



National
Trust

Heritage, health and wellbeing

Review of recent literature

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Public benefit, health & wellbeing

‘More and more people now appreciate that arts and culture can play a valuable part in helping tackle some of the most challenging social and health conditions.’

Lord Bichard of Nailsworth¹

As the funding environment becomes increasingly constrained, public and third sector organisations are working harder to demonstrate value. Breaking away from perceptions of luxury and elitism, the cultural sector is pushed to provide tangible evidence for **public benefit** – contributing to societal cohesion, health, welfare, education and employment, with the potential to save public money. This review of wider sector publications responds to current investigations by Government and Advocacy, and Visitor Experience teams about how the **National Trust** can determine and cultivate its health and wellbeing public benefit.

A wealth of studies examining the contributions natural and cultural heritage can make to health and wellbeing in particular have been commissioned in recent years. Many offer recommendations for making more of the potential of heritage, including amplification through partnerships, and recent advocacy for social prescribing in attempt to use heritage to reduce demand on the NHS.



‘A partnership between arts organisations and health organisations has the power to improve access to the arts and to health services for people neglected by both.’

Robert Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust; Lead Chief Executive, West Yorkshire and Harrogate Sustainability and Transformation Partnership¹

A 2017 report by the All-Party Parliamentary Group on Arts, Health and Wellbeing identified the following policy challenges that cultural organisations can assist with:¹

- Strengthening preventive strategies to maintain health for all
- Helping frail and older people stay healthy and independent
- Enabling patients to take a more active role in their own health and care
- Improving recovery from illness
- Enhancing mental healthcare
- Improving social care
- Mitigating social isolation and loneliness, strengthening local services and promoting more cohesive communities
- Enabling more cost-effective use of resources within the NHS
- Relieving pressure on GP services
- Increasing wellbeing among staff in health and social care
- Encouraging voluntary work
- Creating a more humane and positive existence for prisoners
- Enhancing the quality of the built environment
- Ensuring more equitable distribution of arts resources and better access to the arts for people who are socially or economically disadvantaged

Arts in Health and Care Environments

This includes hospitals, GP surgeries, hospices and care homes.



A mental health recovery centre co-designed by service users in Wales is estimated to save the NHS

£300k

per year.

Visual and performing arts in healthcare environments help to reduce sickness, anxiety and stress.



The heart rate of new-born babies is calmed by the playing of lullabies. The use of live music in neonatal intensive care leads to considerably reduced hospital stays.

Participatory Arts Programmes

This refers to individual and group arts activities intended to improve and maintain health and wellbeing in health and social care settings and community locations.

After engaging with the arts

79% of people in deprived communities in London ate more healthily

77% engaged in more physical activity

82% enjoyed greater wellbeing.

£1 spent on early care and education has been calculated to save up to £13 in future costs. Participatory arts activities with children improve their cognitive, linguistic, social and emotional development and enhance school readiness.



Participatory arts activities help to alleviate anxiety, depression and stress both within and outside of work.



Arts Therapies

This refers to drama, music and visual arts activities offered to individuals, usually in clinical settings, by any of 3,600 practitioners accredited by the Health and Care Professions Council.



Music therapy reduces agitation and need for medication in

67%

of people with dementia.



Arts therapies help people to recover from brain injury and diminish the physical and emotional suffering of cancer patients and the side effects of their treatment.



Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing.

Arts on Prescription

Part of social prescribing, this involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums and libraries).

An arts-on-prescription project has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions. This represents a saving of

£216

per patient.



A social return on investment of between £4 and £11 has been calculated for every £1 invested in arts on prescription.

Over the past two centuries, life expectancy has increased by two years every decade, meaning that half of people being born in the West can expect to reach 100. Arts participation is a vital part of healthy ageing.



Medical Training and Medical Humanities

This refers to inclusion of the arts in the formation and professional development of health and social care professionals.

Within the NHS, some 10 million working days are lost to sick leave every year, costing

£2.4bn

Arts engagement helps health and care staff to improve their own health and wellbeing and that of their patients.



Everyday Creativity

This might be drawing, painting, pottery, sculpture, music or film-making, singing or handicrafts.

There are more than **49,000** amateur arts groups in England

involving **9.4 million** people

that is **17%** of the population.



Attendance at Cultural Venues and Events

This refers to attendance at concert halls, galleries, heritage sites, libraries, museums and theatres.



Attendance tends to be determined by educational level, prosperity and ethnicity.



Cultural engagement reduces work-related stress and leads to longer, happier lives.

of **2,500** museums and galleries in the UK, some

600 have programmes targeting health and wellbeing.



The Built and Natural Environments

Poor-quality built environments have a damaging effect upon health and wellbeing.

85%

of people in England agree that the quality of the built environment influences the way they feel.

Every £1 spent on maintaining parks has been seen to generate

£34

in community benefits.



‘Good health for communities is a resource and capacity that can contribute to achieving strong, dynamic and creative societies.

Health and wellbeing include physical, cognitive, emotional and social dimensions. They are influenced by a range of biomedical, psychological, social, economic and environmental factors that interconnect across people in differing ways and at different times across the life-course.’

WHO Health 2020 strategy²¹

Defining wellbeing

The term 'wellbeing' is commonly used to broaden the idea of health beyond its physical medical meaning. But the term remains ambiguous.

The Foresight Mental Capital and Wellbeing Project defined it as a 'dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society'¹ and in a more helpful shorthand:

'Feeling good and functioning well.'



'The ubiquity of references to wellbeing and the diffusion of meanings they bear means any attempt to summarise the field must inspire some trepidation.'

Sarah C. White, Professor of International Development and Wellbeing, University of Bath¹

Various models seek to define the components of wellbeing.

Most utilised is the New Economics Foundation's *Five ways to wellbeing*.

Three dimensions of wellbeing³²

1. Personal
2. Cultural
3. Social

Five ways to wellbeing¹

1. Connect
2. Be active
3. Take notice
4. Keep learning
5. Give

Eight wellbeing factors¹

1. Material living standards
2. Health
3. Education
4. Personal activities
5. Political voice
6. Social relationships
7. Environment
8. Insecurity

New Economics Foundation *Five ways to wellbeing¹*

Connect	With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.
Be active	Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
Take notice	Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
Keep learning	Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.
Give	Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Arts and creativity

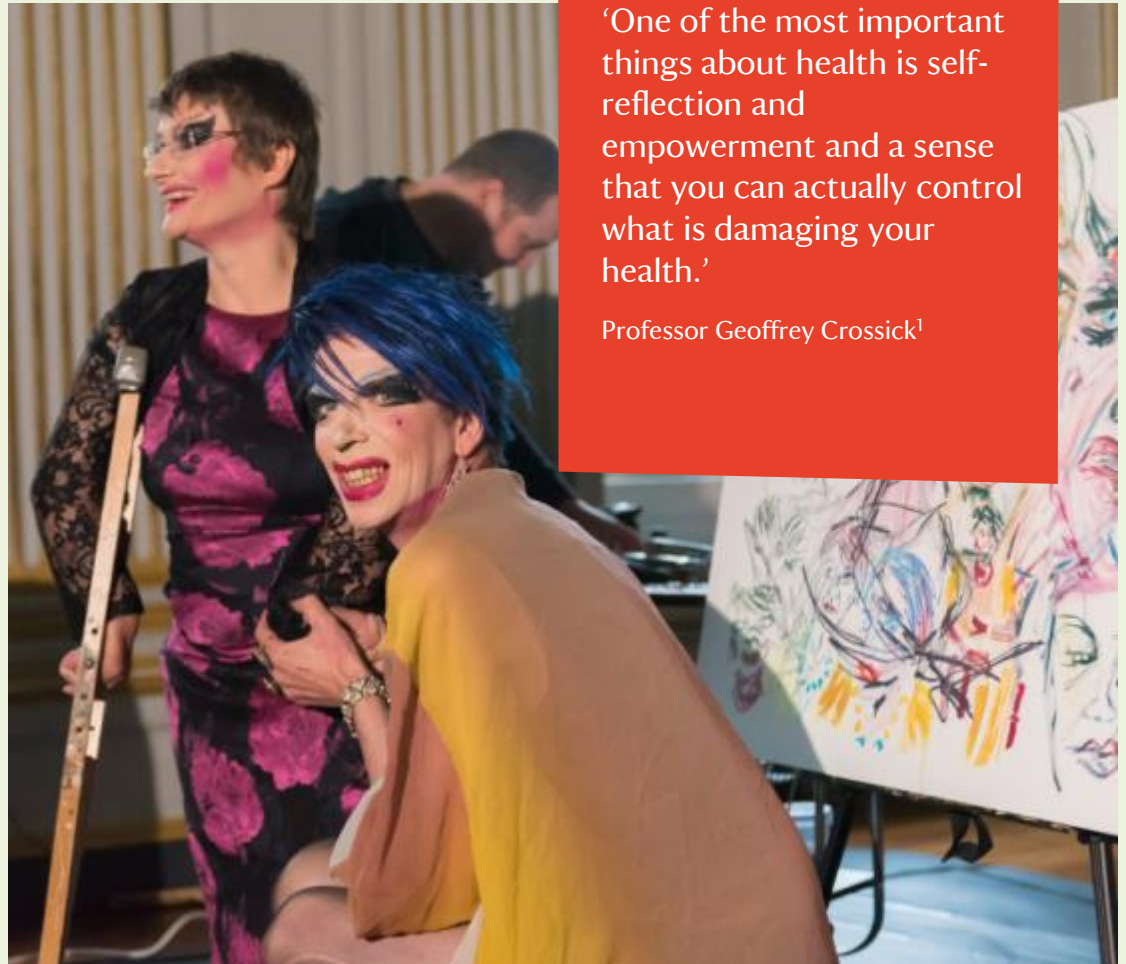
Substantial literature outlines the benefits of exposure to and participation in arts and creative practice.

‘The arts are a way of forming, shaping and holding in front of your eyes something you feel internally. It’s about storytelling. It helps people develop a narrative of their lives and relate to their own experience in a new way.

I’m convinced from the evidence that investment in the arts for health would pay off. It would be beneficial, not just in terms of wellbeing, but in terms of the pressures and costs that mental illness puts on the system.’

Phil George, chair of Arts Council Wales¹²

The Arts and Humanities Research Council *Cultural Value Project* states that 'The arts at once provide engagement and aesthetic detachment, enabling individuals to become more reflective. The concept of the reflective individual encompasses an improved understanding of oneself, an ability to reflect on different aspects of one's own life, an enhanced sense of empathy [...] and a sense of the diversity of human experience.'¹



'One of the most important things about health is self-reflection and empowerment and a sense that you can actually control what is damaging your health.'

Professor Geoffrey Crossick¹

The All-Party Parliamentary Group on Arts, Health and Wellbeing 2017 inquiry *Creative Health: the arts for health and wellbeing*, identified three means by which the arts are an element of psychosocial care with a part to play in the creation of a healthy society:

1. The arts can help keep us well, aid our recovery and support longer lives better lived
2. The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health
3. The arts can help save money in the health service and social care

But asserts that arts cannot be considered a 'cure-all' for an unhealthy society.¹

‘The only end of writing is to enable the reader better to enjoy life, or better to endure it.’

Samuel Johnson¹

‘Art helps us access and express parts of ourselves that are often unavailable to other forms of human interaction. It flies below the radar, delivering nourishment for our soul and returning with stories from the unconscious. A world without art is an inhuman world. Making and consuming art lifts our spirits and keeps us sane. Art, like science and religion, helps us make meaning from our lives, and to make meaning is to make us feel better.’

Grayson Perry, Artist¹



Creative Health: the arts for health and wellbeing, outlined the following benefits of creativity:¹

- Change perspectives
- Contribute to the construction of identity
- Provoke cathartic release
- Provide a place of safety and freedom from judgement
- Yield opportunities for guided conversations
- Stimulate imagination and reflection
- Encourage dialogue with the deeper self and enable expression
- Increase control over life circumstances
- Inspire change and growth
- Engender a sense of belonging
- Prompt collective working
- Promote healing
- Empower us to face our problems or be distracted from them

In response to *Creative Health: the arts for health and wellbeing*, the Local Government Association advised:

As the biggest public-sector investor in culture, spending over £1bn per year, councils can help to forge the partnerships necessary to realise the health and wellbeing benefits of the arts and culture.

Kent County Council is leading the way in health-orientated cultural commissioning, and Greater Manchester Combined Authority has integrated the arts into its population health plan.

Halton Clinical Commissioning Group has issued a *Cultural Manifesto for Wellbeing*, which acknowledges the interdependence of the arts and heritage, environment and sport in addressing the root causes of health. An arts-on prescription service in St Helens has shown a social return on investment of £11.55 for every £1 invested.¹⁴



Museums

Museums and galleries are increasingly programming health and wellbeing activities. As a lead partners in the National Alliance for Museums, Health and Wellbeing, UCL and the University of Leicester have surveyed the sector and published evaluation of museum projects.

‘The effect in sickness of beautiful objects, of variety of objects, and especially of brilliancy of colours is hardly at all appreciated [...] People say the effect is on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, colour, by light, we do know this, that they have a physical effect. Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery.’

Florence Nightingale, Notes on Nursing, 1859¹

Mind, body, spirit

In 2017, the Research Centre for Museums and Galleries based at the University of Leicester published *Mind, Body, Spirit: How museums impact health and wellbeing*. The report brings together wider research with specific outcomes from an Arts Council England funded action research project in which a network of East Midlands museums evaluated projects designed to improve the health and wellbeing of their local communities.

The report's authors, Jocelyn Dodd and Ceri Jones observe, 'A growing body of evidence shows that museums can bring benefits to individual and community health and wellbeing in their role as public forums for debate and learning, their work with specific audiences through targeted programmes, and by contributing to positive wellbeing and resilience by helping people to make sense of the world and their place within it.'¹⁰

'Health is increasingly recognised as a societal issue, linked to multiple and complex factors, persistent inequalities such as social and economic deprivation, and lifestyle. Prevention is as important as cure.'

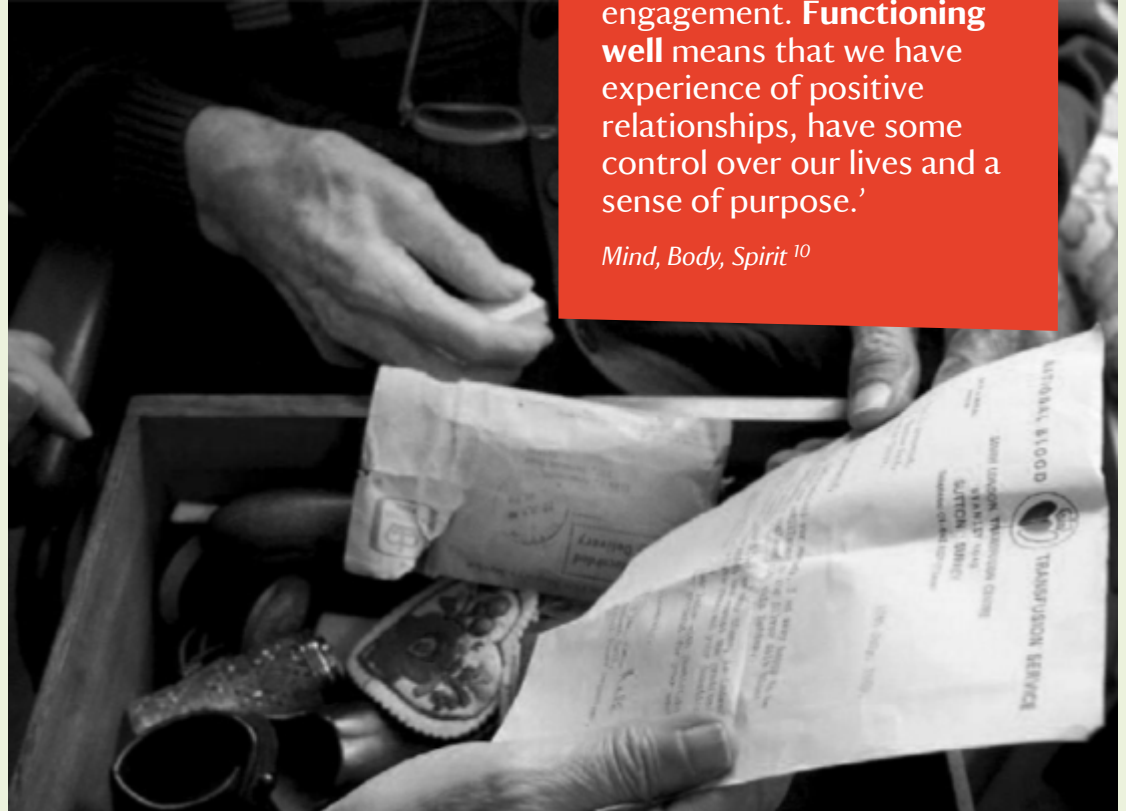
*Mind, Body, Spirit*¹⁰

Mind, Body, Spirit used the Five Ways to Wellbeing as a framework for action.

The project objectives for each of the museums were directly linked to the Five Ways to Wellbeing.

Project Objectives

- To offer learning opportunities and activities that encourage people to connect with people and ideas (connect and learn)
- To provide new experiences through encounters with objects through enjoyable social activities (take notice)
- To provide opportunities for people to give, take ownership and achieve (give) ¹⁰



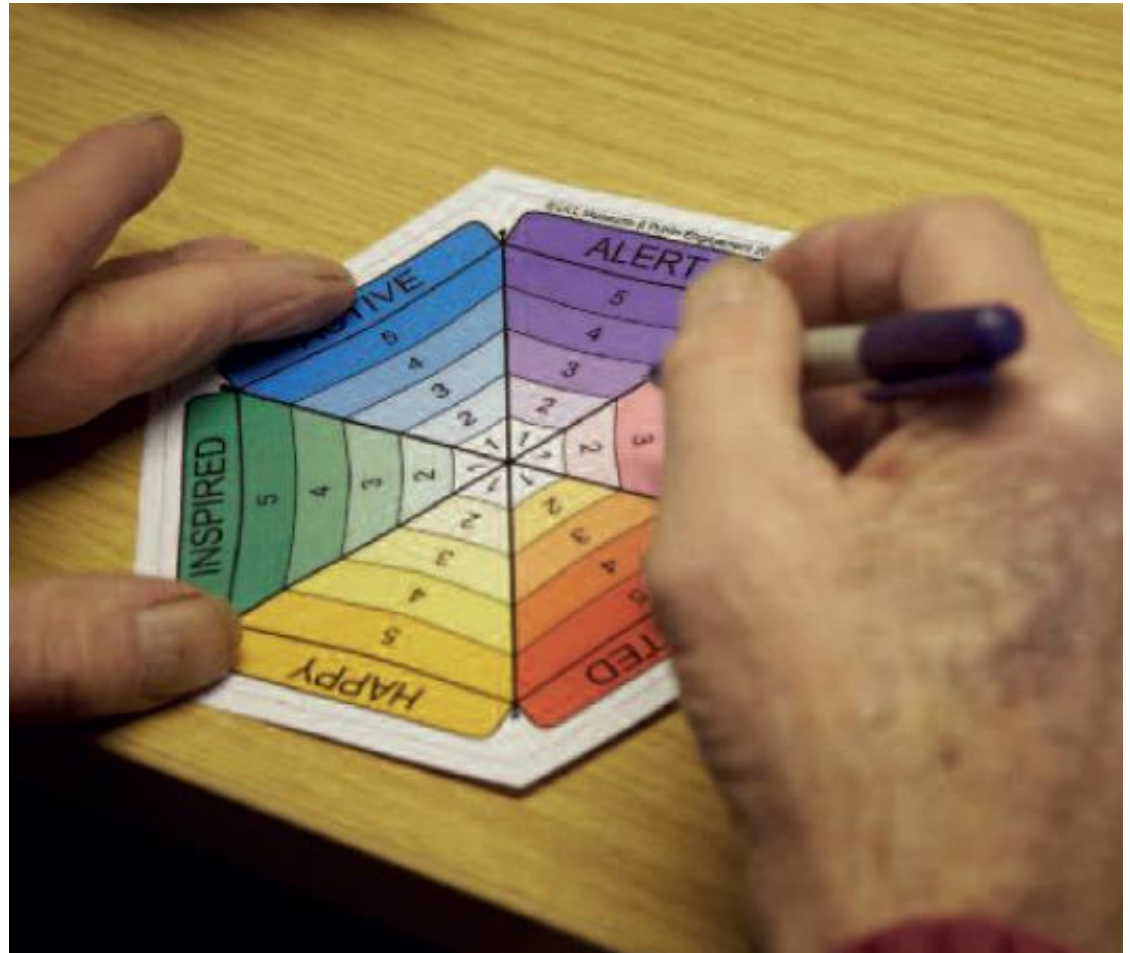
‘Feeling good means that we experience feelings of happiness, contentment, enjoyment, curiosity and engagement. **Functioning well** means that we have experience of positive relationships, have some control over our lives and a sense of purpose.’

Mind, Body, Spirit ¹⁰

Measures

UCL's *Museum Wellbeing Measures Toolkit* was selected to capture evidence of impact on participants' wellbeing, responding to the need for museum-focused measures of wellbeing. The toolkit follows similar measures as Arts Council England's Generic Learning Outcomes and Generic Social Outcomes. It contains Generic Wellbeing questionnaires and Positive and Negative Wellbeing Umbrellas in generic and specific versions for older and younger adults.¹⁰

The questions are adapted from clinical scales which measure psychological wellbeing, but are shorter and more effective where time is limited. Two Wellbeing Umbrellas can be used with participants, one with six positive emotions (active, alert, enthusiastic, excited, happy, inspired), the second with seven negative emotions (anxious, distressed, irritable, nervous, scared, unhappy, upset). When combined with qualitative methods such as interviews and observation, the meaning of why positive feelings increased can be explored.¹⁰



Examples from Nottingham City Museums and Galleries¹⁰

- *Live Today, Think Tomorrow: tackling smoking prevalence in Nottingham:* The extensive John Player & Sons Archive presented an opportunity to use a historical collection to address a contemporary health issue. The project developed and piloted a set of resources to be used with schools and youth groups, focussed on trying to stop young people from starting smoking in the first place. Critical to this project was the involvement of Peer Mentors.
- *Our Bodies Ourselves:* An exhibition by women photographers on the subject of health.
- *Sexwise:* An exhibition supported by a programme of outreach sessions to address high levels of teenage pregnancy in Nottingham.
- *Suitably Sensory:* Loans box appropriate for dementia patients and their carers and a multi-sensory installation for the Long Gallery at Nottingham Castle.
- *Up in Smoke:* Raised awareness of the impact of smoking on people's lives, past, present and future. A mixture of activity, fact and debate which, rather than lecturing young people about the dangers of smoking, intend to stimulate thinking and discussion.
- Work with children and young people from difficult and challenging backgrounds; those in, or just leaving, care, excluded from school, attending an alternative curriculum, and with behavioural and learning difficulties. Focused on media that young people were interested in - photography, film-making, music, creative writing, spoken word and fashion. The aims were to increase confidence and self-esteem through providing new experiences for them.
- Programmes for older people such as tea dances and reminiscence sessions
- Sessions for mental health service users to express their thoughts and feelings through their artwork
- Projects for new mothers and their children led by a very culturally engaged midwife
- Events for ex-smokers needing distraction activities
- 'Walks on prescription'
- Healthy eating through facilitated bread baking
- Supporting delivery of basic skills courses with local colleges
- Creative learning programme with prison residents
- Enabled people in the last months and weeks of their lives in care homes and visiting day centres to express themselves through creative writing in response to the museum collections.

Encountering the Unexpected:

Museums went out into their communities with objects to respond to the need to keep older people active, independent, living fulfilled lives and feeling valued and respected and give them something to talk about with others. It was not only discussion around themes that the objects represented but an opportunity to address personal issues of health and wellbeing in a less intimidating way than asking direct questions.¹⁰

The Cottage Museum, Lincolnshire

Objects were chosen for their curiosity value, intended to stimulate creative thinking, questioning and encourage active minds amongst older people.¹⁰

Crich Tramway Museum, Derbyshire worked with an intergenerational group of older and younger people, using their collections to explore the theme of life journeys, dreams, memories and independence, at the same time as strengthening social ties.¹⁰

Kettering Museum and Art Gallery, Northamptonshire

Collections of objects familiar to older people from their childhood and younger days were used to invite discussion, make connections between the past and present, and create an enjoyable, sociable experience.¹⁰

New Walk Museum and Art Gallery, Leicester¹⁰

Body, Mind and Spirit

Encounters with objects were used to develop a website

www.journeyintothemuseum.co.uk

which can be used by children and young people in hospital schools unable to visit a museum to create their own cultural experiences.

Designed as a 'journey of discovery', young people can access objects in a museum store cabinet through layers of media - exploring the objects visually and up close, through sound, interrogating the objects through the themes of body, mind and spirit, and uploading their own content (text, videos, objects) to the site.

'We were in tune with the fact that if you're a child, you can ask those questions adults forget to ask... It might get the curators thinking more about the physicality of who we are and what we actually bring to a process of understanding things.'

George Sfougaras, Headteacher, Children's Hospital School, Leicester¹⁰

Museum collections¹⁰

Increasingly, research suggests that there is something very important about the **bodily, cognitive and emotional connections** that objects enable us to make.

There is something in the material properties of objects that gives them intrinsic value, encouraging **active thinking and imagination** providing opportunities for tactile engagement and playful encounters.

Objects may be familiar or unfamiliar, and different objects will spark different reactions depending on the person handling them.

Holistic ways of understanding health and wellbeing, which connect body and mind, suggest that the bodily connections made through touch and other senses stimulates cognition and emotions, acting as a trigger for thoughts, ideas, feelings and memories.

Another important property of objects is their age and their '**authenticity**' - they are the 'real thing'. They provide a connection to the past. This can promote positive feelings of **belonging**, feeling part of the continuity of time or a wider context, or help people to understand their place in the world.

Studies have also shown the value attached to being allowed by the museum to touch these valuable and historical objects - it is a **privilege**, which has also been linked to engendering positive feelings of value and **self-worth**.

Making **social connections** was also important by working in small groups and encouraging individuals to work together to find out about the objects, and to create a positive, relaxed atmosphere in which people could enjoy themselves and get to know each other better.

'You tend to find that people get talking a bit easier when they've got something to talk about. It takes the pressure off them personally.' It links to research which shows how objects can be used to raise sensitive issues whilst keeping the dignity and self-respect of the individual.

Collections invite meaning to be made, not just of the object but of the person exploring the object. Research shows that objects stimulate people to create their own stories, trigger memories and encourage interactivity, which can help to influence mood, self-worth or general sense of wellbeing.

Mind, Body, Spirit conclusions ¹⁰

Start with the needs of communities

Many museums have a strong track record working in this area; they are close to communities and are used to working in partnership. The increased emphasis on holistic approaches to health and wellbeing, and changes like those in the UK to local decision-making about public health, put museums in a strong position to contribute to new ways of thinking and new approaches to strengthening community health and wellbeing through encouraging resilience, being active and helping people to make the right choices for themselves and their communities.

The Five Ways to Wellbeing provide a credible and useful framework for museums to plan and develop health and wellbeing programmes

The focus on learning, keeping active (mentally as well as physically), making connections with people and the world around you, and giving something back is at the core of the projects described in this publication, projects that build on and reinforce the importance of cultural experiences as part of positive wellbeing.

It is vitally important to capture and evidence the impact of health and wellbeing programmes and projects in museums

To promote this work internally and beyond the sector and to demonstrate that museums can play a significant role in the health and wellbeing of their communities museums could work more closely with public health agencies to develop more sophisticated and longer-term measures of health and wellbeing assessment alongside tried and tested methods such as UCL's Museum Wellbeing Measures Toolkit.

National Alliance for Museums, Health and Wellbeing

The National Alliance for Museums, Health and Wellbeing was established in July 2015 in recognition of the increasing contribution that museums and galleries are making to health and wellbeing.

The Alliance is a consortium led by UCL Public and Cultural Engagement, National Museums Liverpool, the British Museum/Age Friendly Museums Network, the UK Medical Collections Group represented by the Thackray Medical Museum, Tyne & Wear Archives & Museums, Manchester Museums and Galleries Partnership, the Research Centre for Museums and Galleries at the University of Leicester's School of Museum Studies, the Museums Association, the National Alliance for Arts, Health & Wellbeing and the Cultural Commissioning Programme/NCVO.¹³

Mission:

- Provide leadership and advocacy for the sector's contribution to health and wellbeing
- Identify areas of best practice, and gaps in knowledge and training
- Provide support, guidance and recommendations on best practice, getting started, partnership work and health commissioning
- Establish a common language for this interdisciplinary field and highlight what works¹³

Museums provide:

- 'Positive social experiences, leading to reduced social isolation
- Opportunities for learning and acquiring new skills
- Calming experiences, leading to decreased anxiety
- Increased positive emotions, such as optimism, hope, and enjoyment
- Increased self-esteem and sense of identity
- Increased inspiration and opportunities for meaning making
- Positive distraction from clinical environments, including hospitals and care homes
- Increased communication between families, carers and health professionals.'^{9, 13}



'A Museum Directory of Social Prescribing and Wellbeing Activity in North West England shows a £3 return on every £1 invested.'

Local Government Association¹⁴

Audiences

NAMHW identifies that **older people** are by far the largest audience for museums in terms of health and wellbeing projects.

The importance of this audience for museums and the fact that many of these projects are both funded and sustainable reflects the substantial demand for this work and the need to support a population that is not only living longer, but living longer with ill health and often to very old age.

Museums are uniquely placed to offer support to those who are experiencing difficulties with their **mental health**.

The majority of museums engaging with mental health service users do not tend to target specific disorders and instead aim to build confidence, reduce social isolation and foster a greater ownership over life.¹³



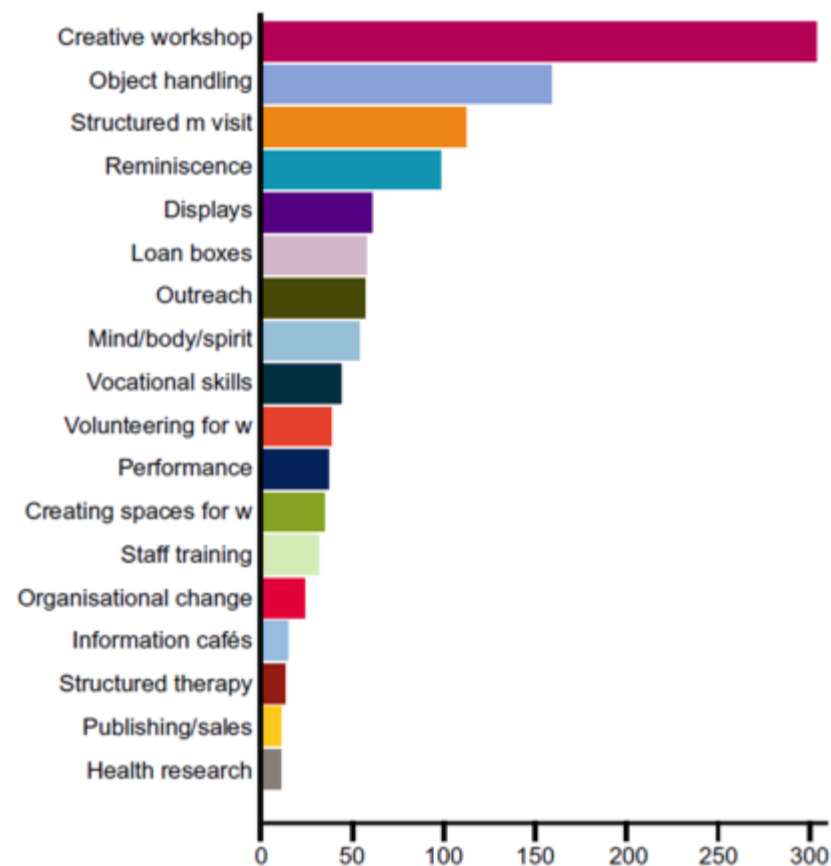
Activity

Museums have much to offer in relation to wider societal issues such as **loneliness** and **isolation** and sometimes this may only be a matter of reframing the existing offer.

Museums are **safe spaces** where collections (especially artwork) can be used to focus the mind, enhance ways of seeing and experiencing surroundings.

They also usually contain a **social** component and it is likely that this is an important aspect of creative cultural participation.

Object handling helps people create significant narratives and it is a great way to spark conversations and inspire further creative work, such as art workshops and exhibitions. Object handling is the ultimate asset-based approach for museums and helps to create thematic activities based on collections, so that the museum becomes more than just a service providing a space for an activity, rather it actively links audiences and activities with the history of the museum. There is also a significant body of research demonstrating the benefits of touch and object handling.¹³



Health and wellbeing in museums by types of activity

Volunteering for wellbeing

There has been a clear tendency in recent years for museums to reformulate their volunteering offer as wellbeing programmes. This has meant creating targeted wellbeing programmes, often for specific target groups, engaging a wide range of audiences in museum work in the process.

Considering that many museum volunteers are also people with physical disabilities, with enduring mental health issues, older people who may be living with dementia, a tendency to define existing volunteering programmes in wellbeing terms has also been identified.

The award-winning *if: Volunteering for Wellbeing* programme (2013 – 2016) was funded by the Heritage Lottery Fund and was run in partnership with Manchester Museum, IWM North, Museum of Science and Industry and a number of partner venues.

If aimed to be the first major project to measure the impact of responsible volunteering in the heritage sector, exploring how it could reduce social and economic isolation and improve wellbeing.¹³



National Alliance for Museums, Health and Wellbeing recommendations: ¹³

1. Look at the bigger picture - *Access your local authority Joint Strategic Needs Assessment (JSNA):*
 - Find out about your region's health infrastructure, commissioning landscape and local health needs.
 - Read your local authority's health strategy and identify the points of connection with your mission, collections, audiences, location and spaces and the health and social care priorities of your local authority.
2. Map assets in your community - Use asset-based community mapping tools to make the most of your spaces, especially outdoor areas, gardens, parks.
3. Adopt a strategic approach - *Look to existing guidance such as Alzheimer's Dementia Friendly art venues:*
 - Before developing a new project ask why you want to undertake the work: how will it benefit the health and wellbeing of your community? Is there a good fit with your organisation's strategic aims?
 - Evaluate project plans in relation to the current health priorities of local Health & Wellbeing boards and local CCGs.
4. Build relationships over time - *Attend local CCG network patient participation meetings*
5. Develop your wellbeing offer - *Align your Five Ways approach with your local health networks*
 - Prevention, supported self-management, keeping carers well and giving children the best start in life are key longterm public health priorities across the UK.
 - Make use of existing frameworks such as *5 Ways to Wellbeing* and *Wheel of Wellbeing* to develop your offer.
6. Reframe your existing offer - Promote, consult and position your existing resource with community networks
7. Be proactive and ask for help - Get started: Access the local authority engagement strategy
 - Approach others first and persevere.
 - Bring in the experts, especially third sector organisations, to gain a good understanding of what the needs of a particular audience are and to equip staff at your organisation with the skills you will need to work responsibly around a particular health need.
- Join national initiatives such as Age Friendly Communities and make a pledge to improve access to your museum
8. Invest in your staff – *Ask National Alliance for Museums, Health & Wellbeing partners to access their training*
9. Shout about your work – *Request your current users to validate your work online*
10. Adopt an integrated approach – *Attend local health forums and conferences – to establish healthy friendships*
 - Embed and mainstream health and wellbeing across your organisation.
 - Look for potential opportunities through your local Joint Strategic Needs Assessment (JSNA)
 - Consider integrating your offer into primary care through social prescribing schemes

Nature

Natural England have produced a number of reports on the mental and physical health benefits of spending time in natural environments.

Nature and physical health

In their 2016 *Links between natural environments and physical activity: Evidence briefing*, Natural England report that ‘insufficient physical activity is responsible for one in six deaths (the same as smoking) and up to 40 percent of many long term conditions such as Type 2 diabetes. It costs the UK an estimated £7.4bn per year, including £900m to the NHS alone.

‘Systematic reviews of the evidence have established links between adequate levels of physical activity and good health including reduced rates of type 2 diabetes, colon cancer, breast cancer, hip fracture, and depression.’¹⁸



‘Better to hunt in fields,
for health unbought,
than fee the doctor for a
nauseous draught.

The wise, for cure, on
exercise depend.’

John Dryden, poet¹²

Natural England reports evidence supporting positive influences of natural environments on non-communicable diseases (NCDs) and as spaces for physical activity:

Rates of NCDs have been described to be at epidemic levels and are set to rise in the coming years.

Around 835,000 people in the UK have chronic obstructive pulmonary disease, and 5.4 million people in the UK are currently receiving treatment for asthma; the number of people with arthritis in the UK is expected to rise from 8.5 million to 17 million by 2030; coronary heart disease and stroke are the biggest causes of death in the UK; the number of people diagnosed with diabetes*

rose from 1.4 million in 1996 to 3.1 million in 2010, and by 2025 it is estimated that it will rise to more than 4 million, a 29 percent rise.

Diabetes* alone currently costs the NHS approximately £1.5million an hour and takes up about 10 percent of the total budget per annum.

Natural environments provide exposure to the microbial diversity necessary for immuno-regulation.

Studies from the UK and Australia have found that after controlling for other relevant factors the risk of Type 2 Diabetes is significantly lower in neighbourhoods with greater amounts of greenspace.¹⁹

Excess weight costs the NHS more than £6.1bn each year and is estimated to lead to lost earnings of around £2.35bn-£2.6bn a year.

By 2050 it is estimated that the costs of overweight and obesity to society and the economy may reach £50bn.¹⁷

* There are two main types of diabetes, [Type 1](#) and [Type 2](#). They are different conditions, but both are serious. There are some other [rarer types of diabetes](#) too. About 90 % of people with diabetes have Type 2 diabetes, which is often, but not exclusively connected to lifestyle.

Natural England reports some evidence demonstrating that the use of accessible, better quality natural environments is associated with a higher likelihood and rates of physical activity.^{18, 20}

The evidence suggests that physical activity in natural environments is more beneficial to health than that undertaken in other environments and that people enjoy it.

The type of natural environments, perceived accessibility, feelings of safety, and the presence of others have also been shown to have positive associations with rates of physical activity.

A systematic review found evidence that people were more satisfied following physical activities in the outdoors (compared to indoors) and reported a greater intention to repeat the activity at a later date.

A review of older people's physical activity found that opportunities to spend time in natural environments was one of the factors which encourages participation.

Desire to be physically active has also been shown to facilitate engagement with the natural environment. In studies of the motivations for the use of urban parks, physical activities such as walking or children's play are commonly cited. The *Monitor of Engagement with the Natural Environment* dataset shows that in 2013-2014 around 1.3 billion visits were made to the natural environment for health or exercise reasons, 1.5 billion visits involved walking with a dog and further 775 million visits involved waking without a dog.^{18, 20}



A Scottish study showed that physical activity in natural environments is associated with a reduction in the risk of poor mental health to a greater extent than physical activity in other environments.

A systematic review found that compared with indoor activities, physical activity in natural environments is associated with greater feelings of revitalization and positive engagement, decreases in tension, confusion, anger and depression, and with increased energy.

Green exercise programmes such as outdoor walking groups have been shown to increase activity rates and result in improved self-reported self-esteem and mood states and are increasingly commissioned by health care providers. Evaluation of the Sport England led 'Active England' Woodland projects found increases in engagement by groups previously dis-engaged.

An estimated annual saving of £2.1 billion would be achieved through averted health costs (as a result of a projected 24 percent increase in rates of physical activity) if everyone in England had equal *'good perceived and/or actual access to greenspace'*.¹⁸



NEAR Health Project, Northern Ireland⁸

The purpose of NEAR Health is to 'engage communities with the natural environment to benefit their health and wellbeing. To:

- Appraise values, motivations, barriers and bridges
- To develop a framework to integrate health promotion and environmental awareness.'

Barriers identified in using 'blue space' interventions (natural water) included:

- Access
- Fear of water
- Effort
- Lack of time
- Availability of transport
- People don't know what to do or how to engage with nature
- Children are not encouraged to go outdoors

They used a series of bridge activities to overcome these barriers:

- Local actions to get involved in
- Education outdoors in-situ has the best effect on kids
- Specialised wheelchairs for surf, sea, beaches; disability training
- Better wetsuits to keep warm
- Understanding nature is all around
- Support and a sense of community
- Peer support and social events

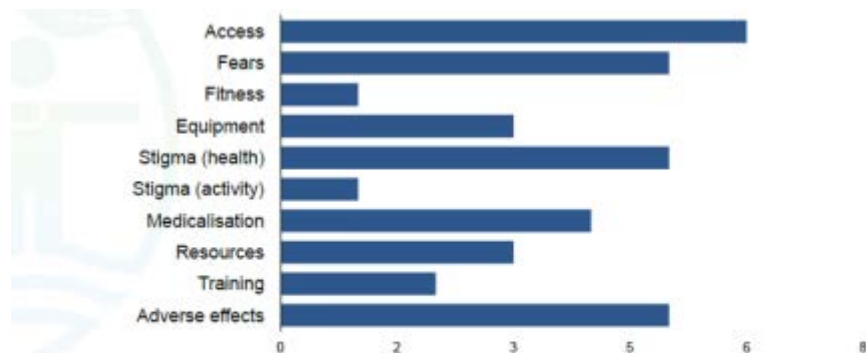


Figure 1. Barriers to engaging with nature for health and wellbeing identified by studies assessing blue space interventions (Systematic review; number of papers reviewed = blue space 26; green 15 papers)

An Accord between National Parks England and Public Health England to support joint action on improving health and wellbeing through our national parks²⁵

National Park Authorities that help manage fragile areas, in partnership with a wide range of people and organisations, do so in ways that contribute to public health outcomes:

- a) Promoting accessible opportunities for walking, cycling, and a host of other activities to residents and visitors including those living in the major urban conurbations that surround the National Parks
- b) Working within and leading multi-agency partnerships to support local Walking for Health initiatives with 'stepping stone projects' that support and allow for gradual, achievable increases in levels of exertion and challenge
- c) Employing dedicated link staff

working with General Practitioners, Clinical Commissioning Groups and Health and Well Being Boards to run programmes that aim to reduce health inequalities in targeted groups amongst nearby populations

- d) Facilitating capital investment in infrastructure and on-going management for walking and cycling routes and networks in National Parks
- e) Providing dedicated outreach programmes to support those with particular accessibility needs or who otherwise encounter obstacles to accessing our National Parks in order that they can have safe, fulfilling experiences in these inspirational and life-affirming places
- f) Working with schools, the John Muir Trust, and a host of other

education providers to enable young people to benefit from a closer connection with nature and memorable outdoor activities from an early age

- g) Encouraging and facilitating economic development that supports employment for people who are often living in deep rural areas where opportunities are few
- h) Providing opportunities for meaningful volunteering experiences – approximately 43,000 volunteer days every year, that encourage physical activity, social interaction, confidence and a sense of purpose
- i) Adopting health and wellbeing outcomes with partners amongst the priorities in National Park Management Plans

Nature and mental health

Poor mental health represents the largest cause of disability in the UK and rates are on the increase.¹⁶

The Mental Health Foundation highlights that one in four people in England will experience a mental health problem in any given year.¹⁶

The costs of mental health problems to the UK economy are estimated to amount to £70-£100 billion each year, around 4.5 percent of GDP.¹⁶

The 2016 *Review of nature-based interventions for mental health care* by Natural England reported that ‘opportunities to benefit from spending time in the natural environment are currently not open to everyone, which can contribute to health and other inequalities’.⁵

Through the *Outdoors for All* programme, Natural England is

leading the Government’s ambition that ‘everyone should have fair access to a good quality natural environment’.⁵

With the prescription of anti-depressants at record levels and a huge demand for Cognitive Behaviour Therapy and other psychological therapies, health and social care commissioners are examining and commissioning different options for cost effective services for mental health.⁵

Increasing awareness and access to these interventions is challenging given the number of organisations delivering nature-based projects and services, the variety of terms and language used to describe their activity and benefits and the variation in delivery models which use different impact measures.⁵

Most studies show spending time in or being active in natural environments is associated with positive outcomes for attention, anger, fatigue and sadness, higher levels of positive affect and lower levels of negative affect (mood / emotion) and physiological stress.¹⁶

Qualitative research has found that first hand experiences of wildlife are meaningful and important, contribute to quality of life, and result in feelings that are ‘beyond words’.¹⁶

Reviews of ‘nature assisted therapies’ and ‘green care’ have found some evidence to suggest the activities may positively affect outcomes such as mood state, depression, dementia related symptoms, frequency of negative thoughts and psychoticism.¹⁶

Reviews of the use of sensory gardens and horticultural activities in dementia care have found some evidence of improvements in sleep and general well-being, and reductions in the occurrence of agitation and disruptive behaviours.¹⁶

A Cochrane review of the benefits of conservation activities such as The Conservation Volunteers' *Green Gym3*, showed that exposure to natural environments, achievement, enjoyment and social contact were important pathways to positive mental health outcomes.¹⁶

Ward Thompson et al. (2012)⁵ identify three main pathways that the natural environment provides that contribute to mental health benefits:

1. Directly through the restorative effect of nature
2. Through providing opportunities for positive social contact

3. Through providing opportunities for physical activity

From the published literature three key theories offering explanations relating to the relationship of humans with nature have emerged:

1. The Biophilia hypothesis (Wilson, 1984)
2. Attention Restoration Theory (Kaplan and Kaplan, 1989)
3. Psycho-evolutionary stress reduction theory (Ulrich, 1981)

All focus on the restorative effect of nature (Barton et al., 2009, Wood, 2012).⁵



Benefits of contact with nature for people living with dementia¹⁶:

1. Improved emotional state: reduced stress, agitation, anger, apathy and depression
2. Improved sleeping and eating patterns
3. Improved verbal expression, memory and attention
4. Improved awareness, sense of wellbeing, independence, self-esteem and control
5. Improved social interaction and a sense of belonging

Recommendations from this research suggest that because approximately two-thirds of people living with dementia currently live in their own homes and tend to be at the earlier stages of dementia, the interaction of this group with nature should be the focus of any future intervention.

Finally the report highlights the potentially large health and social care cost savings to be made by investing in alternatives to medication that enable people to live well early on in the disease process.

Dementia and Engagement with Nature (DEN) is being run by Dementia Adventure working with Innovations in Dementia, the Mental Health Foundation and Natural England.¹⁶

Social prescribing

Parliament has given attention to social prescribing as a means to reduce pressure on the NHS and social care services. Natural England has published a series of evidence briefings and recommendations to streamline practice.

‘Art allowed my soul and spirit to be nurtured and fly as my physical and mental being collapsed with cancer. Art reminded me who I was before cancer, a conversational lifeline to the possibility of life post cancer. Art manifested hope, beauty and ultimately the sublime in the darkest moments of treatment hell.’

Gilly Angell, Patient Representative, Board, University College Hospital ¹

Social prescribing has been identified by Simon Stevens, CEO of the NHS, as one key way in which the NHS can change from ‘a “factory” model of care and repair’³⁰ to one that focuses on much wider individual and community.

Natural England’s *Good practice in social prescribing for mental health: the role of nature-based interventions* comments ‘There is currently no universally accepted definition of social prescribing’⁶ and opts to define it as:

‘a mechanism enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.’

‘Social prescribing schemes are operated jointly by primary care providers and the third sector, but the social prescription element is predominantly delivered by the third sector.’⁶

It reports ‘increasing interest in referring to [green care] services from health and social care commissioners. However, the number of referrals remains small. The report highlights that it is not an issue of low supply or demand (as both are increasing), but a lack of a consistent delivery method that easily matches supply to demand.’⁶

In *Creative Health: the arts for health and wellbeing*, the All-Party Parliamentary Group on Arts, Health and Wellbeing assert ‘The natural and built environments have a profound impact upon our health and wellbeing. Within healthcare, access to daylight, fresh air and natural materials aids healing, restoring the integrity between mind, body and soul.

The contribution of the arts to person-centred, place-based care urgently needs to be recognised.

Social prescribing sees people finding solutions to psychosocial problems in the community. A wide range of schemes and referral pathways is in operation. Hosted by community organisations and cultural venues, arts-on prescription activities reduce anxiety, depression and stress and aid the management of long-term conditions.’¹

‘At least one third of GP appointments are, in part, due to isolation. Through social prescribing and community resilience programmes, creative arts can have a significant impact on reducing isolation and enabling wellbeing in communities.’

Dr Jane Povey GP, Director, Creative Inspiration Shropshire Community Interest Company¹

The Cultural Commissioning Programme (CCP), coordinated by the National Centre for Voluntary Organisations (NCVO), identified great potential for the arts and culture to address health and wellbeing issues.²²

In some instances, this has led to decision-making and service delivery in the area of health and wellbeing being devolved to the sector. Under the provisions of the Health and Social Care Act 2012, Clinical Commissioning Groups (CCGs) have the power to award small grants to Voluntary, Community and Social Enterprise (VCSE) organisations, enabling them to bypass the standard contract for procurement of services.²²

There is scope for arts and cultural organisations to run programmes funded through personal budgets.²²

Arts and cultural organisations will need to continue developing their skills in bidding for health and social care funding. Kent County Council has developed an Arts and Cultural Commissioning Toolkit to help the cultural sector bid for and deliver public sector contracts. NCVO has produced a resource to help arts and cultural organisations demonstrate impact in this area.²²

‘The participatory arts provide a prime site for co-production – equal involvement by people using services and people responsible for them, not only in design and delivery but also in evaluation and refinement.’

Creative Health: the arts for health and wellbeing¹

Green care

Natural England stresses that ‘it is necessary to make the distinction between commissioned interventions (specifically designed for individuals with defined needs) for the vulnerable and public health initiatives for the general population’. ⁵

‘The nature, health and wellbeing sector provides an increasing number of nature-based interventions, comprising both:

i) nature-based health promotion services – providing informal opportunities for people to engage with nature in their community (e.g. community gardening or conservation volunteering)

ii) green care services for individuals with a defined health need offering structured therapy, rehabilitation or care’ ⁵

In their *Review of nature-based interventions for mental health care*, Natural England found that ‘many green care organisations have expressed the need for service providers to work better together to improve the coherence of these services and streamline access to these services for health commissioners’. ⁵

Natural England prefers three main categories of green care:

- Social and therapeutic horticulture (STH),
- Care farming
- Environmental conservation

Although each intervention is contextually different, in practice they often feature similar activities and have a similar ethos. They use interaction, allowing service users to engage with and shape nature. ⁵

The results of the literature review for these three types of green care highlight a range of mental wellbeing benefits for participants derived from a combination of three key components which characterise all three approaches:

- The natural environment
- The meaningful activities
- The social context

The mental health benefits of each intervention is similar, including:

- Psychological restoration and increased general mental wellbeing
- Reduction in depression, anxiety and stress related symptoms
- Improvement in dementia-related symptoms
- Improved self-esteem, confidence and mood
- Increased attentional capacity and cognition
- Improved happiness, satisfaction and quality of life
- Sense of peace, calm or relaxation
- Feelings of safety and security
- Increased social contact, inclusion and sense of belonging
- Increase in work skills, meaningful activity and personal achievement ⁵

Social and Therapeutic Horticulture (STH) (including Horticultural Therapy (HT) and Food growing as an intervention)

Essentially, STH is using gardening and plants to help individuals develop wellbeing and this can be done through spending time in gardens, participating in gardening activities or doing something more active such as growing food (Mind, 2013).⁵

Care farming

Components of either the whole or part of the farm are used to provide health, social or educational care through a supervised, structured programme of farming-related activities.⁵

Environmental conservation (as an intervention)

Structured, facilitated activities take place, specifically designed both for the conservation and management of natural places, and for the health and wellbeing of participants.⁵

Other forms of green care⁵

Animal Assisted Interventions (AAI)

E.g. feeding livestock, petting animals, collecting eggs etc. and the more formal Animal Assisted Therapy e.g. equine assisted therapy, pet therapy, and dolphin therapy.

Green exercise as an intervention

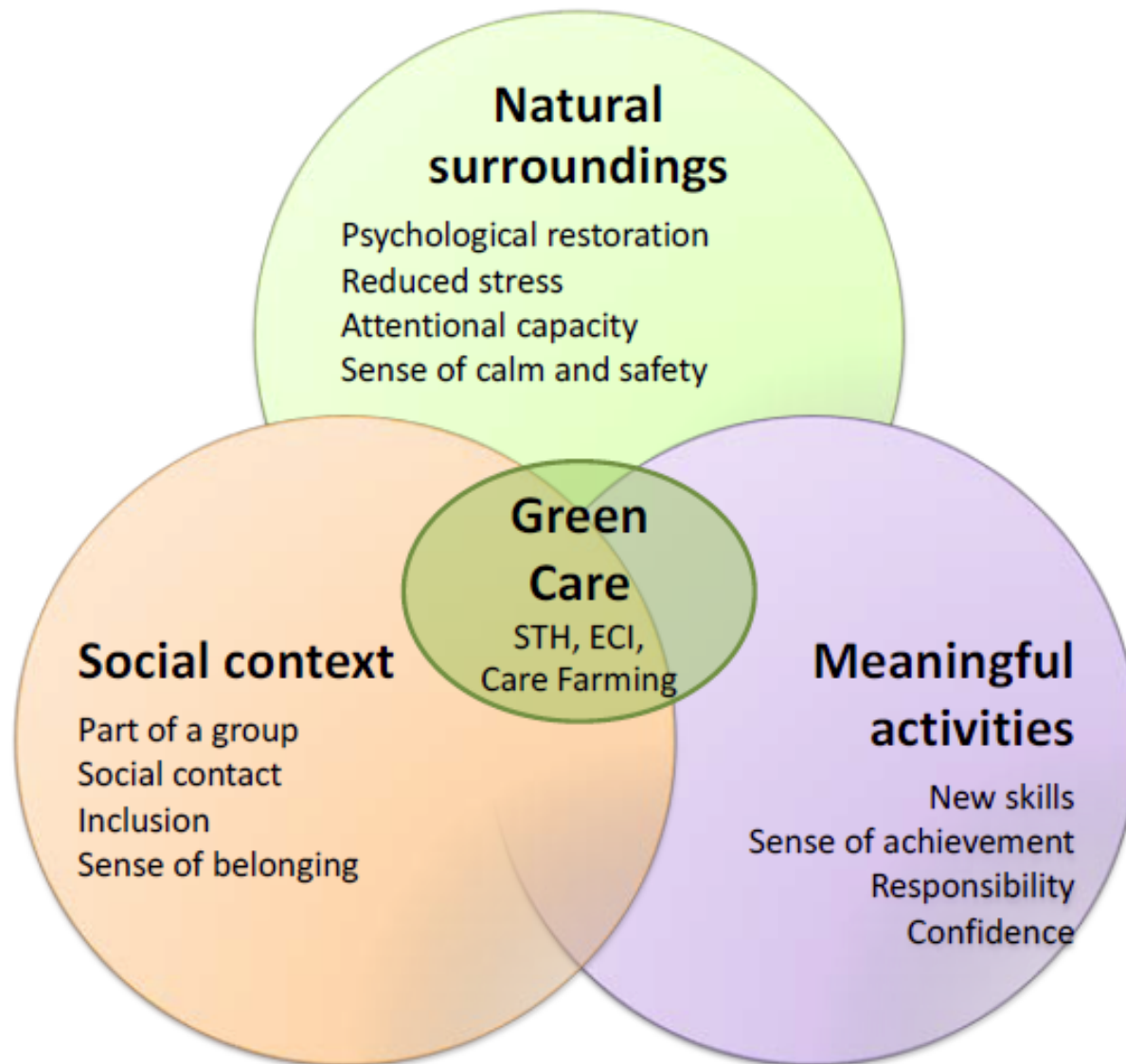
Can include those organised as groups specifically (and solely) for a particular client group; and those who integrate vulnerable people with group members from the general population.

Ecotherapy

Where the reciprocity between human and nature enhances an individual's wellbeing, which then promotes positive action towards the environment, which in turn improves community wellbeing.

Wilderness Therapy

Usually supervised by trained health care professionals and tend to comprise two elements, i) using nature as 'co-therapist'; and ii) using therapeutic activities (including formal therapy) in a wilderness location.



The National Trust and nature-based health ⁵

Natural England identified some National Trust activity : ‘The National Trust is also involved in providing nature-based health promotion activities for the general population as well as a smaller number of green care interventions. In a recent in-house survey, 10 NT projects providing green care interventions were identified: 3 offering STH; 2 offering outdoor education for vulnerable individuals; 3 environmental conservation interventions and 2 care farms. These interventions are usually offered in partnership with other organisations (such as Growing Spaces, Mencap, Thrive and Mind) and include interventions for people with mental ill-health, people with learning disabilities and disaffected or excluded young people.’

Natural England conclude that ‘The characteristics of a “successful” social prescribing service have not yet been fully researched. However, from the cases examined in this study, good practice in social prescribing depends on good partnerships, high levels of cooperation and joint ownership between a wide range of individuals, groups and organisations with very different organisational cultures. Good communications between the social prescribing service, GPs and healthcare staff, is essential. Social prescribing link workers play a pivotal role in the social prescribing service, as they are responsible for taking referrals and linking the patient to relevant services.

Patients benefitting most from social prescribing often have multiple health-related issues, which individually are insufficient to trigger social or health care payment, but in combination result in frequent GP visits and high service use.

Benefits from social prescribing identified in this study include:

- i) better outcomes for health and social care;
- ii) improvements in the mental health and wellbeing of patients;
- iii) cost-effective use of NHS resources; and
- iv) more effective use of GP time.

Nature-based options are not actively promoted, compared to other types of intervention within social prescribing, and are generally suggested *only if a patient expresses an interest in being outside*. Patients will not always be aware of nature-based initiatives, what they can offer and their associated benefits.’⁶

It identifies **barriers to the sustainability and up-scaling of social prescribing**:

- There is no consistent or standardised referral mechanism
- There is no funding for the social prescription element in the majority of social prescribing services (i.e. no funding to the third sector service providers)
- The lack of direct funding for the health care interventions offered through social prescription together with no underpinning referral system are fundamental barriers to the NHS’s ambitions to increase the scale of social prescribing in the future.⁶

Natural England recommendations:⁶

- The terms and definitions recommended by the Social Prescribing Network should be adopted.
- The sustainability of social prescribing in the long term will depend on the voluntary and community sector becoming a more valued and secure element within the social prescribing process, and this requires urgent improvements in the funding arrangements.
- For social prescribing to become accepted as mainstream and expand in the longer term, evidence that it is having a positive impact both on people's lives and on the health service must be provided. Although many social prescribing services are focused on collecting evidence of outcomes (often in conjunction with academic institutions), there is currently a wide variation in methodology, making comparative analysis difficult.
- NHS England, Public Health England, and the National Institute for Health and Care Excellence (NICE) should work with social prescribing services and Clinical Commissioning Groups to develop a Standard Evaluation Framework (SEF) for social prescribing interventions – similar to those currently developed for physical activity and obesity – initially focussing on social prescribing for mental health and wellbeing.
- The nature, health and wellbeing sector organisations (including: Green Care Coalition, TCV, Care Farming UK, Thrive and Groundwork) should work together with Natural England and Defra to support an expansion in nature-based interventions within social prescribing.

A dose of nature in Cornwall⁴

In 2017 Cornwall Council launched a consultation on social prescribing. Working with Exeter University, they invited responses to a proposal to set up a nature-on-referral service for walking in natural places, and other nature-based activities.

The ambition was to find a cost-effective, sustainable way to bring together environmental organisations, volunteer groups and professional practitioners, that already deliver these kinds of services. They anticipate improving delivery of nature-on-referral will also address many interlinked goals of other key policies and strategies in Cornwall, including those addressing the environment, the economy, physical inactivity and the Devolution Deal.

The intention is that practitioners will be able to demonstrate a track record of engagement with local communities; be able to impart

knowledge of, and insight into the natural environment; carry professional indemnity insurance, be able to carry out confidential questionnaires and administer data.

Suitable sites would be managed wholly or in part for nature; contain sufficient flat and/or gradually inclining paths (a minimum guideline of 100m); have sufficiently accessible safe parking provision and be located in an area readily accessible to one of the target areas: St Austell and the Clay Country, Redruth, Bodmin, Falmouth and West Penwith.

Nature Walking

- The basic intervention is not merely walking. It is neither 'just' a social activity, nor is it nature engagement alone. It is the synergy of these things combined.
- The intervention will run for 12

weeks duration, and involve a minimum of 2.5 hours activity per week.

- The intervention will be delivered in group settings.

Nature+

Following further liaison with service users and referrers, practitioners / group leaders can include additional activities such as:

- The study or appreciation of natural sciences such as ecology or botany
- Conservation or horticultural activities
- Meditative or therapeutic elements
- Creative / artistic activity
- Physical activity based in 'green' or 'blue' environments

Recommendations

There is currently significant sector momentum behind demonstrable impact of natural and cultural heritage on health and wellbeing. The potential for heritage to play a role in preventive care for the nation is resulting in partnerships between heritage organisations and the health and social care sectors.

National Trust places intrinsically have positive effects on the health and wellbeing of visitors, and some of our programmes, such as Active Outdoors, actively encourage this type of engagement. With a little more attention on this aspect of our public benefit we could have a much greater impact. We can learn a great deal from the work already pioneered by other organisations and partnerships.



- Although the term ‘wellbeing’ can be ambiguous, it is well established. We should use it with the meaning ‘feeling good and functioning well’.
- Raise the internal and external profile of our health and wellbeing programmes already in progress.
- Reposition existing activity to recognise its role in health and wellbeing, considering staff, volunteers and new volunteering opportunities as well as visitors.
- Walking is a notable common feature in green care that is a natural fit for the Trust. It is an achievable starting point for most people new to exercise or visiting natural environments. We know walking is already one of the principal uses of our sites.

By directing this activity through programming, as we do with cycling and running, we can harness its wider potential.

- Audience research by Morris Hargreaves McIntyre showed that social interaction is a key part of and motivation for National Trust visits. The social nature of NT experiences is much greater than visits to museums and galleries. This is a big advantage for health and wellbeing, in which social interaction plays a crucial part. We get very few lone visitors. There may be more we can do through social prescribing and programming for wellbeing to encourage use of our sites by people who don’t have ready social networks to visit with.



- Health and wellbeing is a good fit with our current strategy to ‘move, teach and inspire’, in other words to deepen emotional, intellectual and spiritual engagement in addition to the social aspects of visits.
- The work of museums in this field can helpfully inform NT developments, but there are significant differences that could be advantageous for the Trust. Health and wellbeing practice depends on holistic experiences, which we provide more naturally than museums. Our core offer is experiential environments with multiple ways to engage rather than discrete objects in exhibitions.

Leicester University’s *Mind, Body, Spirit* report noted ‘Research shows that objects stimulate

people to create their own stories, trigger memories and encourage interactivity, which can help to influence mood, self-worth or general sense of wellbeing.’ ‘Holistic ways of understanding health and wellbeing, which connect body and mind, suggest that the bodily connections made through touch and other senses stimulates cognition and emotions, acting as a trigger for thoughts, ideas, feelings and memories.’ The Trust has similar opportunity for engagement with objects to museums. It is likely equivalent benefits apply to the immersive experiential nature of NT sites, probably more so than object interaction. There may also be a transporative element to this effect.



- Our places frequently appeal to visitors because they are safe, comfortable and welcoming. We could do more to help a broader diversity of people with specific health and wellbeing needs to feel this way about our places.
- As there is an established body of practice, we should prioritise partnerships with organisations already operating in this field.
- Considerable formal process and long-term commitment are required for social prescription. Although there are some successful case studies, social prescription remains emergent and poorly supported. It is likely the dominant engagement Trust places will have in this field will be informal health and wellbeing promotion activities.
- Start with audience need and local healthcare priorities, rather than our own agenda – how can we add value?
- *Mind, Body, Spirit* observed ‘Many museums have a strong track record working in this area; they are close to communities and are used to working in partnership.’ NT places are rooted in their localities, but we are still building community and participatory practice. Therefore, it will be essential for our Volunteering & Participation teams to be closely involved.
- The New Economics Foundation’s *Five Ways to Wellbeing* provides a helpful framework for planning.



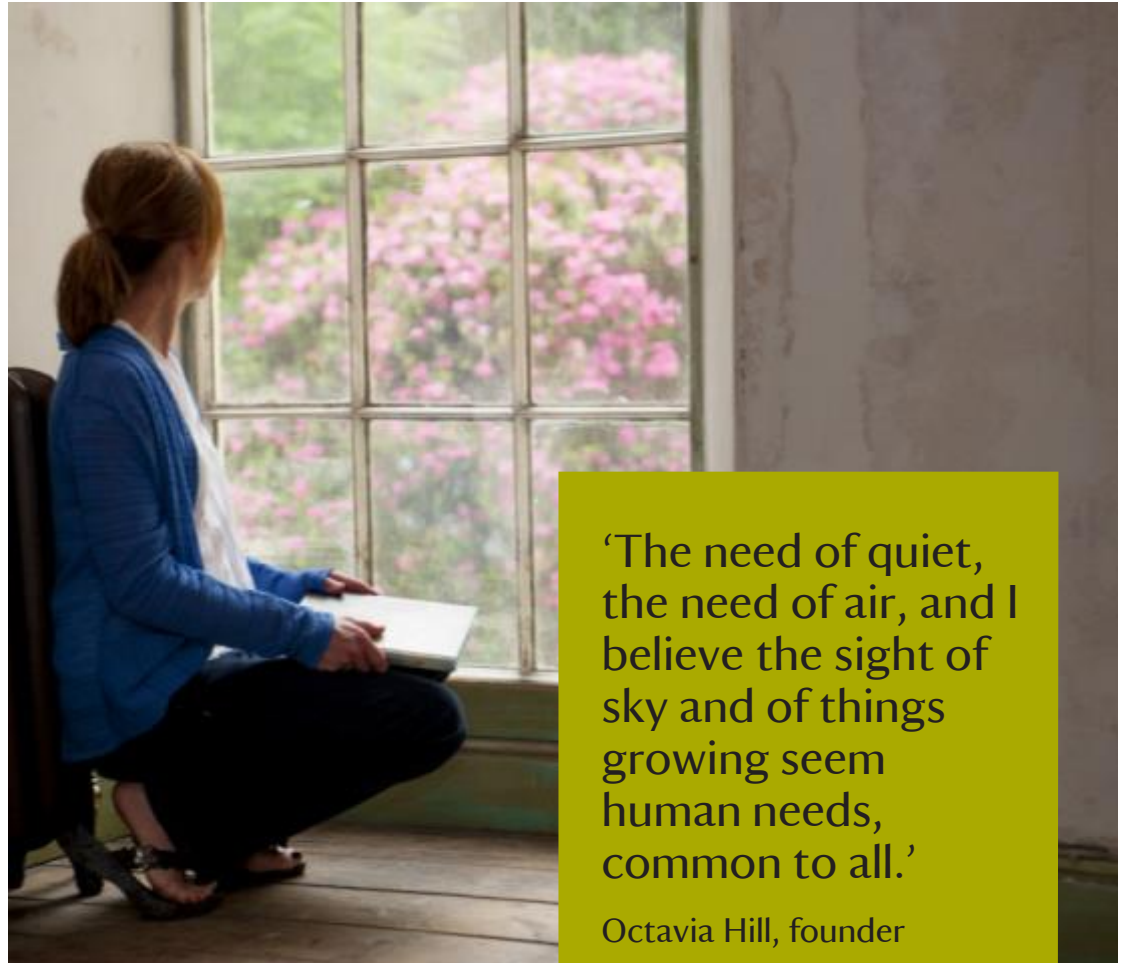
- Measurement is crucial but more work is needed to determine measurement techniques in collaboration with health service partners.
- Identifying the barriers and bridges to overcome them is a helpful approach once audience and needs have been established.
- The Trust should join the national sector conversation by joining networks and partnerships e.g. National Alliance for Museums, Health and Wellbeing; Happy Museums; Age Friendly Museums; Dementia Friendly Museums; National Parks



Conclusions

Playing our part

The 2015 National Trust strategy, *Playing our part*, asks ‘**What does the nation need from the National Trust in the 21st century?**’, declaring ‘Our 21st century ambition is to meet the needs of an environment under pressure, and the challenges and expectations of a fast-moving world. We want to continue to maintain the highest standards of care for everything we look after, while **working in a way that feels relevant and necessary to people in their day-to-day lives.**’ It reminds us that, ‘The National Trust was founded on the simple and enduring idea that people need historic, beautiful and natural places. They offer us perspective, escape, relaxation and a sense of identity.’



‘The need of quiet, the need of air, and I believe the sight of sky and of things growing seem human needs, common to all.’

Octavia Hill, founder

With public benefit as the *raison d'être* of the National Trust, the contribution our places make to the nation's health and wellbeing lies behind Octavia Hill's vision.

The Trust looks after heritage for people, not just for their enjoyment, but for their health more broadly.

The ingredients set out in the *Five ways to wellbeing* are closely aligned with what we invite visitors and supporters to do, demonstrating how fundamental this function of the National Trust is. The techniques used in health and wellbeing social care neatly match NT core activity: horticulture, farming, environmental conservation, collection care.

This practice is human-centred, building personal connections with place – especially emotionally and spiritually. It is not superficial or transactional, but rather encourages people to make our places part of their lives, their identities; making them essential and relevant (known as 'topophilia').

This will help our cause, particularly conservation, by encouraging people not just to value the natural and cultural heritage we care for, but to take action to shape it for the better. It will help ensure our work is valued and supported by the public, by government and by funders.





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