



what works wellbeing



# heritage and wellbeing

How does being around historic places or objects impact our individual and community wellbeing?



## the big idea

This briefing is based on a scoping review of evidence on the [community wellbeing](#) impacts of historic places and assets.

We wanted to find out more about what current evidence says about impacts, and to understand the current state of the evidence-base in terms of quality and coverage.

We found that historic places and assets, and interventions associated with them, can have a wide range of beneficial impacts on the physical, mental and social wellbeing of individuals and communities.

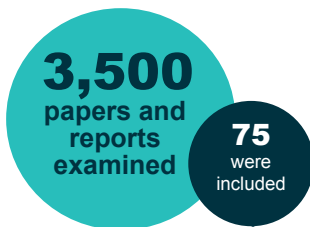
We also identified some limitations and gaps in current evidence which could be addressed in new research. These include the need for a greater understanding of wellbeing impacts within community settings and more evidence on how impacts may vary between different population groups.



Heritage is... inherited resources which people value for reasons beyond mere utility.



English Heritage, 2008



Were published in English between 1990 and 2018.

Examined community wellbeing-related outcomes.

Examined new ('primary') empirical evidence on historic places and assets.

Were conducted in the 'living environments' of communities or in healthcare settings in high income (OECD) countries. or in healthcare settings in high income (OECD) countries.

In partnership with:



HM Government



Community Wellbeing Evidence Programme  
What Works Centre for Wellbeing  
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In this briefing, when we talk about ‘heritage’ we are referring to:

### Places and spaces

<p>Monuments, castles and ruins</p> 	<p>Historic parks and gardens</p> 	<p>Historic places of worship and burial grounds</p> 	<p>Historic buildings such as museum, galleries and theatres</p> 
<p>‘Everyday’ physical heritage in communities, for example, Victorian terraces and public houses</p> 	<p>Community archaeological site</p> 	<p>Conservation sites and areas</p> 	<p>Historic urban areas, described for example as the ‘old town’ or ‘old quarter’</p> 

### Activities

Held in all the heritage places and spaces, as well as settings like:

<p>Schools</p> 	<p>Hospitals and healthcare settings</p> 
<p>Archives</p> 	

## what evidence did we find?

### What do you need to know? The five minute read

Historic buildings and places, and associated activities and interventions, can have a wide range of beneficial impacts on the physical, mental and social wellbeing of individuals and communities.

#### Individual wellbeing impact


Evidence shows impacts on individual wellbeing, including outcomes such as increased confidence, social connectivity and life satisfaction. However, the quality of the studies in the scoping review is mixed.

#### Community wellbeing impact

There is also some higher and lower quality evidence on community wellbeing impacts, including outcomes on social relationships, sense of belonging, pride of place, ownership and collective empowerment.

The studies in the scoping review included a wide range of types of evidence – including qualitative, quantitative and mixed-method studies. However, most evidence was of lower methodological quality, and there is a need for more robust methods in future research.

We found over 180 different measures used to demonstrate wellbeing outcomes across the studies. This shows the complexity of reviewing interventions in community settings, with wellbeing outcomes differing according to local place, context and populations. However, it also creates challenges for demonstrating collective wellbeing outcomes across a range of settings, activities and interventions.

 Potential negative impacts of interventions on some participants

Adverse impacts appear to be related to how well the design and delivery of interventions considered the needs of specific individuals and groups.

For example, some participants who were acutely ill found some settings, such as war-related exhibits, aggravated their aggravated feelings of threat.

Most potential adverse impacts could be reduced or eliminated by well designed and resourced interventions tailored to the needs of participants.

## state of the evidence

A wide range of heritage settings included museums, archives, cathedrals, historic houses, residential areas, heritage landscapes, hospitals, healthcare settings, schools, and community archaeological sites.

Evidence from the 75 studies was categorised into nine evidence themes:



### 1. Heritage-based cultural activities in museums (12 studies)

**Positive impacts on individual wellbeing and social relationships** (higher quality evidence), including increased:

- confidence
- sense of empowerment
- social connectivity.

**Positive impacts on wider community wellbeing** (higher and lower quality evidence), including:

- increased sense of belonging.



### 2. Heritage object handling in hospital, healthcare and related settings (13 studies)

**Positive impact on individual wellbeing** (higher quality evidence), including:

- increased confidence and positive emotions.



### 3. Visiting museums, historic houses, other heritage sites (12 studies)

**Positive impacts on individual wellbeing** – including beneficial impacts of living near/visiting such sites – on:

- life satisfaction and happiness (higher quality evidence)
- social relations, including increased social connectivity (lower quality evidence).



### 4. Heritage-based social engagement and inclusion projects (9 studies)

**Positive impacts on community wellbeing** (higher and lower quality evidence), including increased:

- social connectivity
- social capital
- empowerment.



### 5. Heritage volunteering (6 studies)

**Improvements to individual wellbeing**, skills and learning, and social connectivity (lower quality evidence).

What do we mean by higher and lower quality evidence?

This briefing is based on the full scoping review. In that review, the evidence is distinguished between higher and lower methodological quality evidence.

A scoping review is not the same as a full systematic review. The goal here is only to provide insight into the quality of methodological designs used across this large body of evidence, not to rate the strength of the evidence.



## state of the evidence (cont.)



### 6. Activities in historic landscapes & parks (4 studies)

**Positive outcomes for individual and community wellbeing** (mainly lower quality evidence) – including increased sense and pride of place.



### 7. Community archaeology or community heritage research (6 studies)

**Positive impact on individual wellbeing (higher and lower quality evidence)** – including increased:

- confidence
- satisfaction
- sense of empowerment.

**Positive impacts on community wellbeing** (higher and lower quality evidence), including increased:

- social connectivity
- sense of belonging
- empowerment.



### 8. Living in historic places (7 studies)

**Positive impacts on individual wellbeing and community wellbeing** (higher and lower quality evidence), including:

- sense of pride
- sense of place
- social capital and the local economy

**Potential negative impacts** from heritage-led regeneration and tourism on residents.



### 9. Wider social & economic impacts of historic places and assets (6 studies)

**Positive impacts on individual wellbeing and community wellbeing**, including:

- improved sense of identity
- quality of life
- social connectivity
- community identity
- education
- skills and employment.



## evidence gaps

The review identified important limitations and gaps in current the evidence-base and review methods.

**The studies best equipped to explore such complexity involve sophisticated mixed methods, but these are not fully captured.**

Studies designed to explore such complexity are often sophisticated, mixed-method studies, which are not fully captured within review-quality appraisal methods. This is true across all reviews in areas of complex social determinants of wellbeing.

**We need more studies that compare how experience differs within and across different groups, including socioeconomic and protected characteristics.**

There have been considerable efforts by heritage interventions to target activities towards certain groups (including young people, black and minority ethnic [BAME] groups, and people experiencing physical or mental health difficulties). But most of the studies did not make comparisons between groups such as low and high income participants. These comparisons are needed so that we can understand inequalities in outcomes, and design interventions to address the needs of particular groups.

**We need higher quality methodologies to inform practice.**

Most of the evidence was low methodological quality. Key gaps in quality we need to address include: more longitudinal research; larger sample sizes; use of control groups; random selection of participants.

Community interventions are, however, often deliberately tailored to local and community context, and often designed and led by community groups themselves. One of the key challenges for future studies is that in community settings, the standardisation of interventions that some higher quality methodologies require may be inappropriate.

**We need more research on heritage assets in a wider range of regions, including rural and coastal areas.**

Much of the research was conducted in London and the South East of England.







## evidence into action

The review makes four key recommendations:

### for future research



1

Develop a shared and evidence-based conceptual framework for wellbeing and community wellbeing across the heritage sector. This would be a shared vision for wellbeing that could be adopted and used to underpin research across the heritage sector.



2

Develop a coordinated approach to raising the methodological quality of the evidence-base over time. This should involve multiple stakeholders, to be responsive to a variety of contexts and the complexity of community settings.

### for practitioners and policy-makers



3

*Meaningfully* empower communities to help shape the nature of heritage policies and interventions. Lessons can be learned from our review of [joint-decision making and meaningful participation in communities](#).



4

View the impacts of heritage places and assets through an inequalities lens that focusses attention on positive and negative impacts and the distribution of impacts within and across different population groups.





Read the scoping review this briefing is based on

**The impact of historic places and assets on community wellbeing - a scoping review**

Pennington A, Jones R, Bagnall A-M, South J, Corcoran R (2018) The impact of historic places and assets on community wellbeing - a scoping review. London: What Works Centre for Wellbeing.

Related reading from the Centre

**Joint Decision Making**

**Housing for vulnerable people**

**Place, Spaces, People and Wellbeing**

**Family and Outdoor Recreation**

**Tackling Loneliness**

**Visual Arts and Mental Health**



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We are an independent organisation set up to produce robust, relevant and accessible evidence on wellbeing. We work with individuals, communities, businesses and government, to enable them to use this evidence make decisions and take action to improve wellbeing.

The Centre is supported by the ESRC and partners to produce evidence on wellbeing in four areas: work and learning; culture and sport; community; and cross-cutting capabilities in definitions, evaluation, determinants and effects. Licensed under Creative Commons: AttributionNonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0)