Urban Regeneration and Mental Health in London

A Research Review Prepared by

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URBAN REGENERATION AND MENTAL HEALTH

Executive Summary

The Kings Fund report on London's Mental Health suggests that there may be a greater need for mental health services per head of population in the capital than anywhere else in the UK. To cope with this volume of need, services in London now concentrate on the care and treatment of only the most severely mentally ill. As a consequence mental health prevention and promotion has become a low priority for London's beleaguered services. Yet whilst in the short-term such a strategy may seem like an efficient use of scarce resources the continued absence of a strategy for dealing with the social stresses that contribute to London's mental health problems leaves its services swimming against an ever increasing current.

This report examines some of the major initiatives which are currently available to tackle community regeneration in London, and in particular the Single Regeneration Programme (SRB). The report traces the history of regeneration partnerships in the UK and summarises some of the lessons to be learnt from them. It traces the realisation that social deprivation is not just a phenomena of the inner city but is also an acute problem in many of the outer city housing estates. It notes the continued preoccupation with an `area' focus and questions whether this can provide an effective vehicle for tackling the needs of some socially excluded groups - refugees, the homeless, women and ethnic minorities - for whom the incidence of mental health problems is very high but who are not necessarily concentrated in particular spatial areas. The report recognises the strength of the SRB in providing a more integrated approach to regeneration by bringing together a range of partners in the private, public and community sectors. However it also notes some of the problems of such initiatives - their increasing bureaucratization and contracturalistion, their top-down nature and the relatively marginal role of actors from the community and voluntary sectors.

The report illustrates the scale of resources tied up in the SRB programme in London. Given that restrictions on local government spending seem set to continue under the new government, programmes such as the SRB will remain the only feasible vehicle for major community regeneration initiatives. This is not to say that local authorities themselves do not have resources for community development, but these resources are smaller in scale and they are usually dispersed across a number of functional departments such as housing and education. Some local authorities in London however have acquired a reputation for bringing a community development approach to much of their mainstream service delivery by decentralising services, developing neighbourhood and user forums and funding the voluntary and community sectors. Within parts of London there are now highly developed networks of voluntary and community organisations. Unfortunately, however, no comparative data exists giving a clear indication of which parts of London have the strongest networks.

Within the embryonic profession of community development work the impact of feminist and other ideas has meant that attention to the well-being of the individual and her/his social networks is now increasingly seen as integral to the wider project of local social transformation rather than a diversion from it - change needs to occur at the individual and structural level. In

contrast, one of the major criticisms of government-led regeneration initiatives has been that they have given too much emphasis to physical and economic regeneration at the expense of social regeneration. The costs of neglecting the social fabric have in recent years become only too clear given the rising tide of drugs and alcohol related problems, crime and vandalism, various forms of harassment and other symptoms of social malaise. As a consequence in recent years the regeneration agenda has slowly shifted towards a more holistic view of community needs. For example, the Department of the Environment recently produced a Practice Guide on Regeneration and Health. Our survey of SRB schemes in London has revealed the presence of at least 15 schemes in the first two rounds of the programme which include support for the wider social and health needs of local communities, and a few of these include explicit support for mental health projects.

With the arrival of the new government most existing policies and practices have become subject to review. The report anticipates the possibility of some new features to the regeneration landscape in London and argues that this is a timely moment for a concerted attempt to insert a community mental health dimension into the regeneration agenda.

The report suggests that such a strategy should adopt a number elements. The impact of the social and economic environment upon mental health is not yet clearly understood by policy actors outside of the mental health field, even less knowledge exists of the social and economic costs of mental ill health in London.

Considerable common cause could be made with grass roots community development activity if community mental health were to be redefined using a less professionalised language. The report suggests that the idea of *social well-being*, that is, concern for the quality of the social fabric, the strength and diversity of local social networks and the health of the social environment, could provide the basis for an inclusive strategy of social regeneration. The idea of social well-being links the collective to the individual level by emphasising the enormous overlap between the social development of communities and the personal development of the individuals belonging to them. Strategies to promote the well-being of communities would include the promotion of community safety, anti-poverty campaigns & bottom-up forms of community economic regeneration as well as more directly preventative initiatives to tackle key issues such as bullying, parenting skills, recovery from abuse, stress and anxiety management, the training and employment needs of those with mental health problems, and so on.

In emphasising that psychological well-being is everyone's problem care needs to be given not to sweep the problems of those with severe mental illness who nevertheless seek to live in the community under the carpet. The report emphasises that the assertive self-organisation of mental health service users is vital to the process of gaining acceptance by the wider community just as it has been with other minorities, such as ethnic minority communities, in the past.

The realisation of a strategy such as the one described above for inserting community mental health into the mainstream regeneration agenda could take a number of routes. The report indicates 65 Priority Community Regeneration Areas in London which, as well as being the areas of greatest social deprivation in the capital, will almost certainly be the areas with the greatest incidence of mental ill health. Some of these areas already have well developed forms of tenant participation and other forms of user and citizen involvement in the public sphere. In some of these areas major SRB schemes are already active, and some already have a health and

mental health dimension. In addition the anticipated Health Action Zones could also form an effective vehicle for community mental health action. The report indicates how such initiatives could learn from some of the successes and failures of the SRB & Drug Action teams.

Last but not least, a strategy for getting mental health into the mainstream will require a sea change in the way of thinking of mental health and primary care professionals themselves. The many possibilities for linking mental health to community regeneration will remain unrealised in the absence of a willingness to think and act beyond traditional professional boundaries.

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1. URBAN REGENERATION: POLICIES AND PRACTICES

Introduction

Current regeneration policies and programmes are the latest in a long succession of attempts to address what have been perceived alternatively as 'urban' problems, 'inner city' problems, and problems of 'regeneration'. Current programmes also support regeneration in many smaller cities and towns; outside London in the South East there are significant initiatives not only in Southampton, Portsmouth, Oxford but in many smaller towns. This report highlights London but must be read within the context of the wider application of regeneration policies in England. There are again different practices in Scotland and Wales (reflecting different economic and social histories as well as differing institutional arrangements).[1] Finally much of the material in this report reflects on the regeneration experience under the Conservative Government. The possibilities of new priorities and/or procedures are under review and a number of potential shifts in regeneration policy are anticipated towards the end of this report.

This part of the report briefly traces the history of regeneration policy up to the current stage of the Single Regeneration Budget Challenge Fund and draws out the main features of policy at the end of the period of Conservative administration. Readers familiar with Regeneration policy may skip this section; for others it provides an overview of some thirty years of urban policy. The following section then describes the Challenge Fund and its operation in more detail, the final section examines recent policy guidelines linking Regeneration and Health.

i. The evolution of regeneration policies and programmes

Urban policy in the United Kingdom has long been sustained by a tradition of analysis which has demonstrated both the impact of structural economic change upon cities and the socio-economic consequences of that change. Industrialisation and urbanisation occurred earlier in Britain than in most countries and, in an era of deindustrialisation, the legacy of vacant land, derelict buildings, outdated infrastructure, and obsolescent housing posed a major renewal problem. In the post war period this was compounded by the need to repair war damaged towns and cities and to renew the housing stock. Town centre redevelopment often resulted in the demolition of low rent housing and the loss of social infrastructure, and the subsequent construction of New Towns in the surrounding city region reinforced the movement towards the suburbs of middle income families and of employment opportunities. There were sharp declines in many of the land-extensive industries - ports and docks, electricity, gas, railways; city centre redevelopment led to the further disappearance of much traditional manufacturing industry and its partial replacement by service sector jobs often offering only part time, low paid, employment opportunities for women. The increased concentration of poorer, older, unemployed, and ill housed people led in the 1960s to recognition of the need for an urban renewal policy to complement the hitherto successful dispersal policies of the New Towns.

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[1] The UWE team undertook evaluations of for the Scottish Office of two of the major Urban Partnership initiatives in Castlemilk and Ferguslie Park and some of the lessons from this can be drawn for good practice in London.

The 1970s and 1980s saw a succession of policies directed towards improvement of the physical structure of cities and to the regeneration of local economies. Attempts were made to introduce measures which would encourage investment and create employment opportunities. But successive studies pointed to the weakness of the trickle down processes through which the benefits of programmes were intended to filter down to disadvantaged residents. Research highlighted the vulnerability of social programmes to the long term structural causes of urban change, the inadequacies of urban administrations, and the likely continuation of trends in polarisation and marginalisation (Hambleton 1981; Stewart 1987; Lawless 1988; Audit Commission 1988; National Audit Office 1990; Boddy et al 1995). Academic interpretations stress the structural causes of run down areas, pointing out that the impact of segmented housing and labour markets leads to segmented space, and hence to the emergence of marginalised neighbourhoods (although the area basis of regeneration policy has long been criticised on the grounds that poor/disadvantaged groups are located elsewhere than in concentrated urban neighbourhoods). Criticism of the small-area based approach led government in the 1990s to move towards larger scale initiatives involving all the relevant organisations.

This continuing recognition of an urban problem - by government and academics - was overlaid with racial overtones. High levels of immigration of the 1950s and early 1960s and the emergence of racial tension gave an impetus to the introduction of urban policies. Disturbances in the mid 1960s were the specific trigger for the introduction of the Local Government Social Needs Act 1968, under which the Urban programme emerged offering financial support to social and community development projects. Though the racial impetus behind the development of the Urban Programme was plain there was little ethnic specificity in the programme itself, and by the 1980s discontent had again risen to the point where further 'riots' in Bristol (in 1980) and in London and Liverpool and elsewhere (in 1981) further reinforced the need for a continuing urban programme. Again in 1985 a series of mini-riots forced the continuation of an inner cities policy but by 1991 disturbances were sparked in the peripheral estates and involved white youth as much as black people. Indeed whilst fear of racial unrest and the perceived need for social control were central elements in urban policy in the 1960s and 1970s, contemporary policy is much less concerned to address fear of racial tension or recognise minority ethnic needs. Whilst the historic importance of race cannot be ignored, its visibility in the urban debate has declined markedly. Nevertheless urban disorder, and notably the threat to social integration posed by young males (Campbell 1994) remains a potent influence.

The philosophy and practice of intervention, however, have been discontinuous, and urban policy has evolved since 1945 through a number of distinct stages. An initial formulation of the problem was that the metropolitan areas had grown too fast and too large. Overcrowding of housing and workplaces combined with outdated infrastructure, compounded by the traffic congestion resultant upon growing car ownership and usage, had created high negative externalities. The solution was **strategic decentralisation** - a shift of both population and jobs from the cities to new settlements. World wide interest in, and respect for, the apparent success of the British New Towns achievements concealed the growing problematic nature of conditions *within* UK cities until, in the mid 1960s, a shoal of initiatives began to address the serious issues of economic decline and growing unemployment, housing shortage and obsolescence, inadequacy of urban services, and local fiscal crisis.

Thus following upon two decades of strategic decentralisation came successive stages of new urban policy. First came a period of **ameliorative social pathology** built on an analysis of deprivation, social and economic isolation, and incorporating a community development philosophy aiming to integrate alienated urban populations (especially at that time immigrants). Subsequently there emerged **an inter-organisational managerialism** emphasising the need for collaborative working between and within government and echoing the administrative rationality which drove the Heath government in the early 1970s. The importance of economic explanations of structural decline, recognition of which had been fuelled by the Community Development Projects, dominated policy intervention into the early 1980s focussing attention on urban unemployment, job generation and the creation of new enterprise. Indeed in this next period Inner Cities policy effectively became the vehicle for **local economic regeneration** policy until specific legislation codified and regulated this latter activity. Next to emerge was a phase of urban policy predicated philosophically and practically on a strategy of **physical regeneration** which drew in major financial resources from the private sector, used public expenditure as the leverage for property led urban regeneration, and featured new institutions and instruments of policy such as Urban Development Corporations and Urban Development Grant. This property and redevelopment led phase of policy rose and fell with the development cycle of the late 1980s. In the early 1990s some reconciliation (or perhaps forced truce) between central and local government has allowed the emergence of an era of modest collaboration both between levels of government but also between public and private sector. In this last period the dominance of physical redevelopment has decreased with more emphasis being placed on multi dimensional integrated programmes. These in turn are to be delivered through **multi organisational partnerships** which incorporate a wider range of interests into policy implementation. An additional feature of contemporary urban policy is the fostering of interurban competition and indeed its institutionalisation through competitive bidding processes. Multi-organisational partnerships are necessary for entry into, and success in, the new competitive structures of urban policy.

Organisational machinery during the period included:

* **The Urban Programme** - a long standing programme from the 1960s providing support for a wide range of social, economic and environmental projects in disadvantaged areas. The UP, which has been wound down, supported a wide range of smaller projects in urban areas (around 1200 projects per year).

* **City Grant and Derelict Land Grant** were two grant regimes offering incentives to the development of land unsuitable for development. The grant regimes levered private sector resources into regeneration with a ratio of around 4:1. These regimes are now incorporated into the programmes of English Partnerships.

* **English Partnerships** became fully operational in April 1994 taking over responsibility for the Derelict Land Grant and City Grant programmes as well as the direct development programmes of the former English Estates. Working closely with local authorities it seeks strategic regeneration investment opportunities implemented through a range of measures (grants, loans, guarantees, and joint ventures). EP is now a major regeneration player..

* Twelve **Urban Development Corporations** were set up in four stages from 1981. They were limited life bodies all due to wind up between March 1995 and March 1998. Their objectives were the regeneration of designated areas by bringing land and buildings into effective use, encouraging the development of existing and new industry and commerce, creating an attractive environment and ensuring that housing and social facilities are available to encourage people to live and work in the area. They relied heavily on leverage of private sector funding through property development and their relative failure to do this in a period of property market slump explains much of their technical shortcomings (as opposed to their perceived non-democratic political shortcomings).

* **Inner City Task Forces** are short life bodies focussing upon regeneration through improving local employment prospects, , stimulating enterprise development, and strengthening the capacity of local organisations to meet needs. Fifteen of the original Task Forces established in 1985 have been closed with new ones opening and there are now fourteen Task Forces in operation.

* **City Action Teams** were formed to bring about greater co-ordination between government departments. Primarily concerned with integrating separate programmes they received a small budget for innovative projects.

* **City Challenge** offered thirty one cities successful in a competitive bidding process £35m per city over a five year period for an integrated programme of economic and social regeneration involving private, voluntary and community sectors as well as local authorities

The most recent development was the establishment of a **Single Regeneration Budget (SRB)** introduced from 1994-95. Managed through Integrated Regional Offices (reformed decentralised structures of the central state) the SRB combines twenty formerly separate programmes from five Government departments into a single budget available to provide a more flexible fund for local regeneration and offering the potential for a more integrated approach to programmes.

SRB incorporated the majority of the still existing specifically 'urban' programmes of previous years but, together with several programmes hitherto the responsibility of departments other than the Department of the Environment, added Housing Action Trusts and Estate Action to the urban budget.

* **Estate Action** aimed to help local authorities transform unpopular housing estates providing resources to encourage local authorities to tackle physical improvement, improve housing management, secure tenant involvement, provide variety and choice in housing, and create opportunities for training and enterprise. There are some 300 continuing schemes involving (in 1994-95) £373m.

* **Housing Action Trusts** are directed to the regeneration of housing and the improvement of social, economic and environmental conditions in areas of former council housing.

The integration of these two major housing initiatives with the more specific land development and economic regeneration initiatives reflected the recognition that urban policies had failed to address issues of disadvantage and deprivation on housing estates and

that these were the focus for many of the problems of the 1990s. The justification for this analysis was argued to lie in the historical monopoly of public housing construction and management in the run down estates, the absence of maintenance, the excessively bureaucratic presence of public sector agencies, the boredom of design, and the deadening effect on residents. There was a Conservative government assumption that residents had become over dependent on the state; hence programmes to introduce new forms of housing tenure.

These successive formulations of urban policy over the past thirty years reflect five main strands of thinking:

(i) *the dominance of area based approaches* to disadvantage. Programmes have been directed to improving conditions in, and the competitiveness of, 'areas' (sometimes smaller sometimes larger). Resources have been devoted to places rather than people. Analysis has focussed upon area based indicators. 'Inner City' problems were regarded as problems peculiar to particular locations within the older urban areas as opposed to being examples of wider structural economic and social disadvantage.

ii) *ambivalence about where the areas of disadvantage are* and the recognition that there are severe problems of disadvantage in the peripheral (predominantly public housing estates of smaller cities and towns) as well as the inner areas of big cities. Peripheral estate disadvantage, resulting from geographical isolation, poor services, high levels of poverty and unemployment, and an absence of reinvestment opportunities (such as waterfront development) is a common feature of Scottish cities (the biggest Glasgow problems are now on the periphery) and of mainland European cities where urbanisation occurred later that in the UK and where urban centres were for a while protected against the massive housing renewal which shaped UK cities.

(iii) *The importance of markets and competition* in policies of the last twenty years. Analysis emphasises the failure of the supply side, and hence the need to support the clearance of land, the making available of sites, the improvement of labour through education and training and so on. Certain areas have become less competitive in terms of their attraction to investment, and efforts have been made to improve image, facilities, and infrastructure, as well as the skills of local labour. Housing, education, health and welfare programmes have been privatised or put out to contract and become subject to market disciplines. Rights to services are replaced by choice.

(iv) A concentration on *organisational arrangements and institutional innovation* as the route towards more effective regeneration. In the last thirty years there has been a proliferation of policy instruments and fragmentation of effort. Most recently institutional reform has focussed on the integration of different programmes, the development of co-ordinated approaches and the benefits of Partnerships. These are required to involve the private sector and the voluntary sector, and were seen by the government as an antidote to traditional local government control. Localities increasingly have to compete against one another and the government considers (often rightly) that such competition galvanises the local interests to work together. Local authorities see such initiatives (often non democratic) as further evidence of creeping centralisation.

(v) *the emergence of more permanent disadvantage* and concern about an 'urban underclass' and/or social and economic exclusion. An underclass is thought by some to be present in the inner areas and on the peripheral estates of the larger cities. This debate about the underclass has superseded a long run assumption that inner city problems were linked to questions of race and racial discrimination and that urban 'riots' were the expression solely of racial tension. Rejections of the theoretical plausibility of an underclass stress the long term structural forces which lead to the perpetuation of poverty, unemployment, homelessness, lack of urban services, and point to systematic processes of marginalisation and exclusion.

ii. The Single Regeneration Budget and Challenge Fund

The Single Regeneration Budget perpetuates some of these characteristics. It is predominantly area based (although there is provision for 'thematic' initiatives (e.g. on young people across areas), it restates, though also dilutes somewhat, the importance of making neighbourhoods more economically competitive, it continues to emphasise the importance of effective organisational arrangements in the form of local partnership and indeed requires these for bids, and it draws attention to the importance of social disadvantage in regeneration. Formal English policy tends not to use the term 'exclusion'.

SRB has a number of elements. The budget for English Partnerships is top sliced from the overall SRB allocation, as is funding for Housing Action Trusts (and the final funding for UDCs). This leaves for the **Challenge Fund** a sum which has been subject to competition between localities for four years. The system works as follows:

Each year the Department of the Environment - now the Department of the Environment, Transport (DETR) - issues guidance on submitting bids.

The objectives of the Challenge Fund are:

- to enhance the employment prospects, education and skills of local people, particularly the young and those at disadvantage, and promote equality of opportunity
- encourage sustainable growth and wealth creation by improving the competitiveness of the local economy, including support for new and existing business
- protect and improve the environment and infrastructure and promote good design, mixed development, and landscaping
- improve housing and housing conditions for local people through physical improvement, better maintenance, improved management and greater choice and diversity
- promote initiatives of benefit to ethnic minorities
- tackle crime and improve community safety
- enhance the quality of life, health, and the capacity to contribute to regeneration of local people, including the promotion of cultural and sports opportunities.

The first three objectives focus on the material conditions of disadvantaged communities (jobs, physical infrastructure and environment, housing) whereas the last two focus primarily upon social conditions. As we shall see in later the potential overlap between the mental health agenda and programmes focusing on the social conditions of communities is particularly strong.

Local Partnerships put in outline bids for Regeneration Schemes, and after sifting out by Government Regional Offices (GORs), fuller applications are invited fleshing out the outline bids. Around December each year the winning bids are announced and the resultant successful *Schemes* prepare *Delivery Plans* which specify how the broad Scheme will be implemented. A Scheme is likely to be implemented over several years, typically five to seven years, and the Delivery plan requires a statement of outputs (a number of these main outputs are specified by DETR) together with key indicators/milestones of progress. A funding profile is needed identifying leverage from other private and public sources together with fuller statements about implementation and management arrangements. Typically a *Scheme* will contain a number of *projects* (from two or three up to forty or fifty) and each of these in turn needs appraisal and approval before implementation.

In some localities a single Partnership submits all the Schemes and manages the successful projects; in other localities each Scheme involves a different partnership and in some Boroughs there may be two or three partnerships each with a scheme (e.g. the Canning Town and Newham Green Street Partnerships in the London Borough of Newham).

The system has a number of particular features. First an independent partnership body is required with a multi-sector Board and increasingly in the larger partnerships an executive staff. There is also an Accountable Body which maintains records and manages the financial aspects of the scheme. This Partnership Board is contractually bound to the DETR for delivery of its outputs. Secondly the system is highly decentralised with GORs having significant powers of approval (for all projects above £250,000) and control. The SRB system is highly bureaucratic and smaller organisations find compliance extremely burdensome.

In England as a whole there have been three approved rounds of the Challenge Fund. with the number of Schemes approved amounting to over 600 over the three years. Decisions about Round 4 are expected by 6th March 1998. Since schemes involve funding over a period of years each round builds up a set of financial commitments for future years. This has meant that there is less left for new Schemes in later years and for Round 4 nationally only £80m will be available from 1997-98 until 2000.

SRB funding is allocated to regions (of which London is one) on the basis of a formula reflecting the scale of population in disadvantaged areas together with the Index of Local Conditions (ILC). The latter is derived from statistics available at enumeration district, ward, and local authority levels and provides three measures of deprivation.

the **degree** of deprivation in the district as a whole (a measure incorporating thirteen indicators combined at Borough level)

the **extent** of deprivation (a measure of the proportion of Electoral Districts in a Borough lying within the most deprived 7% of in England)

the intensity **of deprivation** (a measure of the average deprivation score of the three worst wards in the Borough)

The indicators used are unemployment, children in low earning households, overcrowded housing, housing lacking basic amenities, households with no car, children in unsuitable

accommodation, educational participation at 17, ratio of long term to all unemployed, income support recipients, low educational attainment, standardised mortality rates, derelict land, and house contents insurance premiums (the final six indicators are available only at Borough level, they are not part of UK Census data).

iii. Regeneration and Health

Health has figured modestly in SRB activity nationally. There is relatively little connection between the Healthy Cities movement in the UK and SRB work[2] and whilst national guidance (even post-election) refers prospective bidders to a range of Government policy papers there is no reference to health. There has, however, been a DOE Good Practice Handbook on Regeneration and Health (1995). This is a patchy document spattered with small boxes offering examples of good practice in health but without imposing any clear structure to the way in which health interests might be more strongly articulated in Regeneration. The Guide argues the case for the inclusion for health issues within regeneration pointing to the linkages between health and unemployment, the environment, welfare and business performance. The Guide then emphasises the importance of strategy highlighting the use of health audits, good practice reviews, identification of key issues, decisions on objectives and priorities and the subsequent design of and evaluation of projects. There follows a discussion of areas where projects might be developed (promotion, access to health care, targeting, empowerment). In the 'targeting' section comes mental health, dealt with in two lines:

> 'Programmes targeted at the special needs of mentally ill or disabled people often concentrate on employment'

The example of a Mental Health project in Bolton is referred to. The guide includes a number of useful contact points/addresses/numbers of networks or organisations with health and regeneration interests.

iv. Urban regeneration: the lessons to be learnt

A number of findings, questions and possibilities emerge from this review of urban regeneration activity in the UK:

(i) the marginal position of health in general and mental health in particular in urban regeneration policy;

(ii) the presence of significant regeneration impacting upon material and social conditions of disadvantaged communities which are likely to have a mental health implication or impact (long term unemployment, harassment, crime, substance abuse);

[2] In practice, the existence at the University of the West of England of a WHO Research Centre, located within the FBE Cities Centre provides one of the few opportunities in the UK for integrated health and Regeneration work.

(iii) the existence of a range of SRB schemes which address problems of community and exclusion in the round and might in some sense be appropriate for the integration of health/mental health agendas;

(iv) the existence of a map of priority community areas (wards) onto which King's Fund initiatives could target;

(v) the shrinking resource which is represented by SRB given the commitments generated by previous Rounds.

2. URBAN REGENERATION, HEALTH AND MENTAL HEALTH IN LONDON

i. Regeneration in London

A feature of the supplementary guidance issued by the new Government in July was the introduction of Regional Frameworks for SRB bidding. The London Regional Framework sets out the level of resources likely to be available for London in Round 4. Because of the `silting up' of SRB funds as commitments made in Rounds 1-3 tie up available resources funds available for Round 4 in London are unlikely to exceed £3.4m spend in 1998/99, schemes are likely to be few in number (the GO may not support more than a dozen schemes), and are likely to have a limited lifetime. There already exists Strategic Planning Guidance for London Authorities (1996) which establishes a predominantly physical framework around which to structure regeneration and development. The 1997 Regeneration framework[3] builds on this to address three particular themes - physical and economic opportunities, priority community regeneration, and accessibility/transport nodes. The background to economic regeneration is emphasised as,

> 'one of stark contrasts. Throughout the capital there are examples of extremes of wealth and poverty within a few hundred yards of one another...significant differences in the spatial distribution of deprivation and employment opportunity create further tensions and inequalities'

Attached as Annex 2 is the excerpt from the Framework which relates to Priority Community Regeneration identifying 65 areas in London where the ILC (see above) is most severe. Given the findings of Jarman (Jarman et. al., 1992; Jarman & Hirsch, 1992) we would expect to find that these small areas are also those with very high concentrations of mental ill health. Also attached as Annex 3 is the ranking of London Boroughs against three ILC measures of degree, extent, and intensity as described above. It can be seen that London Boroughs occupy 15 of the 21 national local authority areas with deep deprivation.

In Rounds 1, 2 and 3 of the Challenge Fund in London there were successively 48, 41, and 48 successful schemes funded (137 in all). The geographical distribution of these schemes is outlined in Annex 4 and a complete list of their names and basic details is also given in Annex 4. It is impossible to establish from published data the number of projects in London but there may well be over 2000 in total. In general, however, in the summaries of schemes which a available there are few explicit mentions of health.

It appears that Round 3 schemes (details of which we have only just received) have slightly more of an orientation to deprivation and exclusion than earlier rounds. These schemes can be followed up but our contacts so far suggest that they are barely off the ground, having received approval relatively recently, and are still at the Delivery Plan stage.

There is in addition London Pride, a partnership of leading London wide networks of TECs, commerce, church leaders, local authorities etc. which prepared the London prospectus as part of the previous Government's City Pride proposals. London Pride again emphasises

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[3] Since the Kings Fund submitted a bid to SRB 4 it must have examined this Regional framework already.

economic regeneration and development but contains aims relating to 'a cohesive community with equality of opportunity diversity and a high quality of life'.

ii. Regeneration, Health & Mental Health in London

In London during SRB Round 1, 14 out of 49 partnerships and in Round 2, 8 out of 41 partnerships have a health or personal and social development remit. 15 of these partnerships were contacted to find out about projects that are directly related to mental health or the prevention of mental ill health and the well being of communities.

12 out of 15 of these partnerships have projects that are to do with the prevention of mental ill health. Pages 1 to 22 of Annex 1 provide details of these 12 partnerships. Pages 23-35 give details of Round 3 Partnerships with relevant schemes, details of these are fairly skimpy at the moment as these are still largely at the planning stage. Round 1 and 2 projects include domestic violence projects, racial harassment projects; work for the homeless; victim of crime support; advice and counselling services for those in debt; cultural facilities for elderly minority ethnic people to combat loneliness. Several of these are schemes that have projects which relate to the well being of communities at large rather than individuals, i.e. community safety initiatives which centre around places feeling safe and secure.

3 out of 15 partnerships have projects that directly target the mentally ill. These projects include rehousing of mentally ill residents (Peckham), drop in centre for the homeless (CENTEC), horticultural projects for the mentally ill, support in employment for the mentally ill.

Interesting work is being carried out in the field of mental health (preventive as well as those who are under treatment) and urban regeneration in Hackney (Heart of Hackney regeneration), Peckham partnership, Sutton regeneration partnership on the Roundshaw estate and CENTEC off the streets and into work. Below are descriptions of these projects in these areas.

Sutton Regeneration Partnership. A health audit was taken of the residents of the Roundshaw estate. As a result of the recommendations a community health officer was appointed to address some of the problems highlighted in the report. Some of the problems are mental health related.

These projects are part of the Rowndshaw Estate Health and Well Being programme and has only been running for three months. Reminiscence project for the elderly was carried out from SRB 1 funding. This involved interviewing elderly residents on a housing estate. The aim of this project was to encourage these residents to feel valued and that their experiences and memories are important and worth recording. A report is out at the end of October 1997.

CENTEC off the streets and into work: Many mentally ill people are among the homeless as a result of their experience on the streets. Research shows that 41% of the homeless in London have a degree or 'A' level qualifications. Only 16% have no qualifications despite the fact that 22% of the population in London are schools leavers with no qualifications. 37% are black or Asian and a third have been in an institution at some point in their lives.

The pre-vocational training runs from 2 weeks to six weeks and is geared towards motivation and confidence building and preparing for employment on an emotional level. The vocational training is skills based: IT skills, Hotel and Catering training; Administration skills, leading up to NVQ's.

Peckham partnership: £200 million of this scheme is dedicated to the rehousing of those that reside in 3,000 dwellings that are being demolished (some of the worst housing in Southwark). There is a rehousing team of 5 full-time workers at the partnership that take a holistic approach to this process. Some of the residents are mentally ill and are under going treatment at Maudsley Hospital. Their needs are assessed by the rehousing team in the form of an interview where health issues are discussed. From this the resident is medically assessed. Then the needs of the resident/ family is discussed with the relevant services and appropriate housing is sought. Each case is individually assessed.

A "Young People out of Care" project seeks to house these people amongst housing association accommodation. A contribution in the form of support is allocated to that young person until they feel they can be independent. Then this support (and not the young person) is transferred to other accommodation with young persons coming out of care. There are two health centres, one in the centre of Peckham and the other in the new development. These provide counselling services. There are mentoring programmes which tackle bullying amongst school children. This project also aims to reduce the number of expulsions through bullying.

Reducing the density of dwellings goes some way toward preventing stress amongst families that live in overcrowded situations. New dwellings have gardens for families that were previously severely overcrowded.

Heart of Hackney Regeneration: St John's Community Space Centre is a drop-in centre and soup kitchen for the homeless. It provides free opticians service and advice on health. There is a horticultural project which works with homeless people in getting gardens into shape. This is described as a therapeutic project. There is a Hackney Carers Centre which provides advice and support for carers of mentally ill people who, as a result of the pressures of caring, are also susceptible to mental stresses. The Hackney Recruitment Partnership works with people with learning difficulties. When they get a job support in the form of a co-worker stays with them until they are able to cope with employment on their own.

At the back of Annex 3 we give brief details of the three Housing Action Trusts to be found in the London area. HATS have now been incorporated into the SRB scheme. They were one of the last government's more unsuccessful initiatives with no more than half a dozen being launched around the country.

iii. Local authorities, the voluntary sector and community development

As we have indicated, initiatives designed to regenerate disadvantaged urban areas in Britain have been a recurring feature of the policy landscape since at least the late 1960's. A considerable body of research has reviewed such initiatives. One hazards to offer any general conclusions given the variety of perspectives which have been adopted by such evaluations.

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iii. Local authorities [illegible]

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However some pertinent criticisms levelled at some if not all of these initiatives would include:

1) that they are at best ameliorative, at worse their impact is almost entirely cosmetic;
2) that they tend to be top-down in their implementation, local communities have little influence, `partnership' is chimerical;
3) that they are not holistic but targeted at particular needs and concerns such as physical regeneration, training, etc.

As our review of the Single Regeneration Budget revealed there have been attempts to respond to such criticisms, particularly to make partnership real and to develop a more integrated approach.

From the early 1970's onwards however local authorities have themselves been undertaking community development work. This has itself often suffered from fragmentation as the different disciplines - housing, social services, leisure, youth work - pursue their own priorities and adopt their own methods. Whilst the resources available for such work compared to that made available through central government programmes such as The Urban Programme or Estate Action has been limited, particularly since restrictions on local government spending in the 1980's forced local authorities to cut back dramatically on grant aid support to the community sector, some local authorities have nevertheless developed a reputation for adopting what could be seen as a community development approach to all of their work. Such authorities often have a more decentralised, bottom-up and community development approach to the delivery of a range of vital services. The housing service (in boroughs such as Camden and Newham) has often been the lead service in this respect, though in some boroughs such as Lewisham, Islington, Sutton and Tower Hamlets attempts have been made to develop a more multi-service/multi-focus approach to community development. Moreover, much of this local authority activity has been more informed by the needs of women and ethnic minorities and, more recently, by the new welfare user groups than mainstream government programmes.

What of the voluntary and community sector itself? Suprisingly little has been done in terms of the development of a comprehensive audit of such activity. It is generally considered that the scale and variety of this sector varies spatially with disadvantaged communities tending to have the least developed community sector. But the evidence available consists either of a large number of case studies of single areas (since the 1950's this kind of research has become known as the `community studies' tradition - for a recent volume of such studies see Hoggett, 1997) which make any kind of comparison very difficult or studies which compare community activity in sectors such as leisure (Bishop & Hoggett, 1986) or social care (Taylor, Langan & Hoggett, 1996) across two or three different localities. Taylor et.al's (1996) recent study of the voluntary sector in community care in Nottingham, Dorset and Bromley is clearly relevant to this review. The research revealed the numerousness of small, informal voluntary and self-help groups in all three areas, particularly the two urban ones, focusing primarily on providing practical and emotional support and on organising social and leisure activities for those with physical and mental ill health and their carers. The research expressed concern that the contract culture (and by implication other large-scale exercises in competitive resource allocation) tended to favour the development of larger, more formalised

voluntary organisations - i.e. very often the ones which were already most like the purchasers who commanded the resources.

Finally, there is the community development profession itself (Miller & Ahmad, 1997). Possibly the last of all the welfare occupations to be subject to processes of professionalisation this has become an influential community, possibly because of the way in which it is dispersed throughout the local authority and voluntary sectors and its strong links with the faith communities, identity-based social movements and, more recently, with environmental and internationalist movements. Given this dispersion it is striking that the one major institution where community development appears to have made comparatively little inroad is the NHS. The danger is that NHS professionals, even those working in community mental health, will appear ignorant of much of the participatory technology which has been developed over the last twenty years - neighbourhood and user forums, consensus building and conflict resolution techniques, community profiling and planning, and so on.

Community development in the UK has itself evolved through a number of cycles - a concern to tackle structural problems in the 1970's, a preoccupation with the competing claims of different social identities (black, female, lesbian, disabled) in the 1980's. In the 1990's community development finds itself very much at the crossroads (Miller & Ahmad, 1997), between incorporation into a partnership-oriented state on the one hand and commitment to a model of empowerment which recognises the inevitability and necessity of conflict on the other. The feminisation of community work has, however, been an important legacy of the 1980's. Practices that provide for personal attention and affirmation, which encourage the sharing of experiences and mutual support, are no longer seen as incompatible with more structural models seeking social transformation. This is important for community mental health. It means that at the grass roots professional level there is likely to be a receptive audience for interventions which focus upon the well being of the individual, the strengthening of social networks, the creation of support groups, etc.

3. THE ECONOMIC AND SOCIAL DETERMINANTS OF MENTAL ILL HEALTH

i. Picturing the relationship between the environment & mental health

As our review has revealed, most government regeneration initiatives have given little emphasis to 'social issues' and it is striking that government departments involved in health, welfare and education have not been involved in them. All of this stands in striking contrast to the abundance of research which shows, that even for the most materially disadvantaged communities, social issues are regarded as being of equal importance to housing, employment and other `hard' issues (Stewart & Taylor, 1995). This contrast has been subject to much scrutiny and criticism from those concerned with gender and empowerment (Green and Chapman, 1992) - the invisibility of social issues underlines the invisibility of gender in urban regeneration practice. Clearly both material and social factors have an impact on the incidence of mental ill health, but can we conceptualise this impact in a way which would illuminate policy actors with little knowledge of mental health?

In **Figure 1** we provide a way of thinking about the various social determinants of mental health and the kinds of intervention which can contribute to positive mental health. We suggest that the impact of the environment can be seen as stemming from three primary sources - one's personal biography, from material conditions and from social conditions. These last two are sometimes collapsed together in the literature under the heading of "social stressors" but we feel there are advantages to be gained from thinking of them as separate but overlapping factors. We also believe that it is vital to have a dynamic model of mental health. This means that we see `normal' life very much in terms of a series of crises, opportunities and transitions. It also means that the impact of the environment can be mediated by the degree of agency (or personal empowerment) that an individual is capable of and by the actions that they and others take to change the environment or mitigate its effects. Thus each of the sites located on the diagram are also places for effective community mental health interventions.

ii. Early Childhood:

Early socialisation experiences can have a crucial impact upon an individual's mental health. Although the home is crucial, the experience of school and the local neighbourhood can have an important impact. A variety of interventions are important here -parenting skills training, support groups for young mothers, anti-bullying policies, school counselling projects, mental health education in schools including work around eating disorders, and so on. Other interventions which may have a preventative impact, such as women's refuges and support groups for teenagers/adults who were victims of earlier abuse, relate to the needs of groups who are vulnerable because of their previous socialisation. Many mental health difficulties in later life have their genesis in childhood. In particular, the correlation between abuse, especially sexual abuse, in childhood and serious mental health problems in adults is well documented *(Williams et al 1993)*.

It is known that some of the most at risk groups of children are particularly present in London - refugees, young homeless people, children being 'looked after' by local authorities or on child protection registers. Yet social services have moved away from preventive practice with families in order to meet requirements for child protection. Much good practice in relation to prevention is now undertaken by voluntary agencies such as New Pin and Home Start, through family centres and one-to-one befriending schemes, with the charity Young Minds constantly making the case for further resourcing for such projects.

iii. Material Conditions

The impact of material conditions such as poverty on mental health has now been thoroughly examined, recent summaries can be found in a variety of publications such as the Association of Metropolitan Authorities (1993) *Mental Health Services: Issues for Local Government* and the Kings Fund own publication *London's Mental Health.* Poverty, poor housing, homelessness, lack of basic public facilities such as transport and job insecurity and unemployment can all have a contributory effect on mental health. Social action to address such issues can have a real impact upon individual well-being. Physical improvements to a housing estate, for example, which make it a cleaner, safer, healthier, less overcrowded and more convivial place to live can have a direct impact upon how residents feel about themselves and each other. There is evidence to suggest that improved estates often become friendlier and more civil environments, with less forms of harassment including racial harassment (Harrison, Hoggett & Jeffers, 1995), especially where the residents have been involved in the process of planning the improvements and therefore have a sense of ownership over them (Foster & Hope, 1993).

Anxiety about affordable and secure housing is a factor affecting the stress levels of the general population. Fear of intimidation or crime in many inner city neighbourhoods can compound stresses caused by poor housing, inadequate community facilities on estates and worries about rent levels or mortgage repayments. Housing policies which assure available, appropriate and affordable housing will increase a sense of well being in stressed communities.

Experience in the field *(Carling 1995)* suggests that secure tenure of good quality property is more valued by users than shared special needs hostels and group homes. Shared housing which is insecure and which often requires residents to move as their needs change is not conducive to improved mental health. There are projects which demonstrate that where support is flexible and imaginative, people can be sustained in their own home even as their needs change, for example Nottingham Rehabilitation Team's DISH project. Sufficient housing options must be generated to offer such support in tenured housing prior to discharge form hospital. Again, there are examples of agencies working collaboratively in accommodation fora to maximise the potential for this. A crucial aspect of such schemes is that the housing agency is assured of sustained and adequate levels of support for tenants from the mental health agencies. Holistic interventions designed to tackle the housing, health and social needs of the homeless will clearly contribute to the mental health needs of this vulnerable group.

Depression often follows enforced unemployment. Equally, mental illness and breakdown can be a significant factor in job loss and a major obstacle to regaining appropriate employment. Employment conveys income, some control over our lives, status in the wider community, and self worth. Unemployment is demoralising, poverty is humiliating and the consequences in terms of spiralling deprivation and poor physical and mental health are well known. Rising mental health problems and suicides amongst unemployed people is a striking example of the interconnectedness of employment and good mental health as is the correlation between unemployment and psychiatric admission rates (*Kammerling and O'Connor 1995).*

The Government's Welfare to Work initiative could be highly beneficial as a preventive mental health measure. It may also be used to assist those people with the highest mental health needs through programmes such as CPA to work, currently being considered by the DoH and DfEE. This proposes to use the opportunities presented by the 'new deal' and the Disability Discrimination Act to increase the chances of users on the CPA fulfilling their aspiration to gain employment and training for employment *(Grove and Peck 1997).*

The creation of mentally healthy workplaces is also a significant target for action. In Britain we work the longest hours in Europe *(ONS Labour Force Study)* The cost in terms of sickness, stress and family breakdown is evident. Stress at work has been associated with job insecurity, worker's lack of control over their work and the way it is organised, and poor consultation and information sharing between managers and staff *(Keita and Slaughter 1992).* Efforts of concerned employers to establish employee counselling schemes are to be welcomed but do not address the issues of organisational culture and employee/employer transactions known to underlie stress at work.

Two London examples of mental health projects seeking to address these issues of employment are Pathfinder Mental Health Trust which has introduced a 'quota' of people to be employed within the Trust who have a history of mental health problems. The Richmond Fellowship work scheme operating in Merton and Sutton finds jobs for people with mental health problems and supports both the employee and the employer to avoid or minimise stress related difficulties.

In some senses material conditions appear to be those least amenable to change. What, for example, can be done about poverty when benefit levels are determined by national policies and when jobs and wages seem to be at the mercy of an international economy? In the absence of macro-level interventions, meso-level interventions such as the SRB can have an employment and skills regenerating impact which in turn may have an effect upon the local economy. But many SRB-type initiatives which are primarily geared towards enhancing the competitive advantage of cities and districts leave untouched the areas and individuals with greatest need. In contrast community economic development (CED) strategies (Patel, Zahno & Williams, 1996) seek to enhance the capacity of communities which are not in a position to be competitive by working in a holistic and bottom-up fashion, improving the circulation of income, skills and jobs within the very local economy through initiatives such as credit unions, community businesses, service coops which tender for local authority contracts, LETS schemes and other micro level interventions (Geddes & Erskine, 1994). CED activities may be complemented by local authority anti-poverty campaigns aimed at improving benefit take-up levels, providing debt counselling, etc. (AMA, 1993).

Social Deprivation and Social Diversity
The important way in which material conditions act as psychological "stressors" draws our attention to the correlation between indices of social deprivation on the one hand and prevalence of mental ill health on the other. However the use of such indices, based as they are upon a standard and abstract notion of households, also conceals the way in which particular groups experience particular kinds of stress. A strategy for promoting community mental health would need to focus on the needs of particular areas **and** particular groups. Three groups in particular are known to be particularly vulnerable to mental ill health.

Women & Mental Health: It is important to recognise the particular needs of women who are the main users of hospital and community mental health services. Factors associated with their ill health include childbirth (linked to depression), caring for children and relatives (associated with isolation, low social value and lack of money), divorce and single parenthood (linked to poverty) and domestic violence. Yet these needs are hardly recognised in mainstream mental health services. Once in receipt of a mental health service, women are often treated with drugs rather than the talking therapies they may value in resolving serious life events such as loss of a partner, relationship difficulties of children leaving home *(MIND 1986)*. Moreover, women are prone to abuse within the mental health services both as in-patients and in one to one therapy (*Williams et al.)*. The organisation of services rarely takes account of women's responsibilities as carers and mothers. One example of good practice is the Drayton Park crisis service in Camden and Islington which offers an alternative to hospital to women and their children.

Ethnic Minorities & Mental Health: At the last census, Britain's ethnic minority population stood at over three million people, 45% of these living in London. Most of the UK's refugees live in London. Many ethnic minority groups in the capital have been established there for decades or even longer, yet they still face the negative side-effects of racism. This is apparent in the relative lack of educational achievement, the large numbers of ethnic minority children taken into care, in the general levels of poverty of most black communities and by the growing numbers of unemployed black young people (*Christie and Smith 1997)*. Between 1988 and 1992 the level of racist attacks increased by more than 75%, many of these attacks being directed towards Asian people. Many ethnic minority groups active in the mental health field feel that this experience of racism can lead to mental ill health and that the very mental health system intended to treat and support them further exacerbates that experience of racism.

There is clear evidence of the failure of mental health services to meet the needs of ethnic minorities. Services are not effective in detecting mental health problems across all ethnic minority groups, partly because of poor training and awareness of cultural issues amongst professionals in the field. Asian groups are less likely to have their needs detected. Afro Caribbeans are more likely than white people to be admitted to psychiatric hospital and have higher rates of diagnosis with severe forms of illness such as schizophrenia. They are also more likely to be over represented in secure provision. There are strong views from ethnic minority groups that mental health services as currently offered are neither acceptable nor appropriate. Examples of good practice as listed in the King's Fund report are to be found mainly in the voluntary sector.

The Homeless and Mental Health: Homelessness too is perceived to be a substantial problem in relation to mental health. Definitions of homelessness can be complex, but by any measure

London is at the extreme end of the spectrum with 47% of rough sleepers being found in the capital *(OPCS Census 1991)*. The mean age of the homeless population is falling and there are increasing numbers of homeless women (*HAS 1995)*. There is serious concern that children of homeless families living in temporary accommodation demonstrate significant emotional and developmental difficulties.

There are high rates of mental illness amongst London's homeless population, perhaps as high as 50% *(HAS 1995)*. However, the assumption that this is the result of psychiatric hospital closures is challenged by findings that when people are properly discharged to appropriate accommodation they tend not to become homeless *(Dayson 1993)*. The key challenge is therefore likely to be ensuring a strong multi-agency approach to discharge arrangements which includes housing as a crucial agency.

iv. Social Conditions

The impact of social conditions upon mental health are less clearly understood, hence the value of treating such factors independently of other 'social stressors' in our discussion. By social conditions we mean factors such as the richness/poverty, homogeneity/diversity of an individual's social networks, the strength of the social fabric of the communities to which they belong and the supportiveness of the social environment measured in terms of its safety, degree of civility and conviviality. These may all be considered to be dimensions of what could be described as a socially healthy environment.

Social networks contribute vitally to an individual's mental health. Research suggests that there is a relationship between what is sometimes called 'network poverty' and mental health - poor networks contribute to mental ill health and the experience of mental illness often further weakens a person's existing social networks. Social isolation (Donnelly, Knapp, et al. 1994), lack of confiding relationships (Brown & Harris, 1978), the disappearance of opportunities that extended social networks might otherwise make available (Granovetter, 1973), all of these are important facets of the social conditions impacting upon mental health. But social networks can impact upon health in other ways. At times, networks can be too strong and intrusive, closing in and suffocating the individual particularly where alternative networks are unavailable. This is often the cause, for example, of much of the distress experienced by Asian girls and young Asian women - at times the family can be oppressive as well as supporting.

The social fabric is another little understood concept. We can think of it in terms of the coherence and vibrancy of local civil society. Any local neighbourhood will contain a variety of communities, subcultures, networks and associations. But in some neighbourhoods these are few and thin on the ground. The dominant experience is of social anomie; opportunities for association between people in pubs, clubs, community organisations, etc. are few. As a consequence the norms, roles, rules and expectations that might otherwise act as a framework to support everyday life are weak or missing. It could be argued that the essence of community development is concerned with repairing and strengthening this social fabric without which effective local interventions aimed at material conditions such as bad housing and unemployment prove to be unsustainable.

Clearly the strength of the social fabric is linked to the last of our three social conditions. First and foremost, a supportive social environment must be a safe social environment. If people lack the sense of feeling safe in their living environment, if the outside world feels threatening and persecuting, then a basic condition supporting emotional well-being is missing. This will affect different groups in different ways depending upon age, ethnicity, gender, etc. Community development activity focusing on racial and other forms of harassment, bad neighbours, the development of local mediation services, campaigns to improve the physical design of the environment to enhance its safety, all of these and other interventions can have an important impact on the experience of safety. But beyond this, a supportive environment will be one which is not just free of danger and intimidation, it will also have a positive sense of civility about it. This is the difference between averting one's gaze as one passes a neighbour on the street and the look or even smile of recognition. At its simplest level civility is about exchanging pleasantries in a shop or pub, with the milkman or postman. At a more developed level it concerns being a good neighbour, welcoming newcomers and strangers to the local area, etc.

When we speak of community mental health we normally have in mind the mental health of individuals residing in a given area. But this discussion enables us to conceive of a further dimension of mental health, the health of the communities (neighbourhood, cultural and other communities) themselves (Hoggett, 1993). Ultimately a socially healthy community is a convivial place to be, somewhere that people feel connected to and enjoy belonging to - supportive without being intrusive, civil rather than anomic, offering diverse opportunities for association, welcoming of difference because confident of the local social norms through which the self-regulation of everyday life proceeds, something lacking in a 'neighbourhood of strangers' (Merry, 1981).

v. Life events and transitions

For all of us life consists of a series of transitions, some of which are smooth, some of which are traumatic. Transitions such as leaving home, having a baby, losing a job, retirement, menopause and even striking it lucky can be acutely stressful and the trigger for various kinds of mental ill health (Newton, 1992). Many associations have sprung up in civil society to help people cope with such transitions - voluntary and self-help groups offering support to the bereaved, the unemployed, the isolated mother, etc. Such groups play an important preventative role meeting the needs of those made temporarily vulnerable by the ups and downs of life. Arguably, as we begin to enter a world in which the pace of change has become increasingly rapid, where uncertainty has become a deeply embedded characteristic of everyday life, the need for support through such transitions is going to become increasingly pressing.

vi. Enhancing agency

People can make a difference, either by acting alone or with others. Many community mental health interventions are designed to enhance peoples' capacity to act as agents rather than as objects of conditions beyond their control. At its simplest level this may mean no more than managing to keep oneself clean and socially presentable or regaining the confidence to engage in everyday forms of social interaction such as are involved in shopping. The path

towards a more `normal' life may then involve more complex choices **if** the opportunities are available. Research on the views of mental health service users reveal how important factors such as a home and a job are to their future sense of well-being (Ramsay & Phelan, 1995; Rogers and Pilgrim, 1997). Whilst progress has been made in terms of the former, initiatives designed to facilitate the transition of mental health service users back into employment are still very undeveloped (Kings Fund, 1997).

The development of self-advocacy and other user-led initiatives takes the issue of agency to another, more collective level (Barnes & Shardlow, 1997). There is still such enormous public fear and misunderstanding of mental ill health (Furham & Rees, 1988) that those many millions experiencing such difficulties can be thought of as the largest `minority' yet to `come out'. The self-organisation of users and former users of mental health services, including the massive numbers of individuals who's distress has been sufficient for them to become users of psychotropic drugs, remains at an embryonic stage of development. The promotion of positive images of people with mental health problems and their assertion of citizenship and social rights is a vital part of the strategy needed to combat processes of social exclusion experienced by this huge but comparatively voiceless group (Barnes et al, 1997).

Agency is also essential for the health of communities themselves. A neighbourhood or cultural community which experiences itself purely as the object of forces beyond its control, that is, collectively powerless to affect the minor but vital decisions which make up the texture of daily life - the broken street light, the dumped mattress rotting in the kids play area - such a community lacks an essential condition necessary for its well-being. The presence of community leaders who can get things done and/or local estate or neighbourhood forums in which public officials and local citizens can meet to thrash out problems - i.e. the presence of opportunities for voice, involvement and empowerment in the local public sphere (Burns, Hambleton & Hoggett, 1994) - is essential for the experience of agency of disadvantaged groups who may lack power in all other areas of life.

vii. Choices & Opportunities: Helping those with Mental Ill Health Live in the Community

The concept of the 'revolving door' syndrome is now well established within the policy community. Yet paradoxically, whilst a great deal of evidence exists about the kinds of services that would make it easier for those with mental health problems to survive and prosper outside of institutional settings there is still a huge gap in terms of the provision of such services. To take what is perhaps the most obvious example, the opportunity to engage in meaningful work is known to be effective in improving clinical and social outcomes (Torrey, et.al., 1995) besides being rated highly desirable by users. Yet a recent survey of Trusts in London revealed that both sheltered work schemes and projects designed to get those with mental health problems back into work on the open job market "are in short supply even in the best-served areas of London, and are completely unavailable in several Trusts or parts of Trusts" (Kings' Fund, 1997). The creation of job clubs and special employment agencies, integrated accommodation/training/jobs schemes along the lines of Foyer Schemes for the homeless, the development of partnerships with local public & private employers to promote the recruitment of people with mental health problems, these and other initiatives could all become part and parcel of local community economic regeneration initiatives if the imagination and commitment were available.

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vii. Choice & Opportunity [illegible]
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Similarly for other opportunities which evidence reveals to be crucial to the well-being of people with mental health problems living in the community. For example, a quarter of homeless mentally ill people become homeless when their tenancy broke down as a consequence of their distress (Ramsay & Phelan, 1995). An integrated approach to community mental health would prevent this step towards `social drift' through education and liaison work with the main social landlords in the area or by supporting those in the private rented sector through the efforts of housing advice workers. But this requires a radical shift in orientation so that purchasers see themselves as enablers, working through other agencies to get things done, a shift which is similar to the one which local authorities have undergone in the last decade.

4. FROM THE MARGINS TO THE MAINSTREAM: INSERTING MENTAL HEALTH INTO THE WIDER REGENERATION AGENDA

i. Future directions for urban regeneration

As in other policy areas the Government is reviewing Regeneration policy. A number of elements are already known or can be guessed at.

Supplementary Guidance. Soon after the election the Government published supplementary guidance for Round 4 of the SRB Challenge Fund. This promised to honour the commitments to earlier rounds and indicated that a fourth round would take place. Key elements of the supplementary guidance were a requirement that bids should meet the Manifesto commitment to carry out a concerted attack on the multiple causes of social and economic decline, a greater emphasis on tackling the needs of communities in the most deprived areas, a requirement that bids should fit with local authority economic development and deprivation plans and fit the government's policy on regional governance and a requirement for a more collaborative approach between local partners and the GORs (Government of the Regions).

Reference was made to the need to integrate regeneration with welfare to Work, with the release of capital receipts, with new approaches to crime prevention, drugs, ethnic minorities, public health, and vulnerable groups. The Government wishes to give higher priority to bids which expressly address 'need', but there are no plans to introduce priority areas.

Regional statements In order to assist bidders under the new guidance GORs would issue an SRB regional framework describing key regional regeneration needs and priority areas. Regions produced their own statements and DETR centrally had no say in the regional statements.

Comprehensive Review The government has also commissioned a comprehensive review of regeneration policies, the terms of reference of which invite a range of comment on the whole mix of urban policies - the existence of an SRB at all, targeting on a few or many areas, the contribution of regeneration to combating poverty, the contribution of the different partners to current policy, the usefulness of needs based criteria for allocating resources. The review is expected to come up with conclusions in the new year.

New Deal for Regeneration Prior to the election, but most obviously since, the Local Government Association has been pushing a 'New Deal' for regeneration. This embodies many of the principles of existing regeneration (a holistic strategy, partnership, integration) but places local government once more at the centre of regeneration and also seeks to involve central government as a contributing signatory and partner rather than judge and jury over regeneration bids. The New Deal would involve enabling the whole range of central and local expenditures to be brought together in something like the French 'contrat de ville[4]'.

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[4] The French contrat has been seen by local government as the answer to generating central government commitment to programmes. The view of this research is that this represents an over optimistic interpretation of 'contrat' and that central government maintains a strong control over contrats which do not bind the French departments of state as firmly as some observers think.

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[4] The French course has been seen by [illegible]
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'contract' and that central government [illegible]
departments of state as firmly as some of [illegible]

New Deal is currently under discussion with DETR and a number of pilots can be expected in the coming months.

Regional Development Agencies (RDAs) Regionalism comes higher on the Government's agenda than cities and, following the Scottish and Welsh referenda, proposals for Regional Development Agencies in England are being pushed forward. At the time of writing it is not clear what role or functions an RDA would have. Economic Development lies at the core but already DfE and DTI have indicated that they do not see their programmes being taken over by RDAs. Nor is it clear what responsibilities an RDA might have over the SRB, (making intra-regional allocations for example) nor whether the RDAs are likely to incorporate GORs or whether the latter will continue as a regional civil service outside the RDA.

Mayor for London Finally the proposals for an executive elected Mayor for London (and a Green Paper on the role of such a mayor) add a further uncertain element to the structures within which regeneration for London will be organised. The Mayor will be a powerful figure, probably more representational than executive, but will have enormous influence to set the agenda for London on a world stage. He or she will be the first ever directly elected executive in the United Kingdom and will enjoy a mandate from a massive constituency of all 4.9 million London citizens, equivalent to the mandate of the 74 London Members of Parliament.

Reflection: change means opportunity? Urban regeneration policy is currently subject to review and change. We can expect a shift in the centre of gravity back towards the elected local authority. We can also expect that the process of moving away from physical aspects of the regeneration process towards more social aspects will be accelerated. The continued preoccupation with tackling so-called dependency on welfare fits well with what we know about the importance of work and re-entry into the labour market for those experiencing mental health problems.

ii. The Mental Health Policy Context

The 1975 White Paper 'Better Services for the Mentally Ill' has formed the foundation stone for policy development in the field of mental health for over 20 years. It began by commenting on the difficulty of defining mental illness and mental health and by recognising the interplay between human behaviour and the environment. Those people exhibiting the more distressing forms of mental illness such as psychosis were seen as constituting only a small proportion of the total requiring preventive as well as treatment related mental health services.

In recent years mental health policy has narrowed its scope considerably, concentrating on the most severely ill. Department of Health initiatives have recommended targeting of mental health services on those with the most severe and enduring needs, established Supervision Registers and Community Supervision Orders for those most at risk, prescribed a 'Spectrum of Care' thought to ensure provision of appropriate services for the most challenging groups.

The needs of mentally disordered offenders have become a major policy concern. The policy of targeting services on the most severely ill has been reinforced by the Audit Commission report 'Finding a Place' *(HMSO 1994)* and its subsequent reviews of local services.

This narrower approach to mental health policy can be seen in part as a reaction to research showing a tendency for community mental health services to spend disproportionate amounts of time and effort on those with less severe problems at the cost of neglecting those with the most severe difficulties (*Patmore and Weaver 1991).* It can also be seen as a response to a series of serious incidents involving seriously mentally ill people such as Christopher Clunis, Ben Silcock and others. The policies of the late 1980s and early 1990s have been concentrated attempts to respond to the question of how best to manage people with severe mental health problems in a community where there is low public tolerance and high anxiety. They have also reflected the need to ration services in an area where demand outstrips supply, creating the intense pressure on services shown in the King's Fund London Report.

Community mental health services have therefore moved away from what might be seen as the preventive, community development style of work encouraged during the 1970s and evidenced in the early American CMHTs *(Sayce 1989*). The American CMHT movement was established by John F Kennedy's administration in 1963 and had explicit responsibilities laid upon it to undertake mental health promotion and preventive work *(Mosher and Burti 1994).* Until the mid 1980's there were examples in Britain of community mental health services using community development styles of working to build alliances with service users and local community groups to develop agreed local services which linked neighbourhood concerns with the needs of people with mental health problems. So for example, one Nottingham CMHT developed a joint management group with members of the local community association, shared premises with it and involved local people in providing informal mental health services such as drop in clubs. Meanwhile, people with mental health problems were able to develop networks of friendship in the local community and participate in a range of life enhancing activities such as traffic action groups and tenants associations *(Peck and Milroy 1987).* Another example of community development principles being applied to community mental health services was the Chesterfield Social Services Day Centre. Basing its work on principles of citizenship and democracy, the day centre developed into a user run service with a clear constitution giving users decision making powers, including over budgets. Again it shared premises with the local community association and a plethora of mutually beneficial links developed between the two groups *(Milroy and Hennely 1989)* Many of these early efforts were smothered soon after birth by the new political imperatives to ration services and to concentrate resources on those with the most severe problems.

In any event, these initiatives were always delicate flowers in the desert. The only profession within Community Mental Health Teams likely to have the skills necessary to approach community development work was social work. Social work training often had an element of systemic theory and a grounding in the empowering approaches used by Paulo Freire or Alinsky *(Bailey and Brake 1977).* There was a strong debate within social work about the relative value of individual case work which was seen as ameliorative as against the value of 'radical' social work practice which emphasised collective action aimed at empowering oppressed groups *(Specht and Vickery 1979).* Health professionals were trained to look at individual pathology and were less likely to be at ease with initiatives based in collective consciousness raising methods. One of the results of the Community Care Act and subsequent government policy relating to Care Programme Approach and Care Management is that social workers are now asked to look almost exclusively at the individual. The approach being taken in Approved Social Work training is of individual assessment,

individual care planning and individual review. As a result the fragile community development skills once present with community mental health services have largely gone, though they can still be found in some non-statutory mental health agencies.

At a more senior level within health and social care agencies there is a similar lack of capability in taking policy initiatives which would promote mental health through urban regeneration initiatives. Indeed, the King's Fund report tells of considerable unease between local authority and health service managers which makes joint work even on an explicitly mental health agenda difficult. This supports the findings of other research on the difficulties of engaging agencies in joint working *(Barnes 1996).* A search of purchasing plans, joint planning documents and Trust business plans during 1996 revealed very few initiatives drawing together alliances between mental health and housing or employment, for example *(Peck and Smith 1997)*

The new Labour government's renewed emphasis on positive policies for public health offers the possibility of a different approach - one which reframes mental health policy so that it is understood to be a problem facing all of us. However, given the lack of capacity and capability of both practitioners and managers of mental health services and the widespread fear of mental illness amongst staff of other agencies, there is a real question of where the leadership for such initiatives will come from.

iii. Health Action Zones - An Opportunity for Development

In June this year, the Secretary of State for Health announced that a number of Health Action Zones would be established which would bring together all agencies in a locality to contribute to the health of the population by developing joint strategic plans. Building on the experience of area based regeneration partnerships, HAZs will involve local authorities, health authorities, community groups, voluntary agencies and business representatives. There are to be 10 HAZs established from April 1998 and they will have a life of 5-7 years. HAZs, alongside other initiatives such as Single Regeneration Budget, Education Action Zones and Employment Action Zones, are to address the issue of social exclusion. They are likely to be set up in areas of pronounced deprivation and poor health.

HAZs can be seen as the organisational framework for delivering on the targets within 'Our Healthier Nation *(Department of Health 1997).* These focus around Beveridge's 'five giants' of want, idleness, squalor, ignorance and disease through initiatives such as the minimum wage, welfare to work, release of capital receipts for housing, prioritising education and renewing the NHS. For mental health, ministers have identified clear needs in their areas. Education sees the need for a forth 'R' - relationships - to ensure emotional literacy amongst young people. The Environment Minister has spoken of the need to help the most vulnerable, getting them off the streets, but also ensuring the provision of secure and comfortable housing. He also emphasised the need for action on noise in the environment and on promoting healthier workplaces.

Given the overall policy context, the body of knowledge regarding the interplay between social and environmental factors and mental ill health and the opportunities opened up by the introduction of HAZs, what action might be possible to promote a new and more proactive approach to mental health? First there may be opportunities relating to 'top down' urban

regeneration approaches and secondly to 'bottom up' community development, the former being progressed mainly by purchasers in the mental health field and the latter being taken forward by provider teams. Both approaches will require strong strategic alliances with others and will benefit from learning from previous practice.

The Department of Health is considering how best to promote mental health related developments through HAZs. In addition there are some local initiatives to set up explicitly *Mental Health* Action Zones, one likely to be in South London. Given the substantial body of literature demonstrating a strong correlation between social and environmental factors and mental ill health, together with the King's Fund's London Report's emphasis on the need for preventive work to be undertaken, it is clear that the HAZ's outcome measures must include a number relating to mental health. These may be informed by our knowledge of the social antecedents of mental health.

Partnerships in health? Lessons from the experience of regeneration partnerships.
What are some of the lessons to be learnt in terms of the organisational and political processes which make or break regeneration partnerships? These reflections are based upon detailed evaluation work undertaken by Professor Murray Stewart which has recently been fed into the DOE's Good Practice Guide on Urban Regeneration:

* regeneration partnerships are competitive partnerships and this has sharpened the focus on cross sectoral collaboration, it has served to facilitate an integration of partners and programmes and made key actors think collaboratively to a degree that they may not have done before;

* regeneration partnerships involve a very wide range of partners but Local Authorities and TECS are the leaders;

* the private sector is an active partner, it is good at completing tasks but is less sure of strategy;

* the community and voluntary sectors (which are different) tend to be junior partners and are often overwhelmed by the complications of partnership, they are at the top table but they are the most vulnerable group there;

* regeneration partnerships have become highly bureaucratised;

* regeneration partnerships have become highly contracturalised, particularly between central government and local partners; the relationship with the SRB regional office (which has become very important) has become one of contract management;

* accountability has become opaque, one of the strengths of regeneration partnerships is their capacity to act quickly but this 'fast tracking' worsens the problem of accountability.

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Partnerships in health [illegible]
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* regeneration partnerships [illegible]
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Partnerships in health? Lessons from Drug Action Teams & joint working in community care.
The HAZ looks set to become the vehicle for pushing forward regeneration initiatives relating to health and potentially mental health. In terms of **process** a similar approach to HAZs has been taken to the drugs initiatives outlined in 'Tackling Drugs Together' through the establishment of Drug Action Teams, known to be viewed as a positive arrangement by the incoming Labour government. DATs have been established over the last two to three years and have been charged with responsibility for interpreting the national drugs strategy locally in order to impact on the reduction of the supply, demand for and harmful effects of drugs. They are area based, bringing together the most senior officers from all relevant agencies - health, social services, prisons, probation, education, police and so on. They have been able to access small amounts of central government money and some areas have been successful in accessing SRB and other funds normally seen as relating to urban regeneration.

The experience of DATs is significant because it involves health in a way that urban regeneration initiatives have not and the issues of drugs are similar in flavour to some of the issues in mental health. The recent national evaluation of DATs *(Duke and MacGregor 1997)* is therefore of interest when considering how HAZs might work in order to progress the mental health agenda. The evaluation found that DATs had in the main been successful in establishing their local systems and administrative arrangements for joint working, had increased joint understanding and increased joint working through pooled resources or implementing joint schemes, had developed local strategies and now need to ensure momentum and sustainability. Generally then, DATs are seen to be a reasonably robust role model for HAZs to look towards in terms of process. Speaking at the launch of 'Our Healthier Nation', the Health minister Tessa Jowell highlighted DATs as a positive model to be followed and it may well be that this experience has influenced the introduction of the HAZ idea.

The process of HAZ initiatives should also be influenced by the research undertaken on joint working in community care *(Hudson 1996).* The significance of trust and common agendas born of long standing relationships between individuals suggests that some stability in personnel is important. The King's Fund London report shows that mental health managers in London are not in stable jobs and the predictions of the majority of managers that they would not be in the same job in a year have turned out to be well founded according to a recent follow up study *(Peck 1997).* Some effort needs to be made to ensure a degree of stability of personnel if these joint working arrangements are to flourish.

v. Redefining Community Mental Health

In Britain in the late 1990's the links between mental health, community development and urban regeneration are still waiting to be made. Our survey of urban regeneration activity in London is already revealing that there are few explicit references to community health, let alone mental health, in the 130+ initiatives currently active. And yet, as our previous discussion indicates, a great deal of urban regeneration and community development activity does contribute to the emotional well-being of local citizens. The problem is that it lacks awareness of this unintended spin-off.

The established association between mental ill health, unemployment, living alone, poor or insecure housing, low income and other social factors has been particularly highlighted in the recent King's Fund report on Mental Health in London. The report also shows the disproportionate representation in London of minority ethnic groups, single parents and refugees, all of whom are more likely to face these apparent precursors of mental ill health. Such associations between social factors and mental illness have not been reflected in recent mental health policy approaches. Yet a comprehensive mental health policy would offer strategies for prevention and promotion, for the delivery of services for those with severe difficulties and for those with less severe but still disabling problems.

Recent consultations between the King's Fund and some of the purchasers and providers of London's mental health services has revealed the view that there is now an urgent need to take a more preventive approach to mental health in London, to somehow 'turn the tap off' on the overwhelming demand for services by promoting better mental health in the capital. Policies for positive mental health will cover areas far beyond those normally prioritised by health and social services and will include housing, employment, benefits, support for the family, women and for minority ethnic groups . Efforts to improve general mental health through reducing stress in these areas may also serve to enhance opportunities for those who are already labelled as mentally ill. People with mental illnesses face particular difficulties in accessing decent housing, jobs and ordinary opportunities for leisure and education. Many of these difficulties are compounded if those mentally ill people also happen to be black or women. Linking mental health to the urban and community regeneration agendas therefore would strengthen primary prevention/mental health promotion for the general population as well as tertiary prevention for those with mental ill health problems who are struggling to survive and prosper out in the community.

Recent research (Rogers and Pilgrim, 1997; Reda, 1996) on public attitudes towards mental health and illness reveals that misunderstanding and fear of any term prefixed by `mental' remains very widespread. There is also a substantial discrepancy between the way in which mental health professionals and mental health users construe mental health problems. This leads us to suggest that a strategy to link mental health services to mainstream urban regeneration and community development activities will be more effective if positive efforts are made to redefine mental health in lay terms. Our suggestion is that the concept of `well-being' is perhaps crucial to this task.

The concept of well-being accentuates the positive rather than the negative. It draws attention to the needs that citizens share in common rather than to the way in which they are different. It is also complementary to the idea of normalisation, that mental ill health is something that can happen to anybody and therefore to the idea that preventative work is to everybody's advantage. The concept of well-being also connects easily to psychological concepts such as stress that lay people can identify with. And, last but not least, the idea of well-being can be applied at the collective and the individual level - whilst the notion of the mental healthiness of a community seems forced and unnatural the idea of *community or social well-being* fits effortlessly with the existing lay vocabulary of community development work.

Strategies to promote community well-being would therefore be inclusive. Drop-in counselling projects and depression support groups would be as central to such strategies as anti-bullying projects, safe neighbourhood schemes and tenant participation programmes. Preventative interventions could therefore be seen as an integral part of strategies designed to

improve the social conditions of disadvantaged communities - building social networks, repairing the social fabric and enhancing the supportiveness of the social environment. Attention to the material conditions of such communities, through anti-poverty and community economic development strategies, would also contribute to the prevention of mental illness albeit in a less direct, perhaps secondary, way.

v. A Strategy for Entering the Mainstream

Influencing the Political Agenda

The arrival of a new government inevitably provides an opportunity to get off the policy treadmill, to take a step back and review. This is certainly happening in terms of policies for urban regeneration, regional government and local democracy. Moreover, this is a government which may be more open than its predecessor to thinking about issues such as social cohesion and well-being - the emergence of the fourth `R' (i.e. relationships) in education certainly invites such speculation. On the other hand, moral panics about the dangerous mentally ill are not likely to recede and there will always be a temptation to respond in a reflex manner in a way which treats the symptoms but not the cause. Despite this we sense a climate of receptivity which is around. Receptivity in particular to new ways of thinking, to ways of thinking which give emphasis to the social, to the importance of social networks, to the value of `community' solutions and (last but not least) which don't involve additional resources! Perhaps this is no more than to say that `economic man' is no longer the only being on the landscape of regeneration, there is such a thing as society and it is largely comprised of communities which are first and foremost social phenomena.

In this paper we have sketched some of the evidence which indicates the impact of the environment on our psychological well-being. What is less known, particularly by politicians and senior civil servants, is the economic and social costs of mental ill health. We have not had time in the context of this paper to gather the relevant evidence but our feeling is that some effective propaganda could be quickly put together which, among other things, would indicate:

economic costs - days lost through stress at work (Cary Cooper at UMIST, Manchester, has amassed an enormous amount of data on this);

social costs - e.g. the break-up of families; evidence linking hyperactivity and other difficult behaviour at school to depression of mothers in early childhood;

collective stress - it is stressful to live on a housing estate where you are surrounded by people under stress, lack of civility, crime, neighbour problems, etc. are often the consequence;

fiscal costs - the rate of psychotropic drug use in UK and London and the costs to the drugs bill and the cost of mainline mental health services;

political costs - panics about the dangerous and mentally ill, unnoticed and at large in unsafe, anomic communities.

improve the social conditions of disadvantaged
repairing the social fabric and cohesion
Attention to the material conditions
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v. A Strategy for Surviving

Influencing the Political

The arrival of a new
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political costs - panics about the
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Recent research undertaken by the Institute of Psychiatry for the Health Education Authority has made a start in putting together this kind of argument. Their data, for example, suggests that the economic costs alone amount to £14.3 billion per annum whilst social security payments to people with mental illness are put at £7.6 billion "equivalent to three-quarters of the lone parents' benefits bill which is preoccupying ministers" (Guardian, 10 October 1997).

UWE has recently been involved in helping the DOE produce a Good Practice Guide for Urban Regeneration, together with the Kings Fund we could approach the DOE to suggest a Good Practice Note on Urban Regeneration and Mental Health. UWE also has very good links with BURA (the British Urban Regeneration Association) who we feel may also be sympathetic to sponsoring an initiative (conference, guidance notes) linking regeneration and mental health. Within the local authority world there is still probably space to build upon the AMA's separate reports on Mental Health Services and Community Development. An approach could be made to the new Local Government Association to build on this earlier work by bringing the two themes together. At the London level contact has been made with the Urban Regeneration Unit at the Association of London Government, if the Fund were thinking of selecting four localities in London as experimental laboratories for community mental health initiatives then this unit could be an important partner in this process.

Stressing Social Exclusion

In terms of **substance**, HAZs need to be influenced to take seriously the mental health agenda. It is interesting that both SRB and HAZs are being told that socially excluded groups are to be a priority for consideration. What group could be more excluded than people with mental health problems? They are excluded from housing, jobs, educational and leisure opportunities, these disadvantages being magnified if they are not only mentally ill but also black or female. The strong case for mental health as a priority for these programmes needs to be made. SRB and HAZ programmes offer vehicles for addressing both positive policies for mental health in terms of mental health promotion and prevention and also in terms of minimising the social disadvantage experienced by those socially excluded as a result of mental illness.

Local Strategies

Annex 1 identifies the 65 Priority Community Regeneration Areas in the new London Regional Framework for SRB bidding. We have made the point earlier that these areas are also likely to be those with the highest levels of mental ill health, judged in terms of admission rates and psychotropic drug use. These are small areas, often not much larger than one or two electoral wards in size. Many of them, like Stepney/Limehouse, consist almost entirely of a number of small and large housing estates. Some of these areas already have local institutions for community self-government - estate forums, neighbourhood forums, local regeneration partnerships, HATS - which more often than not have little or no contact with the local health services. Community mental health teams and primary health care teams often live in glorious isolation from the mass of community, voluntary and other statutory sector activity taking place at the grass roots level. Yet a community mental health strategy targeted at the local level and framed around issues of social well-being could find that the links and overlaps to be made with these other sectors are considerable if not dramatic. As we have noted earlier, community development workers are now receptive to this perspective.

We have made the case that a strategy to move into the mainstream should be linked to the reframing of mental health so that what people experience in common - the need for relaxation, good relationships, mutual support, strategies for coping with anxiety, depression, isolation, life crises, stress, etc. - is made the basis for the development of social and community well-being. But we are also aware that there are real differences that cannot be overlooked. Ex-patients very often look different and behave different, madness is still regarded with great fear and misunderstanding, many communities are only too eager to reject from their midst those that they see as being different in this way. There is a danger that a community mental health strategy of the kind we have outlined would be inclined to sweep these things under the carpet in the quest for common ground between those suffering from less severe mental health problems and the great mass of the population who experience no more than Freud's 'normal unhappiness'. That is why we feel the self-advocacy movement is so important. If the experience of black people, gays and other minorities is anything to go by, present and past users of mental health services will only be accepted by the wider community as a consequence of self-organisation, by campaigning for their social and economic rights and public education. A more assertive approach to the rights of those with severe mental ill health problems to be in the community is bound to lead to conflict. But mainstream community development practice now has a wealth of experience in conflict management and resolution through anti-harassment projects, mediation services, and so on.

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Local Strategies

Annex 1 identifies the 65 Priority [illegible]
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The fact is that most contemporary metropolitan communities, whether they are located in Bow, Brixton or Brentford, are riddled with conflicts of one kind or another. Homogenous working class communities, if they ever did exist, are certainly now a thing of the past. In a paradoxical kind of way it is easier for strangers to find their place in a community of differences than in a community where everyone is similar in some way. The problem with such communities is that diversity can so easily become anomie, cosmopolitanism can so easily become isolated individualism. The problem is, how to combine a strong social fabric and supportive social environment with social diversity? This is where community development is at right now and, to the extent that it can enrich our collective understanding of the social determinants of well-being, community mental health could begin to make a vital contribution to answering this pressing question.

Bringing Community Development Back into Mental Health Services

Finally, **community development** approaches can be reinvigorated in relation to mental health. It has been noted that only 15 years ago there were initiatives in community mental health services to work in an empowering way with both service users and local community groups to bring about a commonality of interest and mutually beneficial action on local issues. Such initiatives have suffered as a result of narrower policy concerns in mental health and public fear about mental illness. The King's Fund Report on London's Mental Health notes that, partly as a consequence of this, the development of mental health services has often not listened to users' and carers' needs, "few purchasing agencies have an understanding of what a comprehensive service would look like for their population, across the statutory and independent sectors" (p225), "its focus on health care deflects from the wider spectrum of social care and the role of the independent sector in meeting many health and social care needs" (p253). A two fold initiative needs to be taken to re-establish a common community development agenda for mental health. From the mental health services side there needs to be a renewal of almost lost community development skills and an freeing of capacity within teams to enable staff to undertake the work of developing links with community groups and empowering service users as citizens. From the purchaser side what seems to be required is the development of more genuine stakeholder models in which not just users and carers but partners from other local public, private and independent sectors are involved. The "enabling role" of purchasers - re: their capacity to get things done through other non-NHS, agencies - also needs developing considerably.

To progress these initiatives will require a Copernican revolution in the thinking of both purchasers and providers of mental health services who are now used to considering only treatment and control of the most severely mentally ill. It may also require an injection of additional resources - perhaps from SRB funds? - to ensure there is the capacity at both purchaser and provider level to pursue this new approach to the mental health agenda.

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Bringing Community Development [illegible]

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SRB mental health schemes and projects

Name of Partnership: **Sutton Regeneration partnership**

Scheme:
A seven year scheme offering a comprehensive regeneration package with the main focus on the refurbishment of the housing on the Roundshaw estate. This is coupled with a complementary economic and training package for the residents on the estate. In addition, there are initiatives to tackle problems relating to health, crime, racial harassment and transport. It links into the wider regeneration of Sutton and the Wangle Valley and the South Wangle Regeneration bid.

Contact name at Partnership: Richard Hobday

Project name: Health Programme - A number of projects: mental health library, parenting skills.

Contact name: Pa Lal

Tel: 0181 770 6084/5

Is this SRB round 1,2 or 3? 2

Who is the delivery agent/s? Parenting skills course delivered by Merton college

Are their any other agencies involved? Roundshaw Family centre, London Borough of Sutton

How long is the project running for? Started in July '97

Funding: £233,000 for the whole health programme

Has the project under gone an Evaluation process yet? The course is evaluated by the College

Out puts of the project? Number of people completing the courses

Is there an Annual report that you could send? Sending the findings and recommendations of the health survey.

Activities?
A health audit was taken of the residents of the Roundshaw estate. As a result of the recommendations a community health officer was appointed to address some of the problems highlighted in the report.

The running of a Parenting skills course which is an accredited course, free for the unemployed, 10 free places to women who have partners that are in employment.

These projects are part of the Rowndshaw Estate Health and Well Being programme.

Also a Reminiscence project for the elderly. Interviewing elderly residents on the housing estate. A report is out at the end of the month.

SRB mental health schemes and projects

Name of Partnership:	**Sutton Regeneration Partnership**
Contact name at Partnership:	Richard Hobday
Project name:	Domestic violence project - " Judy fights back"
Contact name:	Clare Rankin - Asst community safety officer at the London Borough of Sutton
Tel:	0181 770 5126
Is this SRB round 1,2 or 3?	1 and 2
Who is the delivery agent/s?	London Borough of Sutton. Aim is for the project to run itself as a voluntary group.
Are their any other agencies involved?	Partnership with the probation service
How long is the project running for?	Launched in 1997
Funding	£50,000 from SRB1 £165,000 from SRB2 Resources in kind from the Probation service

Has the project under gone an Evaluation process yet?
No, progress is being monitored of the number of places in training initiatives for job skills and assertiveness for victims. Number of volunteers trained; ongoing clients for counselling; crisis calls on the free phone help line.

Is there an Annual report that you could send?
Brochure 'Safer Sutton'. A leaflet is being produced and a consultation document has gone out on the activities of the project.

Activities
In Sutton there are over 300 reported incidents of domestic violence every month. This project has been set up to provide a service for women survivors of this crime. Funded jointly by SRB and London Borough of Sutton, this project aims to bridge the gaps left by statutory and voluntary services already in the Borough. These gaps include giving support to women who have chosen to stay with their partner and those who have been to a refuge and would now like support to start living on their own. The project will also provide training in, e.g. job

skills and assertiveness. It aims to work with the children of survivors who, if not victims of abuse themselves, have witnessed the violence perpetrated against their mothers.

There is also a Male perpetrators of domestic violence project. This aims to change the behaviour of violent men. It will use one-to-one counselling and group work to challenge the behaviour of men who are abusive, be it mentally or physically, towards their partner.

SRB mental health schemes and projects

Name of Partnership: **Abbey partnership policing initiative, Merton**

Scheme:
A three year scheme to provide the local community with a range of services that systematically target and challenge crime and its causes. Focused on the Abbey Ward and immediate surrounding area of Merton the scheme aims to provide a comprehensive response to crime prevention and the reduction of the fear of crime. The project will also provide a test bed to develop and refine sustainable community-based models of crime prevention.

Contact name at Partnership: Martin Davies - 0181 545 3240

Project name: Racially motivated offending project

Contact name: Margaret Merry - Co-ordinator, Victim Support Merton

Tel:

Is this SRB round 1,2 or 3? 2

Who is the delivery agent/s? Victim Support is committed to managing the project and providing volunteers to work with the development worker

Are their any other agencies Crime policy officer for Merton, race policy **involved?** officer, housing department, MASCOT alarms

Funding: £7,000

Has the project under gone an Evaluation process yet? Crime concern

What are the outputs of the project?
36 beneficiaries for community safety initiatives; 30 victims of racially motivated crime received trained support; 6 volunteers to receive structured support through the group programme; 4 community safety initiatives; Counselling programme for victims of crime; Liaison with schools and colleges to provide; an educational package challenging racism which would be delivered during the next financial year; Programme of information and publicity about the project; Support group for volunteer counsellors

Activities

The London Borough of Merton experiences the second highest level of reported racially motivated crime in the Metropolitan area. The project will offer a victim support service for the victim of race related crimes in the London Borough of Merton. It will aim to reduce the incidence of such crimes by supporting the development schools based activities which will enable young people to consider the issues within the context of personal and social education and other related subjects. The target population of support services is all victims of race related crime in the borough and school pupils will be the target population for the education programme.

SRB mental health schemes and projects

Name of Partnership: **Abbey partnership policing initiative, Merton**

Contact name at Partnership: Martin Davies - 0181 545 3240

Project name: Abbey Youth Awareness Programme

Has the project under gone an Evaluation process yet?

All of the Initiative's projects are being evaluated by Crime concern, the independent national crime prevention organisation. Quarterly reports have been produced to measure the success of projects in meeting their targets as outlined in the initiative's Delivery Plan. In the first year all of the projects made substantial progress. Each project has output targets and with the exception of three out of 27, all the output targets were met and in many cases surpassed.

Activities

The service run by young people for young people has dramatically exceeded most of its targets in offering drug prevention activities, training for employment in the caring professions, and education for teachers in schools across the area. A youth club runs on two nights week from the John Innes Youth Centre, offering a range of activities and drug awareness information in a drug free environment. During the year nine young people have been employed as a result of attending the training course offered by the group and 3,395 young people have benefited from the activities offered.

SRB mental health schemes and projects

Name of Partnership: **Refugee Training Partnership**

Scheme: (Thematic)
A five-year project led by Central London TEC (CENTEC) which will provide jobs, guidance and training to refugees in central London. The main partners are the Refugee Council, CILNTEC, the Employment Service, the London Voluntary Service Council and the London Borough of Lambeth. Also involved are a number of colleges, refugee and community organisations. Central idea is a network of local consortia which will bring co-ordination and greater effectiveness to services which currently operate independently.

Contact name at Partnership: Clive Taylor Economic Development

Project name: Advice and counselling service

Contact name: Stewart Mullholland project manager

Tel: 0171 820 3141

Is this SRB round 1,2 or 3? 2

Who is the delivery agent/s? The Partnership

Are their any other agencies involved? Focus Central London, London Borough Grants Unit, London Voluntary Sector Training Consortium, Refugee Council, University of North London, Hammersmith and West London College, Employment agency.

How long is the project running for? Five year scheme in year 2.

Funding: 5 million over five years, funds from SRB, European Social Fund, London Boroughs Grants Unit.

Has the project under gone an Evaluation process yet? Yes, evaluated by the partnership

What was the out come? Positive

What are the outputs of the project? 40 Jobs created, 1,900 people with qualifications, refugees accessing employment through using the advice service, 24,000 training weeks completed,

364 trained refugees, 70 unemployed
people into self employment.

Activities

This project provides an advice and counselling service which is set up to access main stream education. This service does not provide a welfare service, however in providing a counselling service it seems that there is a gap in the provision for the emotional welfare of refugees who often have experienced traumatic times and feel isolated here in Britain. This in itself can bring on mental stress and therefore incidences of mental ill health. The counselling service lasts up to 15 weeks.

SRB mental health schemes and projects

Name of Partnership: **CENTEC off the streets and into work**

Scheme: (thematic)
A four year scheme to break the 'circuit' of street homelessness. Will be achieved through an integrated package of front-line advice, specialist vocational guidance, appropriate skills training and genuine work opportunities. The scheme includes anew Employment Agency.

Contact name at Partnership:

Project name: Pre- vocational training course
Skills and training course
'Streets ahead'

Contact name: Sona Mahtani

Tel: 0181 896 8508

Is this SRB round 1,2 or 3? 1

Who is the delivery agent/s? London Connection - providers of vocational guidance for people under 25.
St Mungo's - providers of vocational guidance for people over 25.

Are their any other agencies involved? Local recruitment agencies, Training Councils, London Boroughs of Westminster, Islington, Camden, Lambeth (represented on the partnership)

How long is the project running for? Four years, now in its third year.

Funding: SRB 4 million, funds from European Structural funds

Has the project under gone an Evaluation process yet? Commissioned research and information company to evaluate projects report being produced

What are the outputs of the project? Delivering jobs, pre-vocational training weeks completed, skills training weeks completed; NVQ targets.

Activities
Many mentally ill people among the homeless as a result of their experience on the streets. Research shows that 41% of the homeless in London have a degree or 'A' level qualifications. Only 16% have no qualifications despite the fact that 22% of the population in

London are schools leavers with no qualifications. 37% are black or Asian and a third have been in an institution at some point in their lives.

The pre-vocational training run from 2 weeks to six weeks and are geared towards motivation and confidence building and preparing for employment on an emotional level.

The vocational training is skills based: IT skills, Hotel and Catering training; Administration skills, leading up to NVQ's.

'Streets Ahead managed by Centrepoint and Peabody Trust.

SRB mental health schemes and projects

Name of Partnership: **Canning Town Partnership**
The London Borough of Newham Green Street Partnership

Scheme:
A seven year scheme targeting the specific problems of the area. The Canning Town Partnership will build upon the opportunities presented by the area, as well as attracting new resources. The bid will provide support and opportunities to all sectors of the community. The partnership will bring together and enhance employment opportunities for local people, particularly the young and disadvantaged, encourage sustainable, economic growth by using the new transport infrastructure and improving the business environment and improve housing and revitalise the community by enhancing the quality of life.

Contact name at Partnership: Anita Kupal

Project name: **Newham Asian Women's project**

Contact name:

Tel:

Is this SRB round 1,2 or 3?

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **Brent Reading recovery**

Scheme:
A five year scheme led by the London Borough of Brent Education Department, aiming to achieve a permanent rise in the levels of educational attainment across 30 primary schools serving the most difficult estates/areas.

Contact name at Partnership:

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 1

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for? 1993 start

Funding:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities
Twelve teachers a year are trained to run a reading recovery programme with children in schools which lasts twenty weeks. 10 books are expected to completed in this time.

Any mental health problems of pupils that become apparent through the reading recovery project is tackled through the GEST grants, which is a central government grant that is bid for by LEA's.

SRB mental health schemes and projects

Name of Partnership: **Brentford Regeneration Partnership**

Scheme:
A five year scheme led by London Borough of Hounslow to kick start the regeneration of Brentford, a key Thames-side area within West London, and through a local partnership to build on it's assets, harness its potential and bring about sustainable environmental, economic and community regeneration. 82 projects.

Contact name at Partnership: Tony Hutchinson

Project name: Youth Advice Information Shop; Youth crime prevention project; Haverfield Youth Project; Afro Caribbean community facility; Racial Harassment support; Access to services; Design out crime; Healthy lifestyles project.

Contact name: Tony Hutchinson

Tel: 0181 400 8500

Is this SRB round 1,2 or 3? 1

Who is the delivery agent/s? Various for different projects see activities

How long is the project running for? 5 years

Funding: £13.6 million for five years

Activities
Youth Advice Information Shop - Brent Youth Project & Hounslow East Area Youth Team working together to provide advice in a coffee shop setting. This area does not have a Council run youth club but has voluntary run youth clubs. This advice shop is geared to attract those young people that would not usually attend conventional youth clubs. Advice is given around issues of drugs, sex, alcohol and crime.

Youth crime prevention project - this is in schools settings, using drama and workshops around issues of drugs.

Haverfield Youth Project - Focuses on a deprived estate where young people can build up positive social experiences on weekends away and other outings.

Afro Caribbean community facility - there is room in the local library where elderly Afro-Caribbean citizens socialise. This project focuses on combating loneliness and encourages cultural expression.

Racial Harassment support -

Access to services - this is an empowerment project focusing on why services are not used by Asian, African and Afro-Caribbean communities. This started as a day conference. Now users expectations are being sought.

Design out crime - Working with the metropolitan police, this project aims to creating a sense of security on an estate in the area using CCTV, personal safety courses.

Healthy lifestyles project - This project centres mainly on physical health, however the local health centre works toward combating depression through counselling.

SRB mental health schemes and projects

Name of Partnership: **CREATE**

Scheme:
A five year scheme led by the London Borough of Brent to reduce drug use , crime and the fear of crime, and to bring about economic regeneration.

Contact name at Partnership: Tanya Buzby

Project name:
1) Racial Harassment Project, Queenspark;
2) Youth information shop;
3) Youth outreach team;
4)Drugs education project;
5)Neighbour mediation;
6)Befrienders project;

Contact name:
1) Claudia Web, Westminster REC - 0171 287 1157
2) Jackie Hazel, Project leader - 0181 960 9776
3) Sashar or Jonathan, Outreach workers - 0171 221 3504
4) Sabastian Sable, Turning Point - 0181 963 0953
5) Lesley Walker, Development Officer - 0171 372 4177
6) Suzy O'Toole, Leader - 0171 641 1084

Is this SRB round 1,2 or 3? 1

Who is the delivery agent/s? Various see activities

Activities
Racial Harassment project - Aim of the project is to ensure a smoother running of the co-ordination of agencies tackling racial harassment.

Youth information shop - One-stop-shop provides advice on health matters.

Youth outreach team - works in partnership with Youth Information Shop.

Drugs education project - run by Turning Point.

Neighbour mediation - Run by a Voluntary organisation called NACRO

Befrienders project; Juvenile Offending programme for young people who have come to the attention of the justice system.

SRB mental health schemes and projects

Name of Partnership: **Peckham Partnership**

Scheme:
A seven year scheme led by the London Borough of Southwark to make Peckham a place where people want to live, work and shop by implementing a comprehensive regeneration strategy in employment, education, housing, community safety, enterprise, health, culture, and sport and accessibility.

Contact name at Partnership: Neil Kirby

Project name: Young People out of care;
Health and fitness centre,
Mentoring programme;
Reducing density in housing;

Contact name: Neil Kirby

Tel: 0171 525 1016

Is this SRB round 1,2 or 3? 1

Who is the delivery agent/s? Peckham Partnership

Are their any other agencies involved? Local schools, health authorities, social services

How long is the project running for?

Funding: Scheme: £260 million

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities
£200 million of this scheme is dedicated to the rehousing of those that reside in 3,000 dwellings that are being demolished (some of the worst housing in Southwark). There is a rehousing team of are 5 full-time workers at the partnership that take a holistic approach to this process.

Some of the residents are mentally ill and are under going treatment at Maudsley Hospital. Therefore there needs are assessed by the rehousing team in the form of an interview where health issues are discussed. From there the resident is medically assessed. Then the needs of the

SRB mental health scheme

Name of Partnership:

Scheme:
A seven year scheme [illegible]
where people were [illegible]
strategy in employment [illegible]
and open and accessible [illegible]

Contact name or Partnership:

Project manager:

Funding source:

Funding: **Scheme £500 million**

Has the project made
some an Evaluation process yet?

What are the outcomes
of the project?

Adviser:
[illegible] is dedicated to the reducing of these [illegible]
[illegible] causes of the worst housing in South [illegible]
[illegible] the personality that take a holistic approach [illegible]

[illegible] monthly. All and are under going training [illegible]
[illegible] by the advising team in the form of [illegible]
[illegible] the resident is medical[illegible] assessed. [illegible]

resident/ family is discussed with the relevant services and appropriate housing is sought. Each case is individually assessed.

Young people out of care project seeks to house these people amongst housing association accommodation. A contribution in the form of support is allocated to that young person until they feel they can be independent. Then this support (and not the young person) is transferred to other accommodation with young persons coming out of care.

There are two health centres, one in the centre of Peckham and the other in the new development. These provide counselling services.

There are Mentoring programmes which tackle bullying amongst school children. This project also aims to reduce the number of expulsions through bullying.

Reducing the density of dwellings goes some way toward preventing stress amongst families that live in overcrowded situations. New dwellings have gardens for families that were previously severely overcrowded.

SRB mental health schemes and projects

Name of Partnership: **Silwood Estate combating racial harassment**

Scheme:
A three year scheme led by the London Borough of Lewisham aimed at stopping racial harassment on the Silwood estate by acting against perpetrators, increasing safety, developing a confident community, learning and disseminating good practice.

Contact name at Partnership: Veronica Johnson

Project name: Good neighbours; victim support, youth training; information technology bus;

Contact name:

Tel: 0181 695 6000

Is this SRB round 1,2 or 3? 1

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: £265,000

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities
This is a pilot scheme. Victim support in terms of counselling failed to work with victims of racial harassment because of the association of mental ill health and counselling services.

There is a health and housing programme but centres mainly on physical and environmental health.

There is a good neighbours project set out to solve disputes between neighbours or give one-to-one support to those living near to perpetrators.

SHB mental health [illegible]

Name of Participant: [illegible]

Reference:
[illegible]

Contact person [illegible]

Project [illegible]

[illegible]

Age

[illegible]

[illegible]

Are the [illegible]
[illegible]

[illegible]
[illegible]

[illegible]

[illegible]
[illegible]

What are the [illegible]
of the project?

Activities
This [illegible]
social harmony [illegible]

There is a [illegible]
health.

There is a good [illegible]
to-one support to those in my [illegible]

There is a youth and talented training programme which helps those with anti-social behaviour, who sometimes are perpetrators of racial harassment and petty crime by taking them on an eight week training residential programme and working with employers. This is to show young people that if the pattern of social behaviour persists then they will not be able to function in society to best of their ability.

This scheme aims to disseminate the outcomes of these small projects as a learning exercise in combating racial harassment.

SRB mental health schemes and projects

Name of Partnership: **South Leytonstone partnership**

Scheme:
Scheme aims to tackle some of the worst housing in the area, extend he range of tenure and ownership options available to local people. It will also create an urban park; provide advice and placement into jobs; improve literacy/numeracy in schools, particularly amongst ethnic minorities; and promote health and crime prevention programmes.

Contact name at Partnership: Tony Hunte

Project name: Health Information Shop;
Mental health support for single parents
back into employment

Contact name:

Tel: 0181 519 7790

Is this SRB round 1,2 or 3? 2

Funding: £9.9 million over seven years

Activities
Unwilling to talk about projects and give contacts

SRB mental health schemes and projects

Name of Partnership: **Woolwich Development Agency**

Scheme:
A seven year scheme led by the London Borough of Greenwich aiming to raise workforce employability, stimulate economic growth, improve quality and diversity of housing, support ethnic minority communities, improve local environment and infrastructure, reduce crime, enhance quality of life and enhance voluntary sector capacity

Contact name at Partnership: David Candlin

Project name:

Contact name:

Tel: 0181 312 5906

Is this SRB round 1,2 or 3? 1

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **North Kensington: Community resistance against substance harm**

Scheme:
Well focused and co-ordinated 3 year scheme designed to tackle problems of drugs abuse and associated crime in the known hotspots of North Kensington. A bid developed by the Drugs Action Team, built on a partnership with the Metropolitan Police, Safer Cities Project, North Kensington City Challenge, Kensington & Chelsea and Westminster Health Authority and voluntary organisations.

Contact name at Partnership: Emma Cole 0171 361 3244

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: **CF Yr1: £72k** **CF Total: £219k**
Scheme cost: £512k Project cost: £

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: North Kensington [illegible] substance [illegible]

Scheme:
Well focused and co-ordinated 3 [illegible] drugs abuse and associated crime [illegible] bid developed by the Drugs Action [illegible] Metropolitan Police, Safer Cities [illegible] Kensington & Chelsea and Westminster [illegible] organisations.

Contact name at Partnership: [illegible]

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? [illegible]

Who is the delivery agent?

[illegible]

SRB ref: [illegible]
Scheme code: [illegible] **Project code:** [illegible]

SRB mental health schemes and projects

Name of Partnership: **Newham: health fit for work**

Scheme:
This 5 year schme aims to raise levels of health and improve health services in Newham, through linking opportunities for local residents to access work in the health industry and establish SMEs as local providers (the sector is the borough's second largest employer). The two key programmes customised training (with emphasis on recruiting from ethnic minorities) for skills where there is a shortage (eg speech therapists, dental nurses) and offer business training and support to specialist local health and social care providers, again focusing on cultural needs of the ethnically diverse population. There will be a complemetary health education programme and input into largely privately financed integrated primary care centre. There are strong partners from the key health service providers and the private sector (including Boots) who have worked to develop a focused and realisable programme, addressing positively together a sector unexploited by other more conventional programmes.

Contact name at Partnership: Paul Harris 0181 519 7790

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: Newham [illegible]

Scheme:

This 5 year scheme aims to raise levels of [illegible]
Newham, through linking [illegible]
health industry and establish [illegible]
second largest employer. The [illegible]
emphasis on recruiting from ethnic [illegible]
(eg speech therapists, dental [illegible]
specialist local health and social [illegible]
of the ethnically diverse population [illegible]
education programme and [illegible]
primary care centres. These are [illegible]
providers and the private sector [illegible]
focused and realisable programme [illegible]
unexploited by other more [illegible]

Contact name at Partnership: [illegible]

Project name:

SRB mental health schemes and projects

Name of Partnership: **Lewisham: bridging the gap**

Scheme:
Hyde Plus (part of the Hyde Housing Association) have, in consultation with the local community, developed a 4 year scheme centred on the Evelyn neighbourhood in Lewisham. It aims to redevelop and refurbish railway arches to create youth employment and enterprise centre, managed workshop/business units and a Business Management Centre. There are also initiatives relating to sport, leisure and community safety. Links in with other regeneration programmes such as Estate Action.

Contact name at Partnership: Sue Rossister 0181 478 3020 x4066

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: CF Yr1: £600k CF Total: £2.6m
Scheme: £7.8m

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **Lambeth and Sothwark: Working for offenders**

Scheme:
A 3 year pilot scheme which will offer training and support to young ex-offenders in Lambeth and Southwark and attempt to divert them from a life of crime. The scheme will be led by the Inner London Probation Service and is supported by the Metropolitan Police and Lambeth and Southwark Councils. The scheme will have potentially important implications for the way in which offenders are helped through mainstream employment and training programmes.

Contact name at Partnership:

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: CF yr1: £33k CF Total: £99k
Scheme Total: £1.1m Project:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **Southwark: Chaucer community regeneration project**

Scheme:
Led by the Peabody Trust this 3 year scheme is to develop a community led approach to regeneration. Active participation of Rockingham Estate residents and community groups, the Metropolitan Police, LB Southwark, local schools and others. Whilst developing the capacity of the local community and voluntary sector to lead and participate effectively in regeneration, the bid aims under a number of specific headings to improve the pathways of local residents into employment, reduce crime, racist behaviour and the fear of crime, improve the performance and attendance of pupils at local schools.

Contact name at Partnership: Lynda Stevens 0171 928 7811

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: CF Yr1: £0k CF Total: £200k
Scheme Total: £606k Project:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership:

Scheme:
Led by the Peabody Trust this [illegible]
approach to regeneration. [illegible]
and community groups, the [illegible]
and others. Whilst [illegible]
voluntary sector to lead [illegible]
under a number of [illegible]
into employment, reduce [illegible]
life performance and [illegible]

Contact name at Partnership:

Project name:

Contact name:

Tel:

Is this SRB round [illegible]

Who is the [illegible]

Are there [illegible]
involved:

How long [illegible]
running for:

Funding:

Has the project under
gone an Evaluation [illegible]

What are the outputs
of the project?

Activities:

SRB mental health schemes and projects

Name of Partnership: **Merton: Pollards Hill estate**

Scheme:
This 5 year scheme proposes a wide ranging programme of people-orientated work on an isolated and disadvantaged council estate. The bid addresses access to education/training employment; developing enterprise and employment; strengthening health care, improving community safety and building the capacity of the community to take an active hand in steering its own development. The programme complements an existing ERCF scheme and the proposed work meets a range of needs that need to be addressed.

Contact name at Partnership: Diane Bailey 0181 545 3963

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? **3**

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: CFYr1: £315k CF Total: £5m
Scheme Total: £9.2m Project:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: Mottos, Ireland

Scheme:
This 5 year scheme proposes a wide ranging [illegible] work on an isolated and disadvantaged [illegible] to education/training employment [illegible] strengthening health care, improving [illegible] capacity of the community to take an active [illegible] development. The programme [illegible] proposed work meets a range of need [illegible]

Contact name at Partnership: [illegible]

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3?

SRB mental health schemes and projects

Name of Partnership: FUNK: Fighting Unemployment in North Kensington

Scheme:
6 year scheme prepared by North Kensington City Challenge, based on strong local knowledge of unemployment problems and earlier initiatives to combat it during the 3 1/2 years of the Partnership's existence. The bid aims to build upon City Challenge achievements while establishing a successor body to continue the generation of employment opportunities.

Contact name at Partnership: Steve Hartley 0181 960 8403

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: CF Yr1: £121k CF Total: £4.1m
Scheme Total: £16.2 Project:

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership:

Scheme:

6 year scheme prepared by North [illegible]
local knowledge of unemployment problems [illegible]
during the 3 to years of the Partnership [illegible]
City Challenge achievements which [illegible]
the generation of employment opportunities

Contact name or Partnership:

Project name:

Contact name:

Tel:

Is this SRB round 1/2 or 3?

Who is the delivery agency?

[illegible] Total: £6.1m
[illegible] Project:

SRB mental health schemes and projects

Name of Partnership: NW London Refugee Employment & Training Agency

Scheme:
A 5 year scheme led by the LB Brent, with Support from LB Harrow, North West London TEC, local colleges and refugee groups. The aim is to provide a service to the large concentrations of refugees in the Brent and Harrow areas who experience difficulty integrating into the UK labour market. Apart form a physical base, the scheme will provide an entry point to a range of employment and training opportunities and offer help and advice, including translation services and childcare support. By definition this scheme will be of particular benefit to ethnic minorities.

Contact name at Partnership: Sara Kulay 0181 937 1034

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: CFYr1: £329k CF Total: £1.5m
Scheme Total: £2.4m

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

322 mental health schemes and projects

Name of Partnership: NW London Employ[illegible]
Training Agency

Scheme:
A 5 year scheme led by the LB Brent, [illegible]
London TEC, local colleges and related [illegible]
the large concentrations of colleges [illegible]
fence difficulty integrating into the [illegible]
base, the scheme will provide [illegible]
g opportunities and offer [illegible]
childcare support, by [illegible]
minorities.

[illegible]ership: [illegible]

SRB mental health schemes and projects

Name of Partnership: **Bridging the gap (Redbridge)**

Scheme:
Nicely balanced 5 year programme of estate renovation work, crime prevention, training and job opportunities, crèche and nursery provision to revitalise badly designed and isolated estates. Bid firmly based on a comprehensive review of the estates, including a detailed skills audit of residents. The bid is modest in SRB terms at £2.9m but brings in good leverage of £1.9m private and £3.8m in other public sector funds.

Contact name at Partnership: Sue Rossiter 0181 478 3020 x4066

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: **CFYr1: £200k** **CF Total: £3m**
Scheme Total: £8.8m

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health advocacy and [illegible]

Name of Partnership:

Scheme:
Nicely balanced 5 year prog[illegible]
training and job opportunities [illegible]
designed and isolated [illegible]
the estates, including a [illegible]
SRB terms at £2.7m but [illegible]
other public sector funds.

Contact name at Partnership:

Project name:

Contact name:

Tel:

Is this SRB round 5 or 6?

Who is the delivery agent?

Are there any other agencies involved?

How long is the project running for?

Funding:

Has the project since gone an Evaluation process?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **Kings Cross Youth Club Partnership**

Scheme:
Voluntary sector 3 year scheme focusing on personal development, training and career counselling needs of 14-17 year olds in Kings Cross area. Work experience in customer care, stock market management and book keeping etc to be gained from cafe/bar on ground floor of training establishment of former pub. IT training, counselling and personal development (including sensible drinking) will also be provided by trained volunteers.

Contact name at Partnership: Susan Mercer 0171 278 9396

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: **CFYr1: £125k** **CF Total: £182k**
Scheme Total: £500k

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: King's Cross Youth [illegible]

Scheme:
Voluntary sector 3 year scheme focusing on [illegible] career counselling needs of 14-17 year olds [illegible] experience in customer care, stock market [illegible] be gained from café/bar on ground floor of [illegible] IT training, counselling and personal development [illegible] will also be provided by trained volunteers.

Contact name at Partnership: [illegible]

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3?

Who is the delivery agent(s)?

Are there any other agencies involved?

How long is the project running for?

Funding: [illegible]
[illegible]

Has the project undergone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **Wandsworth Housing Association: Shortlife "Plus" (pilot initiative)**

Scheme:
3 year scheme led by the Solon Wandsworth Housing Association, the bid is to pilota low-cost alternative approach to foyer-type facilities for vunerable young people using short-life housing in a group of SW London Boroughs (Wandsworth, Merton, Kingston and Sutton).

Contact name at Partnership: **Paulette Noble 0171 223 7376**

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? **3**

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: CFYr: £36k CF Total: £100k
Scheme Total: £979

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **Challenging Racial Harassment in Newham**

Scheme:
This 5 year scheme aims to tackle a serious and well documented problem in Newham through a well developed package of projects which incorporate best practice being utilised to good effect already in Greenwich and Lewisham. Also links to the work to the Newham Safer Cities Project in this area. Projects will include identification of and action against perpetrators, victim support, target hardening, the development of new strategies to counter racial harassment, schools based educational programmes, community awareness programmes and improvements in cross agency working.

Contact name at Partnership: Ms Obi Maduako

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

Funding: **CFYr1: £ 78k** **CF Total: £565k**
Scheme: £2.1m

Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

SRB mental health schemes and projects

Name of Partnership: **Feltham: From Legacy To Opportunity**

Scheme:
Led by LB of Hounslow, this 5 year scheme aims to halt and reverse the spiral of decline in Feltham through a balanced range of well developed projects focused on generating employment and improving skills & educational achievement. The core scheme is underpinned by community based initiatives to tackle significant problems of domestic violence, racial harassment, crime and poor health aim to minimise the exclusion of local people.

Contact name at Partnership: Lesley Underwood 0181 862 5983

Project name:

Contact name:

Tel:

Is this SRB round 1,2 or 3? 3

Who is the delivery agent/s?

Are their any other agencies involved?

How long is the project running for?

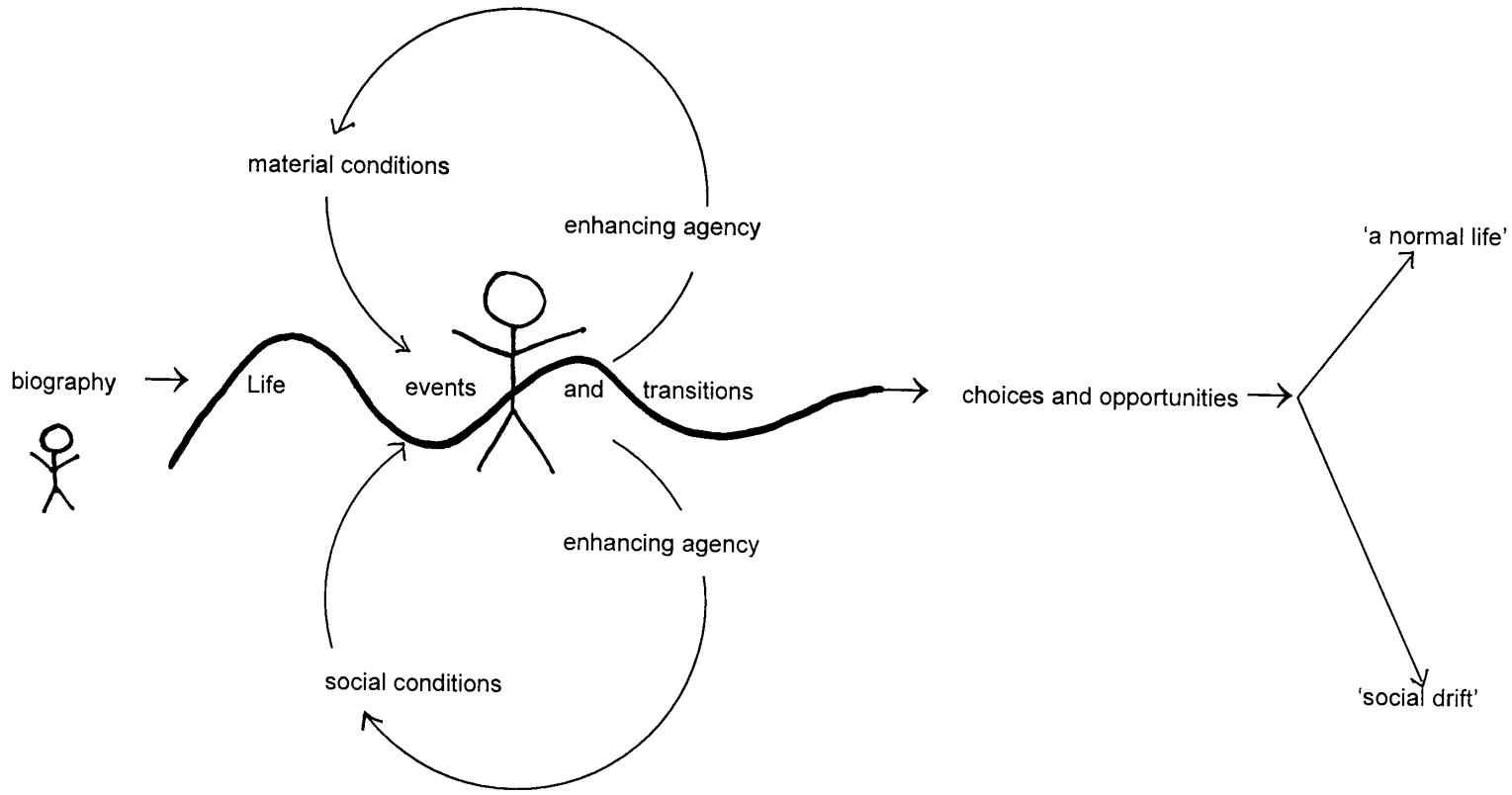
Funding: **CFYr1: £376k** **CF Total: £9.9m**
Scheme Total: £165.2

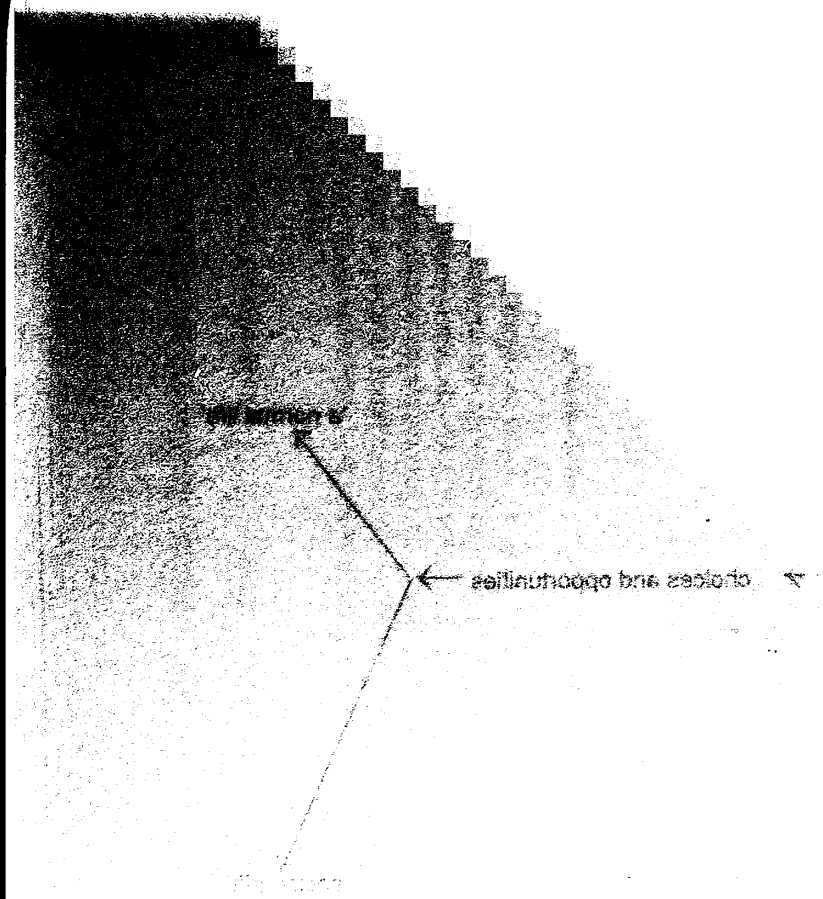
Has the project under gone an Evaluation process yet?

What are the outputs of the project?

Activities

Figure 1: The Environment and Mental Health

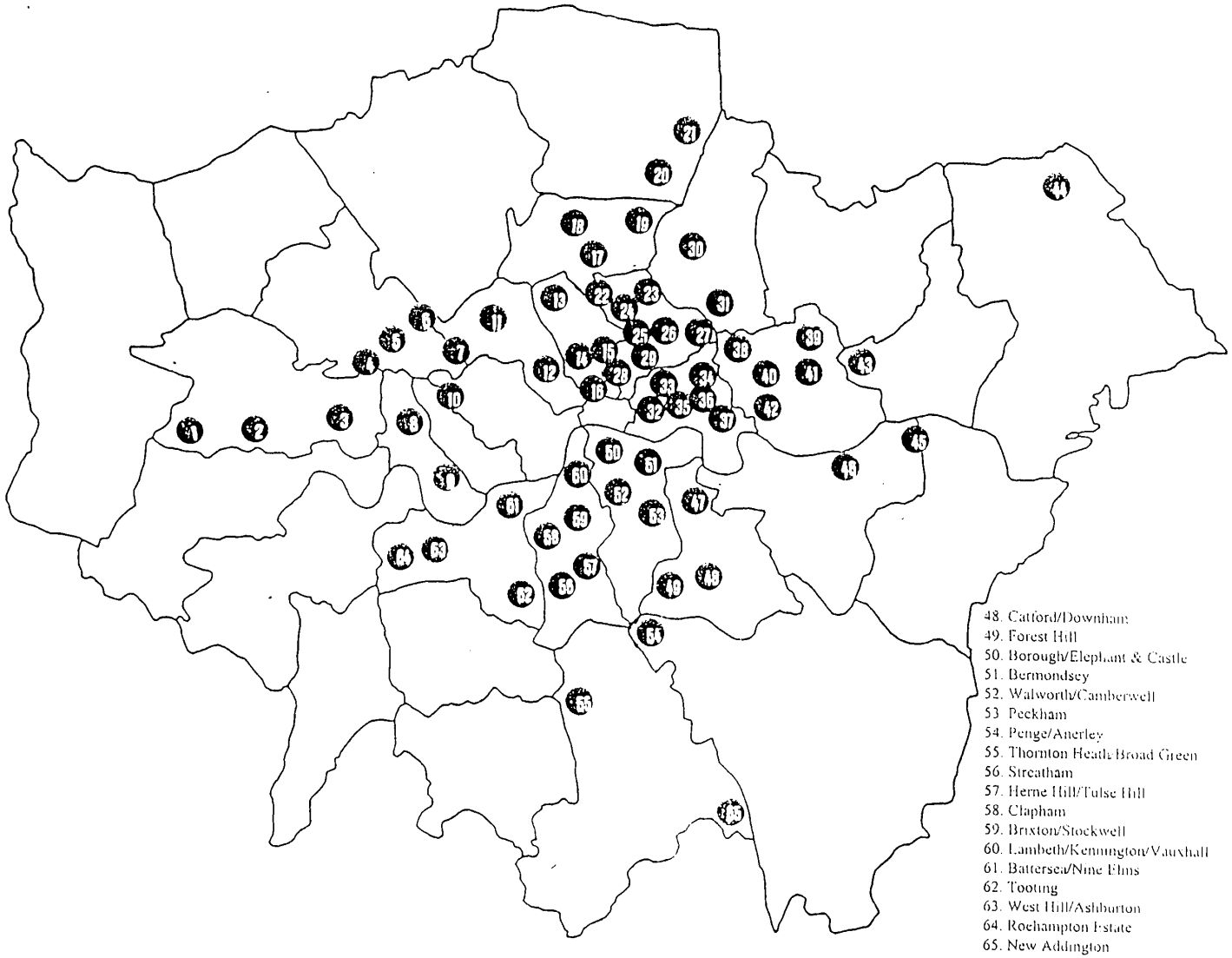



choices and opportunities
the bottom line

ANNEX 2

Priority Community Regeneration Areas

Map 4



1. Southall
2. Hanwell
3. Acton
4. Harlesden
5. Willesden
6. Cricklewood
7. Kilburn
8. White City/Shepherds Bush
9. Walham Green/W. Kensington
10. N. Kensington/Westbourne Grove
11. Gospel Oak
12. Camden Town/Somers Town
13. Holloway/Archway
14. Kings Cross
15. Essex Road
16. Clerkenwell/Finsbury Park
17. South Tottenham/Haringey
18. Wood Green
19. Tottenham/Bruce Grove
20. Edmonton
21. Brimsdown
22. Finsbury Park
23. Clapton
24. Stoke Newington
25. Dalston
26. Hackney
27. Hackney Wick/Clapton Park
28. Shoreditch/Hoxton
29. Haggerston
30. Walthamstow
31. Leyton
32. Spitalfields/Whitechapel
33. Bethnal Green
34. Bromley/Bow
35. Stepney/Limehouse
36. Mile End
37. Poplar
38. Stratford
39. Forest Gate/Manor Park
40. West Ham/Plaistow
41. East Ham/Upton Park
42. Canning Town
43. Barking
44. Harold Hill
45. Abbey Wood/Thamesmead
46. Woolwich
47. New Cross/Deptford
48. Catford/Downham
49. Forest Hill
50. Borough/Elephant & Castle
51. Bermondsey
52. Walworth/Camberwell
53. Peckham
54. Penge/Anerley
55. Thornton Heath/Broad Green
56. Streatham
57. Herne Hill/Tulse Hill
58. Clapham
59. Brixton/Stockwell
60. Lambeth/Kennington/Vauxhall
61. Battersea/Nine Elms
62. Tooting
63. West Hill/Ashburton
64. Roehampton Estate
65. New Addington

- *South London and the Wandle Valley*

33. Employment areas are significantly less well developed in South London than in the other sectors. Aside from Thames Gateway the principal economic axis is the Wandle Valley linking Wandsworth to Croydon.

34. The three key regeneration opportunities in the Valley are:

Wandsworth Riverside where, in common with Fulham Riverside, there are a range of development opportunities which form the basis for integrated mixed use regeneration.

The Merton/Colliers Wood/Mitcham industrial areas where established manufacturing uses need both restructuring and infrastructural improvement.

Beddington/Purley Way: a dominant industrial and commercial area in South London with extensive opportunities to consolidate and restructure the employment base particularly given the enhanced accessibility which will be afforded through Croydon Tramlink.

35. Away from the Thameside strip much of South East London is bereft of significant employment areas. The Cray Valley which contains a string of manufacturing, industrial and distribution nodes is a particular exception. The Crystal Palace regeneration scheme combines major leisure and regional sports development with the restoration of Paxton's original park. It is closely tied in with business support, training development and infrastructural improvement packages for the surrounding area given its key position at the junction of five boroughs.

Priority Community Regeneration

36. The position in London's most deprived communities is particularly acute. Lack of competitiveness and poor environmental quality could easily push them further into the background. Concentrations of social and economic disadvantage not only undermine the quality of life and viability of these communities but further isolate their ability to interact with broader opportunities. Major shifts and change in population, decaying social and economic infrastructure and the lasting negative impact of comprehensive redevelopment in the 1960's and 1970's seriously complicate the problem.

37. It is the purpose of area regeneration to develop integrated programmes to address the specific needs of priority communities. This is a major priority for London in order that all Londoners may share in raising standards of opportunity, employment and quality of life. Community participation in regeneration is fundamental, enabling the community to identify its needs and engage in a programme for action. Regeneration programmes need a broad range of measures to facilitate community renewal. Elements of these programmes are likely to include:

Access to training;

Developing pathways into employment;
Improving the housing environment;
Raising educational attainment in schools;
Tackling crime and developing safe communities;
Integrating educational services with the communities;
Youth development programmes;
Creating community networks;
Addressing social needs;
Improving the broader urban fabric and infrastructure.

38. The broad pattern of priority community regeneration is identified in the Department of the Environment's Index of Local conditions. Within the framework 65 priority community areas have been identified as being the focal points of need and deprivation. These have been selected on the basis of wards where the index of deprivation exceeds a score of 15.and additionally those wards with a score of between 10 and 15 where the proportion of unemployed being out of work for over a year exceeds 45%.

39. These priority community areas are identified at **Map 4**. In particular the following will be noted:

A massive concentration in inner North and East London where conditions are amongst the worst in the country. This fades, but slowly, up the Lee Valley and into outer East London.

A widespread distribution throughout inner South London which continues through Thameside to Belvedere.

A principal focus in the southern half of Brent and around Park Royal.

Various isolated locations in outer London primarily reflecting major public housing schemes.

Accessiblity/Transport Node Issues

40. Mobility and the reduction of barriers to isolation are vital factors in the regeneration of London's most deprived areas. Low levels of car ownership, wide variation in accessibility in Inner London and strong imbalances between priority communities and employment opportunity all serve to underline this point. Critical journeys affect the employability, social inclusion and quality of life of those in priority regeneration communities. The ability to travel to training opportunities, work opportunity, health and community services and leisure opportunity are all central to the regeneration process. Safety and quality of journey, journey time and reasonable access to a range of employment areas will undoubtedly be improved by new public transport projects currently in development or in the course of planning:

Both the Jubilee Line Extension and the DLR Extension to Lewisham will significantly enhance access from East and South East London to Docklands, the City

Developing partnerships with employers
Improving the housing environment
Raising educational attainment in schools
Tackling crime and developing community safety
Integrating educational services with the community
Youth development programmes
Creating community enterprise
Addressing social needs
Improving the health of the population

38. The broad pattern of priority community [illegible] of the Environment's Index of Local Deprivation [illegible] community areas have been identified [illegible] These have been selected on the basis of [illegible] score of 1.5 and additionally those with [illegible] proportion of unemployed being over [illegible]

39. These priority community areas [illegible] will be noted:

A massive concentration in the [illegible] amongst the worst in the country. [illegible] outer East London

ANNEX 3

Table A1 Degree, Extent and Intensity of Deprivation - rank within English Districts

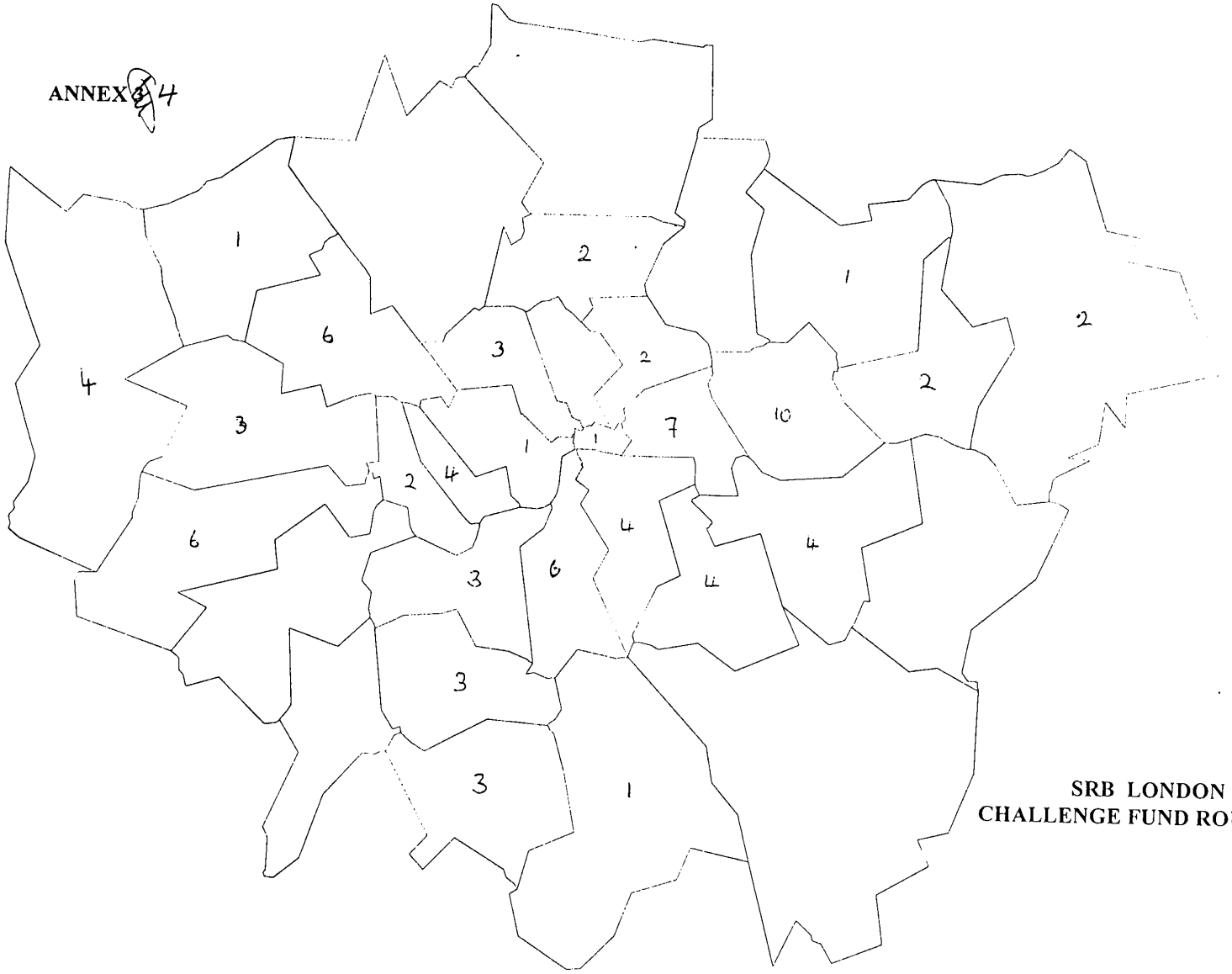
West Midlands GO Region	National Rank on: ILC Score D	E	I	London GO Region	National Rank on: ILC Score D	E	I
Birmingham (WM)	5	19	2	Newham (IL)	1	5	9
Sandwell (WM)	9	31	34	Southwark (IL)	2	3	5
Wolverhampton (WM)	27	45	38	Hackney (IL)	3	1	4
Walsall (WM)	44	59	64	Islington (IL)	4	4	11
Coventry (WM)	46	33	43	Tower Hamlets (IL)	7	2	1
Stoke on Trent (Stff)	64	138	103	Lambeth (IL)	8	6	3
Hereford (HW)	98	94	135	Haringey (IL)	10	7	16
Tamworth (Stff)	122	195	239	Lewisham (IL)	11	12	8
The Wrekin (Shrp)	133	179	171	Greenwich (OL)	14	15	20
Dudley (WM)	142	103	99	Camden (IL)	15	8	13
Nuneaton and Bedworth (W)	142	170	139	Ham'th & Fulham (IL)	16	9	10
Cannock Chase (Stff)	145	320	164	Bark'g & Dag'm (OL)	18	30	36
Redditch (HW)	150	207	231	Ken'ton & Chelsea (IL)	19	13	15
East Staffordshire (Stff)	165	167	129	Wandsworth (IL)	20	18	22
South Shropshire (Shrp)	167	320	257	Waltham Forest (OL)	21	16	6
Worcester (HW)	179	123	149	Westminster (IL)	26	10	12
Newcastle-under-Lyme (Stff)	184	256	184	Brent (OL)	29	11	7
Oswestry (Shrp)	185	320	263	Ealing (OL)	38	24	31
North Warwickshire (W)	193	204	305	City of London (IL)	90	320	196
North Shropshire (Shrp)	199	320	339	Enfield (OL)	96	38	46
South Staffordshire (Stff)	200	189	203	Hounslow (OL)	99	42	68
Solihull (WM)	223	60	50	Merton (OL)	104	46	61
Staffordshire Moorlands (Stff)	224	320	241	Redbridge (OL)	120	93	67
Wyre Forest (HW)	229	158	199	Croydon (OL)	125	54	40
Leominster (HW)	237	320	324	Barnet (OL)	139	51	77
South Herefordshire (HW)	240	320	299	Hillingdon (OL)	156	172	183
Lichfield (Stff)	251	225	218	Havering (OL)	158	129	74
Bridgnorth (Shrp)	268	320	341	Kingston (OL)	169	107	155
Malvern Hills (HW)	271	320	269	Richmond (OL)	173	164	232
Stafford (Stff)	276	201	192	Bexley (OL)	181	96	101
Bromsgrove (HW)	288	320	269	Sutton (OL)	183	110	147
Shrewsbury and Atcham (Shrp)	295	320	214	Harrow (OL)	207	133	208
Rugby (W)	297	248	249	Bromley (OL)	208	84	49
Wychavon (HW)	299	260	333				
Stratford on Avon (W)	301	265	334				
Warwick (W)	330	176	145				

WM-former West Mids County
HW-Hereford and Worcester W-Warwickshire
Stff-Staffordshire Shrp-Shropshire

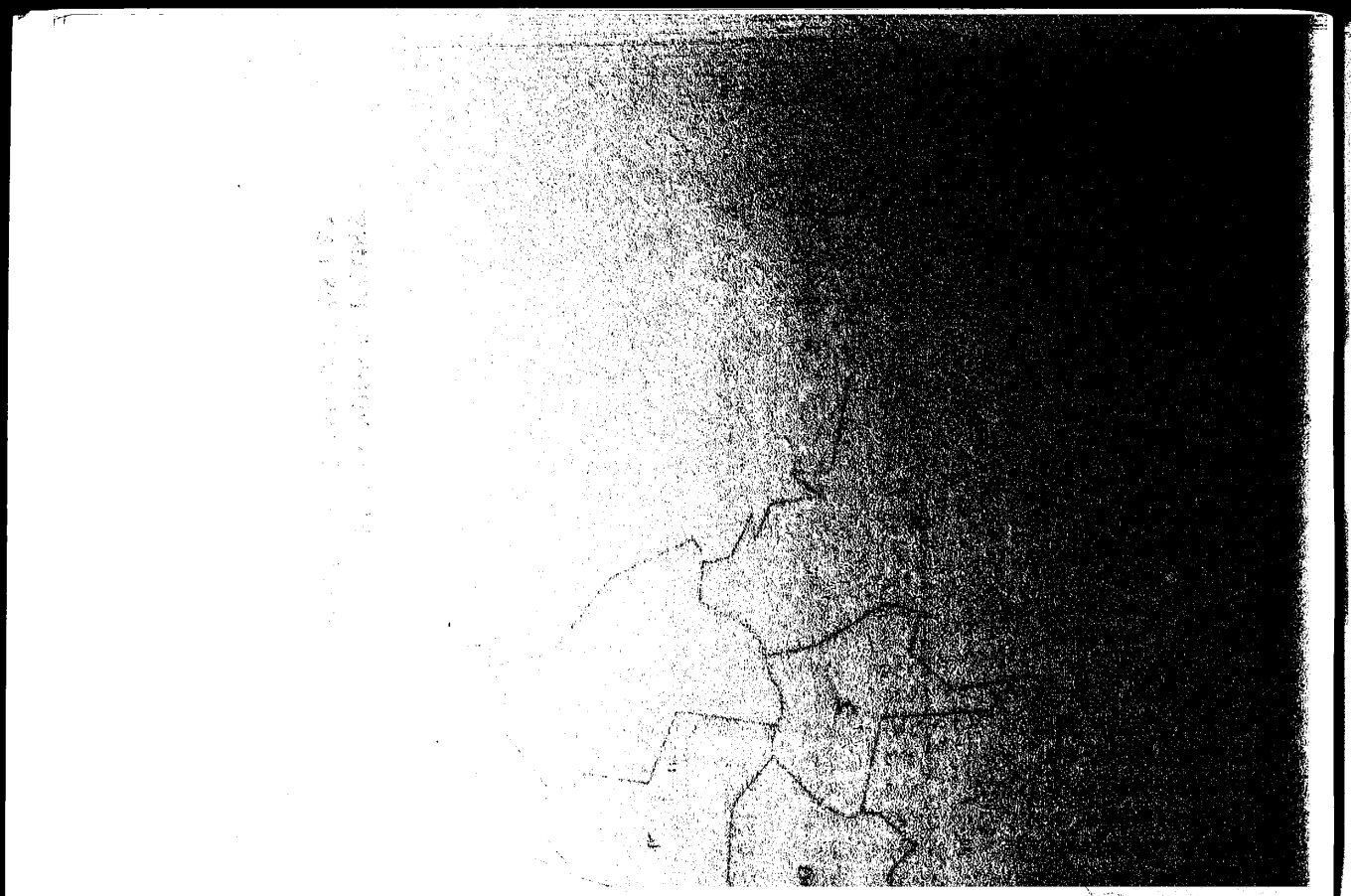
IL - Inner London
OL - Outer London
D=Degree, E=Extent, I=Intensity

DoE (1995)

ANNEX 4



SRB LONDON SCHEMES
CHALLENGE FUND ROUNDS 1,2,3



Annex 4

THE DISTRIBUTION OF CHALLENGE FUNDS IN LONDON

Attached are four sheets listing the Schemes currently approved for London together with a map showing the geographical distribution of those Schemes which can be allocated to specific borough areas. I practice there are many schemes which span boundaries and 21 Schemes are not distributed on the map (the 21 first schemes listed on page 1). In addition a further 26 schemes are TEC led and since TEC areas represent groups of borough areas it is again not possible to allocate these schemes. nevertheless the initials of the TECs (e.g. SOLOTEC = South London TEC) indicate the appropriate sector of London with the exception of AZTEC which is in fact South West London.

The sheets list the name, location, of schemes together with the amount of SRB funding and the total scheme funding. Schemes marked with a single asterisk are those identified in Annex 5 as incorporating activities relating to social and community development and in particular health. A double asterisk identifies the three schemes which appear to have a mental health component (see also Annex 5).

LONDON SCHEMES

SCHEME	BOROUGH	£SRB	£ Total	
Action for London's Environment		0.9	1.9	
Children & Neighbourhoods in London (Pan London)	a (Children's Society)	0.25	0.8	
Children in the City	a (Thomas Coram Foundation)	1.4	2.6	
Credit Accumulation and Transfer System for London	a (CILNTEC)	0.25	0.573	
Delivering London Tecs' Inward Investment Offer	a (All London TECs)	2.4	5.4	
London's Canals and River Corridors	a (London's Waterways partnership)	10	28	
North & East London Waste Minimisation Project	a	0.42	0.8	
Pan-London Comunity Regeneration Partnership	a	0.8	1.9	
Refugee Training Partnership - Central London	a	2.2	4	*
Skills for the Millenium in Thames Gateway	a	30.1	72.2	
South Bank Environmental Improvements	a	5.3	10.8	
Toureast London	a	0.3	0.6	
Vital Centres and Green Links (Pan London)	a (Groundwork in London)	8.2	19	
Aztec High Flyers	a (AZTEC)	0.9	1.3	
Assist Business Development	a (LETEC)	0.8	1.5	
Inner London: Job Creation Programme	a (Project Fullemploy	0.5	1	
Cross River Partnership	a (Westminster)	2.6	10.7	
Cross River Partnership 1995	a (Westminster)	8.3	24	
Cross River Partnership 1996	a (Westminster)	11.6	63.9	
Gateway to the Capital	a City	14	52.4	
Salter's City Foyer	aWestminster	0.8	5.2	
Unlocking the Economic Potential of Young People	AZTEC	5.6	14.1	
Virtual Learning and Access Community	AZTEC	4.3	17.6	
Roding Valley Partnership	Barking	1.8	24.8	
Roding Valley Area partnership	Barking & Dagenham	0.7	4.5	
Brent Reading Recovery	Brent	1.6	2.3	*
Chalkhill Estate: Economic & Physical Regeneration	Brent	3.3	9.8	
Crime Reduction, Employment & Training Programme	Brent	3.4	9.4	*
NW London Refugee Employment and Training Agency	Brent	0.25	0.777	*
Regenerating Wembley Park	Brent	15.3	137	
Willesden Junction Transport Hub	Brent	2.3	3.2	

Kings Cross Youth Club Partnership	Camden	0.2	0.5	*
Regenerating Kings Cross	Camden	37.5	250	
West Euston	Camden	2	14	
Centec Business 2000	CENTEC	1.1	3.9	
Centec Business Education Alliance	CENTEC	1.5	4.9	
Centec Off the Streets and Into Work	CENTEC	2	4.4	**
Contributing to a World Class City	CILNTEC	8.2	15.8	
Unlocking London's Potential	CILNTEC	0.1	0.2	
Revitalising the City Fringe - N. & E. London	City	11.4		
Fieldway: Partnerships for the Future (Croydon)	Croydon	1.3	3.7	
Developing Park Royal's Offer	Ealing	8.6	16.7	
Developing Park Royal's Offer	Ealing	2	5	
Southall Regeneration Partnership	Ealing	8.2	31	
Creekside Renewal, Building Bridges: Greenwich/Lewisham	Greenwich	8.2	31	
Greenwich Regeneration: Woolwich Revival	Greenwich	24.9	98.5	*
Once in 1000 Years: Opportunities in Greenwich	Greenwich	23.2	83.2	
Greenwich 2000 - Tourism Development	Greenwich	3.7	13.3	
Building on our Strengths - Hackney 2000	Hackney	25.3	116.2	
Stratford: A Strategy for Schools	Hackney	6.4	14.1	
Enhancing Educational Acievement: Hammersmith & Fulham	Hammersmith & Fulham	0.7	1.9	
White City Regeneration	Hammersmith & Fulham	15.2	88.1	
Haringey & Enfield Young People & Offendors Employment Initiative	Haringey	0.4	0.5	
Haringey Heartlands	Haringey	8.3	24	
Ethnic Minority Business Development	Harrow	0.3	0.3	
East Thames Side Partnership	Havering	13.6	52.9	
East Thames Side Partnership - Low Technology Industry Park	Havering	0.1	0.1	
Hayes/West Drayton Corridor	Hillingdon	16	118	
Reading Recovery in Hillingdon	Hillingdon	0.2	0.4	
Regenerating Western Park Royal	Hillingdon	16	118	
Stockley Park Transport Hub	Hillingdon	5.2	92.4	
A Strategy for Skills - West London	Hounslow	0.1	1.6	
Feltham: From Legacy to Opportunity	Hounslow	0.1	0.2	*
Green Networks: A West London Pilot	Hounslow	21.5	98.5	
Hounslow Children's Services Training Centre	Hounslow	0.2	0.3	

South London Manufacturing Challenge	Hounslow	0.6	1.6	
The Bid for Brentford	Hounslow	13.6	136	*
Earl's Court - at the Crossroads	Kensgt'n & Chlsea	1.6	33	
West London Information and Communications	Kensgt'n & Chlsea	1.8	7.9	
Funk - Fighting Unemployment in N. Kensington	Kensington & Chelsea	4.1	16.2	*
North Kensington: Cmmunity Resistance Against Substance Harm	Kensington & Chelsea	0.2	0.5	*
Lambeth & Tower Hamlets: Mobile Arts and Technology Project	Lambeth	0.2	0.7	
Lambeth and Southwark: Working for Offendors	Lambeth	0.1	1.1	*
Lambeth: Roots and Shoots Environmental Partnership	Lambeth	0.1	0.8	
Riverside South	Lambeth	1.9	5.3	
Vauxhall/Lambeth Walk Initiative	Lambeth	2.4	28	
Vauxhall: Crossing the Line	Lambeth	2.9	7	
Education and Employability in East London	LETEC	2.3	6.4	
Haggerston Partnership: Connecting Regeneration	LETEC	2.2	12.1	
Higher Level Skills Enhancement Initiative	LETEC	2.5	4.8	
Language Support in East London	LETEC	0.6	1.3	
London East Manufacturing Initiative	LETEC	2.2	12.1	
Raising the Skill Base in East London	LETEC	2.4	4	
Thames Gateway Technology Centre	LETEC	7.8	35.5	
Lewisham into the Mainstream	Lewisham	0.2	0.8	
Lewisham: Bridging the Gap	Lewisham	2.6	7.8	*
Raising Educational Acievement in Downham, Lewisham	Lewisham	3.4		
Silwood Estate: Combatting Racial Harassment	Lewisham	0.2	0.7	*
Abbey Partnership Policing Initiative, Merton	Merton	0.1	1.4	*
Merton: Pollards Hill Estate	Merton	5	9.2	*
Wandle Corridor Regeneration Scheme, Merton	Merton	3.8	7.9	
Bow Back Rivers Development Strategy	Newham	2.2	4.6	
Canning Town	Newham	21.5	98.5	*
Challenging Racial Harassment in Newham	Newham	3.7	13.3	*
Lea Bridge - A Gateway to Opportunity	Newham	5.8	23	
Meeting the Needs of Newham's Communities	Newham	11.4	22.3	
New Dimensions for Stratford and Temple Mills	Newham	13	57.6	
Newham Green Street Partnership	Newham	8.2	17.6	*
Newham: Health Fit for Work	Newham	3.7	8.1	*

South Leytonstone Community Partnership	Newham	10	34	*
Stratford Regional Station Development	Newham	1.6	5.8	
Support for New Businesses	NLTEC	1.8	2.5	
Upper Lee Valley Partnership	NLTEC	39.9	118.7	
Brent and Harrow	NWLTEC	1.6	2.3	
Technology, Innovation & Environmental Support Unit: NW London	NWLTEC	1.2	2	
Bridging the Gap (Redbridge)	Redbridge	3	8.8	*
Access to Education & Business Links in Lewisham & Greenwich	SOLOTEC	0.8	3.2	
New Business Growth	SOLOTEC	2	2.6	
New Business Growth, Lewisham and Greenwich	SOLOTEC	0.5	1	
Solotec Building Education Business Links	SOLOTEC	1.4	30	
Housing Older People: Southwark	Southwark	2.1	6.8	
Peckham Partnership	Southwark	59.9	243	**
Southwark: Chaucer Community Regeneration Project	Southwark	0.2	0.6	*
Southwark: London's Larder	Southwark	2	19.9	
Releasing Local Potential, Sutton	Sutton	30	107	
South Wandle Regeneration Strategy, Croydon/Sutton	Sutton	6.4	31.6	
The Sutton Regeneration Partnership	Sutton	2.8	15.6	*
Hackney Wick Regeneration	Tower Hamlets	3.8	15.4	
Lower Lea Valley	Tower Hamlets	3.8	15.4	
Raising Participation, Raising Achievement	Tower Hamlets	0.5	1	
Regeneration for Bromley By Bow	Tower Hamlets	2.7	6.2	
Stepney Revitalisation Bid	Tower Hamlets	28.4	79.3	
Tower Hamlets College "Overcoming Barriers to Access"	Tower Hamlets	0.9	5.6	
West of the Borough - LB Tower Hamlets	Tower Hamlets	0.7	1.9	
Wandsworth Challenge Partnership	Wandsworth	2.9	4.9	*
Wandsworth Housing Association: Shortlife "Plus" (Pilot Initiative)	Wandsworth	0.1	1	*
Wandsworth Town - A New Urban Centre	Wandsworth	16.8	46.4	
Trafalgar Square 2000	Westminster	4	2	
Centre for Manufacturing and Engineering Innovation	WLTEC	0.25	1.1	
Economic Development for New Businesses, W. London	WLTEC	1.5	1.8	
Education - Business Partnerships in West London	WLTEC	1.3	5.1	
Enhancing the Economic Development of Ethnic Minorities - W. London	WLTEC	0.6	0.6	

Sanitation Technologies Community Partnership	
Sanitation Technology Skills Development	
Outlook for New Businesses	
Outlook for Newly Partnership	
Quick Fix and Hallow	
Technology Innovation & Environmental Sanitation Sector Role: WW Funding	WWCLEF
Sharing the Gap (Keepings)	Keepings
Access to Education & Business Skills in Rewiring & Observing	SOFOTEC
New Business Growth	SOFOTEC
New Business Growth: Rewiring the Consumer	SOFOTEC
Sofotec Building Education Business Link	SOFOTEC
Homing Orgs: People: Sanitation	Sanitation
Practical Partnership	
Sanitation: Chances: Community Partnership Sanitation	
Sanitation: Complex Realm	
Realising Partnership Sanitation Sector	
Sanitation Partnership Sanitation Sector	
The Global Partnership Policy Sector	
Harness NGO Partnership	
Tower Partnership	
Realising Partnership Sanitation Sector	
Partnership	
Sanitation Technology Skills Development	