

## Heritage and Social Prescribing webinar 9 June

### Q&As

**1. How can a heritage organisation become included in Social Prescribing, as a prescribable destination?**

Up to now most schemes have been commissioned either by local authorities or clinical commissioning groups (CCGs), with delivery partners mainly in the VCSE sector. Increasingly they are likely to be co-commissioned by partnerships of health and social care working with the voluntary sector, community groups and other statutory agencies. Establishing what social prescribing services are available in an area is not always a straightforward task, given the current growth of social prescribing and the lack of a centralised map of services. To find services, you would normally have to contact your [Regional Facilitator for Social Prescribing](#), of which there are seven, one for each NHS England region, via NHS England. Regional Facilitators for Social Prescribing are associate roles, coordinated by NHS England and will be able to provide contacts for social prescribing services in a specific geographical region.

Historic England is working together with NASP to facilitate the links between heritage organisations interested in social prescribing and the existing SP infrastructure in places. If you are interested to offer your activities for social prescribing, get in touch with your [local Thriving Communities coordinators](#) or contact the national lead for the historic environment at NASP Desi Gradinarova at [desi.gradinarova@nasp.info](mailto:desi.gradinarova@nasp.info)

Historic England is planning to develop a set of social prescribing guidance for the heritage sector, but this won't be available immediately.

**2. Has there been any interaction with Wikipedia on access to local information on cultural heritage?**

I am not aware of such interaction, but we are exploring ways of using user generated content to develop digital tools for heritage and wellbeing projects. If you are interested in exploring a wiki-like project in relation to sites and buildings on the National Heritage List for England then we would recommend that you have a look at Enriching the List which is our on-line tool for enhancing information about heritage buildings and sites with a national designation (such as listing or scheduling).

**3. Can we ask individual properties to sign up as interventions, or should we adopt a regional/county approach to cover similar services, such as volunteering?**

Both approaches could be implemented. If there is a site that is specifically interested in social prescribing and / or willing to take part in such a scheme, they should be approached and linked up with existing opportunities for social prescribing referrals. However, if these sites are part of a national body or larger project / initiative, it is also advisable to seek a conversation on higher level and explore a strategic approach to social prescribing. If there is such interest in your area, please get in touch with your [local Thriving Communities coordinators](#) or contact the national lead for the historic environment at NASP Desi Gradinarova at [desi.gradinarova@nasp.info](mailto:desi.gradinarova@nasp.info)

**4. How do we navigate heritage with the increasing migrating movement globally and diverse population? How do we ensure community groups are inclusive?**

Heritage is about inheritance; it is what we as individuals feel connected to as part of the cultural landscape of our own inheritance. Our collective heritage is the story of all of those people who have connections with places in this country. Heritage is all around us and it belongs to all of us. It is not limited to the built environment, but also includes historic landscapes, archaeological sites, historic parks and gardens, underwater wrecks and heritage railways. It is also the intangible heritage made of people's memories, significant events and shared experiences in communities. Heritage and community organisations should work together to ensure that the historic environment is as open and inclusive to the local communities as possible, and to any community that has a connection with a place – and that the stories of the past are told without omitting any aspects of it or silencing hidden voices. Listening to multiple voices and interpretations of experience of place is an important step in this direction. and offering the new generations the opportunity to tell their stories and build their heritage layer around the places they live in now is another way to ensure inclusion of younger groups. Connecting with the historic environment has proven to increase social cohesion and improve individual and community sense of belonging and identity. Finding new ways to connect with different communities and increase the diversity of all those involved in telling stories of their heritage brings richer experiences to us all.

**5. Have Oral History projects been included in Social Prescribing?**

It is possible that they have – I personally can't think of a specific social prescribing project which included oral history, however there are many examples of wellbeing projects using oral history and reminiscence, which could be successfully offered as part of a social prescribing scheme. One example is a project recently supported by Historic England – [Worcester Life Stories](#).

**6. @3rdagers will be based in a derelict former Dewhurst Butchers shop/stable block in Llanfairfechan; would such a property be considered a historic building?**

If it is a building that has some history (i.e it is not a newly built one), by default it is an historic building. How its' historic significance is defined is a slightly different matter – and as you know the NHLE lists all listed (designated) historic buildings in the country. Having said that, a building does not need to be necessarily listed to be of value to its local community. The real heritage value is the one that the community group allocates to a given place (or a building) – so if the Dewhurst Butchers shop/stable block matter to the @3rdagers community in Llanfairfechan, then it definitely is a heritage building. Of course, if you are applying for funding, you may find that some funders limit their support to designated historic buildings, but not always. Many would value the community value of the site and the wellbeing benefits derived from engaging the community with its historic environment.

**7. How does this sit with the mad rush to wipe out buildings of cultural significance and the lack of anything connected with the past in some areas?**

I am not sure what you mean by mad rush in this context. Historic places and buildings are always, and have always been, subject to pressure for change. People may not like a style of a building anymore, or not think it is fit for purpose, pressures on certain places such as need for new housing can all make demands. The key is to understand the cultural significance, articulate it and then have a balanced discussion, often this takes place in the

context of a local authority making a decision within the planning process, and the basis for this is set out in the National Planning Policy Framework (NPPF), some relevant sections can be found at <https://www.gov.uk/guidance/national-planning-policy-framework/16-conserving-and-enhancing-the-historic-environment>. There has been a lot of coverage in the media recently of individual monuments being subject to destruction or threats of destruction because of the different values they represent to different people. Find out more about [Historic England's position on contested heritage](#), if you are interested.

**8. I notice accessing funding wasn't on the poll. That would have been my number one choice.**

We appreciate that funding is one of the areas of highest interest and need. We haven't included it in the poll, as the poll was supposed to give us an idea about the most useful areas in terms of general guidance in developing a project on wellbeing and heritage. The funding opportunities are a constantly changing landscape and a much more dynamic stream of information that such a guidance can cover. Having said that we are equally keen to ensure that information on available funding for heritage projects is accessible and well signposted. You can find out more about funding for heritage on [Historic England's website](#), specifically on social prescribing – on [NASP's website](#) (scroll down to see the funding available for heritage) and the [NHLF](#). Other useful directory for general heritage funding is the [Heritage Funding Directory](#).

**9. Geographically - how many Heritage Action Zones in the South of England?**

DG: Map of High Street HAZs can be found here: <https://historicengland.org.uk/services-skills/heritage-action-zones/regenerating-historic-high-streets/> and a map of all Heritage Action Zones here <https://historicengland.org.uk/services-skills/heritage-action-zones/>

**10. The map of projects seemed to exclude Cumbria, Durham, Northumberland, Tees Valley and Tyne & Wear. Are there no projects in those places?**

LM: There are projects for HAZ all over the country in all of our regions but they probably just fell off the map e.g Sunderland, Darlington, Middlesbrough and Bishop Auckland but if you go to the website you can look at the map and find out where they all are, <https://historicengland.org.uk/services-skills/heritage-action-zones/>

With limited funding, there are limits to the places HE can support through the programme, and we were reliant on the applications received.

**11. What needs to happen to ensure that workers at heritage sites do no harm??? What support is needed for staff and what happens at the end of the prescription???**

LM: Where we as an organisation are involved, for example, the Mencap project in this presentation, we work in partnership with people who know their constituency – that way we bring heritage expertise to the table and caring for people with particular or complex needs may be provided by or with others who are expert in that. We would always advise that wellbeing projects are developed with partners who have the expertise in the necessary area, as this will guarantee that all necessary training and safeguarding provision is in place.

**12. What are the actual numbers of people you are engaging with?**

LM: I cannot answer this question directly as we have 100s of projects across 100s of sites and places with various partners across the country.

**13. How are you using heritage to address health inequalities & reach ethnic minority communities, people who don't tend to engage with health & wellbeing services?**

LM - Lots of ways – some examples include we have spent years trying to build a better picture of the heritage that represents diverse audiences and varied communities, we have done programmes of research on minority faith heritage, LGBT+, disability etc. We have also worked with charities such as the Stephen Lawrence Trust using enriching the list that Jane is currently talking about to enable people to tell their own stories of listed heritage buildings. These are all national projects but as an organisation we have regional offices in London and the South East, the Midlands, the East of England, the South West the North West and the North East and Yorkshire. Each of these will have regional staff working on local projects as well.

Find out more about [Inclusive heritage](#) work at Historic England. The [Connecting people and Places](#) project was undertaken in collaboration with The Stephen Lawrence Charitable Trust (now [Blueprint for all](#)) – you can find the research report from the project [here](#).

**14. How does this link with those in social housing, who are often the most affected by poor mental health and for whom social prescribing can be most beneficial?**

Heritage is for everyone and belongs to everyone. It is inclusive by default as it is made of people's stories in the places they live. It doesn't have to be a visit to a heritage site or even a museum. People in social housing can increase their community cohesion and feelings of meaning and belonging by engaging with the historic environment around them – this can be anything from walking in the local historic parks / gardens, gathering at places of local importance to them (this could be a church or even a pub) or discovering a new feature / area of their neighbourhood and doing something for its improvement together for the benefit of those who live there. As long as it matters to them and is relevant to their lives, then it will be beneficial.

**15. Will there be any long-term evaluations taking place to see the impact of these programmes over a few years?**

NASP is undertaking an Evidence Programme, which includes detailed evaluation of all Thriving Communities Fund projects and a specially formed academic partnership for social prescribing, bringing together a collaborative of some of the leading researchers in this field to help build an evidence base that is more accessible, useful and compelling. In addition, Historic England is also working on collating evidence on heritage & wellbeing for historic projects, as well as piloting new research projects which will focus on long-term evaluations of heritage interventions.

**16. What challenges do you face and how have you overcome them in establishing referral pathways to link the public and SPLWs to the many programmes on offer please**

I admit we are still in the beginning of this process and linking up the existing heritage activities within a variety of organisations with the social prescribing infrastructure is a massive challenge, which we will not solve in an instant. The issues range from finding out what is available in terms of activities in different regions, through to how to share and store the data, to linking up with already operating social prescribing pathways (within NHS and the VCS sector), while developing also new ones. NASP is now building regional cross sector teams, which aim to support this process and boost the capacity of the health and voluntary sector to make these connections and enhance the activities provision across the country. In terms of heritage activities, we are only starting to make these connections, but we hope

that our network will grow steadily, as there is a lot of interest in connecting heritage with social prescribing.

**17. Is there nationwide funding to support organisations to provide heritage for wellbeing? Where is the money coming from to cover costs for SP wellbeing delivery?**

Please refer to the answer to question 8

**18. Is the National Trust, Forestry Commission and, in Wales, Natural Resources Wales engaged in these developments...**

LM: Yes as far as I know

**19. ...how then do they link with NASP's Thriving Communities initiative?**

Most of these organisations have initiatives and / or projects looking to promote the delivery of wellbeing benefits and public value through their work, although not all are already active in the social prescribing area. Even when they are, they may be undertaking a pilot project which is linking local provision to the regional social prescribing infrastructure, but that does not necessarily mean that they will be part of the NASP's Thriving Communities programme or have become NASP's partners. Of course, NASP has the ambition to link up as many social activities in regions as possible, however this is a process and we are only a few months into the development of the regional teams who are developing this. As a national lead, I will be working towards popularising the idea of social prescribing across partners and organisations in our sector, so I hope that the uptake of social prescribing within the historic environment will increase significantly in the upcoming months and years.

**20. What programmes or opportunities are there for Rural social prescribing with heritage, where social isolation and lack of resources are key challenges.**

Even though we gave examples with urban projects, Historic England is interested in projects focusing on heritage sites and historic landscapes which are indeed in the rural environment. Our Heritage at Risk teams across the country for example often involve volunteering and public engagement with rural communities, and we hope soon to be able to share the results of a report which is showcasing some really good examples of delivering wellbeing benefits through that work.

**21. Is Mind also engaged?**

We have consulted Mind's CEO (who is also one of Historic England's commissioners) on the development of Historic England's forthcoming wellbeing & heritage strategy, especially on the approaches to engage people with mental health issues and how to frame the levels of interactions. We are also working on guidance in this area which is being developed together with the MARCH Network and academics from Solent University and the University of Winchester (some details are available <https://www.marchnetwork.org/funding>). We also have plans to hold round tables with mental health partners to inform our future work in that direction.

**22. How do we encourage the NHS to fund appointing more social prescribing link workers? Or could link workers be employed by other bodies like local authorities?**

Until now, most link workers have been part of 'social prescribing connector schemes', which have often been run by voluntary sector organisations, providing a single point of contact in a local area and supporting integrated working amongst local agencies. Connector schemes have been locally commissioned by clinical commissioning groups (CCGs) and local authorities. However, they may also be funded by and based in other agencies, such as housing associations, GP federations and NHS trusts, depending on local partnerships.

What is new now is the investment by NHS England and Improvement to embed social prescribing across the whole country. We plan to have at least 1000 additional trained link workers in primary care by the end of 2020/21, with more being recruited after that so that by 2023/24 at least 900,000 people will be able to access social prescribing.

**23. To what extent might social prescribing provide funding for well-being heritage projects?**

NASP's Thriving Communities Fund is a good example of a cross sector initiative to support partnership social prescribing projects – we hope that if there is a second round of the programme, or a new programme similar to that, it may give opportunities for supporting heritage activities and organisations to benefit from having their wellbeing projects involved in social prescribing schemes. But social prescribing is bigger than that, so increasingly various funding bodies will be getting interested in supporting social prescribing for heritage wellbeing projects as it is a good way to target areas and groups affected by health inequalities.

**24. I would love to see us working alongside local schools and encourage pupils to research their own local communities to feed into this enrichment.**

You might want to contact HE's Heritage Schools team

<https://historicengland.org.uk/services-skills/education/heritage-schools/>

**25. Are there any examples of projects where heritage has been used to bring together and connect different generations to improve wellbeing and reduce loneliness?**

Age UK and lots of local authorities encourage inter-generational work and there are examples of using local heritage, art and creativity at many for example

<https://communityrail.org.uk/resources-ideas/case-studies/intergenerational-art-project/>.

There was an AHRC-funded research carried out by the Universities of East Anglia and Southampton in 2016 where by undertaking a qualitative investigation of 32 East Anglia-based conservation groups, which had been involved in the HLF 'All Our Stories' programme, the researchers found that the projects facilitated the development of new social networks, interpersonal skills, and intergenerational engagement. In addition, the projects supported more heritage-specific wellbeing impacts in the way that it connected people to place and heritage itself. While the projects appear to have impacted the wider community, the participants involved in the projects themselves were largely older adults and, therefore, it could be argued that the immediate impacts documented are largely generationally and culturally specific.

**26. Enriching the List connects people to the NHLE. How valuable would it be for there to be a similar tool to allow people to connect with non-NHLE places?**

Yes, we are currently exploring ideas in this area. One suggestion has been to develop a user content digital tool which will enable people anywhere in the country to download a proposed heritage walks route in their area and contribute in a similar way to the maps of significant heritage places by adding their own photos and impressions. In an ideal world this sort of opportunity would be applicable to any place and not limited to designated assets. It is certainly something we think is worth exploring.

**27. Has anyone mapped provision to ensure we are not duplicating and crossing over projects, especially given the restrictions of funding?**

The whole point of NASP and creating the regional Thriving communities infrastructure is that we map this provision and work in partnership and across sectors to do exactly that – enhance the provision in regions without creating duplications and re-inventing the wheel.

However, it is a process and can't happen overnight of course, but we are hopeful that this is the right way forward and an important first step.

**28. Is there any planning around lessons learned and legacies that can be shared with other communities to help with best practice/what works well?**

This webinar is step in that direction exactly, but of course much more could be done. The Thriving communities regional teams and structures are trying to create these networks and provide the learning opportunities – especially via their Learning together programmes. We are also keen to expand the webinar offer in regions and by working with other sector colleagues across the country to be flexible and collaborative so we can reach as many communities and opportunities to support learning and development as possible.

**29. Interested in SP leading to increased walking/cycling. ideas inc. people leading themed walks, encourage sharing heritage knowledge Examples pls**

I have just been contacted by a colleague working at an organisation in the London area called The Line, London's first dedicated art walk, which runs from Queen Elizabeth Olympic Park to The O2 on Greenwich Peninsula. They have just launched a programme of wellbeing walks - taking people on c.30min walks along stretches of The Line to explore the art, heritage and wildlife. The intention is to get people gently moving and reconnecting after 18 months of covid restrictions. See [Wellbeing Walks - The Line \(the-line.org\)](https://www.the-line.org) They have been working with local social prescribers on trial walks and they are then starting to refer people to The Line. [www.the-line.org](http://www.the-line.org)

**30. If those running heritage sites charge, then access to these sites make it impossible for those on low / no incomes to access**

The whole point of using heritage activities for social prescribing is that they are prescribed to those most in need in the same way like medication – so if people are on low income, they shouldn't be expected to pay for anything resulting from a social prescription referral. It would be up to individual sites to develop their offer with local communities and link workers in a way that supports social prescribing.

**31. Do you foresee the role of "Heritage Link Worker" emerging as a role in its own right, and who might fund it?**

There are some ideas being floated about the sorts of heritage specific posts that could support link workers in connecting up to heritage work. In the long term there is need for a high level appreciation of the wellbeing benefits of culture and heritage in order to attract enough government budget allocation in such funding streams.

**32. What are the evaluation metrics and standard tools for heritage and social prescribing projects.**

I wouldn't say that there is a set criteria or tools for this yet, although they are emerging - we are supporting several working streams developing such metrics. Historic England is planning to produce guidance and resources on heritage and wellbeing – and on social prescribing – with the help of the wider heritage sector. Information on measuring projects may be usefully found at <https://measure.whatworkswellbeing.org/>

**33. How can I be a social prescribing champion and any training I can take?**

Attending NASP's webinars is a great step in this direction. You can also contact your local Thriving Communities coordinator - <https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-regional-leads/>

**34. To what extent is it felt that more research is required to assess the effect of heritage and archaeology activities on Wellbeing?**

The need for more evidence and robust data on the wellbeing benefits of heritage is something that we are very aware of – we definitely have some, but we are working in collaboration with academic and other partners to expand and deepen this research and knowledge. A particular gap is the unique wellbeing benefit of heritage (i.e. which is derived from the historic character of place and / or asset), rather than the symbiotic one of connecting with nature or being physically active in heritage setting for example. There is a need for more research on the long-term impact of interventions and understanding the nuanced differences between different programmes and different individual need.

**35. How can we make heritage activities accessible to a wider population? (financially, mobility etc...)**

By further enhancing the wellbeing aspects of any heritage work and projects – at the core of this is addressing health inequalities, so it is indeed crucial that any work of this type is done in areas and for the benefits of social groups in biggest need. One way to do this is to assess local need before designing a project and then work with someone to meet that need.

**36. Many of us recommend volunteering, in heritage sites, to help social isolation / mental health issues - the issue is the ridiculous recruitment processes**

This is useful feedback, thank you – however, I am afraid I cannot comment on existing specific practices. Any targeted wellbeing project or social prescribing scheme should by default tackle such obstacles, otherwise the whole point of the referral, I agree, will be lost.

**37. I work with those with the lowest educational attainment in the whole of the UK - what is being done to include this group into the inequality of representation**

We have been working on developing some ideas to work with partners on schemes that support those at risk of falling out of the education system. Whilst these may not always be students with low attainment, they are often students with low attendance or with complex family needs. It may be worth looking at our Heritage Schools programme.

**38. Housing associations are involved in a huge amount of social prescription activities - how are you working with the social housing sector?**

I do not know what the relationship between NASP and the social housing sector is. At the moment at HE we are looking into the infrastructure that means local sectors can have access to a range of benefits from heritage related social prescribing.

**39. We'll be happy to use our facilities to provide culturally compatible social intervention to support the work of social prescribing, how can you facilitate this**

Please reach out to your local Thriving Communities coordinator who may be able to help <https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-regional-leads/>

**40. If social prescription is so important, which I believe it is, why so many short time projects and not fully embedded in social care programmes?**

I think this is a question for the government.

**41. Do the heritage projects expound a dark story associated with destroying global heritages. eg Lancashire mills set to destroy a thriving Indian cotton industry?**

All heritage sites provide a mechanism to tell multiple stories associated with them or the social and cultural context from which they were created. The nature of these stories evolves through time as we learn more about them, and more about the board cultural context into which they fit. Different people will ask different questions about a site and its



history and through these questions there can emerge a greater understanding of the society that formed them. Find out more about [Historic England's position on contested heritage](#), if you are interested.

**Useful links:**

Historic England regional offices <https://historicengland.org.uk/whats-new/in-your-area/north-east/regional-grants/>

Historic England's report on the potential of delivering social prescribing:  
<https://historicengland.org.uk/images-books/publications/social-prescribing-potential-historic-england-local-delivery/>

Heritage Action Zones - <https://historicengland.org.uk/services-skills/heritage-action-zones/>

Enriching The List - <https://historicengland.org.uk/listing/enrich-the-list/>

What Works for Wellbeing Centre: <https://whatworkswellbeing.org/>

Funding & Resources: <https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-fund/helpful-resources/>