it and participating in the project.
Liverpool 08 European Capital of Culture

The European Capital of Culture is a city designated by the European Union for a period of one year during which it is given a chance to showcase its cultural life and cultural development. In 1999, a new selection procedure for Capitals of Culture was established. For the 2005-2019 period, each EU member nation is given the opportunity to "host" the capital in turn, and at least two European cities share the status each year. In 2008 the European Capital of Culture will be in the UK and Liverpool was awarded the title.

The Liverpool Culture Company is the organisation set up by Liverpool City Council to deliver the culture programme up to and beyond 2008. They work with stakeholders, including cultural institutions, communities, creative industries, artists, schools and businesses. The programme is funded by both public and private sector organisations, including sponsorship from the private sector and support from government agencies.

In the build-up to the Liverpool European Capital of Culture in 2008, each year will have a special theme to highlight different aspects of the city's culture and to develop the programme of events. These themed years are: 2004: Faith in One City, 2005: Sea Liverpool, 2006: Liverpool Performs, 2007: Liverpool's 800th, 2008: European Capital of Culture, 2009: Year of Environment, 2010: Year of Innovation.

Liverpool has numerous museums and galleries, a centre for creative technology, and holds festivals, in areas such as art, architecture, comedy, cinema, food, music, science and theatre. The city is known for its maritime heritage, architecture, music and sport. Liverpool has also created one of the largest funding packages for community art in the UK, and the number of community initiatives will increase towards 2008 and beyond.

One and a half million extra visitors are expected to attend the festivals and events that will take place in the run-up to and including 2008. It has been predicted that the title will generate billions of pounds worth of investment, thousands of new jobs and massive regeneration. In 1990, Glasgow was the last UK city to have the Capital of Culture status, and experienced substantial economic and social benefits during its period as the City of Culture, both strengthening and promoting its own
regeneration

A large amount of construction is currently taking place in the city. This includes Europe’s biggest city centre redevelopment scheme, providing new leisure and retail space, developments on the banks of the Mersey providing a concert arena, conference venue, hotels, residential and leisure provision, and new cruise liner facilities.

The title of ‘European Capital of Culture’ extends beyond the programme coordinated, funded or endorsed by the Liverpool Culture Company, covering the work of other cultural institutions, independent initiatives, and commercial activity. The regeneration taking place in the city, such as the construction work mentioned above, is often also included under the title. While the Culture Company programme provides a central focus for the European Capital of Culture year, it is a relatively small component of the overall picture. For example, the Culture Company has a budget of approximately £87 million for 2005-09, while the regeneration programme will cost around £3 billion for 2004-08 and beyond. The title has also been extended to cover Merseyside, rather than just Liverpool city, drawing in the other Mersey boroughs. However, Mersey Borough Councils outside Liverpool city do not have equivalent organisations to the Liverpool Culture Company coordinating their involvement, so the relevant members of the Borough Council fulfil this role. In the Mental Well-being Impact Assessment project, the decision was taken to focus upon the Liverpool Culture Company programme. This provided boundaries for the work which would otherwise have unmanageable scope, and will result in recommendations that can be implemented by the Board and Directors of the Culture Company.

The objectives of the Liverpool Culture Company are:

- To create and present the best local, national and international arts and events in all genres;
- To build community enthusiasm, creativity and participation;
- To maintain, enhance and grow the cultural infrastructure of the city;
- To increase the levels of visitors and inward investment in the city;
- To reposition Liverpool as a world class city by 2008;
- To provide efficient and effective management of the European Capital of Culture programme.
Population
The population of Liverpool has recently been increasing after several decades of decline, and in 2005 was 447,500. The number of households was 205,644. The city has a relatively young population profile, with large numbers of 16 to 29 year olds. There are 4 universities in Liverpool and several further education colleges, and the city consequently has high numbers of students. 12.1% of the working-age population in Liverpool are students, compared with 7.3% in England. These are most concentrated in certain areas of the city, for example, in Picton ward 26.9% of the population are students (ONS Census, 2001).

In the 2001 census, the ethnicity of the population of Liverpool was 94.3% White, 1.8% Mixed, 1.1% Asian or Asian British, 1.2% Black or Black British and 1.6% Chinese and other ethnic groups. Some parts of the city are much more racially mixed than others. The overall proportions of Asian and Black individuals are lower than England, while the proportion of Chinese and other ethnic groups is somewhat higher, reflecting the well-established Chinese community in Liverpool.

Health Status
Men can expect to live 73.2 and women 77.9 years in Liverpool, less than both the regional and national average, and the lowest life expectancy in England for women. There is a gap in life expectancy of 7.7 years between the poorest and the most affluent fifth of wards in Liverpool (Community Health Profile for Liverpool, 2006).

It is estimated that 19.6% of the adult population are obese, which is better than the regional and ‘significantly’ better than the national average. Deaths from smoking, cancer, and heart disease and stroke are much higher than the national average. It is estimated that 14.5% of adults eat five or more portions of fruit/vegetables per day, much lower than the national average. (Community Health Profile for Liverpool, 2006)

In the 2001 census, 24.6% of people in Liverpool had a limiting long-term illness, compared with 17.9% in England, 44.4% of households had one or more person with a limiting long-term illness, compared with 33.6% in England, and 13.8% of people reported their health as “not good” in the 2001 census, compared with 9.0% in England. (ONS Census, 2001; Community Health Profile for Liverpool, 2006)

Mental Health
Mental well-being is more than the absence of mental illness and may also be present in people with a mental illness diagnosis (Parkinson, 2006). However, in this profile of the population of Liverpool, information regarding mental health problems in the population provides part of the context being presented.

Liverpool has higher levels of suicide than nationally, in particular in the City and North area (Standardised Mortality Ratio for Suicide and undetermined injury (all ages) 2003-5 of 112, where the national average for England and Wales is 100. City & North Neighbourhood Management Area SMR is 52% higher than that in England and Wales) (Liverpool Public Health Intelligence Team, 2007).

Liverpool also has high scores on the Mental Illness Needs Index (MINI 2000), predicting the population prevalence of psychiatric hospital admission. All former Merseyside PCT areas scored above the national average. North Liverpool scored 2.33 (133% above the national average), Central Liverpool 2.31 (131% above the national average), and South Liverpool scored 1.92 (92% above the national average) (Ubido et al, 2004).

Just under a quarter of the people in Liverpool (24%) had significant levels of neurotic symptoms, higher than the rate for Great Britain as a whole (15%). Overall, 7 per thousand people in Liverpool were estimated to probably have psychotic disorder, not significantly different from the estimated 6 per thousand for Great Britain as a whole (Singleton et al, 2001).

Alcohol misuse is a significant problem in the North West. Liverpool has the highest number of people admitted to hospital for alcohol related conditions
in England (Community Health Profile for Liverpool, 2006). Over a third of the adults in Liverpool were assessed as having a hazardous pattern of alcohol consumption (35% in Liverpool, 26% in Great Britain), in particular men and those aged under 35.

Health Determinants

Deprivation
Liverpool is ranked as the most deprived district in England according to the Index of Multiple Deprivation, and nearly 60% of SOAs in Liverpool are within the most deprived ten percent in England. In the Health, Deprivation and Disability domain, 28% of Liverpool’s SOAs fall within the most deprived one percent in England; over 50% within the most deprived five percent, and 75% of the city’s SOAs fall within the most deprived ten percent (DCLG, 2004). There are also stark inequalities within the city, with some wards experiencing disproportionately high levels of worklessness, ill health and crime.

Economic Activity
There are high levels of unemployment in the city, with the 2001 census showing that 45.5% of working-age adults in Liverpool are in employment compared with 60.9% nationally. The proportion of the population of Liverpool claiming benefits is also considerably higher than in England overall, with 28% of working-age adults claiming a key benefit, compared to 14% nationally. The population of Liverpool includes a higher proportion of unemployed people who have never worked (8.4% in Liverpool, 3.7% in England) (ONS Census, 2001). Household income levels in the city are lower than the national average. In 2001, the average household income was £22,511 in Liverpool, and £23,200 in the UK (Mott MacDonald MIS, 2005).

Liverpool’s economy has grown rapidly within the past few years, with GVA (gross value added) per capita rising to 91% of the UK average in 2003. Overall, Liverpool’s GVA of £6.5 billion accounts for 40% of the Merseyside total and the City’s GVA growth is the 3rd highest of any of the English ‘Core’ Cities (Liverpool City Council Local Development Framework Annual Monitoring Report, 2006).

Education
The population of Liverpool includes a higher proportion of people with no qualifications (37.8% in Liverpool, 28.9% in England) and lower levels of qualifications than overall in England. Fewer 15 year olds obtain at least 5 GCSEs and grades A*-C than in the region or country (47.8% in Liverpool, 53.9% in the North West, 56.0% in England) (ONS Census, 2001).

Household Tenure
A high proportion of households in Liverpool live in rented council or other social housing (32.3% for Liverpool, compared with 19.3% nationally), and a lower proportion of people are home owners (52.6% in Liverpool, compared with 68.7% in England). There is a high number of lone parent households in the city (16.3% of households, compared with 9.5% in England), and slightly higher proportion of lone pensioner households than nationally (15.8% of households in Liverpool, compared with 14.4% in England) (ONS Census, 2001).

Crime
The crime rate in Liverpool is considerably higher than overall rates in England and Wales. During 2003, Liverpool's crime rate (per 1000 population) was 124, compared with 28 in England and Wales. The rate of Violence was 20, and Criminal Damage was 48 in Liverpool (per 1000 population), compared with 5 and 6 respectively in England and Wales (Citysafe, 2004). Crime is not evenly spread across the city, and is most concentrated in the central areas of the city.

Transport
Car and van ownership is considerably lower in Liverpool than in the North West and England (48.3% of households in Liverpool have no car or van, compared with 26.8% in England; and 13.5% of households have 2 or more cars or vans, compared with 29.5% in England). A smaller proportion of people travel to work by private transport, or by walking or cycling in Liverpool, and more use public transport (ONS Census, 2001).
Impacts 08

Impacts 08 – The Liverpool Model, is a joint research initiative of the University of Liverpool and Liverpool John Moores University, which evaluates the impact of Liverpool’s hosting the European Capital of Culture title in 2008. The research, commissioned by Liverpool City Council, assesses simultaneously the full range of major-event impacts, that is, its economic, environmental, social as well as cultural aspects.

One of the domains that will be investigated by the programme of research is the effect that the European Capital of Culture has upon people’s mental well-being and quality of life. The indicators for this dimension have been informed by the social determinants of health and protective factors presented in the MWIA toolkit. The Impacts 08 team will also be involved in evaluating the extent to which Liverpool Culture Company adopts the MWIA recommendations and their subsequent impact upon mental well-being.

The main aim of Impacts 08 is to develop a research model for evaluating the multiple impacts of culture-led regeneration programmes that can be applied to events across the UK, such as the London 2012 Olympics, and beyond. The scope of the research programme is unprecedented and offers an innovative approach to impact measurement. This is achieved by combining the assessment of quantitative indicators, such as job creation, inward investment and tourism growth, with a qualitative investigation of the lived experiences of the people of Liverpool and the evolution of perceptions throughout the UK and internationally.

The programme also takes a longitudinal approach exploring change in outcomes, experiences, perceptions and understanding over time – from the pre-bid period (2000), through the bidding and nomination (2002-3), preparations towards the event (2004-7), the main event-year (2008), and beyond. Throughout the programme, the research team is working closely with Liverpool 08’s stakeholders (including Liverpool City Council, Liverpool Culture Company, the Liverpool Arts Regeneration Consortium and Culture Northwest) to report back areas of success and suggestions for improvement.

Liverpool WHO Healthy City 1987-2007

Liverpool has been a designated World Health Organisation Healthy City and member of the European Network of Healthy Cities for the past two decades. A key objective of the ‘Healthy Cities’ approach is the reduction of ‘risk conditions’ to well-being. For example conditions such as poor housing, poor environment, lack of educational opportunities, unemployment, and poor access to transport, goods and services. Liverpool has made a significant contribution to development, thinking and delivery based on the ‘Healthy Cities’ approach and many of the early innovations have since become ‘government thinking and policy’.

The pioneering City Health Plan (1996) is being updated in 2007 to mark the 20th anniversary of designation as a WHO Healthy City and the City’s 800th anniversary. The plan will take a ‘womb to the end of the life course’ approach with evidence-based interventions at key transition stages. The plan is based on the following principles:

- Appropriate conditions conducive to positive health and well-being
- Opportunities for all
- Control and resilience to cope with challenges
- Aspiration for self, community and the city
- Asset based community development
- Social enterprises for the provision of health and well-being services
- Reducing the risk conditions to health and well-being

At the heart of the delivery mechanisms will be the application of appropriate interventions that positively promote the protective factors of positive mental health and well-being and reduce the risk factors associated with poor health and well-being.

The Mental Well-being Impact Assessment Toolkit provides a valuable resource for both health services and partner organisation policy decision makers to take into consideration the impact of their decisions and likely outcomes on individual and community well-being.
Impact Assessment

Methodology

The Mental Well-being Impact Assessment followed these stages:

- **Establish a steering group** to oversee the project.
- Select parts of the programme to screen.
- Decide on the **scope** of the project (e.g. depth, boundaries, resources, methods).
- **Screen** the Culture Company programme to assist with deciding whether further assessment of elements of the programme would be helpful.
- **Appraise the impacts** on health and well-being through a series of workshops with stakeholders and key informants, community profiling, and existing research evidence.
- **Develop indicators** to measure the subsequent impacts of the programme.
- **Report on recommendations** to the decision-makers.
- **Monitoring and evaluation** of the process and action taken as a result of it.

Project Group

A Project Group was established, with representatives from Liverpool Culture Company (Creative Communities and Welcome teams), Merseycare, IMPACT (University of Liverpool, Division of Public Health), IMPACTS08 (University of Liverpool, Department of Sociology), Liverpool Primary Care Trust, and Liverpool Culture Company Board/North West Disability Arts Forum. A community representative from a local arts organisation (Envart) who had attended one of the workshops, was later added to the group. Helen West was the researcher on the project, with support from Anthea Cooke, and supervision from Dr Alex Scott-Samuel and Julie Hanna.

The work was funded by Liverpool Primary Care Trust, Liverpool Culture Company, Government Office North West, and the Mental Health Foundation.

A Steering Group oversaw the overall development of the MWIA toolkit, with representatives from Liverpool Culture Company/Merseycare, IMPACT (University of Liverpool, Division of Public Health), Liverpool Primary Care Trust, Liverpool Health City, Care Services Improvement Partnership, Inukshuk Consultancy, South London and Maudsley NHS Trust, Mental Health Foundation and Government Office North West.
The Scope of the Project
The project piloted the MWIA tool at desk-based, rapid and comprehensive levels. (Projects that received only screening assessments were desk-based, rapid assessments involved a single workshop, and the programme overall was a comprehensive level assessment as it involved a series of workshops). It ran from April 2006 until March 2007, with fieldwork happening in July 2006 – January 2007.

The project considered the impacts on the population of Merseyside, and where relevant upon the catchment populations of the programme being assessed, which may include regional, national and international impacts. The MWIA looked at immediate impacts, and also at the legacy left by the Capital of Culture 2008 programme. The primary focus was on impacts up to 2013.

Every effort has been made to achieve transparency, however confidentiality and anonymity of individual respondents has been respected. Equal value is placed on information from lay-members and professionals/experts, in their respective areas of knowledge and experience.

Selection
138 proposals were identified that could be included in the assessment. This list was reduced to those that would be screened by introducing an initial 'selection' stage. At all stages of the process, we aimed to maintain representation of Liverpool Culture Company’s objectives, and to include projects, programmes and policies. Members of the project group initially selected 16 proposals using the criteria below, developed from the criteria used for policy selection in the European Policy Health Impact Assessment (EPHIA) (Abrahams et al. 2004). The leads for these proposals were contacted, and screening meetings were arranged. 7 projects were subsequently added to the list, as it was not possible to screen 7 of the original projects proposed.

Screening
16 proposals from the programme were screened. These were: HUB Festival, Chinese New Year, Show Racism the Red Card, Directors Cut, 08 Business Connect, G-litter, Grants programme, Four Corners of the City, Commercial partners, Mersey Boroughs, 08 Volunteers, 08 Welcome customer service programme, Made in Liverpool, Philharmonic War Requiem performance, Liverpool Music Week, and the Vision statement. Information on these proposals is included in Appendix 1.

To undertake the screening process, two people who knew the programme well met with the researcher, for approximately one hour. Where possible, one person was from the Culture...
Company, and one was from another organisation. These people worked through the screening section of the toolkit. The screening meeting lasted approximately one hour. Notes from the discussion were subsequently sent back to the participants, who were able to check that it accurately reflected the issues raised and make any changes.

The screening meetings proceeded as follows:

- Participants were asked to write down a response to the question ‘what is mental well-being?’
- The researcher explained the MWIA process to the participants, and found out key information about the project or policy, such as the stage it was at, the stakeholders involved, the project leads, and whether there was scope for changes to be implemented.
- The participants were asked to identify which population groups would be affected by the proposal, either intentionally or unintentionally, using the table in the MWIA toolkit.
- Participants were asked to identify which social determinants they affected, and which mental well-being protective factors, using tables in the toolkit.
- After selecting all that applied, they prioritised the impacts they perceived as most important, and explored these in greater detail. Potential positive and negative impacts on the prioritised determinants and protective factors were noted, and any comments recorded.
- A series of questions determined the likely duration of potential impacts, and how much of the population they would affect.
- The screening meeting concluded with a series of questions, summarising the previous discussions, and providing an indication of whether further analyses of potential impacts (i.e. a workshop) was justified.
- The researcher asked participants for feedback on the session, and noted their responses.
- Participants were asked to write down their response to the question ‘what is mental well-being?’ after completing screening.

The screening process took place before the final version of the toolkit was produced. The earlier versions used included tables of social determinants of health, and did not include the revised prompts about population groups or mental well-being protective factors. Additional questions (i.e. starting and finishing by asking ‘what is mental well-being?’ and the feedback question at the end, were added to the screening process for the purpose of evaluating the toolkit. The process was otherwise as described in the MWIA toolkit.

All proposals potentially had positive and negative impacts on the social determinants of health and protective factors for mental well-being of parts of the population. Most proposals potentially had impacts that were likely to be over a long period of time. All project leads responded that there was an opportunity to influence the delivery of the proposal being screened.

**Workshops**

Stakeholder workshops based on Part 3 of the toolkit were held for 8 of the proposals. These were selected with the intention of maintaining a portfolio of proposals across the Culture Company and a variety of projects, programmes and policies. Pragmatic factors, such as the timescale of the project, and the willingness of project leads to engage with the process also influenced the selection of proposals for workshops.

A variety of stakeholders who were involved in the project in different ways were invited to participate in the workshop. For example, for ‘Four Corners of the City’, the stakeholders at the workshop

The main criteria for deciding whether a proposal was suitable for a workshop were:

- Possible to engage a range of stakeholders
- Able to influence change in programme
- Leads keen to hold workshop
- Potential long-term impacts (>1year)
- Affects sizeable part of population
- Potential positive and negative impacts
included representatives from: arts organisations, the Culture Company, neighbourhood management services, and the community who had participated in a previous project.

Workshops were held for the following projects, programmes and policies: the Grants programme, G-litter, Four Corners of the City, Mersey Boroughs programme, 08 Volunteers, Chinese New Year, Commercial Partners, and the Vision Document.

Whole day workshops were held for the Grants programme, G-litter, and 08 Volunteers. The other workshops lasted half a day. The quantity of material to cover in workshops is better suited to a whole day workshop, however the time commitment required from participants was a restricting factor in arranging whole-day workshops.

| Projects, Programmes and Policies that took part in MWIA screening and workshops |
|-------------------|-------------------|-------------------|
| **Proposal** | **Screened** | **Workshop** |
| Creative Communities | | |
| Made in Liverpool | ✓ | |
| G-litter | ✓ | ✓ |
| Grants programme | ✓ | ✓ |
| Four Corners of the City | ✓ | ✓ |
| Artistic | | |
| Philharmonic War Requiem | ✓ | |
| Liverpool Music Week | ✓ | |
| Events | | |
| HUB Festival | ✓ | |
| Chinese New Year | ✓ | ✓ |
| Sports | | |
| Show Racism the Red Card | ✓ | |
| Business | | |
| Directors Cut | ✓ | |
| 08 Business Connect | ✓ | |
| Visitors & investment | | |
| Commercial partners (sponsors) | ✓ | ✓ |
| Mersey Boroughs | ✓ | ✓ |
| 08 Volunteers | ✓ | ✓ |
| 08 Welcome customer service programme | ✓ | |
| Overall Strategy | | |
| Vision statement | ✓ | ✓ |
The workshops proceeded as follows:

- At the start of the workshop, the content and aims of the day were introduced.
- Participants were asked to say one thing they had done in the last week to make themselves feel better, as an ice-breaker and introduction to mental well-being.
- Statements describing mental well-being were displayed around the room, and those taking part circulated, reading them and assigning green stickers to any they particularly liked, and red sticky dots to those they disliked. The group discussed why certain statements were particularly favoured or disliked, and in this way a group consensus on a definition of mental well-being was reached.
- The project lead gave a summary of the proposal to be assessed. Where possible, this was supported by a written summary. Participants discussed their involvement in the proposal.
- Using the table in the toolkit as a prompt, participants identified which population groups would potentially be affected by the proposal.
- A brief explanation about the social determinants of health was given. The table of prompts was used to identify potential impacts of the proposal. The most important impacts were then selected through group discussion. Potential positive and negative impacts of those prioritised were identified, and recommendations were suggested for increasing the positive effects and minimising negative effects.
- The protective factors for mental well-being were introduced. Potential impacts on control were identified, using the tables in the toolkit as prompts. The most important impacts were selected by the group, potential positive and negative impacts were identified, and recommendations for increasing positive effects and reducing negative effects were discussed.
- This process was repeated for resilience, participation and social inclusion. Where time constraints limited the feasibility of covering all these areas in detail, the facilitator and participants prioritised the areas that were most relevant to the proposal.
- The workshops ended with a time for feedback, where groups who were assessing different proposals shared their experiences, or the main impacts were summarised to the group.
- Participants were asked to complete an anonymous feedback questionnaire.

Data Analysis

The data produced by the workshops consists of flipcharts, notes made by the assistant facilitator, and evaluation forms. Screening also produced completed forms, additional notes, and evaluation forms. The responses from each screening session and workshop were sent back to participants, to give them the opportunity to amend or add to the notes, and further feedback was collected.

The data on potential positive and negative impacts was collated, and themes across proposals were identified. Direct comparisons were difficult, because different tables of population groups, social determinants, and mental well-being protective factors were used in workshops as the toolkit was developed. However, many of the categories were similar, and therefore themes were identified where similar determinants and protective factors recurred across different proposals (for example, having a say, control over decisions, consultation, and the opportunity to influence decisions were grouped together to form the theme “Consultation and Decision-making”). Comments that recurred, but did not relate specifically to prompts in the tables of determinants and protective factors were identified and included as themes. These were “Communication & Trust”, “Feedback & Evaluation” and “Legacy & Sustainability”. (See appendix 3 for table of determinants, protective factors and other comments grouped into themes). These themes were then considered in the context of research evidence, for example data from the community profile, and project evaluations from the Culture Company and other organisations.

Developing Recommendations

Recommendations were developed by members of the project group, based upon the research evidence, the community profile, the recommendations suggested during the workshops, and analysis of the themes emerging from screening and workshops. The Culture Company is already investing in the mental well-being of the population, and has shown an
exemplary commitment to improving mental well-being by commissioning a Mental Well-being Impact Assessment. These recommendations are therefore intended to optimise their existing programme of work, to increase potential positive impacts upon mental well-being, and to reduce potential negative impacts. They are intended for the Culture Company to read as areas to consider and discuss, and the specific actions needed to address them are largely not specified.

**Evaluation**
Feedback on participants’ and facilitators’ experiences of participating in the MWIA was collected during the MWIA. This contributed to the development of the toolkit during the project, and was also analysed for the evaluation of the process, which will be presented in a separate report.

Feedback was requested:
- Directly after screening
- When screening notes were sent to participants for comment
- In a short questionnaire: structured reflection on screening experience
- At the end of the workshop
- When workshop notes were sent to participants for comment
- From workshop facilitators
- In an email to project leads/Culture Co employees who participated in workshops

**Indicators**
Part 4 of the MWIA toolkit focuses on developing indicators for mental well-being. Indicators are defined by the Oxford English Dictionary as ‘a sign or symptom of; express the presence of or suggest a reading of’. Hence, they are a way of measuring delivery and performance against an intended outcome. There is a need to improve our understanding of measures that can be taken to assess the impact of proposals on mental well-being, as previous measurement scales have adopted a focus on mental illness.

Friedli et al (2005) discuss how health indicators can be used:
- To define a public health problem: indicators help identify a problem as they are associated with its occurrence — for example low self esteem is associated with risk taking lifestyle such as smoking, substance misuse.
- To indicate changes in health over time in individuals or populations.
- To assess whether the objectives of a programme or intervention are being achieved.

They further note that ‘developing mental health improvement indicators generally means using subjective measures which are based on judgments made by the target group, patient, family, project worker et al, about well-being or the quality of life’. Measurement scales exist to measure many aspects of subjective mental well-being, such as quality of life or self esteem. These usually require new data to be collected via a survey. However, there may also be indicators, or proxy indicators, that are objective and at a more community or structural level, such as amount of green space in a neighbourhood. Many of the things that people identify as having the biggest impact on their mental well-being are to do with how a policy, service or project makes them think and feel; things that are often not easily counted, such as increased self-esteem or safety. However, it is important that we do measure these Impacts, and the MWIA toolkit aims to assist with identifying such indicators.

Developing indicators to enable the monitoring of the impacts of the proposal on mental well-being is a logical follow-on for a number of reasons:
- It enables all stakeholders to identify what might be an appropriate measure to use, to assess whether the proposal does go on to have the predicted positive impacts.
- It enables stakeholders to monitor whether any improvements to the proposal are making any difference in reducing potential negative impacts.
- It encourages stakeholders to monitor the effectiveness of proposals.
- It helps to develop the evidence base for what makes a difference to mental well-being.

Some indicators were developed during the workshops, however this was restricted by time. We recommend that the follow-up to this project includes the development of indicators to evaluate the adoption and effectiveness of the recommendations, in conjunction with the Capital of Culture monitoring and evaluation programme.
These recommendations were developed by members of the project group, based upon the research evidence, the community profile, the recommendations suggested during the workshops, and analysis of the themes emerging from screening and workshops. These recommendations highlight areas in which the Culture Company is already investing in the mental well-being of the population, and where this impact could be maximised. The aims of these recommendations are to increase potential positive impacts upon mental well-being and reduce potential negative impacts. They are intended for the Culture Company to read as areas to consider and discuss, and the specific actions needed to address them are largely not specified. The Culture Company has shown an exemplary commitment to improving the mental well-being of the population by commissioning a Mental Well-being Impact Assessment, and these recommendations are intended to optimise their existing programme of work.

Consultation and Decision-making
Research evidence demonstrates that control over decisions, having an opportunity to influence decisions, and being involved in consultation can improve people’s mental well-being. A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one’s own capabilities) are key elements of positive mental health that are related to a sense of control. Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health.

Control over decisions, consultation, and the opportunity to influence decisions were discussed in the G-litter, Mersey Boroughs, Four Corners of the City, Chinese New Year and 08 Volunteers workshops. It was also prioritised in the screening of G-litter, 08 Welcome, Four Corners of the City, Made in Liverpool, Liverpool Music Week, and Hub festival.

The volunteers at the 08 Volunteers workshop expressed that it would be helpful for them to provide rapid, routine feedback after every event they attend, as this would give them the opportunity to influence decisions. During the workshop, they provided a perspective on events that the Culture Company staff participating found useful, providing evidence that their feedback would be valuable to event organisers. The participants at the G-litter workshop recommended local decisions, flexibility in the size of grants, and redirecting people to other funding schemes if appropriate, to give people more control over decisions and choices in the community.
In the Mersey Boroughs workshop, participants discussed whether they felt that the boroughs were being consulted, and if people felt part of Capital of Culture decision-making. During screening Four Corners of the City, being heard was identified as a priority for the project, as it provides a platform for individuals’ opinions and concerns. For Four Corners of the City workshop participants, sharing good and difficult aspects of the project between organisations and neighbourhoods was considered to be a way of increasing people’s opportunities to influence decisions.

The stakeholders at the Chinese New Year workshop identified extending community consultation and formalising the aims and objectives, structure, and governance of the organising committee to increase democracy and consultation in the process of coordinating the event.

Negative external perceptions of decision-making regarding the European Capital of Culture appear to mirror weaknesses in the effectiveness of internal consultation processes within the Culture Company. Expectations of being able to influence decisions have reduced, because people lack information (linking to Communication) and are not engaged (linking to Involving People). When the agenda appears to be set, consultation shuts down, and a change in dynamic is required for it to become revitalized.

Racial and ethnic differences in levels of mental well-being, and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences, in the way in which both mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. (Bhugra and Cochrane 2001; McCabe and Priebe 2004). However, a major qualitative study found that idioms of distress bore great similarity across ethnic groups, although some specific symptoms were different. (O’Connor and Nazroo 2002).

The key factors influencing the mental health of people with disabilities (including learning disabilities) are life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent.

Some studies suggest that gay, lesbian, bisexual and transgender peoples are at increased risk for some mental health problems — notably anxiety, depression, self-harm and substance misuse — and are more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. being bullied, discrimination and verbal assault. (King and McKeown 2003; Myers et al 2005.)

Consultation and Decision-making Recommendations:
Facilitate internal involvement in decision-making, for example by introducing a staff intranet system or communal space to foster engagement.
Take any opportunities for consultation of users at events. Facilitate involvement in decision-making using tools such as the 08 Roadshow. Ensure that feedback reaches the appropriate decision-makers.
Ensure that communities are aware of open decision-making and publicise good practice.
Challenging discrimination and stigma were prioritised as potential impacts in the G-litter, Grants, and Four Corners of the City workshops, and when screening 08 Volunteers, Show Racism the Red Card, Hub festival, Director’s Cut, Liverpool Music Week and the War Requiem performance. Inequalities were identified as potential impacts in the Four Corners of the City workshop and 08 Vision screening. Cultural norms and attitudes were identified as potentially being affected in the Grants workshop and when screening G-litter and Director’s Cut.

Feedback and evaluation were also highlighted as ways to ensure that people were brought together and involved in the most effective way, for example evaluation of the activities of Chinese New Year, learning how many volunteers are required at a particular event, and feeding back the outcomes of G-litter projects so that people feel engaged. Ways in which discrimination, inequalities and cultural attitudes may be challenged by projects, programmes and policies suggested during the workshops and screening include: communicating with everyone in a way that they can understand (Grants and 08 Vision workshops, Made in Liverpool screening), not being embarrassed about having received funding because their neighbourhood is deprived (Four Corners of the City workshop), increasing access for people who are isolated in their homes or have disabilities (08 Vision), bringing diverse groups of people together and breaking down barriers (08 Volunteers, Show Racism the Red Card and Director’s Cut screening), and furthering understanding of other people’s background and culture (Liverpool Music Week and Hub screening).

The community profile presented in this report shows that Liverpool has a diverse population. Of particular relevance are the figures that nearly a quarter of the population responded that they had a limiting long-term illness in the 2001 census, in some wards there are high numbers of individuals from black and ethnic minorities, and there are large inequalities between the most deprived and most affluent neighbourhoods in the city. The initial European Capital of Culture bid focused upon the theme of ‘The World in One City’. To achieve this aspiration, one of the key challenges is to use culture and the Capital of Culture year to challenge discrimination, inequalities and cultural attitudes. Evaluation is also necessary, to know the extent to which this is being achieved and what action is required.

The process of engaging in the Mental Well-being Impact Assessment provided an opportunity for projects to assess the population groups that they were affecting, on purpose or unintentionally, and identify any that they are not currently including. For example, when screening Liverpool Music Week it was identified that many of the venues used are not accessible to people with physical disabilities, and when screening Show Racism the Red Card it was noticed that while many black and ethnic minority communities participate in the event, football teams from the Chinese community have not yet been involved. The participants in the 08 Volunteers workshop commented that the team of volunteers included very few members of black and minority ethnic groups. There is therefore an important role for Mental Well-being Impact Assessment within the development of all Culture Company projects, programmes and policies, to ensure that the inclusion and mental well-being of all parts of the population are considered.

Challenging Discrimination, Inequalities and Cultural Attitudes Recommendations:

Ensure that all aspects of the Culture Company programme actively enhance diversity, equality and inclusion. Encourage other organisations using the Liverpool 08 branding to meet the same standards.

Emotional Well-being
Positive emotions, such as happiness, self-esteem, hopefulness, life satisfaction, feeling good and motivation are key elements of mental well-being. Branden (1969) defined self-esteem as "...the experience of being competent to cope with the basic challenges of life and being worthy of happiness", and emotional resilience is usually
defined as the extent to which a person can adapt to and/or recover in the face of adversity (e.g. Seligman 2003). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes.

Potential impacts on self-esteem were identified in the 08 Vision workshop, and when screening Four Corners of the City, the Grants programme, 08 Welcome Customer Service Programme, and the War Requiem performance. Other positive emotions, such as hopefulness, life satisfaction, and feeling good were also mentioned as being potentially affected. It was recognised that the Grants programme application process has the potential to increase or decrease people's self-esteem, depending upon the outcome. New skills achieved during the Four Corners of the City projects were recognised as important in increasing participants' self-esteem.

Self-help and motivation were prioritised as potential impacts in the Commercial Partners workshop, and when screening G-litter, Four Corners of the City, and the 08 Welcome Customer Service Programme. This was often linked to the sense of purpose instilled through involvement in projects such as G-litter, Four Corners of the City and the 08 Welcome programme. Culture Company employees frequently jokingly commented that the researcher should be assessing their mental well-being and stress levels. These comments reflect underlying issues within the organisation, and possibly a perception by staff that their own well-being is neglected. Emotional well-being will only be valued as an outcome by employees of the Culture Company if they experience it themselves, and therefore the way the organisation realises well-being needs to start internally.

This emotional ‘feel-good’ theme includes protective factors for both control and resilience. In the 08 Vision workshop, participants discussed articulating the importance of emotional well-being in the Vision statement, and thereby promoting positive emotions as valuable outcomes of the European Capital of Culture. In the 08 Welcome Customer Service Programme screening the point was made that employers are more likely to be motivated by increasing productivity in their workforce than increasing happiness, without realising that the two are linked. It is therefore important that these links are made explicit, and emotional well-being is promoted as a valuable outcome of the Culture Company programme, in addition to the well-publicised economic benefits of being European Capital of Culture.

Emotional Well-being Recommendations:
Consider how modifications to the work environment of Culture Company employees could enhance their emotional well-being.
Ensure that emotional well-being is included in the 08 Vision statement and other written outputs.

Neighbourhood Change and Crime
Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness (Fitzpatrick and LaGory 2000). There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Crime was discussed in the Commercial Partners workshop as a way of measuring how the European Capital of Culture status was affecting Liverpool. It was mentioned in the Grants workshop as a negative stereotype of Liverpool, which could be overcome by a stronger identity
from the people of the city. The participants in the **G-litter** workshop identified that the programme could impact upon community safety. Community safety and feeling safe were identified as potential impacts of the **08 Volunteer** programme at the screening stage: as positive effects of volunteers being on duty around the city, and negative in volunteers accessing the location of the training venue. Neighbourhood change was identified as a potential impact by participants at the **Four Corners of the City** workshop. The relationships that neighbourhood managers had were a useful resource for the arts organisations working in communities, and it was felt that this could be further maximised to effect positive changes in communities.

**Neighbourhood Change and Crime Recommendations:**

Contribute to the work of the Liverpool Commission ‘Health is Wealth’.
Recognise that people’s sense of safety and mental well-being are inter-dependent.

**Arts and Culture**

Involvement in arts and culture offers benefits to mental well-being, beyond its impact upon other determinants of health. “Cultural activities … offer unrivalled opportunities for personal development and learning. The key here is that cultural activities continually provide fresh challenges. To the extent that engagement with cultural activities is likely to increase psychological well-being and feelings of happiness, it certainly seems plausible that health benefits will follow.” (New Economics Foundation (2006) Culture and Health: Building the Evidence).

The impact of projects and policies upon arts and culture were discussed in the workshops on **Grants, Four Corners of the City**, and the **08 Vision statement**. For the **Grants programme**, it was suggested that to increase cultural opportunities, grant holders could be brought together. The participants in the **08 Vision** workshop were concerned that arts and culture should remain at the centre of the Vision statement. In the **Four Corners of the City** workshop, participants discussed the importance of artistic and editorial control, and a lack of censorship in the work produced in the communities. This concern suggests that commissioning has previously been unclear and pre-set agendas have been imposed upon artists and communities.

At the screening stage, cultural opportunities were prioritised as potential impacts of the **Grants programme, Four Corners of the City, Mersey Boroughs, 08 Volunteers, 08 Welcome Customer Service Programme, Chinese New Year, Hub festival, and Commercial Partners**; arts and culture were identified as potentially being affected by the **War Requiem performance**, and the **08 Vision statement**; cultural identity was potentially impacted by **08 Business Connect, 08 Welcome Customer Service Programme, Show Racism the Red Card, Hub festival, and 08 Volunteers**. In addition, opportunities for fun, laughter and play was prioritised as an impact of **Chinese New Year, Hub, Liverpool Music Week, and Commercial Partners**, and leisure was a prioritised impact of **Mersey Boroughs and Show Racism the Red Card**.

The frequency of prioritising arts, culture, cultural identity, opportunities for fun, laughter and play, and leisure at the screening stage suggests that these are key outcomes for the project leads and the individuals focused particularly on delivering the projects, programmes and policies. However, their less frequent prioritisation during workshops indicates that they are comparatively lower priorities for the other stakeholders involved in the project.
Spirituality and Connectedness

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Aukst-Margetic & Margetic, 2005; Idler et al, 2003; Mental Health Foundation, 2006).

Connectedness, spiritually and socially, was identified as an important impact by participants in the 08 Volunteers and Four Corners of the City workshops. Spirituality was also prioritised when screening the War Requiem performance.

The participants in the Four Corners of the City workshop discussed the importance of valuing process, despite needing to produce outcomes. Suggested ways to achieve this and foster connectedness, were spending sufficient time on the consultation stage, recognising and working within their capacity, and developing and maintaining good relationships between arts organisations and neighbourhood officers.

Art and Culture Recommendations:

Realign commissioning so that it values, and is informed by, the needs of communities and artists.

Retain a central role for Culture in the 08 Vision statement, linking it to play, fun, leisure, aesthetics, enjoyment and inspiration, in addition to the environment, health, and education.

Foster clarity and agreement with partnering organisations, facilitate sharing, and manage these relationships well so that they see the value of culture in enhancing well-being.

Make arts and culture accessible to all, by publicising the involvement that people can have in the European Capital of Culture programme.

Spirituality and Connectedness Recommendations:

Value relationships, shared goals, and process, and recognise the role of culture as a tool to connect different parts of the community.

Work to help people see the value of spirituality and connectedness in enhancing mental well-being.

Physical Health

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation/Sustain, 2006). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Salmon, 2001; Mutrie, 2000; Department of Health, 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern; Mental Health Foundation, 2006; Royal College of Psychiatrists, 2006). Poor physical health is a significant risk factor for poor mental health (Melzer et al, 2004); conversely, positive mental health improves physical health and outcomes for chronic disorders, e.g. diabetes.

Physical activity was prioritised as a potential impact in the 08 Volunteers and G-litter...
workshops, and when screening **08 Volunteers, Show Racism the Red Card** and Hub festival. Control over health was identified as an impact of **Show Racism the Red Card**. In the screening and workshop for **08 Volunteers**, diet and smoking, alcohol and drugs, and knowledge, skills and resources to make healthy choices were also identified as potential impacts. The potential impacts identified in these projects and programmes were predominantly positive, with participants being encouraged to make healthy choices. Screening **Liverpool Music Week** identified some potential negative impacts upon physical health, namely smoking, drinking alcohol, and potential hearing damage from exposure to loud music, which may particularly affect people working in the venues.

**Physical Health Recommendations:**
Raise awareness of the Public Health agenda, engaging with initiatives such as Taste for Health, SmokeFree Liverpool, Liverpool Feels Good (which includes alcohol) and Liverpool Active City and generalise these priorities across the Culture Company programme.
Build physical health into events and projects across the Culture Company programme.

**Involving Communities and Bringing People Together**
Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities. Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Parkinson, 2006, Warwick Edinburgh, Measuring Mental Well-being Scale forthcoming).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc. Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health. Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here. Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes. Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health, and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin & Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin & Rose 2003). However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Protective factors for participation at the levels of individual/lifestyle and community/social were repeatedly prioritised during screening and workshops. These included: community engagement and involvement, opportunities and support to get involved and feeling involved, social and community contacts and networks, bringing people together, personal relationships, and having a valued role.

Community engagement and involvement was identified as potentially being affected in the **Grants workshop**, and when screening **Chinese New Year, Show Racism the Red Card, Hub, 08 Volunteers, G-litter, Grants, Commercial partners, Mersey Boroughs, 08 Welcome, and Four Corners of the City**. Opportunities and
support to get involved and feeling involved was prioritised as a potential impact by participants in the 08 Volunteers, Chinese New Year, and Four Corners of the City workshops, and during the 08 Vision screening. Potential impacts on social and community contacts and networks were identified in the 08 Volunteers and G-litter workshops, and when screening 08 Volunteers, the 08 Vision, Made in Liverpool and Director’s Cut. Participants in the workshops for 08 Volunteers, Chinese New Year, and Commercial Partners identified bringing people together as a potential impact, and it was also prioritised when screening Chinese New Year, Show Racism the Red Card, Hub, 08 Volunteers, Liverpool Music Week, Made in Liverpool, and the 08 Vision statement. Personal relationships were identified as potentially being affected in the Grants workshop, and when screening Show Racism the Red Card and 08 Volunteers. Having a valued role was prioritised when screening 08 Volunteers, Liverpool Music Week and the War Requiem performance.

Feedback and evaluation were highlighted as ways of monitoring whether people are brought together and involved in the most effective way, for example evaluation of the activities of Chinese New Year, learning how many volunteers are required at a particular event (08 Volunteers), and feeding back the outcomes of G-litter projects so that participants feel engaged.

Participants at the 08 Volunteers, Four Corners of the City, G-litter, Grants and Commercial Partners workshops made suggestions that linked involving people with communication. Improvements in the communication between the Culture Company and volunteers, organisers, commercial partners, arts and community organisations, and population of Liverpool were suggested to facilitate the involvement of individuals and organisations. In the 08 Volunteers workshop, participants suggested introducing routine feedback sheets and increasing the level and consistency of support they receive from the volunteer coordinators. Participants at the Four Corners of the City workshop suggested publicising the Capital of Culture programme through people rather than just leaflets, and having locally accessible information, both of which are feasible through the Culture Bus and Ambassadors programme. Those attending the Grants workshop proposed publicising new funding recipients, and bringing funded projects together. The participants at the Commercial Partners workshop were aware that although their events for employees brought people together, some people might feel excluded from them, and that these groups may need particular targeting to be included. In particular, men had been less involved than women in some of the commercial partners’ events. A similar potential for people to feel either included or excluded was highlighted when screening Chinese New Year that other minority ethnic groups did not receive the same level of attention, Show Racism the Red Card that the Chinese community had never attended, Hub where older people may feel excluded, 08 Volunteers where new volunteers may feel excluded because other volunteers already knew each other, the 08 Vision particularly in relation to accessibility, G-litter where projects may only work with a certain population from a community, Grants if a project is not awarded funding, Mersey Boroughs that some parts of the community may be missed or become more isolated, and Director’s Cut because demand for places exceeds capacity.

The recurrence of this issue of bringing people together and involving them highlights the potential for the European Capital of Culture to both increase involvement and engagement, but also lead to people feeling excluded. The Culture Company is not solely responsible for these responses, which are shared with the City Council, Primary Care Trust, voluntary services, and other members of the Local Service Partnership. However, as it is one of the most significant outcomes that the European Capital of Culture may achieve, it is something that should be of paramount importance to the Culture Company.
Physical Environment and Transport

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Allardyce et al. 2005; Jackson 2003). Housing is also associated with mental health — independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite, Clark and Ackrill 2006).

The physical environment was prioritised as an important potential impact in the workshops on Commercial Partners, 08 Volunteers, the 08 Vision statement, and G-litter, and when screening G-litter.

Environmental concerns were clearly important to workshop participants, and they made suggestions such as presenting consciously ‘green’ events and giveaways (Commercial Partners), and raising the profile of recycling (Commercial Partners, 08 Volunteers and G-litter). The stakeholders involved in screening the G-litter programme highlighted the positive effects of improving the physical environment, both for those involved in projects, and everyone else in the community, and identified difficulties evaluating these impacts. In the 08 Vision workshop, participants discussed the physical impact of cultural events and animation of the public realm.

Transport was prioritised in the Chinese New Year and 08 Vision workshops and when screening 08 Volunteers. Participants in the Chinese New Year and 08 Volunteers believed that it was important to encourage people to use public transport to access events. The participants in the 08 Vision workshop discussed transport in relation to making the programme accessible to all.

Cost, Income and Employment

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley & Roberts 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006).

Cost, financial security and control over finances were prioritised by participants attending the workshops on Four Corners of the City, Chinese New Year, Commercial Partners, 08 Volunteers, and the Grants Programme. Employment was identified as a potential impact when screening the
Grants Programme, 08 Volunteers, 08 Welcome, Liverpool Music Week and 08 Business Connect. Work life was a potential impact when screening Commercial Partners, and income was prioritised when screening 08 Business Connect.

Different issues appear to have been prioritised in the workshops and screening meetings. Project leads screening programmes focused upon potential impacts upon employment, while participants at workshops generally focused upon individual costs, possibly illustrating the differences in their perspectives as stakeholders. For example, the individuals screening 08 Volunteers identified it as a potential stepping stone to employment. However the workshop participants (primarily volunteers) saw that while this could be important for a small minority, most volunteers did not experience this, but did have ongoing expenses associated with volunteering.

Employment for artists and musicians in the city was discussed as a potential impact in the screening of the Grants programme and Liverpool Music Week, and is also an important potential impact of much of the Culture Company’s programme. The Commercial Partners’ financial backing of the Culture Company programme was identified as potentially having both a positive and negative impact. Their involvement provides necessary finances, but participants perceived that it is often poorly understood, especially by employees and customers from outside Liverpool, who may not see the benefits directly. When screening the 08 Welcome Customer Service Training programme, potential positive and negative impacts were identified. For example, a potential positive impact is improved employment prospects for participants, while a potential negative impact is the perpetuation of low wage employment in retail and hospitality sectors. The value businesses place on mental well-being was an issue raised when screening 08 Welcome and 08 Business Connect, and the participants screening 08 Welcome commented that employees are often more concerned that their workforce is productive than happy, without realising that the two are interlinked.

Cost, Income and Employment Recommendations:
The Culture Company links with business should acknowledge that the mental well-being of employees contributes to their productivity.

Access, Advocacy and Practical Support
Access to services and practical support was raised in several workshops and screening sessions as potentially being affected by the Capital of Culture programme. Practical support was prioritised in Four Corners of the City, referring to Information Technology training in the workshop and access to services and resources was prioritised when screening Four Corners of the City, in particular how services can be offered to marginalized communities. Practical support was also prioritised by participants in the Commercial Partners workshop, in terms of the expertise and services the sponsors could offer to communities. Support in getting involved from the Culture Company volunteer coordinators was prioritised by the 08 Volunteers workshop participants, and access to sources of information and support were prioritised by G-litter participants. The workshop and screening participants for the Grants programme highlighted the support that community organisations receive in completing applications as sources of advocacy services and help and support. In the 08 Vision workshop, increasing the accessibility of the programme was prioritised, and the particular issues highlighted were increasing access for people with disabilities, those isolated in their homes, and international visitors. When screening the Mersey Boroughs programme, the potential for the Capital of Culture to be a mandate to work across departments was raised, allowing greater access to services and resources and encouraging services to communicate with each other and be offered in a more integrated way. The skills and information provided by Made in Liverpool and Liverpool Music Week workshops were identified as providing practical support, skills and resources that could improve people’s mental well-being.
Communication and Trust
Communication is not in itself a prompt contained in the workshop materials, however it was a recurring theme through many of the workshops. It was discussed by the workshop participants focusing on 08 Volunteers, Mersey Boroughs, G-litter, Four Corners of the City, the 08 Vision statement, Commercial Partners, and Grants, and when screening 08 Volunteers. It was frequently linked with trust, in particular in the Grants, Commercial Partners and Four Corners of the City workshops.

The issues raised concerned communication between the Culture Company and a variety of different groups. For example, arts organisations (Four Corners of the City, G-litter and Grants workshops), businesses (Commercial Partners workshop), other Mersey Boroughs (Mersey Boroughs workshop), volunteers (08 Volunteers workshop), the UK (08 Vision and Grants workshops) and the community (08 Vision, G-litter, Grants, Four Corners of the City workshops). Publicising the Capital of Culture programme, and people’s awareness of what was going on, was discussed in the Mersey Boroughs, 08 Vision, and Grants workshops. In the 08 Vision workshop and Made in Liverpool screening, participants discussed using language and formats that people understand, targeted at particular groups. For example, those who would benefit from visual images and other languages, and marketing aimed specifically at young people. Participants at the Grants programme workshop suggested having more leaflets available, and events sharing information at St Georges Hall. In the Mersey Boroughs workshop, awareness and marketing of the Capital of Culture in the Boroughs was raised.

Participants in the 08 Volunteers workshop requested greater communication before and after events, and more opportunities to provide feedback, both to the volunteer coordinators and event organisers. Participants recommended improving the Grants programme application process by providing clear information on the process and timescale of applications, what to do if they didn’t get a grant, and publicising new funding recipients. The Commercial Partners workshop participants felt that they could promote understanding of their involvement in the Culture Company more effectively, and wanted to know what impact the European Capital of Culture programme was having on the city. They felt that, having invested financially and in reputation, they needed more information about what they could do to contribute to the success of 2008. In the Four Corners of the City workshop, communication was framed as a three-way process between the Culture Company, arts organisations, and neighbourhoods. Explicit agreement on the level of artistic and editorial control was recommended, and opportunities for projects to share good and difficult aspects of their work with each other, for example how to improve engagement.

The issue of trust was often linked with communication, and was a particularly high priority in several workshops. It was framed as something that worked in both directions, with the need for the Culture Company to both trust and be trusted by other organisations and people. The Commercial Partners cited this mutual trust as an important element of their relationship with the Culture Company, and highlighted the importance of communication in facilitating that trust. Four Corners of the City prioritised trust to facilitate participation, and recommended more dialogue to facilitate the switch between groups and areas as the arts organisations start working with different neighbourhoods in the second phase of the programme. The participants involved in the Grants process said that trust in the grants application process was especially important to them, and recommended that a body independent of the Culture Company should be responsible for allocating resources to ensure transparency and impartiality.
Feedback and Evaluation

During workshops, the suggestions participants made to increase mental well-being frequently involved feedback and evaluation. This theme was present in the G-litter, Grants, Four Corners of the City, 08 Volunteers, Chinese New Year, and Commercial Partners workshops.

Feedback and evaluation were also highlighted as ways to ensure that people were brought together and involved in the most effective way, for example evaluation of the activities of Chinese New Year, learning how many volunteers are required at a particular event, and feeding back the outcomes of G-litter projects so that people feel engaged.

The recommendations made by participants in the Grants and Four Corners of the City workshops were to get stakeholders together to reflect on their learning and share good and difficult aspects of the project. The 08 Volunteers workshop participants also placed high value on volunteers being able to feed back their experiences to the volunteer coordinators and event organisers, possibly through a standard feedback form. Evaluating people’s experience of attending events was also raised by the participants of the Chinese New Year workshop.

Evaluation was therefore linked to mental well-being protective factors linked to both increasing control and facilitating participation, in particular opportunities to influence decisions, consultation, social networks opportunities to get involved, and bringing people together. Without effective evaluation and feedback, people’s opportunities to influence decisions are limited, they are likely to feel disengaged, under-valued, and lacking in control. It is also not possible to know what effect the programme is having, limiting recognition of positive outcomes and the reduction of negative effects.

Feedback and Evaluation Recommendations:

Conduct a workshop to develop indicators for evaluating the impact of the Culture Company programme and the European Capital of Culture upon mental well-being, and proceed to monitor these indicators.

Emphasise evaluation, reflection and learning to enable the Culture Company to realise its delivery objectives.

Engage with Impacts 08, communicate the benefits of evaluation, publicise evaluations that have taken place and implement the results of evaluation.

Legacy and Sustainability

This issue was raised in the Four Corners of the City, Commercial Partners and Mersey Boroughs workshops, and Made in Liverpool screening. It is likely that it is also an issue in other areas of the programme, but was not explicitly prompted in the workshop materials, and therefore was not discussed.

The participants in the Commercial Partners workshop felt that they had a role to play in ‘selling’ the bigger picture and future perspective, in particular to refocus people away from negativity related to the Capital of Culture (giving the example of the ‘Big Dig’). They felt that as
sponsors they had influence, not only over the messages their own staff received, but also communicating to the rest of the city. However, they perceived that they lacked the information to be able to do this effectively. The participants in the Mersey Boroughs workshop acknowledged that the legacy and sustainability of European Capital of Culture was very important from their perspectives, as stakeholders outside the city. The participants in the Four Corners of the City workshop discussed how ‘follow-up’ to the project could be carried out and evaluated. Their suggestions for ensuring that the positive impacts engendered by the project are sustained were developing an active exit strategy with clear responsibilities, handing over contacts when artists and organisations move between neighbourhoods, and sustaining personal contact between the participants, artists, arts organisations and Culture Company. A variety of methods were suggested for sustaining contact, including a project blog, and continuing to bring together the community members who participated in the projects.

Legacy and Sustainability Recommendations:
Consider how Culture Company staff and partners could be involved in the formulation and communication of the Culture Company exit strategy.
Consider how the public and key stakeholders can best be involved in ensuring the best possible cultural legacy of 2008.
The Mental Well-being Impact Assessment identified potential positive and negative impacts of the Culture Company programme upon mental well-being. Arising from the MWIA process, recommendations were developed to increase positive impacts on mental well-being and minimise negative effects. Through their commitment to supporting the mental well-being impact assessment, the Culture Company have made a positive contribution to mental well-being. The recommendations provide areas for them to consider, in order to maximise this.

**Were the objectives of the work met?**
As presented in the introduction, the overall aim of the project was to carry out a Mental Well-being Impact Assessment of the Liverpool Capital of Culture programme, using the MWIA toolkit. The objectives of this project were:

To assess the impact of a wide range of Culture Company strategies, policies and projects upon mental well-being, in particular enhancing control, increasing resilience, facilitating participation and promoting social inclusion.

To select, screen and assess a range of programmes reflecting the range of Culture Company objectives.

To engage with the Culture Company, their stakeholders, and members of the community in assessing potential impacts on mental well-being, developing indicators of these impacts, and formulating recommendations.

To pilot the newly developed MWIA toolkit, and contribute to its development through evaluating the experiences of those using it and participating in the project.

The impact of Culture Company strategies and policies and projects upon mental well-being was assessed. Impacts were identified on enhancing control, increasing resilience, facilitating participation and increasing social inclusion, and key themes were developed from analysis of the workshops, screening interviews, and research evidence.

16 proposals from the Culture Company programme were screened, and workshops were carried out on 8 of these. They covered a range of Culture Company objectives, and involved employees from a variety of teams. The balance of proposals across Culture Company objectives is a potential limitation which is discussed below.

The engagement of the Culture Company was predominantly good, although there were difficulties engaging with some teams. The engagement of stakeholders and community members was largely reliant upon Culture Company employees, as they invited people to the workshop who had been involved in the project, programme or policy. This generally appeared to work well, but was open to bias, as project leads may have selected individuals to invite.

During the screening interviews and workshops, participants assessed potential impacts on mental well-being and suggested recommendations to increase positive effects and decrease negative effects on mental well-being. These impacts and recommendations were integrated with research evidence by members of the project group to develop overall recommendations for the Culture Company.

Due to time limitations in the workshops, participants rarely got to the stage of developing indicators of these impacts. Additional time would be necessary to achieve this important outcome, and it has been recommended that a workshop is held to develop indicators of the impacts.
The objective of piloting the newly developed MWIA toolkit, and contributing to its development through evaluating the experiences of those using it and participating in the project has been fully met. Feedback from participants has been used to refine the toolkit, and the experiences of those taking part in the process have been evaluated. A full evaluation of this work will be published in a separate report.

**Strengths and Limitations of the Study Design**

The Mental Well-being Impact Assessment raised awareness about mental well-being among project leads and stakeholders. This was an objective of the project, and the feedback comments suggest that it was achieved in the screening meetings and workshops. This is a valuable outcome for the Culture Company, as it increases staff awareness of mental well-being, and how it can be increased, independent of the recommendations presented in this report.

During the scoping phase of the project, it was decided to limit the assessment to projects, programmes and policies in which the Culture Company was involved, and to ensure a balance of different proposals from across the Culture Company teams and objectives. The decision was also made to assess a range of individual proposals, rather than to assess the overall programme itself. To a certain extent, the inclusion of the 08 Vision statement gave this overview, and the recurrence of key themes suggests that the major impacts on mental well-being were identified by the assessment.

The diversity of proposals included in the project was maintained. However the balance of projects and policies across Culture Company objectives could have been improved, and including more strategic proposals would also have strengthened the project. A relatively high number of projects coordinated by the Creative Communities and Welcome teams were included, reflecting the higher level of engagement with the MWIA process from these project leads. One particular weakness was in the low level of inclusion of proposals from the artistic programme. The artistic team experienced staffing difficulties and restructuring during the project, and consequently engaged with the project at a late stage. Two proposals from the artistic programme were screened, but time constraints meant that it was not possible to screen more, or for any artistic proposals to proceed to a full workshop. Few business-related proposals that were screened proceeded to the workshop stage. This can be attributed to an underlying attitude that mental well-being is not relevant to the commercial sector, and the time commitments entailed by workshops.

The project group sought to include a community representative. However, we were unable to recruit anyone until late in the process. Liverpool Community Network was approached - a large network of community and voluntary sector groups from across the city. However the process was slow and bureaucratic, and because of timescales we did not recruit through this network. Late in the process we recruited a community representative who had been a participant at one of the workshops. She was an asset to the group, despite struggling with a process that was well under way by the time she joined the group. The project group would have benefited from different perspectives and community expertise. In retrospect, a community representative could have been identified prior to the pilot period to ensure a more representative project group.

During the workshops, stakeholders with different involvement and perspectives were brought together and engaged with each other. There were limitations in the process of inviting stakeholders and their attendance. The range of stakeholders and community members who attended workshops was sometimes limited, potentially providing a less balanced range of perspectives than would be ideal. In particular, representation of the local community and Culture Company staff at the workshops were often low. Project leads were responsible for inviting participants, possibly introducing bias through their selection of which stakeholders to invite. For example, Grants recipients attended, but not those who had unsuccessfully applied. Committed and active volunteers attended the workshop, but not those on the fringes of the volunteer programme. Despite these limitations, stakeholders frequently commented how positive it had been to meet other
people who were involved in the project or programme. Networking and discussions ensued that would not have happened if the MWIA was not taking place. For example, Grants recipients met each other, and a recommendation ensued for an annual event at which Grant holders could meet. Volunteers who had helped at an event shared their views with the Culture Company employee who had organised it, and she commented that it was really useful to hear their perspectives.

A large quantity of data was gathered during screening sessions, workshops, and from the literature, and one of the challenges of analysing and presenting it was to retain the relevant level of detail, while reporting it clearly and concisely. As the MWIA toolkit was being developed in response to feedback from this pilot study, the list and wording of the protective factors was revised several times during the project. These revisions made the list more robust, however they made data analysis more complex, as factors could not be directly compared between workshops and screening sessions. This limitation was addressed by identifying themes, based on similar protective factors, and presented with reference to the evidence-base.

In summary, the strengths of the study design were that it raised awareness about mental well-being, brought together stakeholders, and generated rich data. The limitations were engaging across the Culture Company, inviting stakeholders, maintaining a balance of proposals, and conducting data analysis despite changes to the toolkit.

**Strengths and Limitations of the MWIA Toolkit**

The project was a successful pilot of the newly developed Mental Well-being Impact Assessment toolkit, and provided an opportunity for it to be refined throughout the process. Recommendations were produced from the process, for the Culture Company to maximise mental well-being through the European Capital of Culture programme.

The feedback sheets completed by project leads and participants indicate that the majority of people involved found the MWIA a positive process. They recommended a variety of improvements, many of which were used to develop the toolkit. A concern that was repeatedly raised was the complexity of the process, and particularly the language used. The process was simplified and made less repetitive, in particular by making the section on the social determinants of health optional, as all of these were included in other sections. The language was simplified, although we acknowledge that the terminology is still not phrased in ‘everyday’ language. This means that the success of the process is reliant upon the facilitator being able to provide clear explanations.

The continuing development of the toolkit made data analysis more complex, as the toolkit resources such as tables of protective factors for mental well-being altered several times during the project. This meant that responses from different workshops and screening interviews could not be directly compared. To overcome this difficulty, analysis was carried out of emerging themes rather than specific protective factors, determinants of health, or population groups. Further detail on the process of piloting and developing the MWIA toolkit is given in a separate report.

The experiences of running workshops for this project highlighted the importance of having the right stakeholders and a well-defined proposal for a successful workshop. In the Mersey Boroughs workshop, the stakeholders did not have the strategic understanding of the proposal, and the discussion therefore floundered. In the Grants workshop, it was unclear whether the group should assess the individual projects for which they had received grant funding, or the overall grant application process. In later workshops, greater guidance was given to project leads about who should be invited to the workshop, and a written summary of the proposal was circulated to participants.

In summary, strengths about the toolkit were that it was a positive process for those involved, was a successful pilot, and the toolkit was refined in response to the experience of the project. Limitations were the complexity of the language
and process, reliance upon good facilitation, and changes to the toolkit during the project.

**Implications of the MWIA Project**

The work on the Liverpool 2008 European Capital of Culture programme has successfully piloted the MWIA toolkit, and provides a starting point for its use on other proposals. The toolkit could be useful for developing proposals within the Culture Company, both to maximise positive effects on mental well-being and develop indicators for impacts. For example, it can be used to identify the needs of particular population groups, such as disabled access to music venues, or identify protective factors for mental well-being that could be enhanced, such as recognising the needs of communities and artists.

The project also provides a case study for those using the MWIA toolkit in other contexts. The toolkit is being used by a group of ‘Pioneers’ in Primary Care Trusts and Local Authorities across the North West of England, and in community projects in Lambeth and Lewisham. It could also be applied to the proposals of other arts organisations, by local authorities, in the voluntary sector, or on events such the 2012 London Olympics.

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**Conclusion**

This project was carried out to assess the impact of the Liverpool European Capital of Culture programme upon mental well-being, using the MWIA toolkit. It was a successful pilot of the MWIA toolkit, and made an important contribution to its development. A wide range of Culture Company strategies, policies and projects were screened and assessed in stakeholder workshops. These workshops, information from project leads, and the available evidence-base were used to develop recommendations, to enhance positive impacts on mental well-being and to minimise negative effects. An evaluation of experiences of taking part in the project (which will be presented in a separate report) showed that it was valued and useful for the participants, and provided suggestions for improvements, many of which were subsequently made.

The MWIA process involved exploring positive and negative impacts that the Culture Company programme may have on mental well-being, by asking those involved in the project to answer a series of questions and reviewing the research literature. This process was used to create recommendations for developing initiatives and enhancing their impact on people’s well-being. The literature review presented evidence that culture and the arts affect our health and mental well-being in a wide range of ways. Evidence was presented for impacts on health, social capital, drugs and alcohol, education and lifelong learning, employment, housing and the built environment, parks and open spaces, physical activity, play and leisure, crime, economics, food, and transport. The effects of large-scale events and festivals, participation and barriers to participation, and regeneration were also considered.

The effects that the Culture Company programme could have on mental well-being were explored in a series of screening meetings with project leads, and workshops with stakeholders. Projects and policies from a range of teams and objectives were included. Sixteen were screened, and eight participated in full workshops.

As expected, both positive and negative impacts of the Liverpool Capital of Culture programme on mental well-being were identified. The data on potential positive and negative impacts was collated, and themes across proposals were identified where similar determinants and protective factors recurred across different
proposals. These themes were then considered in the context of research evidence, for example data from the community profile, and project evaluations from the Culture Company and other organisations.

Fourteen themes were identified as emerging from the workshops and screening, and reviewing the research evidence. These were Consultation and Decision-making; Challenging Discrimination, Inequalities and Cultural Attitudes; Emotional Well-being; Neighbourhood Change and Crime; Arts and Culture; Spirituality and Connectedness; Physical Health; Involving Communities and Bringing People Together; Physical Environment and Transport; Cost, Income and Employment; Access, Advocacy and Practical Support; Communication and Trust; Feedback and Evaluation; and Legacy and Sustainability. Thirty-three recommendations were developed by members of the project steering group, based upon the recommendations suggested during the workshops, research evidence, community profiling, and analysis of the themes.

These recommendations provide a starting point for discussion for the Culture Company. The Culture Company’s support of the project and commitment to the process demonstrates the value they already place upon mental well-being. It is hoped that the recommendations will help them to maximise positive impacts that they are having, and reduce potential negative impacts. One particularly important next step in the process is to develop indicators for mental well-being. Impacts 08 have expressed their commitment to facilitating this process, with the involvement of Culture Company employees and stakeholders.

Some of the main strengths of the process highlighted in the feedback were raising awareness and understanding of mental well-being, that it was a useful process for developing the project, and the value of bringing people together and discussions with a range of stakeholders. Improvements that were suggested were simplifying the terminology and the process, providing more information in the invitation and introduction of the workshop, defining the project being assessed, for example providing a written summary, and engaging a more representative range of stakeholders in the workshops.

The Mental Well-being Impact Assessment provided a useful tool for assessing the potential impact of the European Capital of Culture programme upon mental well-being, in particular the projects coordinated by Liverpool Culture Company. The process of conducting the assessment had impacts upon mental well-being, particularly its participatory nature and role in raising awareness of mental well-being. The findings demonstrate the potential for the Culture Company programme to have a profound impact upon mental well-being, and highlights areas which could be addressed to optimise the impact of the programme.

An important element of the project was to pilot the newly developed MWIA toolkit, and evaluate the experiences of those using it and participating in the project. Feedback was requested from workshop and screening participants, project leads and workshop facilitators. A number of changes were made to the toolkit in response to this feedback. The development of the toolkit and evaluation of the process will be presented in a separate report.
References

Alcohol Concern (2002) Alcohol and Mental Health. Pamphlet


Liverpool Public Health Intelligence Team (2007) Key Demographic and Health Statistics by Neighbourhood Management Areas. Liverpool Primary Care Trust


### Appendix 1:
Projects, programmes and policies assessed in the Mental Well-being Impact Assessment

<table>
<thead>
<tr>
<th>Creative Communities</th>
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<tbody>
<tr>
<td>Made in Liverpool</td>
<td>Biennial festival for local film-makers, including viewings of the films in venues around the city, and workshops for film-makers. In partnership with Liverpool Biennial.</td>
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<tr>
<td>G-litter</td>
<td>Ongoing programme of activities aimed at increasing environmental awareness and reducing litter in the city through creative activities. Includes small grants programme for community groups.</td>
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<tr>
<td>Grants programme</td>
<td>Annual programme of grants for community arts projects.</td>
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<tr>
<td>Four Corners of the City</td>
<td>Community arts projects, in which cultural organisations are partnered with neighbourhoods.</td>
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<tr>
<td>Artistic</td>
<td></td>
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<tr>
<td>Philharmonic War Requiem</td>
<td>Performance of Britten’s War Requiem interspersed with Wilfred Owen war poems by English and German musicians at the Anglican Cathedral, scheduled for 2008. In partnership with Liverpool Philharmonic.</td>
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<tr>
<td>Liverpool Music Week</td>
<td>Annual music festival in which a range of contemporary music is performed in Liverpool venues.</td>
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<tr>
<td>Events</td>
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<tr>
<td>HUB Festival</td>
<td>Annual festival of urban street culture, including graffiti art, skateboarding, BMX, live music, hiphop, and break-dancing.</td>
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<tr>
<td>Chinese New Year</td>
<td>Annual festival celebrating Chinese New Year, in partnership with Liverpool China Town Business Association.</td>
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<td>Sports</td>
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<tr>
<td>Show Racism the Red Card</td>
<td>Annual football tournament, with teams from different communities and ethnic minorities taking part.</td>
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<tr>
<td>Business</td>
<td></td>
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<tr>
<td>Directors Cut</td>
<td>Programme of seminars for the business community, with networking opportunities, a film, and talk from business leader. In partnership with FACT.</td>
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<tr>
<td>08 Business Connect</td>
<td>Business club set up by the Culture Company and Business Liverpool.</td>
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<tr>
<td>Visitors &amp; investment</td>
<td></td>
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<tr>
<td>Commercial partners (sponsors)</td>
<td>Programme of commercial sponsorship, in which partners from the private sector fund activity and provide resources for the Capital of Culture programme.</td>
</tr>
<tr>
<td>Mersey Boroughs</td>
<td>Management of relationships with other Mersey Boroughs and their involvement in the Capital of Culture programme.</td>
</tr>
<tr>
<td>08 Volunteers</td>
<td>Programme recruiting and training volunteers to welcome visitors to the city.</td>
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<tr>
<td>08 Welcome customer service programme</td>
<td>Training programme for employees working in the customer service industry.</td>
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<tr>
<td>Overall Strategy</td>
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</table>
Population

In 2005, the population of Liverpool was 447,500, and the number of households was 205,644. The population has recently been increasing, following several decades of decline, although it is still well under the city’s capacity. A key objective of the Council’s Community Strategy is to stabilise the population by the year 2010 (Liverpool First, 2005). The population density (number of persons per hectare) in Liverpool is 39.29 (ONS Census, 2001).

The city has a relatively young population profile, with large numbers of 16 to 29 year olds. There are 4 universities in Liverpool and several further education colleges, and the city consequently has high numbers of students. 12.1% of the working-age population in Liverpool are students, compared with 7.3% in England. These are most concentrated in certain areas of the city, for example, in Picton ward 26.9% of the population are students (ONS Census, 2001).

<table>
<thead>
<tr>
<th></th>
<th>Liverpool</th>
<th>North West</th>
<th>England</th>
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<tbody>
<tr>
<td>Population: All people</td>
<td>439,473</td>
<td>6,729,764</td>
<td>49,138,831</td>
</tr>
<tr>
<td>Males</td>
<td>209,805 (47.7%)</td>
<td>3,258,954 (48.4%)</td>
<td>23,922,144 (48.7%)</td>
</tr>
<tr>
<td>Females</td>
<td>229,668 (52.3%)</td>
<td>3,470,810 (51.6%)</td>
<td>25,216,687 (51.3%)</td>
</tr>
<tr>
<td>Number of Households</td>
<td>187,865</td>
<td>2,812,789</td>
<td>20,451,427</td>
</tr>
<tr>
<td>Density (number of people per hectare)</td>
<td>39.3</td>
<td>4.8</td>
<td>3.8</td>
</tr>
</tbody>
</table>

(ONS Census, 2001)

In the 2001 census, the ethnicity of the population of Liverpool was 94.3% White, 1.8% Mixed, 1.1% Asian or Asian British, 1.2% Black or Black British and 1.6% Chinese and other ethnic groups. The proportions of Asian and Black individuals are lower than England, while the proportion of Chinese and other ethnic groups is somewhat higher, reflecting the well-established Chinese community in Liverpool. Some parts of the city are much more racially mixed than others, for example in Picton ward, the ethnicity of the population was 88.2% White, 4.08% Mixed, 2.09% Asian or Asian British, 3.25% Black or Black British, and 2.38% Chinese or other ethnic group. The city has lower proportions of people stating belief in most major religions other than Christianity, also reflecting the limited ethnic and cultural diversity of many parts of the city.
Health Status
Men can expect to live 73.2 and women 77.9 years in Liverpool, less than both the regional and national average, and the lowest life expectancy in England for women. There is a gap in life expectancy of 7.7 years between the poorest and the most affluent fifth of wards in Liverpool (Community Health Profile for Liverpool, 2006).

In the 2001 census, 24.6% of people in Liverpool had a limiting long-term illness, compared with 17.9% in England, 44.4% of households had one or more person with a limiting long-term illness, compared with 33.6% in England, and 13.8% of people reported their health as “not good” in the 2001 census, compared with 9.0% in England. (ONS, 2001; Community Health Profile for Liverpool, 2006).

<table>
<thead>
<tr>
<th>Illness</th>
<th>SMR Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>All causes</td>
<td>127</td>
</tr>
<tr>
<td>Cancers</td>
<td>132</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>125</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>198</td>
</tr>
<tr>
<td>Chronic Liver Disease</td>
<td>203</td>
</tr>
<tr>
<td>Stroke</td>
<td>108</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>100</td>
</tr>
</tbody>
</table>

(ONS, North West Public Health Observatory)

It is estimated that 19.6% of the adult population are obese, which is better than the regional and ‘significantly’ better than the national average. Deaths from smoking, cancer, and heart disease and stroke are much higher than the national average. It is estimated that 14.5% of adults eat five or more portions of fruit/vegetables per day, much lower than the national average. (Community Health Profile for Liverpool, 2006)

Mental Health

Mental well-being is more than the absence of mental illness and may also be present in people with a mental illness diagnosis (Parkinson, 2006). However, in this profile of the population of Liverpool, information regarding mental health problems in the population provides part of the context being presented.

Liverpool has higher levels of suicide than nationally, in particular in the City and North area (Standardised Mortality Ratio for Suicide and undetermined injury (all ages) 2003-5 of 112, where the national average for England and Wales is 100. City & North Neighbourhood Management Area SMR is 52% higher than that in England and Wales) (Liverpool Public Health Intelligence Team, 2007).

Mersyside PCTs: MINI 2 scores, 2000

source: University of Durham
Liverpool also has high scores on the Mental Illness Needs Index (MINI 2000), predicting the population prevalence of psychiatric hospital admission. All former Merseyside PCT areas scored above the national average. North Liverpool scored 2.33 (133% above the national average), Central Liverpool 2.31 (131% above the national average), and South Liverpool scored 1.92 (92% above the national average) (Ubido, Church & Michel, 2004). Just under a quarter of the people in Liverpool (24%) had significant levels of neurotic symptoms, higher than the rate for Great Britain as a whole (15%). Overall, 7 per thousand people in Liverpool were estimated to probably have psychotic disorder, not significantly different from the estimated 6 per thousand for Great Britain as a whole. (Singleton et al. 2001).

Alcohol misuse is a significant problem in the North West. Liverpool has the highest number of people admitted to hospital for alcohol related conditions in England (Community Health Profile for Liverpool, 2006). Over a third of the adults in Liverpool were assessed as having a hazardous pattern of alcohol consumption (35% in Liverpool, 26% in Great Britain), in particular men and those aged under 35.

### Health Determinants

#### Deprivation

Liverpool has a legacy of deprivation. It is ranked as the most deprived district in the England according to the Index of Multiple Deprivation. There are 172 SOAs (Super Output Areas) in Liverpool ranked in the ten percent most deprived in England. 59.3% of the population of Liverpool lives in SOAs in most deprived ten percent in England, while 0% is within the least deprived ten percent. In the Health, Deprivation and Disability domain, 28% of Liverpool’s SOAs fall within the most deprived one percent in England; over 50% within the most deprived five percent, and 75% of the city’s SOAs fall within the most deprived ten percent (DCLG, 2004).
There are stark inequalities within the city, with some wards experiencing disproportionately high levels of deprivation, worklessness, ill health and crime. Childhood deprivation is high and 45% of children under 16 live in "low income households" (Community Health Profile for Liverpool, 2006).

There are 32,482 Super Output Areas in England. The most deprived is given a rank of 1 and the least a rank of 32,482. The ranks show how an SOA compares with all the SOAs in the country.

<table>
<thead>
<tr>
<th>IMD*</th>
<th>District Rank in 2004</th>
<th>Highest SOA ranking</th>
<th>Median SOA ranking</th>
<th>Lowest SOA ranking</th>
<th>% of SOAs in the ten percent most deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income~</td>
<td>2</td>
<td>7</td>
<td>3461</td>
<td>30759</td>
<td>49.1</td>
</tr>
<tr>
<td>Employment^</td>
<td>2</td>
<td>5</td>
<td>1679</td>
<td>29703</td>
<td>62.5</td>
</tr>
<tr>
<td>Health deprivation and disability</td>
<td>-</td>
<td>2</td>
<td>861</td>
<td>12481</td>
<td>75.3</td>
</tr>
<tr>
<td>Education skills and training</td>
<td>-</td>
<td>85</td>
<td>6074</td>
<td>31850</td>
<td>35.1</td>
</tr>
<tr>
<td>Barriers to housing and services</td>
<td>-</td>
<td>4597</td>
<td>22968</td>
<td>31809</td>
<td>0.0</td>
</tr>
<tr>
<td>Crime</td>
<td>-</td>
<td>53</td>
<td>6088</td>
<td>24033</td>
<td>32.3</td>
</tr>
<tr>
<td>Living environment</td>
<td>-</td>
<td>1</td>
<td>1699</td>
<td>27524</td>
<td>61.2</td>
</tr>
<tr>
<td>Health deprivation and disability</td>
<td>2</td>
<td>861</td>
<td>12481</td>
<td>75.3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMD*</th>
<th>District Rank in 2004</th>
<th>Highest SOA ranking</th>
<th>Median SOA ranking</th>
<th>Lowest SOA ranking</th>
<th>% of SOAs in the ten percent most deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income~</td>
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<td>7</td>
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<td>30759</td>
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<tr>
<td>Employment^</td>
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<td>1679</td>
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<td>Barriers to housing and services</td>
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<td>4597</td>
<td>22968</td>
<td>31809</td>
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<td>Crime</td>
<td>-</td>
<td>53</td>
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<td>Living environment</td>
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</tr>
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<td>Health deprivation and disability</td>
<td>2</td>
<td>861</td>
<td>12481</td>
<td>75.3</td>
<td></td>
</tr>
</tbody>
</table>

There are 354 districts in England - with a ranking of 1 denoting the most deprived. There are 32,482 SOAs in England - with a ranking of 1 denoting the most deprived.

**IMD* - The district level IMD ranking uses the rank of the average score.**

**Income~ - The district level ranking uses the Income Scale measure.**

**Employment^ - The district level ranking uses the Employment Scale measure.**

(DCLG, 2004)

**Economic Activity**

There are high levels of unemployment in the city, with the 2001 census showing that 45.5% of working-age adults in Liverpool are in employment compared with 60.9% nationally. The proportion of the population of Liverpool claiming benefits is also considerably higher than in England overall, with 28% of working-age adults claiming a key benefit, compared to 14% nationally. The population of Liverpool includes a higher proportion of unemployed people of working-age who have never worked (16.9% in Liverpool, 9.3% in England) (ONS, 2001). Household income levels in the city are lower than the national average. In 2001, the average household income was £22,511 in Liverpool, and £23,200 in the UK (Mott MacDonald MIS, 2005).

Liverpool’s economy has grown rapidly within the past few years, with GVA (gross value added) per capita rising to 91% of the UK average in 2003. Overall, Liverpool’s GVA of £6.5 billion accounts for 40% of the Merseyside total and the City’s GVA growth is the 3rd highest of any of the English ‘Core’ Cities (Liverpool City Council Local Development Framework Annual Monitoring Report, 2006).
Education

The population of Liverpool includes a higher proportion of people with no qualifications (37.8% in Liverpool, 28.9% in England) and lower levels of qualifications than overall in England. Fewer 15 year olds obtain at least 5 GCSEs and grades A*-C than in the region or country (47.8% in Liverpool, 53.9% in the North West, 56.0% in England) (ONS Census, 2001).

<table>
<thead>
<tr>
<th>Liverpool</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed (full-time, part-time, or self-employed. Aged 16-74)</td>
<td>45.5%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Unemployed (aged 16-74)</td>
<td>6.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Student (aged 16-74)</td>
<td>12.1%</td>
<td>7.12%</td>
</tr>
<tr>
<td>Retired (aged 16-74)</td>
<td>12.8%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Looking after home / family (aged 16-74)</td>
<td>7.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Permanently sick / disabled (aged 16-74)</td>
<td>11.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Economically inactive: Other (aged 16-74)</td>
<td>5.1%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Households with no adults in employment: With dependent children</td>
<td>10.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Households with no adults in employment: Without dependent children</td>
<td>39.2%</td>
<td>33.5%</td>
</tr>
<tr>
<td>Long term unemployed or never worked</td>
<td>8.4%</td>
<td>4.3%</td>
</tr>
<tr>
<td>All People of Working Age Claiming a Key Benefit (ONS, 2004)</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>People of Working Age Claiming Job Seekers Allowance (ONS, 2004)</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>People of Working Age Claiming Incapacity Benefits(ONS, 2004)</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Average household income (MIS, 2001)</td>
<td>£22,511</td>
<td>£23,200(UK)</td>
</tr>
</tbody>
</table>

Percentage of 15 year olds receiving 5+ GCSEs at A*-C

<table>
<thead>
<tr>
<th>Liverpool</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of 15 year olds receiving 5+ GCSEs at A*-C</td>
<td>47.8%</td>
<td>53.9%</td>
</tr>
<tr>
<td>No qualifications (aged 16-74)</td>
<td>37.8%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Highest qualification attained level 1 (aged 16-74)</td>
<td>14.5%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Highest qualification attained level 2 (aged 16-74)</td>
<td>16.4%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Highest qualification attained level 3 (aged 16-74)</td>
<td>10.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Highest qualification attained level 4/5 (aged 16-74)</td>
<td>15.2%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Other qualifications/level unknown (aged 16-74)</td>
<td>5.6%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

(ONS Census, 2001)
Crime
The crime rate in Liverpool is considerably higher than overall rates in England and Wales. During 2003, Liverpool’s crime rate (per 1000 population) was 124, compared with 28 in England and Wales. The rate of violent crime was 20, and criminal damage was 48 in Liverpool (per 1000 population), compared with 5 and 6 respectively in England and Wales (Citysafe, 2004). Crime is not evenly spread across the city, and is most concentrated in the central areas of the city.

<table>
<thead>
<tr>
<th></th>
<th>Liverpool</th>
<th>England &amp; Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total crime rate</td>
<td>124 per 1000 people</td>
<td>28 per 1000 people</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>20 per 1000 people</td>
<td>5 per 1000 people</td>
</tr>
<tr>
<td>Criminal damage</td>
<td>48 per 1000 people</td>
<td>6 per 1000 people</td>
</tr>
</tbody>
</table>

(Citysafe, 2004)

Total crime by wards (2003/4)

Household tenure
A high proportion of households in Liverpool live in rented council or other social housing (32.3% for Liverpool, compared with 19.3% nationally), and a lower proportion of people are home owners (52.6% in Liverpool, compared with 68.7% in England). There is a high number of lone parent households in the city (16.3% of households, compared with 9.5% in England), and slightly higher proportion of lone pensioner households than nationally (15.8% of households in Liverpool, compared with 14.4% in England) (ONS Census, 2001).
Transport

Car and van ownership is considerably lower in Liverpool than in the North West and England (48.3% of households in Liverpool have no car or van, compared with 26.8% in England; and 13.5% of households have 2 or more cars or vans, compared with 29.5% in England). A smaller proportion of people travel to work by private transport, or by walking or cycling in Liverpool, and more use public transport.

<table>
<thead>
<tr>
<th>Household tenure:</th>
<th>Liverpool</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner occupied:</td>
<td>52.6%</td>
<td>69.3%</td>
<td>68.7%</td>
</tr>
<tr>
<td>Renting from council</td>
<td>17.4%</td>
<td>13.6%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Other social rent</td>
<td>14.9%</td>
<td>6.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Private rent</td>
<td>15.2%</td>
<td>10.7%</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

| Lone parent households  | 16.3%     | 11.1%      | 9.5%    |
| Lone pensioner households | 15.8% | 15.1%      | 14.4%   |

(ONS Census, 2001)
### Health Profile for Liverpool (Department of Health, 2006)

#### Health Summary

How to interpret:
First look at the circle which shows how this local authority is doing, compared with the England average (central line), best (right side) and worst (left side). Look at the numbers, values and time periods in the columns. Some numbers shown are totalled over more than one year. Red is significantly worse and amber significantly better than the England average (95% confidence intervals used for the local data). Amber may still indicate a significant public health burden. A clear circle is not significantly different from the England average. Then, compare with the regional average (+ symbol), and the range for similar areas - Regional centres (- ONS Group cluster range).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>No</th>
<th>Value</th>
<th>Liverpool</th>
<th>Period</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our community</td>
<td>Deprivation</td>
<td>317,363</td>
<td>72.0</td>
<td>%</td>
<td>2001</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Air quality*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor quality housing*</td>
<td>10,674</td>
<td>56.4</td>
<td>%</td>
<td>2001</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td>Children in poverty*</td>
<td>39,028</td>
<td>44.6</td>
<td>%</td>
<td>2001</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>GCSC achievement (G-A-G)*</td>
<td>2,802</td>
<td>46.0</td>
<td>%</td>
<td>2004</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Violent crime</td>
<td>16,282</td>
<td>36.6</td>
<td>%</td>
<td>2004</td>
<td>3.10</td>
</tr>
<tr>
<td></td>
<td>Older people supported at home*</td>
<td>7,789</td>
<td>118.4</td>
<td>%</td>
<td>2003</td>
<td>4</td>
</tr>
</tbody>
</table>

| Our communities | Smoking in pregnancy | | | 5 |
| | Breast feeding | | | 5 |
| | Teenage pregnancy (under 18)* | 1,210 | 44.1 | % | 2001-03 |
| | People who smoke* | 32.2 | % | 2002-02 | 6 |
| | Binge drinking | 27.5 | % | 2002-02 | 6 |
| | Healthy eating | 14.5 | % | 2001-03 | 6 |
| | Physically active adults | | | 5 |
| | Obese adults | 19.6 | % | 2002-02 | 6 |

| How we live | Life expectancy - Male* | 73.2 | yrs | 2002-04 |
| | Life expectancy - Female* | 79.9 | yrs | 2002-04 |
| | Deaths - smoking | 3,173 | 192.8 | % | 2002-04 |
| | Early deaths - heart disease & stroke* | 1,851 | 139.7 | % | 2002-04 |
| | Early deaths - cancer* | 2,365 | 161.9 | % | 2002-04 |
| | Infant deaths (under 1 year)* | 85 | 5.6 | % | 2002-04 |
| | Road injuries and deaths* | 641 | 14.0 | % | 2003-04 |

| How we stay healthy | Feeling “in poor health” | 58,369 | 13.1 | % | 2001 |
| | Mental health treatment | 2,712 | 0.6 | % | 2008 | 8 |
| | Alcohol related hospital stays | 10,337 | 471.5 | % | 1999-03 |
| | Drug misuse treatment* | 3,545 | 163.9 | % | 2004-05 | 4 |
| | People with diabetes | 15,129 | 3.3 | % | 2008 | 6 |
| | Children’s tooth decay | 2.6 | % | 2003-04 | 10.11 |
| | Sexually transmitted infections | | | 5 |

#### Notes

Full indicator information in metadata report, see [Community Health Profiles](http://www.communityhealthprofiles.info).

1. No: and % of people in this area living in the 20% most deprived areas of England. 2. No significance is calculated for this indicator. 3. No data for authorities that have undertaken large scale voluntary transfer (LSVT). 4. Data only available for County/Unitary Authorities/London Boroughs, data presented at District Authority level is County data. 5. GAP indicator - no data currently available, but will be provided when it becomes available. 6. Synthetic estimates derived from the Health Survey for England. 7. New indicator - People killed or seriously injured per 100 million vehicle kilometres. 8. High rates considered “better” as reflects better service provision. 9. High rates considered “worse” as reflects high prevalence. 10. Data incomplete or missing for some areas. 11. DMFT: Average no. decayed, missing or filled teeth.


**DSR1** Directly age standardised rate / 100,000 population

**DSR2** Directly age standardised percentage

**DSR4** Directly age standardised rate / 100,000 population

**CR1** Crude rate / 1,000 population

**CR2** Crude rate / 1,000 population aged 65 or over

**CR3** Crude rate / 1,000 female population aged 15-17

**CR4** Crude rate / 1,000 live births

**CR5** Crude rate / 100 million vehicle kilometres

**CR6** Crude rate / 100,000 resident population aged 15-44

**CR7** Crude rate / 100,000 resident population
## Appendix 3:
Development of data coding categories

<table>
<thead>
<tr>
<th>Workshop theme</th>
<th>Workshop project/programme</th>
<th>Screening theme</th>
<th>Screening project/programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>Grants, Commercial Partners, Four Corners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connectedness/spirituality</td>
<td>08 Volunteers, Four Corners</td>
<td>Spirituality</td>
<td>War Requiem</td>
</tr>
<tr>
<td>Feel involved, bringing people together, decrease isolation</td>
<td>08 Volunteers, Chinese New Year, Four Corners, Glitter, Grants, Commercial Partners, Vision, Mersey Boroughs</td>
<td>Bringing people together</td>
<td>Chinese New Year, Show Racism the Red Card, Hub, 08 Volunteers, Vision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community engagement, community involvement, community resources, feeling involved</td>
<td>Glitter, Grants, Mersey Boroughs, 08 Volunteers, 08 Welcome, Chinese New Year, Hub, Show Racism the Red Card, Commercial Partners, Four Corners, Vision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal relationships, social contacts, networks</td>
<td>Four Corners, 08 Volunteers, Show Racism the Red Card, Commercial Partners, Director's Cut, Glitter, Vision</td>
</tr>
<tr>
<td>Consultation, democracy, decision-making</td>
<td>Glitter, Mersey Boroughs, Four Corners, Chinese New Year, 08 Volunteers</td>
<td>Having a say/consultation/control over decisions/choices</td>
<td>Four Corners, Hub</td>
</tr>
<tr>
<td>Communication</td>
<td>08 Volunteers, Mersey Boroughs, Glitter, Four Corners, Vision, Commercial Partners, Grants</td>
<td>Services communicate</td>
<td>Mersey Boroughs</td>
</tr>
<tr>
<td>Cost/financial impact</td>
<td>Commercial Partners, Four Corners, Chinese New Year, 08 Volunteers, Grants</td>
<td>Employment/income</td>
<td>Grants, 08 Volunteers, 08 Welcome, 08 BusinessConnect, Commercial Partners</td>
</tr>
<tr>
<td>Workshop theme</td>
<td>Workshop project/programme</td>
<td>Screening theme</td>
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<tr>
<td>Advocacy, access to services, practical support, access</td>
<td>Glitter, Grants, Commercial Partners, Mersey Boroughs, Four Corners, Vision, 08 Volunteers</td>
<td>Access to services, help &amp; support</td>
<td>Four Corners, Grants, Mersey Boroughs</td>
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<td>Physical health</td>
<td>08 Volunteers, Glitter</td>
<td>Physical health</td>
<td>Show Racism the Red Card, Hub</td>
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<td>Environment &amp; transport</td>
<td>Glitter, Commercial Partners, 08 Volunteers, Chinese New Year, Vision</td>
<td>Physical environment</td>
<td>Glitter</td>
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<td>Regeneration (inc. equality, socioeconomic, neighbourhood change, crime, citizenship)</td>
<td>Four Corners, Commercial Partners, Grants, Glitter.</td>
<td>Community safety, neighbourhood characteristics</td>
<td>08 Volunteers, Vision</td>
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<td>Cultural opportunities, artistic control &amp; expression</td>
<td>Grants, Four Corners, Chinese New Year, Commercial Partners, 08 Volunteers, Vision</td>
<td>Cultural opportunities, Arts &amp; Creativity</td>
<td>Grants, Four Corners, Mersey Boroughs, 08 Volunteers, 08 Welcome, Chinese New Year, Hub, Commercial Partners, War Requiem, Vision</td>
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<td>Emotional well-being</td>
<td>Vision</td>
<td>Self-esteem &amp; emotional well-being</td>
<td>Four Corners, Grants, 08 Welcome, War Requiem</td>
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<td>Legacy &amp; sustainability</td>
<td>Vision, Mersey Boroughs, Grants, Four Corners</td>
<td>Fun, laughter, play, leisure</td>
<td>Chinese New Year, Hub, 08 Volunteers, Mersey Boroughs, Show Racism the Red Card, Commercial Partners</td>
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<td>Cultural identity</td>
<td>08 BusinessConnect, 08 Welcome, Show Racism the Red Card, Commercial Partners, Director’s Cut, Hub, 08 Volunteers</td>
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<td>Citizenship</td>
<td>08 Welcome, Director’s Cut, Glitter, Four Corners</td>
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<td>Education</td>
<td>Show Racism the Red Card, Chinese New Year, 08 Welcome</td>
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<td>Self help &amp; motivation</td>
<td>Four Corners, Grants, 08 Welcome</td>
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<td>Planning for the future</td>
<td>Director’s Cut</td>
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<td>Valued role</td>
<td>08 Volunteers, War Requiem</td>
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