

# Heritage and Older People

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## Summary

Across the world, people are living longer lives meaning that our global ageing population is growing. The World Health Organization (WHO) has predicted that by 2030, 1 in 6 people in the world will be aged over 60 years old. In less than 20 years one quarter of the UK's population will be aged over 65 years old. Although people living longer lives across the world is a cause for celebration, the ageing population are increasingly living with multiple health conditions. Research has also shown that there are challenges to supporting healthy ageing and in improving the quality of life of older people. A few key issues are discussed in this document which affect older people, including dementia, mental health, loneliness and isolation, and physical inactivity.

Dementia is one of the major causes of disability and dependency among older people and is currently the 7<sup>th</sup> leading cause of death globally. Older people can also be more vulnerable to problems with their mental health and to loneliness and social isolation. Age UK have reported that one in four older adults in the UK live with common mental health conditions, but they are less likely to receive mental health support than younger groups. Loneliness in older adults can be triggered by a variety of factors including the onset of illness or disability, living alone, feeling that they do not belong in their neighbourhood or the loss of a loved one. Regular physical activity is crucial for older adults to maintain their physical, mental and emotional wellbeing. Despite this, the proportion of people who are inactive rises with age.

Through a series of best practice case studies and through exploring research into heritage and wellbeing, this document highlights the ways in which heritage organisations can help older adults with these issues and support the ambition to help the UK population to age better and to age well. Many of these projects for older people focus on supporting those who have received a dementia diagnosis and their carers. As dementia is a degenerative disease and a leading cause of death globally, this is important work and demonstrates the value of using heritage and wellbeing work to support people at all stages of their dementia diagnosis. However, more work could be undertaken within the sector which recognises that heritage could support older adults experiencing mental health difficulties, loneliness and social isolation or who are less physically active than they could be.

## Contributors

The author is Emma Bryning with contributions from Dr Linda Monckton and Dr Desi Gradinarova.

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Cover image: Photo of an Age UK Bristol session at FAB Café in February 2023 which the Historic England Archives Team were involved in. © Historic England.

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## Executive Summary

Across the world, people are living longer lives meaning that our global ageing population is growing. The World Health Organization (WHO) has predicted that by 2030, 1 in 6 people in the world will be aged over 60 years old. In less than 20 years one quarter of the UK's population will be aged over 65 years old. Although people living longer lives across the world is a cause for celebration, the ageing population are increasingly living with multiple health conditions. Research has also shown that there are challenges to supporting healthy ageing and in improving the quality of life of older people. A few key issues are discussed in this document which affect older people, including dementia, mental health, loneliness and isolation, and physical inactivity.

Dementia is one of the major causes of disability and dependency among older people and is currently the 7<sup>th</sup> leading cause of death globally. Older people can also be more vulnerable to problems with their mental health and to loneliness and social isolation. Age UK have reported that one in four older adults in the UK live with common mental health conditions, but they are less likely to receive mental health support than younger groups. Loneliness in older adults can be triggered by a variety of factors including the onset of illness or disability, living alone, feeling that they do not belong in their neighbourhood or the loss of a loved one. Regular physical activity is crucial for older adults to maintain their physical, mental and emotional wellbeing. Despite this, the proportion of people who are inactive rises with age.

Through a series of best practice case studies and through exploring research into heritage and wellbeing, this document highlights the ways in which heritage organisations can help older adults with these issues and support the ambition to help the UK population to age better and to age well. Many of these projects for older people focus on supporting those who have received a dementia diagnosis and their carers. As dementia is a degenerative disease and a leading cause of death globally, this is important work and demonstrates the value of using heritage and wellbeing work to support people at all stages of their dementia diagnosis. However, more work could be undertaken within the sector which recognises that heritage could support older adults experiencing mental health difficulties, loneliness and social isolation or who are less physically active than they could be.

## Existing Research

People worldwide are living longer and now, most people can expect to live into their 60s and beyond (WHO 2024). The World Health Organization (WHO) (2024) predicted that by 2030, 1 in 6 people in the world will be aged 60 years and over. The UK's population is also ageing. In 2022, there were around 12.7 million people aged 65 years or over in the UK, accounting for 19% of the population (Barton, Sturge and Harker 2024). In less than 20 years, one quarter of the UK population will be aged over 65 (Centre for Ageing Better 2021, 2). Between 2022 and 2047, the number of people aged 85 years and over is projected to nearly double from 1.7 million to 3.3 million (and from 2.5% to 4.3% of the total UK population) (ONS 2025).

According to the National Health Service (NHS) England, someone over the age of 65 might be considered an older person, but this is not a strict definition as people can biologically age at different rates (NHS, n.d.). Public Health England also states that 'older age' is generally considered to be 65 years and above (PHE 2019). However, the Mental Health Foundation defines 'later life' as starting at 50-years-old, acknowledging that, though people of this age might not consider themselves 'old', it is at this age that many people begin to seriously plan for retirement, many find it difficult to secure employment and many begin to experience physical decline or deterioration (Mental Health Foundation n.d.). Public Health England (2019) has adopted WHO's framework of ageing, recognising that 'the ageing process can start over a long period of time and that there are opportunities to intervene across the life-course to maintain functional ability in older age'.

The UK's ageing population are increasingly living with multiple health conditions and research has shown that there are challenges to supporting healthy ageing and improving the quality of life of older people (Stevenson and Mutebi 2024). The Office for Health Improvement and Disparities (OHID) have acknowledged that, though the population is living a longer life span, not everyone benefits equally (OHID 2023). In February 2023, OHID, together with the Centre for Ageing Better, published *A consensus on healthy ageing*. Within this they set out their vision to make 'England the best place in the world to grow older, giving everyone the opportunities and support they need to have a healthy and good quality later life' (OHID 2023).

A few key issues for older adults are discussed in this document including dementia, mental health, loneliness and isolation, and physical activity and inactivity. Through a series of best practice case studies, this document also highlights the ways in which the heritage sector and heritage organisations can help older people with these issues and support the ambition for the UK population to age better and to age well.

## Dementia

The World Health Organization (WHO) defines dementia as 'a term for several diseases that affect memory, thinking and the ability to perform daily activities' which gets worse over time (WHO n.d.). Dementia is currently the 7<sup>th</sup> leading cause of death and one of the major causes of disability and dependency among older people globally (WHO n.d.). It mainly effects older people and, after the age of 65, the likelihood of an individual developing dementia roughly doubles every five years (NHS n.d.).

As the ageing population increases in the UK and worldwide, the number of people living with dementia is set to increase. WHO has recognised dementia as a public health priority and identified that, currently, more than 55 million people worldwide have dementia, with 10 million new cases per year (WHO n.d.). In 2019, it was estimated that there were almost 885,000 people living in the UK with dementia (a prevalence of 7.1% among older people in the UK) (Livingston et al. 2020, 5). Alzheimer's Research UK estimates that there are currently 982,000 people living with dementia in the UK, with an estimated economic impact in 2024 of £42.5Bn (Alzheimer's Society and Carnell Farrar 2024). It is projected that the number of people with dementia in the UK will increase to around 1.6 million in 2040 (Livingston et al. 2020, 5).

Dementia can be caused by a number of diseases which destroy nerve cells and damage the brain over time, 'typically leading to deterioration in cognitive function (the ability to process thought) beyond what might be expected from the usual consequences of biological ageing' (WHO n.d.). It can result from a variety of diseases and injuries that effect the brain. Alzheimer's disease is the most common and contributes to 60-70% of cases, but other forms can include vascular dementia, dementia with Lewy bodies and a group of diseases that contribute to frontotemporal dementia (WHO n.d.). Dementia is a progressive condition, meaning that symptoms change and become more severe over time, though dementia progress depends on each individual (NHS Inform, n.d.).

Although age is the strongest risk factor for dementia, WHO have explained that 'it is not an inevitable consequence of biological ageing' (WHO n.d.). Furthermore, if dementia is detected early, there are ways to slow its progression and help people to maintain brain function and with everyday activity (NHS Inform, n.d.). Alongside the use of medications, other treatments can include cognitive simulation, community connections (such as involvement in social activities) and relationship-based therapy (NHS Inform, n.d.). Women are disproportionately affected by dementia, both directly and indirectly. WHO has stated that women experience higher disability-adjusted life years and mortality due to dementia and also provide 70% of the care hours for people living with dementia (WHO n.d.).

## Mental health

In recent years, there has been increasing recognition that looking after one's mental health is as important as physical health for maintaining a good quality of life, whatever someone's age (Age UK 2019a). WHO (2022) describe mental health as a 'state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community'. Age UK (2019a) defines mental health as 'the way we think, feel, and cope with life's ups and downs'. They further add that it is vital to protect and promote the mental wellbeing of all, but also to address the needs of people with mental health conditions (WHO 2022).

People of all walks of life can be affected by mental illness and at any point in their lives, with mental health problems representing the largest single cause of disability in the UK (NHS, n.d.a.). According to NHS England, one in four adults experience at least one diagnosable mental health problem in any given year and Age UK have reported that one in four older adults live with common mental health conditions (NHS n.d.a.; Age UK 2019a). The Mental Health Foundation has written that, though people living longer is a cause for celebration, older people are more vulnerable to problems with their mental health (Mental Health Foundation, n.d.).

Age UK (2022) have reported that, despite large numbers of older people needing some mental health support, they are less likely to receive it than younger groups. In 2020/21, only 5% of referrals to NHS talking therapies were from people aged 65+ (Age UK 2022). Age UK (2019a) have also noted that older people's experiences of mental health problems are 'often viewed exclusively through the lens of dementia, but mental health problems, such as depression and anxiety, are common among all age groups'. Of people aged over 65 years old in the UK, over half a million people experience anxiety disorder, just under 200,000 experience a major depressive disorder, just under 200,000 experience chronic depressive disorder and over 140,000 experience bipolar disorder (Age UK 2022).

Caroline Abrahams, Age UK's Charity Director, has stated that the COVID-19 pandemic hit older people particularly hard, making many risk factors for mental health illnesses unavoidable during their daily lives (Age UK 2022). In an April 2022 survey by Age UK on the impact of COVID-19, responses included references to extreme loneliness, poorer quality of life, isolation, higher anxiety and stress levels, loss of confidence and less ability to cope with problems (Ibid).

## Depression and Anxiety

Depression affects 1 in 6 people in the UK (Age UK, n.d.a). Factors that can increase a person's risk of depression include: changes in the brain which affect mood; major life events, such as a concerning medical diagnosis or death of a loved one; money or finance issues; relationship or family problems; disability or poor

health; retirement; housing issues; stress; caring responsibilities; the time of the year (Seasonal Affective Disorder (SAD), or for no clear reason (National Institute on Ageing, n.d.a; Age UK, n.d.a.). In 2022, Abrahams said that:

*As we get older, we can become especially vulnerable to factors that lead to depression such as bereavement, physical disability, illness and loneliness...depression isn't a natural part of ageing but older people often don't seek help for mental wellbeing and so they miss out on treatments that are available to them on the NHS. (Age UK 2022).*

According to the Royal College of Psychiatrists (n.d.) there are particular risk factors which might make older people more likely to develop depression. For example, depression can be common for those experiencing social isolation or in people with dementia, both of which are issues which particularly affect older adults (Age UK, n.d.a).

Age UK (n.d.a) defines anxiety as 'what we feel when we're worried, tense or afraid about things that are currently happening, or things that we think could happen in the future'. Symptoms of anxiety can include feeling extremely nervous; excessive worrying over small things; being withdrawn; feeling agitated or restless; getting tired easily; increased heart rate, chest pain and abdominal pain, and problems with thinking and making decisions (Ibid). According to Age UK (n.d.a), a larger proportion of women aged 65+ report experiencing anxiety in comparison to men, with nearly double the number of women impacted in contrast to men.

## Loneliness and social isolation

Loneliness is experienced by many individuals during their lifetime, and it has been defined by the Department for Digital, Culture, Media & Sport (DCMS) as:

*A subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of social relationships that we have, and those that we want. (DCMS 2018).*

Loneliness is, thus, an emotional experience, and a 'perceived deficiency in the amount and/or quality of someone's relationships' (Campaign to End Loneliness n.d.). For many, the feeling of loneliness passes but for those where it persists, loneliness can undermine their wellbeing and impact negatively on their quality of life (Age UK 2018).

Loneliness and social isolation are not the same thing. Whilst loneliness is a subjective feeling, social isolation is an objective state (Campaign to End Loneliness n.d.). Loneliness is a feeling and is related to whether the social contact we have is meaningful and meets one's emotional needs, whereas social isolation is about being alone (Age UK n.d.b.). Thus, someone can be isolated but not feel lonely, whilst someone may feel lonely even when surrounded by other people (Ibid).

According to the Campaign to End Loneliness (n.d.), there are three types of loneliness which have been identified: emotional loneliness, social loneliness and existential loneliness (see Figure 1).

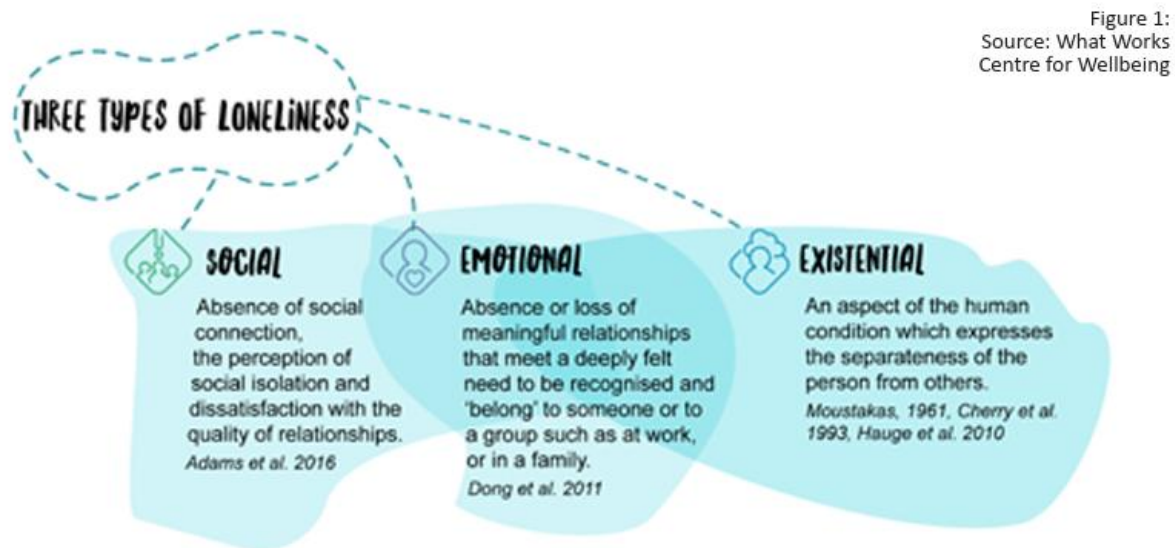


Figure 1: The Three Types of Loneliness: Social, Emotional and Existential. Source: The What Works Centre for Wellbeing

The work of Age UK has challenged the perception that loneliness is more or less common at different ages, finding that loneliness is similarly common at all ages (Age UK 2018). However, the NHS (n.d.a) has stated that older people are especially vulnerable to loneliness and social isolation, and that these can have a serious effect on health. The circumstances which trigger loneliness can vary by age and for older adults, loneliness can begin with the loss of a loved one, the onset of illness or disability, the inability to do things they want, living alone or feeling that they do not belong in their neighbourhood (Age UK 2018).

The NHS has reported that older adults can become isolated for a variety of reasons. This includes getting older or weaker, no longer being the hub of the family, leaving their workplace, the death of a spouse or friends, or going through disability or illness (NHS, n.d.a.). Meanwhile, loneliness has been shown to be dramatically higher among people who are widowed or who don't have someone to open up to (Age UK 2018). Manfield et al. (2024) argue that as many older adults experience social isolation, there should be greater emphasis on reducing this and the inequalities which cause greater social isolation and loneliness. It is predicted that there will be a 44% increase in the number of 65-74-year-olds living alone between 2008 and 2033, as well as a 38% increase for those aged 75-85 years and 145% for those aged 85+ (Age UK 2020a). Age UK has predicted that by 2026 there will be 2 million people over 50 in England who often feel lonely and, as a result, are focusing on understanding loneliness among people aged 50+ (Age UK 2018).

When someone is experiencing loneliness, they can also feel that it is harder to reach out for support due to the stigma around loneliness (NHS n.d.). The Campaign to End Loneliness (2020) has explained the ‘psychology of loneliness’, where the fear, anxiety, shame and helplessness associated with loneliness can create a downward spiral (see Figure 2). This can then cause people to withdraw from their family and friends and become even lonelier. Furthermore, people experiencing loneliness can become less resilient to challenges in life. The British Red Cross (2020, 4) believe that ‘it is often the loneliest and most isolated people who are least able to recover from crises’ as they lack the strong support networks to help them in an emergency.

WHO have argued that social isolation and loneliness are important but often neglected determinants of health for all ages, including for older adults (WHO n.d.). Loneliness is considered by some to be one of the largest public health challenges (Campaign to End Loneliness, n.d.). Being lonely can have a negative impact on both an individual’s mental and physical health. It has been shown to increase mortality by 26% and put individuals at a higher risk of disability (Age UK 2020a). Although loneliness is not considered to be a mental health problem itself, having mental health difficulties can lead to loneliness and loneliness can also help cause mental health difficulties (Campaign to End Loneliness 2020). Loneliness can also put people at greater risk of depression and is a predictor of suicide in older age, and, when loneliness and depression co-exist, there is an increased risk of early mortality (Campaign to End Loneliness 2020). Loneliness has also been associated with anxiety, particularly social anxiety, where a person feels fearful or anxious of social situations (Domènech-Abella et al. 2019; Campaign to End Loneliness 2020).

Loneliness can also put individuals at a greater risk of developing dementia, as lonely people are twice as likely to develop Alzheimer’s (Age UK 2020a). This may be neurological, stress related or because people who are lonely have less social participation and, as a result, less cognitive and sensory stimulation (Campaign to End Loneliness 2020). Loneliness and dementia are also connected as having cognitive impairment – such as through having a dementia diagnosis – can reduce social and community participation, which then increases the likelihood of loneliness (Ibid). Additionally, two thirds of carers of people with dementia have reported feeling lonely (National Institute for Health and Care Research 2020).

To tackle loneliness across society, the British Red Cross (2020, 6) recommends prioritising the most vulnerable; securing sustained funding for tackling loneliness (including involving local authorities, NHS bodies and voluntary and community sector organisations) and continuing to roll out social prescribing whilst ensuring that it delivers for loneliness. They further add that work on tackling loneliness should function across sectors and specialisms and involve people with lived experience of loneliness (Ibid). Jopling (2020, 12-13) identified different approaches which have been used to help individuals experiencing loneliness:

- Direct approaches support people to maintain and improve existing relationships, make new connections and enable people to change their thinking about social connections.
- Connector services reach, try to understand and support lonely individuals.
- Gateway infrastructure helps people to connect e.g. transport, digital technology and the built environment.
- System level approaches create the environment in communities which enables loneliness to be addressed.

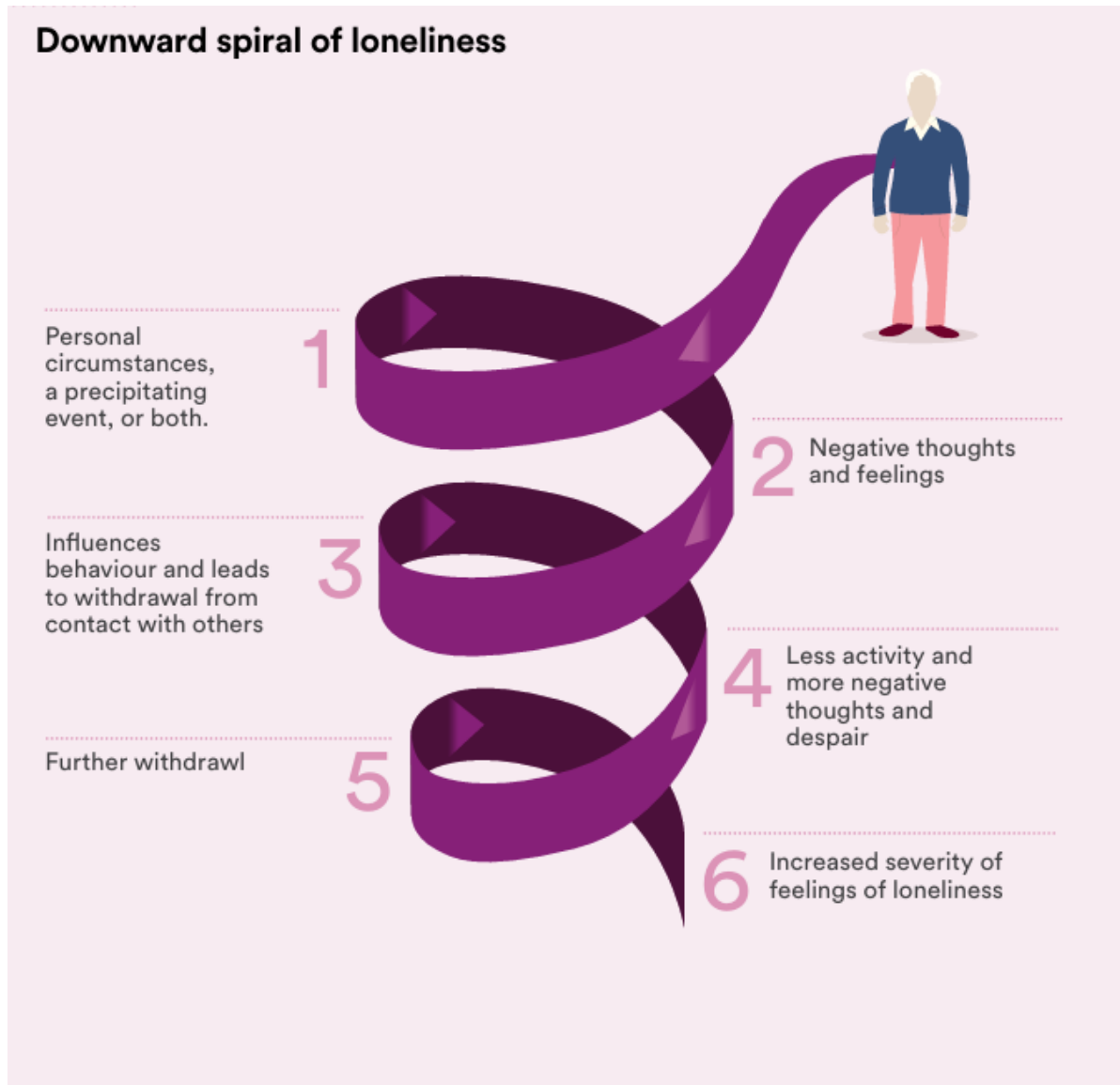


Figure 2: Graphic showing the downward spiral of loneliness from the Campaign to End Loneliness' The Psychology of Loneliness: Why it matters and what we can do (2020). © Campaign to End Loneliness.

## Physical activity and inactivity

Heung et al (2023) define 'physical activity' (PA) as 'any bodily movement that expends energy and activates skeletal muscles'. Alongside its role in maintaining physical fitness, PA can also serve as a preventative measure for a range of chronic diseases (Ibid). Physical inactivity has been identified as one of the leading risk factors for poor health and disability in the later stage of life (Newton et al, 2015). Regular physical activity is crucial for older people to maintain their physical, mental and emotional wellbeing, and to also prevent age-related health issues (Heung et al. 2023). Despite this, the proportion of people who are inactive rises with age: the NatCen analysis of Active Lives Survey 2018/2019 found that nearly a quarter of people aged 50-70 years old were doing less than thirty minutes of physical activity per week (Centre for Ageing Better 2023, 4).

PA provides numerous benefits for older people and can also serve as a preventative measure against cardiovascular diseases, stroke, diabetes and several types of cancer (Katzmarzyk et al. 2022). The NHS (n.d.b.) recommends activities to improve strength, balance and flexibility twice a week; 150 minutes of moderate intensive activity and 75 minutes of vigorous activity each week. The United States' Centre for Disease Control and Prevention (CDC) also recommends that older people engage in at least 150 minutes of moderate-intensity aerobic activity per week and muscle strengthening activities on two to three days per week (CDC 2023). The Centre for Ageing Better (2023, 5) has found that family and peer support, preventing poor health in the future and maintaining independence can be key motivators for people to become more physically active. For example, engaging in PA can prevent long-term conditions developing or worsening, which then also allows people to maintain their independence (Ibid, 9).

The National Institute for Health and Care Excellence (NICE) has also identified that encouraging older people to be physically active can improve not only their physical health and independence but can also have a positive effect on their mental health (NICE 2016, 7). A strong correlation has been found between physical exercise and mental health in older people, with older people who engaged in PA having been found to have superior mental health to those who did not (Hou, Huang and Wu 2024). Furthermore, another study has shown that older people who are more sedentary are more likely to have depression than those who are physically active (Mcnamara et al. 2023). McPhee et al. (2016) have written that regular physical activity not only helps to improve physical and mental functions but can also help to keep older adults more mobile and reverse some of the effects of chronic disease. Izquierdo, Duque and Morley (2021) have written that to promote health and dignified ageing, it is 'essential to help health-care systems to more efficiently implement evidence-based exercise programmes for frail older adults in all community and care settings'.

Although being active is a great way to stay healthy, what someone can do changes from person to person and as people age (Age UK, n.d.c.). Certain life events can serve as triggers which prevent people from being physically active, including becoming a carer, being diagnosed with a long-term health condition and retirement (though for some, retirement can increase PA levels) (The Centre for Ageing Better 2023, 5). The COVID-19 pandemic also influenced PA in older people. Elliott et al. (2020) have written that PA levels reduced in this period as people were instructed to stay home and there were limited opportunities for PA due to the closure of gyms and the suspension of group sports. Sparling et al. (2015) argue that as older people often find it difficult to meet moderate and vigorous exercise targets, a focus on increasing light activities and reducing sedentary time may be more realistic and pave the way to more intense exercise. The NHS recommends adults aged over 65 should be physically active every day, even if it is just light activity, such as getting up to make a cup of tea or moving around the house (NHS n.d.b.). Age UK's *We Are Undefeatable* campaign helps to support people living with a health condition to find little ways to move throughout the day (Age UK n.d.c.).

## Policy

### United Nations (UN) and the World Health Organization (WHO)

The First World Assembly on Ageing was held in Vienna, Austria, in August 1982, where it was noted that many old people were troubled by the cares of daily life, suffered from loneliness or lack of appreciation and/or needed care due to illness or disability, with needs varying from individual to individual (United Nations 1982, 10). In 2002, *The Madrid International Plan of Action on Ageing and the Political Declaration* was adopted at the Second World Assembly on Ageing to offer 'a bold new agenda for handling the issues of ageing in the 21<sup>st</sup> century' and to promote the development of society for all ages (United Nations 2002). The plan focused on three priority areas: older persons and development; advancing health and wellbeing into older age, and ensuring enabling and supportive environments (United Nations 2002).

The *2030 Agenda for Sustainable Development* states that 'a healthy life and the right to health do not start or end at a specific age... [and are] applicable to all ages, including the later years of life' (WHO 2017, iv). In 2017, WHO launched a *Global strategy and action plan on ageing and health (2016-2020)* responding to the Sustainable Development Goals, highlighting that ageing is an issue which is relevant to 15 out of the 17 Goals (WHO 2017, 1). The strategy's overarching vision was for a world in which 'everyone can live a long and healthy life' (WHO 2017, 6). In 2020, the UN published the *UN Decade of Healthy Ageing: Plan of Action (2021-2030)*, the second action plan of the WHO Global Strategy on ageing and health. The UN reported in 2020 that, for the first time in history, people aged 60 years or

over outnumbered children under 5 years old (United Nations 2020). The number of people aged 60 years and older across the globe is set to increase by 34% from 1 billion in 2019 to 1.4 billion in 2030 (United Nations 2020).

## Dementia

WHO recognises dementia as a ‘public health priority’ (WHO 2023). In 2017, the World Health Assembly endorsed the *Global Action plan on the public health response to dementia 2017-2025*. The global action plan aimed to ‘improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on them as well as on communities and countries’ (WHO 2017, 4). The plan comprises seven action areas to inform an underlying structural framework as a blue print for action for policy-makers on regional, national and international levels (WHO 2023) These include: (1) dementia as a public health priority; (2) dementia awareness and friendliness; (3) dementia risk reduction; (4) dementia diagnosis, treatment, care and support; (5) support for dementia carers; (6) information systems for dementia, and (7) dementia research and innovation (WHO 2017, 8). To facilitate the monitoring of the global dementia action plan, WHO developed the Global Dementia Observatory (GDO) and the GDO Knowledge Exchange Platform, a data portal to collate country data and a repository of good practices (WHO 2023).

## Mental Health

WHO believes that mental health is an integral part of an individual’s health and wellbeing, an idea which is reflected in the definition of health in WHO’s constitution: ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO 2021, 1). WHO defines mental health as ‘a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community (WHO, n.d.). In 2013, WHO published the *Comprehensive Mental Health Action Plan (2013-2030)*, which was then updated in 2021. In 2019, the organisation launched the *WHO Special Initiative for Mental Health (2019-2030): Universal Health Coverage for Mental Health*. In 2022, WHO published the *World mental health report: Transforming mental health for all* which advised on mental health care in health services, in the community and beyond the health sector (WHO 2022).

## Social Isolation and Loneliness

As part of the decade of healthy ageing, WHO published the advocacy brief *Social isolation and loneliness among older people*, which reported that these factors among older people are a growing public health and policy concern as they can shorten older people’s lives, damage their mental and physical health, and reduce their quality of life (WHO 2017, 1). WHO’s strategy for reducing social isolation and loneliness includes implementing and scaling up effective interventions to reduce social isolation and loneliness; improving research; strengthening evidence for what

works and creating a global coalition to increase awareness of these issues among older people as a political priority (WHO 2017, 1). In 2023, WHO declared loneliness 'a global health concern' and a pressing global threat akin to smoking 15 cigarettes a day and even greater than those associated with obesity and physical inactivity (Johnson 2023).

## Physical Activity and Inactivity

The WHO *Global action plan on physical activity 2018-2030: More active people for a healthier world* responded to a need for updated policy guidance for countries on how they could support people of all ages and abilities to become more active (WHO 2018). In 2024, WHO published *Global levels of physical inactivity in adults: Off track for 2030* which found that, after 60 years of age, physical inactivity rises rapidly, meaning that fewer adults in this age group meet global recommendations when compared with their younger counterparts (WHO 2024, 5). WHO recommends that more policies and programmes are needed to increase participation in physical activities among older people (WHO 2024, 9). In the *Global levels of physical inactivity in adults: Off track for 2030*, WHO (2024, 2-4) stated that one third of adults globally were not meeting the WHO-recommended amount of physical activity in 2020 and NDC-RisC (a network of health scientists around the world) had found that there had been little change in global levels of physical inactivity in the past 15 years.

## UK Government Policy

The Centre for Ageing Better (2023, 6) has highlighted how our population is older than ever before, including almost 40% of people in England being aged 50+ and almost 20% aged 65+. The number of people aged over 65 years old has increased by almost 50% since the early 1980s (Ibid). In February 2023, under the previous Conservative government, the Office for Health Improvements & Disparities (OHID), the Centre for Ageing Better and partner organisations across the country published *A consensus on healthy ageing*. The government's ambition was for England to be the best place in the world to grow older, including giving everyone five extra years of healthy, independent life by 2035 and to narrow the gap between richest and poorest (OHID 2023).

OHID (2023) has described longer living as one of society's 'greatest achievements'. However, OHID has also identified that there is still an opportunity to enable more people in later life to live happy, healthy and active lives, where they can also use their skills, knowledge and experience to benefit their communities (OHID 2023). In 2023, in their election manifesto before being elected to government, the Labour Party committed to exploring 'how we best manage and support an ageing population' (Labour Party 2024, 101). That same year, the Centre for Ageing Better recommended that the government needs to establish a Commissioner for Older People and Ageing, deliver an ageing society strategy and tackle growing ethnic

inequalities through a new race equality strategy that would complement work on an ageing population (Centre for Ageing Better 2023, 20).

## Dementia

The UK government's first national dementia strategy, *Living well with dementia*, was published in 2009 under the then Labour Prime Minister, Gordon Brown. The strategy outlined three strategies to improve the quality of life for people with dementia and their carers in England: raising awareness of dementia and removing the stigma; improving diagnosis rates for people with dementia and increasing the range of services for people with dementia and their carers (Baker and Parkin 2021, 10). In 2012, the Conservative Prime Minister, David Cameron, launched *Dementia 2012: A national challenge*, which aimed to make major improvements to dementia care and research by 2015. The government aimed to do this by focusing on creating dementia friendly communities, driving improvements in health and care – including better diagnosis, and increasing funding for research into care, cause and cure (Baker and Parkin 2021, 10).

In 2014, a campaign was launched by the Alzheimer's Society and Public Health England to recruit one million 'Dementia Friends' by 2015 who could recognise the symptoms and support people with dementia (Baker and Parkin 2021, 13). In 2015, the Conservative Government published *The Challenge on Dementia 2020*. This aimed to make England the best country in the world for dementia care by giving support for people with dementia and their carers and by becoming the best place in the world to undertake research into dementia and other neurodegenerative diseases (Baker and Parkin 2021, 11). In 2018, the Welsh Government published the *Dementia Action Plan 2018 to 2022* for Wales and the Northern Ireland Executive published the Regional Dementia Care Pathway (James 2023; HSC 2018).

In May 2022, the Conservative Health and Social Care Secretary, Sajid Javid, announced a ten-year plan to tackle dementia and boost funding into research to help better understand neurodegenerative diseases (DHSC 2022). In January 2023, the next Conservative Health and Social Care Secretary, Steve Barclay, announced that this would be a Major Conditions Strategy instead and develop the NHS Long Term Plan (Hullah 2023). In May 2023, the Scottish Government published a new Dementia Strategy for Scotland with a ten-year vision for change (Kelly and Todd 2023). In August 2023, the Alzheimer's Society reported that England was 'the only UK nation without a specific dementia plan with dedicated funding' (Hullah 2023).

In the 2024 Labour manifesto, the party said that it was going to put Britain at the forefront of transforming treatment for dementia (Labour Party 2024, 197). Andrew Pike, Head of Campaigns and Public Affairs at Dementia UK, has stated that he believes this new Government must lead in transforming dementia care. Pike (2024) proposed that this could be done by delivering expert and personalised support for people with dementia; allowing more families access to vital care funding; improving

diagnosis rates and age-appropriate support and increasing access to specialist dementia nurses in hospitals.

## Mental Health

The Health and Care Act (2022) built on proposals brought forward by the NHS following the publication of the 2019 *NHS Long-Term Plan*. The Health and Care Act set out an ambition that ‘mental health should always be treated with the same priority and value as physical health’ (The Mental Health Policy Group 2022, 1). In 2022, the Conservative government launched a *Mental health and wellbeing plan: discussion paper* and in 2023 also announced that it would publish a Major Conditions Strategy that would ensure mental health conditions were considered alongside physical health (Garratt 2024, 37). In 2023, the Conservative government published the *Suicide prevention strategy for England: 2023 to 2028* which aimed to reduce the suicide rate, improve support for people who have self-harmed and improve support for people bereaved by suicide (Garratt 2024, 35).

In August 2024, the new Labour government said work on the Major Conditions Strategy had been paused but that it would consider how to incorporate the findings into its plans for rebuilding the NHS (Garratt 2024, 37). In 2024, the Mental Health Foundation launched a *Manifesto for a Mentally Healthier Nation* and called for the new government to improve the mental health of the UK population. The organisation is part of The Mental Health Policy Group (MHPG), an ‘informal coalition of six national organisations working together to improve mental health through policy influencing activities at a national level’ (NHS Confederation, n.d.). The group also includes the Centre for Mental Health; NHS Confederation’s Mental Health Network; Mind; Rethink Mental Illness and the Royal College of Psychiatrists

In their 2024 general election manifesto, the Labour party stated that, though understanding of mental health had improved in recent decades, the country was suffering from a ‘mental health epidemic’ (Labour Party 2024, 94). They further added that they would reform the NHS so that mental health was given the same focus as physical health (Ibid, 95). In September 2024 the ‘Darzi Report’, an independent investigation of the NHS in England, was published which looked at the quality of NHS health services, including mental health. The report showed that demand for mental health services has grown rapidly, leading to long waits for treatment (Garratt 2024, 34). The current UK Labour Government made a number of mental health policy commitments in October 2024, including recruiting an additional 8,500 mental health staff to reduce delays and provide faster treatment (Garratt 2024, 34). In 2021, the Labour Health Secretary, Wes Streeting, stated that doctors are ‘overdiagnosing’ mental health conditions (Rethink Mental Illness 2025). However, Brian Dow, Deputy Chief Executive of Rethink Mental Illness, responded that ‘The crisis in the nation’s mental health is very real’ and adding that people are struggling to access the vital support that they need (Ibid).

## Loneliness and Social Isolation

In 2018, the UK Government appointed the world's first Minister responsible for tackling loneliness, who now sits within DCMS (What Works Wellbeing 2020). This ministerial appointment was inspired by the work of the Jo Cox commission which undertakes work to promote loneliness alleviation in government policy (The Jo Cox Foundation 2022; Clarke 2024, 7). The cross-government loneliness strategy – *A connected society: a strategy for tackling loneliness* – was published in October 2018 as the first strategy developed to tackle loneliness in England. The 2018 loneliness strategy had three overarching objectives: to reduce stigma; to drive a lasting shift so that relationships and loneliness are considered in policy making and to make a compelling case for action by improving the evidence base on loneliness (DCMS 2022).

During the COVID-19 pandemic, over 70 cross-sector organisations (including Historic England) were brought together as part of the UK government's plan to tackle loneliness (DCMS 2021). The network set up a loneliness hub to share best practice and allows charitable organisations to share knowledge with other partners (Clarke 2024, 7). In 2022, DCMS brought together the government's work and announcements on loneliness in a report, wherein they stated that 'Tackling loneliness matters to everyone: individuals, employers, communities, educators and health professionals' (DCMS 2022). The Loneliness Engagement Fund and the Building Connections Fund have been made available to target loneliness (DCMS 2022). Loneliness was not mentioned in the current Labour government's manifesto in 2024.

## Physical Activity and Inactivity

In 2010, the UK were among the first nations in the world to outline evidence for 'how much and what kinds of physical activity we need to do to keep ourselves healthy' (DHSC et al. 2019, 3). Physical Activity Guidelines were published in 2011 by the UK Chief Medical Officers, in partnership with the Department of Health & Social Care in England, the Welsh Government, the Department of Health in Northern Ireland and the Scottish Government. The guidelines recommended that some physical health benefits are better than none, but that more physical activity can provide greater health benefits (British Heart Foundation 2012). The physical activity guidelines were subsequently updated in 2019, where it was recommended that older people (65 years and over) should participate in daily physical activity to gain health benefits, which included 'maintenance of good physical and mental health, wellbeing, and social functioning' (DHSC et al. 2019, 10). In 2023, the Association of Directors of Public Health stated that public health should promote the importance of ageing well and that governments across the four nations should take 'a whole system approach to positive ageing that starts at the beginning of the life course' (DsPH 2023, 1).

## The National Health Service (NHS)

In 2024, an independent investigation of the NHS in England (the 'Darzi report') described an ageing population as 'the most significant driver of increased healthcare needs' (Darzi 2024, 18). With a growing and ageing population, there has been an increasing demand for treatment, care and support (Stevenson and Mutebi 2021). Based on NHS England's patient level data, by the time people are aged 65-74 years-old the majority will have at least one healthcare condition, whilst 40% will have two or more (Darzi 2024, 18). In 2023, the Association of Directors of Public Health stated that the NHS should 'ensure that prevention forms a key, mandatory and funded part of its plans to ensure good health across the life-course and reduce long-term conditions in old age' (DsPH 2023, 1). NHS England believes that being able to stay healthy is a crucial issue for all of us, which includes improving care for older people and helping older people to look after their own health to age well (NHS, n.d.).

In 2019, the *NHS Long Term Plan* set out its improvement priorities which included mental health, healthy ageing and dementia (NHS 2019). Also in 2019, the NHS and Age UK published *A practical guide for healthy ageing* which aimed to help improve the health and general fitness of people of all ages, but particularly those aged 70+ (NHS and Age UK 2019, 2). This included advice for looking after mental health and wellbeing and on keeping active to stay fit, mobile and independent (NHS 2016). The NHS also recognises loneliness as a long-term health concern and the need to combat loneliness (Clarke 2024, 8). The NHS long term plans to focus on prevention instead of reaction (NHS 2019). This has included committing to building infrastructure for social prescribing, such as introducing social prescribing link workers into primary care networks (PCNs) and working in partnership with the National Academy for Social Prescribing (NASP) (NASP 2022; NHS 2020; SQW 2022).

The *Mental Health Implementation Plan 2019/20-2023/24* provided a new framework for mental health care at a local level (NHS 2019, 3). In 2020, NHS England published the first *Advancing mental health equalities strategies*, summarising the core strategies the NHS planned to take to bridge the gaps in mental health services (Garratt 2024, 40). The NHS's *Better Health Every Mind Matters* campaign (2019-ongoing) aims to help encourage, enable and motivate preventative mental health behaviours (DHSC n.d.). NHS England's Well Pathway for Dementia focuses on preventing well, diagnosing well, supporting well, living well and dying well (NHS 2016). The National Collaborating Centre for Mental Health (NCCMH) published *The Dementia Care Pathway: Full Implementation Guidance* was based on NICE (National Institute for Health and Care Excellence) guidelines and outlined how to support improvement in the delivery and quality of care and support for people living with dementia (NCCMH 2018, 3).

## The Centre for Ageing Better

The Centre for Ageing Better aims to make the UK's workplaces, homes and communities inclusive of older adults. To do this, they want to build an Age-friendly Movement so that society sees ageing in a more positive way and treats people fairly and with respect as they grow older (Centre for Ageing Better, n.d.). In 2018, The Centre for Ageing Better published ideas for the NHS long-term plan, which included focusing on preventative measures to promote healthy behaviours and healthy ageing (The Centre for Ageing Better 2018, 3). The Centre for Ageing Better published *The State of Ageing in 2023*. Using self-reported health data from the 2021 census, the report found that there are huge inequalities when it comes to wealth, ethnicity and geography and these disparities become bigger as people grow older (Centre for Ageing Better 2023, 12).

The UK Network of Age-friendly Communities was launched by the UK Urban Ageing Consortium in 2012 and is supported by the Centre for Ageing Better. The network is committed to following WHO's Age-friendly Communities Framework (Centre for Ageing Better, n.d.). This approach guides communities through the process of becoming a better place to age through Eight Domains and a Four-Step Programme Cycle. The latter focuses on engaging and understanding; planning strategically; acting and implementing, and monitoring and evaluating (Centre for Ageing Better, n.d.). The Eight Domains are:

1. Outdoor spaces and buildings
2. Transport
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

In February 2025, The Centre for Ageing Better published *Age-friendly Communities: a handbook of principles to guide local policy and action*, designed 'for people working in or with local authorities in the UK to help them to identify ways to make their towns, cities, counties and regions better places to age' (2025, 4).

## The Age UK Network

The Age UK Network is a charity federation and is made up of independent charities which provide support for older people and their strategy for 2024-2029 envisions a world where every older person feels valued and included (Age UK, n.d.d.). Age UK believe that public health, and particularly preventative health measures, are just as important for older people as they are for all age groups (Age UK, n.d.e.). Their

policy positions include ageing well – health and prevention; loneliness; mental health; living with dementia and carers.

In 2015, Age UK jointly commissioned a report with the Campaign to End Loneliness, *Promising Approaches to Reducing Loneliness and Isolation in Later Life*, and in 2016 worked with several Age UK partners on *Testing Promising Approaches to Reducing Loneliness*. Age UK believes that we must all be supported to live and age well, and to do this the causes of poor health must be addressed, there must be a focus on prevention and the impact of both mental and physical health in maintaining wellbeing must be recognised (Age UK 2019a). Age UK (2019b) recognises the huge impact that loneliness can have on the wellbeing of many older people.

Age UK have also stated that the mental health needs of older people must be fully recognised and seen as being equally important to their physical health needs (Age UK 2019c). However, Age UK (2019c) have reported that older people face barriers to accessing services to support their mental health and to taking part in activities which give their life meaning. Age UK (Ibid) believes that there are positive things people can do at any age to look after their mental health and that for older people who develop a mental health condition, recovery is possible with the right support.

Age UK (2016) believes every person with dementia should be supported to live well and so that they can continue participating in society. The organisation also believes that it is important that people with dementia have access to responsive care that can meet their changing and complex needs (Age UK 2020b). Age UK recognises the impact that dementia can have on family, friends and carers of people living with dementia, and the additional barriers to accessing care that exists for people from Black and Ethnic Minority (BAME) backgrounds and the LGBTQ+ community (Age UK 2020b). In 2023, Age UK published *Living with dementia: From concerns and diagnosis to support and future care* to explain what support is available and to help people live as well as possible with dementia.

## The Heritage and Cultural Sector

### *The Culture White Paper*, Department for Culture, Media and Sport (DCMS)

*The Culture White Paper* was published by the Department for Culture Media & Sport (DCMS; now the Department for Digital, Culture, Media & Sport) in 2016 and set out how the then Conservative government planned to support cultural sectors and how culture was to ‘play an active role in building a fairer and more prosperous nation’ (DCMS 2016, 13). *The Culture White Paper* also described the growing understanding of the ‘profound relationship between culture, health and wellbeing’ as data had shown that engaging with culture – through visiting, attending and participation – significantly increases overall life satisfaction and has a positive impact on personal wellbeing (DCMS 2016, 14-15). The White Paper described the

government's plans to work with the Arts Council England (ACE), the Heritage Lottery Fund (now the National Heritage Lottery Fund (NHLF)) and other partners to 'develop and promote the benefits of culture for good health, wellbeing and safer communities' (DCMS 2016, 33).

### Creative Health, All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW)

In 2014, the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) was formed with the aim of improving awareness of the benefits that the arts can bring to health and wellbeing (APPGAHW 2017, 4). An inquiry was carried out into existing engagement with the arts in health and social care to then make recommendations to improve policy and practice (APPGAHW 2017, 4). In 2017, APPGAHW published *Creative Health: The Arts for Health and Wellbeing*, to show how 'engaging with the arts has a significant part to play in improving physical and mental health and wellbeing' (20). The National Alliance for Arts, Health and Wellbeing (NAAHW) identified five main sites where the arts and health typically intersect: arts in health and care environments; participatory arts programmes; arts on prescription; arts therapies, and medical training and medical humanities, though it was noted by APPGAHW that attending arts festivals and everyday creativity should also be included in the list (APPGAHW 2017, 20-21). The report found that the arts can make an 'invaluable contribution to a healthy and health-creating society', offering resources which should be embraced in health and social care systems, particularly as they are under great pressure and in need of fresh thinking and cost-effective methods (APPGAHW 2017, 154).

### Museums on Prescription

The *Museums on Prescription* (2014-2017) project was funded by the Arts and Humanities Research Council (AHRC) and carried out by researchers at University College London and Canterbury Christ Church University (Veall et al. 2017, 3). The project connected lonely and isolated, older people aged 65-94 (who had been referred through health services, local authorities, adult social care and third-sector organisations, with the *Museums on Prescription* project manager acting as a link worker) with partner museums in London and Kent, including the British Museum, Canterbury Museums and Galleries, and UCL Museum and Collections, among others (Veall et al. 2017, 3, 18). The programme comprised of ten weekly 2-hour sessions consisting of a variety of 20–30-minute activities, such as talks, behind-the-scenes tours, gallery visits, co-production of exhibitions and museum guides, collections inspired creative activities and object handling and discussion (Veall et al. 2017, 18). The project used a social prescribing model, and the researchers involved examined the processes, practices, value and impact of this model with specific reference to museums (Veall et al. 2017, 17).

## Historic England

In 2018, Historic England published *Wellbeing and the Historic Environment* which highlighted the available evidence for the role of the historic environment in promoting health and wellbeing (Reilly, Nolan and Monckton 2018). The report demonstrates how living near or engaging with heritage is associated with a better quality of life and how Historic England's core work directly links to wellbeing outcomes (Reilly, Nolan and Monckton 2018, 2-3; Clarke 2024, 8). The report identified six routes into wellbeing through heritage (Reilly, Nolan and Monckton 2018, 25-26):

- **Heritage as Environment:** How heritage can shape our wellbeing in the environment.
- **Heritage as Healing:** How cultural heritage can act as a catalyst to healing in specific environments or for particular groups.
- **Heritage as Mechanism:** How heritage or the historic environment can provide a mechanism to social wellbeing.
- **Heritage as Participation:** How participating in heritage can affect wellbeing, for example, volunteering, engaging with heritage events and membership of local history groups.
- **Heritage as Place:** How a sense of place relates to community wellbeing and the opportunities to develop this.
- **Heritage as Process:** How heritage can provide a process for wellbeing, for example, the process of carrying out volunteering and heritage work to enhance wellbeing.

Figure 3 shows how these six routes relate to a range of wellbeing outcomes, including self-esteem; meaning; pride; belonging; physical activity; creativity and knowledge, among others. Reilly, Nolan and Monckton (2018, 57) outlined Historic England's strategy for considering wellbeing, including how to engage with wellbeing outcomes on multiple levels: project-based wellbeing outcomes; programme-based wellbeing outcomes; the wellbeing impact of Historic England as an organisation; the wellbeing impact of the historic environment and making the case for the value of cultural heritage with others.

Historic England's *Heritage and Society* report (2020) highlighted the opportunities that heritage could provide for wellbeing recovery following the COVID-19 pandemic. The report argued that heritage plays a significant role in society, such as through enhancing wellbeing and quality of life (Historic England 2020, 2). This includes societal, social and personal wellbeing, as heritage can play an important role in community cohesion and collective action, enable socialising in public spaces and can also help us to understand our past and connect with the places where we live (Historic England 2020, 3, 16). The report also argued that heritage volunteering can improve wider quality of life through offering social and economic benefits for

participants (such as long-term improvements to wellbeing and increased employment opportunities) and that heritage activities are particularly effective for individuals with poor mental health and wellbeing or those facing disadvantage (Historic England 2020, 30).

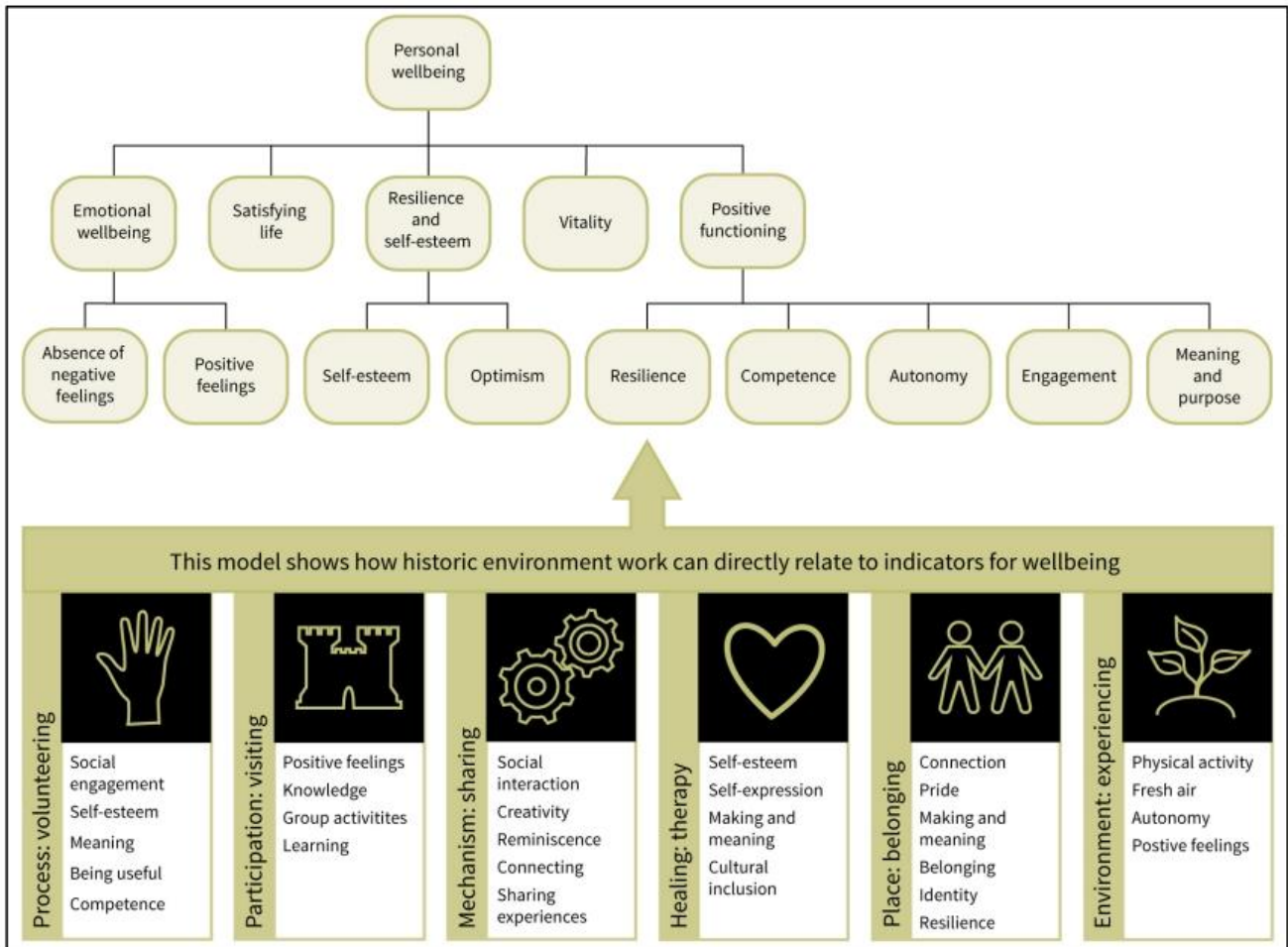


Figure 3: Six routes into wellbeing through heritage in Reilly, Monckton and Nolan’s *Wellbeing and the Historic Environment* (2018). © Historic England.

In 2020, Historic England formed a partnership with The National Academy for Social Prescribing (NASP) and established a post of Historic Environment Lead who is seconded to NASP (Gradinarova 2022, 2-3). In 2022, Historic England published *Heritage and Social Prescribing* which described how social prescribing is an efficient way to ‘demonstrate the public value of heritage and the historic environment, engage local people with their history and raise awareness of the significance of local and natural assets’ (Gradinarova 2022, 63). In January 2022, a Heritage and Social Prescribing Community of Practice was established to develop knowledge in this field and create necessary toolkits and resources (Gradinarova 2022, 63).

Historic England's *A Strategy for Wellbeing and Heritage 2022-2025* included the vision that 'Everyone experiences the wellbeing benefits of heritage' (Monckton 2022, 7). Within the report, Ian Morrison, Historic England's Director of Policy and Evidence, stated that 'through visiting, volunteering, learning or creative practice, engaging with heritage can strengthen confidence, resilience, hope and social connections' and argued that we can all benefit from the quality of place we inhabit, especially when the historic environment is cared for and historic green spaces are accessible (Monckton 2022, 3).

The report further added that heritage can give us a sense of pride, connection and confidence with the places we live and work; bring people and communities together and provide a foundation for a thriving future (Monckton 2022, 5). Historic England outlined their strategy for this by supporting their staff to ensure the organisation's work is delivering wellbeing outcomes; working creatively with the sector to 'build the wellbeing power of heritage'; collecting and sharing evidence to support communities and the sector as they deliver approaches to wellbeing and heritage, for the benefit of more people and places, and modelling good practice (Monckton 2022, 5). The report advocated for a 'people and heritage-led approach' and identified the following target groups to make the most difference when it comes to heritage and wellbeing (Monckton 2022, 11):

1. People with mental health needs
2. People who are lonely or socially isolated
3. Older people, 'especially those who are coping with age-related challenges or a reduction in the capacity to thrive'
4. Younger people, 'especially those who need support to counter disadvantage'

Focusing on one of these priority groups for heritage and wellbeing, in 2021, Monckton highlighted heritage projects that aim to improve older people's wellbeing through interaction with heritage. This included *Worcester Life Stories*, a collaborative project between Worcester City Historic Environment Record (HER) and Worcestershire Health and Care Trust's Older Adult Inpatient Services, funded by Historic England and NHLF. The project developed two online platforms (*Know Your Place Worcester* and *Worcester Life Stories*) that combine digital technology and heritage 'with the aim of promoting inclusion and connecting community networks through reminiscence and life stories' (Monckton 2021). The other project Monckton focused upon was the partnership between Historic England and Age UK Oxfordshire, which explored 'how marginalised communities can lead delivery in their own historic places to support wellbeing'. More detail on these case studies can be found in the Appendix of this document.

In 2023, Historic England published an article on *How Heritage Can Improve the Lives of Older People*, stating that 'heritage plays a significant role in supporting people to live a meaningful life in older age' (Historic England 2023). The article

examined the role and benefits of heritage to support cognitive function, promote wellbeing and reduce loneliness (Historic England 2023), including how:

- Heritage can support good mental and cognitive health in later life.
- Heritage can support the wellbeing of people living with dementia.
- Heritage can utilise the skills of older people that they have learnt through their lives or allow them to have new experiences and continue their learning journey.
- Taking part in heritage activities can reduce social isolation and loneliness in later life.
- Places with an historic layout can provide supportive environments for older adults.

In 2024, Historic England published *Heritage and Loneliness* which argued that 'loneliness should be considered one of the most critical health concerns in our society', as it has been linked to shorter life spans in the same categories as obesity and smoking (Clarke 2024, ii). The report highlighted how ways to combat loneliness are already being met within Historic England's wide-reaching wellbeing projects, but that promoting and embedding these at the beginning of future projects 'would further highlight the important role of heritage in combatting loneliness' and that cross-agency, collaborative work is crucial (Ibid, 18).

### Community Wellbeing, What Works Centre for Wellbeing

In 2018, the What Works Centre for Wellbeing (WWC-WB) published a scoping review on the impacts of historic places and assets on community wellbeing. The findings of the report were grouped into different categories: heritage-based cultural activities in museums; heritage object handling in hospital, healthcare and related settings (including residential and independent living facilities for older people); visiting museums, historic houses and other heritage sites; heritage volunteering; social engagement and inclusion projects; activities in historic landscapes and parks; community archaeology or heritage research; living in historic places, and assessments of wider social and economic impacts of historic places and assets (Pennington et al. 2018, 37-71). The report found that historic places and assets, and associated interventions, 'can have a wide range [of] beneficial impacts on the physical, mental and social wellbeing of individuals and communities' (Pennington et al. 2018, 74). However, the report also noted that there was some evidence of potentially negative impacts of some interventions on participants, though these potentially adverse impacts could be prevented or improved through well-designed, resourced and implemented interventions (Ibid).

### *Heritage, Health and Wellbeing*, The Heritage Alliance

In 2017, The Heritage Alliance's *The Heritage Debate* posed the question, 'Is Heritage Good For Your Health?' and explored how heritage can improve individual

wellbeing (The Heritage Alliance 2017; The Heritage Alliance 2020, 4). Building on the debate, in 2020, The Heritage Alliance published the report, *Heritage, Health and Wellbeing* which argued that heritage ‘has a unique role to play in promoting both societal and individual wellbeing’ through intangible offers such as rootedness, identity, place and understanding, and tangible benefits such as volunteering to improve confidence and boost social skills (The Heritage Alliance 2020, 4).

The report contains over 30 case studies from across the sector which show how heritage can support wellbeing in a variety of ways, including *Wild in the Park* for children and young people at Alexandra Palace; *Operation Nightingale* and *Breaking Ground Heritage*, which utilise heritage and archaeology as a recovery pathway; *Inspiring Futures: Volunteering for Wellbeing* by IWM North and Manchester Museum; *Connecting through Craft Skills* at Seventeen Nineteen by the All Churches Trust Craft Skills Programme; *Holkham Hall Parkrun* and *George III: The Man Behind the Myth* (which aimed to create a forum for discussing and destigmatising mental ill health) at Historic Royal Palaces, to name just a few.

The Heritage Alliance (2020, 12) found that:

- There are a huge number of projects and schemes being run by heritage organisations which support the nation’s physical and mental wellbeing.
- Though this isn’t always an explicit goal, the benefits are evident.
- Heritage is in a unique position to provide an understanding of place, offer opportunities for reflection and encourage community cohesion.
- The wellbeing benefits of heritage are ‘amplified if participants are allowed the autonomy to guide their own learning’.
- Heritage can help individuals who would otherwise be at risk of exclusion from mainstream society as it can be used to teach new skills which will ‘stay with participants long into the future’.
- By focusing on wellbeing, heritage organisations can also become more sustainable.

### *Thriving Communities Fund*, The National Academy for Social Prescribing (NASP)

NASP’s *Thriving Communities Fund* was launched in 2021 to support local voluntary, community, faith and social enterprise projects that brought together place-based partnerships to improve and increase both the range and reach of available social prescribing community activities (Parkinson et al. 2022, 57). Parkinson et al. (2022, iii) describes how social prescribing:

*...connects people via different pathways, including link workers or community-based referrals, to activities, groups and services in their community to meet practical, social and emotional needs that affect health and wellbeing.*

Darren Henley, Chief Executive Arts Council England, described how the challenge of COVID-19 meant that loneliness, anxiety and social exclusion were felt more acutely across the nation, and the projects funded by the *Thriving Communities Fund* helped to address these issues at the heart of communities (in Parkinson et al. 2022, i). Successful projects also engaged people living with dementia, homeless people, unpaid carers or ethnically diverse communities to help communities cope with the impact of the pandemic and 11,000 people were supported through the programme (Parkinson et al. 2022, iii).

A diverse range of activities were funded to support people and their families to connect with enjoyable pursuits to help develop their confidence, learn new skills and meet new people, with arts and culture the most frequently referenced activity, followed by physical activity and the natural environment (Parkinson et al. 2022, 19). Around one third of participants supported were from global majority ethnic groups and half of participants reported to have a long-standing health condition or disability (Parkinson et al. 2022, 21). Parkinson et al. (2022, 21) argued that in the most deprived communities, a holistic and broader approach is needed to help build confidence, skills and resilience.

### *Ageing Better*, The National Lottery Community Fund

*Ageing Better* was a seven-year programme funded by *The National Lottery Community Fund* (The Fund) between 2015-2022 (extended by one year due to the impact of the COVID-19 pandemic on the programme's work) (McKenna et al. 2022, 6). The place-based programme aims were that (Ibid):

- People over 50 would be less isolated and lonely.
- People over 50 would be more actively involved in their communities.
- People over 50 would be more engaged in the design and delivery of services to improve their social connections.
- People over 50 would be recognised for their positive contribution to society.
- Services that help to improve social connections would be better placed, co-ordinated and delivered.
- There would be better evidence available to influence the services that help reduce isolation for people over 50 in the future.

The *Ageing Better* programme was delivered through 14 Voluntary, Community and Social Enterprise (VCSE) sector-led partnerships in England, with each partnership being a plan of action based on a common Theory of Change whilst also responding to the needs of their local area (McKenna et al. 2022, 6). Across 7-years, the programme reached 150,000 people aged over 50; linked individuals to other activities or groups in their local areas; committed to projects offering a warm welcome and offered holistic support to 'address issues that underlie loneliness', such as problems with housing or finances, rather than just providing social contact

(McKenna et al. 2022, 10). Positive change was found to be a result of creating opportunities for regular participation in activities that individuals enjoyed or found meaningful (Ibid).

## Investing in Heritage for Wellbeing, The National Lottery Heritage Fund (NLHF)

The National Lottery Heritage Fund (NLHF) believes that heritage can build connectedness to where people live, to the people around them and to online communities; support individual confidence and self-esteem; provide opportunities for people to be mentally and physically active and help us to find meaning and purpose in our lives (NLHF n.d.a.). This can include through volunteering at heritage sites to combat loneliness, visiting land and nature to improve mental health, being involved in courses or learning opportunities to build knowledge, and through the co-production of heritage events (NHLF n.d.a.).

In their guidance on Participation and Wellbeing, NHLF state that ‘Heritage has a strong role to play in improving wellbeing’ and heritage projects are well placed to offer a variety of opportunities for people to fulfil their personal and social goals and achieve a sense of purpose in society (NHLF n.d.b.). However, NHLF acknowledges that a lack of wellbeing (including poor physical and mental health) can reduce people’s willingness to participate in social and cultural activities, including heritage (NHLF n.d.b.). In their *Inclusion good practice guidance*, NHLF (n.d.b.) make several recommendations for heritage projects including:

- Understand inclusion and the barriers people can experience to being involved in heritage, such as transport issues, and use bespoke activities.
- Actively use data and information to know who is currently engaging with your organisation and how a project will increase engagement.
- Map contacts, networks and partnerships that already exist in the local area who may be able to offer support or advice.
- Identify aims, potential partners, target audiences and resources.
- Improve digital resources or information.
- Use and understand the social model of disability.
- Budget for inclusion, access and participation, such as considering any hidden costs.
- Have safeguarding policies and practices in place when working with children, young people or adults in vulnerable circumstances, older people using care services or people with learning disabilities.

## *Places that make us and Why places matter to people*, National Trust

In their 2017 *Places that make us* report, the National Trust set out to understand the depth of people’s connection to place and to demonstrate the strong emotional connection between people and places (National Trust 2017, 5). The research

demonstrates that there is a ‘strong physical and emotional connection between places and people – and that these places have a positive effect on our wellbeing’ (Ibid, 7). This includes how mental wellbeing can be supported by the feelings of calm and joy that people experience when visiting special and meaningful places, as well as perspective, rejuvenation, escape and headspace (National Trust 2017, 26). Meanwhile, such places also provide opportunities to ‘fondly reflect on the past’ and can aid reminiscence through ‘visiting and reliving familiar sights, sounds and smells’, and such nostalgia can have a restorative impact (National Trust 2017, 33).

The National Trust subsequently commissioned further research in March 2019, conducted by Walnut Unlimited, which showed that people who have a deep connection to a particular place report higher levels of wellbeing and life satisfaction (The National Trust 2019, 7). This included quantitative research conducted online with a nationally representative sample of over 2,000 adults from the UK which showed that people with a special place reported an increase in elements that make up the New Economics Foundations *Five Ways to Wellbeing* (Ibid, 7-8) (see Figure 5). For example, the top 10 things people feel, do or notice when visiting their special place included 77% responding that they taking time to notice what’s around them; 74% getting outside and enjoying fresh air; 64% taking time to be in the moment; 61% feeling inspired and 56% responding that they were physically active (Ibid, 8).

### *Wicked Problems for Archaeologists and the ‘small wins’ framework*

A ‘wicked problem’ was a phrase coined in the mid-20<sup>th</sup> century and refers to an idea or problem that is difficult to solve, with ‘wicked’ referring to ‘resistance’ and denoting that there is no single fixed solution to the problem due to its social complexity. Schofield (2024, 163) has described how health and wellbeing can be described as a ‘super wicked problem’. He argues for a ‘small wins approach’ (based on Smith and Smith 2019, 1098-1099) from archaeologists and heritage practitioners, where the complex nature of wicked problems and the impossibility of resolving them are acknowledged, instead focusing on a strategy of small wins as a form of incremental gains (Schofield 2024, 31-32). Schofield (2024, 131) discusses how archaeologists and heritage practitioners can use their specialisms to ‘help mitigate specific wicked problems in some meaningful way’.

Schofield (2024, 133) argues that archaeologists and heritage practitioners can influence aspects of policy, produce creative examples of good practice and provide opportunities for people suffering from physical and mental health problems, including loneliness, anxiety, depression and physical inactivity. For example, ‘therapeutic landscapes’ such as gardens, libraries and museums are often aesthetically pleasing, can foster social connections and can have low barriers to entry (Schofield 2024, 133). Furthermore, archaeology and heritage can be used as tools for:

- Learning and personal development, leading to improvement in people's confidence and the acquisition of new skills and experiences.
- Physical health benefits including increased activity, a higher degree of cognition and the benefits of fresh air.
- Improved self-rated health, mental health and life satisfaction, such as through heritage volunteering.
- Improved place attachment (as heritage directly relates to memory and place).

Of the impact of archaeology, and wider heritage practice, Schofield (2024, 133) argues that such work can be used to achieve 'small wins' to societal and individual problems, writing, 'We cannot change the world, but we can significantly improve some people's experience of it.'

## Methodologies and Evaluation

The New Economics Foundation (NEF) defines wellbeing as comprising two main elements: 'feeling good and functioning well' (Aked et al. 2008, 4). The Heritage Alliance (2020, 6) have added that wellbeing is both a symptom and a cause of all-round optimal functioning at both individual and societal levels. NEF was commissioned by the Government's Foresight project on Mental Capital and Wellbeing to develop a set of evidence-based actions to improve personal wellbeing and, drawing on a wealth of psychological and economic literature, introduced the concept of the *Five Ways to Wellbeing* to enhance individual wellbeing (Aked et al. 2008, 17; Reilly, Nolan and Monckton 2018, 6) (see Figures 4 and 5).

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

In 2019, What Works Wellbeing identified several areas of weakness in the methodologies and evaluation of wellbeing projects (What Works Wellbeing, 2019). The report found that evidence is often anecdotal and that there was a lack of robust methodological studies which, subsequently, reduced the demonstrable outcomes of such work (Clarke 2024, 13). However, several organisations, including Historic England, have created frameworks to help with the design, implementation and evaluation of wellbeing projects (Ibid). In a joint project between Historic England and Wessex Archaeology, alongside local NHS and community groups, an evaluative framework was created which allowed meaningful assessment of wellbeing aims (Wessex Archaeology 2021).



Figure 4: *Strategic Objectives for Wellbeing and the Historic Environment* (based on the Five Ways to Wellbeing from the New Economics Foundation) in Reilly, Monckton and Nolan's *Wellbeing and the Historic Environment* (2018). © Historic England.



Figure 5: *Five Ways to Wellbeing* from the New Economics Foundation) in Reilly, Monckton and Nolan's *Wellbeing and the Historic Environment* (2018). © Historic England.

## Tools for Evaluating Loneliness and Mental Wellbeing

Clarke (2024, 13) has written that there are many measurement scales that can be used for measuring loneliness, including the De Jong Gierveld Scale or the UCLA loneliness scale (see Figure 6) which can be used ‘help get a more robust picture of a person’s experience due to the stigma around expressing a feeling of loneliness’ (Aiden, 2016). In their evaluation of Operation Nightingale – a ‘military initiative developed to use archaeology as a means or aiding the recovery of service personnel injured in recent conflict’ (Wessex Archaeology n.d.) – Everill, Bennett and Burnell (2020) employed three different measures to evaluate the programme: a Patient Health Questionnaire to measure depression; Generalise Anxiety Disorder to measure anxiety and the Warwick Edinburgh Mental Wellbeing Scale to measure mental wellbeing (see Figure 7). Clarke (2023, 14) had written that these were all rooted in psychological methods of evaluation and could be used for future wellbeing projects to demonstrate robust fundings. However, the long-term impact and effects of such projects must also be considered, as highlighted in the evaluation for Operation Nightingale when veterans expressed concern about returning to ‘normal’ life without the support of the project (Everill, Bennett and Burnell 2020).

| <b>UCLA loneliness scale (version 3)</b>  |   |   |   |   |
|---|---|---|---|---|
| A 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation.                                      |   |   |   |   |
| Participants rate each item as O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way") or N ("I never feel this way"). |   |   |   |   |
| <b>Scoring: O=3, S=2, R=1, N=0</b>  |   |   |   |   |
| <b>Total scores range from 0, meaning never lonely, to 60, a high degree of loneliness.</b>   |   |   |   |   |
| 1. I am unhappy doing so many things alone  | O | S | R | N |
| 2. I have nobody to talk to   | O | S | R | N |
| 3. I cannot tolerate being so alone   | O | S | R | N |
| 4. I lack companionship   | O | S | R | N |
| 5. I feel as if nobody really understands me  | O | S | R | N |
| 6. I find myself waiting for people to call or write  | O | S | R | N |
| 7. There is no one I can turn to  | O | S | R | N |
| 8. I am no longer close to anyone   | O | S | R | N |
| 9. My interests and ideas are not shared by those around me   | O | S | R | N |
| 10. I feel left out   | O | S | R | N |
| 11. I feel completely alone   | O | S | R | N |
| 12. I am unable to reach out and communicate with those around me   | O | S | R | N |
| 13. My social relationships are superficial   | O | S | R | N |
| 14. I feel starved for company  | O | S | R | N |
| 15. No one really knows me well   | O | S | R | N |
| 16. I feel isolated from others   | O | S | R | N |
| 17. I am unhappy being so withdrawn   | O | S | R | N |
| 18. It is difficult for me to make friends  | O | S | R | N |
| 19. I feel shut out and excluded by others  | O | S | R | N |
| 20. People are around me but not with me  | O | S | R | N |

Figure 6: The UCLA scale to measure loneliness (Aiden 2016).

## The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

| STATEMENTS   | None of the time | Rarely | Some of the time | Often | All of the time |
|--|------------------|--------|------------------|-------|-----------------|
| I've been feeling optimistic about the future      | 1                | 2      | 3                | 4     | 5               |
| I've been feeling useful                           | 1                | 2      | 3                | 4     | 5               |
| I've been feeling relaxed                          | 1                | 2      | 3                | 4     | 5               |
| I've been feeling interested in other people       | 1                | 2      | 3                | 4     | 5               |
| I've had energy to spare                           | 1                | 2      | 3                | 4     | 5               |
| I've been dealing with problems well               | 1                | 2      | 3                | 4     | 5               |
| I've been thinking clearly                         | 1                | 2      | 3                | 4     | 5               |
| I've been feeling good about myself                | 1                | 2      | 3                | 4     | 5               |
| I've been feeling close to other people            | 1                | 2      | 3                | 4     | 5               |
| I've been feeling confident                        | 1                | 2      | 3                | 4     | 5               |
| I've been able to make up my own mind about things | 1                | 2      | 3                | 4     | 5               |
| I've been feeling loved                            | 1                | 2      | 3                | 4     | 5               |
| I've been interested in new things                 | 1                | 2      | 3                | 4     | 5               |
| I've been feeling cheerful                         | 1                | 2      | 3                | 4     | 5               |

Figure 7: Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). © NHS Health Scotland, University of Warwick and University of Edinburgh (2006).

### *Age UK's Index of Wellbeing in Later Life*

As there has previously been no single and coherent measure covering wellbeing for older people, Age UK (2017, 3, 5) created an *Index of Wellbeing in Later Life* to assess older people's wellbeing with a view to how their lives could be improved. The research aimed to measure what is important in later life; how older people are doing; where and why wellbeing is low and what effect various policy and practical levels might have in improving wellbeing (Ibid).

The Index of Wellbeing in Later Life found that the highest contribution of individual indicators of wellbeing in later life were creative and cultural participation; physical activities; thinking skills; mental wellbeing and level of education (Age UK 2017, 6). Other indicators such as good health, personality and having a large social circle were also strong contributors to wellbeing (Ibid, 7). Individual indicators which had

the most detrimental impact on an older person's wellbeing were identified as: being diagnosed with health conditions; having a long-standing illness or disability; being widowed or divorced and not looking after anyone (Ibid, 6).

The research identified a vast and unacceptable 'wellbeing gap' between the highest achieved overall score for an individual (100%) and the average wellbeing score for individuals aged 60+ (53.2%), with Age UK (2017, 9, 14) arguing that this suggested a large potential for improvement for a good number of older people in the UK. Table 1 contrasts the findings of those in the top fifth and those in the bottom fifth of the Index of Wellbeing in Later Life (Age UK 2017, 11).

|                              | <b>Top Fifth</b>  | <b>Bottom Fifth</b>                                     |
|------------------------------|---|---|
| <b>Average Age</b>           | 70 years old  | 71 years old  |
| <b>Gender</b>                | 47% female  | 62% female  |
| <b>Married or widowed</b>    | 73% married   | 33% widowed   |
| <b>Qualifications</b>        | 86% GCSE or higher  | 88% less than one GCSE                                  |
| <b>Illness or disability</b> | 75% did not have a long-standing illness or disability            | 88% had a long-standing illness or disability           |
| <b>Health conditions</b>     | 50% had no diagnosed health condition                             | 42% had three or more diagnosed health conditions       |
| <b>Care responsibilities</b> | 20% provided help/care but at less intense levels                 | More likely to be caring/helping 20+ hours per week     |
| <b>Living arrangements</b>   | 85% were outright homeowners                                      | 61% rented and more than half were living alone         |
| <b>Friendships</b>           | 12.5% reported having no friends                                  | 95% had two or more friends                             |
| <b>Civic Activities</b>      | 55% involved in some form of civic activity                       | Only 20% engaged in civic activities                    |
| <b>Physical Activities</b>   | 90% were involved in some sports and physical exercise activities | Fewer than 1% involved in sports or physical activities |

Table 1: A comparison of the top fifth and bottom fifth of individuals on Age UK's *Index of Wellbeing in Later Life*.

Based on the results of the wellbeing index, Age UK (2017, 12) emphasised how multifaceted wellbeing is and that it is important to think about the person, and not just one single area of life, when exploring wellbeing. Furthermore, the index showed that 'the quality of relationships around us matters hugely as we age and that a positive outlook, the willingness and ability to keep active, and a strong sense of purpose all make a big difference (Age UK 2017, 13). However, Age UK (2017, 12) also acknowledged that health is a strong determinant of wellbeing as those on the bottom half of the wellbeing index had a poorer health profile and were more likely to be housebound or have limited mobility due to their health.

## Historic England moving forward

In Historic England's *A Strategy for Wellbeing and Heritage: 2022-2025* the organisation outlined that 'older people, especially those who are coping with age-related challenges or a reduction in their capacity to survive' were one of their four target groups alongside younger people, people with mental health needs and people who are lonely and socially isolated (Historic England 2022, 11). However, these are not mutually exclusive groups, and many older adults could benefit from support with their mental health needs, being social isolated and their feelings of loneliness.

Within the strategy, Historic England (2022, 14) committed to supporting 'those with age-related issues through opportunities afforded by engagement with the historic environment'. As with the other priority groups, three levels of individual need were identified: thriving, surviving and struggling. Historic England (2022, 14) stated that it would support older people by:

- Thriving: Promote good cognitive function for those approaching older age through engagement with heritage.
- Surviving: Develop models for historic environment activities and sense of place to address symptoms affecting function.
- Struggling: Work with others to look at how to address severe and complex age-related issues within the historic environment.

As seen in the case studies discussed in the Appendix, Historic England have supported and run several projects which support older adults through engagement with heritage in recent years. This has included a collaboration between Historic England Archives and Age UK; project's funded by Historic England's Everyday Heritage Grants, including The Gay Stoke Project and Our South Shields: Thanks for the Memories; *Worcester Life Stories* which was funded by Historic England and the National Lottery Heritage Fund and funding for projects from Historic England's Know Your Neighbourhood (KYN) programme in partnership with the National Lottery Community Fund, ACE, NLHF and the UK Community Foundations (UKCF).

The Banbury Heritage Project – a partnership between Historic England and Age UK Oxfordshire – explored how older, underrepresented communities could take a lead in shaping their own heritage spaces and enhance wellbeing where they live. Helen Fountain, Project Coordinator for Age UK Oxfordshire, described how the project uncovered incredible stories, facilitated the sharing of knowledge and was 'a testament to the power of heritage in bringing communities together, celebrating the past whilst inspiring the future' (Creative Later Life n.d.).

*A Strategy for Wellbeing and Heritage: 2022-2025* directly supports *Championing Heritage Improving Lives: Historic England Future Strategy 2021* (2021b, 3), which

focuses on the power of heritage to improve lives and make 'our heritage a vibrant source of wellbeing for everyone'. The organisation further outlines that there 'is no specific end point to achieving wellbeing in communities'. Within the next year, Historic England is aiming to publish a new wellbeing and heritage strategy, though older adults will remain a priority group within this.

# Appendix: Case Studies

## Historic England Archives and Age UK

### What

Staff at the Historic England Archive were tasked with creating a project on the organisation's archive collection which would also include an engagement activity. The collection chosen for the project was archive material relating to the city of Bristol. Historic England Archive staff then contacted various organisations in Bristol, including Age UK, to be involved in the engagement element of the project. Subsequently, the archives team worked with Withywood Age UK and their FAB (Friends Aging Better) Café, which is held in Withywood Community Centre as a place for older people to meet on a regular basis. Six sessions were run for the group over six months, which involved images of Bristol from the archive printed onto A3 sheets of paper and participants were encouraged to reminisce and talk about the photographs. A handling exercise involving a stereoscope and stereophotographs was also provided at one session.



Figure 8: Photo of an Age UK Bristol session at FAB Café in February 2023 which the Historic England Archives Team were involved in. © Historic England.

Similar sessions have also been held by the archive for a care home in Marlborough, near Swindon, with photos relating to the local area. A3 printed photos from the archive were taken to the care home and the sessions included participants at different stages of their dementia diagnosis. The care home was also given a set of laminated photographs which were used in the session so that care home staff could repeat the sessions for those who were not well or mobile enough to engage in them in the communal area.

The archives team have worked with memory cafés in Swindon. These were designed for people living with dementia and their carers, though they were open to people of all ages with a physical or mental disability. Following feedback from participants, one session involved a seaside theme, including images from the archive of the seaside and a sandbox with seaside themed objects. The team also organised a craft activity where attendees were invited to make (pin-less) pinwheels using prints of colourful images from the archive; a Christmas quiz which focused on questions about the 1970s and included images from the archive, and Archive Bingo, which involved archive images – rather than numbers – which had to be crossed off.

In 2024, the archives team was contacted by Age UK Oxfordshire (AUKO) as part of the Historic England funded project 'Banbury Heritage' requesting a visit to the archive. The archives team adapted their tour for the group – some of whom had mobility issues and visual impairment – to make sure that these restrictions didn't affect the usual talk and tour offer for the group. Adjustments for the group included: a single, enlarged image on each side, rather than multiple images; multiple A3 copies of the presentation available on tables; splitting the tour into smaller groups; having a member of staff allocated to opening doors, and conducting the tour at a slower pace. The group were also made aware in advance that the environment in the stores would be cold, and additional fleeces were available to participants in this space. This work showed that the tour offer could be adapted for older audiences and those with mobility issues, whilst also making sure that such groups can be offered the same talk and tour experience as anyone else.

## Who

The Historic England Archive

## When

2023-2024

## Aims

The various sessions run by The Historic England Archive aimed to engage local community groups, including older people, with the organisation's archive. Though these projects did not have a wellbeing focus from their outset, they enhanced the wellbeing of the participants involved through reminiscence work and improving

physical access to the archive itself. Although it is worth noting that the Banbury heritage visit was an element of a project aimed to enhance wellbeing and a copy of the book *Memories of Banbury* (written and illustrated by the mother of one of the participants) was accepted into the Historic England library collection.

## Evaluation

For the Age UK Bristol sessions, sheets of paper were provided with different coloured smiley faces so that information could be gathered on how people felt before the sessions and how they were feeling after. A few interviews with participants were also recorded after the last session. A member of the archives team also highlighted how the sessions with older people lifted the spirits of the Historic England staff involved and showed them how their work was valued by those who participated in this age-friendly work.



Figure 9: Photo of an Age UK Bristol session at FAB Café in March 2023 which the Historic England Archives Team were involved in, showing their smiley face evaluation tools. © Historic England.

## Links to Historic England Work

Although this work was not set up as a set of defined wellbeing projects, they were carried out with the goal of piloting new approaches and of reaching and engaging with new audiences. As such, collectively, it demonstrates how work undertaken by the Historic England Archives team with older people had wellbeing outcomes and how the Archive's collections can be used as a catalyst for positive impacts in groups for whom direct access to the material may be a challenge. This included using resources from the archive in engagement work in age friendly cafés and in a local care home, and an adapted talk and tour of the Historic England Archive. Whilst

some activities involved specific engagement activities being designed for participants, the talk and tour is an example of a visitor offer being adapted to make it more inclusive and accessible by anticipating the group's needs. Historic England are planning to offer more engagement work like this as the public engagement team will soon embark on a history café programme.



Figure 10: Photograph of members of the Banbury Heritage Project with a member of the Historic England Archives Team at the Historic England Archive in Swindon. © Creative Later Life.

## The Gay Stoke Project

### What

*The Gay Stoke* project aimed to uncover and celebrate the overlooked LGBTQ+ heritage of Stoke-on-Trent, focusing on the stories of older LGBTQ+ individuals from working-class backgrounds. The project combined archival research, interviews conducted at Pride, deep dives into local press stories and articles, and a programme of workshops with a group of older LGBTQ+ people to create a more complex picture of LGBTQ+ history in the city. By delving into the often-neglected history, the project aimed to document and share these stories with both the LGBTQ+ community and the wider public.

The stories of LGBTQ+ individuals, particularly those from working-class backgrounds, have often been ignored in traditional historical accounts (Hughes, 2024). The project focused on these largely overlooked stories of Stoke's older LGBTQ+ community. The project included those who frequented the city's gay nightclubs during the 1970s-1990s but was later expanded beyond these venues to include stories from across the city that reflected the broader experiences of Stoke's LGBTQ+ population. A combination of archival research and personal storytelling – through personal interviews and archival work – helped to build a rich, multi-layered account of Stoke's LGBTQ+ heritage. A sharing event at Restoke, Fenton Town Hall, provided a meaningful space for community engagement, linking the history of LGBTQ+ venues with modern spaces.



Figure 11: Photograph from the GAY STOKE project which was funded by Historic England's Everyday Heritage grant programme, celebrating working class histories. © Jenny Harper Photography.

## Who

Potboiler Theatre, supported by Historic England's Everyday Heritage Grants

## When

2024

## Aims

The primary goal of the project was to provide a platform for older LGBTQ+ individuals to share their experiences in a safe, inclusive environment, highlighting their contributions to the city's cultural history. Through storytelling and performance, participants were able to engage creatively with their own histories, helping to bring the hidden narratives of the LGBTQ+ community to light.

The benefits were hoped to be both individual and collective. For participants, the project aimed to inspire pride in their heritage, provide a therapeutic creative outlet, and to create opportunities for intergenerational connection. For the wider community, the project sought to raise awareness of these untold stories, challenge the narrow narratives that typically dominate Stoke's history, and document these important cultural contributions for future generations.

## Evaluation

Although initially focusing on the city's gay nightclubs from the 1970s-1990s, during the project it became clear that these spaces were not emotionally safe for everyone in Stoke's LGBTQ+ community. This realisation broadened the research to include the wider city, leading to a more inclusive exploration of LGBTQ+ history in Stoke. The success of the project was measured through participant feedback, which was consistently described as enjoyable, stimulating and memorable. The project succeeded in fostering a sense of connection with the LGBTQ+ community, with participants expressing that they felt 'privileged to be involved' and that they appreciated the safe, inclusive environment (Hughes, 2024).

The project delivered several unexpected benefits. This included an intergenerational element which added depth to the research: many older participants felt drawn to sharing their stories with younger members of the community, 'creating a valuable exchange of experiences' (Hughes, 2024). For some participants, the project was described as 'therapeutic' as it helped them to reflect on their personal journeys and rediscover their love for storytelling and performance (Hughes, 2024). By broadening the scope of the research and fostering intergenerational connections, the project made a lasting impact on participants and brought Stoke's working-class LGBTQ+ heritage to the forefront.

## Links to Historic England Work

*The Gay Stoke* project was funded by Historic England's Everyday Heritage Grants which supports projects that celebrate working class histories and the historic places that make up everyday life. All the projects which received an Everyday Heritage Grant were co-created with communities and aimed to shine a light on diverse stories of working-class histories that are often overlooked or forgotten. Historic England's vision is for a diverse and inclusive story of England's heritage (and an

inclusive heritage sector) believing that everyone's heritage should be celebrated and recognised, including LGBTQ+ and working-class people and communities. Although this was not designed as a 'wellbeing project', project evaluation noted that it had a wellbeing outcome with the project described as 'therapeutic' by some participants as it led to reflection and rediscovery.

## Know York Neighbourhood (KYN), Barnsley

### What

The Know Your Neighbourhood (KYN) Barnsley project's objective was to help combat loneliness and social isolation in different communities around Barnsley. The KYN project team approached different charities, social groups, colleges and support groups. This created a network which allowed the project to work alongside these various groups and to reach out to the project's target audience of people experiencing loneliness and isolation in different communities and age groups across Barnsley.



Figure 12: Photograph from one of the free senior (over 50's) cinema screening events as part of Know Your Neighbourhood (KYN) Barnsley. The programme was launched in partnership with The National Lottery Community Fund, Arts Council England, The National Lottery Heritage Fund, Historic England and the UK Community Foundations (UKCF). © Barnsley Museums & Heritage Trust.

## Free Senior (Over 50s) Cinema Screening

The free senior (over 50s) cinema screening events were held at Parkway Cinema on Eldon Street and reached over 1,600 people during the 6-month project. The first cinema screening – a screening of *Brassed Off* – was a closed event for Barnsley Butterfield Dementia Group for Sufferers and Carers. Coach transport was sourced and booked for two events for elderly residents from areas across Barnsley. To help create a multi-generational event, student ushers from local colleges and older volunteer groups attended and facilitated the cinema events to encourage older people attending to reminisce and share their stories.



Figure 13: Photograph of the Memory Box Creation activity. © Barnsley Museums & Heritage Trust.

## Memory Box Creation

For the *Memory Box Creation* activity, groups looked at local and national news stories, photographs, film reels and iPads for internet research (the latter provided by Barnsley Museums Archive). Some elderly groups had no experience of using a tablet or the internet, so the project was an ideal opportunity to introduce them to modern technology and build their confidence. The groups discussed and shared personal stories of growing up in and around Barnsley in the 1950s and 1960s and specific memories of visiting Eldon Street and Barnsley Town Centre, before

decorating their unique Memory Box. The created Memory Boxes and their artefacts were then used in care homes, dementia groups and dementia cafes. Alongside the memory boxes, two character performance artists dressed as 1950s and 1960s housewives and created a fun and interactive story telling routine for these groups. The activity was designed to be fully inclusive for elderly people with visual impairment, hearing loss, non-verbal communication and physical disabilities. All KYN Memory Boxes will be available to be loaned so that they can be shared with other support groups.

### Natter Café Events

Five free fortnightly Natter Café events were organised to take place for two hours on Wednesday afternoons at Eldon Street Café. The Natter Café sessions were designed to help bring people together of all ages who were feeling lonely, isolated and disconnected with Barnsley Town Centre, its people and history. The café was chosen as it was fully accessible for people with mobility problems, dementia friendly and due to its warm friendly staff and traditional welcoming environment. The Natter Café sessions included free tea, coffee and scones and provided a safe, warm environment to help people feel comfortable to chat about feeling lonely with other people and to make new friends. Staff were on hand to help people who came on their own.



Figure 14: Photograph of one of the *Natter Café* events. © Barnsley Museums & Heritage Trust.

## Art for Wellbeing

Ten free two-hour *Art for Wellbeing* activities were held at The Cooper Gallery with commissioned artists Julia Woodhall and Sally Philburn. The sessions were attended by people from a variety of age ranges, with disabilities (including macular degeneration and hearing loss) and who had been experiencing various degrees of isolation due to bereavements and mental health issues. Each session was aimed at helping people feel comfortable and safe, allowing them to enjoy and express their own feelings through the art activities provided. For example, the group worked on creating their own unique postcards around the neighbourhood theme and these postcards were then sent by the attendees to people they felt were also experiencing loneliness with a message of hope and encouragement. The group also had the opportunity to experience a masterclass poetry session with Barnsley's Poet Laureate, Eloise Unerman, who helped the group write poems that explored their feelings of loneliness and happiness.



Figure 15: Photograph of participants involved in in one of the *Art for Wellbeing* activities. © Barnsley Museums & Heritage Trust.

## Who

Barnsley Museums & Heritage Trust, Historic England and a network of organisations in Barnsley

## When

2023-2024

## Aims

The project's purpose was to identify and reach out to people who had become socially isolated due to mobility and physical issues, a decline in mental health, dementia, bereavement or transport issues through living in rural areas. It aimed to help the wellbeing and confidence of those people experiencing loneliness and isolation and support them to feel more connected with Eldon Street and Barnsley Town Centre, its people and its history.

Although elements of the project were open to all ages, specific events (such as the Over 50s Free Senior Cinema Screening) were designed for older people. The project aimed to compliment and build on the work achieved by the Eldon High Street Heritage Action Zone (HSHAZ) Historic England regeneration project.

The project involved delivering a range of free activities and events in and around Barnsley, including providing free transport into the town centre. These events and activities included 7 Free Senior (over 50s) Cinema Screening Events; the creation of 8 Memory Boxes encompassing living history stories of Eldon Street's colourful history and its characters, visiting 6 care homes and 3 Dementia Café Groups; 5 Free Natter Cafes on Eldon Street and 10 Free Art for Wellbeing Activities at The Cooper Gallery.

## Evaluation

At the beginning of the project, before the events and activities commenced, various methods of research were carried out to identify and access different groups and communities that would potentially benefit from the resources provided by the KYN project. To create ongoing evaluation of the project's outreach achievements and to help identify user satisfaction, data was collated via comment/feedback cards which were given to attendees at the beginning and end of various events and activities. Feedback cards were designed as old cinema tickets and were large enough for people with vision impairments or tremors to be able to write about their experiences on loneliness. The cards were also used to collate feedback, for ideas/suggestions for future initiatives and for stories participants wished to share that they thought could help others in similar situations.

The KYN project team also visited support and social groups and college/schools to create multigenerational focus groups across Barnsley, especially in rural villages where people may struggle to engage with Barnsley Town Centre. The groups were encouraged to talk and give feedback on their own experience of loneliness and feelings of isolation and to share their ideas on how the KYN project could help them and other people who are feeling lonely and isolated in their communities. As part of

the ongoing legacy of the KYN project the team produced a 'Know Your Neighbourhood' blog explaining more about the neighbourhood and its success.

## Links to Historic England Work

Barnsley Museums & Heritage Trust was awarded funding for this project from Historic England as part of the *Know Your Neighbourhood* programme, which aimed to tackle loneliness and boost volunteering in disadvantages areas. People who are lonely or isolated are one of the target groups for Historic England's wellbeing and heritage strategy. The KYN programme was launched by the government in partnership with The National Lottery Community Fund, Arts Council England, The National Lottery Heritage Fund, Historic England and the UK Community Foundations (UKCF) to offer projects that enrich lives and help improve wellbeing and social connections. Additionally, the KYN project aimed to compliment and build on the work achieved by the Historic England regeneration project, Eldon High Street Heritage Action Zone (HSHAZ) which ran from 2020-2024, with many of the KYN activities focusing on Eldon Street and Barnsley Town Centre.

## Our South Shields: Thanks for the Memories

### What

*Our South Shields: Thanks for the Memories* is an innovative collaborative project which is supported by Historic England's Everyday Heritage grants. It celebrates South Shields' cultural diversity and explores the vital role of arts, creativity and heritage in promoting health, wellbeing and identity among older people. Specifically, the project is dedicated to bringing to life the overlooked working-class history of local South-Asian and other ethnic minority groups living with or impacted by dementia in South Shields.

Beamish Museum has recently recreated aged miners' homes from Marsden Road, South Shields, and these are the latest addition to their 1950s exhibit, offering a glimpse into the lives of retired miners from the 1950s (Beamish, n.d.). South Tyneside was once a thriving mining region, but the decline of heavy industry ushered in a period of significant change and adaptation (Kindleyside 2023, 5). As a result, the region's economic landscape shifted from mining to being a sought-after-leisure and hospitality destination, with numerous South Asian families establishing traditional food restaurants and businesses (Ibid).

One of the adapted Aged Mine Worker's Homes – Clove Cottage – serves as a hub for Beamish Museum's Health & Wellbeing Team who host a diverse range of unique activities and group sessions designed to support individuals living with dementia, mental-health challenges or other long-term health conditions (Beamish, n.d.). It is also serving as a backdrop for the *Our South Shields* project, symbolising home,

family and how different cultures have endured and celebrated periods of change (Kindleyside 2023, 5). The project is exploring and celebrating intercultural themes to uncover commonalities, including culinary traditions, live performances from the Balbir Singh Dance Company, a film screening and traditional music. *Our South Shields* seeks to highlight the different experiences of individuals over the past seven decades in the same geographical space of South Shields (Ibid, 7).



Figure 16: A 1950s-style kitchen inside one of the aged mineworkers' cottages. © Beamish Museum.

## Who

Balbir Singh Dancy Company, the Wolfson Research Institute for Health and Wellbeing at Durham University, Beamish Museum and Historic England

## When

2024-2025

## Aims

A recent report by the UK's Alzheimer's Society revealed that members of this community are not receiving the necessary dementia support (Kindleysides 2023, 4). This issue is multi-faceted, stemming from health and social inequalities, as well as a reluctance to seek support and diagnosis (Ibid). Research has also indicated that people from South Asian and low-middle income communities are disproportionately affected by dementia (Ibid, 6). Additionally, it is also noteworthy that in most South Asian languages, there is no specific word for dementia (Ibid). Like many communities, South Shields has also been grappling with the repercussions of the

COVID-19 pandemic, which heightened feelings of loneliness, isolation and compromised mental health and diminished self-assurance (Ibid, 7). These have all been further exacerbated by the recent economic downturn in the UK, especially for people living in working-class communities (Ibid).

The primary goal of the project is to develop a community-driven care programme situated in a heritage space and designed for individuals with dementia (Ibid, 8). The project seeks to combat the stigma around dementia, particularly among ethnic minorities (Ibid, 7). The project's objective is to extend a helping hand to the South Asian Community, along with other South Shields residents, by providing an inclusive and secure environment for those effected by dementia to share their stories, experiences and creative expressions (Ibid, 4). The project aims to work with over ten people aged 50+ with dementia and their carers and partners from the local South Asian and other minority communities in South Shields (Ibid, 6). It is also hoped that the project will contribute to ongoing research on health inequalities and the importance of culturally responsive and creative approaches to health and wellbeing (Beamish, n.d.).



Figure 17: Photograph from inside one of the 1950s cottages open to the public. © Beamish Museum.

## Evaluation

The project is currently ongoing, but the project team hope that it will offer a supportive network grounded in cultural commonalities and shared experiences of dementia through creative exploration and reminiscence. The project was designed to include regular gatherings at Beaming Museum for those living with dementia, accompanied by their family members, friends and caregivers. *Our South Shields* is

being co-created with the participants themselves, with the conversations and creative responses ultimately led by the participants. Clover Cottage is offering an engaging platform for attendees to participate in project activities such as dance, arts and craft, and reminiscence therapy. It is hoped that this type of participation will offer individuals an opportunity for their voices to be heard, to be recognised, celebrated and connect with others.

The project has been built upon the '4 S's' framework (Innes et al. 2021) focusing on story, sensory, spaces and social, and delving into specific themes such as enjoyment, engagement, connection, learning and the significance of heritage settings (Kindleysides 2023, 8). The project team hope to provide opportunities for people to seek support, connect with others, access information away from clinical settings and help to reduce the strain on crisis care by empowering more individuals to access support promptly.

## Links to Historic England Work

*Our South Shields: Thanks for the Memories* is another collaborative and co-created project which has received an Everyday Heritage Grant from Historic England. The Everyday Heritage Grant programme has supported heritage projects that celebrate working class histories, help people to feel that their local stories are recognised and valued, address barriers to heritage engagement and focus on improving participants' wellbeing through active participation. Inclusion, Diversity and Equality is a corporate priority for Historic England and the Everyday Heritage Grants is one of a number of programmes aimed to help the heritage sector to benefit from greater diversity and address the needs and concerns of society so that it can become more inclusive and better represent society.

## *Sensory Palaces* at Historic Royal Palaces (HRP)

### What

Sensory Palaces is a health and wellbeing programme for people living with dementia and their companions at Historic Royal Palaces (HRP). The programme has been running for nearly a decade and has enabled people living with early dementia and their companions to explore the palaces' stories and spaces using their senses. This has included using taste and smell to learn what life was like in Kew Palace's Kitchens (Haragalova and Klug, 2015). The programme is delivered at Hampton Court and Kew Palaces and engages audiences in the palaces through a unique combination of senses, spaces and stories (Innes, Scholar and Sharma 2018, 9). Sessions are two hours in length and delivered by expert freelance artists who are skilled in supporting people living with dementia and their care partners (Ibid).

Functioning as an example of a dementia friendly heritage initiative in practice, the programme has been sensitively developed anticipating the challenges and supports that individual participants may require (Innes, Scholar and Sharma 2018, 8). Though the historic nature of the sites means that there are some physical access restrictions, HRP staff anticipate the support needs of participants to ensure that they can navigate the spaces and enjoy their experiences at the palaces (Ibid). Considering the rising number of people living with dementia in the UK, in recent years the Community Partnerships team have redeveloped the programme to increase capacity and provide flexibility to include individuals as well as groups. For example, in 2024, Sensory Palaces sessions took place on dates when the palace was closed providing a slower paced, exclusive experience to better meet participants' changing needs.

In addition to this work, HRP deliver the Alzheimer's Society's 'Dementia Friends' information sessions to their staff and volunteers to raise awareness and understanding so that they can support people living with dementia at the palaces and in their communities (HRP n.d.). HRP is also a member of the Age UK Dementia Friendly Communities Richmond and leads the Dementia Friendly Heritage Group, a peer network comprising of 18 heritage sites across the UK who are committed to developing and sharing dementia-friendly heritage best practice, thinking and support (Ibid).



Figure 18: Photograph of the *Sensory Palaces* programme at Historic Royal Palaces (HRP). © Historic Royal Palaces.

## Who

Historic Royal Palaces (at Hampton Court Palace and Kew Gardens)

## When

Sensory Palaces was piloted from 2013-2014 in a series of consultations and trials, evaluated in 2015 and has been running as a regular programme since 2016.

## Aims

The aim of the SP programme is to increase the sense of health and wellbeing in people living with early-stage dementia and their care partners, encouraging new learning opportunities in a safe and welcoming environment (Innes, Scholar and Sharma 2018, 9). Sensory Palaces seeks to become a best practice model of engagement that can be translated to other heritage sites, to serve this growing population (Ibid). HRP believe that as the population grows, there is an increased need for programmes to support audiences with cognitive impairment and dementia, and they want their Sensory Palaces programme to support this audience through their dementia journey. HRP would like to encourage anyone working in the heritage sector to engage with people living with dementia and believe that there is a power in creating wellbeing experiences for those who often feel excluded from cultural offers.

## Evaluation

HRP have evidence that shows that the Sensory Palaces programme has a positive impact on the wellbeing of all participants, both those living with dementia and their care givers (Innes, Scholar and Sharma 2018, 96). The Salford Institute for Dementia at the University of Salford was commissioned by Historic Royal Palaces to evaluate their Sensory Palaces programme at Hampton Court and Kew Palaces between 2017-2018 (Innes, Scholar and Sharma 2018). The evaluation process involved focus group discussions and interviewing, via unstructured conversations, telephone interviews and face-to-face interviews with key stakeholders (namely people living with dementia, their care partners and the facilitators of the programme) (Ibid, 7). Evaluators also observed sessions using an established observation technique – Dementia Care Mapping (DCM) (University of Bradford 2016) – while also collecting unstructured observations (Ibid). Short structured ‘mood’ questionnaires were also used to collect self-report data from participants about how they felt before the sessions and how they felt at the end (Ibid).

The Sensory Palaces Project evaluated very positively from all data sources and the impact on wellbeing for care supporters and the person living with dementia was considerable (Ibid). The findings demonstrated that participating in the programme benefitted the wellbeing of participants in three ways (Ibid). First, by promoting a sense of overall enjoyment and engagement (enjoying coffee/tea together, walking around areas of either Hampton Court or Kew Palace, to participating in a creative

activity). Second, enabling new learning about how people used to live and connections with the past, with one another (the person with dementia and their care partner) and other participants. Third, the creation of an opportunity to explore a place and think about the space and the historic timelines of the buildings and events that happened there, alongside their participants' own personal history.

The heritage sites added greatly to the experience of participants: by connecting with emotional memories of prior visits; by building on a sense of pride in a setting they were familiar with; promoting a sense of privilege in being able to visit parts of the sites that the public are not normally able to see; the historical contexts enabled care partners in particular to put their current experience into a wider perspective; people living with dementia were able to reflect on their own personal histories; and participating in sessions in such beautiful surroundings created a sense of attending an event of value and worth (Ibid, 7-8).

## Links to Historic England Work

According to Alzheimer's Research UK and the Dementia Statistics Hub, close to one million people (982,000) in the UK have dementia and this is expected to rise to 1.4 million by 2040 (Alzheimer's Research UK, n.d.). Historic Royal Palaces (HRP) believe that there is an increased need for heritage programmes to support audiences with cognitive impairment and dementia. Historic England also believes that heritage can help people living with dementia by supporting their wellbeing and quality of life. According to Day et al. (2000), 'Cultural heritage is an essential enduring aspect of self-identity for older adults, including those with Alzheimer's disease and other dementias'. Historic England have piloted a programme of using historic photographs in local authority archives (Historic Environment Records) to work to support people living with dementia and their carers, funding the research element of the NLHF project Worcester Life Stories (more information on this project can be found later in this section).

## Romans at Home

### What

*Romans at Home* is a collaborative outreach project run by Dr Colleen Morgan at the University of York and the York Archaeological Trust (YAT) which uses a multi-sensory approach to explore aspects of Roman life in York with people living with dementia (Drew 2024). The project follows on from work designed by Eleanor Drew at the University of York in partnership with YAT, which itself was inspired by research conducted as part of OTHER EYES, drawing on immersive multisensorial storytelling and interpretation (Morgan 2022).



## When

2021-ongoing

## Aims

Following successful pilot sessions with a York-based care home, the aim is for this collection to be loaned to people living with dementia and their carers to be used alongside synchronous virtual interpretation by YAT staff (Drew 2024). The handling collection will be made available on request from the Jorvik Group and promoted through community groups and partners such as York Dementia Action Alliance and Alzheimer's UK (Ibid). Through open conversations with stakeholders (both people living with dementia and their carers), organisers hope to improve understanding of how these communities engage with heritage, which aspects and narratives are of most interest, and any potential barriers to their involvement (Ibid).

## Evaluation

The project is currently ongoing but a webpage for the project will be created with downloadable materials related to the sensory experience and suggestions on how to recreate the experience with related, easily accessible materials (such as sage and olive oil) (Drew 2024). Plans are for these resources to be licensed under the Creative Commons Attribution Licence and circulated via local charity networks including York and Selby Dementia Information Service (Ibid). It is hoped that this will ensure awareness and accessibility are not only within residential care facilities but also for individuals and their carers living at home.

## Links to Historic England Work

According to Alzheimer's UK, 93 in every 100 people with dementia in the UK are aged 65 and over. Age is the most significant factor which affects an individual's risk of getting dementia, but it is not an inevitable part of getting older. Historic England's wellbeing strategy prioritises four target groups through connecting with heritage, which includes older people, especially those who are coping with age related challenges or reduction in their capacity to thrive. Historic England believes that heritage can support the wellbeing of people living with dementia, which can include the use of artefact or object handling sessions, the use of sensory storytelling and designing heritage spaces for people with dementia in mind.

## Living Memories

### What

Living Memories was an initiative conducted in the summer of 2019 to encourage older people, including those living in Nottinghamshire care homes, to explore places

of historical interest across the county with the help of their families and carers (Nottinghamshire County Council, n.d.a). The Nottinghamshire County Council identified the need for the work due to the ever-increasing elderly population and how the monotony of life was a key issue for the elderly population (Ibid). The programme highlighted that whilst many older people have physical or mental disabilities – and over 400,000 live in care homes across the UK – these people have led varied, fulfilling lives and still have a role to play in our society (Ibid).

The programme recognised that heritage sites, such as museums and their collections, can be powerful tools in helping older people lead happier lives (Nottinghamshire County Council, n.d.b). Visiting these places is beneficial for older people by getting them out and about and they can also provoke strong memories (Ibid). However, heritage sites, by their nature, are not always easy to access so families and carers need reassurance that places are able to cater for their needs (Ibid). The council feels that museums and heritage sites are ideal places for older people to interact with as they hold valuable resources that enable people in residential homes to connect to their pasts and to feel more empowered, thereby improving their mental health (Simpson, n.d.). Consequently, the council carried out research to make the visits of older people and their carers more enjoyable.



Figure 20: Leaflet for the *Living Memories: Accessible Heritage Days Out for the Elderly in Nottinghamshire*, including the front page and an information page on the National Justice Museum. © Nottinghamshire County Council.

## Who

Nottinghamshire County Council

## When

2019

## Aims

A booklet was created with the aim of bringing heritage sites and the senior citizens of Nottinghamshire closer together. Nottinghamshire County Council wanted to make it easier for older people, and their families and carers, to find heritage sites.

Through this they hoped to reconnect older people with places and objects that they grew up with and share their memories with staff or volunteers at these sites (Simpson, n.d.). The booklet promoted several heritage sites in the county including Newark Air Museum, Rufford Abbey Country Park, Wollaton Industrial Museum and the National Justice Museum, whilst also providing information on disability access and restrictions for each site.

## Evaluation

The council listened to feedback from families and carers of older people who said that they recognised the benefits of getting older people out to a heritage site but needed ideas on where to take them (Nottinghamshire County Council, n.d.a). The Living Memories project identified different ways heritage sites in Nottinghamshire could boost mental health in the older people through encouraging visits from elderly visitors (Nottinghamshire County Council, n.d.b). Recommendations for heritage sites included having disabled parking spaces which were wide and long enough for minibuses; easy access to and from the car park, including firm and level pathways; an easily accessible sheltered café or seating area, preferably with gluten free or pureed options, and a nearby disabled toilet (Ibid).

## Links to Historic England Work

Historic England believes that places with a historical layout can provide supportive environments for older people, 'The way our built environment is laid out has an important influence on our lives, particularly as people age' (Historic England 2023a). Historic England also believes that taking part in heritage activities can combat loneliness by providing social connections, learning opportunities and safe spaces (Clarke 2024, 11). According to Age UK (2018), the number of people over 50 suffering from loneliness is set to reach two million by 2025/2026 and the COVID-19 pandemic saw an alarming rise in loneliness which, if left unaddressed, can become chronic and lead to various mental and physical health conditions (Girey and Dubey, 2023). The Heritage Alliance (2020, 79) highlighted the potential of the heritage

sector to reduce the risk of depression and anxiety by addressing loneliness and other wellbeing issues.

## Worcester Life Stories

### What

*Worcester Life Stories* was launched in 2022 as a collaborative project between Worcester City Council’s Historic Environment Record (HER) and Worcestershire Health and Care Trust which brought local people together through shared stories of the City of Worcester (Worcester Life Stories n.d.). Through the project 35,000 rarely seen historic photographs and maps were digitised and members of the public were invited to online workshops to contribute their own photos and memories of Worcester to the platform (Heritage Fund, n.d.). The project launched during the COVID-19 pandemic and over 600 people tuned into their YouTube live stream launch in June 2020 and online events were held throughout the project – including weekly quizzes – to engage local people with the history of the area. As COVID-19 isolation measures began to ease, face-to-face activities were able to take place. These included a series of intergenerational workshops in sheltered housing schemes across the city – where local schools were invited to connect with older



Figure 21: Know Your Place Web Application diagram showing how it connected with Worcester Life Stories. © Worcester Life Stories.

people in their community – and museum-based workshops for people living with dementia to engage with reminiscence material (Bray and Evans 2025).

While the funded project came to an end in 2023, two key web resources were produced to continue to support the objectives of the original project (Worcester Life Stories, n.d.). These two online platforms use images, video and audio clips to encourage users to engage with heritage-based resources and local archives. The first, *Life Stories Herefordshire & Worcestershire* was hosted by the NHS Trust and enabled people to create and share their own life story, a process that promoted wellbeing and inclusion, especially for older people and people living with dementia (Explore the Past, n.d.). The second, *Know Your Place Worcester* (based on work previously done by Bristol City Council), gave access to the wealth of historic photographs, maps, buildings and archaeological data contained within the Worcester City Historic Environment Record (HER). It also invited people to share their knowledge, memories and images to enable official datasets to be complimented and enhanced by local people, providing Worcester with ‘a fantastic hub for capturing and sharing heritage that will continue to evolve and grow as more material is added’ (Ibid). Alongside the Life Stories element of the web platform, a dedicated page called Life Packs was produced where shareable downloadable content could be used ‘off the shelf’ to facilitate reminiscence sessions (Bray and Evans 2025).

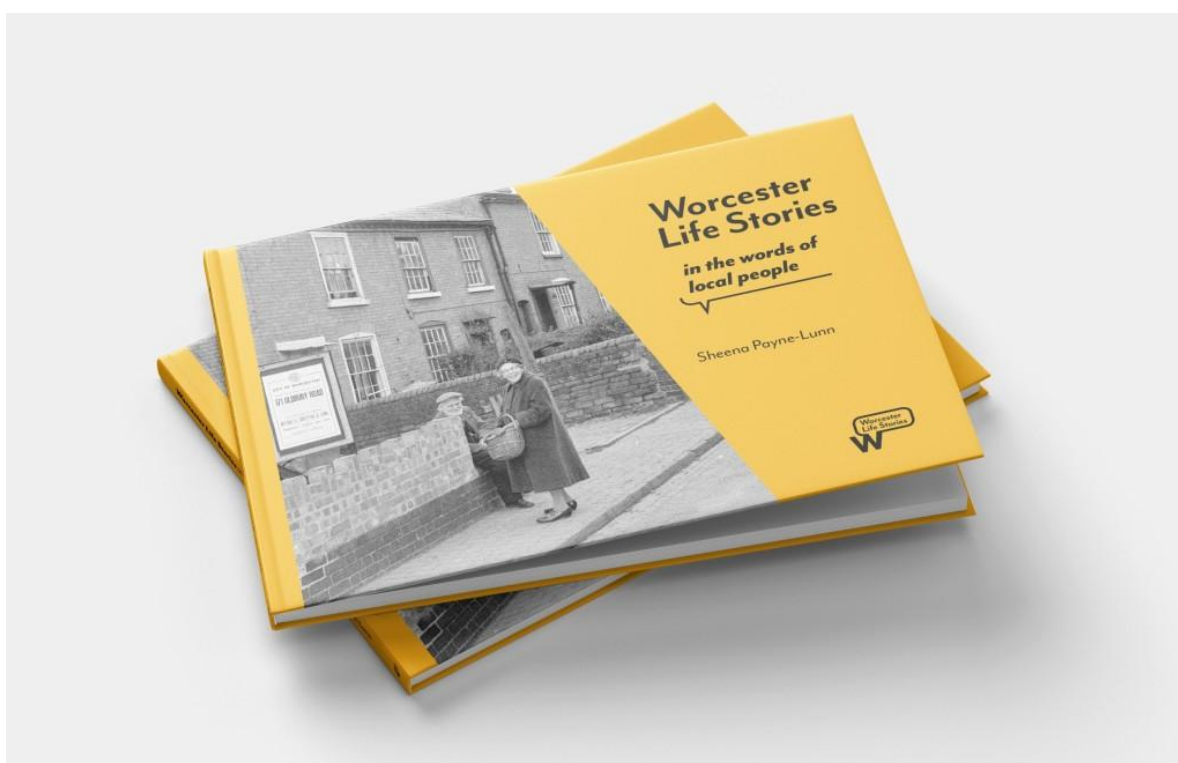


Figure 22: Photograph of *Worcester Life Stories: in the words of local people* by Sheena Payne-Lynne. © Worcester Life Stories.

## Who

Worcestershire County Council's Historic Environment Record (HER) and the Black Country Healthcare NHS Foundation Trust (previously the Herefordshire and Worcestershire Health and Care Trust), with funding from the National Lottery Heritage Fund and Historic England.

The project was led by Dr Natasha Lord, Consultant Clinical Psychologist at the Black Country Healthcare NHS Foundation Trust, and Sheena Payne-Lunn, Historic Environment Record Officer at Worcester City Council. Other stakeholders involved included Age UK, Worcestershire Association of Carers and Platform Housing.

## When

2020-2023

## Aims

The project grew from a desire to connect the HER's vast collection of 20<sup>th</sup>-century photographs with the audiences to whom they are most relevant and with a recognition from the Trust's Older Adult Mental Health Service of the power of reminiscence and Life Story work to improve health and wellbeing (Bray and Evans 2025). The principle aim of the project was to bring local people together through shared stories of the city of Worcester, 'recognising that local people are the experts in their own locality through their own lived experience' (Ibid). *Worcester Life Stories* aimed to help people create and share their own life stories through a digital life story book, enabling people to collect and securely store their thoughts, memories, images and videos into one place and share with family, friends or carers (Historic England 2021a). One of the other key points of focus for the project was to address social isolation and a central partnership was formed with Age UK (Ibid). The concept of isolation was taken into greater significance for the project, and society generally, due to the COVID-19 lockdowns (Ibid). It was hoped that helping people to develop their life stories would promote wellbeing and inclusion, especially for older people and people living with dementia (Worcester Life Stories, n.d.).

## Evaluation

The *Know Your Place Worcester* platform uses a map-based approach, showing how Worcester has changed over time. This digital heritage mapping resource helps people to explore their area online, providing access to historic maps, photographs and thousands of historic records held by the Worcester City HER, enabling individuals to contribute their own knowledge and images (Worcester Life Stories, n.d.). *Life Stories Herefordshire and Worcestershire* encourages people to create an online life story and to capture their stories in their own words. This web resource allows people to create their own personalised digital life story, where they can capture family history and what is important to them in an easily accessible and

intuitive way, as well as providing a number of reminiscence materials in the form of Life Packs.

Jennifer Bray and Dr Shirley Evans (Association for Dementia Studies, University of Worcester) undertook the Historic England funded evaluation which found that both platforms were flexible and versatile making them widely applicable and the multimedia aspect improves accessibility and provides different opportunities for engagement (Monckton 2024, 10). Bray and Evans (2025) describe how sharing memories and oral histories also have societal and cultural importance and, for some, the connections created through the project ‘provided a much-needed antidote to the to the isolation that Covid-19 had imposed upon them’. Focusing on heritage-based resources created a more positive experience as people felt part of a bigger initiative beyond themselves, instead of focusing on reminiscence and how it related to their dementia (Ibid). People can then choose to share their stories and their own knowledge for the benefit of others, and everyone is valued as an individual with their own experiences, both of which can contribute to their own sense of wellbeing and put people with dementia at the heart of conversations (Ibid). Bray and Evans (2023, 45) found that people using the platforms as ‘creators’ enjoyed being able to share their own knowledge for the benefit of others and that this contributed to their own sense of wellbeing.

## Link to Historic England Work

*Worcester Life Stories* was funded by Historic England and the National Lottery Heritage Fund and delivered by Worcestershire County Council’s Historic Environment Record and the Black Country Healthcare NHS Foundation Trust. Dr Linda Monckton (2024, 10), Head of Heritage and Wellbeing at Historic England, has written that heritage-based initiatives using artefacts can be beneficial for people living with dementia and carers as they can help to prompt retrieval or memories and previous knowledge. Life Story work – such as that delivered through *Worcester Life Stories* – can be used when working with older adults, especially when people are living with dementia, to promote wellbeing, communication and connection through the sharing of stories and what’s important to individuals (Bray and Evans 2025).

## Banbury Heritage Project

### What

*Banbury Heritage Project* was a partnership between Historic England and Age UK Oxfordshire, exploring how marginalised communities can lead delivery in their own historic places to support wellbeing and build positive relationships. The project sought to better understand the link between diverse older people, heritage, wellbeing and place. It supported adults over 65 to engage with the material, social and cultural heritage of Banbury, particularly focusing on those experiencing age-

related challenges or reduced capacity to thrive where they live (Senior and Gray, 1). Many of the group's members faced complex and hard-to address challenges, such as physical or cognitive frailty, social isolation, and sight loss or visual impairment (Ibid). Additional barriers to engaging with heritage for project participants included issues around physical accessibility, socio-economic or other inequalities, and digital exclusion (Ibid).

Between April 2022 and December 2024, the Creative Team at AUKO delivered a significant body of work to achieve their ambition to respond to the needs of older people who experience inequality and low wellbeing (Creative Later Life 2025, 8). Over the course of the project participants took part in group sessions on themes selected by the group, with the content ranging from presentations and discussions around topics of local interest to trips visiting local heritage sites. Project activities have included sessions at the Grimsbury Community Centre and Mill Arts Centre, including a session on the Banbury Cattle Market led by a colleague from Banbury Museum; creative mosaic making sessions and the creation of a tactile mosaic of the Banbury Fine Lady for people living in Banbury; project sessions at Banbury Museum, including an introduction to the museum and its collection; site visits to Upton House, Broughton Castle and the Historic England Archive in Swindon, and work with Banbury Museum to create an online audio book of Memories of Banbury by Margery Lester to make it accessible for people with sight loss

## Who

Historic England (HE) and Age UK Oxfordshire (AUKO)

## When

2022-2024

## Aims

Age UK Oxfordshire is a national exemplar of best practice in 'Creative Ageing', supporting older people to engage with cultural (including heritage) opportunities to support improved wellbeing (Creative Later Life 2025, 4). The AUKO Creative Team understood the importance of the heritage sector and have extensive knowledge of how to make opportunities more accessible and age friendly for those who are often marginalised by traditional heritage opportunities. The project sought to build on its unique position – as leaders in a quickly emerging field with a strong track record of delivery – to co-design a scalable process 'blueprint' to provide learning opportunities across both heritage and age sectors (Ibid, 5). Three key outcomes to form a framework for delivery were identified: Equality, Diversity and Inclusion (EDI); COVID-19 Recovery and Place-based partnerships.

In 2020, Age UK Oxfordshire conducted a local Cultural Consultation with older people who face a struggle in many aspects of their lives and do not engage with heritage. This mirrored the national picture and found that those living with complex health conditions, caring responsibilities or those who are traditionally under-represented in the heritage sector are keen to engage but need support to do so (Creative Later Life 2025, 3). Despite a wealth of heritage projects running across the country, many experience ‘real’ barriers, such as accessibility and transport issues, as well as ‘perceived’ barriers, e.g. ‘it wasn’t for people like them’ (Ibid). Banbury Heritage Project was designed to work with older people who were not currently engaged in heritage and to co-design a project that was not only ‘for people like them’ but also led by ‘people like them’.



Figure 23: Participants of the Banbury Heritage Project creating the mosaic. © Creative Later Life.

Project aims for the *Banbury Heritage Project* included:

- Developing HE and AUKO’s understanding of the relationship between heritage and wellbeing in later life by working in partnership with older people.
- Building better cross-sector partnerships between the heritage sector and age sector with a focus on wellbeing.
- Increasing information and awareness of tailoring heritage delivery to support diverse communities.

## Evaluation

Through the Banbury Heritage Project a new 'Wellbeing Framework' was developed and applied through a wellbeing Reflection Tool to identify and articulate the wellbeing impacts of participants' heritage engagement experiences. This reflection used five wellbeing themes: Enjoyment, Connection, Growth, Purpose and Direction (Senior and Gray, 2). Each theme was associated with five different potential impacts to choose from: for example, 'Purpose' included impacts such as 'I felt valued and understood' and 'I have a sense of achievement'. Participants first chose the theme they felt best captured the most important wellbeing story they wanted to share; selected the most significant impact within that theme (or suggested a new one) and then gave a detailed description of their wellbeing experience, either in writing or through conversation, supported by simple prompts. Participants 'held the reins' in how they progressed through the reflection process (such as choosing to structure and articulate their thoughts alone or reflect with others in a pair or a group) (Ibid). A final activity invited participants to consider four possibilities: whether they now had 'a new idea to explore', 'a goal to pursue', 'a need for support' or a 'message to share', and postcards were used to help capture and discuss these next steps.

For the Banbury Heritage Project participants, heritage was as much about doing, participating and bringing-together, as it was about the historical materials that informed activities (Senior and Gray, 2). The Wellbeing Stories that were created show that the group and its activities opened up opportunities for different kinds of connection. It also showed that each person's current wellbeing reflects their past, present and how they feel about the future. For some, heritage engagement with the group became part of managing change or loss and finding ways to take each day as it comes. For others, it was a source of strength for continued personal resilience and, for others still, a way to prepare for difficult times that might lie ahead. Engaging with heritage activities also equipped some with the confidence they needed to simply be part of a group, doing so on their own terms, or to gather the courage to reach out further, connecting with a new social life beyond the group itself. Whilst some participants took personal joy from unexpected stories and perspectives, others found value in being part of a shared experience.

## Links to Historic England Work

*Banbury Heritage Project* was a partnership between Historic England and Age UK Oxfordshire, a national exemplar of best practice in 'Creative Ageing'. Historic England believes that, alongside the wider cultural sector, heritage plays a significant role in supporting people to live a meaningful life in older age. Heritage can be used to support cognitive function, reduce isolation and promote wellbeing. This project aimed to build cross-sector partnerships between the heritage sector and the age sector and, by doing so, further develop an understanding of the relationships between heritage and wellbeing in later life.



Figure 24: Photograph of some the *Banbury Heritage Project* participants at Upton House. © Creative Later Life.

## Heritage at Risk and Wellbeing (HARAW)

### What

The Heritage at Risk Register (HAR) identifies sites that are most at risk of being lost because of neglect, decay or inappropriate development. The *Heritage at Risk and Wellbeing (HARAW)* project further demonstrated the ways in which heritage volunteering is associated with wellbeing and identified achievable objectives for the future which will help people, places and our understanding and appreciation of the preserved past (Lewis 2022, 14).

### Who

Historic England, with evaluation completed by a team at the University of Lincoln.

### When

2021-2022

## Aims

The study aimed to establish a scope of wellbeing work already incorporated in the practice and methodology of Historic England's *Heritage at Risk (HAR)* projects. This included demonstrating through case studies the kinds of public value and wellbeing outcomes achieved by successful HAR projects. The research also aimed to explore the ways to embed wellbeing and evaluation in future heritage at risk work, focusing on community wellbeing.



Figure 25: Volunteers from the 'Monumental Improvement' project clearing scrub around an archaeological monument at Kynance Gate, Cornwall. © Jacob Parry, Cornwall AONB.

## Evaluation

HARAW used a mixed methods approach. Researchers conducted post-participation interviews with 35 volunteers on ten completed HAR projects across England which were recorded online during the 2020 lockdown (Lewis 2022, 15). The transcribed texts were then analysed to identify comments relating to wellbeing, with each comment grouped into a sub-category, category and theme. Lewis (2022, 15) has described how 'using this method, the themes which characterised the association between wellbeing and heritage volunteering emerged *from* the data analysis, rather than being predefined from existing theories', reducing the risk of confirmation bias. These interviews were also complemented by an online survey which provided quantitative data. Analysis then confirmed previous anecdotal evidence from HAR staff at Historic England that wellbeing is associated with HAR volunteering (Lewis 2022, 17).

Coding showed that wellbeing fit into six themes: Purpose, Being, Capacity, Sharing, Self-nurture and Self-actualisation. Within the theme of 'purpose', wellbeing was strongly related to the *heritage context* of volunteering (sometimes to the privileged

access it offered), and to the *at-risk status* of HAR sites, offering an opportunity for altruism whilst also indulging participants' interests in history, archaeology and historic places (Lewis 2022, 17). Meanwhile, wellbeing was associated with HAR volunteering through 'Being' because it enabled volunteers 'to express their identity, strengthen their sense of belonging and to do something they themselves valued' (Lewis 2022, 17). 'Capacity' was associated with 'gaining skills, expanding knowledge and diversifying life experience'; 'Sharing' through engaging with others, making personal connections and making their lives and communities more diverse and inclusive, and 'Self-actualisation' through volunteers' sense of satisfaction and self-fulfilment from achieving goals, recognising their achievement and increasing their appreciation for heritage sites (Lewis 2022, 20-21). Finally, 'Self-nurture' included wellbeing associated with health benefits 'including increased physical activity, improved emotional and psychological mood, and wider social interaction' (Lewis 2022, 19-20).

## Links to Historic England Work

During 2020-2021 Historic England developed its strategy relating to how the historic environment could contribute to wellbeing. As part of this initiative, HE commissioned the University of Lincoln to explore the relationship between wellbeing and volunteering in activities dealing with assets on the Heritage at Risk Register, through the HARAW project. Although HAR projects and this research were not specifically aimed at older adults, according to DCMS (2023), 64% of people who volunteered in the heritage sector between 2021-2022 were aged 50+. This research has demonstrated how heritage projects, such as HAR, can improve the wellbeing of volunteers involved, such as fostering a sense of belonging, encouraging increased physical activity, providing opportunities for social interaction and improving mood. Further research could explore the wellbeing impacts of heritage volunteering for older people in particular.

## Blenheim Palace Natural Health Service

### What

Blenheim Palace have launched a wider wellbeing strategy linked to their land strategy. Their social prescribing scheme was a six-week project which opened up walks in the grounds and mindfulness activities on the estate of Blenheim Palace. Focussing on the estate of Blenheim Palace, the scheme utilises the natural environment as part of an 'Internet of Things' project to promote wellbeing (Blenheim Estate 2022a). This means physical objects which are connected to the internet which allow data collecting and remote sharing. Examples include 'smart' home technology or wearable technology such as Fitbits (Blenheim Estate 2022a).

Blenheim Palace have described how through joining their lands with the health service, the woodlands, green spaces and fresh air at Blenheim can be prescribed as part of a natural health service (Blenheim Estate and University of Oxford). The estate recognised how ‘Society is living longer and developing long term health conditions, which include mental health issues and loneliness’ (Ibid). Through work with healthcare providers, Blenheim Estate are committed to facilitating social prescribing as part of their wider land strategy and showing how time on the estate can be a legitimate treatment to improve physical and mental health (Ibid).

Furthermore, in 2022 Blenheim Palace won a Silver Award for Accessible and Inclusive Tourism at the Beautiful South Awards for Excellence, recognising tourism businesses providing truly memorable visitor experiences for everyone, particularly those with accessibility requirements (Blenheim Estate 2022b). In recent years, Blenheim Palace have introduced a series of initiatives to make the visitor experience more accessible including the creation of new touch tours for the visually impaired, sensory maps, accessible pathways and the introduction of ‘Access Champions’ who work in visitor facing roles to promote accessibility and inclusiveness.

## Who

The Blenheim Palace Estate Trust; Aspire - an Oxfordshire based charity focussing on homelessness and disadvantaged individuals; The University of Oxford and The Eden Project. It was funded by Research England.

## When

Since 2020

## Aims

Since 2020. The pilot had two distinct aims:

- To improve participants overall wellbeing and physical activity due to the Covid-19 pandemic and lockdowns.
- To assess whether an Internet of Things approach can be a feasible approach with social prescribing.

Though the project was not specifically aimed at older people, it fits into the category of heritage projects which aim to build on the physical health of participants and, as a result, encourage healthy ageing through movement and gentle exercise. This can include promoting greater physical activity for older people participants, as well as building protective health factors for younger adults to age well.

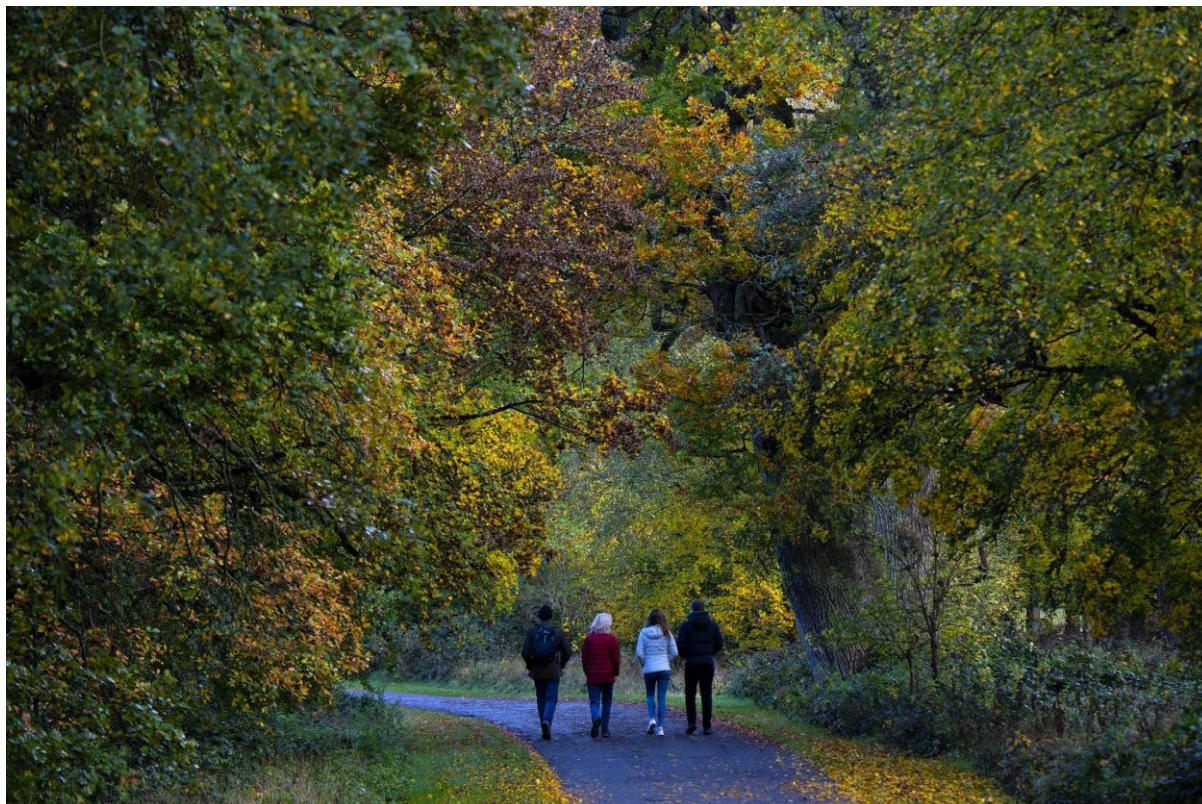


Figure 26: Image of a Walk for Wellness in the Blenheim Palace grounds. © Blenheim Palace.

## Evaluation

The pilot study used Fitbits and participant surveys pre and post activity to measure wellbeing outcomes. Data collected from Fitbits was gathered and sent to a database remotely. Participants were also asked to complete an ONS4 survey at the beginning and end of the pilot as well as provide verbal feedback at the end of each session. This showed an increase in physical activity and overall wellbeing. Overall, participants reported a 12% increase in step count, a 20% increase in life satisfaction, an 8% increase in happiness and a 19% reduction in anxiety (Blenheim Estate 2022a).

## Links to Historic England Work

Though this project was set in the historic grounds of Blenheim Palace, it was more specifically focused on the natural landscape and nature available at the site. However, the landscape is both a place of history and a place which is familiar to local residents and therefore has clear tangible heritage values (Clarke 2024, 23). Although the project was not specifically targeted at older people, it demonstrates how heritage projects can encourage movement which, in turn, can help with ageing well (which is part of the NHS Long Term Plan).

Blenheim Palace's Natural Health Service utilised social prescribing and shows how the heritage sector has found 'innovative ways to explore partnerships which allow the historic environment to maximise its wellbeing benefits and contribute effectively to public health' (Historic England 2021c). This use of social prescribing and heritage also reflects the wider work of Historic England, including the formation of a partnership with the National Academy for Social Prescribing (NASP) in 2020 (Ibid). Specific social prescribing projects run by Historic England include Enriching the List, Heritage at Risk and the *Kirkham Heritage, Health and Wellbeing* programme as part of the High Street Heritage Action Zone initiative (Gradinarova 2022, 29-33).

## *The Big Bramley Apple Project at Bramley Baths, Leeds*

### What

Bramley Baths is a community-led, not-for-profit centre for fitness, health and fun in a Grade II listed Edwardian swimming pool in Bramley, Leeds (Bramley Baths, n.d.a). The baths were built in 1904 to improve public health and wellbeing in response to the cholera outbreak and it is the last remaining facility of its type in Leeds (Shoesmith, 2023). Bramley Baths has been continually used since opening. During the Depression of the 1920s, the Baths were emptied and a dance floor was built, 'allowing the Baths to continue as a social hub for the community even in the toughest times' (Bramley Baths, n.d.b). The baths were restored in the 1980s and reopened in the 1990s (Shoesmith, 2023).

One of the project's partners was Bramley Elderly Action, a charity which provides support and opportunities for older people in Bramley, Swinnow and parts of Stanningley (Leeds Hospitals Charity, n.d.). For *The Big Bramley Apple Project*, Bramley Elderly Action received £25,000 from NHS Charities Together (from stage 2 of Captain Tom's money) to support people over the age of 60 living in the local community who were experiencing ongoing illness, chronic pain or suffering from the effects of loneliness, depression and isolation after the COVID-19 pandemic (Shearn 2024, 19; Leeds Hospitals Charity n.d.). The GPs at Bramley Village Health and Wellbeing Centre identified people experiencing difficulties and invited them to join the project for support (Leeds Hospitals Charity n.d.). *The Big Bramley Apple Project* encouraged individuals to participate in regular exercise sessions, with Bramley Baths offering a weekly swim lesson and two gentle exercise classes, and all of these were followed by a small social event with refreshments. Bramley Elderly Action provided transport for participants to ensure that everyone was able to access these activities safely.

The project identified people over the age of 60 that were most likely to be affected by existing health conditions, loneliness and isolation which were then exacerbated by the COVID-19 pandemic (Shearn 2024, 19). Dr Emma Ainsworth, from the Bramley Health and Wellbeing Centre, has stated that after the COVID-19 pandemic:

*A lot of our patients were afraid to leave the house, especially elderly, as they had been told to isolate. There were lots of issues with mental health and loneliness, and with deconditioning because they hadn't been exercising.* (Leeds Hospitals Charity, n.d.).

The project gave patients social interactions with their peers – and quite a few friendships were made through the groups – as well as a chance to exercise in a supportive setting (Ibid). Dr Ainsworth further added that this was ‘fantastic for both their physical health and mental health’ (Ibid).



Figure 27: Bramley Baths in Leeds. © Tony Johnson.

## Who

The project was a collaboration between Bramley Baths, Bramley Elderly Action and Bramley Health and Wellbeing Centre (GP Practice).

## When

2021

## Aims

One of the aims of the project was for people to reengage with their community and to offer a comfortable space for participants to socialise (Ibid). Jennie Willets, Business Development Manager at Bramley Baths, highlighted how they saw quite a few men engaging in the project, particularly those that lived alone (Shearn 2024, 19). She further added that one man – who had recently lost his wife – initially only came for the swim session and had very little interest in attending the social, but as the sessions progressed, he stayed for a ‘cuppa and a biscuit’ and began to speak more openly about himself and his life (Ibid). Though the project wasn’t directly focusing on the heritage of the building to tackle loneliness, Willets has said that it contributed to the amount of people that not only engaged with the project, but also to their overall feeling of wellbeing and belonging, stating:

*Most of the participants were already familiar with the Baths, due to their deep-rooted links from growing up in the community and had fond memories from their childhood; they learnt to swim here, came to dances and balls in the winter and maybe even fell in love here. This meant that participants instantaneously had something in common, a talking point, with other members of the group and were able to relate to each other through their existing personal stories about the Baths and the local area. By hosting the sessions within our heritage setting, we also removed stigmas and anxieties associated with clinical settings and ‘modern’ leisure facilities. They felt comfortable in their surroundings and weren’t made to feel ‘old’ or invisible. (Shearn 2024, 20).*

Some elements of the project continued after it finished, with swim lessons and gentle exercise classes offered for a small fee following positive feedback from participants (Leeds Hospitals Charity, n.d.).

## Evaluation

Data was collected as part of the project evaluation and consisted of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWS) and two simple questions: ‘How happy were you yesterday?’ and ‘How would you rate your current physical health?’ (Leeds Hospitals Charity, n.d.). Over a thirteen-week period, the results showed that 81% of beneficiaries increased their score by at least 1 or more in response to ‘How would you rate your physical health?’; 61% of beneficiaries increased their score by at least 1 when asked ‘How happy were you yesterday?’ and 68% of beneficiaries increased their WEMWS score by 1 or more (Ibid). Furthermore, one participant went from a WEMWS score of 7 up to 29, an increase in 22 points, with an improvement of 8 points considered to be unequivocally meaningful (Ibid; Taggart and Stewart-Brown,

n.d.). One participant on the project spoke about the positive impact it had on their everyday life:

*I'd been sat in, all through Covid, not being allowed to go out and do something, and I thought I'll try, and if I don't like it, I don't have to go back. I come here, and then most of the time I'm at the hospital, and then I've got my family to see, so this is my social life, it just gets me active and that's what I needed, and I feel much better for it. The staff are brilliant, and make you feel welcome.* (Leeds Hospital Charities, n.d.).

## Links to Historic England Work

People who are lonely or socially isolated and older people, especially those who are coping with age-related challenges or reduction in their capacity to thrive, are two of the key priority groups which were identified in Historic England's Wellbeing and Heritage Strategy. However, the organisation is also aware that these are not mutually exclusive groups, with Age UK identifying that 'nearly a million older people in the UK are often lonely' (Age UK, n.d.b.). A report by Age UK (2018) challenged the idea that loneliness can be more or less common at different ages, showing that it is similar at all ages but the circumstances that trigger loneliness may be different: 'for younger people this might be leaving education, whilst for older people loneliness can begin with the loss of a spouse or the onset of poor health'. Historic England (2023) believes that heritage has the potential to reduce feelings of isolation and loneliness, whilst engagement with cultural activities can reduce the risk of developing depression in older age.

## Photovoice, Nottinghamshire

### What

Researchers from Heriot-Watt University, Edinburgh, engaged participants aged 58-86 years-old from three different areas in Nottinghamshire on a photovoice project to explore place-based attachments and the influence of heritage and memory on the relationship between older adults and the historic environment (Bowden et al. 2025, 1). The research utilised photovoice (a photographic technique where participants in a research project take photographs to document their experiences and reflect on issues important to them) to collect data (Bowden et al. 2025, 6). Photovoice projects recognize community members as being authorities in their own lives and have previously been used to explore issues relating to social inclusion and respect while aging, and to stimulate dialogue between older adults and local stakeholders (Ibid, 7).

Two photovoice workshops were conducted across the three locations in Nottinghamshire (Nottingham, Newark and Retford) between April and June 2023,

and were hosted in local community centres to ensure they were accessible and already familiar to participants (Ibid). Each workshop involved between five and seven participants. The first photovoice workshop acted as an introductory meeting and to provide guidance for the process to participants. Participants were asked to take 10-20 photographs of their local historic environment, 'particularly places that represented their heritage and memories, such as places they were attached to, held strong memories or made them feel they belonged within the community' (Ibid, 7-8). Prompt questions were provided which were: 'Are there any places that hold strong memories for you?' and 'Do any places strongly represent your heritage and/or who you are as a person?' (Ibid, 8). After three weeks, participants sent their photographs to the primary researcher, and these were printed off and brought to the second workshop. In the second workshop, participants were presented with their printed photographs and asked to select the five which were most meaningful to them, before the group discussed the rest and the different historic places depicted (Ibid).

## Who

Researchers at Heriot-Watt University, Edinburgh, (Jessica Bowden, Ryan Woolrych and Craig Kennedy).

## When

2023

## Aims

Engagement with the historic environment can support a broad range of individual and communal well-being benefits. However, Bowden et al. (2025) felt that to continue to support wellbeing while aging, there is a need to situate a knowledge of aging-in-place into the management of the historic environment. The study applied a photovoice project and engaged older adult participants to explore place-based attachments and the influence of heritage and memory on the relationship between older adults and the historic environment.

## Evaluation

Qualitative methodology was employed to gather in-depth information regarding older adults' relationship with historic places (Bowden et al. 2025, 6). The researchers found that photovoice proved to be valuable research for working with older people, as it enabled participants to share their perspectives and experiences, and to reflect on the community in conversation with others (Ibid, 8). Three key themes were generated from the project: interconnected culture and community; place identity and lived experiences, and intergenerational bonding and preserving heritage for the future (Ibid, 12).



Figure 28: Alison's photograph of her local library from the Photovoice project. © Bowden, Woolrych and Kennedy (2024).

Participants recognised the historic environment as consisting of many everyday buildings – including churches, train stations and historic pubs, in addition to museums and galleries – and acknowledged that the historic environment can form part of a wider band of social support, ‘allowing older people opportunities to connect with the community’ (Ibid, 14-15). In the study, heritage and memory were also shown to ‘influence place identity, and the ways the historic environment reflected participants’ lived experiences’ (Ibid, 17). Participants with a strong sense of heritage expressed a desire to ‘pass it down’ and to share their culture with younger generations, such as going to local schools to teach about Remembrance Day or completing voluntary work in the historic environment (Ibid, 22). The project

highlighted the social value of participating in heritage activities and how passing on cultural traditions gives older adults a sense of purpose.

Results from the study found that older adults interact with the historic environment for varied and deeply personal reasons, which are influenced by 'individual and collective heritage and memory' (Ibid, 26). Boden et al (2025, 25) found that the historic environment plays an important role in supporting wellbeing. Historic places were recognised as 'community gathering spaces', as venues such as churches, pubs, libraries and cafes create opportunities for people to spend time in and socialise, playing a particularly important role for older adults with reduced social supports (Ibid, 26). The researchers further recommend that managers of historic environments should move beyond individualistic approaches (e.g. volunteering) to understand how they can support wellbeing and should 'engage deeply with heritage and memory while working to understand and support the values and needs of local older adults' and integrate local historic places into community engagement strategies. (Bowden et al. 2025, 28)

## Links to Historic England Work

Historic England's vision is for heritage to be valued, celebrated and shared by everyone (2021b). The organisation believes that historic places and spaces are central to our heritage, believing that when places thrive, they can bring people together and deliver unique social value to communities (Historic England 2021b, 7). Historic England has also explored the relationship between wellbeing and the historic environment and looked at ways it could be explored further, both by Historic England and the heritage sector (Historic England 2019). Historic England also produced a framework to demonstrate the relationship between heritage and wellbeing in six ways, including 'Heritage as Place'. 'Place-shaping' can ensure local people have a voice, feel empowered and, thereby, feel a sense of belonging (Ibid).

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