

October 2020

Social Prescribing and the potential of Historic England's local delivery

An SQW report to Historic England



SQW

Contents

Executive Summary.....	i
1. Introduction.....	1
2. Social prescribing: the wider context.....	7
3. Social prescribing in the heritage sector	20
4. Rationale and potential for Historic England involvement.....	28
5. Reflections, recommendations and potential next steps.....	41
Annex A: Acknowledgements.....	A-1
Annex B: Reference list	B-1
Annex C: Beddington Park and The Grange case study	C-1
Annex D: Enriching the List case study	D-1
Annex E: Ramsgate Seafront Consultation case study.....	E-1
Annex F: The Old House Project case study	F-1

Contact:

Holly Waddell

Tel: 0161 475 2110

email: hwaddell@sqw.co.uk

Approved by:

Lauren Roberts

Director

Date: 15/10/2020

Executive Summary

1. England's historic environment. Historic England's Corporate Plan for 2020 to 2023¹ sets out the commitment to ensuring all activity delivers public value (through the Public Value Framework²), including wellbeing outcomes. Historic England's regional work involves engagement with local communities and individuals, and therefore offers potential to impact on wellbeing, including through the Heritage at Risk programmes, Heritage Action Zones (HAZ) and High Streets HAZ initiatives.
2. In April 2020 Historic England commissioned [SQW](#), an independent research and consultancy organisation, to explore the potential for Historic England to support social prescribing, key opportunities, best practice and models of engagement, and what might be needed for social prescribing approaches to be delivered through its work. The study ran until October 2020, exploring Historic England's activity towards achieving wellbeing outcomes in one region (London and the South East) in depth, alongside examples and learning from the wider heritage sector and social prescribing field. The research involved: a systematic review of literature related to best practice in social prescribing and wellbeing in the heritage, arts and culture sectors; interviews with local and national Historic England staff and external stakeholders; and development of four written case studies focusing on existing projects in the heritage sector identified as generating wellbeing outcomes.
3. Social prescribing is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services. Schemes can involve a variety of activities, such as volunteering, arts activities, gardening, befriending and group support, and exercise activities, often provided by voluntary and community sector (VCS) organisations.³ Models of social prescribing vary, but typically involve a link worker, navigator or community connector, who works with people to access local sources of support in response to social, emotional or practical needs, to improve mental and physical health.⁴ Increased access to social prescribing for the whole population is a government ambition set out in the NHS Long Term Plan (2019), supported by recent government investments in social prescribing schemes and establishment of a new body, the National Academy for Social Prescribing, in October 2019.⁵
4. Evidence on the outcomes of social prescribing remains emergent. In general, studies have shown that it can lead to improvements in areas such as quality of life, emotional, wellbeing, and levels of depression and anxiety, and there are indications that social prescribing may lead to a reduction in the use of NHS services. In general, studies of social prescribing schemes

¹ Historic England, 2020. *Building the future – our Corporate Plan*.

² Historic England, 2020. *Public Value Framework*.

³ Definition from The King's Fund, 2017. 'What is social prescribing?'

⁴ *ibid*.

⁵ Department of Health and Social Care, 2020. '£5 million for social prescribing to tackle the impact of COVID-19'

demonstrate high levels of satisfaction from participants, primary care professionals and commissioners.⁶

Social prescribing in the heritage sector

5. Social prescribing is becoming embedded in the arts, culture and heritage sector. Well-established and long-running schemes operate within the heritage sector and have been evaluated to provide evidence of outcomes and benefits to service users, delivery bodies and the healthcare sector. However, these schemes are infrequent, primarily limited to specific areas of museums and archaeology, and not always operating within a 'pure' social prescribing delivery model (for instance, referral or recruitment is not often through a link worker based in primary care, and engagement with the healthcare sector is limited).
6. The schemes reviewed indicate positive outcomes on general health and wellbeing measures, increased confidence, self-esteem and self-worth, reduced feelings of isolation, more social connections, increased levels of volunteering and changing attitudes to heritage. However, evaluations have been predominantly based on qualitative, self-reported outcomes; all studies are small scale, with no control group and sometimes no longitudinal perspective (issues which are pertinent to evaluations of social prescribing in general). Furthermore, it is challenging to compare very different individual interventions designed to address different issues with different populations.

Rationale and potential for Historic England's involvement

7. Whether or not Historic England should become involved in social prescribing activities depends, at least to an extent, on the case for further development and strengthening of the organisation's focus on and work to deliver wellbeing outcomes. The evidence base for heritage supporting wellbeing is relatively well-documented, including by the What Works Centre for Wellbeing⁷. An increased government focus on wellbeing is recognised as potentially influencing strategic direction and informing future Historic England strategy. While the Corporate Plan 2020-2023 currently includes no explicit reference to wellbeing, internally it is recognised that Historic England has a duty to deliver public value (of which wellbeing forms a part), and this should be embedded in, and central to, all work. However, Historic England's role as leading on wellbeing in the heritage sector was seen as limited to date, both in terms of external strategic visibility and operational casework clearly focused on wellbeing outcomes, although potential to expand this going forwards was recognised.
8. Historic England having a genuine commitment and clear rationale for becoming involved in social prescribing work was seen as an essential first step towards effective delivery.

⁶ The King's Fund, 2017. 'What is social prescribing?'

⁷ What Works Centre for Wellbeing, 2019. *Heritage and Wellbeing*.

Practical considerations – risks, challenges and enablers

9. Strategic and practical challenges, barriers and risks to Historic England's delivery of social prescribing were identified. Careful consideration needs to be given to the way Historic England articulates its position on health and wellbeing both internally and externally, before embedding this into strategy and operations. Some stakeholders will need to be convinced that health and wellbeing are within the remit of Historic England, that they have the expertise required, and that the move represents more than a superficial attempt to capture the zeitgeist. There are also practical barriers to Historic England and its partners delivering a social prescribing offering, including the funding, expertise, capacity, safeguarding, the resources and training required to work with vulnerable groups and sustain involvement in a scheme that may require a long-term commitment.
10. Despite these challenges and risks, there are many ways in which Historic England appears to be well placed to engage in social prescribing activity. The organisation has relationships and partnerships with organisations within the heritage, arts and cultural sectors at local, regional and national levels. Historic England has mechanisms in place to act as a facilitator of research, share of best practice and develop relationships to enable social prescribing. Specific areas of Historic England's current work align with well-evidenced routes to wellbeing outcomes, meaning explaining the benefits of projects to referrers/link workers (and potential funders/commissioners) should prove relatively uncomplicated. Historic England was also identified as having access to (or ownership of assets which could enable social prescribing activity, including listed heritage sites, visual assets, and staff with a wide variety of skills and knowledge.
11. Historic England is reported as strategically being in transition from a more transactional, traditional way of working with heritage assets, to approaching its work in consideration of why things are being done and who is intended to benefit. Social prescribing may present a timely opportunity to further operationalise this new strategic perspective, and there are people in the sector keen to discuss the opportunity to collaborate, research and pilot work.

Recommendations and potential next steps

12. Social prescribing is one mechanism for delivering wellbeing outcomes; it is not the only one, and does not necessarily have to be the approach Historic England pursues in order to embed wellbeing focused ways of working. There is evidence emerging that its projects are contributing to wellbeing. Aiming for 'true' social prescribing activities at this stage may not offer the most effective starting point; further foundational, strategic work focused on expanding the evidence base regarding wellbeing outcomes may prove an easier and valuable area of focus – at least in the short-term. This could be part of a journey towards social prescribing, if this is the mechanism selected for achieving clearly defined aims and outcomes.
13. If Historic England is to establish or involve itself in social prescribing activity, action will be required internally at strategic and operational levels, which could be driven simultaneously

through a ‘top-down’ and ‘bottom-up’ approach. The recommendations below are based both on suggestions made by consultees and our own reflections. These are grouped sequentially, though timeframes will need to remain flexible to take advantage of any opportunities arising.

Table 1: Recommendations for strategic activity to develop social prescribing

Short term	<ul style="list-style-type: none"> • Develop a clear understanding and message around the importance (and potential) of heritage to health and wellbeing outcomes and vice versa • Establish why (and whether) social prescribing is the best mechanism for Historic England as an organisation • Develop and embed a consistent approach to defining and measuring wellbeing outcomes • Continue to contribute to the research base related to wellbeing in the heritage sector, and ensure this is shared <p><i>If social prescribing is established as a viable/preferred mechanism to effectively deliver against aims and intended wellbeing outcomes:</i></p> <ul style="list-style-type: none"> • Position Historic England strategically in the wider social prescribing landscape • Develop and maintain internal understanding of Historic England’s readiness for delivery of social prescribing
Medium term	<ul style="list-style-type: none"> • Articulate Historic England’s position, interest, potential and offer in terms of wellbeing (and social prescribing) in a clear and compelling way externally • Develop relationships with parts of the healthcare sector • Develop external partnerships in the heritage and VCS sector

Source: SQW

14. Operational activity is likely to take more time to progress due to being dependent on some areas of strategic activity and suitable opportunities arising. Two ways of progressing this are suggested:

1. Leading the development and delivery of a pilot social prescribing project, to test how the approaches and mechanisms can work in practice on a relatively small, defined scale.

15. Based on mapping of Historic England’s current activity, HAZ / High Streets HAZ projects, local listing programmes and volunteering activity appear offer the most potential for social prescribing (at least in the medium term). Key to leading a social prescribing pilot project will be the selection of a local area of focus. This could potentially be within one of the HAZs, as these are areas of priority for Historic England and offer teams with local knowledge to support a community-centred approach. The development of a specific geographical area and selection of a targeted user group could be informed by design/data (e.g. health inequalities), local opportunities arising or based on expressed interest from a local team and community.

16. For Historic England to lead a social prescribing offer, they must have genuine credibility, authority and expertise in the relevant field or activity. Any offer is likely to require a partnership approach to complement Historic England’s skillset, knowledge and experience; partners could vary based on the local area, activity being delivered and target participants.

2. Supporting other organisations to develop and deliver social prescribing, either in a defined role on a project led by others, in an informal, advisory capacity, or as a funder through its grant schemes.

- 17.** Historic England could be **well-placed to support other organisations within the heritage sector** with the development and delivery of social prescribing offers, which would allow Historic England to gain experience, learning and credibility in the field of social prescribing whilst minimising associated risk. This could be as a partner on a project to complement a lead delivery partner (for instance by providing technical expertise, access to sites/resources, or sitting on a steering group); by holding an informal, advisory role or acting as a conduit for the sector to share learning; or by providing grant funding for partners to deliver a social prescribing scheme (for example, through the regional capacity building grant programme). Historic England could be well-placed to support other organisations in social prescribing projects related to Heritage At Risk, HAZ/ High Streets HAZs, capacity building, and volunteering.

Final reflections

- 18.** A decision regarding adoption of any of these approaches would obviously need taking strategically before development work can progress, with clearly defined expectations around roles, parameters, resourcing, communications/messaging and timescales, as well as learning capture and share plans.
- 19.** A rationale for Historic England's involvement in social prescribing has been indicated by external stakeholders, although an essential first step towards effective delivery would be to establish a clear internal rationale and genuine commitment to this. More generally, the extent to which Historic England should become involved in social prescribing activities depends, at least to an extent, on further development and strengthening of the organisation's focus on delivering wellbeing outcome.

1. Introduction

Introduction to Historic England

- 1.1** Historic England is the public body responsible for conserving, championing and caring for England's historic environment. Its work involves:
- identifying heritage sites and managing the National Heritage List for England to protect these places through the designation system
 - providing advice on applications for planning permission or listed building consent
 - sharing science, research and information to support the management of historic places
 - providing training, guidance, conservation advice and access to resources
 - delivering national expertise and working with partners through local offices.⁸
- 1.2** National and regional foci are underpinned by the Corporate Plan, with each of the six regions interpreting this in light of their specific context, historic landscape and stakeholders. The recently updated Corporate Plan for 2020 to 2023⁹ identifies the Public Value Framework¹⁰ as an underlying principle to ensure that all activity achieves outcomes that deliver public value. This includes activity which results in wellbeing outcomes. The Framework is the mechanism through which wellbeing outcomes would currently be assessed by Historic England as projects are prioritised for funding (and externally for grants).
- 1.3** Several aspects of Historic England's regional work involve engagement with local communities and individuals, and therefore have the potential to impact on wellbeing. For example:
- the Heritage at Risk programme involves working with owners, 'friends of' groups, developers and other stakeholders to find solutions for 'at risk' historic places and sites
 - Heritage Action Zones (HAZ) and High Streets HAZ initiatives, each of which focus on using the historic environment to create economic growth in specific local areas, in partnership with local organisations, groups and communities
 - working with other local, regional and national organisations to champion the historic environment, such as local authorities, other heritage organisations, and bodies outside of the traditional heritage sector through public engagement projects using volunteers and specific projects (such as Enriching the List¹¹).

⁸ Historic England, 2020. *Historic England's Role*.

⁹ Historic England, 2020. *Building the future – our Corporate Plan*.

¹⁰ Historic England, 2020. *Public Value Framework*.

¹¹ A project running since July 2016 which encourages members of the public and heritage professionals to add new content to the online statutory listing for sites.

1.4 The links between heritage and wellbeing are well documented by the What Works Centre for Wellbeing:

1.5 “Historic buildings and places, and associated activities and interventions, can have a wide range of beneficial impacts on the physical, mental and social wellbeing of individuals and communities. Evidence shows impacts on individual wellbeing, including outcomes such as increased confidence, social connectivity and life satisfaction... [and] on community wellbeing impacts, including outcomes on social relationships, sense of belonging, pride of place, ownership and collective empowerment.”

What Works Centre for Wellbeing¹²

1.6 In addition, research activity by Historic England has assessed the evidence for the role of the historic environment in promoting health and wellbeing¹³. Historic England annual reports demonstrate the important positive impact that heritage and the historic environment can have on health and wellbeing¹⁴. A framework for considering wellbeing and heritage evidence has been developed to help Historic England develop a contribution to the agenda (**Figure 1-1**). However, as it currently stands, Historic England’s relationship with (and focus on) wellbeing are not explicitly defined. Wellbeing is not explicitly defined as either an objective of Historic England’s work (through the Public Value Framework) or an activity undertaken (in the Corporate Plan).

Figure 1-1: Routes to wellbeing using the historic environment



Source: Reilly, Nolan and Monckton, 2018. *Wellbeing and the Historic Environment*.

Introduction to social prescribing

1.7 Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services. Recognising that people’s health is heavily influenced by a range of social, economic and environmental factors, social prescribing seeks to address people’s needs in a holistic way and aims to support individuals to take greater control of their own health and wellbeing.

¹² What Works Centre for Wellbeing, 2019. *Heritage and Wellbeing*.

¹³ Reilly, Nolan and Monckton, 2018. *Wellbeing and the Historic Environment*.

¹⁴ Historic England, 2019. *Heritage and Society 2019*.

- 1.8** Schemes can involve a variety of activities, often provided by voluntary and community sector (VCS) organisations, such as volunteering, arts activities, gardening, befriending and group support, and exercise activities.¹⁵
- 1.9** Models of social prescribing vary locally, but typically involve a link worker, navigator or community connector, who works with people to access local sources of support in response to a wide variety of social, emotional or practical needs, in order to improve mental health and physical wellbeing. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, people with specific vulnerabilities, people who are socially isolated and/or lonely, and those who frequently use primary and/or secondary health care services.¹⁶
- 1.10** Social prescribing is part of the NHS Long Term Plan (2019) as one of the six components of its commitment to universal personalised care, which means people have choice and control over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths and needs. Increased access to social prescribing for the whole population is a government ambition, with the Long Term Plan setting out aims to recruit over 1,000 trained link workers by the end of 2020/21, with this number rising further by 2023/24 to reach 900,000 people through referrals. These commitments have been supported by recent government investments in social prescribing schemes and a new body, the National Academy for Social Prescribing, in October 2019.¹⁸

“There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes for people, such as improved quality of life and emotional wellbeing. Though there is a need for more robust and systematic evidence on the effectiveness of social prescribing, social prescribing schemes may lead to a reduction in the use of NHS services including GP attendance.”

NHS England¹⁷

Introduction to this study

- 1.11** Historic England sought to identify key opportunities, best practice and models of engagement to enable their regional offices to deliver social prescribing locally. In April 2020 Historic England commissioned [SQW](#), an independent research and consultancy organisation, to conduct a study to explore Historic England’s work and potential in respect of social prescribing. The study ran until October 2020, exploring Historic England’s activity towards achieving wellbeing outcomes in one region in depth, alongside examples and learning from the wider heritage sector and social prescribing field. The study was to explore the potential

¹⁵ Definition from The King’s Fund, 2017. ‘What is social prescribing?’

¹⁶ *ibid.*

¹⁷ NHS, 2020. ‘Social prescribing’

¹⁸ Department of Health and Social Care, 2020. ‘£5 million for social prescribing to tackle the impact of COVID-19’

for Historic England to support social prescribing, and what steps might be needed in order for social prescribing approaches to be delivered through its work.

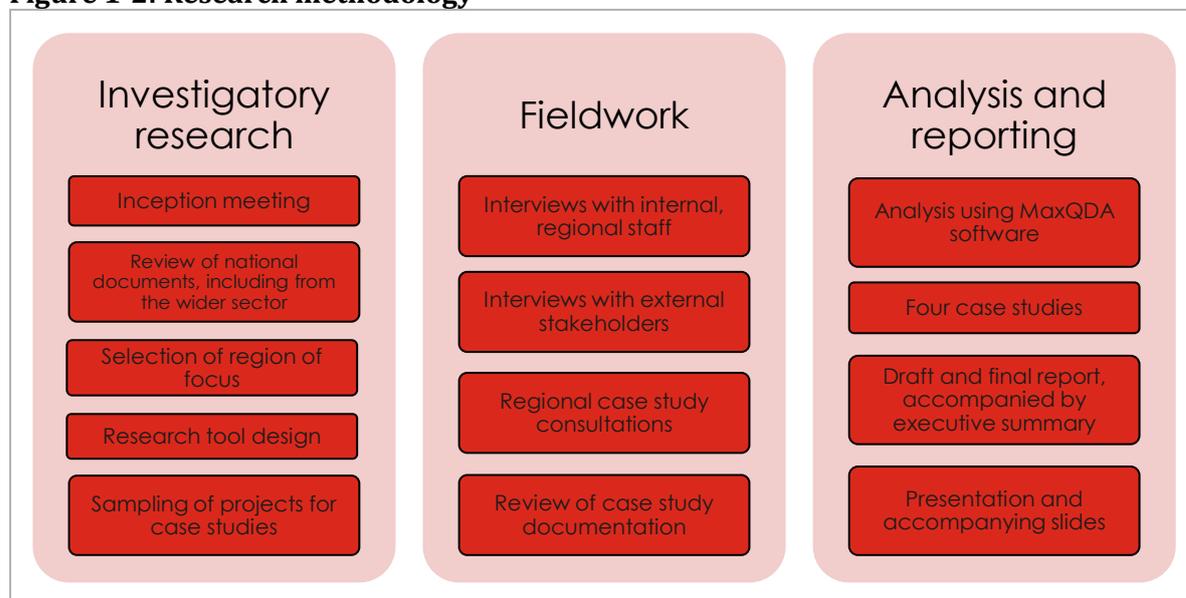
1.12 Following initial internal stakeholder engagement by Historic England, the London and South East region was identified as a suitable area of focus for SQW's research and case studies.

Methodology

1.13 The research methodology followed a three-phase approach, involving investigatory research, qualitative fieldwork, and analysis to inform this report. This report reflects on all of the evidence collected and collated, presents recommendations for Historic England, and is supplemented with four case studies exploring the potential for social prescribing in heritage sector projects.

1.14 The research methodology is presented at a headline level in **Figure 1-2**.

Figure 1-2: Research methodology



Source: SQW

1.15 Following inception, sampling and tool design, data collection activities included:

- **A systematic, structured review of national documents:** including documents related to best practice in social prescribing and wellbeing in the heritage, arts and culture sectors, and relevant literature from the healthcare sector related to social prescribing. Documents were drawn from a review of publicly available material and suggestions from the Historic England project team and consultees. A list of the documents reviewed can be found in Annex A.
- **Stakeholder consultations:** following selection of the region of focus, four Historic England staff from the London and South East team were interviewed to understand regional activity and priorities, and existing work related to social prescribing and wellbeing. A further five external stakeholders with expertise in either social prescribing

or wellbeing in the heritage sector were consulted with, in addition to one internal Historic England strategic stakeholder, totalling ten consultations.

- **Case study research:** four written case studies have been developed focusing on existing projects in the heritage sector identified as generating wellbeing outcomes and offering potential for social prescribing mechanisms. These can be found in Annex B. Research to inform the case studies consisted of:
 - between three and seven consultations per case study with project leads, partners and relevant stakeholders, including internal Historic England staff and external organisations
 - a systematic review of documentation provided by case study project leads and partners, to supplement the primary research.

Key considerations

- 1.16** When reviewing this report, it is important to keep in mind the following caveats and considerations.
- 1.17** The report has been compiled based on **anecdotal reports of outcomes** emerging from Historic England's work. SQW has not been able to access quantitative data to confirm reports provided to us verbally regarding reach or outcomes, and as such, we have relied on stakeholder recollection and accuracy of reporting.
- 1.18** The study **focuses primarily on one region**; we recognise that Historic England's work in other regions outside of London and the South East may well have involved elements which could lend themselves to social prescribing approaches, and which have generated rich learning. The study scope and scale mean it has not been possible to include in-depth learning regarding these in this report, or to compile a full detailed overview of Historic England's activities in respect of wellbeing. The examples presented in this report should be treated as illustrative, rather than as the only (or necessarily the best) examples of social prescribing or wellbeing focused activity or potential.
- 1.19** Sampling was informed by **self-selection**; the region and individual interviewees all willingly contributed their time to the study without incentivisation, and we are extremely grateful for their support, time and effort. The small sample sizes and self-selection do however mean that the experiences and reflections presented in this report and the case studies may not be reflective of the sector or landscape more broadly.
- 1.20** The **evidence base regarding social prescribing is emergent** and is constantly shifting as new schemes are established and outcomes assessed. The research in this report presents a snap-shot in time; it is likely that the research evidence available in this field will further develop over the coming 12-18 months, as schemes introduced in response to the Long Term Plan commitments begin reporting on their outcomes, learnings and reach.
- 1.21** **COVID-19** affected study fieldwork, Historic England's activities, and the broader social prescribing landscape. The landscape remains in flux; whilst social distancing and local

lockdown restrictions remain in place, the delivery of social prescribing activities remains altered. It is unclear what the medium to longer term implications of this might be in terms of resource availability, volunteer and staffing levels/capacity and 'offer' sustainability, or delivery/referral mechanisms. It will be important for Historic England to retain a view on the evolving delivery and policy landscape over coming months, alongside exploring implications for its own delivery models.

- 1.22** The fieldwork included very **limited consultation with the healthcare sector**. Partially due to the impact of COVID-19, it was not possible to consult with any commissioners, general practitioners, or link workers as part of this study. As part of the case study research, one local social prescribing referral organisation, funded by a CCG, was consulted with and their reflections inform reporting, but this reflects only one organisation in one locality.

2. Social prescribing: the wider context

2.1 Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services. It recognises that people's health is determined primarily by a range of social, economic and environmental factors, and as such, social prescribing seeks to address people's needs in a holistic way.¹⁹

Social prescribing is typically designed to support a wide range of people, including those:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or socially isolated
- who have complex social needs which affect their wellbeing
- who frequently utilise primary and/or secondary health care services.²⁰

2.2 In existing (UK based) models typically people are referred to a link worker (sometimes called a navigator or community connector) by a local agency, which might include general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, the fire or police service, Job Centre Plus, social care services, housing associations and VCS organisations.²¹ In some models, self-referrals or referrals by friends and family are also encouraged.

2.3 A typical model involves link workers employed directly by Primary Care Networks (PCNs) or local VCS organisations having a conversation with the referred person. Typically, a link worker will frame the conversation from the starting point of asking the patient to articulate 'what matters to me'. The intensity and number of these conversations will vary based on the needs of the individual.

2.4 Based on the individual's specific needs, the link worker will then connect a person to (often local) voluntary and community groups and/or statutory services for practical and/or emotional support.²² The schemes that people are referred into can involve a variety of activities such as volunteering, arts activities, gardening, befriending and group support, and exercise activities. As such, social prescribing requires link workers to have local knowledge of, and work in partnership with, a range of local authorities and community bodies.

2.5 Social prescriptions can run for a set length of time (usually around eight to twelve weeks) after which there is a structured follow up, or can be open ended; the evidence indicates that in many cases patients end up keeping up their new activity once the prescription is complete.

¹⁹ Definition from The King's Fund, 2017. 'What is social prescribing?'

²⁰ NHS England, 2020. 'Social prescribing'

²¹ *ibid.*

²² University of Westminster, 2019. 'Making sense of Social Prescribing'

- 2.6** Other related mechanisms such as active signposting involve a less intense approach whereby existing staff in local agencies provide information to signpost people to services, using local knowledge and databases.²³ This is typically best suited to those people who need less support and have the confidence to approach services independently.

Policy context

- 2.7** Social prescribing has been gaining increasing prominence in health policy in England:
- In 2006, social prescribing was highlighted in the White Paper ‘Our Health Our Care Our Say’²⁴ with specific reference to people looking for support with long term conditions
 - The 2014 NHS Five Year Forward View²⁵ encouraged a focus on integration, prevention and wellbeing, and patient-centred care whilst emphasising the role of the VCS and highlighting an example of social prescribing in practice in Rotherham
 - The 2016 General Practice Forward View²⁶ promoted the development of social prescribing, referencing the NHS appointed ‘National Champion for Social Prescribing’ and the role of the VCS.
- 2.8** Most recently, the 2019 NHS Long Term Plan commits to implementing social prescribing at a large scale through the NHS Personalised Care model:

“As part of this work, through social prescribing the range of support available to people will widen, diversify and become accessible across the country. Link workers within Primary Care Networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.”²⁷

- 2.9** This is part of NHS England’s drive towards Universal Personalised Care, aiming to benefit 2.5 million people by 2023/24. Social prescribing link workers are becoming part of multi-disciplinary teams in PCNs.

APPG for arts, health and wellbeing

- 2.10** The All Party Parliamentary Group (APPG) for Arts, Health and Wellbeing was launched in January 2014. Peers and MPs with a shared interest in the field of arts and health come together for regular events to hear about and discuss the latest developments relevant to current policy priorities. The APPG have held round table discussions around social prescribing and produced the following recommendation in 2018:

²³ NHS England, 2020. ‘Social prescribing’.

²⁴ Department of Health and Social Care, 2006. *Our health, our care, our say*.

²⁵ NHS, 2014. *Five Year Forward View*.

²⁶ NHS, 2016. *General Practice Forward View*.

²⁷ NHS UK, 2019. NHS Long Term Plan. pg.25

“We recommend that NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.”²⁸

2.11 Understanding of the potential of arts in improving health and wellbeing has been growing rapidly. The Department for Culture Media and Sport (DCMS) commissioned a study which reported emerging evidence of the effectiveness of social prescribing as a way of connecting individuals to arts-based activities for social outcomes and for the prevention of illness. There is also moderate evidence that arts-based social prescribing delivers social outcomes and can improve wellbeing with economic and social returns on investment. However, it is noted that much more research is needed in relation to social prescribing of arts interventions, including the effect of social prescribing on mental and physical health.²⁹ While the report is arts focused, the 2016 DCMS Culture White Paper also recognised the value of culture in having a positive impact on personal wellbeing, educational outcomes and attainment, and community cohesion.

Social prescribing - principles and in practice

Best practice principles

2.12 According to Public Health England’s 2019 guide ‘Social prescribing: applying All Our Health’³⁰, the core principles of social prescribing are that it:

- is a holistic approach focusing on individual need
- promotes health and wellbeing and reduces health inequalities in a community setting, using non-clinical methods
- addresses barriers to engagement and enables people to play an active part in their care
- utilises and builds on the local community assets in developing and delivering the service or activity
- aims to increase people’s control over their health and lives.

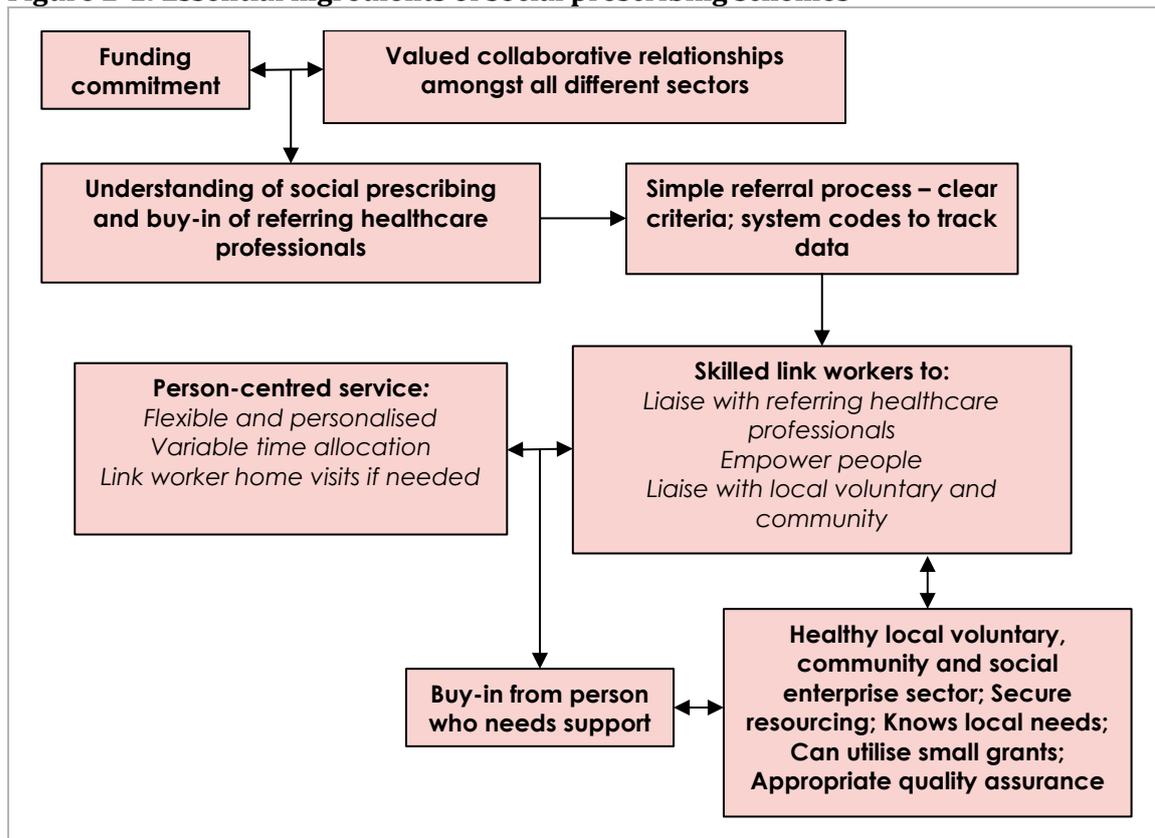
2.13 In terms of meeting those principles, ‘Making sense of Social Prescribing’ by the University of Westminster describes the essential ingredients that give social prescribing schemes the best chance for success, depicted in **Figure 2-1**.

²⁸ All Party Parliamentary Group for Arts, Health and Wellbeing, 2018. Annual Report 2017-18.

²⁹ Fancourt, D., Warren, K., and Aughterson, H., 2020. Evidence Summary for Policy: The role of arts in improving health and wellbeing.

³⁰ Public Health England, 2019. *Social prescribing: applying All Our Health*.

Figure 2-1: Essential ingredients of social prescribing schemes



Source: Reproduced from University of Westminster 'Making sense of Social Prescribing', 2019 pg.25

- 2.14** Communication between the sectors is particularly relevant; 'Making sense of Social Prescribing' suggests that clarity around expected outcomes for services being commissioning is essential, as is ensuring local communities and other stakeholders are engaged in this discussion.
- 2.15** This approach requires a community centred way of working³¹, which is thought to sometimes be more effective than more traditional services in improving the health and wellbeing of marginalised groups and vulnerable individuals.
- 2.16** Social prescribing schemes require a good understanding of local needs and context, which according to 'Social prescribing: applying All Our Health'³² is best collected locally by speaking to communities, listening to patients and carers, and conducting local research to gain insight.

Local delivery – in practice

- 2.17** Clinical Commissioning Groups (CCGs) have been encouraged to create local plans for social prescribing in collaboration with partners including local authorities, the VCS, PCNs and any existing local social prescribing infrastructure.³³ Building on existing schemes is considered important in order to avoid duplication and to capitalise on work that has already been

³¹ Public Health England, 2018. *Community-centred practice: applying All Our Health*.

³² Public Health England, 2019. *Social prescribing: applying All Our Health*.

³³ As of October 2020, there are currently 136 CCGs. NHS England's final intention is for there to be typically one CCG per integrated care system, according to its 2020 planning guidance, and so CCG numbers may fall further over coming months and years.

implemented. Other considerations include the local recruitment of link workers, embedding those link workers into local PCNs, and embedding a shared commitment locally to support the VCS in their role in receiving social prescribing referrals through funding and development support.

2.18 Generally social prescribing link workers are attached to general practices and PCNs, however they may be employed by local social prescribing connector schemes. In some areas social prescribing connector schemes, typically hosted in the VCS, offer a single point of referral for people seeking social prescribing.

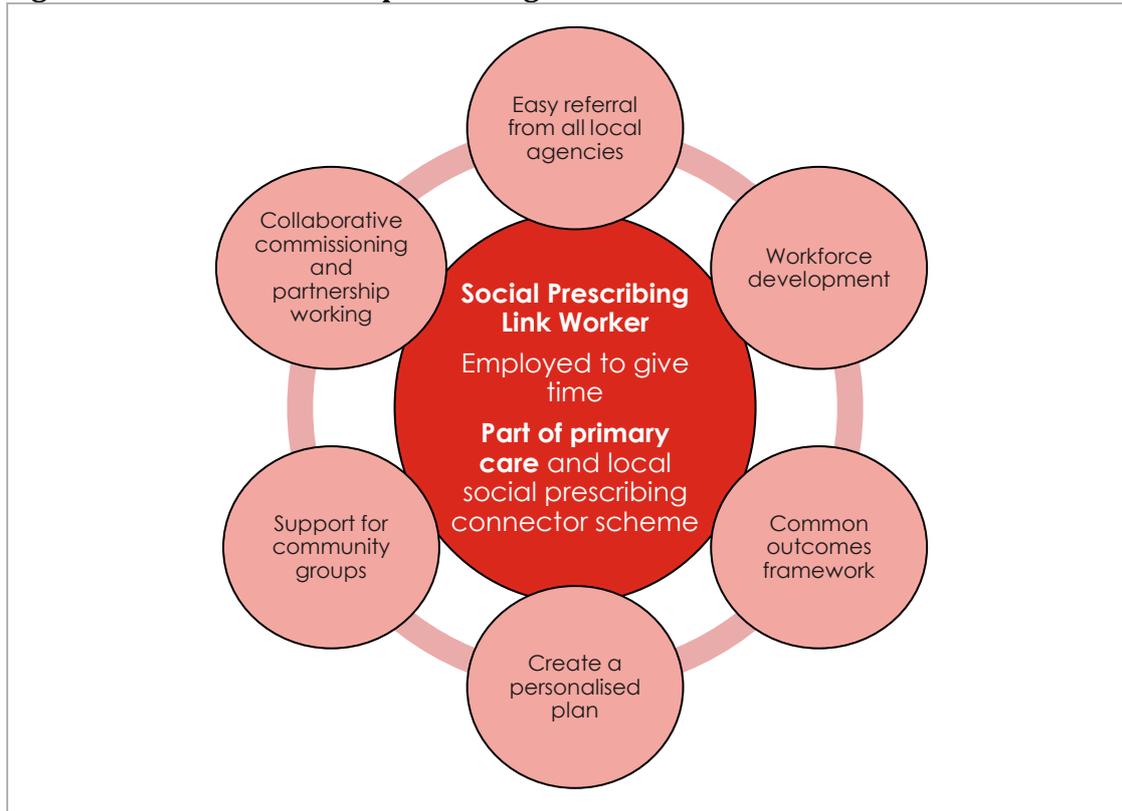
2.19 According to the ‘Social prescribing and community-based support: summary guide’³⁴ successful schemes generally have collaborative commissioning and creative partnership working, with the following common characteristics:

- relevant partners (including local health service, VCS, local authorities and other services including social care and housing) develop the scheme collaboratively to build on existing community assets, co-producing and co-commissioning local social prescribing connector schemes
- the use of existing relationships in building sustainable schemes; local organisations with deep-rooted community networks need to be commissioned to provide social prescribing services
- the VCS sector is involved from the start and supported to sustainably and safely manage referrals (support may include funding)
- there is a clear and easy referral process for all local agencies involved
- link workers have access to suitable support and training.

2.20 The paper sets out the key elements of what makes a good social prescribing scheme and what needs to be in place locally, depicted in **Figure 2-2**.

³⁴ NHS England, June 2020. Social prescribing and community-based support: summary guide.

Figure 2-2: Model for social prescribing



Source: Reproduced from NHE England, 2019, Social prescribing and community-based support: summary guide.

2.21 Social prescribing is being developed at a local level across the country. An indicative example of the status of this in two city regions, London and Manchester, is depicted below – recognising that this varies significantly across the country and cannot be taken as representative of every locality.

2.22 The evidence indicates that more than a quarter of the social prescribing schemes currently operating in the UK are running in London.³⁵ In 2018 the Mayor of London, Sadiq Khan, published the Mayor of London’s Health Inequalities Strategy³⁶ which aims to make sure that social prescribing becomes a routine part of community support across London. As part of this strategy the Mayor has published ‘Social prescribing: our vision for London 2018-2028’. The strategy and vision focus on accelerating social prescribing delivery within the most deprived communities by 2028. The strategy also looks to:

- support the development of effective evaluation and outcomes measurement and the further development of sustainable social prescribing models
- explore how digital solutions might support the effective roll-out of social prescribing
- work with key partners to explore how we ensure that more Londoners can access more specialist social welfare advice such as legal or housing

³⁵ The King’s Fund, 2017. ‘What is social prescribing?’.

³⁶ Mayor of London, 2018. Health Inequalities Strategy

- identify means of developing effective long-term partnerships with the VCS to sustainably support social prescribing.

2.23 In Greater Manchester, social prescribing is reported to formalise an approach which has been happening for decades in the city region. As of March 2020, social prescribing is established across all ten boroughs, with around 16,000 VCS organisations offering a diverse range of activities. Over 8,000 people received social prescriptions in 2018/9 with that figure rising to 20,000 in April to December 2019, exceeding NHS England targets and demonstrating the rapid expansion which is underway. Digital social prescribing software is now available in the region to all NHS bodies and councils.³⁷

Different commissioning models

2.24 There is no set model for commissioning social prescribing at a local level; this is in part a recognition that different approaches will be suited to different local contexts. Research suggests that a successful scheme requires a commissioning approach that seeks to work in partnership with all stakeholders.

2.25 ‘Making sense of Social Prescribing’³⁸ provides examples of the different ways in which social prescribing schemes have commissioned services and provides examples, including that:

- Some schemes refer people via practice staff such as GPs and nurses:
 - Ways to Wellness in Newcastle West³⁹ provides GP practices with a dedicated link worker. The link worker contacts and meets with people who have been referred from primary care, hospitals or community healthcare professionals. The link worker will work with a person on an agreed action plan to help them better manage their long term conditions.
- Link workers may be located within a GP practice or within third sector organisations. The location of where the link worker is based is not always indicative of how their position is funded or who employs them:
 - Brighton and Hove Community Navigator Social Service⁴⁰ uses well trained link worker volunteers (called community navigators) in sixteen GP practices. The link worker service is delivered by a partnership between Brighton and Hove Impetus, Age UK Brighton and Hove, and Brighton Integrated Care Service. Link workers refer people to relevant services within the community.
- Some schemes are joint ventures between third sector organisations:
 - Bromley-by-Bow Macmillan social prescribing service⁴¹ was funded by Macmillan Cancer Support. People living with cancer could be referred by practice GPs/nurses,

³⁷ Greater Manchester Health and Social Care Partnership, March 2020. ‘More people than ever before benefitting from “social prescriptions” as Greater Manchester leads the way’.

³⁸ University of Westminster, 2019. ‘Making sense of Social Prescribing’, pg29

³⁹ <https://waystowellness.org.uk/>

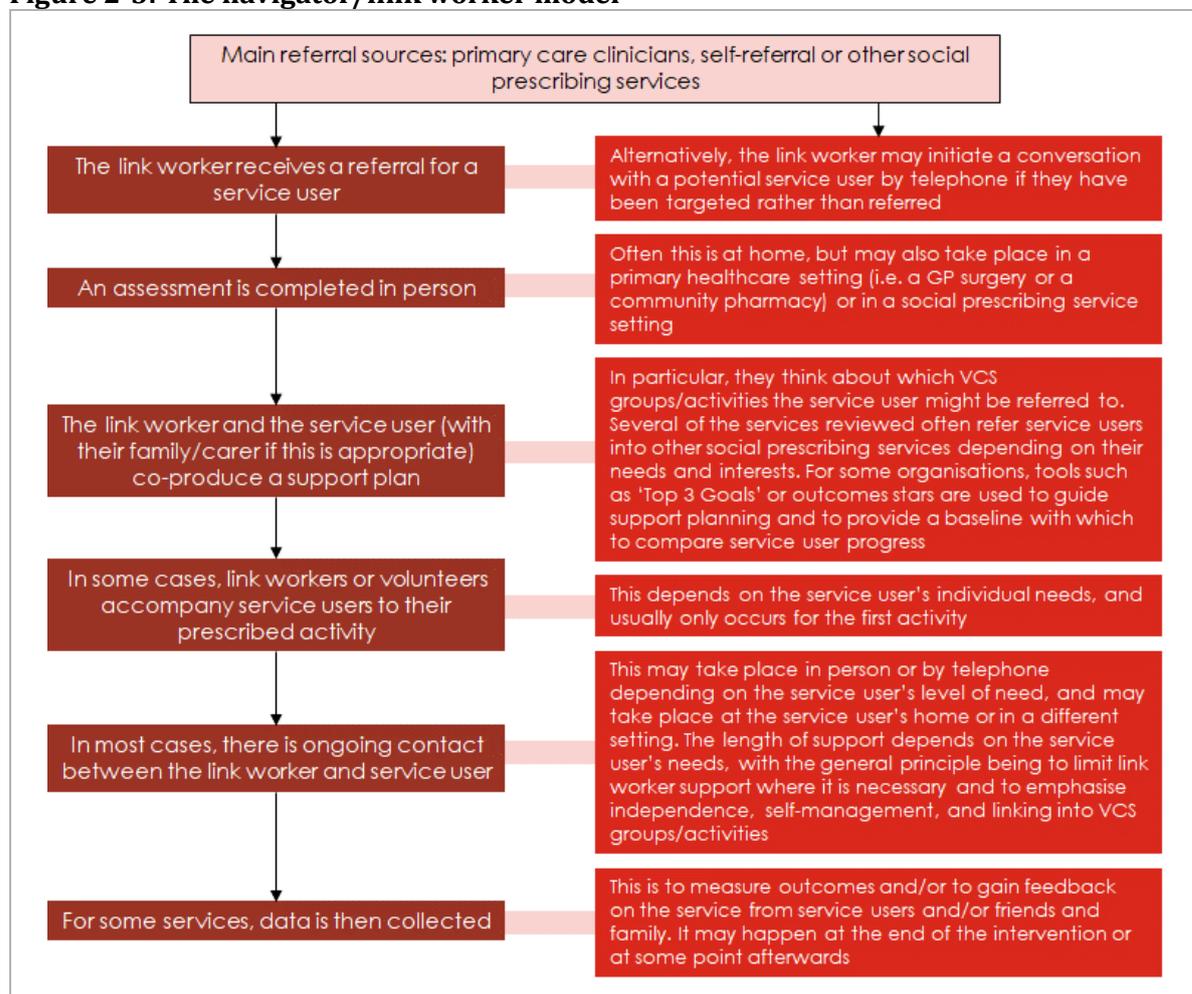
⁴⁰ <https://www.mylifebh.org.uk/healthy-living-social-leisure/community-navigation/>

⁴¹ <https://www.bbbc.org.uk/insights/learning-from-our-services/supporting-people-affected-by-cancer-in-their-community/>

hospital staff, community organisations and by self-referral. They were supported by Bromley by Bow Centre social prescribing staff, to discuss their needs and non-medical ways to help them live well.

2.26 As an example to further illustrate the variation in models of schemes commissioned, even within a locality, 'Partnership Southwark review of social prescribing in Southwark' found that the majority of social prescribing services used a variation of the link worker model. However there were a number of key differences between models, including link worker base, service user eligibility criteria, referral routes into the service, length of engagement with the social prescribing service, the range of activities prescribed by the service and whether the link worker has other job responsibilities besides social prescribing. These variations are depicted in **Figure 2-3**.

Figure 2-3: The navigator/link worker model



Source: Reproduced from Partnership Southwark review of social prescribing in Southwark' July 2019, pg. 6

Funding and resourcing

2.27 More than 100 schemes are currently running in the UK, more than 25 of which are in London.⁴² There were 395.7 whole-time equivalent social prescribing staff employed across

⁴² The King's Fund, 2017. 'What is social prescribing?'

82 clinical commissioning group areas in 2019/2020, compared with 190 in 2018/2019.⁴³ The NHS Long Term plan says more than 1,000 will be recruited by 2020-21.

- 2.28** More recently, NHS England has announced plans to recruit an additional 500 social prescribing link workers in order to address COVID-19 related health and wellbeing issues, in particular social isolation.⁴⁴ This builds on the 2018 DCMS Loneliness Strategy, which references the health and social care sector's commitment to improving and expanding social prescribing services to connect people who are experiencing loneliness with care and support.
- 2.29** Sufficient resourcing is essential to scheme success. This relates not just to the social prescribing scheme, but also those organisations they refer people into for support. For example, if people are being referred into VCS organisations, those organisations receiving referrals need resourcing to sustain their service provision. Establishing partnership working and systems locally takes time and requires sustained funding; equally relationships between link workers and those being referred take time to develop. This is crucial where link workers are employed by VCS who may have less secure or consistent funding streams.
- 2.30** In 2018, The Health and Wellbeing Fund gave 23 social prescribing projects in England a share of £4.5 million to extend existing social prescribing schemes or establish new ones.⁴⁵ Further funding was announced to support 1,000 link workers as part of the NHS Long Term Plan in January 2019.
- 2.31** Beyond the Health and Wellbeing Fund, schemes so far have been funded variously by local authorities, CCGs, public health money, grants, trusts and sometimes through social impact bonds. No centralised funding has yet been announced for 'providers' (i.e. organisations or individuals providing the activities). Not all groups need large sums of money to support them; the evidence indicates that some local community groups may only need small grants of around £2,000, depending on the scale of referrals, nature of their offer and pre-existing resource levels.⁴⁶
- 2.32** According to the 'Social prescribing and community-based support: Summary guide'⁴⁷ there are different ways that local commissioners can provide funding to support VCS organisations, including:
- developing a 'shared investment fund', bringing together all local partners who can provide funding to charities and community groups, including the private sector
 - commissioning existing, staffed VCS organisations, which provide services such as welfare benefits advice and befriending, to deliver social prescribing

⁴³ The Pharmaceutical Journal, 2020. 'Social prescribing staff numbers double in one year'.

⁴⁴ NHS, 2020. 'NHS recruitment drive to help tackle loneliness and improve lives'.

⁴⁵ Department of Health and Social Care, 2018. 'Social prescribing schemes to be funded by the Health and Wellbeing Fund: 2018'.

⁴⁶ University of Westminster, 2019. 'Making sense of Social Prescribing', pg29

⁴⁷ NHS England, 2020. *Social prescribing and community-based support: summary guide*.

- providing small grants for volunteer-led community groups providing peer support and activities, such as walking groups, choirs and art classes
- micro-commissioning new groups where there are gaps in community provision - which may be in the form of a start-up grant and development support
- enabling people to use their Personal Health Budget to pay for support in the VCS sector
- exploring social investment opportunities, as well as outcome-based commissioning.

Sector bodies

2.33 There are several organisations which provide support, guidance and resources regarding social prescribing, aimed at those seeking to develop social prescribing schemes and those involved in delivery. The organisations operating within this space are described below.

National Academy for Social Prescribing

2.34 The National Academy for Social Prescribing (NASP) was launched by the Secretary of State for Health and Social Care in October 2019. The NASP champions social prescribing and looks to create partnerships across health, arts, sports, leisure and the natural environment. The activity of the NASP focuses on five key areas: making some noise, finding resources, building relationships across all sectors, shaping and sharing the evidence base and spreading what works – and includes:

- launching a £1 million Social Prescribing Development Fund in 2020, to help local community groups spread their support offer
- a Social Prescribing Partners programme, which will connect up thousands of organisations with a shared purpose to support social prescribing
- an Academic Partners' Collaborative, to develop the evidence base for social prescribing with a £500k research fund
- a partnership with the Southbank Centre, who will host the NASP for one year and enable the development of joint initiatives.

2.35 In August 2020 it was announced that the NASP was being awarded £5 million in funding to support people to stay connected and maintain their health and wellbeing following the COVID-19 pandemic.⁴⁸ Working with partners, including NHS England, Arts Council England (ACE), Natural England, Money and Pensions Service, NHS Charities Together and Sport England, the Academy will support a range of local community activities. Funding can be provided for VCS organisations to provide a full recruitment and induction service for a link

⁴⁸ Department of Health and Social Care, 2020. '£5 million for social prescribing to tackle the impact of COVID-19'.

worker, with the first link worker provided with a one-off fee of £3,000, and £2,600 for each subsequently.⁴⁹

The Social Prescribing Network

2.36 The Social Prescribing Network consists of health professionals, researchers, academics, social prescribing practitioners, representatives from the VCS, commissioners and funders, patients and citizens. It was borne out of a Wellcome Trust-funded research project and aims to bring together the social prescribing stakeholders who have been making innovations in their local area and create a way of enabling strategic collaboration and sharing of best practice.

Outcomes of social prescribing

2.37 Evidence on the outcomes of social prescribing for health and wellbeing is at an emerging stage across the healthcare sector. In general, **studies have shown that it can lead to improvements in areas such as quality of life, emotional, mental and general wellbeing, and levels of depression and anxiety.** There are positive indications that social prescribing may lead to a reduction in the use of NHS services across primary, secondary and emergency care. In general, studies of social prescribing schemes demonstrate **high levels of satisfaction from participants, primary care professionals and commissioners.**⁵⁰

2.38 A 2019 study mapped the outcomes experienced in link worker based social prescribing schemes based on literature and interviews with stakeholders operating in the VCS sector under the themes of ‘health’ and ‘wider determinants of health’:

Findings showed that wellbeing and health-related outcomes included:

- improvements to general wellbeing, quality of life and general health
- psychological outcomes such as reduced anxiety and depression, increased self-esteem and relaxation, feeling supported and listened to
- increased confidence, ability to carry out everyday activities, motivation, personal resilience, hope, sense of purpose and personal fulfilment.

Wider determinants of health outcomes included:

- increased levels of employment and volunteering
- acquisition of skills and qualifications
- reduced loneliness and social isolation, increased independence, increased ability to make friendships and relationships and feel part of a community.

Source: Polley, Whitehouse, Elnaschie and Fixsen, 2019. What does successful social prescribing look like – mapping meaningful outcomes

2.39 However, there are **challenges in assessing the effectiveness of social prescribing** for multiple reasons. Limited robust and systematic research has been conducted to date;

⁴⁹ <https://healthcareleadernews.com/news/nhs-england-bids-pcns-to-hire-army-of-social-prescribers/>

⁵⁰ The King’s Fund, 2017. ‘What is social prescribing?’.

challenges with studies in this area include the predominance of qualitative evidence, reliance on self-reported outcomes, the difficulties measuring the outcomes of complex interventions or comparing very different individual interventions, and that most studies are small scale with no control group and sometimes no longitudinal perspective. Furthermore, populations being monitored are often different between social prescribing schemes and designed to address different issues, therefore measuring different outcomes and collecting different data, making comparison more challenging.

Evaluating social prescribing (and wellbeing)

2.40 When evaluating social prescribing, and wellbeing outcomes more generally, a **mixed methods approach is recommended** to provide more comprehensive and holistic evidence. Evaluation should consider progression through an intervention and beyond.

2.41 Further recommendations from the literature and stakeholder consultations in relation to best practice in evaluating wellbeing outcomes more generally include:

- consider what evaluation looks like from the outset and embed this in the project design
- explicitly identify wellbeing as an intended outcome and measure accordingly

Case study insights: evaluating wellbeing

While *Enriching the List* has been used as a mechanism on several community engagement projects by Historic England and was identified as having likely resulted in wellbeing outcomes for participants, this has not been explicitly identified as an outcome or measured accordingly.

Including measurement of wellbeing outcomes in future relevant projects using *Enriching the List* would allow Historic England to better assess the value of this as a mechanism for delivering wellbeing outcomes, potentially through a social prescribing model, and evidence impact for internal and external stakeholders.

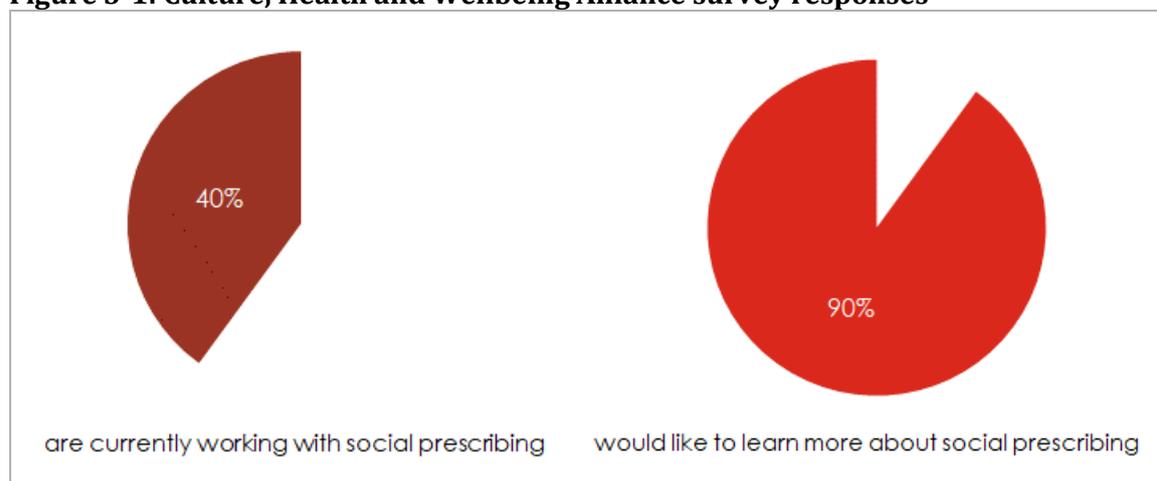
- ensure wellbeing outcomes are considered holistically, including wider determinants of health where appropriate (for Historic England, employability/employment outcomes could perhaps be relevant if evaluating the impact of volunteering /skills development activity)
- proportionality to project scale is important, and considering resource for evaluation
- evaluation methods should be tailored to the participants the project is working with and the approach, with design of methods starting from why a person has been referred and what they want to gain from an intervention in order to measure impact
- ideally consider how research can be participatory or participant led and creative; for instance, *Museums on Prescription* (a museums-based social prescribing programme) used a 'Museum Diary' for participants to reflect on their experiences during the programme and found this to be an engaging evaluation tool

- remaining flexible and adapting evaluation methods where needed (for instance, a consultee described a care home-based wellbeing project where use of the Short Warwick-Edinburgh Mental Wellbeing Scale was planned; it became apparent this was inappropriate for residents with advanced dementia so staff and volunteer observations and family interviews were instead used to track impact)
- considering the ethics of the approach is key when measuring wellbeing outcomes due to the personal, sensitive nature of this work and when working with vulnerable individuals; ensuring methods and tools are bespoke and appropriate and those using measurement tools (whether staff, volunteers or researchers) are trained; co-design and using person-centred approach to decision-making and outcome goals is also important
- working with partners (such as universities) to design and deliver an evaluation could have mutual benefit by contributing to a robust evidence base around heritage and wellbeing/social prescribing and filling research gaps, as well as raising profile of Historic England in relation to wellbeing and providing access to different funding streams
- following best practice in measuring impact on wellbeing (for instance, from the What Works Centre for Wellbeing and Social Prescribing Network) should underpin all evaluation activity; remaining connected with the wider evidence and research base in relation to heritage and wellbeing, as well as learning from wider arts and culture sector, is key.

3. Social prescribing in the heritage sector

- 3.1** Social prescribing is becoming embedded in the arts, culture and heritage sector with the Culture, Health and Wellbeing Alliance finding last year that 40% of organisations surveyed are working with social prescribing and 90% would like to learn more about it⁵¹.

Figure 3-1: Culture, Health and Wellbeing Alliance survey responses



Source: Culture, Health and Wellbeing Alliance, April 2019. *Annual Survey summary report*

- 3.2** Well-established and long-running social prescribing schemes operate within the heritage sector and have been evaluated to provide evidence of outcomes and benefits to service users, delivery bodies and the healthcare sector. However, these schemes are infrequent, primarily limited to specific areas of museums and archaeology, and not always operating within a 'pure' social prescribing delivery model (for instance, referral or recruitment is not often through a link worker based in primary care, and engagement with the healthcare sector in general is limited).
- 3.3** Table 3-1 outlines the key features of each model (project aims, types of service users, methods of recruitment and delivery activities) and associated resources and costs. These projects span the routes into the historic environment related to wellbeing indicators: process (volunteering), participation (visiting), mechanism (sharing), healing (therapy), place (belonging) and environment (experiencing).
- 3.4** Evaluation methods and outcomes will subsequently be explored along with key project learnings.

⁵¹ Culture, Health and Wellbeing Alliance, April 2019. *Annual Survey summary report*

Table 3-1: Examples of social prescribing schemes related to the heritage sector

Project name Sector/ sub-sector	Dates Number of projects	Project lead Partners	Description Project aims, service users, referral/recruitment, activity	Resources and costs Funding, staffing, other resources
Human Henge Archaeology	2016 – 2018 (four projects)	<ul style="list-style-type: none"> • Restoration Trust • Richmond Fellowship • English Heritage • National Trust • Bournemouth University • Avon and Wiltshire Mental Health Partnership NHS Trust 	<ul style="list-style-type: none"> • Pilot project to examine efficacy of using historic landscapes to improve mental health and wellbeing based at Stonehenge and Avebury • People living with mental health conditions recruited through support worker at Richmond Fellowship (mental health charity) • 32 people participated, with 23 attending more than half of sessions • 20 group sessions (10 for each group) held weekly for 3 hours, three additional workshop session added as follow-up • Sessions included walking around heritage sites, talks and engagement with heritage, and creative and sensory experiences (e.g. using clay, music or meditation) 	<ul style="list-style-type: none"> • Funded by the Heritage Lottery Fund, Wiltshire County Council and English Heritage • Partners and individuals brought varied and complementary experience (e.g. Richmond Fellowship brought mental health expertise, the Project Coordinator brought heritage and creative skills) • MH First Aid training offered to all staff and volunteers at the start of the project • Transport, refreshments and materials provided at no cost to the participants • Privileged access to cultural assets and expertise through partners
Burgh Castle Almanac Archaeology	2018 – 2020	<ul style="list-style-type: none"> • Restoration Trust • Burgh Castle Fort and Time and Tide Museum 	<ul style="list-style-type: none"> • A two-year archaeology, creativity and wellbeing programme • People with mental health needs referred from support organisations, who continue to provide mental health support throughout the project • Regular, fortnightly group sessions lasting four hours 	<ul style="list-style-type: none"> • Part of 'Water, Mills and Marshes', a Heritage Lottery Fund project • Free for participants, with transport and refreshments included

Project name Sector/ sub-sector	Dates Number of projects	Project lead Partners	Description Project aims, service users, referral/recruitment, activity	Resources and costs Funding, staffing, other resources
		<ul style="list-style-type: none"> Norfolk Archaeological Trust Stonham Access CT Norfolk Museums Service 	<ul style="list-style-type: none"> Planned programme of activities including photo surveying, wildflower and bird identification, photography and drawing, museum visits Participants can continue volunteering after project close through the wider Water, Mills and Marshes project 	
Operation Nightingale Archaeology	2011 – ongoing Multiple projects	<ul style="list-style-type: none"> Ministry of Defence Breaking Ground Heritage Defence Archaeology Group Wessex Archaeology English Heritage 	<ul style="list-style-type: none"> Established in 2011 as an initiative for serving soldiers to recover and rehabilitate through participation in archaeological fieldwork and post-excavation tasks, expanded to support veterans and serving personnel through multiple charitable service providers For example, Breaking Ground Heritage run veteran focused projects, recruiting participants, providing pastoral care and offering participants the opportunity to learn new skills and engage with educational and employability pathways Since 2015, they have facilitated over 300 placements on more than 35 projects, usually lasting one or two weeks 	<ul style="list-style-type: none"> Projects are mostly run on land owned by the Ministry of Defence and support archaeologists to protect and preserve the training estate and learn more about its history and archaeology Projects have also received funding from the Heritage Lottery Fund
Museums on Prescription (MoP) Museums	2014 – 2017	<ul style="list-style-type: none"> Seven museums Four local Age UK groups Two NHS Trusts Kent County Council, Camden Council 	<ul style="list-style-type: none"> The project explored the value of museum-based social prescribing programmes for lonely older adults (aged 65 to 94) at risk of social isolation in Central London and Kent Seven museums ran varied programmes for older adults, who were referred by social and psychological services and local third sector and community organisations or could self-refer Programmes consisted of ten, 2 hour, weekly sessions involving a variety of 20-30 minute activities such as object 	<ul style="list-style-type: none"> Funded by the Arts and Humanities Research Council Collaborative, multi-site project between partner organisations The Project Manager acted as a link worker between

Project name Sector/ sub-sector	Dates Number of projects	Project lead Partners	Description Project aims, service users, referral/recruitment, activity	Resources and costs Funding, staffing, other resources
		<ul style="list-style-type: none"> UCL and Canterbury Christ Church University ACE 	handling, talks, tours, gallery visits, creation of museum guides	<p>health, social and third sector partners</p> <ul style="list-style-type: none"> Free to participants, covering all activities and refreshments
if: Volunteering for Wellbeing (if) Museums	2013 – 2016	<ul style="list-style-type: none"> IWM North and Manchester Museum Ten heritage venues in Greater Manchester (including museums, galleries and a National Trust site) 	<ul style="list-style-type: none"> Volunteering, training and placement programmes delivered by the two lead partners across the venues to tackle wellbeing inequalities for those from disadvantaged or vulnerable backgrounds Recruitment focused on young people aged 18-25, older people aged 50+ and armed forces veterans; aimed at people who were long-term unemployed or facing low-level mental wellbeing challenges and/or social isolation The project was promoted through carefully selected referrers and partner community sector organisations, including community health support services, Job Centre Plus and local volunteering referrers, and advertised on social media; a selection process based on who would benefit most Participants attended an accredited, ten-week volunteering training course for six hours a week, gaining practical skills and experience, then could volunteer for six further weeks at a partner venue. At project close, participants were signposted to further volunteering, employment and education opportunities. 	<ul style="list-style-type: none"> Funded by the Heritage Lottery Fund and investment from partners over the three year programme (for instance in volunteer coordinators) – total expenditure £557,200 Volunteers were compensated for travel time costs during training
Active North Devon Natural and	2019 – ongoing	<ul style="list-style-type: none"> National Trust Combe Coastal Practice 	<ul style="list-style-type: none"> The National Trust formed a partnership with a GP surgery to test the health benefits of its sites, including heritage assets, and pilot a new approach to social prescribing 	<ul style="list-style-type: none"> Most activities free for participants, some have minimal costs associated

Project name Sector/ sub-sector	Dates Number of projects	Project lead Partners	Description Project aims, service users, referral/recruitment, activity	Resources and costs Funding, staffing, other resources
cultural heritage			<ul style="list-style-type: none"> The surgery refers people with long-term conditions, loneliness or mental health needs to the Trust for weekly activities such as gentle walks and practical volunteering (e.g. countryside management, beach cleans) – self-referral is also available Regular activities are also available through an ‘Active guide to North Devon’, produced by the partnership 	<p>(e.g. rockpool rambles cost £3 per person)</p> <ul style="list-style-type: none"> Weekly activities are organised by the local North Devon National Trust team

Sources:

Human Henge: Evaluation Report Summary, 2018

Burgh Castle Almanac: Willis, J., First report evaluation, 2020

Operation Nightingale: Everill, Bennett and Burnell, 2020. ‘Dig in: An Evaluation of the role of archaeological fieldwork for the improved wellbeing of military veterans’ and Breaking Ground Heritage website

Museums on Prescription: Museums on Prescription, A guide to working with older people, 2017

if: Volunteering for Wellbeing: Final evaluation report, 2016

Active North Devon: National Trust, 2020. ‘Active North Devon, with Combe Coastal’ and International National Trusts Organisation, 2020. ‘A Natural Health Service: Social prescribing in the heritage sector’.

Outcomes of social prescribing in the heritage sector

- 3.5** The examples of social prescribing projects in the heritage sector suggest a range of outcomes for service users, participating organisations and the healthcare system, outlined in Table 3-2. These align with those indicated by the What Works Centre for Wellbeing as impacts of heritage on individual and community wellbeing.⁵²
- 3.6** It is important to note that **many of the general limitations mentioned previously in relation to evaluating social prescribing are evident** here: some studies are predominantly based on qualitative evidence, there is a reliance on self-reported outcomes, and all studies are small scale with no control group and sometimes no longitudinal perspective. Furthermore, across the heritage sector, it is challenging to compare very different individual interventions designed to address different issues with different populations, and therefore expecting different outcomes and data.

Table 3-2: Outcomes reported by social prescribing schemes in the heritage sector

Qualitatively-reported outcomes for participants

General health and wellbeing:

- 66% of *Human Henge* participants identified a positive impact on their mental health or overall wellbeing; enhanced mood was also reported
- *MoP* participants reported improved quality of life and healthier lifestyle changes
- Over 75% of *if* participants reported a significant increase in wellbeing over a year; increased quality of life and life satisfaction were also experienced

Increased confidence, self-esteem and self-worth were reported as outcomes of *Operation Nightingale*, *Human Henge*, *Burgh Castle Almanac* and *if*.

New social connections, increased sense of belonging and reduced feelings of isolation were reported as outcomes by *Burgh Castle Almanac*, *Operation Nightingale*, *if* and *MoP*. *Burgh Castle Almanac* reported the project was “a safe place to talk and connect with others”; “new friendships formed that made them feel safe, cared for, supported and empowered.”

Increased levels of volunteering, citizenship and access to employment:

- *If* supported 231 participants into volunteering positions in museums, and 30% of participants gained employment or new opportunities for getting into work
- *Operation Nightingale's* 2011 evaluation found that participating military personnel had an improved ability to return to effective operational roles within the regiment
- *MoP* saw a renewed interest in learning and acquisition of new skills in participants

Changing attitudes to heritage:

MoP found participants continued visiting museums after the project; *if* reported changed attitudes to museums and heritage settings; *Burgh Castle Almanac* reported a connection and belonging from engaging with history, culture and place.

Other outcomes reported from qualitative research included **increased creativity, aspirations, reductions in stress, increased sense of perspective, and willingness to try new things.**

Quantitatively-reported outcomes for participants

⁵² What Works Centre for Wellbeing, 2019. *Heritage and Wellbeing*.

- *MoP* reported statistically significant improvements in psychological wellbeing across 10 weeks using the UCL Museums Wellbeing Measure
- *Operation Nightingale* has resulted in a reduction in severe depression and moderate-severe anxiety, and significant improvement in mean wellbeing scores
- *Human Henge* showed improvements in wellbeing using the Short Warwick-Edinburgh Mental Wellbeing Scale, of which some measures were sustained one year after involvement.

Outcomes for participating organisations

An increase in volunteers: *if* gained 30,000 volunteer hours and **subsequent increases in operational capacity** and *Active North Devon* saw an increase in volunteers to carry out conservation work.

Active North Devon expected **deepened engagement with the local community.**

Outcomes for the healthcare system and wider society/economy

If reported a **Social Return on Investment of 1:3.5**; a small portion of value was created for local care services, housing providers and central government.

Active North Devon expected to see benefits for participating GP surgeries including **people taking greater control of their own health and wellbeing.**

Sources: as Table 3-1. Note that Active North Devon has not yet been evaluated, therefore outcomes are expected at this stage.

Evaluating social prescribing in the heritage sector

- 3.7** A **mixed methods approach** was the most common approach taken by the social prescribing schemes in the heritage sector examined previously.
- 3.8** Quantitative methods used within the projects included the **Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)** for measuring mental wellbeing, **Personal Health Questionnaire Depression Scale (PHQ-8)**, **General Anxiety Disorder-7 (GAD-7)**, and **UCL Museum Wellbeing Measures**, depending on the intended outcomes and approach of the intervention. Polley and Richards (2019) emphasise that when measuring quantitative outcomes, it is important to use validated tools to collect data related to the outcomes you are aiming to deliver. Their mapping of **Patient Reported Outcome Measures** (questionnaires that capture a persons' opinions on their health or social status) show that the four tools used in the interventions reviewed previously (WEMWBS, GAD-7, PHQ-9 and Museum General Wellbeing questionnaire) all relate to psychological domains; if an intervention was targeting loneliness and social isolation, tools related to the social domain could be more appropriate to use (such as the UCLA Loneliness Scale, Duke Social Support Index, or Lubben Social Network Scale-Revised).⁵³ NHS England recommends measuring the impact of social prescribing on the person, on community groups, and on the health and care system in its Common Outcomes Framework.⁵⁴

⁵³ Polley, M., and Richards, R., 2019. *A Guide to Selecting Patient Reported Outcome Measures (PROMs) for Social Prescribing.*

⁵⁴ NHS England and NHS Improvement, June 2020. *Social prescribing and community-based support: Summary guide.*

- 3.9** Evaluation should consider progression through an intervention and beyond. In the heritage-sector social prescribing schemes, validated scales were used to collect data at least pre- and post-intervention, with some also including a middle point in order to establish evidence on change. Two schemes included follow-up data collection stages: *Human Henge* repeated the SWEMWBS and supplementary qualitative questions one year after the intervention had ended and *Museums on Prescription* used follow-up qualitative interviews at three and six months post-intervention to assess the sustainability of outcomes. Validated tools were supplemented by **bespoke quantitative, scaled questions** (for instance, to record self-declared feelings of isolation and value for *Operation Nightingale*) and qualitative data collection through **interviews, focus groups or case studies**. It is unclear whether any of the evaluations were able to access GP data through sharing agreements.
- 3.10** More widely, in order to establish credibility of what works in social prescribing in the heritage sector (and subsequently the best interventions to invest resources in) research could collate evidence from larger programmes to generate a larger sample size, and explore its impact on different groups, to inform refinement and any wider roll-out.

4. Rationale and potential for Historic England involvement

The underpinning case

- 4.1** This section examines the rationale for Historic England to become involved in delivery of social prescribing at a strategic and operational level, from the perspectives of internal and external stakeholders and based on the wider evidence base.
- 4.2** Whether or not Historic England should become involved in social prescribing activities depends, at least to an extent, on the case for further development and strengthening of the organisation's focus on and work to deliver wellbeing outcomes.
- 4.3** As outlined above, the evidence base of heritage in wellbeing is relatively well-documented:

“Historic buildings and places, and associated activities and interventions, can have a wide range of beneficial impacts on the physical, mental and social wellbeing of individuals and communities. Evidence shows impacts on individual wellbeing, including outcomes such as increased confidence, social connectivity and life satisfaction... [and] on community wellbeing impacts, including outcomes on social relationships, sense of belonging, pride of place, ownership and collective empowerment.”

What Works Centre for Wellbeing⁵⁵

- 4.4** An **increased government focus on wellbeing** was noted internally as potentially influencing strategic direction and informing future Historic England strategy. However, as noted previously, the **Corporate Plan 2020-2023 currently includes no explicit reference to wellbeing.**
- 4.5** Despite this, Historic England consultees working at both strategic and regional levels referred to the **centrality of wellbeing in all work delivered by the organisation.** As a public body, internal perspectives were that Historic England has a **duty to deliver public value** (of which wellbeing forms a part), and this should be embedded in all work.
- 4.6** Indeed, the strategic activity from the Corporate Plan highlighted below in **Table 4-1** underpins the case for developing activity which contributes towards wellbeing outcomes.

“Wellbeing cuts across all of our areas of work. We need to avoid it being treated as a separate, standalone issue.”

Historic England strategic consultee

⁵⁵ What Works Centre for Wellbeing, 2019. *Heritage and Wellbeing*.

Table 4-1: Strategic activity which underpins the case for developing activity that delivers wellbeing outcomes

Historic England strategic activity

- 3.1 Influence the sector and provide sector leadership
- 3.3 Make the case for heritage
- 5.1 Demonstrate the unique quality and value that heritage contributes to the cultural life of a wide range of audiences.
- 5.2 Position Heritage as an equal to Arts through national and international cultural partnerships
- 6.4 Grow our influence through increased capability in regional public engagement
- 7.1 Extend our audience reach
- 7.2 Increase our relevance and brand awareness
- 7.3 Use case studies for sharing our knowledge and informing new ways of working
- 7.4 Continually evolve ways of sharing our work and inspiring people to take action
- 8.2 Improve the understanding of our collections and increase availability so that we encourage greater use of our assets
- 9.1 Reflect society's diversity in HE programmes, projects and workforce
- 9.2 Help the public make unique memories in the Historic Environment through participative experiences
- 9.3 Engage people to see the historic environment as an important part of our everyday lives, and to get involved
- 9.5 Keep Historic England in the national conversation through high-profile media coverage

Source: Historic England, 2020. Corporate Plan 2020-23

- 4.7** With delivering wellbeing outcomes to both individuals and communities typically being viewed by consultees as such a central feature of Historic England's work, consultees were keen for the organisation to **find ways to monitor, measure and articulate this through activity already being delivered**. Documenting these outcomes, additional to Historic England's core work and not currently captured, was suggested as **a way of generating additional evidence of the benefits of heritage** – which could then be communicated to internal stakeholders, external partners and the public to reinforce the case for involvement.
- “Wellbeing is central to what we do”**
Historic England regional consultee
- 4.8** Internal consultees **called for examples of wellbeing outcomes** (through case studies and robust evidence) to be shared internally, which could also contribute to external-facing (annual) reports documenting Historic England's impact, such as *Heritage Counts* and *Heritage and Society*.
- 4.9** External stakeholders suggested it was *“imperative”* that publicly funded bodies support communities with the most need in order to **help address inequalities**. More explicitly addressing the wellbeing agenda through a social inclusion lens, by **prioritising particular places, communities of interest or social groups** was suggested to offer Historic England

opportunities to address inequalities, become more inclusive and increase wellbeing. Furthermore, this was suggested to offer an organisational benefit of **increasing the number of people engaged with Historic England's work** (for instance, through volunteering, as evidenced in the *if: Volunteering for Wellbeing* programme).

4.10 Furthermore, **Historic England's experience in leading research into wellbeing** in the historic environment was highlighted as an example of the organisation positioning wellbeing as an increasing area of focus and demonstrating that it is well placed in its current work to further develop this. However, **Historic England's role as leading on wellbeing in the heritage sector was seen as limited to date**, both in terms of external strategic visibility and recognised operational casework clearly focused on wellbeing outcomes, although potential to expand this going forwards was recognised.

Social prescribing work/prioritisation by Historic England - rationale and drivers

4.11 With regards to social prescribing specifically, internal consultees highlighted how this aligns with Historic England's aims and delivery methods. Strategically, consultees saw this as a priority area to explore and take forward – but the **underpinning rationale** behind this is less clear. External stakeholders did however suggest rationale for Historic England to become involved in social prescribing, with **key drivers highlighted** including:

- A **reputational risk** of falling behind other public bodies in relation to wellbeing and social prescribing. Other public bodies, including Natural England, the National Archives and ACE were identified as actively taking steps to embed wellbeing at a strategic level and becoming actively involved in the social prescribing landscape. The development of the National Academy for Social Prescribing's work is being actively supported by ACE, Natural England and Sport England. There may however be benefits from further considering how best for Historic England to take this forward, which could outweigh this risk.
- A recognised **opportunity for Historic England to create a landscape** which enables social prescribing to flourish by providing the direction, platform, skills and resources for Historic England as an organisation, and its partners. Historic England's organisational structure was seen to enable this, with national activity providing a position of influence and overview of best practice across the country, while regional delivery provides access to existing local networks and areas of need based on inequalities data (not just focused on London and the South, as was highlighted as a common issue in the heritage and wellbeing sector), and a mechanism to share best practice.
- This is an opportunity for Historic England to **contribute to an area of rapidly evolving work and fill gaps** in research in relation to social prescribing in the heritage sector (related to testing new approaches, the delivery of approaches working more closely with the healthcare sector, and measuring impact).

- 4.12** At an operational/delivery level, consultees felt that social prescribing was an area that the organisation had the potential to take forward. Enabling factors to support this were identified, but the rationale for using social prescribing specifically as a mechanism to deliver wellbeing outcomes was less clear.

Case study insights: rationale for Historic England to engage in social prescribing activity

Ramsgate Seafront Consultation could facilitate a greater understanding of what is possible in terms of projects at the intersection of wellbeing and heritage; having a people-centred approach was seen to be a vital component of social prescribing. Social prescribing may offer a mechanism for Historic England to approach placemaking work from a different perspective, which was suggested as offering potential to enhance benefits at individual and community levels.

Consultees for *The Old House Project* suggested that if Historic England were to develop activity in the area of social prescribing, they could be well placed to provide advice and support and share expertise with smaller organisations in the sector on how to effectively design, deliver and evaluate social prescribing work. The issue of clearly articulating how heritage-based activities like the Old House Project can impact potential partners was seen as an area where Historic England may be able to distil and share best practice.

- 4.13** However, the importance of Historic England having a **genuine commitment and clear rationale for becoming involved** in social prescribing work was seen as **an essential first step** towards effective delivery. Becoming involved in social prescribing delivery just because it is a current government priority, without committing sufficient resource and support behind it, risks potentially adverse effects for the organisation and participants, volunteers and partners involved, and risks schemes being introduced (partially or fully) which cannot be sustained.

Practical considerations – risks, challenges and enablers

Challenges, risks and barriers

- 4.14** There are some challenges, barriers and risks to Historic England's delivery of social prescribing. These challenges are both strategic and practical. Historic England, and the heritage sector more widely, are thought by consultees to be **transitioning from positioning themselves as exclusively interested in heritage to a more holistic role** relating to health and wellbeing, with potential to support a social prescribing offering.
- 4.15** The way that Historic England positions itself strategically to articulate that position both internally and externally, and then embed values around health and wellbeing into its strategy and operations, needs to be carefully thought out. Some stakeholders will need to be convinced that health and wellbeing are within the remit of Historic England; that they have

the expertise required to meet their aims in the sector; and that the move represents more than a superficial attempt to capture the zeitgeist.

- 4.16** There are also practical barriers to Historic England and its partners delivering a social prescribing offering. These include the additional burdens of delivering social prescribing in terms of funding, expertise, capacity, safeguarding, the resources and training required to work with vulnerable groups, and the resource and capacity demands of committing to a scheme that may require a long-term commitment.

Articulating the relevance of heritage to health and wellbeing

- 4.17** Despite the links between heritage and wellbeing being documented by research activity by Historic England, **Historic England's relationship with (and focus on) wellbeing are not explicitly defined**. Historic England and the heritage sector more broadly face a **challenge in articulating the relevance of heritage to health and wellbeing in a clear and compelling way**. The sector is not accustomed to describing these benefits; although the sector understands that experiencing heritage has benefits on health and wellbeing, in some more traditional organisations this is typically expressed in vague, non-specific terms. Stakeholders are not confident that Historic England currently has the knowledge or the language to effectively articulate the specific tangible benefits of exposure to heritage.

- 4.18** The ability to **make explicit connections** is key in allowing Historic England to convincingly position themselves strategically at the intersection between the two sectors. Consultees sometimes conveyed a scepticism around whether Historic England were well placed to be leading a move towards greater emphasis on health and wellbeing given that currently there was little visible communication by Historic England of the relevance of it to their work. Without convincingly articulating their position in relation to health and wellbeing, and the value of the heritage sector for health and wellbeing, Historic England will likely find it hard to achieve buy-in both internally and externally. Practically, the articulation of the value of heritage is important in terms of engaging with a wider audience than might traditionally be associated with heritage. Communicating the benefits of a heritage-based social prescribing activity to commissioners, link workers, potential (non-heritage) partner organisations and service users will be key. It was noted that Historic England might be able to support other organisations with this if Historic England itself built capacity in this area.

Embedding health and wellbeing strategically

- 4.19** Wellbeing is not explicitly defined as either an objective of Historic England's work (through the Public Value Framework) or an activity undertaken (in the Corporate Plan). Historic England and other heritage organisations therefore face a **challenge in including health and wellbeing in policy and strategy documents and strategic conversation in a manner that does not sound distinct from their organisational remit**; to do so would risk alienating those who see the role of heritage organisations as purely history- or fabric-focused.

- 4.20** To establish a strategic direction around the issue of health and wellbeing, the organisational message of Historic England needs to be clear: there is a well-established link between the arts and health and wellbeing, and between heritage and health and wellbeing, equally the role of the natural environment and outdoor space in terms of health and wellbeing is well-documented. What is unclear is where Historic England and the heritage sector might position themselves within that context.
- 4.21** One consultee noted a concern that for Historic England, a move away from a core focus might be damaging to their reputation if they were to enter a space that was not clearly relevant to their work.
- 4.22** Consultees suggested that without embedding health and wellbeing convincingly at a strategic level a commitment to social prescribing might, at its worst, appear to be a tokenistic or a box-ticking exercise.

Buy-in

- 4.23** Consultees noted that it may be difficult to achieve buy in both internally and externally. Without **working incrementally and building an evidence base** for a move towards social prescribing it was thought that staff and volunteers within Historic England might feel threatened by perceived changes to the focus of the organisation:

“There will be some people who think [Historic England] are talking about mental health and wellbeing too much and could react negatively to this”

- 4.24** A **well-articulated message** capturing not only the value of heritage to health and wellbeing, but also the value of social prescribing to heritage aims, is expected to be critical in ensuring buy in within Historic England. Social prescribing in particular as a delivery model for achieving wellbeing outcomes could accelerate engagement with a more diverse range of people, in particular those who may traditionally be harder to reach, and support Historic England in becoming more inclusive and addressing inequalities in society. It was, however, reported that the majority of staff were pleased about new internal support around mental health, for example through trained Mental Health First Aiders, which may indicate an increasingly receptive internal culture to focusing on wellbeing outcomes.
- 4.25** Practically it was noted that staff and volunteers in Historic England and other heritage organisations may already be busy with their current responsibilities and could feel burdened by apparent additional responsibilities. This appears to indicate that **ensuring additional burden is minimal**, particularly where capacity is limited or it is seen as an ‘add on’ to a project or people’s roles (and not a fundamental part of them), may well prove key, at least initially whilst buy-in is sought.

Expertise

- 4.26** Despite being well-placed nationally within the heritage sector, the reputation, network and expertise of Historic England is markedly less strong with those in the health and wellbeing

sector. Some consultees also suggested that Historic England do not have a strong reputation in terms of community engagement.

“I don’t think Historic England has the teams internally who are experts to deliver this [social prescribing] at the moment. Their bit of the role would be advising people on sites to visit, rather than devising a programme; they need to work with their expertise and skillsets.”

4.27 Consultees noted that Historic England might overcome this weakness by hiring people with the relevant health and wellbeing expertise and working to build on that expertise internally. Again, this presents a risk in terms of a perceived dilution of Historic England’s expertise, which is considered to have its strengths primarily in technical areas, and a further risk in terms of any perceived encroachment on other organisations working in the health and wellbeing sector.

4.28 It was noted that for some staff and volunteers in heritage organisations, the idea of working with people with particular vulnerabilities or needs might cause nervousness. One consultee suggested that Historic England, and the sector more broadly, needs to **begin to value ‘people skills’ as equally important to technical skills** if they are to move closer to social prescribing.

“The sector is really well served by people with fantastic skills around fabric and place and buildings, whether it’s about archaeology or conservation or the landscape. I think where we still have a deficit of knowledge is [in terms of] a really people-centred approach to working with people - and with a broader range of people.”

4.29 It was also noted that whilst there are some examples of tangential and *ad hoc* involvement by Historic England in social prescribing schemes or activities that are looking specifically for health and wellbeing outcomes, Historic England has **no substantial visible experience of delivering this type of work**. It may be the case that nationally there are some cases where the work of Historic England is more explicitly linked to health and wellbeing but as it stands there is **no centralised source of examples and little or no shared learning**.

Who is heritage for?

4.30 Despite progress in making heritage more accessible, consultees observed that **the heritage sector does not have a reputation as being very inclusive**. This may present a challenge where social prescribing is attempting to reach people who are disadvantaged and/or vulnerable; one consultee thought that in the Venn diagram of people interested in heritage and those who are the more disadvantaged and vulnerable there may be relatively few people at the intersection (although this itself may be a stereotyped misconception). However, social prescribing offers can have a variety of target participants, and it would not be appropriate to pre-determine the groups which might most effectively benefit from social prescribing schemes in the heritage sector.

4.31 Consultees noted that remedying perceptions and stereotypes around ‘who heritage is for’ is part of a wider focus on inclusivity in the sector. This challenge is linked to other barriers around a compelling articulation of the relevance of heritage to a wider audience.

4.32 One consultee highlighted the practical barriers to inclusivity within the heritage sector:

“I think sometimes the heritage sector can be slow to recognise some of the barriers that have prevented people accessing them... I think for staff and volunteers already at Historic England, it's a process of actually thinking about a much broader visitor engagement strategy, with wellbeing as part of that.”

4.33 For example, heritage sites or activities might be expensive, physically inaccessible, or difficult to access using public transport.

4.34 Part of addressing this challenge would be making clear what level of prior knowledge, physical ability and time commitment different activities would require, to reassure people referred to the schemes (and the referrers in working with them) that a heritage offer is something they can confidently access. Clear and accessible information about an offer could help to address preconceptions of heritage being ‘highbrow’ or ‘not for me’. This could offer an opportunity to attract new audiences and increase engagement.

Partnership working

4.35 Consultees suggested that there was a risk that if Historic England were to introduce a new scheme of social prescribing it might exacerbate what is sometimes a **disparate and siloed local landscape of socially prescribing activity**. For example, during case study consultations in London and the South East it was noted anecdotally that the well-represented and diverse voluntary and community sector (VCS) has experienced some obstacles to effective collaboration in the past which have not been helped by the addition of siloed initiatives. In addition, and perhaps more crucially, local link workers or social prescribing scheme staff have to **keep track of schemes operating and their referral criteria**, which becomes much harder in a fragmented system without sustained and clearly demarcated offers.

Practical challenges

4.36 An operational move towards social prescribing will require resource and capacity from Historic England, smaller heritage partner organisations, local authorities, and/or other stakeholders. Some of these stakeholders, particularly VCS organisations, are already delivering with limited resources. One consultee noted that sometimes the practical challenges were often greater than expected:

“My other concern around social prescribing is that it is ‘the hot thing’ at the moment that people want to be doing, but all of the projects I’ve heard about have been so much more time and resource heavy and challenging than they expected it to be”

- 4.37** This **barrier to widening the remit of potential stakeholders** was raised through the case studies, in which stakeholders from smaller local organisations suggested that without more resources or additional external funding they would struggle to develop social prescribing mechanisms or significantly scale up stakeholder and community engagement activity. The spectrum of need is likely mixed; one organisation suggested that they would require little or no additional resources to scale up activity. There is a risk of COVID-19 further constraining resources of the VCS sector, which is currently under pressure due to reduced fundraising activity and increased levels of need, and which may continue to affect the sector’s capacity over coming months and years.
- 4.38** Some consultees noted that the most effective social prescribing schemes offered “long-term” support for those referred to activities – rather than “just doing a six week programme every year for vulnerable people”. Social prescribing programmes (and understanding of best practice) within the heritage sector have progressed from short-term offers, between six and ten weeks in length, to longer-term, year or two-year long programmes of support. Long-term provision requires consistent funding and resources which are sometimes unpredictable in the VCS sector and might be difficult to secure in heritage organisations if a social prescribing role is not part of core activity.
- 4.39** Other practical barriers raised by stakeholders included having the capacity and expertise to ensure the **necessary data protection, safeguarding and insurance protections are in place**. It is unclear from this research the extent to which Historic England and its network of partners are set up in relation to these issues; further understanding of best practice within the sector and learning from those already delivered social prescribing projects may be beneficial in overcoming this.

Working with vulnerable people

- 4.40** Historic England and the heritage sector more broadly face **some practical challenges in terms of engaging with vulnerable people** through social prescribing delivery. Consultees highlighted the importance of working with vulnerable people in a safeguarded and person-centred way. One consultee noted that working with the hardest to reach and most vulnerable people is often where the most beneficial impacts are seen, but that working with the most vulnerable risked a greater potential for adverse impacts.
- 4.41** Staff and volunteers at Historic England and partner heritage organisations, activities and sites will likely **require additional training** in order to work with vulnerable people. This places an additional ask on Historic England and its staff (and/or partner organisations) in terms of resource and/or funding.
- 4.42** The challenges presented by the **importance of continued support** for some vulnerable people were highlighted. It was noted that in some social prescribing schemes it has not been clear where responsibilities for supporting vulnerable people once a project is finished lie; it might be that given their reliance on volunteers, some heritage organisations, activities and sites are less well placed to provide long-term consistent social prescribing support.

4.43 However, the preventative nature of social prescribing as an early intervention to avoid potential escalation of health issues may help Historic England to overcome some of these issues around engaging with vulnerable people. Developing offers which target those reporting lower level concerns (for instance, social isolation and loneliness) before they escalate, may be more feasible than targeting those with clinical conditions.

“Jumping the gun”

4.44 Finally, whilst voicing concerns around barriers and opportunities many consultees expressed a view that if Historic England is to rush to deliver a social prescribing scheme without addressing issues around the above strategic and practical considerations, it **risks damaging its reputation** and adversely impacting participants.

Enablers

4.45 Despite the challenges and risk outlined above, there are many ways in which Historic England appears to be well placed to undertake social prescribing activity.

Partnerships and relationships

4.46 The organisation has many relationships and partnerships with organisations within the heritage, arts and cultural sectors on local, regional and national levels. Historic England’s role is central, with the **potential to act as a facilitator of research, sharing of best practice and development of complementary relationships to enable social prescribing**. Mechanisms in which to do this are already in place regionally (through Historic Environment Forums, which act as a network for local level organisations within the sector) and nationally (through regular meetings between strategic and regional leads from Historic England with key partner organisations such as HLF and ACE).

4.47 Further relationships would need to be developed with the healthcare sector and potentially with delivery partners depending on the offer (for instance, a local Age UK group if an offer was developed for older people), but having local/regional groups of interested organisations through which to do this may increase the efficiency of this work. Furthermore, Historic England’s experience of collaborating with a wide variety of partners on projects benefitting a range of beneficiary groups means they are likely to be well placed to take this forward.

Alignment of work with routes to wellbeing

4.48 Specific areas of Historic England’s current work align with well-evidenced routes to wellbeing outcomes, meaning explaining the benefits of projects to referrers/link workers (and potential funders/commissioners) will be relatively uncomplicated – particularly compared to certain arts and culture interventions where explaining how wellbeing outcomes will be delivered may be less commonly understood. In particular:

- **Place (belonging) and participation (visiting):** through HAZ and High Street HAZ, a place-based approach is particularly evident which gives Historic England a strong local

presence and involves community engagement throughout the projects. These models also would allow Historic England to prioritise places in which to pilot social prescribing activity in areas of focus, then disperse learning to other localities through the regional teams. Capacity building grants were also identified as an area of work where community engagement is usually delivered, and impact on wellbeing was reported to often be an outcome of grants, whether by opportunity or design.

Case study insights: place and participation

Ramsgate Seafront Consultation is being delivered as part of a HAZ. Consultees reported that “wellbeing is an element of every project” within a HAZ, as they are about making places better for people and communities by making them accessible and appreciated. Designing and delivering interventions driven by local need and stakeholders is essential for effective place-based approaches.

- **Environment (experiencing):** much of Historic England’s activity involves people participating in physical activity and experiencing nature and fresh air. For instance, Heritage at Risk activity allows Historic England access to assets which are currently underused but have potential for wellbeing impact through restoration and conservation. This is reported to often be a resource intensive (financially and time-wise), complex and challenging process. However, considering how wellbeing outcomes are delivered through the process (for individuals and for the community) may provide further evidence of value for projects.

Case study insights: environment

The conservation work planned and being undertaken through The Old House Project, similarly to Historic England’s repair grants for Heritage at Risk, involves physical activity and work in the outdoors. It is anticipated that further wellbeing outcomes will be generated through the community engagement, volunteering and skills development aspects of the project.

- **Process (volunteering) and mechanism (sharing):** the process of volunteering is established through Historic England’s current work, whether that be through Enriching the List, contributing to historical research, or tackling heritage crime in a local area. Historic England has an existing volunteer base to support with potential social prescribing activity (for instance, sharing their skills and knowledge), mechanisms through which to provide volunteering opportunities as social prescribing (with careful planning and consideration) and the potential to expand its volunteer base through social prescribing.

Case study insights: process and mechanism

Beddington Park – volunteer bodies coordinate and lead activity in the park, local residents could engage with archaeological aspects of the project (including an archaeological dig and researching and evidencing finds) by volunteering.

Existing assets

4.49 Historic England was identified as having access to or ownership of a number of key assets which could enable social prescribing activity:

- **Access to** (or influence to provide access to) **listed heritage sites:** this could be a starting point for social prescribing activity and was highlighted as a “*unique offer*”, which may be highly attractive to people with an interest in history. Ensuring any offers are communicated and delivered in a way that is accessible and inclusive will be key to this.

Case study insights: access to listed sites

Enriching the List demonstrates that the wide variety of listed sites Historic England has physical or virtual access to provides a wealth of valuable opportunities for individuals to engage with and enjoy.

- **Ownership of visual assets, including photo and video images of historic sites:** Historic England holds access to “*fantastic*” visual resources through the Archive which would be useful to other, smaller heritage organisations in delivering social prescribing (or wellbeing related) schemes.
- **Skilled and knowledgeable people:** Historic England employs people with a wide variety of skills and knowledge which could be utilised in the delivery of local social prescribing offers and to support other heritage organisations with development and/or delivery of social prescribing. Many staff also have wider experience and skills through other professional roles, freelance work and/or their career history. While relevant skills gaps may have been reported as a risk/barrier, this could be (at least in part) due to unknown or underutilised skills (particularly around public engagement).

Timely opportunity

4.50 Expertise was clearly recognised as a strength by stakeholders, but how this relates to and can contribute towards social prescribing (and wellbeing) offers may be more complicated to establish. Internally, there is some recognition of the importance of wellbeing related work and people with public engagement skills in certain teams, but this is not necessarily embedded across the organisation or seen as a priority. Historic England is reported as strategically being in a period of transition from a more transactional, traditional way of

working with heritage assets, to a new way of approaching its work underpinned by a consideration of why things are being done and who activity is designed to benefit. Social prescribing may present an active, timely opportunity which aligns with this new strategic perspective, and there are people in the sector keen to discuss the opportunity, collaborate, research and pilot work. However, for Historic England to be a credible contributory voice within this, its approach to communicating how wellbeing outcomes are delivered through their work (internally and externally) needs to be clearly defined and effectively delivered.

5. Reflections, recommendations and potential next steps

- 5.1** Drawing on findings from the stakeholder research, case studies and relevant literature, this section sets out a series of recommended next steps for Historic England to consider.
- 5.2** Social prescribing is a growing area of government interest which is being rolled out nationally and is rapidly expanding in scale. Learning continues to emerge and be shared within and across sectors and is rapidly evolving. Demand for social prescribing delivery offers is only likely to increase in light of the COVID-19, due to the increase in health inequalities and negative impact on people's wellbeing, which makes Historic England's consideration of its potential for social wellbeing both timely and relevant. The preventative nature of social prescribing as an early intervention to avoid potential escalation of health issues mean it is an approach which is important for Historic England to consider.
- 5.3** Historic England is involved in diverse, varied work and has a strong reputation and range of relationships within the heritage sector. The organisation has taken steps to increase its focus on wellbeing as a form of public social value, for instance with the introduction of the six routes to wellbeing using the historic environment (**Figure 1-1**), and is clearly on a journey to clarifying and enhancing this focus, even if this is not currently reflected in strategic documents or its impact measured in activity on the ground. However, there are divergent views as to Historic England's potential to (or added value expected from) engagement in social prescribing as a mechanism to delivering wellbeing outcomes.
- 5.4** Before considering the detailed recommendations set out below, there is a fundamental consideration required. **Social prescribing is one mechanism for delivering wellbeing outcomes; it is not the only one, and does not necessarily have to be the approach Historic England pursues in order to embed wellbeing focused ways of working.** There is evidence emerging that its projects are contributing to wellbeing. Aiming for 'true' social prescribing activities from the outset may well not offer the most effective starting point; further foundational, strategic work focused on expanding the evidence base regarding wellbeing outcomes may prove an easier and valuable area of focus – at least in the short-term. This could be part of a journey towards social prescribing, if this is the mechanism that is selected as being the most effective in achieving clearly defined aims and outcomes for the organisation. The following recommendations are based on this premise.
- 5.5** The following sections of this chapter outline the steps that could be taken in the short, medium and long-term, both independently and with others, in order for Historic England to prepare and position itself to deliver effective social prescribing.

Recommendations

- 5.6** If Historic England is to establish or involve itself in social prescribing activity, action will be required internally at both strategic and operational levels. Several of these actions would also be recommended in order to further embed, develop and capture the impact of activity leading to wellbeing outcomes.
- 5.7** Strategic and operational activity could be driven simultaneously through a ‘top-down’ and ‘bottom-up’ approach – indeed, we suggest that this may offer maximum potential for embedding social prescribing and/or wellbeing focused approaches.
- 5.8** The recommendations set out below are based both on suggestions made by consultees, and our own reflections. These are grouped sequentially, by those actions which could be prioritised in the short, medium and long term. In the short and medium term, we consider that strategic activity is necessary to ensure the organisation is well-placed to support effective delivery of social prescribing. In the longer term, operational and learning share activity is suggested, alongside models for how social prescribing could be developed and delivered. However, the timeframes will need to remain flexible in order to take advantage of opportunities which arise, as well as implications of COVID-19.

Strategic activity – short term

- 5.9** As a priority in the short term, Historic England might usefully consider the following actions:
- **Develop a clear understanding and message around the importance (and potential) of heritage to health and wellbeing outcomes and vice versa.**
 - Historic England has experience in leading research into wellbeing in the historic environment. Collating this expertise and research into a strategic message and providing clarity of understanding as to how it relates to the remit of the organisation will be an important early step. Being clear on how wellbeing aligns with organisational aims, priorities and objectives (and that of its funders) is vital.
 - **Establish why social prescribing is the best mechanism for Historic England as an organisation.**
 - This is a fundamental first step, essential in understanding why they should prioritise this work and should take into account the organisation itself, its funders, and its users. This may look different across different funders, elements of work or geographical areas.
 - Having established this, agreeing the extent to which Historic England wishes to prioritise social prescribing alongside (or instead of/in addition to) other methods of delivering wellbeing outcomes will be required.
 - **Embed messaging around the relevance and importance of health and wellbeing in internal policy and strategy to achieve buy-in within Historic England.**

- There is some scepticism within Historic England around the relevance of health and wellbeing to the heritage sector; internal messaging should be compelling and evidence based. Linked to the first point above, further work (beyond messaging and dialogue) on developing a shared understanding of the relevance of heritage to Historic England's audiences and society needs to be done to successfully overcome this scepticism.
- Understanding the views of staff internally, whether through discussion, surveys or other methods, and co-producing approaches to social prescribing with operational and strategic staff, would likely help with achieving buy-in.
- It may also be helpful to identify internal 'champions' for the approach, who have a particular interest and/or relevant skillset to offer to support development and testing/embedding of the approach. We know from other culture and practice change programmes that peer champions can prove key in securing buy in to new ways of working or approaches, and securing cultural, as well as practical, change will likely be key to taking forward this approach. Whilst this needs to be led 'from the top' with visible leadership and commitment, frontline champions can help to play a critical dispersed leadership role.
- There is likely to be a need for further training, for instance developing regional or team based champions to embed this change within organisational culture. Policies may also need updating or developing, for example, regarding information governance (e.g. if people with specific needs are being referred into the scheme, additional information security will be required), person-centred approaches and/or safeguarding.
- **Develop and embed a consistent approach to defining and measuring wellbeing outcomes.**
 - This could be through a framework of metrics/indicators, which could include the use of validated or internally designed/bespoke tools.
 - Embed use of this framework for relevant projects within the Public Value Framework for assessment stage, but also during project delivery and at completion in order to measure impact.
- **Continue to the research base related to wellbeing in the heritage sector, and ensure this is shared.**
 - Suggested national bodies to strengthen and develop engagement with include the What Works Centre for Wellbeing, the Culture, Health and Wellbeing Alliance, and the MARCH Network (Historic Environment and Mental Health Special Interest Group).
 - Regional opportunities should also be explored, either through regional representatives of organisations or specific bodies in geographical areas of focus.

- There is a national need to collect evidence on the role of heritage for health and wellbeing that Historic England may be in a position to undertake, perhaps in collaboration with others.

5.10 Focusing on wellbeing and developing capacity in this area will enable Historic England to start to engage with clinical conditions.

5.11 All following recommendations are dependent on Historic England establishing reasons why social prescribing is the best mechanism for the organisation to deliver against its aims and intended wellbeing outcomes.

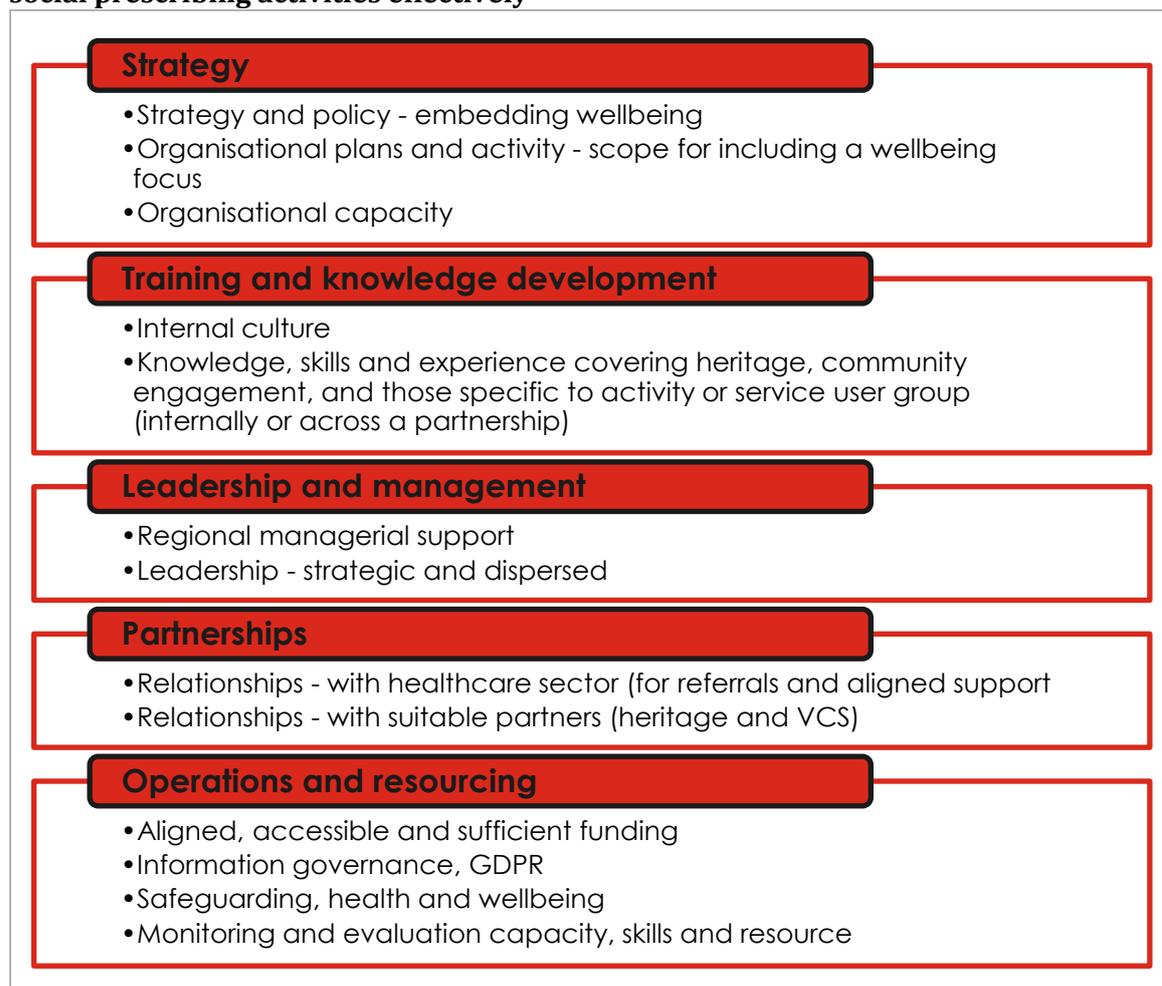
- **Position itself strategically in the wider social prescribing landscape.**

- Based on this report, Historic England should understand its position (key opportunities, enablers, challenges and risks) and potential offer within the landscape of social prescribing.
- This can be used as a basis to engage with similar organisations who have demonstrated interest in social prescribing work, to understand how they have identified opportunities, embedded the approach, provided appropriate resourcing, and potentially develop strengthen offers through partnership (e.g. Arts Council England, Natural England, National Archives).
- Early on in this process, it could be useful to consult with potential health commissioners in a local area where Historic England has a strong local presence and is currently delivering work which is delivering wellbeing outcomes (e.g. in a HAZ). This would increase understanding of offers that might appeal to the health sector and identify any key barriers before further organisational commitment is made.

- **Develop and maintain internal understanding of Historic England's readiness for delivery of social prescribing.**

- Maintaining a self-assessed RAG rating of the organisation's status against key domains which will be required to deliver social prescribing effectively could help to support Historic England to make further decisions about how to progress activity in this area. An example of this is provided Figure 5-1. Alternatively, this could be undertaken as a 'radar plot' (or similar) self-assessment exercise. We suggest that undertaking this in respect of both the organisation as a whole, and at a site-specific level (when potential pilots are identified) could prove key to identifying essential actions required. The domains are not intended to form an exhaustive list; rather to illustrate some of the knowledge, resource, relationships and plans likely to be needed for social prescribing projects.

Figure 5-1: Key domains that we suggest are required (as a minimum) to deliver social prescribing activities effectively



Source: SQW

Strategic activity – medium term

5.12 We suggest that the following recommendations be considered for implementation over the medium term, depending on progress with and outcomes from the above stage.

- **Articulate Historic England’s position, interest, potential and offer in terms of wellbeing (and social prescribing) in a clear and compelling way externally.**
 - Credibility will likely be generated through building (and communicating about) an evidence base / track record of expertise and delivery of projects with a relevance to health and wellbeing (perhaps in the form of case studies). Contributing to guidance on measurement and assessment of benefits to health and wellbeing through heritage, and working with regional and national networks to share this information will also help to build credibility.
 - Incorporating wellbeing into future annual reports and strategic documents could strengthen messaging internally and externally.

- Historic England could usefully take stock of, and capitalise on, existing internal staff skills and expertise in communicating and articulating ideas around people-centred approaches to heritage, or more specifically health and wellbeing.
- **Develop relationships with parts of the healthcare sector.**
 - In order to establish a 'pure' social prescribing model using primary care as a referral route into the offer, links with the healthcare sector on a local level will be essential.
 - There are several routes to approaching this: establishing contact directly through local referral organisations and link workers could be appropriate to propose a delivery offer. Contacting CCGs, Primary Care Networks and/or regional Social Prescribing Network leads could be more appropriate though as an initial step, to seek to understand their current offer, model and provision, and explore how and where Historic England could complement this.
 - We recommend targeting geographical areas where Historic England has identified potential for social prescribing activity to be developed through its existing (or planned) schemes of work. For instance, a HAZ/High Street HAZ with existing wellbeing related activity and staff team engaged and passionate about this.
- **Develop external partnerships in the heritage and VCS sector.**
 - Whatever approach Historic England takes towards moving closer to embedding health and wellbeing first (and potentially social prescribing) within the organisation, it will need relationships with partners with relevant expertise – for operational delivery, helping to define the offer, and identifying funding opportunities.
 - Historic England would do well to use their local assets in terms of regional staff and networks to build on existing relationships and create new ones where gaps exist in experience or expertise.
 - Similarly to the suggestion about regarding developing relationships with the healthcare sector, this activity could be targeted in local areas where social prescribing activity is most likely to be progressed.
 - National organisations (such as the Heritage Alliance, The Restoration Trust, Mind, Age UK, Mencap, for example, building on Historic England's existing relationships) could also add value, either as partners or to share learning with.
 - These conversations could potentially progress into developing a local pilot social prescribing offer.

Operational activity- medium to long term

5.13 Alongside strategic and relationship-building activity to develop social prescribing approaches (and further embed a wellbeing focus), Historic England could progress operational activity in order to develop and deliver social prescribing. This is likely to take

more time to progress due to being dependent on some areas of strategic activity and suitable opportunities arising or being developed.

5.14 Two ways of progressing this are suggested:

- 3. Leading the development and delivery of a pilot social prescribing project, to test how the approaches and mechanisms can work in practice on a relatively small, defined scale.**
- 4. Supporting other organisations to develop and deliver social prescribing, either in a defined role on a project led by others, in an informal, advisory capacity, or as a funder through its grant schemes.**

5.15 A decision regarding adoption of any of these approaches would obviously need taking strategically before development work can progress, with clearly defined expectations around roles, parameters, resourcing, communications/messaging and timescales, as well as learning capture and share plans. Historic England should carefully consider resourcing of this, which may include additional roles and responsibilities as well as financial resourcing.

“There are lots of opportunities for social prescribing in the work Historic England does.”

Historic England regional consultee

5.16 Within Historic England’s work, it is evident that there are several areas where there are clear opportunities to expand delivery of work related to wellbeing outcomes, and more effectively identify measure impact. Some of these areas are more likely to be transferable to an effective social prescribing delivery model; these opportunity areas and associated rationale are examined in (using the strategic activities from the Corporate Plan 2020-23). This is intended to provide a map of the most effective ways for Historic England to generate and assess impact in relation to wellbeing through a social prescribing model, and could inform what kind of pilot project is pursued as a next step. It also suggests whether activities would be more suitable for Historic England to lead development and delivery of, or to support other organisations with this (or either approach). All of the strategic activities identified as leading to wellbeing outcomes align with the five routes to wellbeing using the historic environment.

Table 5-1: Current Historic England activity delivering wellbeing outcomes, mapped against potential transferability to a social prescribing model

Historic England strategic activity <i>Alignment with case studies</i>	Potential for social prescribing (High/Medium/Low) Rationale	Suggested models of engagement/delivery approaches for social prescribing	Headline resources and adaptations needed
<p>1.1 Reduce Heritage at Risk through repair, adaptation and re-use <i>The Old House Project, although project not delivered by Historic England</i></p>	<p>Medium Conservation and restoration projects are generally long-term; capacity for transition for participants to volunteering roles at project end; HE's expertise in technical skills; potential for engaging young people</p>	<p>Lead/support Through Heritage at Risk projects or repair grants, a social prescribing project could be developed around knowledge and skill development related to conservation and restoration.</p>	<ul style="list-style-type: none"> • Recruitment/referral mechanisms and links with healthcare sector partner(s) • Delivery partner with public engagement expertise and potentially experience working with vulnerable people (depending on target participants) • Suitable project site - accessible, longevity of project, local interest and need
<p>1.2 Initiate High Street HAZs to contribute to adaptation in town centres 1.3 Deliver Heritage Action Zones Rounds 1-3 to demonstrate the potential of the historic environment <i>Ramsgate Community Consultation</i></p>	<p>High Piloting a social prescribing pilot projects in a HAZ may be sensible, given that these are organisational areas of priority, ad learning could be rolled out more widely if successful (across other HAZs, or to other locations/projects)</p>	<p>Lead/support Existing HAZ/High Street HAZ projects which are potentially delivering wellbeing outcomes could be adapted for a social prescribing model e.g. community consultations/advisory groups, volunteering opportunities, walking tours and local listings projects. There is potential for Historic England to lead this activity based on community engagement skills in place.</p>	<ul style="list-style-type: none"> • Recruitment/referral mechanisms and links with healthcare sector partner(s) • Clear local need (based on healthcare data/information from the healthcare sector) and offer • Interest from the local project team in taking work forward • Local partners would likely be involved in various ways depending on the project focus and for community engagement – including support with accessing local health profiles and NHS data
<p>1.4 Undertake area-based Listing programmes to</p>	<p>High Could form the central part of a project; provides volunteering</p>	<p>Lead A social prescribing project using Enriching the List as its central</p>	<ul style="list-style-type: none"> • Recruitment/referral mechanisms and links with healthcare sector partner(s)

Historic England strategic activity <i>Alignment with case studies</i>	Potential for social prescribing (High/Medium/Low) Rationale	Suggested models of engagement/delivery approaches for social prescribing	Headline resources and adaptations needed
provide clarity and certainty for planning change <i>Enriching the List</i>	opportunity; wide and large variety of sites; place-based and engagement with natural environment	element with a walking tour model, combined with other varied activities (such as talks, research and photography skills) would seem the strongest delivery opportunity. This could be led by Historic England, with the support of relevant local partners where needed. The model is rooted in local communities using listed sites but could be transferable nationally if proven successful.	<ul style="list-style-type: none"> • Clear local need (based on healthcare data/information from the healthcare sector) and offer • Interest from the local project team in taking work forward and national Enriching the List team • Local partners would likely be involved in various ways depending on project activities (e.g. local historian for talks, facilitator for photography masterclass) and for community engagement • Could be based in any local region due to the wide and large variety of listed sites by designing walking tours
2.1 Create necessary new knowledge, including recording prior to loss <i>Beddington Park and The Grange Garden, although project not delivered by Historic England</i>	Low Archaeology work often one-off/short-term projects; others in the sector do this well; would suggest fully capturing the impact of this work on wellbeing rather than adapting for social prescribing	Support An approach that offers something different to others in the sector may be more suitable to adopt, combining community archaeology dig with a programme of complementary activities e.g. writing up finds, talks and knowledge sharing, museum tours, research	<ul style="list-style-type: none"> • Learn from other's' expertise delivering archaeology related social prescribing projects (Restoration Trust, Breaking Ground Heritage) • Effective framework for measuring wellbeing outcomes of archaeology work • Recruitment/referral mechanisms and links with healthcare sector partner(s) • Delivery partner with public engagement expertise and potentially experience working with vulnerable people depending on target participants • Suitable project site - accessible, longevity of project, local interest and need
6.2 Build capacity (knowledge and skills) in communities <i>All</i>	Medium It would be important to effectively capture wellbeing outcomes of capacity building	Support Capacity building grants could be delivered to social prescribing projects which also meet the key	<ul style="list-style-type: none"> • Effective framework for measuring wellbeing outcomes of grant funded activity

Historic England strategic activity <i>Alignment with case studies</i>	Potential for social prescribing (High/Medium/Low) Rationale	Suggested models of engagement/delivery approaches for social prescribing	Headline resources and adaptations needed
	activity/grants first; following this, capacity building projects using a social prescribing model could be possible.	priorities, as these grants often include a community engagement element. This would mean Historic England's role would more likely to be as funder, although it would build up knowledge, skills and experience as well as demonstrating wellbeing impact.	<ul style="list-style-type: none"> • Third party organisation with capability to apply for and deliver social prescribing activity effectively • Effective communication with suitable organisations to ensure they are aware this opportunity is available and suitable for grant funding.
6.3 Provide more opportunities for people to contribute to our work through volunteering both in HE and elsewhere <i>All</i>	High Volunteering is well-established in Historic England's work through a variety of projects so could potentially be adapted to provide varied, long-term opportunities; skill development and employability outcomes for participants; potential for continuation of volunteering at project end	Lead/Support Existing volunteering projects could be adapted to provide social prescribing models. For example, listings projects, leading site or walking tours, research. Historic England could also support other organisations to deliver volunteering-based social prescribing models. Depending on the aims, projects could be delivered over varied timescales; the review of social prescribing in the heritage sector showed offers varied between eight to twelve week programmes, or sustained year-long/two-year programmes ⁵⁶ .	<ul style="list-style-type: none"> • Method of recruitment and links with healthcare sector • Should be volunteering project which calls for sharing and group interaction • Volunteer coordinator role is key • Could involve access to sites, if possible

⁵⁶ However, it should be noted short-term social prescribing schemes need careful management to avoid setting up an offer which is then withdrawn again quickly, through referral routes, delivery and signposting to ongoing support.

Historic England strategic activity <i>Alignment with case studies</i>	Potential for social prescribing (High/Medium/Low) Rationale	Suggested models of engagement/delivery approaches for social prescribing	Headline resources and adaptations needed
9.4 Ensure children and young people are core audiences for our work and programmes	Low Not highlighted within our research as an area of strong expertise/experience for Historic England; however, was reported as a gap in social prescribing offers nationally	Lead/support A project targeted at young people could use any (or a combination of the above approaches).	<ul style="list-style-type: none"> • Recruitment/referral mechanisms and links with healthcare sector partners • Delivery partner with strong expertise working with vulnerable young people • Would need to be driven by local interest and need in a social prescribing scheme for young people • Safeguarding and IG policies – these are particularly important when working with children and young people • Strengthen reputation of expertise and experience working with young people

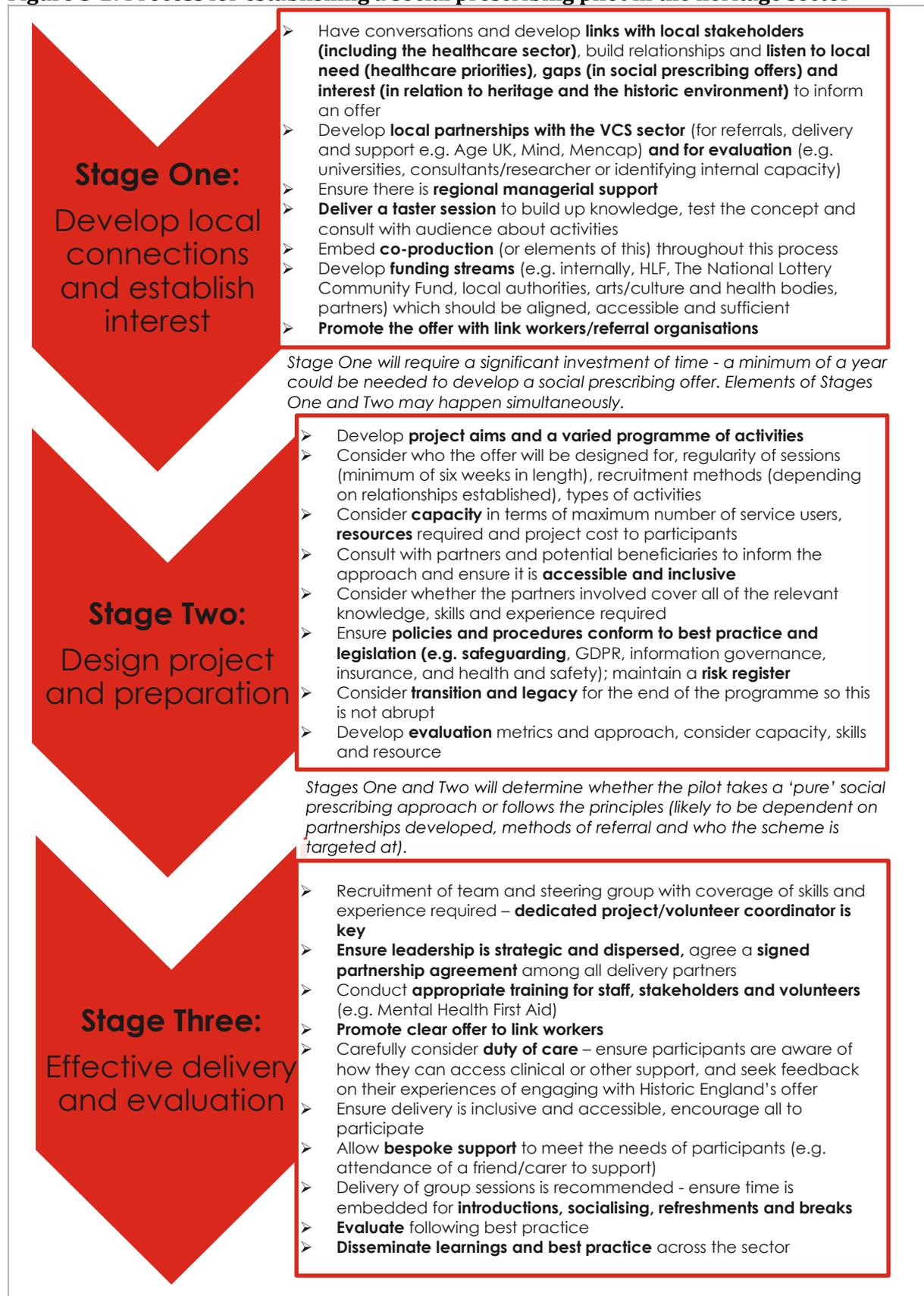
Source: SQW

Leading the development and delivery of a pilot social prescribing project

- 5.17** Based on the mapping above, the areas of Historic England's current activity offering the most potential for social prescribing (at least in the medium term) appear to be HAZ/ High Streets HAZ projects, local listing programmes and volunteering activity.
- 5.18** It may perhaps also be possible to **combine these opportunities** to develop a local offer; for instance, a local listings programme using Enriching the List engaging volunteers (and providing opportunities for ongoing volunteering on completion of the social prescribing offer) based in a HAZ. It remains unclear how effective or appropriate this would be, but may be an area for further exploration.
- 5.19** Key to leading a social prescribing pilot project will be the **selection of a local area of focus**. We would suggest that this could potentially be located within one of the HAZs as these are already identified areas of priority for Historic England, have additional resource associated with them, and teams with strong local knowledge, all of which would better enable a community-centred way of working. The development of a specific geographical area could be selected by design/data (e.g. health inequalities)⁵⁷, based on expressed interest from a local team and community, or selected where a local opportunity arises (although to be effective, we suggest that an internal project team who is passionate about an opportunity and clearly identified local need and interest must also be in place). Similarly, the targeted user group of an offer should be based on local need, which could include those with one or more long-term conditions or complex social needs which affect their wellbeing, those who need support with their mental health, people who are lonely or socially isolated, or those who frequently utilise primary and/or secondary health care services.
- 5.20** The research indicated that it is key that for Historic England to lead a social prescribing offer, they must have genuine credibility, authority and expertise in the relevant field or activity. Any offer is likely to require a partnership approach to complement Historic England's skillset, knowledge and experience; partners could vary based on the local area, activity being delivered, and target service user group.
- 5.21** Figure 5-2 outlines a high-level suggested process for developing and delivering a pilot social prescribing project.

⁵⁷ If Historic England are able to form links with local health or care commissioners, they may be able to target efforts informed by the [SHAPE Atlas](#), which is not currently accessible to people outside of health and care commissioning.

Figure 5-2: Process for establishing a social prescribing pilot in the heritage sector



Source: SQW

Supporting other organisations to develop and deliver social prescribing

5.22 It has been suggested that Historic England could be **well-placed to support other organisations within the heritage sector** with the development and delivery of social prescribing offers. This approach would allow Historic England to gain experience within the field of social prescribing (and subsequent learnings as well as credibility in this area) and could minimise associated risk, depending on the role Historic England has. It would also align with a strategic activity in the Corporate Plan, ‘help heritage sector organisations to work better with communities’ (6.1) and benefit partners through Historic England’s resources and knowledge, as indicated in the approaches below.

5.23 Our research highlighted three ways that Historic England could potentially take this forward:

- acting as a partner in a defined role on a project to complement a lead delivery partner, for instance by providing technical expertise, access to sites/resources, or sitting on a steering group
- holding an informal, advisory role or acting as a conduit for the sector to share learning by providing advice, resources and sharing best practice in delivery and assessing outcomes
- providing grant funding for partners to deliver a social prescribing scheme (through its regional capacity building grant programme).

5.24 As an example, key partners for social prescribing projects using volunteering could be those who already offer established volunteering opportunities that Historic England signposts to, such as Canal & River Trust, Churches Conservation Trust, English Heritage, Historic Houses and the National Trust⁵⁸. Some of these organisations already have existing links with health bodies and/or are delivering social prescribing-type offers (for instance, the National Trust’s Active North Devon project, see Table 3-1).

5.25 The mapping above suggested that areas where Historic England could be well-placed to support other organisations might include Heritage At Risk, HAZ/ High Streets HAZs, capacity building, and volunteering. It would be important for Historic England to consider their existing skillset, knowledge and experience in establishing partnerships in order to complement and add value.

5.26 However, the research provided less detail on how Historic England could take forward this role and add value. Consulting with partners in the sector directly on a regional level through the Historic Environment Forums or nationally through a stakeholder survey could provide more detail on how to progress this.

⁵⁸ <https://historicengland.org.uk/get-involved/volunteer/volunteer-with-other-heritage-organisations/>

Annex A: Acknowledgements

- A.1** This report has been prepared by the SQW research team, comprised of Lauren Roberts, Holly Waddell and Alice Birch.
- A.2** Our thanks go to the Linda Monckton and Eirini Gallou at Historic England, who have overseen the work of the study and provided support and critical challenge throughout.
- A.3** Thanks also to those project leads who have contributed to the case studies.
- A.4** Finally, our thanks go to the Historic England representatives and participating stakeholders who have been involved in interviews and have signposted us to relevant documentation.

Annex B: Reference list

- B.1** Web links to all documents reviewed and referenced in the report have been provided below (as accessed in August 2020). References have been grouped for accessibility as Historic England resources, resources relevant to those considering the delivery of social prescribing and policy documents (covering national and local policy and from the arts, culture and heritage sector).

Historic England resources

Historic England, 2020. [*Building the future – our Corporate Plan*](#)

Historic England, 2019. [*Heritage and Society 2019*](#)

Historic England, 2020. [‘Historic England’s Role’](#)

Historic England, 2020. [‘Public Value Framework’](#)

Reilly, Nolan and Monckton, 2019. [*Wellbeing and the Historic Environment*](#)

Resources relevant to delivery of social prescribing

[Breaking Ground Heritage](#) (various pages of website)

Bromley by Bow Centre, [‘Supporting people affected by cancer in their community’](#)

Everill, Bennett and Burnell, 2020. [‘Dig in: An Evaluation of the role of archaeological fieldwork for the improved wellbeing of military veterans’](#)

Human Henge, 2018. [*Evaluation Report Summary*](#)

if: Volunteering for Wellbeing, 2016. [*Final evaluation report*](#)

International National Trusts Organisation, May 2020. [‘A Natural Health Service: Social prescribing in the heritage sector’](#)

Museums on Prescription, 2017. [*Museums on Prescription, A guide to working with older people*](#)

National Trust, 2020. [‘Active North Devon’](#)

Polley, Whitehouse, Elnaschie and Fixsen, 2019. [‘What does successful social prescribing look like – mapping meaningful outcomes’](#)

Polley, M., and Richards, R., 2019. [‘A Guide to Selecting Patient Reported Outcome Measures PROMs\) for Social Prescribing’](#)

University of Westminster, 2019. [‘Making Sense of Social Prescribing’](#)

[Ways to Wellness](#) (website)

Willis, J., 2020. [‘Burgh Castle Almanac: First report evaluation’](#)

Policy documents (national, local and sectoral)

All Party Parliamentary Group on Arts, Health and Wellbeing, 2018. [Annual Report 2017-8](#)

Cabinet Office, 2016. [Community Life Survey](#)

Culture, Health and Wellbeing Alliance, April 2019. [Annual Survey Summary Report](#)

Department for Culture Media & Sport, March 2016. [The Culture White Paper](#)

Department for Culture Media & Sport, October 2018. [A connected society: A strategy for tackling loneliness – laying the foundations for change](#)

Department of Health and Social Care, 2006. [Our health, our care, our say: a new direction for community services](#)

Department of Health and Social Care, August 2018. [‘Social prescribing schemes to be funded by the Health and Wellbeing Fund: 2018’](#)

Department of Health and Social Care, August 2020. [‘£5 million for social prescribing to tackle the impact of COVID-19’](#)

Fancourt, D., Warren, K., and Aughterson, H., April 2020. [Evidence Summary for Policy: The role of arts in improving health and wellbeing](#)

Greater Manchester Health and Social Care Partnership, April 2020. [‘More people than ever before benefitting from “social prescriptions” as Greater Manchester leads the way’](#)

Mayor of London, 2018. [Health Inequalities Strategy](#)

NHS, 2014. [Five Year Forward View](#)

NHS, 2016. [General Practice Forward View](#)

NHS England, 2020. [‘Social prescribing’](#)

NHS England, August 2020. [‘NHS recruitment drive to help tackle loneliness and improve lives’](#)

NHS England, June 2020. [Social prescribing and community-based support: Summary guide](#)

NHS UK, 2019. [NHS Long Term Plan](#)

Public Health England, 2018. [Community-centred practice: applying All Our Health](#)

Public Health England, June 2019. [Social prescribing: applying All Our Health](#)

The King’s Fund, 2017. [‘What is social prescribing?’](#)

The Pharmaceutical Journal, February 2020. [‘Social prescribing staff numbers double in one year’](#)

What Works Centre for Wellbeing, 2019. [‘Heritage and Wellbeing: state of the evidence’](#)

What Works Centre for Wellbeing, 2019. [Heritage and Wellbeing](#)

Annex C: Beddington Park and The Grange case study

Introduction

- C.1** This case study explores the heritage activity taking place at Beddington Park and the Grange in Sutton, and its focus on wellbeing. The Beddington Park and the Grange project was led by Sutton Council as a National Lottery Heritage Funded project; Historic England had no involvement in delivery of the project. The case study has been developed as part of SQW's 2020 study into the potential of Historic England's local delivery for social prescribing, on behalf of Historic England, and has been informed by three interviews and systematic review of key documentation.

Context and background

- C.2** Beddington Park and The Grange ('the Park') in Sutton, London, is the setting for multiple Grade I and II listed buildings, including churchyard walls, Beddington Place/Carew Manor and a Parish Church. The Park is open to the public, contains sport and play facilities and has a range of social offers. While the Park is locally listed, it is not included within the Historic England 'Register of Historic Parks and Gardens of special historic interest in England'. The potential to strengthen interest in and support for the Park amongst heritage organisations such as Historic England, historical societies (locally or nationally) and owners/managers of other historic parks has been identified in the Management and Maintenance Plan (January 2019).
- C.3** A citizen-led commissioning project was carried out from 2012 to 2017 (including a historical survey of the Park and its heritage assets), leading to a successful £3m National Lottery Heritage Fund bid alongside £700k of match funding. The main objectives of the project were to restore the landscape and built features of the Park while replacing lost heritage features, and actively engage visitors and local communities with the Park and its future management. Activity started in 2017; physical work was completed by 2020, with funding extended to 2021 due to COVID-19.
- C.4** The Park is owned by the London Borough of Sutton, which has an internal team of staff for contractual and maintenance work. A Project Manager sits within the Council alongside a Project Support and Volunteer Coordinator, whose role is funded by the project. There has been community participation in the management and maintenance of the project through volunteers, supported by the Project Coordinator.



Photo courtesy of Sutton Council

Activity and delivery model

- C.5** Since 2017, the project has delivered activity including restoring heritage features and enhancing and protecting natural habitats e.g. by dredging and reprofiling the lake; improving the Park's visitor facilities; installing new signage, including paper trails describing features; and developing and coordinating activities and volunteering opportunities to engage the local community.
- C.6** There are a wide variety of events and activities delivered in the Park for visitors and the local community – an overview of these is provided in Table C-1. Most are led by volunteers and local societies, supported by the Project Coordinator. Training for staff and volunteers is funded through the project, spanning topics including first aid, event management and horticulture.

Table C-1: Events and activities delivered in the Park through the project

Activities/ events	Description
Heritage-related activities and events	<p>The local archaeology society has been researching nearby listed sites for decades, but through the project have extended activity into the Park. Activities delivered by volunteers and engaging the local community have included:</p> <ul style="list-style-type: none"> • Excavation and field surveys, supported by around 25 local people • Finds projects – writing up archaeological reports, submitted to Historic England • Cleaning the Victorian fernery • Regular and one-off opening of the Dovecote and tours for the public • Annual lecture series held led by local voluntary enthusiasts and experts • Writing text and compiling pictures for interpretation boards (signs for the Park's heritage assets) and creating a heritage trail leaflet • Tours of the Park's heritage assets (with around 20 attendees each time) • Three evening talks about the history of the Park (each attended by c.50 people) <p>Historic England have provided archaeological advice and specialist technical support to the project (e.g. in writing archaeological reports).</p>
Walking groups	Volunteers lead free weekly walks in the Park. The walks are advertised through word of mouth and leaflets distributed in libraries and the Park, local doctors' surgeries, mental health groups and the local newspaper.
Run Talk Run	A weekly 5km free run around the Park run by a volunteer, which is non-competitive and aims to allow people to exercise alongside talking and socialising.
Exercise groups	Nordic walking and bootcamp sessions regularly take place in the Park. Some of these are subsidised through the Our Park charity initiative, and some are family inclusive groups. Free cycle skills classes for adults and bike clubs have been delivered.
Park Life Health Choir	The choir meet weekly inside a café in the Park, using singing and breathing techniques aimed to improve general health and wellbeing. This is extremely popular and provides a different offer for those interested in improving their health without exercise.
Park maintenance	Volunteers, staff and the local community help to take care of the Park through one-off events (such as community clean ups and orchard

Activities/ events	Description
	planting) and regular volunteering (such as planting beds, litter picking and surveying trees).

Source: SQW interviews with Project Coordinator and volunteers

C.7 A quarterly newsletter written by the Project Coordinator, posters within the Park, social media and word of mouth are the main means of advertising activity in the Park, with some events advertised in local doctors’ surgeries. Additionally, the Project Coordinator has targeted advertising to specific local groups such as the local volunteer centre and Sutton Befrienders, who both work with people with a variety of health issues. Schools in Sutton (including those for young people with special educational needs and disabilities) have engaged with activities such as gardening and litter picking. Heritage activities have also recruited volunteers through the archaeological society and people passing by the excavation site.

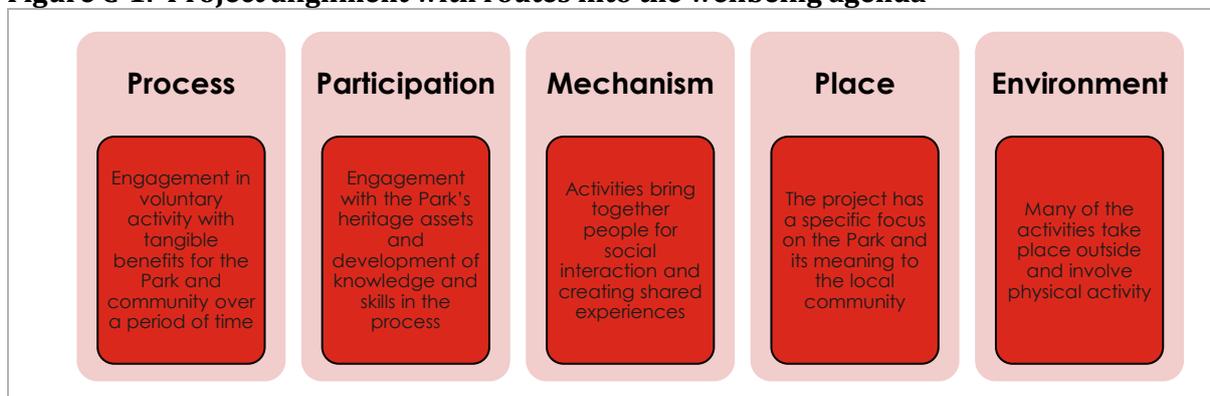


Photo courtesy of Sutton Council

C.8 The range of activities is designed to appeal to and benefit diverse groups. The heritage-related activities were reported to be largely attended by a core, stable group of people; participants were reported to cross socio-economic and employment boundaries, *“bringing a mixture of practical and academic skills which are needed in archaeology”*.

C.9 The activities outlined in Table C-1 are recognised by project stakeholders to offer potential health benefits for participants and volunteers, and the heritage-related activities specifically align with multiple routes into the wellbeing agenda identified in Historic England’s *Wellbeing and the Historic Environment* (2018) as shown in Figure C-1.

Figure C-1: Project alignment with routes into the wellbeing agenda



Source: SQW

Outcomes and impacts

C.10 Project stakeholders reported anecdotal outcomes relating to health and wellbeing through the activities, events and active volunteering opportunities. Being outdoors and engaging in physical activity were highlighted as allowing people to learn more about the history of the site and practical skills, whilst also developing community cohesion, connecting people with the area, providing access to nature and opportunities for new friendships.

“ People say they love and really appreciate the Park, and really look forward to activities ”

C.11 An independent evaluation has been conducted to assess the extent to which the project delivered against the Parks for People Programme Outcomes. The evaluation has captured a range of findings and outcomes; those particularly relevant to this case study are outlined below.⁵⁹

Key findings

- Visitor surveys show that over the period of the project there has been an increase in the frequency with which local people use the Park and an increase of around 20% in the number of Park users. The profile of Park users has not changed significantly in terms of gender, age or disability, but ethnic diversity has increased slightly.
- A “*hugely successful*” range of events and activities have seen over 28,000 people participating. A range of opportunities for people to engage with and learn about heritage have been delivered; 2,700 people have engaged with heritage/learning activities between 2016 and 2020, against a baseline of 100 and target of 600 people.
- The project has significantly boosted the involvement of volunteers in the Park. Over 6000 volunteer hours were contributed from 2015 to 2019 through events and activities outlined in Table 1. The age profile of those who volunteer has diversified, with groups of young people being engaged on both a regular and more ad-hoc basis.

Source: The Beddington Park and The Grange Garden Identification, Restoration, Improvement and Interpretation Project, Final Evaluation Report (draft, June 2020)

Social prescribing

C.12 There is **currently no social prescribing being offered through activity delivered in Beddington Park**. However, Sutton Council is reviewing all potential social prescribing activities, including the Beddington Park and the Grange Garden project. Project stakeholders indicated that **the range of options for social prescribing offers in the Park could be “limitless” and flexed to meet individual needs and interests**. Stakeholders highlighted that **local people are already benefitting in terms of health and wellbeing from existing offers**, whether that be

⁵⁹ The evaluation report is not currently publicly accessible.

through participating in exercise, being outdoors, social interaction and making friendships or learning a new skill. In particular, the regular activities (such as exercise groups, the health choir and gardening groups) were highlighted as resulting in wellbeing outcomes, rather than one-off or intermittent projects (such as the excavation).

- C.13** To move from established volunteer activity to a social prescribing offer, steps would need to be taken which are outlined in the main report. However, some key considerations, enabling factors, barriers and challenges are outlined below.
- C.14** Additional resources were identified that could help to expand the archaeology aspects of the project (for instance, to develop a social prescribing offer) such as local museum volunteer groups and 'Friends of...' groups. **Partnering with other local gardening and/or museum projects was suggested to overcome the intermittent, short-term nature of archaeological projects, to provide the regular engagement a social prescribing offer would need.** The local volunteering landscape was described as a small network of volunteers who know each other with significant overlap in membership of groups (and this was expected to be a similar picture nationally); **therefore it could be possible to utilise these informal links between groups to establish a locally-driven offer.**
- C.15** Historic England was seen as offering valuable technical expertise, which was recognised as offering value to any potential social prescribing offer in the Park. This could be complemented by working with organisations with strong local connections and expertise in public engagement and delivery of events in order to combine the skills and expertise needed for an effective social prescribing offer.

Key project learning

Enablers

- C.16** Having an **active local community** engaged with the project, either through volunteering or participating, has enabled delivery of outcomes and is expected to support sustainability of activity to conserve the historic landscape, maintain the Park environment and sustain community engagement. This could also be of benefit to a social prescribing offer, with community groups leading the social prescribing offer (using suitable external funding streams to support resourcing) or volunteers from such groups supporting with delivery.
- C.17** An **enabling factor for social prescribing in the Park is the presence of consistent staff and volunteers** (e.g. the Project Support and Volunteer Coordinator role) as recognisable, approachable faces who can identify and engage with Park users and provide practical and logistical support. With a multitude of community groups and activities in the Park, having a central person with oversight of all activities and local knowledge was seen as an important factor in coordinating social prescribing activity and communicating this to the healthcare system. Additional funding streams have enabled some aspects of work including grants or collaborations with national and local organisations; having a coordinator to raise volunteer group awareness

of funding opportunities was seen to be crucially important to the project and to a potential social prescribing offer.

- C.18** The **existing Park facilities**, including the café, toilets, dedicated volunteer space, tools and resources, **proved key for facilitating activities**. The regularity of activities (such as the walks) was seen as being beneficial for wellbeing outcomes, and having *“the time and space for a cup of tea and a chat after is important”*. Considering existing facilities could inform the design and support the logistics of delivering a social prescribing offer.
- C.19** For the excavation, it was highlighted that the careful selection of the site (choosing a large site with shallow foundations) and not being too ambitious was important, to ensure accessibility, avoid complications like waterlogging, secure interesting results for understanding the site, and minimise safety issues and cost – particularly when being led and delivered by an amateur group.

Barriers and challenges

- C.20** Finding volunteers willing to lead activity (particularly where participants may be more vulnerable) was a challenge for some activity streams. Ensuring people’s safety was highlighted as an important consideration, whilst securing the sustainability of volunteering activity once project funding (and therefore Coordinator role) ends is expected to be a challenge. Additionally, no specific wellbeing-related skills, knowledge or experience of staff in the local authority team leading the project were reported. In order to overcome these challenges if an element of the project was to be delivered as a social prescribing offer, **recruiting a paid staff member/s with volunteer support to cover the relevant skills, knowledge and experience for target service users and project delivery mechanisms would likely be required**.
- C.21** The archaeological element of the project faced a challenge, as the local authority museum was unable to accept more finds following the first community dig. Activity was adapted to processing earlier finds from the site, limiting community involvement (particularly from younger people, who were less engaged by this activity) and potentially generating less excitement and interest in comparison to an excavation. To adapt this element of the project to a social prescribing offer, it would be necessary to have **a clear project plan agreed by all partners and formal partnership agreements outlining roles and responsibilities**.

Annex D: Enriching the List case study

Introduction

- D.1** This short case study explores Enriching the List and how projects using Enriching the List as a delivery mechanism impact on wellbeing. Enriching the List is a project led by Historic England, with multiple sub-projects having been delivered in partnership with other organisations (such as East Kent Mencap). This case study has been developed as part of SQW's 2020 study into the potential of Historic England's local delivery for social prescribing, on behalf of Historic England, and has been informed by four interviews and systematic review of key documentation.

Context and background

- D.2** Managing the National Heritage List for England is a key element of Historic England's role as expert advisor to the government. 'Enriching the List' has been running since July 2016 and encourages members of the public and heritage professionals to add new content to be appended to the statutory listing for sites. Additional content can include photos, historical events and social history, information about site architecture or archaeology, and links to useful online resources.
- D.3** Enriching the List is moderated by Historic England's Policy and Evidence team. List entries are the most viewed element of Historic England's website, with four million hits per year, and there is recognised potential for this as a resource for community engagement. An Enriching the List Officer, who sits within Historic England's Public Engagement team, is responsible for working with partner organisations and individuals to encourage engagement through specific projects or more general promotion of the resource.
- D.4** Historic England has so far used Enriching the List as a mechanism on several community engagement projects with partners, in order to achieve specific goals as illustrated in Table D-1.

Table D-1: Projects which have used Enriching the List as a mechanism for community engagement

Project Name	Description
Meeting Street (2018-19)	East Kent Mencap purchased a listed building in Ramsgate (Foresters Hall on Meeting Street) to expand their services for people with learning disabilities and their families. The building needed restoration and refurbishment, which led to East Kent Mencap's involvement with the Ramsgate Heritage Action Zone; as part of these discussions, a project was proposed for members to document the restoration process using Enriching the List to record photographs and individual reflections.
Connecting People and Places (2019-20)	Historic England and the Stephen Lawrence Charitable Trust partnered on a project for students to research buildings of significant importance for members of the Black, Asian and minority ethnic (BAME) community, in order to inspire young people from BAME backgrounds to pursue a career in architecture. Enriching the List was used to share the results of their research alongside a

Project Name	Description
	digital archive of audio recorded interviews, transcripts and images, followed by an insights report with recommendations on how communities, heritage and built environment sectors can work better together.
Commemorating D-Day (2020)	To mark the 6 June anniversary of the Allied invasion of Nazi-occupied Europe, Historic England partnered with the D-Day Story Museum in Portsmouth to focus on objects in their collection and protected D-Day sites to add content to list entries. Members of the public have been asked to contribute stories and images of listed places which were significant in England's wartime history through Enriching the List, with a curated collection of 75 listed places being revealed on VJ Day on 15 August, with the aim to increase public engagement.

Source: SQW and <https://historicengland.org.uk/listing/enrich-the-list/>

D.5 Any wellbeing benefits stem from the projects themselves (rather than Enriching the List) through the activities undertaken and community groups engaged, although none of the projects outlined in Table D-1 had specified improving wellbeing as an intended outcome for those engaging with them. However, Enriching the List was identified by multiple internal stakeholders as a mechanism which could potentially be used within a social prescribing delivery offer, and the Meeting Street project in particular was highlighted as having anecdotally resulted in wellbeing outcomes for participants. Therefore, **this case study focuses on the use of Enriching the List as a mechanism to engage with East Kent Mencap members through the Meeting Street project, and its wider potential for use within a social prescribing offer.**

Activity and delivery model

D.6 The Meeting Street project involved the Historic England Enriching the List Officer visiting Foresters Hall to deliver a one-day session to the East Kent Mencap photography group (six members), providing an introduction to the history of the building and aims of the day. Subsequently the group, supported by the Historic England Officer and an East Kent Mencap trained volunteer, took photographs of features of the building, which were uploaded using Enriching the List alongside their individual reflections on the features and their learnings on the history.

East Kent Mencap Photography
27 November 2018 at 11:38

Photo taken by Dan.

"This photo shows when the building was built"



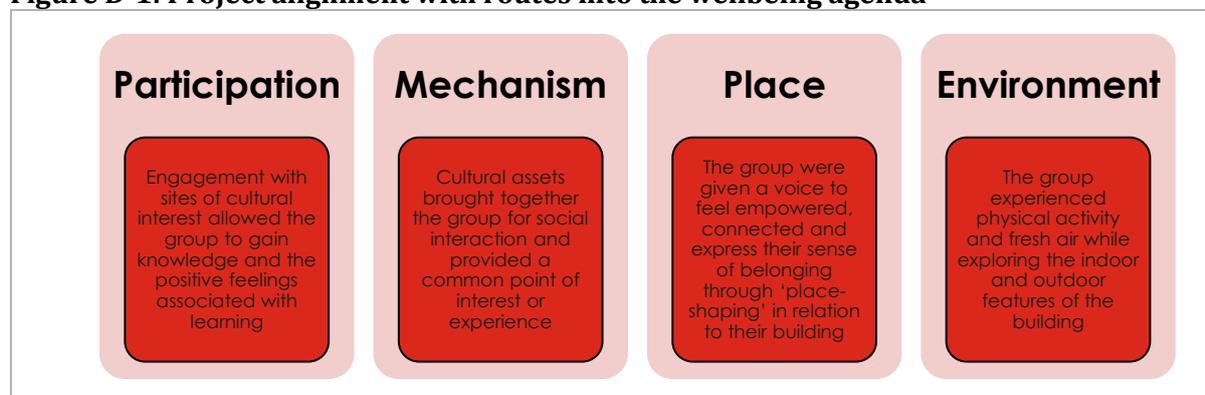
Source: Foresters Hall list entry, <https://historicengland.org.uk/listing/the-list/list-entry/1040072?platform=hootsuite#contributions-banner>

Following this session, the Officer has been in regular contact with the group to support them to continue to document the changes to the building throughout the restoration process.

D.7 The Meeting Street project aligned with multiple routes into the wellbeing agenda identified in Historic England's *Wellbeing and the Historic Environment* (2018). Although wellbeing outcomes

were not an intended goal for this project, there are anecdotal reports that members experienced them through the routes identified in Figure D-1.

Figure D-1: Project alignment with routes into the wellbeing agenda



Source: SQW

Outcomes and impact

- D.8** Evaluation of this project has not been undertaken; the outcomes detailed below were reported anecdotally by stakeholders involved in the project. Evaluation of Enriching the List activity in general has not been undertaken, undertaking this would allow for a better understanding of what outcomes this mechanism is best suited to delivering and how, which offer insights to inform any related social prescribing offer.
- D.9** Historic England's aim for the project was to establish a relationship with the group to support them to develop an interest in the building, with expected outputs of setting up an account and uploading just one photo. The group uploaded six photographs during the session and have since added more photos, which meant the project exceeded expectations and was considered a success.
- D.10** The Meeting Street project worked specifically with people with learning disabilities and their families. Reported outcomes for participants include an increased awareness of the built environment and increased accessibility of the list, with subsequent learning about the history of the building and its features. Being able to document the building and aspects of the restoration process allowed participants to develop a relationship with their building and feel ownership of it. In particular, having their images and reflections uploaded immediately through Enriching the List gave them an *"instant connection and reward"*. All participants were reported to have enjoyed the project.
- D.11** The project has established a relationship between Historic England and East Kent Mencap, which is continuing through plans for future work together through the Ramsgate Heritage Action Zone.

Social prescribing

- D.12** Multiple internal Historic England staff reported that Enriching the List is a mechanism which could be transferable to social prescribing and could form the basis of a local delivery offer.

Reasons identified for this were linked to the routes to the wellbeing agenda: its ability to get people out into the natural environment (Heritage as Environment), the social interaction enabled by the project (Heritage as Mechanism), the learning process through visiting and engaging with list entries (Heritage as Participation) and the sense of community, identity and pride instilled by engaging with community assets (Heritage as Place).

- D.13** Stakeholders reported that the model allows replication “*anywhere with any group*” – for instance, young people were identified as a potential group who could be targeted (as occurred in the project delivered with the Stephen Lawrence Charitable Trust). The main requirement is a listed site: as 99% of people in England live within a mile of a listed building or place⁶⁰ this is unlikely to pose a barrier, although the number and quality of listings in local areas varies. There is no limit to how many contributions can be added to an entry. This means the same site could be documented from many different perspectives, for instance to capture the changing landscape around it as affected by nature (e.g. seasonality) or humans (e.g. cranes and construction activity), or just to reflect individuals’ personal engagement and reflection. The wide variety of listed sites means there is a wealth of opportunities for individuals to engage with and enjoy – and there is the opportunity to use Enriching the List to challenge pre-conceived ideas about what a listed site should look like.
- D.14** It was proposed that Enriching the List would work best in a social prescribing offer of regularly delivered walking tours, which could be prepared for any local area as a pre-planned route around listed sites (such as buildings, parks and gardens). Routes could be prepared regionally or nationally and shared online, to promote wellness in the built environment which could be applicable to all community groups. Using a walk could create a relaxed setting and space for participants to talk to one another, as well as engagement with nature and the outdoors. For instance, it might offer potential as part of a social isolation focused programme visiting and discussing different historic sites, or as part of a physical activity/weight loss focused programme. Each participant would choose an element of a site they enjoyed most or found most striking, and then could Enrich the List based on this reflection (and be encouraged to continue engagement in their own time). Developing pre-planned routes would allow health and safety requirements to be factored in and support replication and sustainability of the activity.
- D.15** Regional public engagement staff were seen as being best placed (due to their knowledge, skills and relationships) to coordinate this work by developing relationships with the local healthcare sector, through Primary Care Networks and link workers. They were also seen as well placed to be the point of contact for local community groups or volunteers, with the latter seen as well placed to deliver the social prescribing offer due to their knowledge of local sites, the community and people. For instance, local history or archaeological societies, walking groups and more general community groups could support the process of consulting with the community regarding the design of the project, marketing and recruitment of service users and volunteers, and delivery of the service.

⁶⁰ <https://historicengland.org.uk/whats-new/news/20-intriguing-places-listed-in-2017>

- D.16** While a consultee in a regional public engagement role suggested that an Enriching the List-based project similar to the Meeting Street project would be a *“really simple piece of work which we would have capacity to do”*, the level of resource and input required for effective delivery would depend on how the offer (and any social prescribing element of it) was structured.
- D.17** Delivering an offer in Heritage Action Zone areas was suggested as a way of piloting this approach where additional resource is available. Having the project based in Historic England’s regional structures may also facilitate access to internal experts (like architectural historians and archaeologists) to develop the work or align with other projects – and help to ensure the approach becomes embedded rather than one-off activity.
- D.18** National resource may also be required from the Enriching the List Officer to deliver an introduction to the model and training for the regional team, as well as support from research staff to ensure the offer was planned, delivered and evaluated in line with best practice (perhaps drawing on best practice from the Social Prescribing Network).
- D.19** While Historic England could provide the mechanism and training and facilitate the link between the healthcare sector and community groups, it was important to consultees that this work should be driven by local communities, as *“building awareness of a local environment has to come from the local community.”* Consultees highlighted that this could also allow the offer to better consider and reflect the demographics and needs of the community in the volunteers delivering the work and the participants engaging with the offer. It can also be assumed that accessibility (through the route/heritage item selected, time and day of delivery, technicality of language and access to technology required) would also need to be considered, although this was not highlighted by consultees.

Key project learning

Enablers

- D.20** The project was reported as being of low financial cost, with the only additional cost being travel to the location for the Historic England Officer. This is likely to be an enabler for any future transfer to a social prescribing approach.
- D.21** Meeting the group in person and maintaining regular contact afterwards was identified as a key enabler; time resource for this ongoing relationship between Historic England and community groups acting as partners in any social prescribing offer should be factored in. The group were reported to have benefitted from someone showing an interest in their building and community and visiting to see what they were doing, as well as the time taken to teach them new knowledge (about the history of the building and the List) and skills (how to Enrich the List). A trained volunteer from the charity made the delivery fully accessible for the members and ensured the project met Mencap’s safeguarding requirements; this should be fully considered in any social prescribing offer, particularly one seeking to engage vulnerable people.

Barriers and challenges

D.22 Limited barriers or challenges were reported in relation to the project. The Historic England Officer reported that doing further work with the group would have been desirable, such as a walking tour around listed buildings and a registered park or garden in the local area to Enrich the List, which a regular social prescribing project delivered over a number of months would allow for. However, cautions were raised about the level of volunteer resource required; a trained East Mencap volunteer was the only stakeholder to support delivery during the project; drawing on community volunteers would likely be key in supporting a social prescribing offer.

Annex E: Ramsgate Seafront Consultation case study

Introduction

- E.1** This short case study explores the Ramsgate Seafront Consultation or ‘Seafront Placemaking Project’ and its focus on wellbeing. It has been developed as part of SQW’s 2020 study into the potential of Historic England’s local delivery for social prescribing, on behalf of Historic England, and has been informed by six interviews and systematic review of key documentation.

Context and background

- E.2** The Ramsgate Seafront Consultation or ‘Seafront Placemaking Project’ is a year-long placemaking project to explore how the seafront from West to East Cliff has been used and valued by residents. Currently the project is in its planning phase; as of July 2020, the project team were at the point of going out to tender procure a consultancy to lead delivery of the project.



Photo courtesy of Historic England

Context: The Ramsgate Heritage Action Zone

- E.3** The project is part of activity by the Ramsgate Heritage Action Zone (HAZ) and is funded through a capacity building grant of £65,000 from Historic England. The five-year HAZ in Ramsgate, currently in its third year, seeks to benefit the local community by capitalising on the heritage and architectural assets of the town and by encouraging economic growth through investment and development. The HAZ is delivering a range of projects engaging the local community and increasing understanding of the local heritage.
- E.4** The Ramsgate HAZ is unique in that the HAZ was put forward by the community; this means it has a very strong foundation in local community organisations. The Ramsgate HAZ partnership is made up of a variety of organisations including Thanet District Council, Ramsgate Town Council, Ramsgate Coastal Community Team, and the Ramsgate Society.

E.5 HAZs nationally have tended to focus their work on the fabric of heritage and on restoring or conserving buildings and other architectural features. A similar approach has proved difficult in Ramsgate because of a complicated landscape, which has made finding appropriate fabric projects difficult. Activity over the last three years has focused on foundational research, i.e.: performing listing reviews and characterisation studies, developing a prehistory report, and publishing a book regarding the heritage of Ramsgate.

The Ramsgate Seafront Consultation

E.6 Conversations with the HAZ board, which includes representatives from key community groups, identified the seafront as a key heritage asset in need of attention. The Ramsgate Seafront Placemaking project is primarily a landscape project that seeks to capitalise on the town's rich heritage in the planning and design of its public spaces, in order to understand the values, needs and aspirations for that space, and therefore share a compelling vision of place.



It's a real foundational piece that's understanding what the people want and feel, and then we'll look at where we are going to go in the future



E.7 Over the course of a year a consultation will run, to engage with local residents, community groups and organisations to create a holistic and non-traditional statement of significance around the value of the seafront and its history.

E.8 Historic England's '[Conservation Principles](#)' sets out a method for thinking systematically and consistently about the heritage values that can be ascribed to a place and how they can be grouped into four categories:

- **Evidential value:** the potential of a place to yield evidence about past human activity.
- **Historical value:** the ways in which past people, events and aspects of life can be connected through a place to the present - it tends to be illustrative or associative.
- **Aesthetic value:** the ways in which people draw sensory and intellectual stimulation from a place.
- **Communal value:** the meanings of a place for the people who relate to it, or for whom it figures in their collective experience or memory.

E.9 The Ramsgate Seafront Project seeks to understand the historic values embedded in the seafront which informed its development over time, how they were lost, and how those values (and present-day values) might inform the future of the seafront.

E.10 The idea of 'significance' lies at the core of these principles. Significance is a collective term for the sum of all the heritage values attached to a place, be it a building, an archaeological site or a larger historic area such as a whole village or landscape.

E.11 The ambition is to create a statement of significance for the Ramsgate Seafront and use it to steer the priorities of the HAZ.



Photo courtesy of Historic England

E.12 The HAZ has funded a programme manager to sit within Thanet District Council to lead on delivery. The design of the project was a joint effort which included the Ramsgate HAZ programme manager and a part-time landscape architect for Historic England in the South East region; design contributions were also made by Historic England, Thanet District Council, and the HAZ board. In the team from the local authority side is a conservation officer, a heritage advisor and a director of regeneration who will be engaged with the project. The HAZ board provides input in steering and engaging with the Consultation.

Activity and delivery model

E.13 The plan for the year-long Consultation is to reach as wide an audience as possible; exploring the seafront's history, but also its present and future. Design has been influenced by conversations with residents and the HAZ board.

E.14 At this stage the project plans are intentionally flexible but broadly fall into three phases:

1. Distilling and disseminating the information that has emerged from HAZ & Historic England research so far: This will be achieved through a spatially mapped digital archive.

2. A varied activity programme of 'primary place research': The Consultation will utilise a range of methods including those that are driven by aesthetic, artistic and communal value considerations. At this stage activities envisaged include archival research, photography, paintings, and forms of active memory and a call out for memory items (i.e. postcards) from residents. Primary research may also include engaging with a Dutch Cultural Heritage agency to build a relationship with a Dutch seaside town, to explore wider connections of place on a landscape scale.

3. Combining these approaches into a statement of significance: The output will be an in-depth, engaging, fully-illustrated statement of significance – communicating how history, society, culture and geography are embodied within the landscape and public realm of the

seafront today as a unique place of meaning for Ramsgate. This approach represents a move away from a traditional written statement of significance.

Taking the insight forwards

E.15 The statement of significance will be explored through focus groups, interviews and workshops.

E.16 There is a pre-existing network of volunteers, interested parties and community members in Ramsgate, represented in part by the HAZ board. The project team are keen to engage beyond this existing network; there are likely some seldom heard residents who have never heard of Ramsgate HAZ. For example, Ramsgate has two wards in the top ten most deprived in the country; one of these (East Cliff) lies along the seafront.



We are very conscious of the kind of consultant we want to engage ... We want people who understand community



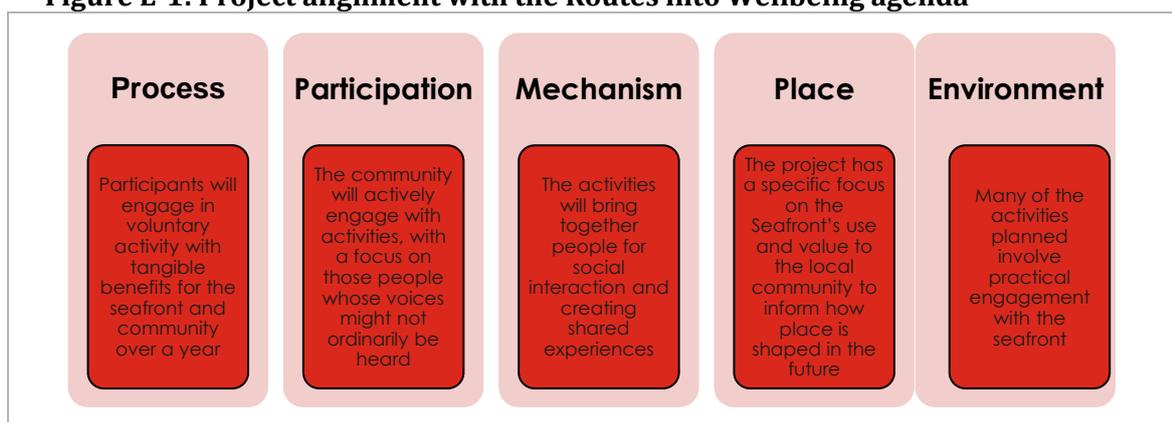
The role of Historic England

Alongside the HAZ and funding the Capacity Building Grant, Historic England will provide support for the project through 'how to' sessions provided by team members who have worked on other HAZ projects, as well as other ad hoc support.

Alignment with the Historic England 'routes into the wellbeing agenda'

E.17 The planned activities of the Consultation align with the multiple routes into wellbeing agenda identified in Historic England's *Wellbeing and the Historic Environment* (2018), shown in Figure E-1.

Figure E-1: Project alignment with the Routes into Wellbeing agenda



Source: SQW

Planned outcomes and impacts

E.18 Planned outcomes include agreed priorities for the seafront. For example, if the insights gathered point to the importance of a particular asset in need of restoration it would provide direction for future activity and funding bids. Developing a shared vision is expected to encourage local

voluntary and community sector groups to work effectively alongside each other and the local authority in prioritising interventions and bidding for funding. The project is expected to improve the quality of life of the local community through public realm improvements, with participation in the Consultation expected to build a sense of empowerment and ownership.

E.19 The evaluative elements of the project are still under consideration, including the potential use of the sustainable development goals as a framework through which to monitor and evaluate outcomes.

E.20 The project plan has been reviewed with reference to Historic England's [Public Value Framework](#); this has given an understanding of how the project might impact the holistic wellbeing of the community. In every project by the Ramsgate HAZ the team captures monitoring data such as number of volunteers and training undertaken.

E.21 There are discussions around undertaking qualitative evaluation to explore significance-led placemaking. As part of this, the monitoring and evidencing of wellbeing outcomes is being considered. Consultees suggested that given that groups who may be involved in the project include those with more explicit connections to wellbeing (for example East Kent Mencap), it would be relevant to evidence the impact of the project on the wellbeing of those participants.



Photo courtesy of Historic England

E.22 Wellbeing indicators will likely be included in the overall evaluation of the HAZ; based on the 2016 DCMS Culture White Paper it is likely that HAZ evaluations will draw on some or all of the following indicators:

- Personal wellbeing (Annual Population Survey)
- Unemployment rate (Labour Force Survey) and / or local economic growth (Local GVA estimates)
- Perceived sense of belonging to neighbourhood and incidence of volunteering (Understanding Society)
- Proportion of households living in poverty (Family Resources Survey).

Social prescribing

Possible mechanisms for social prescribing

E.23 Whilst setting up social prescribing mechanisms within the budget and timescale of the project is expected to be difficult, stakeholders identified opportunities to move closer to social prescribing, by capitalising on existing relationships and building new ones.

Opportunities and enablers

E.24 The Consultation model provides opportunities for a range of activities and partners: The flexible and inclusive nature of the activities planned during the Consultation provide potential for a variety of engagement with the project, which may appeal to different groups in different ways, helping to meet different types of need.

E.25 Interested and enthusiastic voluntary and community groups: East Kent Mencap work with people in Ramsgate with learning disabilities, and are enthusiastic about being involved in the Consultation. The charity had already engaged with the HAZ in planning a project around their headquarters, and was also involved in 'Enriching the List'.

E.26 Through the HAZ, East Kent Mencap were introduced to CITiZAN (Coastal and Intertidal Zone Archaeological Network) and worked together to take a photography group to an archaeological site and exhibit the photos produced in a Ramsgate gallery. The role of the HAZ as a facilitator of the new relationship was described as "brilliant". This model, whereby a heritage organisation and a charity concerned with wellbeing were linked through the HAZ, was seen by stakeholders to have been extremely successful, low cost, and impactful. Partnering with an organisation like East Kent Mencap could provide an opportunity to move closer to a social prescribing mechanism using a local partnership. For example, people with wellbeing or health needs could be signposted/prescribed into various activities associated with the project.

Barriers

E.27 Thanet District Council have limited resource and capacity: As a small local authority serving three major towns, the team at this stage would struggle to develop social prescribing mechanisms or significantly scale up stakeholder and community engagement activities.

E.28 Encouraging the voluntary and community sector to work together: Although there is a well-represented and diverse voluntary and community sector, anecdotally there have been some obstacles to effective collaboration in the past.

E.29 The limitations of digital engagement: Working digitally (in light of COVID-19) is not seen to be a 'magic bullet' solution in terms of engaging the desired breadth of the community; barriers exist that make digital accessibility more difficult for some.

Highlighting the contribution of a people-centred process

E.30 Consultees talked to the relevance of the project to social prescribing in a more abstract sense; suggesting that this project could be understood in its current form as social prescribing at a *community level*. This was expressed in terms of both the people-centred engagement process and in the longer term aims of improving the quality of life and wellbeing of the community.

E.31 It was suggested that the Consultation could facilitate a greater understanding of what is possible in terms of projects at the intersection of wellbeing and heritage; having a people-centred approach was seen to *encompass* social prescribing:

“Absolutely this could be a social prescribing project, because it is trying to work in a way that is different to some of the standard processes of Historic England. It is looking at it from a very different perspective and that actually opens up the field for someone like Historic England.”

E.32 Consultees could envisage a similar process at the beginning of each HAZ’s work, to serve as a foundational piece in the placemaking process.

Annex F: The Old House Project case study

Introduction

- F.1** This short case study explores the Old House Project in Kent and its focus on wellbeing. It has been developed as part of SQW's 2020 study into the potential of Historic England's local delivery for social prescribing, on behalf of Historic England, and has been informed by seven interviews and a systematic review of key documentation.



Photo courtesy of the SPAB

Context and background

- F.2** The Society for the Protection of Ancient Buildings (SPAB) 'Old House Project' concerns the repair of a Grade II* listed former chapel in Boxley near Maidstone, Kent. The SPAB is working on the Old House Project with Historic England, Kent Archaeological Society and the local council. The SPAB purchased St Andrew's Chapel in 2018, at which point it had been empty for 50 years, before which it had been a house and post office, and had significant damage as a result of vandalism and neglect.
- F.3** Historically the SPAB has undertaken large long-term building repair projects, but over recent years the organisation's activity has focused largely on advice and education. In 2016 a strategic decision was made to acquire a demonstration project. This led to the purchase of St Andrew's Chapel; the first structure the SPAB has acquired in around 40 years.
- F.4** As well as key partners listed above, the Old House Project is also supported by and working with private companies, local societies, and voluntary and community sector (VCS) organisations on a mainly voluntary and ad hoc basis. Partnership working is typical of the SPAB's work on shorter-term projects and working parties; the SPAB hopes that the long-term nature of the Old House Project will continue to allow local partnerships to develop over time.
- F.5** The relationship between Historic England and the SPAB is reported to be supportive and positive; without the help of Historic England the SPAB would not have found St Andrew's Chapel, for which Historic England facilitated a negotiated purchase price. Historic England has also commissioned a dendrochronological analysis of the date of timbers.

F.6 The objective of the Old House Project is to carry out an extended five-year repair, returning the chapel to a habitable residence, showcasing the best of traditional conservation methods and use of materials. Five years is intentionally longer than might be possible to complete a repair; the timeframe has been established to:

- Promote and educate around specialist craftsmanship, by providing hands-on training and education; having specialist craftspeople and volunteers on site engaging with the project, and sharing learning using online resources such as videos and a virtual project book.
- Uncover what is emerging as a rich local history and bring St Andrew's Chapel 'back to life' by including the community and interested local bodies.

F.7 The building was purchased in 2018 using SPAB funds. The projected repair bill is around £600k plus a similar amount for educational work and outreach; the Pilgrims Trust Fund is providing £50k towards the repairs. The Old House Project is set to receive a Heritage Impact Fund Loan from the Architectural Heritage Fund to cover the remaining cost of repair, which contains stipulations around the evidencing of social impact beyond changes to the fabric of the building. Other funds will be obtained from donations, grants, reserves and the sale of other assets. Voluntary contributions from firms and individuals of time, labour and expertise are so far estimated to be the equivalent of around £100,000. The SPAB's aim is to repair St Andrew's and sell the property for residential occupancy once the project has achieved its educational objectives.



The opportunities to involve people are limitless



The SPAB's Working Parties

For over forty years the SPAB have organised Working Parties putting its vision and expertise into action in an concerted effort to help an old building in need of repair. For up to one week volunteers, ranging from building conservation specialists to those with an amateur interest in traditional buildings, crafts and history, are brought together to work on a project. The aim of the working party model is to get a significant amount of important (sometimes emergency) conservation work done on a project, whilst simultaneously getting people together and sharing learning around traditional conservation building skills through hands-on experience.

Attendees generally camp on site, looked after by the local residents. Various low-key social events occur throughout a working party. The SPAB covers most direct costs aided by a small contribution from volunteers and funders to help cover living costs, equipment, conveniences and materials.

Where previously working party sites were selected based on suitable buildings applying and being subject to a one-off intervention; the Old House Project provides an opportunity to establish a longer-term model linked to neighbouring Boxley Abbey. This is a building at risk in separate ownership but allows scope for camping and for work by large numbers of participants. This is expected to enable sustained learning opportunities and allow relationships to develop with the local community over time.

Activity and delivery model

Activities so far

“Since we first got the keys, literally on the first day, we had 40 people on site wanting to help.”

(SPAB stakeholder)

F.8 Initially the focus was on emergency repairs and securing the site. Surveys, investigations and emergency repair works have been undertaken with support from local groups. Work to clear, secure and survey the site has been carried out by members and volunteers.



Photo courtesy of the SPAB

F.9 The SPAB has been running courses around the Old House

Project; to date activities are mostly classroom based and focused on decision-making and planning. Practical courses (delayed by COVID-19) have now begun with roofing and chimney repair works.

F.10 In July 2020 a summer working party was held at the Old House Project. COVID-19 restrictions were in place and volunteers attended for one day at a time and did not camp.

F.11 The SPAB has made efforts to engage with local and parish councils and has made connections (with varying success) to other community stakeholders such as schools, colleges, scout groups and local armed forces. The project has been visited by people passing the site; this has been fruitful and important not just in terms of articulating the SPAB’s vision, but also in garnering insight from residents around the relevance of the building locally, as a chapel and more recently a house and post office.

F.12 As of July 2020, four chapters of a virtual project book have been published and seven short films regarding the Old House Project have been uploaded onto the SPAB’s [website page](#). The resource is intended to serve as guidance for others undertaking similar work.

Future Activities

F.13 Now that the site is safe for volunteers to access, the SPAB intends to provide further training and education exercises and run further working parties. Elsewhere the SPAB has successfully run large working parties and courses for children and adults to develop craft

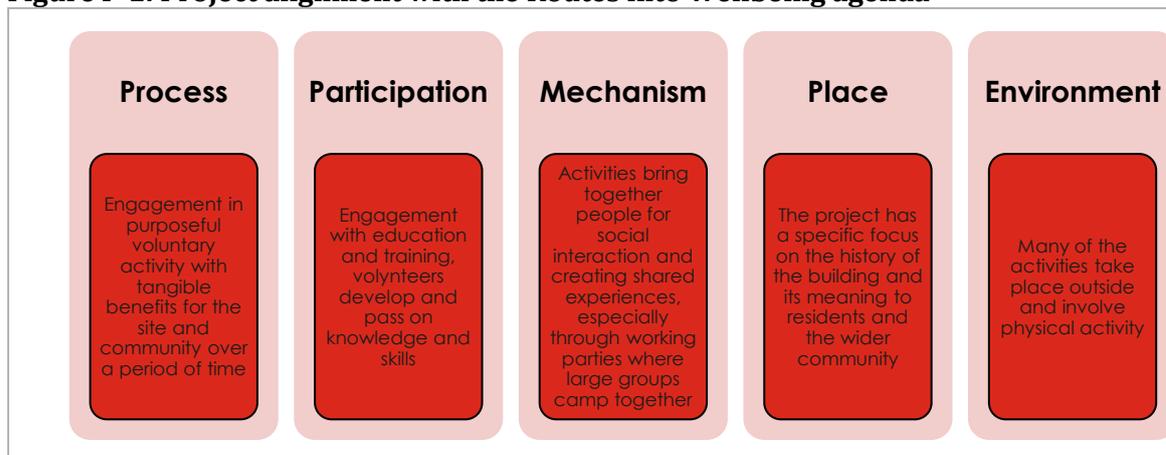
skills; the appearance of those areas is reported to have improved and skills have been developed amongst local people. The hope is that **the Old House Project will become a focal point of conservation, education and volunteering activity and community engagement.** Some of this work had commenced prior to COVID-19 lockdown and is planned to recommence when possible. The local primary school has shown an interest in working with the Old House Project and some classroom activities were planned (currently paused). Relationships between the SPAB’s education and training team and the local university and a local special educational needs group are being built. **In 2020, despite COVID-19, universities students have been involved in all activities on site and have based their coursework on the project.**



Photo courtesy of the SPAB

F.14 The activities align with multiple routes into the wellbeing agenda identified in Historic England’s *Wellbeing and the Historic Environment* (2018), outlined in Figure F-1.

Figure F-1: Project alignment with the Routes into Wellbeing agenda



Source: SQW

Outcomes and impact

F.15 The primary intended outcomes of the Old House Project concern conservation and professional skills. However, SPAB’s work has evolved to include recognition of the importance of engagement with the local community and, more recently, emphasis on the inclusion of groups who might not typically be interested in, or have access to, heritage activities. Wellbeing outcomes are considered important implicitly but have not been explicitly captured or prioritised to date.

“We have always been about wellbeing... It is well known in the sector that getting your hands dirty is good for you and this has always been part of the SPAB approach, it may not have always been explicit but that is something that is built into the way we work.” (SPAB stakeholder)

- F.16** Consultees provided compelling anecdotal evidence around the wellbeing benefits of volunteering, giving personal examples of how attendance at working parties had positively impacted on their mental health. Consultees highlighted feelings of “purposefulness”, the joy of being in a beautiful space and working to make the fabric of history relevant for people today. The combination of factors offered by the project was seen to be beneficial, particularly in terms of mental health and wellbeing.
- F.17** The SPAB has begun talking to their contacts at the Architectural Heritage Fund about developing an impact framework to start capturing evidence of some broader social impacts, and the SPAB is developing a wellbeing and inclusion strategy internally.

Social prescribing

- F.18** Overall, based on resources and the current operation of the Old House Project, a ‘pure’ mechanism of social prescribing (i.e. involving a medical professional and link worker making referrals to help meet people’s needs) remains some way off, though not considered impossible. Consultees were enthusiastic about looking more explicitly at wellbeing outcomes in their education and volunteering provision and keen to work with partners who are explicitly focused on health and wellbeing.

Key project learning

Enablers

- F.19** The Old House Project delivers a **tried and tested model of activity**. This model benefits from person-led, organic local networking and engagement. For the Old House Project something as simple as SPAB signage has led to people stopping by to provide local insights or offer their services to the project. The model relies on a **‘seize every opportunity’** approach and mindset. This enthusiastic way of working lends itself to a model of social prescribing built on developing local relationships with key stakeholders and organisations; a local social prescribing organisation highlighted enthusiasm to build relationships as key to their more successful social prescribing providers.
- F.20** One key enabler to working parties and other events is the **atmosphere and ethos**, with stakeholders reporting that “the positivity is infectious”; the nature of SPAB events as **inclusive, positive, and welcoming** to people from a variety of backgrounds, including beginners, makes the Old House Project a suitable candidate for social prescribing in terms of ethos.

- F.21** The Old House Project is **relatively low cost in terms of engagement and education**; if, for example, a group of primary school children came to the Old House Project for a day there is no associated cost to a school beyond transport and internal resources such as staff time. This may offer opportunities for other small-scale community engagement, and possibly social prescribing activities, without the need for significantly increased resourcing.
- F.22** Alongside potential for wider community engagement, the working party model is seen to offer potential for social prescribing; although the model is short term, consultation with a local social prescribing organisation suggested that it may be suitable to their current operation, and might be particularly suitable to some clients, for example those who were looking to build confidence by learning new skills or meeting new people.

Barriers

- F.23** The SPAB has had some difficulty in reaching an audience broader than those directly interested in the SPAB or heritage generally. For example, despite some planned activity it has taken considerable work to gain schools' interest. Some past working parties have successfully engaged school children but consultees suggested that organisations may be put off by the implications of site-based activities which involve greater logistical planning.



We are really good at getting people who have some interest in the field, the challenge is getting in new faces



- F.24** A recognised (currently unrealised) opportunity is the potential for relationships with craft colleges and local construction colleges. Some colleges from further afield have expressed interest by local colleges have not yet engaged. Links between conservation and standard curriculums are reported to not always be clear or recognised.

Options identified for moving closer to embedding wellbeing in strategy and activity centred around some parallel ideas:

1. More explicitly embedding wellbeing and inclusion into the strategic aims of the SPAB and the Old House Project. Incorporating wellbeing into strategic objectives may not be a straightforward process; the fundamental focus of the project on building repair and sharing learning with industry professionals is the top priority both in terms of satisfying funder requirements and meeting strategic goals.

One consultee highlighted the importance of language, suggesting that the word 'wellbeing' might be perceived as a little 'wishy-washy' by some in the heritage sector. Maintaining the integrity of the SPAB's vision whilst incorporating wellbeing objectives

was seen to be possible, but **guidance from an external source around the process of embedding wellbeing into a heritage-focused organisation would be helpful.**

2. Expanding the range and number of local partners that the Old House Project engages with incrementally, including those who are more explicitly within the health/wellbeing sector. In its outreach work so far, the SPAB has demonstrated intention to work with as wide a range of people as possible, including those who may not typically be interested in heritage. Consultees highlighted that particularly suitable candidates for partnership include charities that already have a connection to craft. Groups with more complex needs would have different support or resource requirements, which would need careful consideration.

F.25 The issue of clearly articulating how heritage-based activities like the Old House Project can impact on potential partners was seen as an area where Historic England may be able to distil and share best practice.

3. Begin to think through how to measure and evidence the impacts on participants in relation to wellbeing.

F.26 The SPAB does not currently have the internal expertise in the monitoring and evaluation of wellbeing impacts and outcomes but hopes this can become an increasing part of its work. The SPAB noted that advice around monitoring and evaluating health and wellbeing, and provision of examples of how other heritage organisations have been able to do so simply and effectively (with limited resources and in-house expertise), would assist this and add to the existing feedback it takes from courses and events.



People think they know who a countryside manor visitor is, we want to challenge that.





Contact

For more information:

Lauren Roberts

Director, SQW

T: +44 (0)161 475 2117

E: lroberts@sqw.co.uk

Third Floor, Beckwith House
1 Wellington Road
Stockport
SK4 1AF

www.sqw.co.uk

About us

SQW Group

SQW and Oxford Innovation are part of SQW Group.

www.sqwgroup.com

SQW

SQW is a leading provider of research, analysis and advice on sustainable economic and social development for public, private and voluntary sector organisations across the UK and internationally. Core services include appraisal, economic impact assessment, and evaluation; demand assessment, feasibility and business planning; economic, social and environmental research and analysis; organisation and partnership development; policy development, strategy, and action planning. In 2019, BBP Regeneration became part of SQW, bringing to the business a RICS-accredited land and property team.

www.sqw.co.uk

Oxford Innovation

Oxford Innovation is a leading operator of business and innovation centres that provide office and laboratory space to companies throughout the UK. The company also provides innovation services to entrepreneurs, including business planning advice, coaching and mentoring. Oxford Innovation also manages investment networks that link investors with entrepreneurs seeking funding from £20,000 to £2m.

www.oxin.co.uk