



All Party Parliamentary Group on Arts, Health and Wellbeing

Heritage, Health and Wellbeing Round Table

15th July 2019 4-6pm
Committee Room 1
House of Lords

Minutes

Lord Howarth of Newport, Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing, welcomed everyone to the meeting.

Welcome to other parliamentarians present: Baroness Andrews, Lord Berkeley of Knighton, Chris Ruane MP

This round table is part of the ongoing work of the APPG following the publication of *Creative Health* in 2017. In *Creative Health*, we didn't place as much emphasis as we could have on the very important contribution the wider field of Heritage can make in the original report. This is an important area of work and this afternoon's discussion will help the APPG to form stronger connections with Heritage. Today we are going to hear about examples of practice, discussion of the evidence base; followed by a discussion about policy.

Practice

Laura Drysdale, Director, Restoration Trust

We have worked with over 400 people with serious mental health problems, providing culture therapy in heritage sites. We broker partnerships and co-create experiences that link people with experts and places and with each other. Our vision is that, one day, culture therapy will be everyday good practice. The opportunity is the magnificent heritage which belongs to us all. We are in the midst of a mental health crisis and it is our responsibility to make one work for the other. The challenges are: austerity and the impact on health a social care partners; the shift from heritage assets to the people that use them is not consistently being applied by owners and funders; cross-sectoral work is disruptive and difficult to position in siloed systems. If we don't do this kind of work, people will feel less alive, disadvantaged communities will be more excluded. It is a necessity, not a luxury.

Chris Hogg, participant in Human Henge

Human Henge got people out enjoying the Stonehenge landscape. Supported with transport, food and drink. No problem to miss sessions but almost everyone turned up every time. As someone who spent two years unable to go out, Human Henge has saved my life. I've been able to treat my PTSD as an 'injury', but not everyone can be cured. There is a problem of long-term support, where people are left after 10 weeks. It is important to put people on a level with others of able body and able mind. A friend of mine with a physical disability came close to taking their own life due to the pressure of navigating the benefits system. We need evidence to show this has medical validity. We need to challenge the cuts and the damage to services. This needs to be treated with the seriousness it deserves.

AJ Langer, Countess of Devon. I have had my own journey with chronic pain and have been able to stay connected to myself and to life through the arts. At Powderham Castle we have an overwhelming opportunity to support health and wellbeing, we have social aims which are increasing our business

sustainability. It was hard initially, to open our family's private home, but now it is a privilege to share it with the community. Our values are: authenticity, sustainability, inclusivity, adventure. We have a wide range of arts activities from culinary arts to fine arts. We are partnering with social services and local projects, supporting a new local primary school build. We are launching a new charity. I would like Powderham to be a hub for social prescribing. We believe in collaboration and teamwork. We need a language for 'revolutionaries' to speak to the 'establishment'. Powderham is playing its part in finding sustainable solutions. The support of a business and financial structure could make this more sustainable. The quote in *Creative Health* for a transition from a hospital and illness- to a wellness- based system.

Richard Osgood, Chief Archaeologist, MOD

The MOD is responsible for 770 scheduled monuments and 10 world heritage sites. We provide many opportunities including training Military Police on body recovery using heritage sites. Many archaeologists, such as Pitt Rivers and others, had a defence background. Project Nightingale supports veterans through archaeology. We have seen this lead to further study, employment, even 1 marriage! We are helping get monuments off the at risk register. I asked a young rifleman working on an anglo-saxon burial site whether he was not bored. He said no, because I'm not thinking of Iraq, and I'm sleeping at night. There is a picture of the find that he made next to the Sutton Hoo exhibition in the British Museum.

Richard Bennett, Operation Nightingale

Archaeology is providing a hugely positive response to depression, anxiety and wellbeing. We need more research – is it the social aspect, or the archaeology itself? Work with participants has to be meaningful, productive and give a sense of fulfilment and some sort of progression. We are working with Wessex Archaeology and the University of Winchester to provide progression pathways. Translating positive outcomes into sustainable funding can be a struggle. We have a Social prescribing model ready to go, we just need the opportunity. Another challenge is how could models developed for the veteran community be extended to the wider population

Research

Giles Woodhouse, Chief Strategy Officer, Wessex Archaeology

I have been working on the Heritage, Health and Wellbeing Survey Report for the Heritage Alliance. We have 18 case-studies so far. Wellbeing and heritage work on both an individual level, and for groups and communities. The mechanisms we are identifying are: meeting basic human needs for communication; connection; (re)discovery of learning; flow states in the moment, being fulfilled. We are also finding that it provides social cohesion, the ability to reach across generations and community boundaries. Arts, culture, and heritage provide a safe space to engage communities that may have differences elsewhere. Who is it for: veterans, carers, young people, people with mental health, those who are lonely or isolated, those with healthcare complications, to encourage ageing well. It is highly tailorable. How equipped is the heritage sector and staff to deliver a wider range of interventions? Variable. These are new roles and responsibilities. We need to think about staff dealing with challenging individuals, and the stress for participant groups. Staff are already thinly stretched and wearing many hats. For each category of participant you should do awareness training e.g. mental health first aid, dementia friendly. Supervision is needed to keep people safe, with boundaries. We can deliver a service, but can't overstep the boundary to become therapists. The work is founded on partnerships which need to be underpinned by clear agreements. There are challenges in scaling the work; the operational side; the sustainability of programmes. We need to build the evidence base, identifying suitable metrics. Sector has to agree on a framework –5 ways to wellbeing etc.

Helen Chatterjee, Professor of Biology, UCL

We know there's a lot of evidence at psychological end of the spectrum. I agree with methodological caveats. The key is creative cognitive engagement which activates multiple brain centres and involves deep-level learning. Physical engagement: whole-body, upper-body, hand-eye coordination. Social element. These 4 together consistently show the biggest improvements, which helps us understand how to build an efficacious programme. Short-termism and drop-off are key problems. Great short/medium-term improvements, harder to pick up longer term lifestyle/behaviour change. We are thinking about how we move organisationally from short-term programmes to long-term commitment. It will involve big organisational shifts: how organisations are run, what we fund, training and staffing skills, staff reorganisation. Wellbeing needs to be built into job descriptions. If this shift happens, huge benefits are seen. We have to look at how we use the research base to shift the programmes that we run, and create a long-term sustainable offer

Andy Pennington, Research Fellow, University of Liverpool

The research for the What Works Centre for Wellbeing looked at the impact of historic places on community wellbeing with a focus on tangible physical assets. Systematic scoping review across OECD produced 75 studies and evaluations with most from across the UK. It is unusual for studies from the US not to dominate; we appear to be leading the world. Cast a broad net over the evidence to understand potential impacts/state of the evidence base. Found relatively low methodological quality, but this is often the case for complex wellbeing interventions. We identified evidence of impact on community and individual wellbeing with 180 specific measures of health and wellbeing with an impact in spheres of health, environmental, economic, social capital. Impact in increased confidence, civic pride, income. Some poor design, for example a project for people with acute mental ill health involving war exhibits that exacerbated trauma. We need a better mix of evidence, including higher quality evidence; and to look at the distribution of impact across different population groups. There are representativeness issues; lack of controls, randomisation, self-selection etc. Majority of the evidence is from England, especially London and the South East so we need a better distribution. 45 of the 75 studies looking at marginalised groups, but didn't actually explore differentials/inequalities. There is a lack of evidence on everyday heritage, outdoor heritage. We need more work on how to design programmes and to look at the impact on organisations themselves.

Chris Ruane MP

Society is atomised and people are disconnected. We need to think about how we reconnect people. We know about the impact of just 2 hours a week outdoors. At Governmental and Ministerial level, we need the data: can we develop a blueprint for this, with the What Works Centre for Wellbeing? Should we be opening up National Trust sites, as we did for heritage. We have 4 experimental chambers due to devolution and we should be working with the other national assemblies. In Wales the Wellbeing of Future Generations Act, is held up by the UN. With AI and robotics, 40% of jobs will go, what will people do with their time? 50% of kids today will live to over 100 – 3rd age is extended. Budgets: half of the budget in Wales is spent on health, but there is a need to invest in prevention. Key indicators for health boards: mental health, A&E/GP visits are going in the wrong direction. We need to prove that Social Prescribing works for the physical and mental health of individuals.

Policy

Peter Ainsworth, Chair, The Heritage Alliance

I am also Chair of the National Lottery community fund, which has spent £65m on pilot projects for Social Prescribing in the last 5 years. Heritage should be so easy – people travel 100s of miles to see this stuff – it uplifts people's spirits. When you think in policy terms about identity, history, beauty, this is very complex for policy makers. It is reduced to a 2nd tier issue, but there is a hugely important social purpose. Ruskin, Arnold, Octavia Hill were not just about beauty/niceness, they had an overt social purpose. You don't have to be middle class to like beautiful places and things. Many battles not won over the years. We are still playing a very heavy social price e.g. for slum clearance in the 1950s. We have a current housing crisis, and need to think about how this is balanced against the natural environment and existing communities' needs. The Heritage Alliance – thanks to Giles Woodhouse and Wessex archaeologists – hopes to publish a report before Christmas. There is a need to build the evidence and we aim to continue to do so. There is no pill for loneliness, but there are plenty of beautiful places where people can go to stop being lonely.

Lord Berkeley of Knighton

The experience of seeing, listening, hearing, being there at an event, is crucial, and can't be replaced by a CD etc.

Ben Cowell, Director General, Historic Houses

I agree regarding the love of the real. Reflecting on differences between arts and heritage, there are differences in structures and funding. Heritage has less central and less substantial subsidy; 2/3 heritage in private hands. How do we make a business model out of this. It's not as simple as saying all National Trust sites should be free. If they were it would put independent settings out of business. I recently visited a historic house that 3 days a week is a day care centre for adults with disabilities and they are absolutely focused on wellbeing. It's partly personal commitment, but they also have to make money from it. We need greater joined-up thinking between multiple public agencies in this arena

Baroness Andrews

Hard to construct a whole narrative when we've not started with a common set of definitions, including 'heritage'. We've not spoken about intangible heritage which is often the heritage of place. Also we need to be talking about the spectrum of experiences, from therapeutic to the treatment. How do we create a narrative that involves us all. How do we create scale and sustainability? We have to try to deploy heritage as being able to solve other political problems – economic, health. We can frame it as a useful tool for the same objectives. We must get the argument across to politicians first. If you follow the logic from the personal to the political, you begin to see where the roots of sustainability lie. Consider the model for community/personal ownership of heritage. The National Lottery Heritage Fund have shifted perspective onto wellbeing outcomes and want to be more strategic, but also, how do we find the most credible, effective way to show a wellbeing outcome.

Brian Smith, Secretary General, Heritage Europe

Heritage Europe is a network of historic towns and is now in 32 countries with over 1200 towns and regions. Political challenge of getting heritage to be recognised for contribution they can make. Europe 2020 strategy about sustainable development but didn't include culture or heritage. Commissioned a review of existing research: 146 academic treaties and 221 impact studies. The UK stood out hugely, largely due to English Heritage and Heritage Lottery Fund. Report has ensured that Cultural Heritage is key to the identity of Europe. Benefits that are accrued downstream, if you invest upstream. The prevention dimension is very important. 48% of Europeans have no contact with cultural heritage in any of its forms, but nearly 70% would like to engage; 80% think that cultural heritage is very important. How do you get people to engage. Winning the argument in many ways. Area of social impact leading into wellbeing now full square in the European agenda.

Liz Ellis, Policy Adviser Communities and Diversity, The National Lottery Heritage Fund
Opportunities: access is mandatory outcome for the NLHF which is a brilliant opportunity to reach wider range of people. Wellbeing now an optional outcome. How we work together with DCMS, MHCLG and other agencies is very important. Not helpful for Matt Hancock to talk of Social Prescribing as 'almost free' when we know the resources that are needed. There are great examples such as joined up work in Manchester, and across the cultural sector. We have to remember that additionality is important because we are not here to fund health or education.

Peter Aiers, Chief Executive, Churches Conservation Trust

Historic Churches need people to look after them. Congregations are declining and there needs to be a way of caring for them. We are looking at ways to leverage in the support of the widest range of communities and that means people have to be involved. Links to loneliness agenda. How do you involve the broadest sector society to improve the wellbeing of that community? Keen to work with other people. We own 353 historic properties that are no longer used for regular worship, and accumulate another 2-3 every year. Huge opportunity, but need to find the skills and the direction to seize this. Many of our volunteers benefit from engaging with us and really depend on the social interaction.

Dr Linda Monckton, Head of Wellbeing and Inclusion Strategy, Historic England

Agree with anxiety about expectations and whether there is a cost saving that can be communicated to wider government. The focus on methodologies that meet NHS requirements risks instrumentalising the work. We are a national strategic agency and will be delivering the Govt's 40 million high street scheme. Picking up on place and site visits and engagement and that 48% haven't accessed heritage, but they do live somewhere and perhaps we need to re-think engagement. Need to get better at relating the research on prevention and community cohesion to policy priorities. We talk a lot about hard to reach groups, but these assets are a great tool to ensure that our needs around diversity can be embedded. Wellbeing, diversity and inclusion are very closely related. As Helen said, it only works if the organisation changes direction. If you set a wellbeing objective in a project, your project will be different. Much wellbeing work fundamentally addresses inequality.

Dr Heather Smith, Equality Specialist, National Trust

National Trust is looking at own direction, and assessing strategies, with broad principle of 'everyone welcome', so questioning how we can do things differently. Our strategy for 2020 is how to support the nation's wellbeing, including in the places where people live. How we shift our own practice, how we manage our own wellbeing. Working in partnership, with people with expertise in this area. We can't be

doing all of this ourselves, we need to be reaching out, connecting, collaborating and this is happening at a strategic level. More devolved model now for our properties, so also room for local responsiveness, innovation.

Lord Howarth

Some of main issues:

- Where you have a systematic approach the work can be extremely positive for mental health. Examples from the MOD and the Restoration Trust. Can continue this, but can also be a beacon for work that can already be done. Requirement and duty is to see how the opportunity for heritage can be constructively be related to the mental health crisis.
- Challenges are around funding and sustainability. Austerity is not finished, despite the rhetoric.
- Even if public finances improve, will heritage be reached? So we have a major issue around successfully finding new business models. There is a desire for models that aren't one size fits all, but are replicable and scalable, but also that there should be devolution and local energy.
- Desirability of common language. Has to talk to government as a whole
- We need to work through other government departments, across Whitehall, some opportunism. Education and health are benefitting already from heritage.
- Housing and regeneration a natural home for heritage.
- Strengthening the evidence base and relating it to practice. Is there something uniquely creative and therapeutic if activities take place in beautiful heritage settings?
- Devolution and getting across the departmental silos
- The delivery organisations, the providers of social prescriptions, need to be funded better than they are

Practical solutions and suggestions focus for last section of this meeting.

Helen Chatterjee: Opportunity of thinking of wellbeing in the context of inequality. 10 years since Marmot's review which was based on 20/30 years of research. Most of the people using services are in the lowest social deprivation categories, also living in areas that are most depleted in terms of arts and heritage assets, green spaces etc. We are the biggest community asset, especially if you include natural heritage. Can we link with others to feed into the Marmot review.

Chris Hogg: There is also a constraint on private expenditure. Removing language like hard to reach. Lots of sites can't be accessed for financial, travel, social reasons. Inequality is crucial. Turn the approach on its head, it's not how to reach those groups, but how they reach you.

Baroness Andrews: Impact of Wellbeing of Future Generations Act which requires public institutions to have a social mission. Has been transformational. 2013 government challenged every department to address poverty including the Culture department. Cultural activities funded through children's centres and old age policies. Research has informed policy. New research looking specifically at barriers.

Peter Ainsworth: Heritage Alliance is 'sharpening its quill' for a General Election and need for manifestos. Key issues the same as in 2017. Fiscal manifesto regarding the tax challenges and opportunities. We need to make the economic and social case relentlessly. Regeneration context is relevant; better for climate change to re-use older buildings. Importance of beautiful housing built for the people who need homes. If you build antisocial spaces, you'll get antisocial people. Home Office consequence.

Andy Pennington: Town and country planners blamed but the issue is underfunding. There is poor quality building even in the centre of London. 3 recommendations: raise methodological quality of evidence; explicit focus on inequalities; support communities to co-produce/initiate projects and policies. People aren't hard to reach if you talk about things that matter to them, and that empower them.

Helen Chatterjee: AHRC very interested in this work and have commissioned a gaps analysis with focus on what will inform policy/change peoples' minds. Perhaps we could have an APPG event dedicated to research/evidence? Many researchers are not good at communicating results to effect change

ACTIONS:

Link to 10 year Marmot review; APPG event on evidence and research