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# HERITAGE LINKWORKER PROJECT

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**Final Evaluation Report (February 2024)**

This report was produced by Make an Impact CIC.

[www.makeanimpactcic.co.uk](http://www.makeanimpactcic.co.uk)





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# 1 Executive Summary

## 1.1 Scope and Methodology

The scope of this evaluation report is the Heritage Linkworker (HLW) Project in Great Yarmouth and Waveney.

This report was produced by Make an Impact CIC, who conducted the data collection and data analysis covering the project's activities. The overall aim of the evaluation was to assess the potential of heritage as a social prescribing tool via the appointment of a Heritage Linkworker.

This included evaluating changes to mental health and wellbeing, physical health, usage of health services, social connectedness, engagement with heritage, and identity, meaning and purpose. Further details on the scope and methodology can be found in Section 2.

## 1.2 About the Heritage Linkworker Project

Collaborating with local health and heritage services, the Heritage Linkworker connects local people who are referred to social prescribing services with heritage activities and organisations in Great Yarmouth and Waveney, including within the Heritage Action Zones in Great Yarmouth and Lowestoft. The project addresses the barriers that prevent people on low income and with poor health from enjoying local heritage.

Fortnightly groups run in Great Yarmouth, Gorleston and Lowestoft where people pursue their interests in local history, make creative responses in art, photography and writing and enjoy new friendships.

The project is largely funded by Historic England, with extra support from Adnams Community Trust, Norfolk Community Foundation Mental Health Fund, the Fuller Fund and Barchester Healthcare.

## 1.3 About the project participants

49 individuals have participated in the project. 24 of these are male and 25 are female. The project has attracted a diverse range of age groups as shown in Chart 1, with the two largest groups being 28% who are aged 50-59 and 23% who are aged 60-69. 64% of participants have a physical disability. For 38% their physical disability impacts their life a lot as shown in Chart 2.

68% of participants have mental health issues and 32% do not have a mental health issue. Although the project is aimed at low level mental health issues 65% have between two and four mental health issues. The most common mental health issues were anxiety (29 individuals) and depression (35 individuals). Further details about the project participants are shown in Section 3.

Chart 1: Age of participants

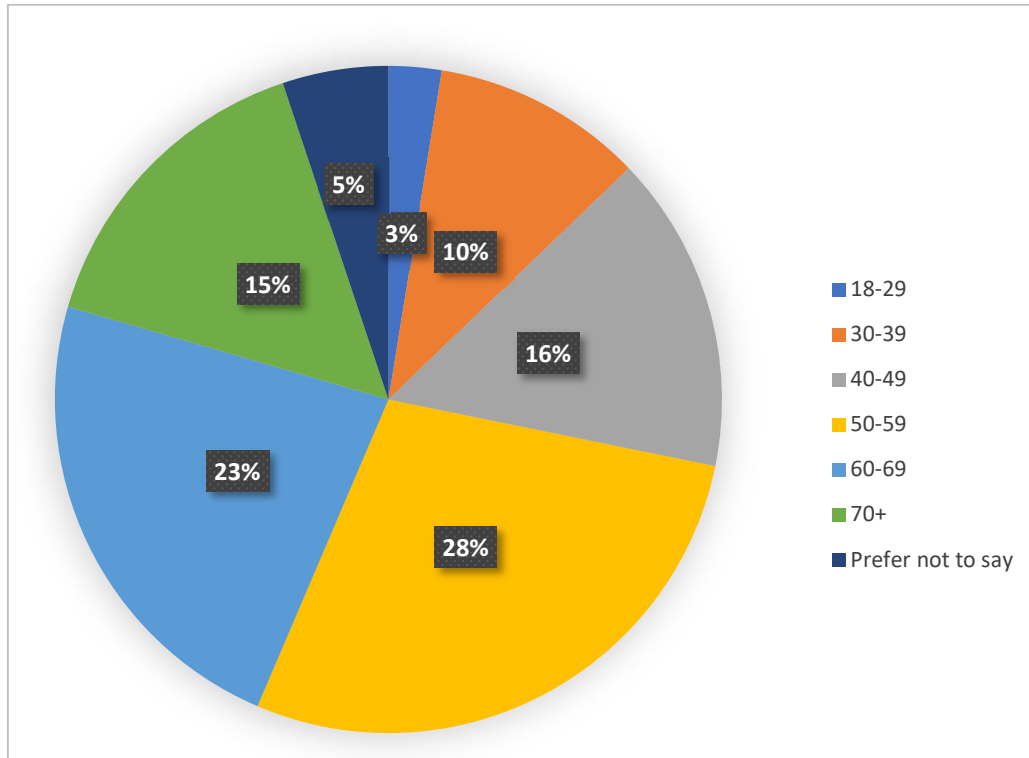
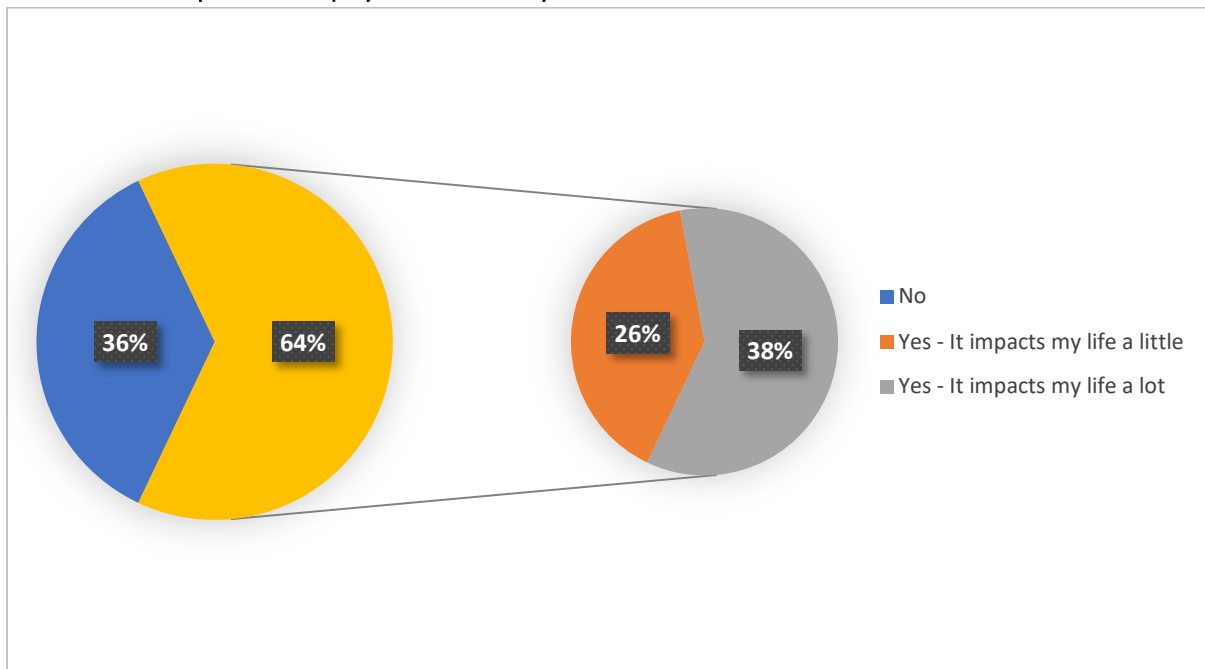


Chart 2: Participants and physical disability



### 1.4 Outcomes achieved

The main outcomes from the project have been related to improved mental health and wellbeing, physical health and usage of health services as shown in Section 4.

Data from the questionnaire showed the following improvements:

- 60% of participants had increased WEMWBS scores, with an average increase of 8.3 points.
- 26% of participants have reduced their usage of health services, giving a net annual reduction of 114 appointments/contacts with health services.
- 28% of participants have reduced their medication usage.
- 33% of participants were more physically active, with a net annual increase of 1,040 times that participants were physically active for 30 minutes.

In addition to these health-related outcomes, the project has also shown improvements in social connectedness with:

- 83% of participants having met new friends through the project.
- 67% of participants having socialised with someone they met on the project.
- 92% having at least one person they could discuss personal matters with.

The final area of outcomes related to increased meaning and a sense of purpose, as well as a new, or renewed, interest in and engagement in heritage. These outcomes were particularly evident from the findings from the focus group, feedback and case studies (as detailed in Section 4.3 and 4.4).

### 1.5 Feedback

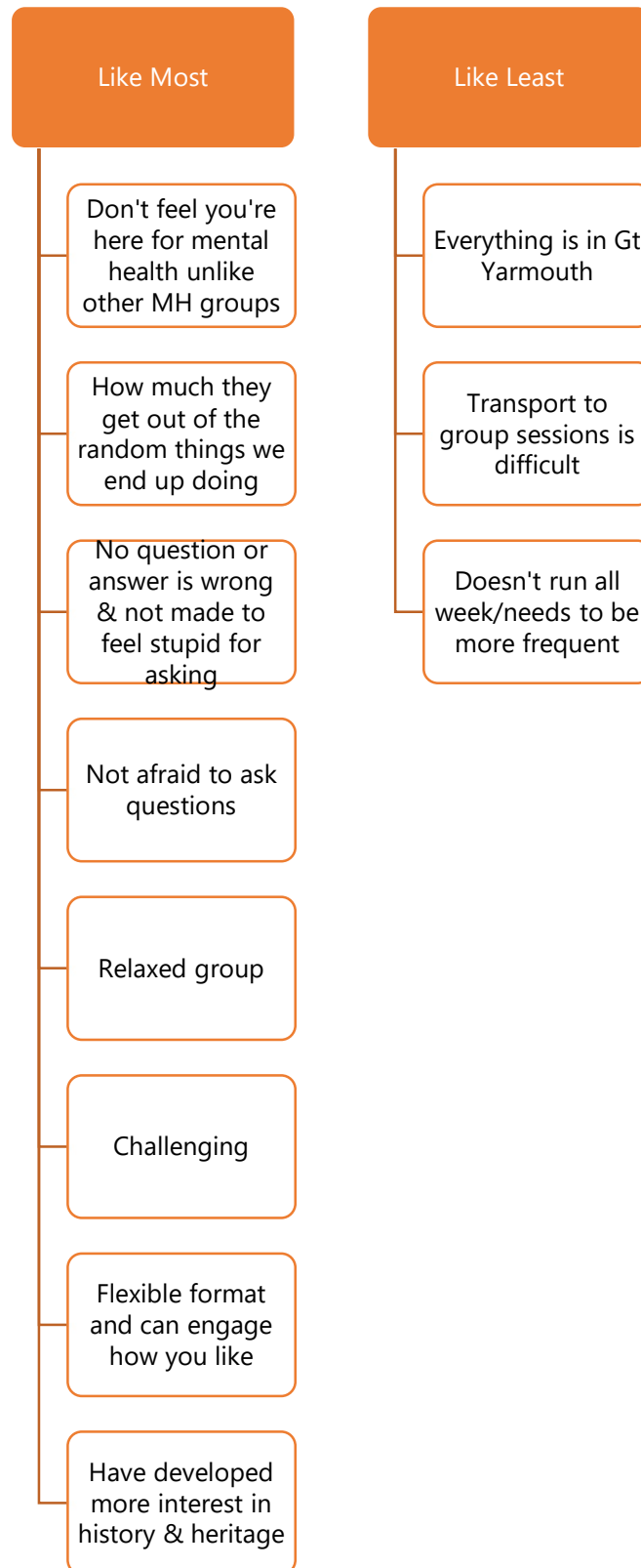
The full feedback from participants is shown in Section 4.3. The majority of the feedback is very positive. Chart 3 below shows the main words used to describe the HLW project, and Chart 4 shows the things participants liked most and those they liked least.

Chart 3: Words used to describe the HLW project





Chart 4: What do you like most and like least about the HLW project?



Feedback was also obtained from referral and partner organisations. This is shown in Section 4.5. The key things mentioned by partner organisations about the HLW project were:

- How welcoming the group was. Not a clique that didn't accept new members.
- Relaxed atmosphere.
- No expectations.
- Fantastic staff and volunteers. Outgoing and sparking peoples' imaginations and interest about their local area/heritage to engage them.
- Availability of transport to help people access the activities.
- Safe space.

In terms of project outcomes identified by referral and partner organisations, the feedback included:

*"How many times have I heard? I feel part of something again. I feel I belong again. I feel I have a voice, and most importantly, I feel a person. The amount of times I've heard people saying I just do not feel part of anything in its area, or nobody wanted to know me. I don't know anything about anyone, and I don't feel like I have a life worth living to then hear them say I actually feel connected. Now I feel part of this community, I feel part of this area that I live now. I feel I am someone. I am worthy. I have got a voice and I can be important." (Social prescribing referral organisation)*

A key outcome for referral and partner organisations was that the HLW project was being actively used as part of social prescribing pathways. It was also acknowledged that social prescribing teams and GP surgeries were recognising that heritage activities successfully supported individuals with mental health problems and those impacted by social isolation or loneliness.

*"For my team it has made a big difference, because it made them aware that this works. This is what people need." (Social prescribing referral organisation)*

## 1.6 Longer-term impacts and Legacy

The longer-term impacts and project legacy are detailed in Section 4.6. Referral and partner organisations identified a number of benefits of heritage activities within social prescribing pathways and confirmed there was a need to provide these pathways longer-term.

The questionnaire data, and feedback from participants and partner organisations confirmed that the HLW project had enabled people to better manage their own health. Participants identified how they had found ways to get through the bad days, and the benefits of having people in similar situations to talk to and share ideas for how to self-manage their health.

The project has brought together an extensive range of individuals and organisations, including at the Celebrate and Sustain event in October 2023, which looked at the legacy of the HLW project and how it could be sustained. Clear actions and commitments were



identified by the partner organisations present, as shown in Section 4.6. A learning resource has been created as part of the project to support anyone who wishes to implement the Heritage for Wellbeing model in a social prescribing framework.

## 1.7 Conclusion

Based on the findings from this pilot, which are supported by the reviewed research, heritage activities have shown significant potential as a social prescribing intervention for individuals with mental health problems, including those with severe and multiple mental health issues, that can improve not just mental health and wellbeing but achieve other positive impacts including:

- Improved physical health.
- Reduction in usage of health services and medication.
- Enhanced social connectedness.
- Increased engagement in heritage and learning.
- Improved sense of identity, purpose and meaning.
- Better self-management of own health.
- Improved connectivity of providers and referral pathways that make heritage an integral part of the provision for people with mental health problems.

Given the benefits of the HLW project as outlined in this report, it is recommended that The Restoration Trust continues to actively bring together key heritage and health partners to further embed heritage in social prescribing pathways, including securing the financial resources and longer-term commitment to a HLW role.

## 2 About this evaluation report

This evaluation report is focused on the HLW project pilot. The purpose of the evaluation is to review the efficacy of heritage activities as a form of social prescribing to enhance wellbeing. This report reviews data gathered from participants of the HLW project, partner organisations and uses existing research to support the findings and resultant impacts of the heritage activities on the participants.

### 2.1 Scope

As part of identifying the scope of the evaluation a theory of change was developed (see Section 3.4) and a full evaluation framework (see Appendix 1). The primary outcomes to be evaluated were:

- Improved wellbeing and mental health.
- Reduced usage of health services.
- Increased positive health related behaviours.
- Increased feelings of trust and safety.
- Increased social network and support.
- Keeping active and learning new things.
- Increased engagement in heritage.
- Increased general satisfaction with life.
- Increased meaning and purpose.
- Increased ability to bounce back from problems (resilience).
- Development of (and strengthening of) social prescribing infrastructure (with link workers, health sector and local authorities utilising heritage sector for social prescribing activities).

The following longer-term impacts have also been evaluated:

- Make heritage an integral part of provision for people with mental health problems.
- Improved connectivity of providers with a network of heritage sector organisations delivering wellbeing through social prescribing pathways.
- Enable people to better manage their own health.
- Sustaining engagement with communities so that our projects become part of people's lives.

### 2.2 Methodology

To evaluate the impact of heritage activities on wellbeing, a comprehensive review of relevant research literature was conducted. The sources include peer-reviewed journals, academic studies, and reports published between 2010 and 2023. The search terms used were "heritage activities," "social prescribing," "wellbeing," and related keywords. Studies focusing on the effects of heritage activities on mental health, social connectedness, and overall wellbeing were prioritised.

Alongside this literature review a range of primary data was captured for the project. This included a questionnaire (see Appendix 2) which participants completed twice to measure

progression, regular informal feedback, case studies and a focus group. The questionnaire covered the following areas:

- Wellbeing (using the WEMWBS questions).
- Physical activity levels.
- Healthy lifestyle choices (eating, exercise, smoking, drugs and alcohol).
- Social connections, relationships and networks.
- Mental health changes and medication usage changes.

Participants complete the questionnaire once at their first group attendance and again after a minimum of six weeks. In addition to the questionnaire, informal feedback is captured using the following informal conversation prompts:

- Do you want to tell us more about your mental health?
- How would you describe your wellbeing at this time?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Overall, how satisfied are you with life as a whole these days?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

The HLW has the option to use these conversation prompts to gather more insights into a participant's mental health, although they also capture other feedback and comments throughout the group sessions. Case studies are also captured by the HLW to share an individual's story in more depth.

The final data collection method for participants is via a focus group. One focus group was completed with participants who attend the Great Yarmouth and/or Lowestoft groups to gather additional information on participants' experience of the project. The questions asked in the focus group were:

- Why did you join the HLW project?
- What did you hope to get from attending?
- Looking back to when you first came here: what was life like then/what issues were you facing? What if anything has changed since then? Which of the changes are a result of attending the HLW project?
- What three words would you use to describe the HLW project?
- What do you like most?
- What do you like least?
- Is there anything you would change about the HLW project?

For referral and partner organisations interviews were conducted in January 2024, as well as email feedback and feedback from an event held in October 2023. Organisations were asked the following questions:

- How did you hear about the Heritage Link Worker project?
- How did you engage in the project (referring individuals, promoting to other organisations, other - please specify)

- Did you refer individuals to the project? If yes, was this based on the individual indicating they had an interest in heritage activities?
- Was the project used as a 'last resort' where other options of support for individuals had not been successful?
- What do you think worked well in relation to the project?
- What do you think could have been improved or done differently?
- What difference did participating in the project make to your organisation and/or the individuals you referred?
- Have you done anything differently in your organisation as a consequence of being involved in the project?
- What has your overall experience of the project been?
- What do you see as the legacy (if any) of the project?
- Has the project led to any changes in social prescribing locally?
- Any other comments or feedback you would like to make?

### 2.3 Stakeholders Consulted

Participants of the various HLW activities and groups were consulted as part of this evaluation. Data from the questionnaires completed by the 49 participants was used in this evaluation, alongside feedback from nine participants, case studies from three participants and data captured from 12 participants at the focus group, and four referral and partner organisations via interviews and email feedback. Additional partner organisations were consulted via the event in October 2023.

## 3 Project Information

### 3.1 About The Restoration Trust

The Restoration Trust initiates and runs projects that connect people who live with mental health issues with heritage, including archaeology, ancient landscapes, historic places and archives. Stimulating friendship, curiosity and imagination, these projects help people feel more human again.

### 3.2 Vision

The Restoration Trust's vision is to change how people living with mental health challenges are treated, by means of therapeutic and creative interaction with heritage. This is called culture therapy, and The Restoration Trust want it to become everyday good practice in heritage and mental health provision.

### 3.3 About the Heritage Linkworker Project

Collaborating with local health and heritage services, the Heritage Linkworker (HLW) connects local people who are referred to social prescribing services with heritage activities and organisations in Great Yarmouth and Waveney, including within the Heritage Action Zones in Great Yarmouth and Lowestoft. The project addresses the barriers that prevent people on low income and with poor health from enjoying local heritage.

This pilot project aims to demonstrate heritage’s potential as a social prescription via appointment of a HLW.

Fortnightly groups run in Great Yarmouth, Gorleston and Lowestoft where people pursue their interests in local history, make creative responses in art, photography and writing and enjoy new friendships. Examples of the types of activities are shown in Images 1, 2 and 3.

Image 1: Examples of activities provided by the HLW project

 <h3>Our Gorleston Heritage Group</h3> <p>A friendly group of like-minded people, who explore heritage to improve our wellbeing. Meeting every other Thursday at <b>Gorleston Library, at 11am.</b></p>  <p><b>Upcoming Dates</b> <b>Thurs 05th Jan 2023:</b> To commemorate the 70th anniversary of the flooding in Gorleston, we will explore this significant event through creative writing, photography and looking at local archives. The outcomes will be displayed in an exhibition called ‘Floodlines’ at Gorleston library at the end of January. <b>Thurs 19th Jan:</b> Preparation continues for ‘Floodlines’ exhibition at Gorleston Library.</p> <p><b>If you would like to come along please contact Emily Cannell Heritage Linkworker at The Restoration Trust.</b> e-mail: <a href="mailto:emily@restorationtrust.org.uk">emily@restorationtrust.org.uk</a> mobile: 07392 983499</p> <p><small>This is a social prescribing project funded by Historic England, in partnership with D.I.A.L Great Yarmouth and Access Community Trust.</small></p>	 <h3>Our Lowestoft Heritage Group</h3> <p>A friendly group of like-minded people, who explore heritage to improve our wellbeing. Meeting at <b>The Grit Arts &amp; Heritage Centre at 11am.</b></p>  <p><b>Upcoming Dates:</b> <b>Thurs 2nd Feb:</b> Lowestoft stories, come and spin a local yarn with Darren. <b>Thurs 16th Feb:</b> Historic England presents: Our North Sea Heritage - Stories from the coast and offshore. <b>Thurs 02nd Mar:</b> Walk with local historian Ivan Bunn, meeting at The Maritime Museum, Sparrows Nest at 11am. <b>Thurs 16th Mar:</b> Trip to Carlton Marshes, transport provided, details TBC.</p> <p><b>If you would like to come along please contact Darren France Heritage Linkworker at The Restoration Trust.</b> e-mail: <a href="mailto:darren@restorationtrust.org.uk">darren@restorationtrust.org.uk</a> mobile: 07905 517906</p> <p><small>This is a social prescribing project funded by Historic England, in partnership with D.I.A.L Great Yarmouth and Access Community Trust.</small></p>
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Image 2: Visit to Time Tide Museum



Image 3: Visit to Gorleston Pavilion Theatre



The project is largely funded by Historic England, with extra support from Adnams Community Trust, Norfolk Community Foundation Mental Health Fund, the Fuller Fund and Barchester Healthcare.

The project works with partners, places and artists including DIAL, The Grit in Lowestoft, Great Yarmouth Library, Pavilion Theatre Gorleston, Under Open Sky and many others.

### 3.4 Theory of Change

The theory of change for the project is shown in Table 1.

As part of developing the theory of change, several mechanisms of change were identified as being integral to the successful delivery:

- Relationships based on trust.
- People feeling safe and respected.
- Engaging and interesting activities.
- People are able to participate in a way that feels comfortable to them.



Table 1: Theory of Change

Inputs	Activities	Outputs	Outcomes	Long term impact
Heritage Link Worker	<p>Engaging and participating in heritage activities</p> <p>Learning about local heritage/your own heritage</p> <p>Signposting to other activities/support</p> <p>Connecting local heritage organisations and providers with social prescribing infrastructure</p>	<p>Number of people engaged in the project (150 - 200 referrals)</p> <p>Practical guidance/toolkit for linkworkers and social prescribing providers</p> <p>Monthly newsletter with case studies</p>	<p>Improved wellbeing and mental health</p> <p>Reduced usage of health services</p> <p>Increased positive health related behaviours</p> <p>Increased feelings of trust and safety</p> <p>Increased social network and support</p> <p>Keeping active and learning new things</p> <p>Increased engagement in heritage</p> <p>Increased general satisfaction with life</p> <p>Increased meaning and purpose</p> <p>Increased ability to bounce back from problems (resilience)</p> <p>Development of (and strengthening of) social prescribing infrastructure (with linkworkers, health sector and local authorities utilising heritage sector for social prescribing activities)</p>	<p>Make heritage an integral part of provision for people with mental health problems</p> <p>Enable people to better manage their own health</p> <p>Sustaining engagement with communities so that our projects become part of people's lives</p> <p>Improved connectivity of providers with a network of heritage sector organisations delivering wellbeing through social prescribing pathways</p>



### 3.5 Demographics of participants

49 individuals have participated in the project. 24 of these are male and 25 are female. The project has attracted a diverse range of age groups as shown in Chart 5, with the two largest groups being 28% who are aged 50-59 and 23% who are aged 60-69. 64% of participants have a physical disability. For 38% their physical disability impacts their life a lot as shown in Chart 6.

68% of participants have mental health issues and 32% do not have a mental health issue as shown in Chart 7. Although the project is aimed at low level mental health issues 65% have between two and four mental health issues as shown in Chart 8. The most common mental health issues were anxiety (29 individuals) and depression (35 individuals). The mental health issues participants have included:

- Anxiety
- Anxiety and Depression
- Anxiety, Depression and ADHD
- Anxiety, Depression and Grief
- Anxiety, Depression and PTSD
- Anxiety, Depression and Bi-Polar
- Anxiety, Depression and Personality Disorder
- Anxiety, Depression, PTSD and Paranoia
- Anxiety, Depression, PTSD and Personality Disorder
- Anxiety, Autism, OCD and PTSD
- Depression
- Depression and Stress
- Depression and Self Harming
- Depression and PTSD
- Autism
- Personality Disorder
- Schizophrenia and PTSD
- Suicide attempts
- Low mood
- Unspecified

Chart 5: Age of participants

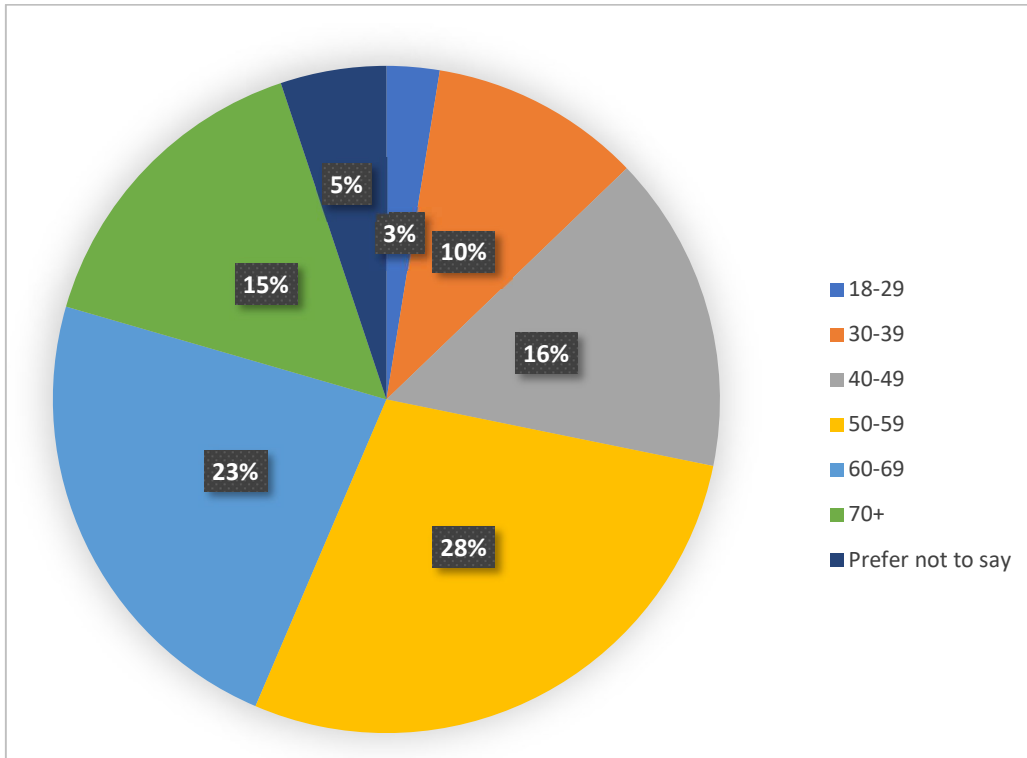


Chart 6: Participants and physical disability

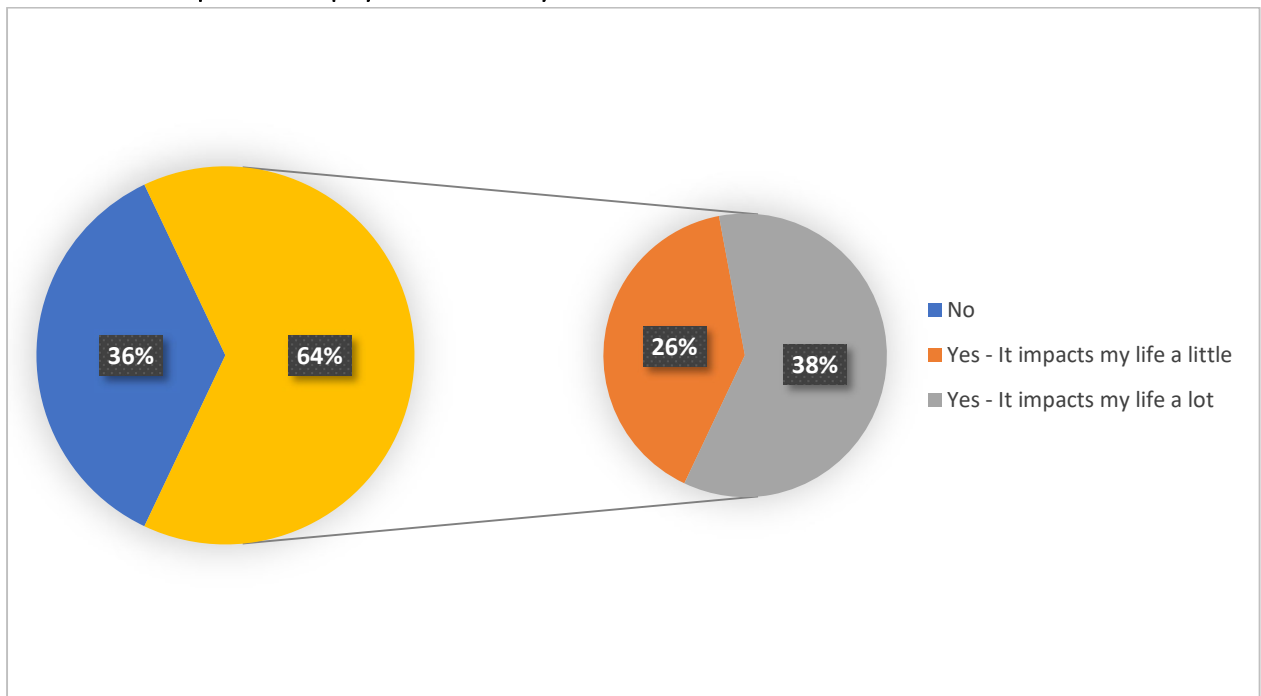


Chart 7: Participants with a mental health issue

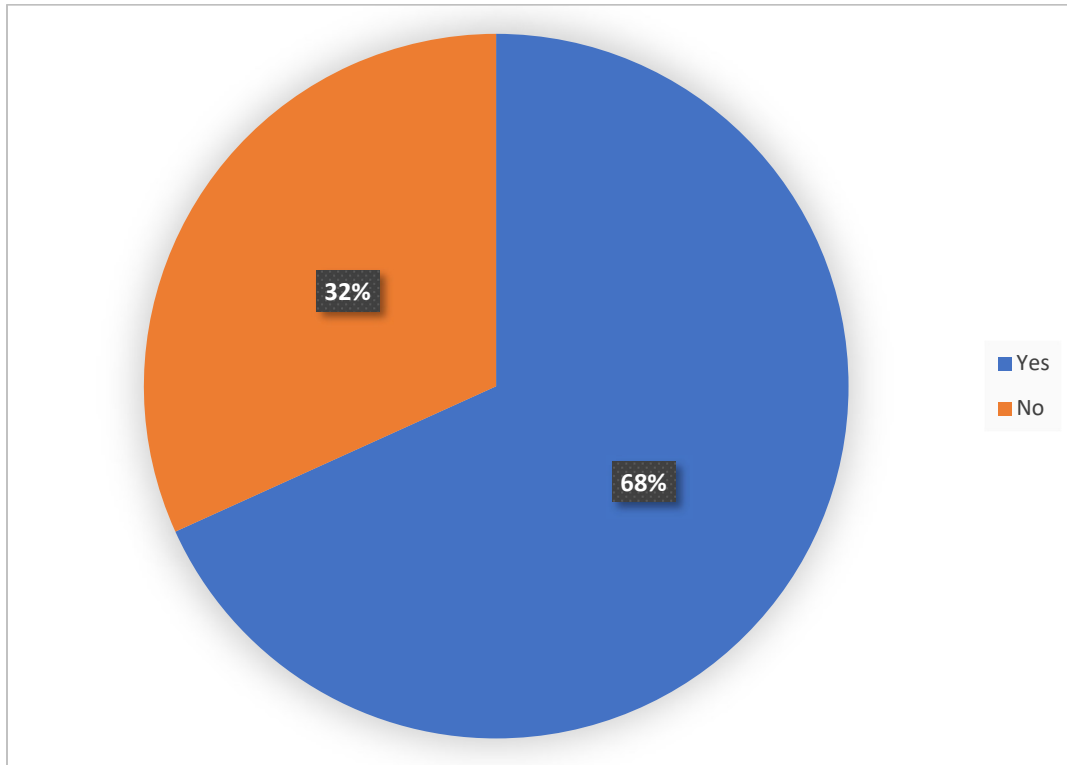
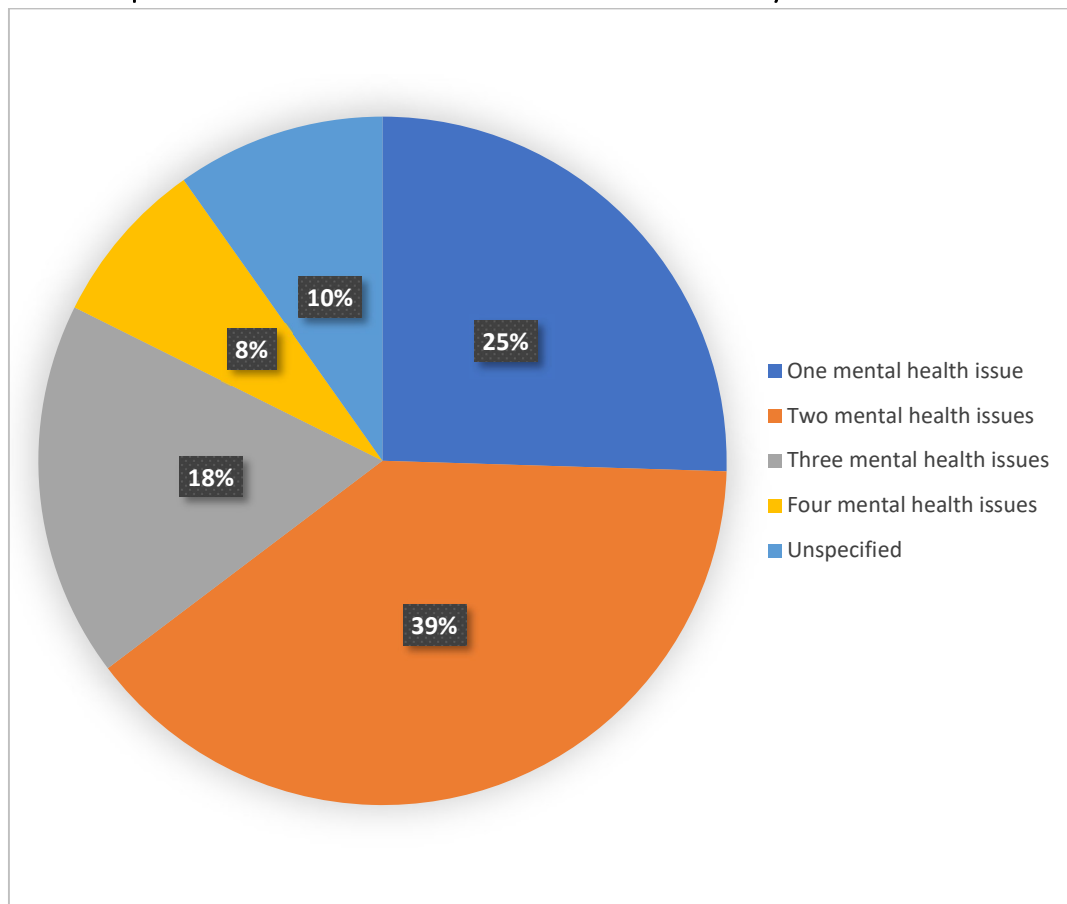


Chart 8: Participants and the number of mental health issues they have



## 4 Findings

The following section details the findings from the questionnaires, focus group, case studies and feedback from participants, as well as interviews and feedback from referral and partner organisations.

### 4.1 Reasons for joining the HLW project

The main reasons for joining the HLW project are shown in Chart 9 below. The top reason was for social connections, friendships and to meet new people to reduce loneliness and isolation.

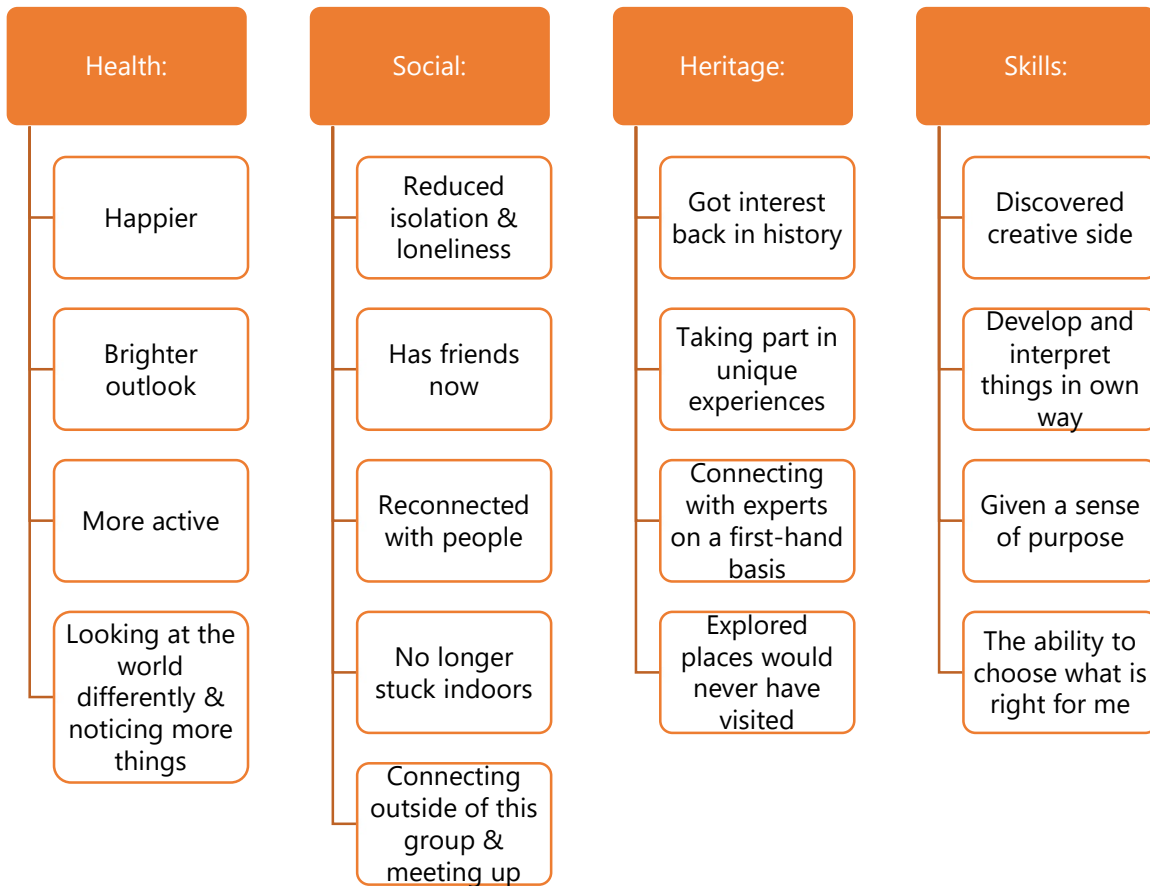
Chart 9: Why did you join the HLW project?



### 4.2 The difference the project has made

During the focus group participants shared the difference the HLW project had made to them. Many of the comments were related to improved wellbeing and feeling happier, as well as doing something worthwhile/learning new things about their local area as shown in Chart 10.

Chart 10: The difference the project has made



#### 4.2.1 Positive Impact on Health

The main outcomes from the project have been related to improved mental health and wellbeing, physical health and usage of health services. Data from the questionnaire showed the following improvements:

26% of participants have reduced their usage of health services and for 56% their usage remained the same (Chart 11). The average annual reduction in usage of health services was 27 times per year, resulting in a total reduction in usage of health services of 270 times a year. For increases in usage of health services, the total increase was 154 times a year. This gives a net reduction of 114 times a year. A face-to-face or e-consultation GP appointment lasts nine minutes on average and costs £43 (Jones et al, 2022) the potential cost savings from the project are at least £4,902. Participants feedback identified that they had built a network that they could discuss issues around their mental health with and share ideas and options for coping with particular health issues. This had resulted in increased self-management of their own health, and improved resilience as they knew how to 'bounce back' from bad days.

28% of participants have reduced their medication usage (Chart 12). This included three participants with significant reductions in medication usage from 12+ different prescription medicines per day to 1-2 per day. Each prescription costs on average £29 (Jones et al, 2022). 18% had increased their medication usage, with most increasing by 1-2 additional medications.

33% of participants were more physically active (42% had no change in physical activity levels and 25% had reduced physical activity levels). The total net annual increase in the number of times participants were physically active for 30 minutes was 1,040 times. The project had no impact on participants' diets. 76% had a balanced diet and 24% did not at the start of the project and this did not change during the project.

Improved wellbeing was reflected in the WEMWBS scores for participants with 60% showing increased scores. 8% remained the same and 32% had reduced scores. Those that reduced their WEMWBS scores decreased by 6.1 points on average. Those that increased their WEMWBS scores increased it by on average 8.3 points. The most improved areas (see Chart 13) were:

- I've been feeling loved.
- I've been feeling close to other people.
- I've been feeling good about myself.
- I've been feeling interested in other people.
- I've been feeling useful.

Chart 11: Health service usage changes

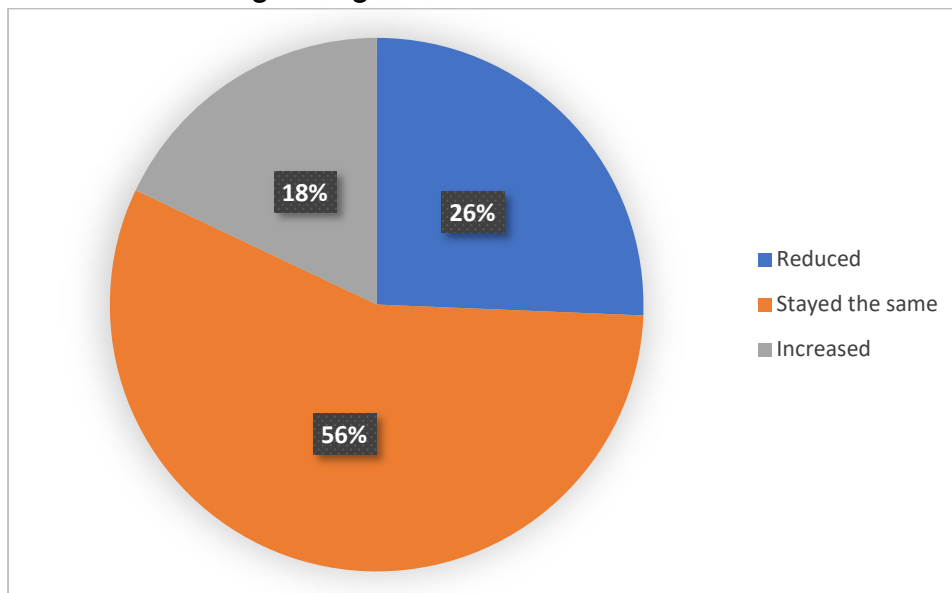


Chart 12: Medication usage changes

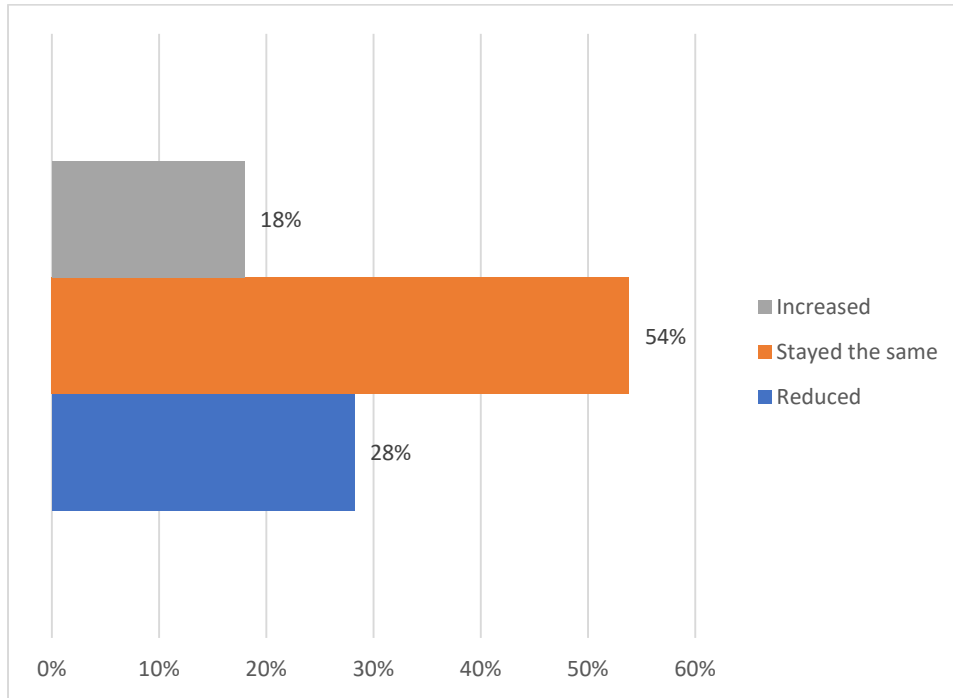
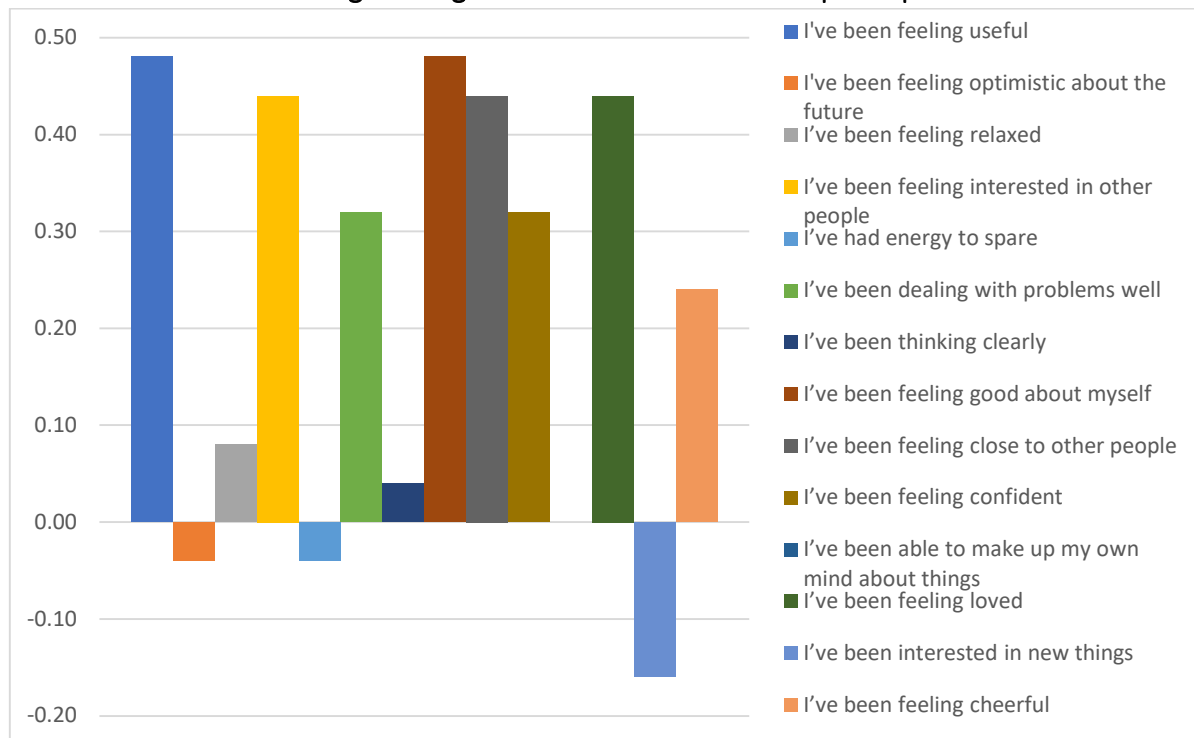


Chart 13: WEMWBS Average Change for each statement for all participants



The findings from this evaluation are supported by numerous studies that have also highlighted the positive effects of heritage activities on mental health including Gradinarova (2021) and Mughal et al (2022). Engaging in heritage-related pursuits has been shown to reduce stress, anxiety, and symptoms of depression. Research by Evans et al. (2018) demonstrated that individuals who participated in heritage activities reported lower levels of

psychological distress and increased life satisfaction. This suggests that heritage activities can serve as a valuable component of social prescribing interventions targeting mental health. Fancourt et al (2022) evidenced that engaging in heritage activities improved life satisfaction, reduced mental distress and improved mental functioning. They found that increased participation can have greater benefits for mental distress and good mental health for those living in worse off areas.

#### 4.2.2 Enhanced Social Connectedness

Developing new social connections and getting out of the house to reduce loneliness and isolation were the main reasons people joined the project (see Section 4.1), and the data showed these were achieved with:

- 83% of participants having met new friends through the project.
- 67% of participants having socialised with someone they met on the project.
- 92% having at least one person they could discuss personal matters with.

There were slight increases in the frequency that participants socialised, with fewer participants meeting up with others or socialising less than once a month, and slightly more meeting up two times a month and also four or more times a week. A similar pattern was seen for the frequency that participants learnt new things, with slightly more learning new things two times a month and also 2-3 times a week.

Feedback from participants and referral organisations mentioned that individuals felt they had people they could trust as they had shared similar experiences regarding their mental health, and they were able to share personal issues with other participants as they didn't feel judged.

External research regarding participating in heritage activities and social connectedness, includes studies by Smith and Clift (2013) and White et al. (2016). These found that heritage activities promote social interactions, increase community engagement, and strengthen social networks. Through shared experiences and a sense of belonging, individuals who engage in heritage activities can combat feelings of isolation and build supportive relationships, leading to improved wellbeing. The previous Restoration Trust project exploring Burgh Castle evidenced an increased sense of belonging (The National Lottery Heritage Fund, 2020).

#### 4.2.3 Engagement with heritage

The feedback and focus group responses showed that engaging with heritage had led to unexpected reactions from the participants – many of whom had not previously engaged in heritage – with several now keenly interested in exploring heritage further. The opportunity to participate in unique experiences, like the archaeological dig, were seen as a 'once in a lifetime opportunity', with pleasant memories and a sense of it being a real privilege to have participated in it.

This emotional response is backed up by a study by Huskisson and Sharpe (2020) which demonstrated that engaging with heritage can evoke feelings of nostalgia, joy, and awe,



leading to positive emotional states. Additionally, the aesthetic qualities of heritage sites, artworks, and cultural performances can evoke a sense of beauty, which has been associated with increased happiness and subjective wellbeing. There is a growing repository of evidence regarding the benefits of heritage on wellbeing. Pennington et al (2019) reviewed 75 reports on heritage and wellbeing and found that engagement with heritage not only improved wellbeing, but also increased positive emotions of joy, happiness and awe, giving a sense of achievement and satisfaction, as well as increased social connections and meaning and purpose.

#### 4.2.4 Improved Sense of Identity, Meaning and Purpose

One of the areas that the evaluation has found for many of the participants is that the project has provided meaning or purpose and a more found sense of identity, with participants sharing how they previously had nothing to do, and now the project is keeping them mentally active, stimulated and engaged, as well as developing an interest in heritage for those that previously had no interest in heritage or reigniting it for others. The focus group and feedback clearly demonstrated that learning about their local area, its history and visiting places and buildings they had never been to previously had encouraged an interest in widening their knowledge about local heritage, which had positively impacted their sense of identity and meaning in life.

*“They felt that the sense of connection to their area through the heritage link worker project was really important to them. They were finding out the full history of their landscapes where they lived. It gave them that sense of being proud of where they lived and where they came from. A history and that generated a true sense of community and really enjoying the area where they lived once again.” (Social prescriber: referral partner)*

Research by Daykin et al. (2016) indicated that participation in heritage-related interventions contributes to increased self-esteem, personal empowerment, and a sense of pride. These factors are closely linked to overall wellbeing, as they provide individuals with a stronger sense of purpose and fulfilment. Pennington et al (2019) found that engagement with heritage leads to a sense of belonging, connection to the individual’s own past, ownership, sense of place and community identity.

### 4.3 Feedback on the project

This section includes feedback received during the focus group and group sessions. Charts 14, 15 and 16 show feedback on what participants liked most and least, the words they use to describe the project and things they would change about the project. The majority of feedback is positive, with most changes related to doing more or different activities, meeting more frequently and making the project permanent.

#### 4.3.1 Feedback

*"It's given me an appreciation of where I live."*

*"I'm a different person now."*

*"Makes me happy."*

*"Every person gets something different out of it. Usually everyone does the same thing at the same time with other groups/clubs, but this project encourages each person to focus on what they're good at and provides autonomy, which is really important for recovery, especially if you lack confidence."*

*"I have only just joined the group and I am saddened that I never came across it earlier. I find the events very relaxing and I'm also learning as I go along."*

*"I joined the group to build my social circle a bit. The group is very welcoming and there's always a nice atmosphere. I have been to beautiful places I wouldn't have got to visit. It has also ignited a passion for history which has opened up my mind, and helped me to start to enjoy learning again."*



Chart 14: What do you like most and like least?

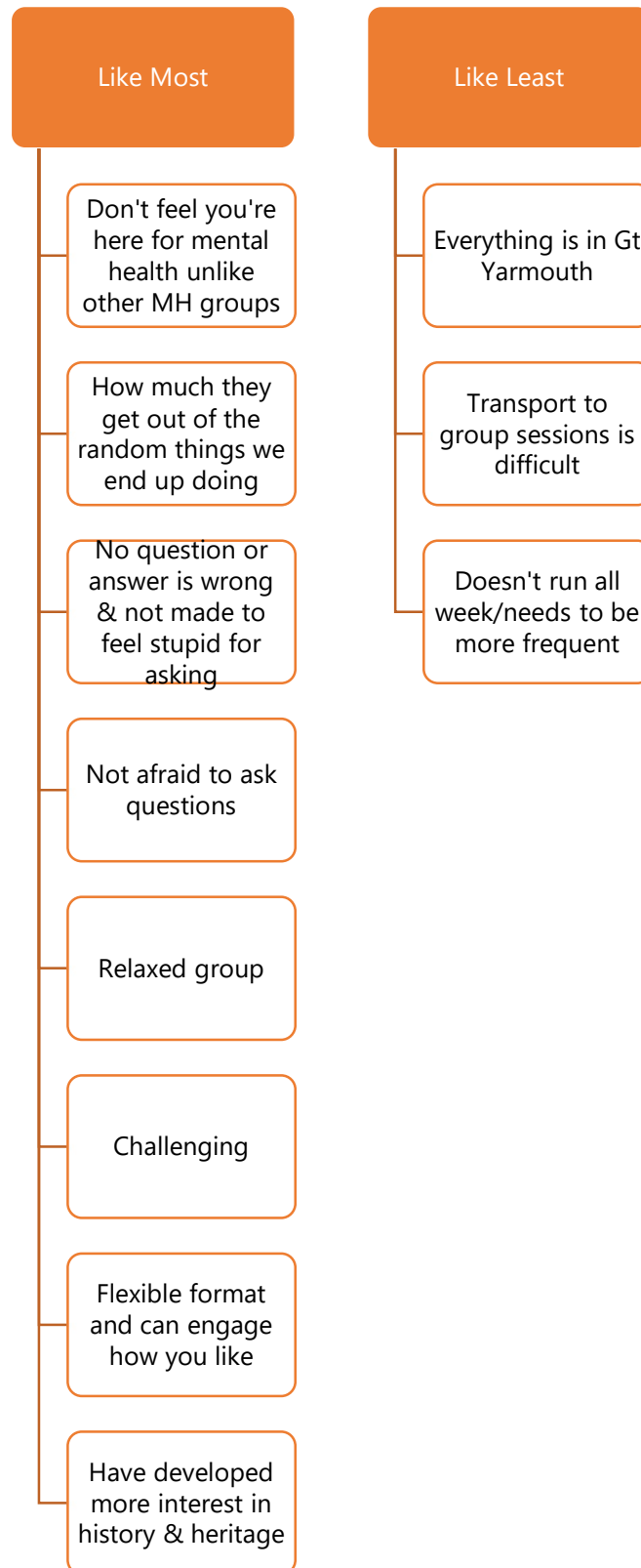
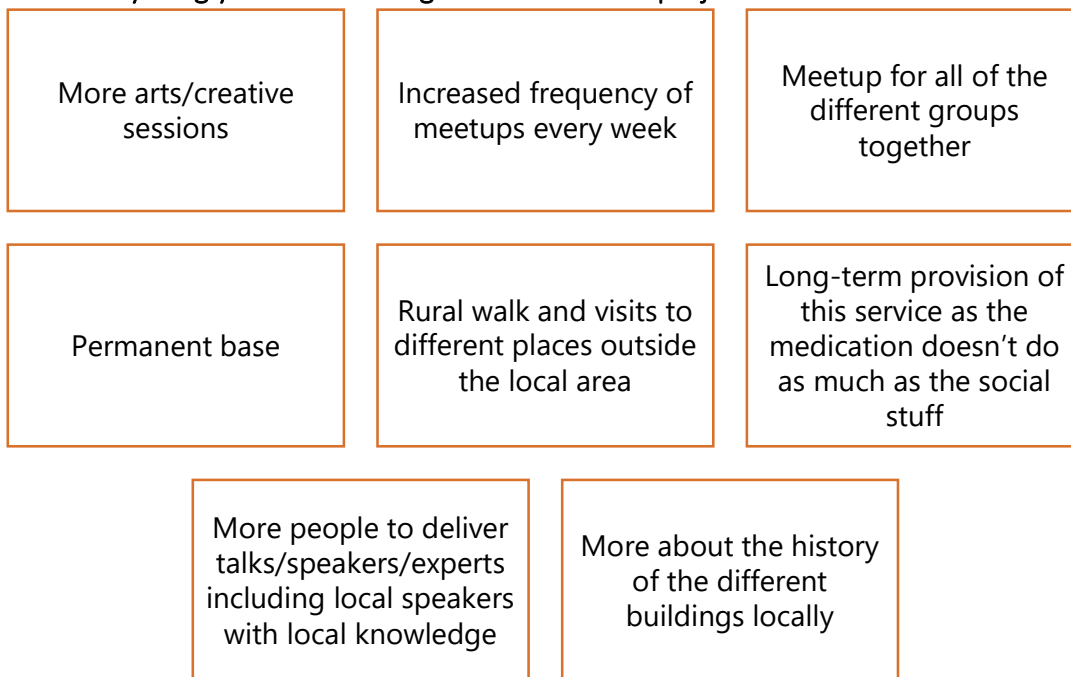


Chart 15: Words used to describe the HLW project



Chart 16: Anything you would change about the HLW project



#### 4.3.2 Mechanisms of Change

The project identified the following mechanisms of change, that enabled it to achieve improvements in mental health and wellbeing:

- Relationships based on trust.
- People feeling safe and respected.
- Engaging and interesting activities.
- People are able to participate in a way that feels comfortable to them.

Some of these items are referred to in Chart 14 (what participants like most about the HLW project). Data from the questionnaire also evidenced these mechanisms of change with:

- 52% of participants said there was always someone they could trust and always someone who made them feel safe at the HLW project, 35% that there was often someone they could trust and often someone who made them feel safe and for 13% this occurred sometimes, rarely or none of the time.
- 57% of participants said they always felt accepted by others at the HLW project, 26% often felt accepted by others and for 17% this occurred sometimes, rarely or none of the time.

Participants and partner organisations mentioned the following themes via feedback that are evidence of these mechanisms of change in action within the HLW project:

- Providing a safe environment, where everyone is welcomed and not judged.
- Using group activities to build trust amongst participants.
- A safe space to share their mental health struggles and personal stories.
- Staff and volunteers who spark interest and encourage engagement on your own terms, and in whatever way participants' desire.
- Co-designed activities and events.
- Participating in activities they never imagined/dreamed they ever would.
- Developing an interest in learning and their local community, their history and heritage beyond the group sessions/activities.
- Focus of the activities is not mental health.

#### 4.4 Participant Case Studies

The following section includes three case studies from participants sharing their personal situations and experiences of the HLW project.

##### 4.4.1 Case Study 1

*I was referred to the project and the Great Yarmouth group by a social prescriber last year after my wife died. I started attending in November, just Great Yarmouth at first, but then in the new year, the other groups as well. I have been retired from work for over two years and everyone I worked closely with has long left the area.*

*My wife was severely disabled, and I was her main carer, so we did not go out much and I spent most of my time in the house. My closest family is 120 miles away and whilst I do know a few people in the local area, they are not "socialising" friends.*

*I am a reserved person, who does not easy join new groups, so it was good that the Heritage group was so welcoming, with everyone talking to everyone else and with no cliques. The group meetings are the only social events that I attend and all my other activities are done alone.*

*I feel that those meetings, once or twice a week, have been vital in providing a balance in my life and helping me adjust to life on my own after many years of marriage. I also believe that the groups have helped me be more open with people and to socialise more easily.*

#### 4.4.2 Case Study 2

*When I first started at Heritage for Wellbeing I was at a very low point in my life. Not having to look for work for years, at 62 I then had to look for work, had no money. Luckily I had the family home. I was then directed to this group. At school I hated History. On my first meeting I went to Gorleston old cemetery and found out about the (circus man) who had recently been awarded a blue plaque. It was so peaceful there, that I went back on my own.*

*Since joining the group I have found a lot about local history, buildings and people in a much more enjoyable way. We have also been to further afield history places by minibus, which is a very enjoyable day out. If it wasn't for this group I would never have got to these places. I have made lots of friends, some of whom I meet outside the group. At first I only went to Gorleston group, but now I also go to Lowestoft and Yarmouth groups.*

*During this year I have had another bad episode of mental health. I stopped going for a while and cancelled all the trips I was on. As they were worried about me and came to the house to check on me I decided to try and go back. This is something that I never wanted to do before, but as we all had some sort of mental health problems we were all in the same boat. This I found was an excellent way of getting my health back on track, with a lovely group of people. I never regretted going back.*

*I only hope that we can keep going as I know that we would all suffer with our mental health more. This group is something you can dip in and out of as they always welcome you back. I feel that we help each other.*

#### 4.4.3 Case Study 3

*My journey with the Heritage for Wellbeing began in the April of 2023 after a phone conversation with the lovely Heritage Linkworker.*

*Since joining the group I have met the most wonderful, kind and caring people that I have come across in years, each with their own stories and fascinating knowledge of their own interests and hobbies.*

*I've had the utmost pleasure to be involved in some projects that I had only ever dreamt of as a child or had read about in books. You have taken me places I never thought my eyes would set upon whilst giving me the freedom to breathe in open green spaces away from chaos and out from my isolation. No longer do I feel isolated and withdrawn and have enjoyed the company, talks and laughter with others. I have learnt to laugh again.*

*On this journey I have learnt so much about our heritage, landscapes, arts and many other interesting things that I find myself most days researching something I've learnt or that has piqued my interest that these days I have little time for the negative thoughts to intrude on my brain. You have also inspired me in my own creative projects and with some very good results may I add!*

*I now find I have regained some confidence, made new friends, learnt to laugh again, learnt so much, I am much happier and I've learnt to relax. I'm almost certain that if you were around in my younger years my life may have been quite different.*

#### 4.5 Partner organisation feedback

This section includes feedback from referral organisations and partners. This was obtained via interviews, email feedback and the Celebrate and Sustain event in October 2023, covering the effectiveness of the project, its impact and legacy.

##### 4.5.1 Feedback

Key themes from the feedback were:

- How welcoming the group was. Not a clique that didn't accept new members.
- Relaxed atmosphere.
- No expectations.
- Fantastic staff and volunteers. Outgoing and sparking peoples' imaginations and interest about their local area/heritage to engage them.

- Availability of transport to help people access the activities.
- Safe space.

Areas that could be improved related to having more transport available, as often there was only limited capacity with a small minibus. The other area was accessibility of the groups in different areas – and whether it would be better to make the groups separate so people were not travelling from Great Yarmouth to Lowestoft for the group sessions.

*“They are really all quite welcoming to new members as well, which does really help to forge some friendships and acquaintances. So, they do seem to always have somebody to talk to when they go.”*

#### 4.5.2 Project outcomes

In terms of the outcomes and impact of the project key things that were mentioned by referral and partner organisations were:

- Reduced social isolation.
- Confidence building.
- Building resilience.
- Self-management of health and wellbeing.
- Sense of belonging within the group.
- Support network.
- Stepping stone to join other groups/get out more.
- Learning and taking part in things they would never have had the opportunity to do.
- Reduced usage of health services.
- Development of the social prescribing infrastructure and utilisation of heritage for social prescribing activities.

*“I think if it improves their confidence and reduces their anxiety, they're joining in other things, and they're feeling more confident to take those phone calls and do things that they wouldn't have done without all the support from the Heritage group.” (Social prescribing referral organisation)*

*“Some of them, they did nothing, and some of them their mental health was incredibly poor. What they're doing now with their lives, some of them doing their mental health blog. Some of them have gone back to work. Some of them are doing full-time volunteering for the Heritage project and getting involved in other projects within their localities as well.” (Social prescribing referral organisation)*

*“How many times have I heard? I feel part of something again. I feel I belong again. I feel I have a voice, and most importantly, I feel a person. The amount of times I've heard people saying I just do not feel part of anything in its area, or nobody wanted to know me. I don't know anything about anyone, and I don't feel like I have a life worth living to then hear them say I actually feel connected. Now I feel part of this community, I feel*



*part of this area that I live now. I feel I am someone. I am worthy. I have got a voice and I can be important.” (Social prescribing referral organisation)*

A key outcome for referral and partner organisations was that the HLW project was being actively used as part of social prescribing pathways. It was also acknowledged that social prescribing teams and GP surgeries were recognising that heritage activities successfully supported individuals with mental health problems and those impacted by social isolation or loneliness.

*“For my team it has made a big difference, because it made them aware that this works. This is what people need.” (Social prescribing referral organisation)*

## 4.6 Longer-term impacts and Legacy

The HLW project has achieved several longer-term impacts and is actively developing its legacy.

### 4.6.1 Longer-term impacts

Through feedback from participants and partner organisations the following longer-term impacts were identified as having been achieved or having progress made toward their achievement:

- Make heritage an integral part of provision for people with mental health problems.
- Improved connectivity of providers with a network of heritage sector organisations delivering wellbeing through social prescribing pathways.
- Enabling people to better manage their own health.
- Sustaining engagement with communities so that our projects become part of people’s lives.

The referral and partner organisations feedback showed that heritage was increasingly seen as a suitable option for individuals with mental health problems, and that staff across GP practices were now recognising the impact heritage-based projects like the HLW project could have on mental health. There were established referral pathways to the HLW project, that meant anyone in the social prescribing team could refer an individual.

Through visiting numerous local heritage venues and sites, the HLW project has improved connectivity, and by having a HLW role it has meant there is a specific individual who can connect health services to heritage. The HLW role established connections with social prescribing teams across Great Yarmouth, Gorleston, Lowestoft and the wider Waveney area, ensuring that GP surgeries knew of the project’s existence and impacts.

The key things mentioned by referral and partner organisations were:

- Increased awareness within their team of how important these groups are.
- Increased awareness within GP surgeries across all staff including receptionists of how these groups help with wellbeing and mental health.
- The need to find more things like this in the area for patients.
- How important the activities are and the importance of carrying them on long-term.

*"There's less drain on GP Services, because they're not doing things to harm themselves. And of course that has the effect of it saves money, on 999 calls and services being called out. There's less need for as much medication because people can start feeling better naturally, not needing treatment with medication, and then that reduces the drain on all forms of services just from being engaged." (Social prescribing referral organisation)*

The questionnaire data, and feedback from participants and partner organisations confirmed that the HLW project had enabled people to better manage their own health. Participants identified how they had found ways to get through the bad days, and the benefits of having people in similar situations to discuss things with and share ideas for how to self-manage their health.

Specific outcomes that support progress towards greater self-management of health, as detailed in Section 4.2.1 include:

- Reduced usage of health services.
- Reduced medication usage.
- Increased physical activity.
- Improved wellbeing.

The one longer-term impact where there is less evidence is around sustaining engagement with communities so that our projects become part of people's lives. From the participants it is clear that they are much more interested in learning and engaging in learning linked to heritage and local history; and for many participants engaging in the HLW project was a stepping stone to engaging in more local groups and activities. But it is unclear if this has had a ripple effect to the wider community. However, supporting evidence of this sustained engagement is clear from the extensive range of individuals and organisations the project brought together, including at the Celebrate and Sustain event in October 2023, which looked at the legacy of the HLW project and how it could be sustained. The learning resource that was developed to support anyone who wishes to implement the Heritage for Wellbeing model in a social prescribing framework is one way for the project to continue to have sustained engagement.

#### 4.6.2 Project Legacy

As part of the Heritage for Wellbeing Group a Celebrate and Sustain event was held on 6<sup>th</sup> October 2023, with a view to looking at the legacy of the HLW project and how it could be sustained. This brought together staff from heritage, mental health, Integrated Care Board

(ICB), voluntary providers, creative sector and environment organisations in Great Yarmouth and Waveney and county wide organisations (Broads Authority, Norfolk Record Office, Norfolk Archaeological Trust, University of East Anglia - UEA), and participants, Restoration Trust trustees and HLW Steering Group members.

A learning resource has been created as part of the project to support anyone who wishes to implement the Heritage for Wellbeing model in a social prescribing framework. Those attending were asked to share what they wanted to learn from The Restoration Trust and the HLW project, and what further learning needs to take place. The key things they wanted to learn about were:

- Creating safe comfortable space.
- Connections, organisations and community.
- Utilising the natural peer support aspects of group activities.
- Sharing our learning regards referral.
- To know that it will continue and/or what else is available that is similar.
- Collaborations linking opportunities.
- Referring agencies, appropriate referrals.
- We need data and lessons learned.

What further learning is needed:

- How can we widen the access even more, make it easier for people to join?
- What the gaps are – in provision, certain needs met, barriers?
- It would be great to have data. Particularly for the applications for funding – what projects work best?
- Digital catalogue networks – making a feature of people behind these organisations ‘video adverts’.

People attending the event were asked how they could help sustain the project in Great Yarmouth and Waveney. The discussions were positive, with the following key points:

Commitments:

- NHS Social Prescribing teams committed to continued partnership.
- Funding applications – stated commitments to work with The Restoration Trust.

Establishing connections:

- Sharing case studies and data making the case.
- How to get Primary Care Networks (PCNs) and GPs to start/continue referring people to these groups.
- How to make partnerships with service providers when we have a project with wellbeing enrolment.

Future proofing:

- Getting more organisations to change the way they work, so they co-produce ad work with local groups and meet local needs.
- Open links between health and heritage via online directory using videos or contact.

It is recommended that The Restoration Trust continues to actively bring together key heritage and health partners to further embed heritage in social prescribing pathways, including securing the financial resources and longer-term commitment to a HLW role.

## 5 Conclusion

This evaluation report highlights the positive impact of heritage activities on individuals' wellbeing, emphasising the potential of heritage activities as a social prescribing intervention. The primary data findings from the HLW project pilot and the reviewed research consistently demonstrates the benefits of engaging in heritage-related pursuits, including improved mental health, increased social connectedness, enhanced sense of identity, purpose and meaning, and positive emotional experiences.

The project has engaged with participants from a diverse range of ages, the majority of which had multiple mental health problems, as well as physical disabilities that impacted their life, as shown in Section 3.5.

Many participants joined to reduce social isolation and to meet new people (as shown in Section 4.1), but the benefits of the project were much wider ranging than just health related, with participants feeling they had benefitted socially, as well as through a new or renewed interest in heritage and engagement in skills development and learning (see Chart 10, Section 4.2). The feedback and case studies identified that the welcoming nature of the group, the ability to co-design the activities, the flexibility to participate in a way that worked for each individual, the way the HLW and volunteers sparked interest and engagement from participants, having similar life experiences and mental health issues as other participants, and the group not feeling like a mental health support group were all positive aspects that supported the project's success, as shown in Sections 4.3 and 4.4.

The engagement of local social prescribing teams and other heritage organisations meant that participants could take part in a variety of activities to explore their local heritage, and social prescribing teams could confidently refer individuals to the HLW project knowing that it was achieving positive impacts for participants. Partner feedback (Section 4.5) confirmed the project had several benefits for health services:

- Increased self-management of health and wellbeing.
- A stepping stone to joining other groups/getting out more with associated health benefits of reduced isolation and improved wellbeing.
- Reduced usage of health services and associated freeing up of time/resources.
- Development of the social prescribing infrastructure and utilisation of heritage for social prescribing activities.

The project has also worked towards the following longer-term impacts:

- Make heritage an integral part of provision for people with mental health problems.
- Improved connectivity of providers with a network of heritage sector organisations delivering wellbeing through social prescribing pathways.
- Enable people to better manage their own health.
- Sustaining engagement with communities so that our projects become part of people's lives.

The questionnaire data, and feedback from participants and partner organisations confirmed that the HLW project had enabled people to better manage their own health. Participants identified how they had found ways to get through the bad days, and the benefits of having people in similar situations to talk to and share ideas for how to self-manage their health.

The project has brought together an extensive range of individuals and organisations, including at the Celebrate and Sustain event in October 2023, which looked at the legacy of the HLW project and how it could be sustained. Clear actions and commitments were identified by the partner organisations present, as shown in Section 4.6. A learning resource has been created as part of the project to support anyone who wishes to implement the Heritage for Wellbeing model in a social prescribing framework.

Given the benefits of the HLW project as outlined in this report, it is recommended that The Restoration Trust continues to actively bring together key heritage and health partners to further embed heritage in social prescribing pathways, including securing the financial resources and longer-term commitment to a HLW role.

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## 7 Appendices

### Appendix One: Evaluation Framework

Area	Outcome	Measure	Data collection method	Who & When
Difference made to individual's wellbeing	Improved wellbeing & mental health	WEMWBS	Questionnaire Wellbeing plan Feedback Interviews	Participant with Heritage LW  Start/End of time on project  Feedback and interviews: during the project
Wellbeing changes	Improved wellbeing & mental health  Positive/negative wellbeing changes	Do you want to tell us more about your mental health?  How would you describe your wellbeing at this time?  Overall, how happy did you feel yesterday?  Overall, how anxious did you feel yesterday?	Informal conversations whilst on the project	Start, 2-3 weeks later and at end of time on project
Identify improvements to individual's health	Reduced usage of health services	Medication used  Health services used and frequency of usage  Type of mental health issue	Questionnaire  Health records	Data from health link workers  Start/End of time on project and 6 months' after project end





Area	Outcome	Measure	Data collection method	Who & When
Identify improvements to individual's health	Increased positive health related behaviours	Diet, Physical activity levels, Smoking/Alcohol/Su bstance usage	Questionnaire Health records	Data from health link workers  Start/End of time on project and 6 months' after project end
Health cost savings	Reduced usage of health services	Financial proxies for reductions in usage of health services	From data collected above	Evaluator
Safety	Increased feelings of trust and safety	I felt accepted by others  There was someone who made me feel safe  There was someone I could trust	Questionnaire	Participant with Heritage LW  Start/End of time on project
Sense of connection and belonging	Increased social network and support	I have at least one person I can discuss personal matters with.  How often do you meet up socially with friends/family members?  Have you made any new friends through the project?  Have you met up with anyone you met through the project?	Questionnaire	1 <sup>st</sup> two questions: Start/End of time on project  Questions 3 & 4: End of project  Focus group to explore this further.



Area	Outcome	Measure	Data collection method	Who & When
Learning new skills	Keeping active: learning new things	How often do you spend time informally learning about something new?	Questionnaire	Start/End of time on project
Interest in heritage	Increased engagement in heritage	Participants who have never engaged in heritage previously  Participants who remain on the project and do not drop out  Participants who continue to engage in heritage after the end of the project	Question on registration form  Attendance register	Ongoing register of attendance
Life satisfaction	Increased general satisfaction with life	Overall, how satisfied are you with life as a whole these days?	Informal conversations whilst on the project	Start, 2-3 weeks later and at end of time on project
Meaning and purpose	Increased meaning and purpose	Overall, to what extent do you feel the things you do in your life are worthwhile?	Informal conversations whilst on the project	Start, 2-3 weeks later and at end of time on project
Resilience	Improved ability to bounce back from problems	I can deal with my problems and find solutions	Questionnaire	Start/End of time on project

## Appendix Two: Participant Questionnaire

This questionnaire is to help us understand the difference the Heritage Link Worker Project makes to you. The information from this questionnaire will be collected with that of other participants, so it will not be possible to identify you personally. Data is stored securely using a Participant ID number rather than your name to ensure confidentiality.

If you do not wish to answer a question, please leave it blank.

<b>Name:</b>		<b>Date of completion:</b>			
<b>Participant ID number:</b>					
<b>Section 1: Feelings and Thoughts</b>					
Below are some statements about feelings and thoughts.					
<i>Please tick the box that best describes your experience of each over the last 2 weeks.</i>					
Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					



### Section 2: Connections to other

Below are some questions that ask about your connections to others through this project and in your day-to-day life.

*Please tick the box that best describes your experience of this project:*

Question	None of the time	Rarely	Some of the time	Often	All of the time
I felt accepted by others					
There was someone who made me feel safe					
There was someone I could trust					

*Please tick the box that best describes your experience during this project:*

Question	Yes	No
Have you made any new friends through the project?		
Have you socialised/met up with anyone you met through the project?		

*Please tick the box that best describes your connections to others in your day-to-day life:*

Question	Yes	No
I have at least one person I can discuss personal matters with		

*Please tick the box that best describes your connections to others in your day-to-day life:*

Question	Less than once a month	Twice a month	Once a week	2-3 times a week	4 or more times a week
How often do you meet up socially with friends/family members?					
How often do you spend time informally learning about something new?					

### Section 3: Health

Below are some questions that ask about your health.

*Please tick the box that best describes your current circumstances:*

Question	Yes	No
I have a balanced diet		
I am physically active		



If yes, how often are you physically active for 30 or more minutes a week?	<b>1</b>	<b>2-3</b>	<b>4-5</b>	<b>6-7</b>	<b>8+</b>
<i>Please tick the box that best describes your current circumstances:</i>					
<b>Question</b>	<b>Yes</b>			<b>No</b>	
I take prescribed medications					
If yes, how many different prescribed medicines do you take each day?	<b>1-2</b>	<b>3-5</b>	<b>6-8</b>	<b>9-11</b>	<b>12+</b>
<i>Please tick the box that best describes your current circumstances:</i>					
How often do you use health services (this includes appointments with GPs, Hospital, Mental Health services and other health services)?	<b>Less than once a month</b>	<b>Twice a month</b>	<b>Once a week</b>	<b>2-3 times a week</b>	<b>4 or more times a week</b>
How frequently do you use alcohol, tobacco or other illicit substances?	<b>Never</b>	<b>1-2 times a month</b>	<b>Once a week</b>	<b>2-3 times a week</b>	<b>Daily</b>
<i>Please tick the box that best describes your current circumstances:</i>					
I have mental health issues	<b>Yes</b>			<b>No</b>	
If yes, are you able to share what mental health issues you have?					

<p><b>Section 4: About You</b></p> <p>Please provide the following information so we can see who is accessing our services.</p> <p>Your Name:</p> <p>Please confirm your location (Postcode and/or District/Town):</p> 
---

Please tick your age group:
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18-29	30-39	40-49	50-59	60-69	70+	Prefer not to say

Please tick your gender:					
Female	Male	Transgender	Genderqueer or Non-binary	Other	Prefer not to say

Do you consider yourself to have a physical disability?	
Please tick the box that best describes your circumstances:	
No	
Yes - it impacts my life a little	
Yes - it impacts my life a lot	
Prefer not to say	

Please tick your ethnicity:	
White English, Welsh, Scottish, Northern Irish or British	
White Irish	
White Gypsy or Irish Traveller	
White Roma	
Any other White background	
Asian or Asian British: Indian	
Asian or Asian British: Pakistani	
Asian or Asian British: Bangladeshi	
Asian or Asian British: Chinese	
Asian or Asian British: Any other Asian background	



Black or Black British: Caribbean	
Black or Black British: African	
Any other Black, Black British, or Caribbean background	
Mixed or multiple ethnic groups: White and Black Caribbean	
Mixed or multiple ethnic groups: White and Black African	
Mixed or multiple ethnic groups: White and Asian	
Any other Mixed or multiple ethnic background	
Arab	
Any other ethnic group	
Prefer not to say	

**Thank you for taking the time to complete this questionnaire.**



The  
**Restoration**  
Trust

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