MARCH Network

Guidelines for involving people with mental health issues in heritage projects

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THANK YOU FOR YOUR INTEREST IN THESE GUIDELINES

We are asking organisations that download this report to contribute to an extension of this project, in which we will ask you how you intend to use the guidelines and the changes that you intend to make, if any, as a result of reading this report.

We will also follow up your experiences after 6 months, and after 1 year.

To take part in the first phase, please visit the MARCH Plus Project website and click on the link to the survey (www.solent.ac.uk/march-plus-project).

If you would like more information, please contact Karen Burnell on the email address marchplusteam@solent.ac.uk. By making contact with us you are not committing to take part. The project has been approved by Solent University's Research Ethics Committee.

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Overview of Report

Introduction

Heritage interventions to support mental health and wellbeing have become a focus of research and policy. In 2018, Historic England produced a framework outlining ways in which heritage can positively impact wellbeing (Reilly, Nolan, & Monckton, 2018). Since then there has been a move towards social prescription of heritage interventions (Historic England, 2019).

While there are benefits to active participation, there are also potential risks to those who receive support as well as risk to the non-renewable historic remains and landscape that form the core of these projects, and it is essential that best practice is observed in order to protect both participants and those heritage assets.

Definitions

A 'heritage project' in the context of this report is defined as one set up to facilitate active participation in, and engagement with, heritage with the explicit intention of supporting mental health and wellbeing. It is therefore considered an *intervention,* as opposed to passive/receptive engagement.

We refer to 'mental health issues' throughout the report, to reflect the language preferred by our lived experience researcher. Mental health issues are distinct from 'wellbeing' which is understood to be a holistic judgement of life satisfaction, whereas mental health issues refer to symptoms of psychological distress.

Purpose of the Study

This report presents the results of a UKRI MARCH Network Plus funded project carried out between November 2020 and May 2021, which saw an expert panel develop best practice guidelines for organisations offering heritage projects as interventions for people who live with mental health issues. This was achieved through a Delphi process, which utilised the skills of those with lived experience of mental health issues, as well as mental health and heritage professions equally, bringing together their expertise to create a practical and beneficial tool based on real-life experience.

Summary of Findings

Ten thematic areas were developed under three headings: Project Preparation, Project Delivery, and Project Follow-up. A particular focus for the guidelines concerned aspects of safeguarding, understanding risk, and duty of care, as well as the expertise that should be brought into the project delivery in terms of the appropriate management of both heritage/ historic environment asset, and mental health.

Summary of Guidelines

This section presents a summary of the guidelines as an introduction for policy makers and interested professionals. The full set of guidelines is presented in the main body of the report, and this should be used by practitioners looking to establish heritage-based initiatives designed to support mental health and wellbeing. This supplements conventional health and safety considerations and requirements for risk assessment.

Project Preparation

- Project Aims and Anticipated Benefits
- Group Composition
- Initial Contact and Joining a Project

Project Delivery

- Working in Partnership
- Safeguarding Responsibilities
- Project Delivery to enable participation
- Staff expertise and training
- Model of delivery

Project Follow up

- Expectations for Evaluation
- Post project support

Project Preparation concerns aspects of what projects should explicitly aim to achieve, considerations as to who target participants should be and why, and how initial contact should be made along, with considerations of ways to support initial engagement.

Project Delivery concerns the importance of working in partnership (e.g. heritage organisations seeking support from mental health professional and vice versa), safeguarding responsibilities, project delivery to overcome ongoing barriers and support participation, expectations for staff expertise and training, and the model (but not content) of delivery that might be most impactful.

Project Follow up concerns expectations for evaluation and the types of post-project support that may be required.

In all sections there are components the panel considered *essential* in the delivery of a safe and effective project. Those that reached consensus once they had been reframed as optional are presented as *desirable* components. The guidelines are presented as a checklist in the Appendix. It is hoped that these guidelines can assist all organisations, big or small, funded or un-funded, in the delivery of safe projects that support the mental health of those involved, as well as enhancing and protecting the historic environment that provides the setting for these interventions. They may also help services to identify trusted projects that can be signposted to by social prescribers or similar link workers.

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Background

Heritage interventions to support mental health and wellbeing have become a focus of research and policy. In 2018, Historic England produced a framework outlining ways in which heritage may positively impact wellbeing (Reilly, Nolan, & Monckton, 2018). Since then there has been a move towards social prescription of heritage interventions (Historic England, 2019). In 2018 a scoping review was carried out to assess the state of the evidence (Pennington, Jones, Bagnall, South, & Corcoran, 2018). The authors identified nine evidence themes, including three of relevance to the current work: taking part in heritage-based activities in cultural settings, object handling, and participation in archaeology and community heritage projects. These elements of the review are based on the concept of active participation in heritage rather than passive engagement (such as self-directed museum visiting). As such, these themes are relevant to the current work as they align with the purpose of the guideline to support organisations in the provision of opportunities for active participation and involvement with heritage. In addition, the current work concerns heritage projects that have an explicit purpose of supporting mental health and wellbeing, which might be considered *interventions* as they are offered with the explicit intention to positively impact mental health and wellbeing.

While there are benefits to active participation, concerns around sufficient training and skills for supporting people with poor mental health and minimising risk to participants were key themes in a recent study of community and voluntary sector organisations, which included heritage activities (Baxter & Fancourt, 2020). In addition there are risks to the non-renewable historic environment (Ander, Thomson, Noble, Lanceley, Menon, & Chatterjee, 2012), and it is essential that best practice is observed to protect participants and resources. In addition, working with people who may experience more complex mental health needs also places increased responsibility on the organisations providing heritage as intervention.

The production of toolboxes and good practice guidelines is not a unique endeavour. However, where we believe these guidelines differ is in the focus on accessibility and collaboration, but also on safeguarding (of all those involved and of the historic environment) and understanding the duty of care that comes with offering heritage projects as interventions for those who may experience more complex mental health issues. Furthermore, these guidelines aim to involve those with lived experience in the planning and implementation, by asking them to identify their personal support requirements and individual goals. This type of engagement encourages autonomy and self-determination - which are important parts of recovery - but also helps build trust and transparency between all involved in the project. Lastly, these guidelines could help organisations make a heritage project more intentional and specific in its wellbeing outcomes – not by replacing any therapeutic interventions provided by qualified professionals, but by creating an environment that facilitates engagement in a learning opportunity and growth experience.

The purpose of this MARCH Network Plus funded study was to consult with key stakeholders to develop collaborative, comprehensive guidelines for best practice in project preparation, delivery, and follow-up of heritage projects to support mental health and wellbeing. This was undertaken through an online Delphi consultation process. The consultation included, among a range of considerations, ways to involve participants in design and delivery, project accessibility, risk assessment and safeguarding, and the skills and knowledge required by service providers in this area.

Methodology

It was essential that the guidelines were developed by those with lived experience as well as heritage and mental health professionals, with each individual's experience being valued equally. A Delphi consensus process (Hasson, Keeny, & McKenna, 2008) involves the collation of expert opinion through a series of questionnaires. These are answered anonymously, with subsequent questionnaires including the previous findings in order for the panel to understand how other members, though still anonymous, have answered. Panel members are then asked to vote on the extent to which they agree with the emerging ideas and statements and through this process consensus is achieved. This is particularly helpful in establishing guidelines or processes where the evidence base is still relatively new and developing, as is the case for archaeology/ heritage being used to provide mental health benefits. Panel members remain anonymous to one another during the Delphi process allowing the full range of experts and voices to be heard equally. An online method was adopted as the norm for anonymous Delphi studies, and was particularly advantageous during the COVID-19 pandemic. It is important to note that Delphi methods are 'bottom-up', meaning that these guidelines are based on the experiences and expertise of those involved as panel members rather than being devised by the researchers.

Panel Members

Potential members of the expert panel were identified by the research team and compiled by the Research Associate. The full panel was not known to anyone other than the Principal Investigator and Research Associate.

The initial email invitations were sent to these individuals by their nominee within the research team as this personal relationship helped maintain participation in the study. The email invitation included a link to a Participation Questionnaire that provided information about the study and the planned use of data, after which they were asked to give their consent as a precursor to participation. Subsequently respondents provided their names, professional identity, role, affiliation and contact details. We also asked panel members to pass on the information about the project to others in their networks to expand its reach.

49 individuals registered to participate in the expert panel, significantly exceeding our target of 20-30 members. These experts were people with lived experience, carers, professionals with heritage or mental health knowledge, policy makers and volunteers within mental health and heritage organisations and were unknown to each other. Non-response to a round triggered reminder emails from the Research Associate to ensure that as many participants as possible continued onto the next round. Participants that did not take part in a round were excluded from further involvement in the Delphi rounds but their answers in the round in which they last participated were included in the final analysis. It is not uncommon that panel members do not respond to the final round of a Delphi process, and this can be taken as an indication of consensus (Keeney, Hasson and McKenna 2001).

Delphi Questionnaires

All questionnaires were created using Jisc Online Surveys and quantitative analysis was carried out using Statistical Package for the Social Sciences (SPSS) 27 software for closed-ended questions. Thematic analysis (Braun and Clarke 2006) was carried out on the open-ended comments to identify the main themes emerging. When reporting on the results for each subsequent round, effort was made to maintain the original wording in order to avoid changing the context of the feedback. Anonymised quotes were used to better illustrate a point. Prior to analysing the results, and after reviewing the literature, the research team considered that

statements that achieved more than 75% agreement – and Inter-quartile Range (IQR) of less or equal to 1 – as consensus (Diamond et al, 2014; von der Gracht, 2012).

The consultation was given ethical approval by Solent University Psychology Ethics Committee. This remained a live process, with each subsequent questionnaire being submitted to the committee for ethics approval prior to circulation.

Figure 1 provides a summary of the Delphi process, and further detail is provided below.

Delphi 1	Delphi 2	Delphi 3
44 respondents	40 respondents	29 respondents
55 questions - of which 36 were open ended questions	91 questions rated on 5 point scale to record consensus	21 questions and further context provided to allow further consideration
responses used to create statements to rate in Delphi 2	72 statements achieving 75% and IQR≤1 consensus added to guidelines as essential components	19 statements achieving 75% and IQR≤1 consensus added to guidelines as essential components
	19 statements not achieving consensus taken forward to Delphi 3	2 statements not achieving consensus were discarded

Figure 1. Summary of Delphi methods

Delphi Round 1

In the first questionnaire we defined "heritage projects" as well as what we meant by the phrase "mental health issues". The first questionnaire comprised 55 required questions (respondents had to answer each question to be able to proceed to the next one), which were mainly open ended and sub questions (36 were open ended) and took around half an hour to complete. These initial questions were based on the current evidence and the experiences of the research team. Questions were related to the **design and development of a project** (objectives for involving people with mental health issues to heritage projects; risks, barriers and enablers associated with this involvement; what the composition of the group should be; what should be its structure; ways to signpost individuals to a project; staff and training), **evaluation of the project** and **post project support**. An optional open-ended question was also provided for any other comments. The first Delphi Questionnaire received 44 responses (90% response rate). A long report, a summary report, and an infographic were created after analysing the results as a means of providing the findings to the panel. This provided context and information which allowed them to understand how Delphi round 2 was developed and also to rate the statements from a fully informed position.

Delphi Round 2

Construction of the second questionnaire was based on the findings from Delphi 1. It is important to note that because the responses to Delphi 1 were analysed thematically, responses from different sections and questions were later grouped to form the areas of focus

in Delphi 2. For instance, comments about signposting may have appeared in different areas, but were linked to one another when the context was appropriate. A link to the questionnaire for Delphi 2 was sent to those respondents that had completed the first round. The second questionnaire comprised an introductory text, including links to the summary report and the infographic. The research team also offered some general observations from the first questionnaire, including nuances relating to organisations and audiences of heritage projects for wellbeing.

Based on the open-ended responses from Delphi 1, it became clear that different types of participants and different types of projects were being considered by our expert panel. In terms of participants, those who do not experience mental health issues but may wish to improve overall wellbeing were being thought of alongside those who live with mental health issues, some of which might be quite complex. The remit of our funded work was to develop guidelines for projects involving people who experience mental health issues. As a result, we defined the types of projects and participants as follows, and asked the panel to keep 'Type 2' in mind when answering the questions in Delphi 2 to ensure our guidelines met the objectives of the project:

Type 1: heritage projects - open to everyone - that aim to generally improve mental health and wellbeing e.g. taking part in an object interpretation workshop to reflect on mental health issues throughout history, or a yoga class taking place in a historic building.

Type 2: heritage projects that aim to offer mental health benefits to groups that are identified as, or identify themselves as, currently experiencing mental health issues at the point of participation (and could be the reason for participation) that impact negatively on day-to-day living and require support e.g. an archaeological dig for veterans with mental health issues, or object handling for those who have experienced trauma.

The questionnaire comprised 91 statements based on the open-ended responses given by the panel in Round 1. Participants were asked to rate how much they agreed with the statements using a 5-point Likert scale. Statements investigated issues around **preparation** (aims and benefits of heritage projects designed to support people currently experiencing mental health issues; the composition of the group; contact prior to taking part; and initial engagement and signposting), **delivery** (overcoming barriers; safeguarding from risks; and project structure) and **post project support and evaluation**. A small summary of findings from Delphi 1 was provided before each section to ensure that all respondents were aware of the main findings even if they did not read the summary report. All questions were required and took around 20 minutes to complete. From the 91 statements, 72 reached consensus and 19 statements did not. Of the 44 questionnaires sent out 40 were returned (91% response rate).

Delphi Round 3

A third questionnaire was then constructed, reviewing the 19 statements that did not receive consensus. Delphi 3 included an introductory text with information about what was being included in the survey and why. Those statements that did not receive consensus in Round 2 were modified, based on comments from respondents, into 21 amended statements. A transcript of the original statement was also included so that respondents could see how the statements had been modified. After reading some explanatory text reflecting on the discussion and debate around the subject, expert panel members were then asked to re-rate them. When respondents did not agree with a statement, they were asked to offer their reasons for their lack of agreement. Answers were required for all the closed questions. Optional questions relating to issues raised on Delphi 2 were also included in the end of Delphi 3. This was to give the research team further insight around the various conversations and

debates raised throughout the process. The questionnaire required 30 minutes to complete. From the 40 questionnaires sent out, 29 were returned (73% response rate). Of the 21 statements contained within Delphi 3, 19 received consensus and 2 did not. Those 2 statements were deemed as non-agreement and were discarded.

An email with a link to the questionnaire was sent to all those that completed Delphi 2. Attached to the email was an Excel spreadsheet that included the overall ratings for each of the 91 statements of Delphi 2 together with their own ratings so that they could compare the two. Respondents were also given the opportunity to change their ratings in the questions that received consensus if they wished to by changing their rating in the excel spreadsheet and emailing it to the research team. It is a normal part of the Delphi process that in subsequent rounds a panel member is provided with their own responses as well as those of the other panellists and are asked to reconsider and, if they wish, change their answers in the light of other panellists' responses (Keeney et al. 2001). No respondents changed their responses on the questions that received consensus.

Results

Ten areas of practice were agreed upon in the successive rounds of the Delphi process. These have been organised under the categories outlined in Figure 2.

Project Preparation

- Project Aims and Anticipated Benefits
- Group Composition
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Project Delivery

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- Staff expertise and training
- Model of delivery

Project Follow up

- Expectations for Evalutation
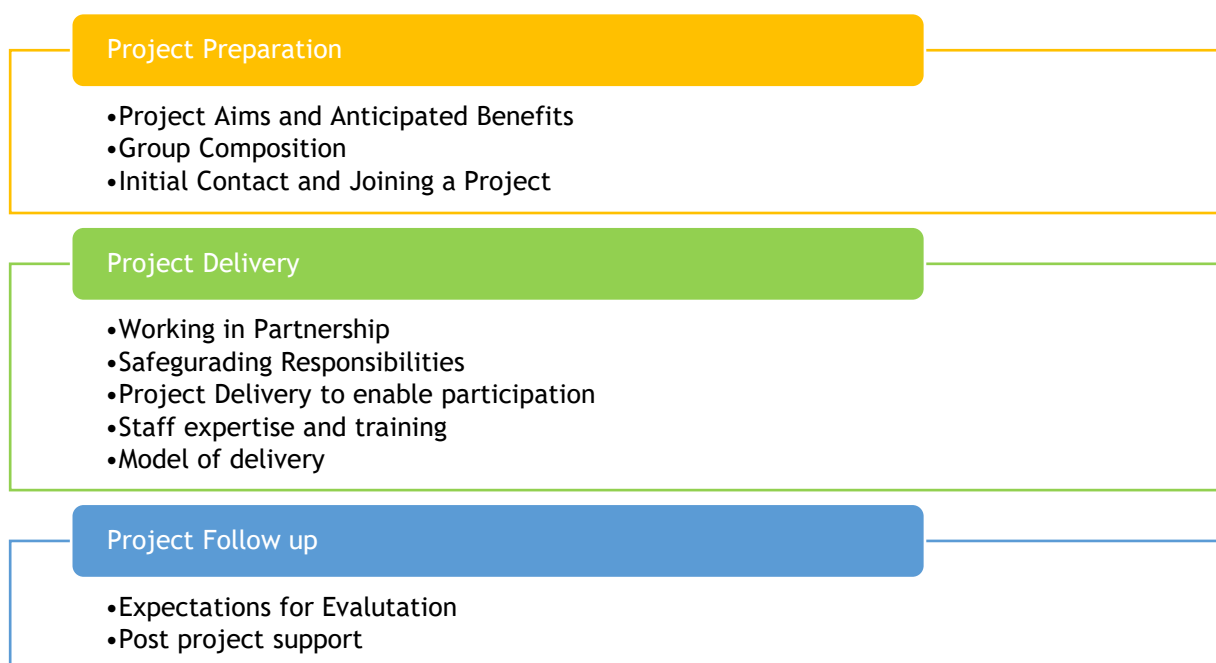- Post project support

Figure 2. Summary of the Guidelines

Project Preparation

The panel were asked a series of questions concerning what projects should aim to achieve, who might take part, and how potential participations would be contacted. This section explains the development of guidelines concerning Project Aims and Anticipated Benefits, Group Composition, and Initial Contact and Joining a Project.

> **Project Preparation**
>
> • Project Aims and Anticipated Benefits
> • Group Composition
> • Initial Contact and Joining a Project

1. Project Aims and Anticipated Benefits

This aspect of project preparation concerns what projects should aim to provide, and what should be the target benefits. Presented below is a breakdown of how this thematic area developed over the course of Delphi rounds.

Results from Delphi 1

We asked the panel what the objective of heritage projects should be and the panel replied that the most important aim should be to **improve the mental health wellbeing of those taking part** (100%), while 75% also felt that another should be to **improve or enrich a heritage project** (see Figure 3). Ideally there should be a synergistic relationship between the two where the one

Figure 3. Summary of project aims

benefits the other, and these beneficial objectives should feature specifically in the planning of the heritage project. We then asked panel members what specific benefits they would like to see. The synergistic relationship between wellbeing and active participation in heritage was seen as crucial in achieving the aims of increasing wellbeing. As one participant said, there should be *"The dual benefit of enriching the participants' wellbeing whilst improving a heritage site."* Box 1 provides some of the views of the panel as to how this relationship

> Box 1. *"Everybody has a connection to heritage through their own cultural and aesthetic predispositions and experience, a lot of mental health issues often appear to be because of a serious disconnect between the individual and their understanding of how the world has shaped them and those around them"*
>
> *"Often, the provision of time and space in a heritage context is all that is required to reset some of the disconnection and dissonance."*
>
> *"I believe that by engaging in something bigger (i.e. heritage) can promote an embrace. Specifically, that the world is not small, people have come before and will come after and evolution is always constant."*

may work, and why it is important to create a project that aims to be of both benefit to participants and the heritage assets.

Involvement with heritage can offer a deeper connection with the past. This connection can help an individual identify the natural, social or cultural factors that shaped them and those around them, and to see their place in a world that extends into the past - as well as forwards to the future - and is constantly evolving and adapting.

Improving wellbeing

The panel provided invaluable insight as to the other aspects of projects that might be essential objectives in achieving the overall aim to improve overall wellbeing. Figure 4 provides a summary.

Figure 4. Ways to improve wellbeing

Educate

A project can add value by creating awareness and understanding and providing formal and informal learning. It can also lead to further research and inspire other projects through supporting emerging interests.

It can enhance participants' skills and lead to motivation to stay on the project and maybe even open the door to further educational or employment opportunities. Box 2 highlights this further.

> *Box 2. "Projects training or educating participants in transferrable skills need to do so in a manner which is verifiable and certificated in a way that would assist them in finding employment etc."*
>
> *"High quality, enjoyable activities, using informal learning opportunities with outcomes that can be shared beyond direct participants in order to share learning more broadly across the heritage sector."*

Create a purpose

> *Box 3. "Heritage projects can provide a sense of meaning and purpose that helps protect and promote psychological wellbeing."*
>
> *"Heritage projects can provide a sense of meaning and purpose that helps protect and promote psychological wellbeing."*

Engaging in an authentic activity that has defined goals helps create a purpose and a focus, perhaps in being involved in something bigger than oneself. Box 3 provides a quote from the panel, but similar themes can be seen in Box 1.

Activities should provide tasks which can demonstrate improvement or measurable positive change, as this enables self-identification of progression and participants should be offered a range of tasks so that they can have the autonomy to choose what they would like to participate in.

Promote diversity and inclusion

A heritage project for people with mental health issues can promote diversity by including a broader range of voices and perspectives, and bringing together participants with various stories and from various backgrounds compared to those heritage projects without a mental health aim.

Making mental health a key component of a heritage project addresses under representation in accessing heritage of usually excluded communities; vital in the context of this project and the MARCH project remit (Box 4).

> *Box.4 "Creates opportunities to widen participation and ensure inclusivity so that heritage projects connect with communities overall and are not seen as "specialist" in their nature."*
>
> *"Heritage projects enable people to explore issues both through their own perspective and that of different contexts by creating talking points amongst participants."*
>
> *"Make visible emotional and mental health struggles through time and place."*
>
> *Heritage projects need to include both tangible and intangible elements from a diverse range of people / perspectives. Not to include people with a range of health issues (including mental health) is to disenfranchise a sector of society."*

Empower

> *Box 5. "consolidate skills and build individual confidences and internal narratives i.e., "I can do..., I have the ability to do...., I am still productive."*

A heritage related activity can give participants a challenge, a sense of achievement and belonging and help build self-confidence by engaging in an authentic activity with a purpose and an outcome. It can also be inspiring and transformative by creating new opportunities (Box 5).

Offer a safe environment

In Box 6 we see that involvement can offer the opportunity to engage in an activity in a safe, calm and relaxed environment, which allows them to fully engage with the activity.

> *Box 6. "Critically to provide a safe, kind and nurturing space for all people to feel comfortable and confident in themselves."*

Encourage social skills

> *Box 7. "Meeting new people, experiencing the benefits of sociality and camaraderie."*

Projects can aim to encourage participants to engage with others with the intention to increase sense of community, expand social networks and reduce isolation. Another anticipated benefit is that this would improve participants' social skills and team working skills (Box 7).

Generate further support

Projects that involve people with lived experience of mental health issues can aim to enable access to additional support or information (e.g. through signposting), a theme returned to in project delivery and post project support.

Projects could also aim to promote the use of social prescribing. Social prescribing might be described as an enabling mechanism: a way in which the health service prescribes social activities for people with needs, which meet those needs through a formal process of referral (Box 8).

Enhance heritage

Box 9. *"Participants may be able to help draw out meaning or context, relate to it in unique ways, and 'transform' it through building their own stories into and onto it."*

There is an *"Enhanced value of archaeological sites for non-archaeologists. The perceived value of archaeological sites is (I suspect) much higher among archaeologists than among other demographics. If sites are seen as immediately beneficial to living people, there is a much greater reason to engage with and preserve those sites."*

While the above quotes and commentary describe explicit aims to improve wellbeing and the objectives that might be set to meet this, another aim for heritage projects was suggested. This was to enhance the heritage assets themselves (Box 9).

Active involvement of lay people in a heritage project can contribute to the interpretation, understanding, and conservation of a site, landscape, building etc. Whilst codes of conduct around stewardship of the historic environment place an additional ethical responsibility on the management of heritage-based projects, whether they involve volunteers or professionals, these projects can bring inspiration and a new dimension to heritage through the contribution of those taking part.

Projects could also aim to make heritage more relevant to the wider community, allowing the community as a whole to access and discover its own history in ways which might not be achieved through more formal or academic channels.

Results from Delphi 2

After the research team analysed and grouped comments into themes and statements, which were themselves created using the panel's own words, respondents were asked to rate the importance of these themes. This enabled the identification of key objectives for a heritage-related activity that aims to improve mental health and wellbeing for those experiencing mental health issues. The following statements were rated by respondents using a five-point Likert scale. Table 1 below shows the combined agreement score.

Table 1. Agreement scores for project aims and anticipated benefits statements

To what extent to you agree or disagree with the following statements? Any organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues should aim to…	Strongly Agree & Agree
Allow participants to carry out an activity in a safe environment	100%
Promote diversity and inclusion	98%
Improve their overall wellbeing	95%
Empower	95%
Encourage social skills and connectedness	93%
Generate further support	93%
Enhance heritage	90%
Educate	88%
Create a purpose and a focus	85%

Since all of these statements achieved consensus, they were accepted into the guidelines, and were not taken into Delphi 3.

Implications for Guidelines

These results inform the guidelines presented here by highlighting what the explicit aims of a heritage project that intends to improve health and wellbeing should be. A project should aim to provide opportunities to improve wellbeing through engaging in purposeful and authentic activity, which empowers participants, and which is offered in a safe, inclusive, and supportive environment. A project should also aim to enhance our knowledge of the historic environment, thereby acknowledging the synergistic relationship between health and heritage. Table 2 provides a summary.

Table 2. Summary of Guidelines for Project Aims and Anticipated Benefits

1. Project Aims and Anticipated Benefits	
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should aim to:	
E	**Improve overall wellbeing** through the following objectives:
E	- **Educate** (e.g. by providing formal and informal learning, inspiring further research and new projects, enhancing participants' skills, leading to further educational or employment opportunities such as further study).
E	- **Create a purpose and a focus** (e.g. by engaging in a meaningful activity with defined goals and outcomes).
E	- **Promote diversity and inclusion** (e.g. by enhancing access to heritage, by creating a sense of community, by creating awareness around mental health).
E	- **Empower** (e.g. by allowing participant's views to be valued, aiming to boost self-esteem and confidence, creating a sense of belonging).
E	- Allow participants to carry out an activity in **a safe environment**.
E	- **Encourage social skills and connectedness** (e.g. by promoting team working).
E	- **Generate further support** (e.g. by providing signposting to further support, by promoting social prescribing as an enabling mechanism).
E	**Enhance heritage** (e.g. by widening the perspectives on heritage through engagement with a wide range of participants, by offering a new dimension to heritage by the contribution of the stories and experiences of those taking part).

2. Group composition

This aspect of project preparation concerns group composition; that is who the target participants should be when designing a heritage project. Presented below is a breakdown of how this thematic area developed over the course of Delphi rounds.

Results from Delphi 1

Heritage projects often target a group with specific experiences in common or characteristics, for instance projects for veterans or for those who are homeless. Other examples might include only those living with severe and enduring mental health issues. With this in mind, we asked the panel whether projects should be designed to include everyone (not exclusively those with mental health issues), those with mental health issues only, or more specifically those with a particular experience of from a particular cohort. The panel's majority response was that group composition depends on the aims of the project (45.5%), while 36.4% felt that projects should always be designed to involve everyone. 9.1% felt that only a particular cohort should be included, while 4.5% felt that projects should be exclusively for people with mental health issues. When asked to explain their opinion, panel responses concerned decisions being made based on the aims of the project, resources available, the advantages and disadvantages of mixed or specific groups, and the needs and preferences of the participants themselves. Box 10 highlight the complexities of the issue, while Figure 5 summarises key aspects of the panel's explanations.

Box 10. *"It is important to be clear at the outset of the programme why and whose mental health is being supported. In particular, where is this interest coming from, e.g. heritage organisation, non-heritage organisations, people using mental health services? Are there existing partnerships involving people using mental health services who can be consulted at the outset or does this need to be developed, or is this a more generic wellbeing outcome, e.g. using 5 ways to wellbeing. The programme may wish to address the structural under representation of many people with protected characteristics in heritage e.g. disability. Once the aims are clear, programme design, resourcing, partnership working, evaluation methods, funding etc will have more direction and logic."*
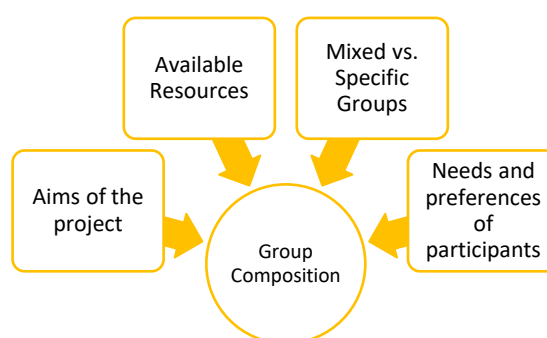
Figure 5. Explanations of group composition

Aims of the project

Comments from panel respondents suggested that group composition should depend on the objectives of the project. For instance, if the object is to promote social reintegration, then a diverse group would better serve those purposes; whereas if objectives include confidence-building or improved access to heritage for a specific cohort, a group with common characteristics would be preferable. The group composition should be appropriate for the objective (Box 11).

Box 11. *"It depends on the targeted outcome. For example, if it's social reintegration, then involving people with mental health issues in general projects might be advantageous. But perhaps a confidence-building project just for people with mental health issues might be a first step towards that."*

Available Resources

Including only small groups of people (and maybe their carers) in projects can mean that a high level of support can be offered to ensure projects are safe and properly run. This is likely to make it more expensive per person, so resources should be directed at people who are going to benefit the most from a higher level of investment- particularly given the general underfunding of mental health services currently (Box 12).

> *Box 12. "This is not a 'should', it's more that this is what we do because there is a chasm between what people who live with serious mental health challenges want and what is on offer in primary, secondary and commissioned services. We work with small groups in sustained engagement projects, and members usually have serious mental health issues. The groups do include people who do not have mental health issues as carers, staff etc. You need a level of expertise inside the project and in partnerships to ensure that such a project is safe and properly run. This is likely to make it more expensive per person than a wellbeing project that is intended to support general mental health, and it makes sense to target those resources at people who are going to benefit the most from a higher level of investment."*

Mixed vs. Specific groups

A range of opinions were offered as to whether groups should be mixed or should be specific, with clear rationale provided by panel members. A number of respondents suggested that efforts should be made for activities to include a broad range of participants that allows them to interact and help normalise wellbeing issues, create greater awareness and understanding around mental health, and encourage inclusivity and gaining perspective from difference (Box 13).

> *Box 13. "This is personal, but mental health and supporting positive mental health is of benefit to the entire community (society), every individual in every context needs to be supported. A project should not be divisive, exclusive. Neither should it attempt to separate or exclude or make people feel they are 'different' or not part of normative processes in heritage. This would serve to be divisive and honestly potentially do harm. Although I note this would depend on your definition of mental health and considering safeguarding."*

Some respondents preferred projects to be designed around the needs of a specific group, experiencing the same issue(s) or with the same experiences and to include participants drawn only from this group, as they considered it to be more beneficial to focus on people with similar issues and experiences. It was also thought to be more straightforward to evaluate the short and long-term effects of such a project. Furthermore, in some circumstances, it was felt that participants might find it easier to open up and share within groups of people that have similar experiences (Box 14).

> *Box 14. "My sense is it is easier to deal with a specific group with similar issues. Opening up to anyone could make the group too diverse and cause issues on where best to focus."*

In some instances, it might be possible to take a staged approach. For example, after building self-confidence and acquiring skills, participants from the initial project could be transferred to a mixed group in order to develop social skills.

Needs and preferences of the participants

Box 15. "This should relate to the purpose and outcomes of the intervention designed. There is merit in narrowing the focus to a particular cohort given the complexity of the interacting causal mechanisms that underpin a successful project and its evaluation. However, there is a risk of creating an exclusionary/ special mindset for the participant group when there would be greater community integrative benefits by having a wider participant group. This is pertinent for the veteran cohort who often define themselves as separate from 'civvies' yet need to function and live alongside them."

For some projects and participants, a 'mixed' group might discourage some from participating, but for others there may well be benefits derived from more diverse participation. A number of respondents preferred a project to be designed exclusively around the needs of people with lived experience of mental health issues, however, others wished to avoid segregation. For the latter group, a variety of life experience make the group diverse and can avoid exacerbating the feeling of being isolated from society. The solution as to what works best may depend on the ultimate aims of the project: in depth support of a particular issue; raising awareness of mental health; providing collective experiences for carers and those with lived experiences; or enabling connections between often isolated communities (Box 15).

Results from Delphi 2

From the responses in Delphi 1, it was clear that there were a number of different views as to how the groups should be composed. The team created statements based on these responses and in Delphi 2 respondents were asked to rate statements about whether organisations should decide on the composition of the group based on the aims of the project, the goals and needs of the participants, and the resources available to them. Table 3 below shows the statements and their combined agreement scores.

Table 3. Agreement Scores for Delphi 2 Group Composition Statements

To what extent to you agree or disagree with the following statements? Any organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues should ensure that the composition of the group is…	Strongly Agree & Agree
Connected to the resources available to the project	88%
Determined by the aims and objectives of the project organisers	75%
Connected to the goals of the participants	75% (IQR>1)
Connected to the preferences of the participants	50%

Two statements did reach consensus. These were that the composition of the group, or target participants, would be connected to the resources available and to the aims and objectives of particular projects (i.e. a 'for veterans' project).

Two of the statements about the composition of the group did not receive consensus. These concerned whether potential participants themselves should determine the composition of the group. As a result, these statements were modified and included on Delphi 3. It should be noted, however, that while the statement about the composition of the group being connected to the goals of the participants received a 75% combined agreement, the interquartile range (IQR 2) showed that there was statistical dispersion and therefore a lack of consensus amongst the group so it was also included on Delphi 3.

Results from Delphi 3

The two statements that did not receive consensus were combined and modified to form a new statement. The statement concerned whether participants should be asked about what the composition of the group should be. This statement did not reach consensus (Table 4) and was discarded. We also asked panel members to explain their reasons for disagreement.

Table 4. Agreement Score for Delphi 3 Group Composition Statement

Statement	Strongly Agree & Agree
An organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues should ensure that potential participants are asked what they feel the composition of the group should be.	66%

When asked why they did not agree with the statement some respondents insisted that the composition of the group should be related to resources rather than a cohort's preferences. Resources might be the size of the organisation or the characteristics or access to a heritage or archaeological site; this suggests that these are perceived as primary constraints on a project's scope. See Box 16.

Box. 16 "As a small organisation we only have a few activities, so we would not want to restrict the group, our activities are fully explained, what and whom is involved and therefore the individual can make an informed choice if it is for them, whilst we welcome any questions from them about the dig"

Box 17. "In short, we all need opportunities, space and support to learn and grow, but we are unlikely to know and define this for ourselves. Apprehension about moving out of our comfort zone is common to us all, but necessary if we want to learn and grow. Being intentional about this enables support to be available and any reasonable adjustments to be made in the spirit of this."

It was also suggested that once the goals and objectives of the project are clearly defined individuals should have choice and - perhaps with support- decide for themselves if the project would be a good fit for them (Box 17). This personal autonomy is important and can mean that if they actively agree to participate it is more likely to provide them with the opportunity for learning, growth and the chance to explore something new where possible.

Implications for Guidelines

Views of the expert panel suggest that group composition is important to both providers and participants and will likely be dictated by the nature and context of the heritage project and overall aims, as well as the resources available. Table 5 captures the guidelines concerning group composition.

Table 5. Summary of Guidelines for Group Composition

2. Group Composition	
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should ensure that:	
E	The composition of the group is determined by the aims and objectives of the project organisers (i.e. to support those with a specific mental health issue or those who share type of experience e.g. veterans), and is clearly communicated with potential participants.
E	The composition of the group is connected to the resources available to the project (e.g. a group that seeks to engage people with complex mental health issues would need more resources to run it safely, including appropriately trained staff).

3. Initial contact and joining a project

Once project aims and group composition have been planned the last aspect of project preparation is how to make contact with potential participants and how to manage their experiences of joining the project, and these were considered important aspects by the expert panel.

Results from Delphi 1

In Delphi 1 we did not explicitly ask about initial contact. Rather, this emerged from the open-ended questions concerning barriers to participation. When we asked about facilitators, such as provision of information, we learned about the importance of pre-project contact to determine whether projects can meet the needs and aspirations of the potential participants; how this contact is made; and the nature of initial contact.

Barriers to participation

Expert panel members reported that potential participants might face emotional and psychological barriers that would prevent them from joining a heritage project. These could be social anxiety, avoiding particular types of experiences, low confidence or self-worth, depression, or trauma. Fear of the unknown, anxiety about the conclusion of the project, feeling excluded/stigmatised, and a lack of engagement and commitment could also hinder participation. The possibility of being impacted by certain triggers (e.g. immersive interpretation in museums with loud noises, or artefacts that might link to traumatic memories) were also barriers. For others having to retell their story to join the project (in order for needs and 'fit' to be assessed) can be a deterrent. The quote in Box 18 summarises these concerns well.

Box 18. "Mental health conditions vary so widely; it would be impossible to summarise. However, it's quite possible that simply getting somewhere on time and entering a new building will be a huge thing. No matter what is waiting on the other side of the door, it's a long journey to the door. It can be like climbing a mountain."

There was also concern that heritage can be seen as exclusive, and that this could deter participation, as illustrated in Box 19.

After identifying potential barriers, panel members were asked how these barriers could be addressed. Figure 6 provides a summary of the ways in which this could be achieved.
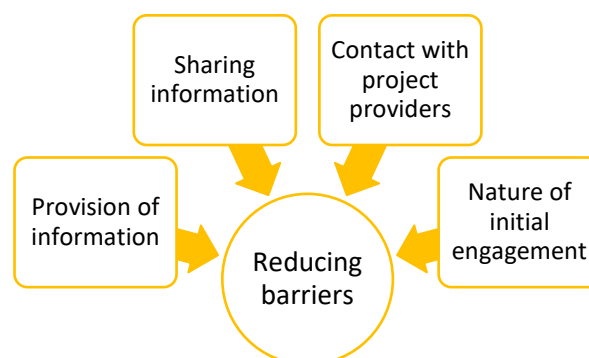
Figure 6. Reducing barriers

Provision of information

A lack of awareness regarding the project overall, or how a heritage-related activity can be relevant or beneficial to potential participants, could be a barrier to engagement and so **provision of information** was seen to be important. Information should be provided concerning the nature of the activity (e.g. facilities, type of environment, climate, terrain, etc), what systems and measures are in place, and what benefits they will gain from attending, perhaps in the form of **an orientation pack**.

This would ensure individuals join activities fully informed of the overall aims of the project, the process, and what their own journey through the project might look like, giving them opportunity to make an informed decision on participation. It can also help alleviate worries or concerns that potential participants may have and reduce barriers. After this, **signing up to the project should be clear and straightforward**, as unnecessary complications can also act as barriers and deter individuals from taking part (Box 20).

Sharing of information

Having information from individuals can also make support staff aware of specific needs, potential triggers or other adverse reactions. The panel advised that if participants had complex mental health needs then it is important to have highly trained staff on hand to support them. Furthermore, this offer of support should be made clear to potential participants (the expertise of staff is also discussed in the 'project delivery' section). However, projects should also encourage acceptance and aim to normalise mental health

issues by treating people with lived experience of mental ill health in the same manner as other participants (Box 21).

> *Box 21. "I'd like to highlight the difference between working with people with serious, life threatening mental health issues and providing services which are mindful of people's mental health and wellbeing. Ordinary decency in terms of mental wellbeing should be part of every organisation's practice, and how they engage with visitors, participants, volunteers and staff - on the grounds of fairness and social justice. Working with people who are exceptionally excluded because they live with serious mental health challenges demands a different level of resource in terms of expertise, money, space, support services etc."*

Contact with project providers

As indicated above, there seemed to be agreement that some contact should be established prior to the project between potential participants (Box 22), and panel members were asked what the nature of this contact should be.

Respondents gave a range of responses about how to pair participants to a project, which ranged from going through a regimented application and selection process to having a simple conversation with a potential participant.

> *Box 22. "here would need to be a pre-project meeting with participants to reassure them by informing them of what is involved, what support is available etc. to make them feel comfortable participating."*

Several respondents preferred to have **conversations** with potential participants as this allows for rapport to be built and to determine whether the project could meet the needs, preferences, and future ambitions of the individual. It would also offer the opportunity to provide important information on what the project entails and discuss any barriers that might inhibit participation. See Box 23.

> *Box 23. "In my experience, a chat with an individual is very productive and allows the foundations of a rapport to be built. Informal conversations can help uncover the anxieties and negative aspects of an illness that the individual might feel would prevent them from participating. By having these conversations we are able to develop mitigation strategies with participants, take their knowledge of their own situation and use this to inform our own 'actions on' should they need our support on site."*

Assessment questionnaires (written, or in the form of interviews) was another proposed method for ensuring that an individual would benefit from participation on the programme and that their needs and aspirations would be met. See Box 24.

> Box. 24. *"Some form of assessment questionnaire that the individual has to complete in order to provide a good indication of their particular issues, whether they are on medication and the severity of their condition. e.g. 'have you been diagnosed with any of these issues: PTSD, depression, anxiety, psychosis, alcoholism, drug abuse. Also, what attracts you to this activity, what do you hope to get out of it? Conversations would be good, however, they might be time consuming or difficult to arrange but now in this time of Zoom perhaps easier to do a face to face assessment once a questionnaire has been completed."*

> Box 25. *"If it's a bigger commitment - for example participating on a dig for a week - then having a taster day would be a good idea, to check that it's the right fit for the individual, and to make alternative suggestions if it is not."*

Other proposed methods of making initial contact were **taster sessions**, which would enable participants to discover for themselves if they would benefit from an activity (Box 25).

Nature of initial engagement

An "easing in" period would allow participants to get to know each other and to feel welcome and included. A **trusted contact, a peer or a former participant** could act as 'guide', accompanying the person to the first session, or participants could bring something they want to share, e.g. an object or a photograph. To enable engagement a personal connection between the participant and the project could be established (e.g. social history, genealogy, aesthetics) starting with virtual/ online tools if a person does not want to attend in person, with further incremental, 'stepping stones' to involvement (Box 26).

> Box 26. *"Fear of the unknown, not knowing what to expect, and 'jumping into' something new. Might be best overcome by easing the individual into the activity via a 'scaled' involvement, or through a trusted contact."*

Results from Delphi 2

Ten statements were created for these thematic areas using the panel's own phrasing. Eight of the statements received consensus. The research team also asked the panel to consider their answers from the perspective of a heritage organisation making contact with potential participants, rather than participants being referred through other avenues e.g. social prescription. Table 6 presents the statements and the consensus percentages.

Results from Delphi 3

The two statements that did not receive consensus were slightly modified in order to determine whether the disagreement was effectively related to their inclusion as essential, rather than desirable components. Consequently, we changed the statements to 'could', rather than 'should', to indicate that these were options in terms of ways to involve participants. They both achieved consensus on Delphi 3 and are detailed in Tables 7 and 8.

Table 6. Agreement Scores for Delphi 2 Initial Contact Statements

To what extent to you agree or disagree with the following statements? A heritage organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues should…	Strongly Agree & Agree
Provision of information	
- Ensure that signing up to the project is clear and straightforward	100%
- Offer participants an "orientation pack" with detailed information on what the project will entail	88%
Sharing information	
- Should collaborate with other professionals and/or organisation to ensure highly trained staff are present if a participant needs them	85%
- Should collaborate with other professionals and/or organisations to offer access to external mental health support if a participant needs it	83%
- Should collaborate with other professionals and/or organisations to co-create a wellbeing plan with the participant	80%
Contact with project providers	
- Should collaborate with other professionals and/or organisations to arrange **conversations or assessments** with potential participants prior to the activity to identify potential triggers/needs and to co-create plans to cope with these	90%
- Should collaborate with other professionals and or/organisations to arrange **conversations or assessments** with potential participants prior to the activity to identify individual goals and to co-create plans to support these	85%
- Should collaborate with other professionals/organisations to refer participants to a project	70%
Nature of initial engagement	
- Allow a trusted contact, a peer or former participant to accompany the person to the first session	93%
- Should offer a taster session and/or easing period to help a participant decide wither they like the project	68%

Table 7. Agreement Scores for Delphi 3 Collaboration and Referrals Statement

Collaboration and referrals	Strongly Agree & Agree
When organising a heritage related project for people that are experiencing mental health issues a heritage organisation could collaborate with other professionals and/or organisations (e.g. mental health professionals, social prescribers, volunteer organisations) in order to generate greater awareness among potential participants, or to actively refer participants to the project.	97%

Table 8. Agreement Scores for Delphi 3 Taster Session Statement

Taster sessions and/or open days	Strongly Agree & Agree
A heritage organisation that aims to design and deliver heritage-related projects to people that are experiencing mental health issues could consider offering taster sessions and/or open days to help individuals overcome anxieties or other barriers to full participation.	97%

The 3% of respondents that did not agree with the statements did so for two reasons: because they did not believe that organisations 'could' (as per the question phrasing) but 'should' collaborate with professionals for referrals; and that taster sessions should be essential, rather than optional, components of a project.

Implications for Guidelines

Views of the expert panel provided important guidance relating to how potential participants are contacted, the types of information that are important to provide and share, and how to manage the first engagement with the project. Table 9 shows the guidelines relating to this aspect of project preparation. Unlike the other sections concerning project preparation, this includes both essential and desirable components.

Table 9. Summary of Guidelines for Initial Contact and Joining a Project

3. Initial Contact and Joining a Project	
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should:	
Provision of Information	
E	Ensure that signing up to the project is **clear and straightforward**
E	Offer participants an **"orientation pack"** with detailed information on what the project will entail
Sharing information	
E	Collaborate with other professionals and/or organisations to ensure **highly trained staff are present** if a participant needs them
E	Collaborate with other professionals and/or organisations to offer **access to external mental health support** if a participant needs it
E	Collaborate with other professionals and/or organisations to **co-create a wellbeing plan with the participant**
Contact with project providers	
E	Collaborate with other professionals and/or organisations to arrange **conversations or assessments** with potential participants prior to the activity to identify potential triggers/needs and to co-create plans to cope with these
E	Collaborate with other professionals and/or organisations to arrange **conversations or assessments** with potential participants prior to the activity to identify individual goals and to co-create plans to support these
Nature of initial engagement	
E	Allow a trusted contact, a peer or a former participant to accompany the person to the first session
	When organising a heritage project for people that are experiencing mental health issues an organisation could:
D	Collaborate with other professionals and/or organisations (e.g. mental health professionals, social prescribers, volunteer organisations) in order to generate greater awareness among potential participants, or to actively refer participants to the project.
D	Consider offering taster sessions and/or open days to help individuals overcome anxieties or other barriers to full participation.

Project Delivery

The panel were asked a series of questions concerning delivery of the projects to best achieve the aims determined above. This section discusses the decisions the panel made about the importance of working in partnership (heritage organisations seeking support from mental health professional and vice versa), safeguarding responsibilities, project delivery to overcome ongoing barriers to participation, expectations for staff expertise and training, and the model of delivery (not the content) that might be most impactful.

Project Delivery

- Working in Partnership
- Safeguarding Responsibilities
- Project Delivery to enable participation
- Staff expertise and training
- Model of delivery

4. Working in Partnership

The question concerning barriers led to the development of themes associated with ways of working. Over the course of the three Delphi rounds, the theme of working in partnership emerged as a way to overcome such barriers and to enable participation. It is included in project delivery as it speaks to the ways in which ongoing partnerships aid delivery. As such, this section concerns working in partnership with other organisations as well as seeking involvement from other individuals (including mental health professionals as well as volunteers and peers). Consequently, 'partnership' here refers both to large scale, between organisations, but also smaller partnerships between projects and volunteers or professionals.

Results from Delphi 1

In Delphi 1 issues were raised about organisers of heritage projects not recognising the resources, costs, and time involved in delivering long term projects with high quality outcomes for those with lived experience of mental health issues. This represented a significant barrier to participation for many. Indeed, the cost of providing transport, accommodation, food and medical support can be prohibitive when organising a heritage related activity. In addition, concerns were raised about the difficulty of communicating to participants - but also to potential funders - the

Partnerships with Professionals and those with lived experience

Partnerships with Organisations

Enhanced Link Working

Reducing Barriers through…

Figure 7. Ways to reduce barriers

benefits of a heritage project if working in isolation. A few respondents also observed that, on some occasions, charities or care managers act as gatekeepers and take decisions regarding what information to pass on, or whether to engage with a heritage organisation. Furthermore, poor organisation of the project and inappropriate referrals can also create a risk to participants' emotional wellbeing during or after the project and can prevent future participation. When asked what could be done to remove these barriers for successful delivery, responses clustered around partnerships between organisations, professionals, and enhanced link working. Figure 7 provides a schematic.
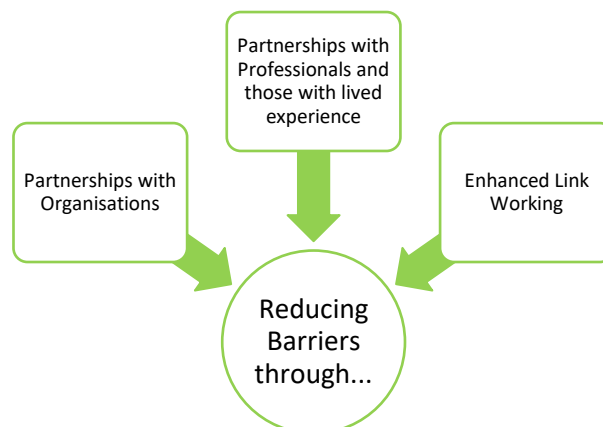
Partnerships with organisations

It was widely agreed that heritage projects for people with lived experience of mental health issues should be designed, delivered and signposted by **a cross section of organisations, professionals and individuals** that have a demonstrable record of expertise in their area (Box 27). It is important, however, that roles and responsibilities are clearly defined and that individuals facilitating activities are vetted for their suitability (competence, individual resilience, 'fit' within the existing project team, empathy & relatedness, social skills, shared values).

Box 27. *"Partnership between heritage and health organisations at every level of institution. So strategic partnerships between national heritage and health organisations - so that social prescribing is funded and meaningful; interdisciplinary academic collaborations in medical humanities; local authority collaborations between social care/ arts and heritage; grass roots partnerships between charitable and voluntary organisations; personal exchanges between staff in heritage organisations, staff in mental health provider bodies. I would like to see Heritage Link Workers in place who actively seek opportunities for people with mental health issues to take part in heritage opportunities where they live, with the supporting structures that need to be in place to make this possible for people."*

Cooperation and communication between organisations- especially organisations with whom potential participants are already engaged (e.g. social providers, referral agencies, community groups, charities, NHS, supported housing, mental health specialists, link workers etc) can establish relationships and networks.

In terms of the issues around resourcing, these partnerships can jointly apply for **funding** (e.g. through National Lottery Heritage Fund/Community Fund, lobbying for government funds, etc) and co-create well supported activities, share learning and build more projects in the future. It was also suggested that funding is usually targeted toward short- or medium-term projects. Funding mental health heritage projects for longer terms could be a better way to develop expertise and to establish an evolving and practiced approach to heritage for mental health. This needs to be clearly explained to funders together with the benefits of organising such a project and reassurance that the project/programme will run safely.

Partnerships with Professionals and those with lived experience

Recognising different professional areas was seen as important partnership working too (Box 28). As such, projects should start small and build scale based on experience, ethical evaluation and shared learning. Organisers should recognise the difference between facilitating a therapeutic intervention and attempting to offer therapy. The project should not compromise an existing therapeutic programme for the participant and signposting to professionals should be taking place if necessary.

Box 28. *"Not trying to be something you and your project are not - archaeologists and heritage professionals are not health care professionals, psychologists, mental health specialists, this is important to consider (critically), it is one thing supporting positive mental health it is another thing trying to run a project specifically for people with mental health issues (especially those medically diagnosed)."*

Professionals from **heritage organisations** bring knowledge of their discipline and access to places and collections. Heritage staff should be encouraged to get involved with mental health organisations prior to the project as this can help to gain greater understanding and create a

> Box 29. *"It's important that the people signposting are educated about what programmes are out there, how they can help and who to speak to."*

network of contacts. Having trained mentors would also be helpful during activities as would a facilitator who has professional experience in the mental health sector. **Mental health professionals, occupational therapists, social care professionals and welfare assistants** can help signpost appropriately and shape the direction of a project, and can make sure individuals are getting the best possible outcomes through participation. In addition to professionals, people with **lived experience** could co-design the project and offer peer support or buddying during the delivery. **Volunteers and carers** could also be included in the project delivery, especially if projects or certain participants require the presence of extra support. Lastly, **charities, community organisations, social care networks and social prescribers** can help signpost potential participants to the project (Box 29).

Enhanced Link Working

> Box 30. *"social media reaches far and wide but is not always trusted and some people are digitally excluded anyway."*

Enhanced link working, as mentioned above could improve communication about a project. This could be established through **word of mouth** (previous participants' experiences) **a directory** (a website listing available resources), **online and social media** (social media, podcasts, websites, videos)**, local papers, leaflets, events and fairs, or a national campaign** that also aims to alleviate stigma (emphasising the mental health benefits to all, including wellness, mindfulness). Online media promotion should be combined with other channels of communication to ensure that the digitally excluded are reached (Box 30). Informing those responsible for financially, logistically and emotionally supporting potential participants can also help promote the project.

The use of press/social media, or testimonials can promote information on heritage related activities, and could raise awareness amongst potential participants and organisers of what such an activity would entail or how to host it. The language and style used should be encouraging and should promote inclusivity. In addition, working in tandem with charities, support agencies, social prescribers (e.g. via heritage link workers) can help identify potential beneficiaries and ensure appropriate messages are being conveyed (Box 31). Some consideration should also be given to individuals that have had disrupted educational experiences and are illiterate, and appropriate methods should be employed to reach those audiences (e.g. radio).

> Box 31. *"We work largely with people who live with serious mental health challenges and it is difficult to get in touch with people through directories, leaflets, social media. We are not a mental health service, so we need people to have a point of contact with a mental health provider that we can know can support them if necessary. In fact - to refer back to risk - I feel that heritage organisations need to be careful not to launch into mental health programmes without this expertise in place. We always do create leaflets and social media sites, but they are targeted to engage people who live with serious mental health issues."*

When thinking about specific organisations and partnerships, **social prescribing** specifically can direct participants to a project, especially those with serious mental health issues. However, it was recommended that other methods should also be employed for those that do not have access to social prescription services.

Targeted outreach and engagement and **reaching out to other organisations** (e.g. charities, community groups, social services, probation services, GPs, Community Mental Health Teams, recovery hubs, religious groups) could also direct potential participants to a heritage project through **referrals**. The referral system can also offer individuals an understanding of what the activity will entail, help manage expectations, reduce stress and anxieties and offer access to mental health professionals.

Results from Delphi 2

The themes concerning partnership working with organisations and individuals, as well as how projects could contact potential participants via partners, were compiled into the 19 statements featured in Table 10, which were then rated in Delphi 2. Eleven of them received consensus.

Table 10. Agreement Scores for Delphi 2 Working in Partnership Statements

To what extent do you consider essential that any organisation that plans to involve people experiencing mental health issues in heritage projects should ensure that…	Strongly Agree & Agree
Partnership with organisations	
- All individuals facilitating or offering support are vetted for their suitability	98%
- The roles of those facilitating and offering support are clearly defined	98%
- The projects are multi-agency/multi-disciplinary	55%
Partnerships with professionals and those with lived experience	
- Projects are co-created with people with lived experience of mental health issues	85%
- Projects include support/mentoring from mental health professionals	83%
- Projects include support/mentoring from heritage professionals	78%
- Projects include peer support	68%
- Projects should start small and build scale based on experience	65%
- Projects include support from carers	58%
- Projects include support from volunteers	43%
Any organisation that involves people experiencing mental health issues in heritage projects would need to use methods to inform and direct individuals to these activities. How useful would you find the methods below?	Very useful/ useful
Enhanced Link Working	
- Signposting through health care networks	100%
- Signposting through charity and community groups	100%
- Signposting through social prescribing	98%
- Signposting through cultural and heritage groups	97%
- Online media	93%
- Word of mouth and personal testimonials	90%
- Local Press	63%
- Leaflets	60%
- Events and fairs	60%

Results from Delphi 3

The statements that did not receive consensus were modified and re-rated on Delphi 3. Again, the statements were adjusted so that they were framed as optional rather than essential components of a project and they all achieved consensus in the third round. We also asked panel members to provide further comment to explain their responses if they wished to. Table 11 provides a summary of the statements and percentages of consensus.

Table 11. Agreement Scores for Delphi 3 Working in Partnership Statements

Partnerships with organisations, professionals, and those with lived experience	Strongly Agree & Agree
An organisation that plans to involve people experiencing mental health issues in heritage projects **could** benefit from…	
- support offered by peers	100%
- partnering with other organisations and/or individuals to organise and carry out those projects	90%
- support offered by carers	90%
- support offered by volunteers	86%
An organisation that wants to organise heritage projects for people that are experiencing mental health issues but lacks resources and knowledge to do so could benefit from starting by engaging with small projects and build scale based on experience	
Enhanced Link Working	Very useful/useful
How useful would you find…	
- **leaflets** to inform those individuals that are digitally excluded and not affiliated with any organisations that can signpost them to projects?	90%
- **events and fairs** to inform those individuals that are digitally excluded and not affiliated with organisations that can signpost them to projects?	83%
- **local press** to inform those individuals that are digitally excluded and not affiliated with any organisations that can signpost them to projects?	79%

Although all statements reached consensus, there were some panel members who did not agree with the statements. Those who did not agree with the statement that 'heritage organisations could benefit from partnerships with mental health organisations, instead thought that **partnerships are necessary not optional**. One respondent argued that although equal partnerships might not always be appropriate, a continuing discourse - with each organisation providing its own professional competencies -would be desirable in a majority of situations.

Similarly, some respondents did not agree that projects should 'preferably start small and build scale based on experience' but rather that organisations that lack skills and resources **should not in any case offer large scale projects, beyond the scope of the care they are able to provide.**

Respondents that did not agree with 'involving volunteers in projects' did so because they felt that this **should depend on the skillset of the volunteers** as they might lack skills, training or commitment to work towards project objectives. They agreed that volunteers can contribute, but they should not take the place of expert staff and peers (Box 32). This again returns to the concept of 'vetting'.

> Box 32. *"Can be helpful to have volunteers but they need to be assessed for suitability and supported/trained/offered group supervision if working with vulnerable adults."*
>
> *"So volunteers can contribute a great deal, but they should not take the place of staff and are not essential to delivering a good project."*

Those that did not agree with carer involvement did so because they thought that it should depend on the needs of the participants. One respondent argued that they are opposed to carer involvement because it may not be in the interest of the carers themselves. Adding to that another respondent suggested that carers should take part themselves rather than to simply offer support.

In terms of enhanced link working, respondents expressed reservations as to whether local press could reach the right audience and deliver the right messages when promoting heritage activities (Box 33).

> Box 33.*"It depends on the relationship with the local press, whether or not the messaging about the project and its goals was clear and if the local press could be relied upon not to spin the information into something unhelpful, for their own purposes (what sells), and/or due to lack of understanding. It might be more helpful to utilise the local press for celebrating success stories in an intentionally focused way."*

Leaflets could be useful depending on where they were placed but they would add extra cost to the project. Lastly, events and fairs could also be costly and – unless they were specifically focused on mental health support – would possibly not promote activities efficiently (Box 34).

> Box 34. *"Thinking of military veterans and mental health, I believe large events and fairs might be daunting and not necessarily a useful place to inform potential participants of the projects. It might be better to target existing military support groups or military press/journals. Word of mouth is always efficacious."*

A note on resources

On Delphi 2 a comment was made that the cost of running a programme that complied with all the recommendations resulting from this Delphi process would be prohibitive (Box 35). An optional, open ended question was included in Delphi 3 asking respondents whether they agreed with that statement and, if yes, how they proposed to overcome this barrier. The results below have not been validated through the Delphi consensus process, but do provide some useful context.

> Box 35. *"It was a concern only if the conclusion was that ALL the suggestions which have now been reframed as "could" were listed as essential requirements. As long as the organisations have a checklist of what they should consider and then shape the project around what is commensurate to the project, then hopefully, costs won't be prohibitive. Or, if they are, then perhaps there are other sources of funding which can help to promote access for participants."*

Box 36. *"We have no budget. As a group, we are serving military personnel volunteers, we bolt onto organised archaeological digs and organise for serving military personnel who have a physical or mental injury/illness to attend, we actively seek digs in UK and Overseas, and rely on their unit to cover transport costs and we look for projects that are near a military barracks so our guys can stay there. Any social/cultural activities are covered by the participant, and is clearly explained prior to attendance."*

Some respondents agreed that programmes that involve people with mental health issues in heritage activities are very expensive and that it is necessary to fundraise or submit grant requests year-on-year to meet goals. Funding could be secured by approaching funders (e.g. charities, or organisations like the National Lottery Heritage Fund) after carrying out a pilot project or producing a fully costed plan, or are self-funded (Box36).

Some argued that there should be a gold standard that organisations should aspire to; while balancing the delivery of meaningful activities against their financial constraints and guidelines can help differentiate between essential and desirable elements of a project.

Others argued that the standards (or guidelines) for mental health heritage programmes should be high enough to prohibit the planning of projects without adequate funding and expertise. They also suggest that if there are limited resources then these should be focused on developing a smaller number of properly funded, well supported, and adequately resourced partnership projects, which improve outcomes for people whilst leaving a legacy of partnerships and opportunities. The quote in Box 37 is powerful in advocating for the importance of working in partnership, not only to provide resourcing for the project, but to provide adequate expertise on all projects. A point returned to later in this section on project delivery.

Box 37. *"We would not praise someone who attempted to excavate a site without resources or training for their enthusiasm, we would condemn them for being irresponsible. We would tell them to spend the years (decades) getting the necessary degrees and expertise and apply for grants to get the funding, and we would tell them that if those grants were unsuccessful they should not lay a finger on that site because their enthusiasm alone does not equate to being able to do the job responsibly. At present this professional culture does not exist at the intersection of archaeology and mental health."*

Implications for Guidelines

It is clear from the panel that a key aspect of project delivery is the extent to which projects should work in partnership with other organisations and individuals who are in a position to provide expertise and enhance the experience for project participants. A number of essential and desirable components were identified for the guidelines and are presented in Table 12.

Table 12. Summary of Guidelines for Working in Partnership

4. Working in Partnership	
Partnerships with organisations, professionals, and those with lived experience	
Any organisation that plans to involve people experiencing mental health issues in heritage projects should ensure that:	
E	Projects include support/mentoring from mental health professionals
E	Projects include support/mentoring from heritage professionals
E	All individuals facilitating or offering support are vetted for their suitability
E	The roles of those facilitating and offering support are clearly defined
E	Projects are co-created with people with lived experience of mental health issues
An organisation that plans to involve people experiencing mental health issues in heritage projects could:	
D	Benefit from partnering with other organisations and/or individuals to organise and carry out those projects.
D	Benefit by support offered by peers.
D	Benefit by support offered by volunteers.
D	Benefit by support offered by carers.
D	An organisation that wants to organise heritage projects for people that are experiencing mental health issues but lacks resources and knowledge to do so, could benefit from starting by engaging with small projects and build scale based on experience.
Enhanced Link Working	
Any organisation that involves people experiencing mental health issues in heritage projects would need to use methods to inform and direct individuals to these activities, such as:	
E	Signposting through health care networks
E	Signposting through charity and community groups
E	Signposting through social prescribing
E	Signposting through cultural and heritage groups
E	Online media
E	Word of mouth and personal testimonials
To inform those who are digitally excluded, or not affiliated with any organisations, organisations could use:	
D	Local press
D	Leaflets
D	Events and fairs

5. *Safeguarding Responsibilities*

Following on from components above relating to working in partnership to ensure that projects benefit from a range of skills and experience, the panel was also asked about safeguarding. Risks were particularly associated with those to participants and those to heritage, and this section concerns the steps that can be taken to recognise and limit risk.

Results from Delphi 1

In Delphi 1 we asked what particular risks panel members consider when delivering or engaging with heritage (or similar) projects, and what can be done to limit risks. Figure 8 summarises the responses, which predominantly related to safeguarding, both of people and of the heritage assets.
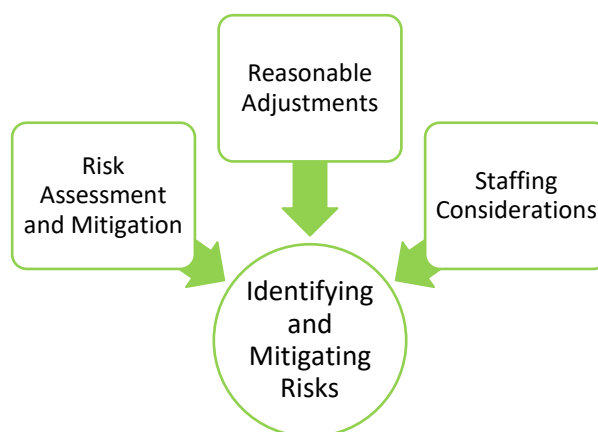
Figure 8. Ways to mitigate risk

Identifying safeguarding risks.

There was a concern that organisations sometimes engage with people with mental health issues without fully appreciating the additional support structures required to run projects safely. The possibility of harm to participants or the heritage sites was identified as a risk that needs to be mitigated against. Risks associated with discriminative behaviour were also mentioned. Additionally, the impact of fatigue on those running the activities needs to be considered if there is not enough provision or appropriate numbers of staff/ volunteers.

Risk assessment and mitigation

Risk assessment should be undertaken in line with best practice project management and discipline-specific codes of conduct. First aid and health and safety equipment/ personal protective equipment, as well as training appropriate to the activity being undertaken must be provided. The professional team should be mindful when organising activities and ensure that there is specific support in place. Being clear about project specifics and aims, reviewing these aims and adjusting where necessary can help make everyone aware of relevant limitations and boundaries, however it is important that the process of risk management is not communicated as a barrier (Box 38). Having a plan in place to address a problem that might be beyond the heritage organisation's abilities or expertise would also minimise risks.

Box 38. *"If access to heritage activities is perceived as only being possible under certain specific conditions, then a person is unlikely to feel able or confident to move forward and develop an interest in heritage activities independently. This would be an unhelpful and unnecessary barrier."*

Box 39. *"Professional archaeological output…. applies more to some activities (fieldwork, curation, etc.) than to others (yoga, heritage walks). The quality of work produced by the former cannot be compromised to accommodate the wellbeing component. Individuals working on sites or in labs require training to conduct this work and there must be quality control standards in place to reassure the archaeological community that material is not being damaged, and to reassure the participants that the work they are doing is consequential."*

It was indicated that risks to a site (e.g. individuals taking part in an archaeological dig without any prior training, 'treasure hunting'; Box 39) or disturbance to visitors (disturbance that can be created by any type of group) can easily be managed provided there are clear procedures and policies in place. Heritage sites that cannot demonstrate that they have them in place should not carry out conservation work or offering activities to members of the public.

Reasonable adjustments

It is important that any efforts around safeguarding are not made in a risk averse way. Instead, conversations should take place to determine access requirements so that reasonable adjustments can be made (Box 40). Individuals taking part are likely to want to have equity of opportunity and activity with others, meaning more support is likely to be given to those that need it: The aim should always be to work towards accessing heritage as independently as possible.

Box 40. *"Being honest about limitations and boundaries e.g. if specific times/charges apply at the outset, reminding people/partners involved of dates and project aims/outcomes, reviewing these aims /outcomes regularly together and making adjustments where necessary."*

Staffing considerations

Box 41. *"The skills and abilities of those delivering the programme need to be high and there does need to be some professional therapeutic support, again based on the severity of the presenting issues."*

Staff and volunteers should receive appropriate **preparation and debrief**. There should also be support for their **wellbeing**, as well as **reflective opportunities**. There should always be enough skilled staff in place in each session, with a minimum of two available at any one time (Boxes 41 & 42).

Box 42. *"Staff suitability and competence: there should be a selection process and the provision of training if required. Strong, empathetic communication skills would be essential; personal resilience also important; a calm, non-judgemental and authentic manner would be highly desirable, as would a passion for their profession and healthy desire to support others (i.e. not seeking to do this as self-therapy for their own mental health issues)."*

Ongoing support should be offered to staff or volunteers involved in programme delivery, making sure that everyone is comfortable and able to engage. To minimise and protect others from harmful behaviours it was also proposed that all involved should sign up to a code of conduct. Staff should be trained to recognise evidence of inappropriate behaviour and reports of such actions should always be recorded and investigated.

Support staff should engage with participants positively and with genuine interest and enough capacity should be in place to avoid staff fatigue. They should be aware of the needs of those taking part and they should be able to promote inclusion and community building.

Results from Delphi 2

The responses from Delphi 1 were used to form the following 9 statements concerning overcoming risks, which were rated on Delphi 2 (see Table 13). All but one received consensus.

Table 13. Agreement Scores for Delphi 2 Safeguarding Responsibilities Statements

To what extent do you agree or disagree with the following statements? A mental health or heritage organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues should ensure that…	Strongly Agree & Agree
- the heritage site should have policies and procedures in place to ensure the safety of its audiences and collections before the activity taking place	100%
- training should be provided for any activity that requires it	100%
- staff should receive appropriate preparation and debrief prior to the activity	100%
- enough staff should be in place to run the activity	100%
- ongoing support should be in place to run the activity	100%
- there should be reflective opportunities for staff and volunteers to talk about what went well/not well	100%
- health and safety equipment appropriate to the activity must be in place	98%
- quality control standards should be in place for activities that require it	93%
- the quality of work produced by a heritage related activity should not be compromised to accommodate the wellbeing component	73%

With regard to the final statement, a response to our 'any other section' provided helpful context as some panel respondents felt that participants on a heritage project should not be in the position of worrying about the output of their work, and that when there is involvement in something with quality controls – e.g. excavation – people should be given tasks commensurate with their experience (see Box 43). As a result, there would be no risk of the quality of the work being compromised, and or of an elevated risk to the heritage itself. Others felt that one of the benefits of working with heritage was to provide an opportunity for authentic and purposeful contribution. This would involve participants engaging with the often fragile historic

Box 43. "No public participant in any heritage project should be in the position of worrying about the outputs of their work, and especially not someone with mental health issues. The important factor is the outcome - not the outputs. For heritage engagement in something with quality controls e.g. excavation - people should be given tasks commensurate with their experience."

environment and artefacts, and therefore care should be taken to ensure appropriate safeguards are in place. Furthermore, there are additional ethical considerations when dealing with certain objects, e.g. human remains, that must be factored into project planning.

Results from Delphi 3

In Delphi 3 we provided more context for the statement that did not receive consensus. We asked panel members to keep in mind different types of heritage projects, particularly those, such as archaeological excavation, that are irreversible. We also explained what we meant by 'quality' in the statement, where it was used as a way of describing compliance with the various ethical standards and codes of conduct required of heritage professionals by bodies such as the Chartered Institute for Archaeologists etc. For example, in the case of archaeological sites where excavation is by definition a destructive process, compliance is likely to take the form of ensuring appropriate supervision of the excavation and recording process to ensure that the work meets standards in terms of 'preservation by record'. In that context the statement was seeking to determine whether heritage-related projects involving people experiencing mental health issues, should still adhere to those standards, rather than asking if the participants themselves should be delivering work of a professional quality, or implying that quality work was not possible. This statement was therefore modified and re-rated on Delphi 3. All respondents agreed with the modified statement, and it was adopted into the guidelines (see Table 14).

Table 14. Agreement Score for Delphi 3 Safeguarding Responsibilities Statement

Preservation of historic environment and wellbeing	Strongly agree/ agree
An organisation that aims to involve people that are experiencing mental health issues to heritage related projects should ensure that engagement in activities that will irreversibly impact on the historic environment (e.g. through archaeological excavation) or might cause damage to object, buildings etc (e.g. through restoration activities), is appropriately supervised so that the project complies with the standards of the relevant body while also delivering benefits to its participants.	100%

Implications for Guidelines

The panel provided clear guidelines and expectations for projects when it came to safeguarding and mitigating risks. Consensus was reached for all statements, and so a number of essential components were agreed upon to protect the participants, staff and volunteers, and the historic environment. Table 15 provides a summary of the guidelines.

Table 15. Summary of Guidelines for Safeguarding Responsibilities

5. Safeguarding Responsibilities	
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should ensure that:	
E	The heritage site should have policies and procedures in place to ensure the safety of its audiences and collections before the activity taking place
E	Training should be provided to participants (?) for any activity that requires it
E	Staff should receive appropriate preparation and debrief prior to the activity
E	Enough staff should be in place to run the activity
E	Ongoing support should be offered to staff/volunteers involved in programme delivery
E	There should be reflective opportunities for staff and volunteers to talk about what went well/ not well
E	Health and safety equipment appropriate to the activity must be in place
E	Quality control standards should be in place for activities that require it
E	Engagement in activities that will irreversibly impact on the historic environment (e.g. through archaeological excavation), or might cause damage to objects, buildings etc (e.g. through restoration activities), is appropriately supervised so that the project complies with the standards of the relevant professional body while also delivering benefits to its participants.

6. Project delivery to enable participation

This category concerns aspects of project delivery that are considered to support participation. The panel raised both practical and emotional/psychological barriers to continued participation on projects (separate from the barriers experienced when joining the project). Over the course of two Delphi rounds, the panel reached consensus about resources and opportunities that could be put in place to support continued participation as 'enablers'. A third round was not necessary.

Results from Delphi 1

In Round 1 we asked participants to identify the areas of project delivery that can impact participation and what could be put in place to enable participants to get involved. The lack of transport to and from the project was identified as an important barrier, especially if the project is taking place overseas and the participant needs to urgently get back to their support network. Barriers can also be financial, resulting from long term unemployment, reliance on
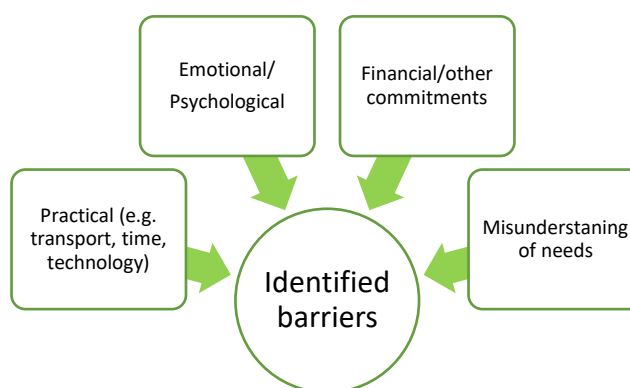

Figure 9. Summary of identified barriers

benefits etc, which makes transport and food costs prohibitive. Medication needs can make it hard for some to participate if they experience physical side effects at certain times of the day. Time constraints can also be a problem for people with other commitments such as work and family. Lastly, access to activities through certain technology can be a barrier for the digitally excluded.

Stereotypes and lack of knowledge of, and empathy for, mental health issues can result in support staff/organisers having little understanding of the needs of participants. Lastly, building dependence on projects and project staff as well as managing mental health issues after the project ends were also considered potential barriers. The panel suggested a number of enabling factors, which are summarised in Figure 9.

A number of suggestions were made for project delivery to overcome these barriers.

Practical considerations.

There should be provision of accommodation if the project is taking place far away from the participant's home, and funding for people that would like to be involved but are worried that involvement might affect their benefits. To overcome barriers to access, transport should be provided to those that need it and **flexibility around work and life commitments should be allowed** (Box 44).

> *Box 44. "Funding for people who are involved or would like to be involved but are worried that it would affect their benefits or that they couldn't afford to engage with the project. Reassurance that transport or fares will be provided would be good."*

> *Box 45. "Confidence that practical elements have been considered - logistics with on-site activities/safety; travel plans (if applicable); accommodation - accessibility/ suitability."*

The Health and Safety at Work etc Act 1974, in addition to protecting employees, also requires employers to protect members of the public, and volunteers from risks to their health and safety arising out of, or in connection with, their work activities. Voluntary organisations not subject to the Act still have responsibilities under civil law, and organisations that aim to design and deliver heritage projects to people that are experiencing mental health issues should address such requirements in order to overcome potential barriers. This should include provision for refreshments, toilet facilities, a shelter (warmth and shade), any activity materials/clothing and a safe place for participants to leave their personal belongings (Box 45).

Food should also be provided, and shared mealtimes in particular can engender social bonding and intra-group conversation (Box 46). However, no one should be forced to participate as some might need that time as an opportunity to withdraw and refresh, and that should also be respected.

> *Box 46. "Food should also be provided, and shared mealtimes in particular can engender social bonding and intra-group conversation."*

> *Box 47. "Space and time, that allows participants with mental health issues, individually or in small groups, to experience heritage sites or collections without too much structure or formal explanation and facilities that allow time for participants time to explain their feelings and experience of what they have observed."*

There should be some **time and space** for participants to experience the heritage sites or activity (Box 47), and to explain their feelings and experience of what they have observed to others if they wish to. Some thought could be given to the timing of activities in order to aid participation (e.g. some participants might prefer to start with a physical activity and continue with an activity that requires concentration), and the context in which activities are carried out (Box 48).

> *Box 48. "light (fluorescent is not pleasant!) and background noise [can impact]. Will there be other people moving through the same space during a session? Different seating options might also be helpful, depending on the session - chairs arranged informally, the option of sitting on the floor, or standing, easy chairs. etc."*

Clarity should be offered on shared and specific responsibilities (e.g. who to go to for travel queries, personal anxieties). Procedures need to be in place to protect any potentially vulnerable adults that are away from their social networks but also to protect any sensitive information that they share, such as clinical or personal information.

Emotional support

A project that seeks to involve people with lived experience of mental health issues in heritage should be planned in a way that is inclusive and with mental health wellbeing at its core. Creating a supportive environment that offers regular encouragement, reassurance and an improvement to wellbeing can further sustain engagement. Participants should be encouraged to contribute and raise concerns at any point. Staff and volunteers could also share their own or family member's experiences of mental health issues (if they choose to do so) to create connection.

Providing a range of activities that are interesting and offered at varying levels would help all group members to feel accomplished and engaged. To optimise support offered to potential participants, a project should allow for **flexibility and multiple ways** for people to get involved. **Flexibility should also be allowed for when someone is not well enough to participate** (Box 49). A buddy system would help individuals to complete tasks with an experienced partner. **For some participants having a carer** with them (even on a part time basis) could offer additional support and encouragement.

> *Box 49. "The biggest risk is to create a rigid programme which does not allow the free expression of interest by the participant. Participants should be encouraged to explain their personal interests and how these can be accommodated."*

Wellbeing should be informally monitored throughout involvement and a de-stress strategy should be formulated for each participant at the outset of the project (Box 50).

> *Box 50. "Wellbeing should be informally monitored throughout involvement and a de-stress strategy should be formulated for each participant at the outset of the project."*

> *Box 51. "Stereotypes and lack of knowledge of, and empathy for, mental health issues can result in support staff/organisers having little understanding of the needs of participants."*

'Safe spaces' or times should be available for when people need it. It was essential that discrimination should not be experienced on projects (Box 51.) In addition, these clear professional boundaries should be established to avoid participants developing dependency on staff members or projects (Box 52). **A clear code of conduct** can be useful in not only protecting heritage assets but also minimising inappropriate behaviours. Lastly, a lengthy programme or semi-permanent programme could be established to maintain contact with those involved, with an option to take part in further projects in the future as part of their on-going recovery.

> *Box 52. "Lastly, building dependence on projects and project staff as well as managing mental health issues after the project ends were also considered potential barriers."*

Generally, it was advised that project delivery should depend on the scale and scope of the project/experience, and the needs of participants. Additionally, although it is good to have guidelines on how projects should develop, organisers and participants (or their representatives/advocates) should also be able to adapt programmes based on what is most appropriate for them. In addition, **a responsible person should be available at all times to provide immediate assistance or support to individuals should the need arise** (Box 53).

> *Box 53. "For projects that have a 24hr remit (such as residential) it is important to ensure that there is a responsible person available at all times to provide immediate assistance or support to individuals should the need arise."*

Results from Delphi 2

The open-ended responses from Delphi 1 formed the basis for a series of statements asked in Delphi 2. Based on the responses, the team felt that they all centred upon the idea that there should be a person available to whom information could be reported if disclosed. An additional statement was added to reflect this. All statements received consensus and were not included in Delphi 3.

Table 16. Agreement Scores for Delphi 2 Project Delivery Statements

To what extent do you agree or disagree with the following statements? Any organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues should...	Strongly Agree & Agree
General	
- have a duty to help a person seek appropriate support or report the information to relevant authorities if someone discloses risk of harm to self or others	100%
- ensure a code of conduct should be signed by all taking part	80%
Practical	
- arrange shared mealtimes or snack times to encourage conversation and social bonding	83%
- provide practical support to participants	80%
- allow flexibility for participants that have family or work commitments	80%
Emotional/Psychological	
- ensure that all participants derive some benefit from the activities	100%
- ensure that reports of inappropriate or discriminatory behaviour should be recorded and investigated	98%
- - ensure for residential projects a responsible person should be available at all times to provide immediate assistance or support to individuals should the need arise	95%
- provide a "safe space" for when people need it	95%
- allow flexibility when someone is unwell to participate	93%
- provide a range of activities that are interesting and at varying levels	93%
- monitor the wellbeing of participants throughout involvement	90%
- allow carers that participants would like to accompany them	85%
- ensure effort should be made to avoid participants developing dependency on support staff or the project	83%

Implications for Guidelines

The panel provided clear guidance as to how projects can be delivered to alleviate the practical and emotional barriers that can sometimes impact on continued involvement in heritage projects. Table 17 provides a summary of the guidelines.

Table 17. Summary of Guidelines for Project Delivery to Enable Participation

6. Project Delivery to enable participation	
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should:	
General	
E	Recognise they have a duty to help a person seek appropriate support or report the information to relevant authorities if someone discloses risk of harm to self or others
E	Ensure a code of conduct should be signed from all taking part
Practical	
E	Arrange shared mealtimes or snack times to encourage conversation and social bonding
E	Provide practical support to participants (e.g. food, transport, accommodation if the activity is taking place away from home)
E	Allow flexibility for participants that have family or work commitments
Emotional/Psychological	
E	Ensure that all participants derive some benefit from the activities
E	Ensure that reports of inappropriate or discriminating behaviour should be recorded and investigated
E	Ensure for residential projects a responsible person should be available at all time to provide immediate assistance or support to individuals should the need arise
E	Provide a "safe space" for when people need it
E	Allow flexibility when someone is unwell to participate
E	Provide a range of activities that are interesting and at varying levels
E	Monitor the wellbeing of participants throughout involvement
E	Allow carers that participants would like to accompany them
E	Ensure effort should be made to avoid participants developing dependency to support staff or the project

7. Staff Expertise and Training

Linking with responses concerning partnering with professionals and safeguarding, the panel felt that there should be expectations concerning the expertise and training opportunities for staff and volunteers who contribute to heritage projects. These expectations centred on the requirement to raise awareness around mental health issues, guidance on wellbeing support and tools to aid personal development.

Results from Delphi 1

When asked about the type of training for staff and volunteers two main themes emerged; these were training opportunities and expertise required as summarised in Figure 10.
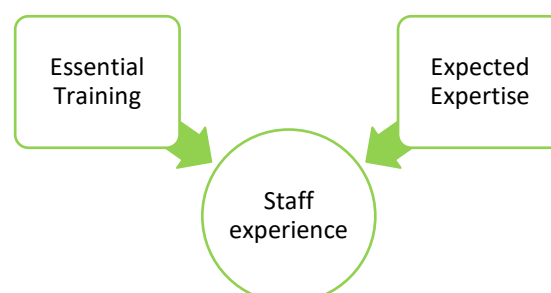

Figure 10. Expectations for staff experience

Respondents suggested that having trained service providers was important, and the type of expertise required would depend on the needs of the participants and the support available on site, but it should, at the very least, aim to eradicate misconceptions, prejudice and unconscious bias towards people who experience mental health issues (Box 54). In fact, 84% said staff/volunteers already working in heritage/ historic environment should receive formal training prior to a programme taking place.

Box 54. "To raise awareness around mental health and mental health issues and to eradicate misconceptions, prejudice and unconscious bias towards people who experience mental health issues."

A number of comments specifically referred to the need for staff and volunteers to receive at least a **mental health awareness course** and that there should be **mental health first aiders** present. Other types of training could include **Equality and Diversity, GDPR, Safeguarding of Vulnerable Adults, Coaching or Transformative Skills, Public Engagement, Sexual Harassment Awareness, Physical Wellness**. Specific training (e.g. for veterans, people who self-harm, dealing with stress and anxiety) or development of skills relevant to the heritage activity could also be provided (object handling, delivering audio descriptions).

Box 55. "Qualified and competent service providers."

Respondents felt **that training should be provided by properly qualified instructors and reputable course providers** (e.g. MHFA England, St John Ambulance, Mind, Richmond Fellowship, NHS partners, or other accredited organisations e.g. NSPCC re safeguarding; Box 55). In some cases, training could be provided by those with knowledge of participants' specific needs (e.g. training to support veteran participants could be provided by military charities or former military mental health staff).

A few panel members did not think that training should be provided for staff and volunteers prior to the activity, because they did not think it is necessary or **because they felt mental health support should only be offered by qualified mental health practitioners.**

Results from Delphi 2

Responses were grouped into themes focusing on mental health awareness, mental health first aid, equality, safeguarding of vulnerable adults and of personal data. These themes were then used to create the following statements, which were rated on Delphi 2. They all received consensus apart from the inclusion of Coaching Skills and Transformative Skills training (see Table 18).

Table 18. Agreement Scores for Delphi 2 Staff Expertise and Training Statements

To what extent do you agree or disagree with the following statements? A heritage organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues should…	Strongly Agree & Agree
Expertise	
- there should be at least one mental health first aider on site, with more first aiders for larger groups	95%
Training	
- offer Mental Health Awareness training to any of its staff/volunteers that are supporting the project	100%
- offer safeguarding of Vulnerable Adults training to some of its staff/volunteers that are supporting the project	95%
- offer Mental Health First Aid training to some of its staff/volunteers that are supporting the project	93%
- offer Quality and Diversity training to any of its staff/volunteers that are supporting the project	90%
- ensure that training is provided by a trained instructor or a reputable provider	90%
- offer Coaching Skills Training to some of its staff/volunteers that are supporting the project	73%
- offer Transformative Skills training to some of its staff/volunteers that are supporting the project	55%

Results from Delphi 3

The two statements that did not receive consensus were slightly modified presenting them as an optional rather than an essential component of staff training. They both received consensus on Delphi 3 (see Table 19).

Table 19. Agreement Scores for Delphi 3 Staff Expertise and Training Statements

Staff and volunteers that are supporting a project that aims to design and deliver heritage related projects to people that are experiencing mental health issues could benefit from	Strongly Agree & Agree
- Coaching skills training	93%
- Transformative skills training	90%

One respondent did not agree with either statement because they felt that **training should be mandatory rather than optional.**

Two respondents did not agree with offering Transformative Skills training because they felt that participating in the heritage project should be a meaningful enough experience by itself (Box 56).

Box 56. *"Again, it depends on the fundamental purpose of the project, but if it is to engage people in heritage work in a meaningful and intentional way, then making participation about people's mental health condition, rather than a learning opportunity and growth experience through the heritage project, would be unhelpful in my view. In order to become more than your mental health experience, it is important for the bar to be raised and to be treated as more than this, rather than it having to be present in every part of your life, first and foremost."*

Implications for Guidelines

The following guidelines were produced by the expert panel concerning the expectations of staff and volunteer expertise and training that would be required as essential in delivering a project that is inclusive, safe and supports personal development. These are presented in Table 20.

Table 20. Summary of Guidelines for Staff Expertise and Training

7. Staff Expertise and Training	
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should:	
Expertise	
E	Ensure there is at least one mental health first aider on site, with more first aiders for larger groups
Training	
E	Offer Safeguarding of Vulnerable Adults training to some of its staff/volunteers that are supporting the project
E	Offer Mental Health Awareness training to any of its staff/volunteers that are supporting the project
E	Offer Mental Health First Aid training to some of its staff/volunteers that are supporting the project
E	Offer Quality and Diversity training to any of its staff/volunteers that are supporting the project
E	Offer General Data Protection Regulation training to any of its staff/volunteers that are supporting the project and have not already received GDPR training before
E	Ensure that training is provided by a trained instructor or a reputable provider
Staff and volunteers that are supporting a project that aims to design and deliver heritage related projects to people that are experiencing mental health issues could:	
D	Benefit from Coaching Skills training.
D	Benefit from Transformative Skills training.

8. Model of delivery

The expert panel members with expertise in heritage rather than mental health were drawn from a wide range of fields. As such, discussion of the model of delivery did not focus on content – i.e. what heritage activity should be offered. Rather, the panel felt it essential that the model should be appropriate to the objectives set, and to the skill set of those facilitating the project, and should provide some predictability/ structure in terms of activity during a typical day or session. However, some flexibility in the delivery of a project would be necessary, so that it could be adapted to project participants.

Results from Delphi 1

Figure 11 demonstrates the responses of the panel in relation to the model, which focused on achieving a balance between structure and flexibility.
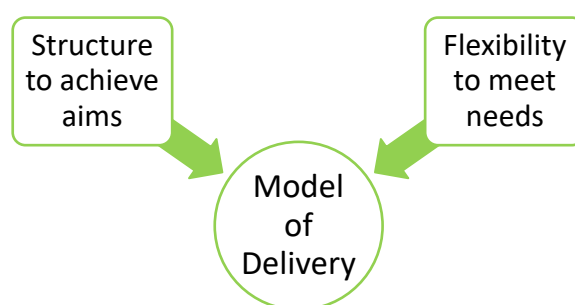

Figure 11. Model of delivery

Box 57. *"In order for most heritage organisations to offer a project of this nature I believe it has to be affordable, and consistent. With the restraints of a heritage organisation and duty of care to objects and buildings or spaces it would be challenging to constantly change to suit individual needs."*

There was agreement amongst respondents that a programme that delivers heritage related projects to people with lived experience of mental health issues should have some structure in its delivery. It was argued that providing **structure and consistency allows programmes to reach their objectives**, makes them easier and less costly to deliver, and utilises the knowledge and experience of the team that delivers them. It also offers reassurance to participants in terms of what the programme entails and creates a degree of routine (Box 57).

However, it was also argued that some **flexibility and safe, individual adaptations could be made to allow for emerging interests and individual needs** (Box 58). Heritage and mental health professionals should recognise that this is a learning environment for them as well as the participants. This would allow the project to evolve, to still **achieve its objectives even if a participant is unable to fully engage** (e.g. if they became too unwell), but it also makes activities more engaging for all those taking part.

Box 58. *"I'd say semi-structured is best, and possibly with both progression and soft exit points. Being able to evolve to meet group needs is vital. However, be aware of framing this clearly and of having some fixed points. If you said coffee break is at 10:30am, there are some people who will really need that to happen!"*

Overall, comments reflected on the need for a project to be structured based on its objectives and the capabilities of those organising it, taking into consideration the knowledge and skills of the team that deliver it but also any limitations. It should also be designed based on the needs and goals of those taking part and be co-created and adapted by them.

Results from Delphi 2

In Delphi 2 respondents were asked to rate statements about whether projects should allow flexibility to accommodate individual needs and emerging interests, whilst maintaining some structure based on the project objectives and the capabilities of those organising it. Table 21 shows the statements and their combined agreement scores. Since all of these statements achieved agreement, they were not included in the questionnaire for Delphi 3.

Table 21. Agreement scores of Model of Delivery Statements

To what extend do you agree or disagree with the following statements? A project that delivers heritage related activities to people experiencing mental health issues should...	Strongly Agree & Agree
- Allow flexibility to accommodate individual needs	100%
- Have some structure on its delivery based on its objectives	98%
- Allow flexibility to accommodate emerging interests	98%
- Have some structure in its delivery based on the capabilities of those organising it	93%

Implications for Guidelines

The panel felt that the model of delivery and project structure afforded the greatest opportunity for flexibility, and so there is little in the way of essential components here. However, once again the experience of the participant was very much at the heart of the elements achieving consensus. Table 22 presents a summary of the guidelines.

Table 22. Summary of Guidelines for Model of Delivery

8. Model of Delivery	
A project that delivers heritage activities to people experiencing mental health issues should:	
E	Have some structure on its delivery based on its objectives
E	Have some structure on its delivery based on the capabilities of those organising it
E	Allow flexibility to accommodate emerging interests
E	Allow flexibility to accommodate individual needs

Project Follow up

The panel were asked whether or not it was important to evaluate projects and, if so, how. Additional concerns focused on the types of support that could be put in place to support participants on leaving projects, given the short-term nature of some.

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Project Follow up

• Expectations for Evalutation
• Post-project support

</div>

9. Expectations for Evaluation

The need to evaluate a project was a particularly interesting aspect of the Delphi process. While project evaluation was considered critical, the methods proposed for this assessment varied. In addition, the evaluation of multiple aspects were championed, such as wellbeing, which one might expect, but also the sustainability of projects and the safety of delivery.

Results from Delphi 1

It was widely agreed that there should be some post project evaluation, with 98% of the panel answering positively when we asked whether projects should be evaluated. Evaluations should be accurate and honest so that a) future participants know what to expect and b) programmes can improve as a result of the feedback.

The graph below provides a summary of the findings. Wellbeing was the most frequently mentioned focus for evaluation, followed by sustainability of the project. In terms of the point at which these aspects should be evaluated, before and immediately after the project were seen as critical, akin to a traditional evaluation. Safety however should be monitored throughout the project.
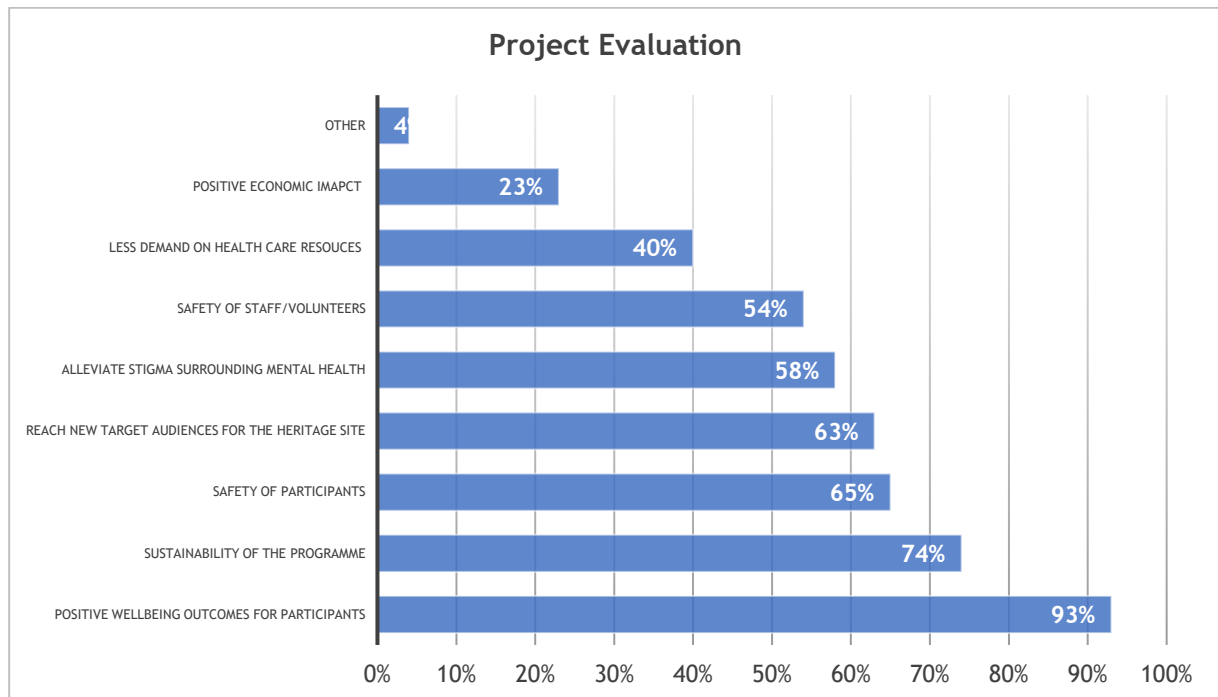

Figure 12. Bar Graph showing percentages for different types of project evaluation

Broadly speaking responses fell into three main categories, summarised in Figure 13.
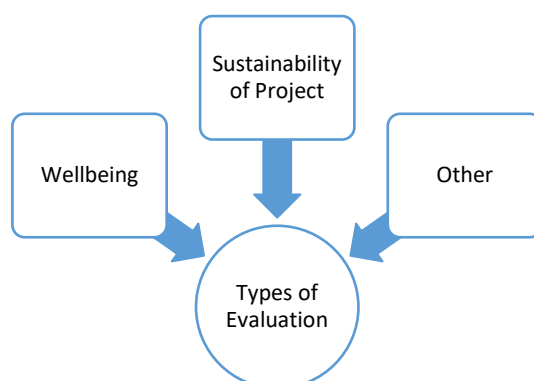

Figure 13. Summary of focus for evaluation

Wellbeing Evaluation

The majority of respondents (93%) would evaluate the positive wellbeing outcomes for participants. Just over three quarters would use formal methods to do so (77%).

In addition to the above it was also proposed that benefits to mental health wellbeing would include improvements in self-esteem; feeling more of a connection with place; reviving old skills; overcoming fear of new situations and people; improved sleep; ability to focus on things other than what is causing distress; feeling valued; and a sense of belonging.

Formal methods proposed by the panel were questionnaires, focus groups or interviews, observations, diaries and wellbeing scales (see table below). Measurements should not be too long and labour intensive, and **any methods used should be meaningful for the participant as well.**

A number of **validated scales** were suggested by panel members who advocated formal methods, and these are summarised in Table 23. It should be noted that the panel felt mental wellbeing should be measured, along with positive and negative affect (emotion; PANAS), but also specific mental health issues such as depression and anxiety as seen by the inclusion of PHQ, which measures severity of depression and GAD, which measures severity of anxiety.

Table 23. Validated Outcome Scales Proposed by Panel

Validated scales
Warwick -Edinburgh Mental Wellbeing Scale (WEMWBS)
Office for National Statistics four measures of personal well-being (ONS)
Positive and Negative Affect Schedule (PANAS)
New Economic Foundation wellbeing measures (NEF)
Visual Analog Scale (VAS)
Patient Health Questionnaire (PHQ)
Generalised Anxiety Disorder (GAD)
University College London (UCL) Generic Wellbeing Questionnaire

Sustainability evaluation

Comments highlighted that the most important factor in the sustainability of a project would be its financial viability. This could be measured by **Social Return On Investment**, cost benefit analysis, profit and loss and resource allocation, which would demonstrate that the project is cost-effective in that it improves mental health and wellbeing over and above the costs of project delivery and/or costs to other services.

Positive economic impact might also be indicated by increased employment among participants following engagement with the project, skills acquisition, and patient referrals that are deemed as 'fit to work' following participation (Box 59).

Box 59. "Understanding the broader impact and outcomes for participants and the social and economic value of these."

Box 60. "Financial information is one aspect of sustainability, most projects do not gather long term data or run RCTs to compare the relationship between spend in the short-term and long-term sustainable benefits for people. The sustainability of a project may not be the goal, the important thing is the sustainability of the mental health impact."

Being aware of positive changes in those requiring medication or treatment for mental health issues, and if their involvement in the project enables that to decrease or stop entirely would indicate reduced demand on health care services (Box 60).

This information could be provided by the participants or by mental health professionals/ records. This would only be possible, however, if there is a partnership in place that allows that information to be shared, or through **a validated scale**. Reduction in service use was considered problematic by some, however (Box 61).

Box 61. "This would need to be a specific aim of the project, and the ways in which the "reduction" is measured would need to be thought through carefully. Is it in the best interests of the participants to reduce their use of mental health services, or is this a cost-saving measure which may offer some short-term gains but cannot replace a longer therapeutic intervention?"

Finding out from participants whether the project was engaging; the likelihood of them recommending it; whether or not they received long term benefits after their participation, and future demand (e.g. waiting lists for participation) could be other ways to evaluate sustainability.

Assessing the profile and diversity of audiences accessing or taking part, monitoring where participants are travelling from, and comparison with previous records and surveys could help evaluate whether new audiences are engaging with the heritage site or activity, but this was not shared by all panel members (Box 62). Engagement with media, including social media, would also help identify the existence of new audiences.

Box 62. "Simply don't understand the connection between delivering a project for that audience and creating new audiences for the heritage site (mixing a generic intervention with a site-specific outcome)"

Feedback from staff, volunteers and partner institutions could also provide important insight on the future of a project. Assessing environmental impact (impact on, and of, the building/site, production of waste etc) and impact on health care services (number of referrals, feedback from healthcare participants, relief on health services) were also proposed as methods to evaluate sustainability.

Other areas of evaluation

The following areas did not achieve more than 70% of agreement, but do warrant further discussion here. These included the safety of staff/volunteers, safety of participants, and the extent to which a project had been successful in targeting stigma associated with mental health issues.

Safety of staff/ volunteers evaluation

Risk assessments and review of incident reports could be used to evaluate the safety of staff and volunteers. Observation, focus groups and conversations (during the project) and debrief, questionnaires, staff wellbeing measures (carried out after the project) could also help assess staff safety and wellbeing.

Safety of participants evaluation

> Box 63. *"Health and safety risk assessment (ongoing, reflective)"*

Risk assessments and reviewing of incident reports, staff spot-checks/code of conduct and enforcement measures could also be used to evaluate the safety of participants. Furthermore, assessment or information regarding the needs of the participants prior to the activity taking place, observations and conversations with participants, staff and mental health partners could also provide important feedback (Box 63).

Alleviating stigma surrounding mental health evaluation

Feedback from participants, staff and wider audience surveys could help assess whether there are changing attitudes surrounding mental health, and in particular the stigma that often surrounds it.

Results from Delphi 2

The suggestions concerning what could be evaluated were rich, and respondents felt that how an organisation conducts its evaluation would depend on its aims and objectives, resources, and scale of project. On reading the responses, the research team felt that the evaluation of projects could be the focus of future work since assessing post project evaluation in depth would significantly increase the length of the questionnaire and potentially affect response rates negatively. Responses where therefore grouped into generic feedback tools that could be used to evaluate a project. The following statements were rated in Delphi 2 (see Table 24). The statements relating to the use of validated psychological measures and the use of

financial information to evaluate projects did not receive consensus and were re-rated in Delphi 3.

Table 24. Agreement Scores for Delphi 2 Expectation for Evaluation Statements

To what extent do you agree or disagree with the following statements? Any organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues…	Strongly Agree & Agree
- Could use feedback from participants to evaluate a project	95%
- Could use feedback from staff/volunteers to evaluate a project	93%
- Could use audience surveys to evaluate a project	83%
- Should measure wellbeing by a method that is agreed by the participant	83%
- Should use a validated psychological measurement to assess wellbeing	70%
- Could use financial information to evaluate a project	63%

Results from Delphi 3

In Delphi 3 we felt it was important to define what we meant by a validated scale and so we provided an explanation covering their intended use, how they are developed, along with an explanation of the terms *validity* and *reliability*.

We also explored whether organisations could use a validated psychological measure (an option rather than an essential) that had been agreed in advance with the participant. In addition, the evaluation of financial information was separated into components in order to investigate whether there was a lack of consensus because the statement was too generic, and if so to determine which of the points respondents agreed with. Furthermore, the statements were phrased so that financial information could be used as an option rather than an essential method in the evaluation of a project.

Respondents agreed with all statements apart from the one asking whether financial information could be used to measure reduction in the use of mental health services. Table 25 summarises the panel's responses.

Table 25. Agreement Scores for Delphi 3 Expectation for Evaluation Statements

To what extent do you agree or disagree with the following statements? An organisation that aims to design and deliver heritage related projects to people that are experiencing mental health issues could use…	Strongly Agree & Agree
- a previously agreed upon validated psychological measurement to assess wellbeing	83%
- financial information to evaluate the sustainability of the project	83%
- financial information to assess positive economic impact derived from the project	79%
- financial information to assess whether new audiences for heritage sites were created as a result of the project	79%
- financial information to measure reduction in the use of mental health services after participation in the project	69%

Those that did not agree with using validated psychological measurements to assess wellbeing did so because they felt that the method used should be **meaningful for the participant** and **appropriate to the project objectives** (Box 64). Specifically, a respondent shared that they find the use of psychological measures awkward, difficult and sometimes stressful depending on external factors, e.g. "bad" days, and that it does not necessarily equate to the outcomes of the project (Box 65). Therefore, evaluation should focus more on personal learning, reflection, development and growth opportunities for the participant.

> *Box 64."An organisation could use a validated tool, but whatever evaluation method or tool is used needs to be meaningful for the participant also. This is especially important for people with mental health issues so that they have the opportunity to reflect and see for themselves what they have learned and gained from participating in the project."*

> *Box 65. "As a participant, one of the most awkward and difficult (so as to be almost stressful in itself) parts. Myself, and other participants often struggle with these according to various external factors, 'bad days' etc and they do not necessarily equate to the outcomes from the project. A more general, ('non-psychological approved) measurement is perhaps 'better' and more appropriate - what do you think you have achieved, what have you learnt etc etc."*

Respondents that did not agree with the use of financial information to evaluate the sustainability of the project, arguing that sustainability should not be related only to financial information (especially for projects that do not gather enough information, or for those that have very small budgets) but on positive impact on mental health wellbeing.

Similarly, those that did not agree that financial information could be used to assess positive economic impact felt that health benefits are more important than financial improvements, especially given that there is no clear guidance on how to evaluate investment on a project, and its employment outcomes.

Lack of agreement over financial information being used to measure reduction in the use of mental health services was attributed to the difficulty of gathering sufficient data to illustrate the connection between project benefits and reduction in the use of services. Furthermore, some participants thought that project aims should focus on deriving enjoyment from an activity rather than reducing costs.

Lastly, respondents that did not agree with using financial information to assess whether the project created new audiences for the heritage site, justified their answer by arguing that they did not think that financial information could be used for that purpose.

Implications for Guidelines

Only one component was agreed as essential to the guidelines, and this was that the methods chosen should be agreed with the participant. Interestingly, use of a validated scale or other formal methods for rigorous evaluation were not seen as essential to a project. This may have

been in part an acknowledgement that use of such methods and scales, including subsequent analysis and cost analysis, is a specific skill set which may require additional support from researchers which smaller organisations or projects would not be able to access. Given the importance of evaluation, further work is needed here to learn more about the potential issues experienced by organisations. Table 26 presents a summary of the guidelines.

Table 26. Summary of Guidelines for Expectations for Evaluation

9. Expectations for Evaluation	
Any organisation that aims to design and deliver heritage related activities to people that are experiencing mental health issues:	
E	Should measure wellbeing by a method that is agreed by the participant
D	Could use feedback from staff/volunteers to evaluate a project
D	Could use audience surveys to evaluate a project
D	Could use organisation data to evaluate a project
D	Could use feedback from participants to evaluate a project
D	Could use a previously agreed upon validated psychological measurement to assess wellbeing.
D	Could use financial information to evaluate the sustainability of the project.
D	Could use financial information to assess positive economic impact derived from the project.
D	Could use financial information to assess whether new audiences for the heritage site were created as a result of the project.

10. Post project support

We asked the expert panel about the experiences of participants post-project, especially in terms of ensuring continued support was in place for them either as offered by the project, or from other organisations (once again highlighting the importance of working in partnership). Dependency on the project was also raised as a concern, while other panel members highlighted the importance of moving on to different roles if participants were involved in the longer term.

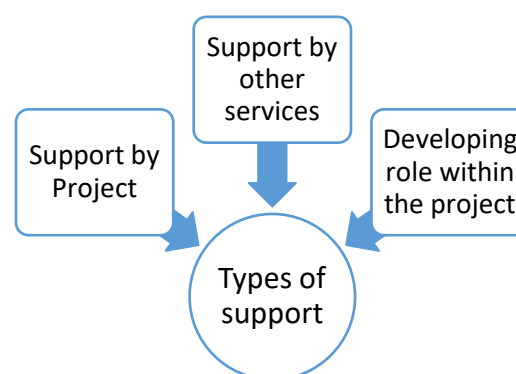*Figure 14. Types of post project support*

Results from Delphi 1

Respondents varied in their opinions on post project support. Figure 14 provides a summary. Some respondents suggested that no support should be offered after the project has ended because they felt that a) this should be the responsibility of other professionals/ services or b) it was preferable in order to **promote independence.**

The majority of respondents would like some short- or long-term post project support to be offered.

One form of short term post project support that could be offered was a simple **follow up** straight after the project (through one to one meeting, phone or video call, focus groups, counselling session etc) to assess positive or negative impact as well as offering signposting advice.

Comments suggested that **long term mental health support** is usually lacking, or that it is/should be the responsibility of mental health professionals/health care services (Box 66). However, **future involvement in other heritage** (or other type) projects or **career advice** is a form of long-term support that could be encouraged, especially if it leads to further education and employment opportunities. Furthermore, former participants could **contribute to future projects** by volunteering, mentoring or offering peer support. **Social connections** that were created during the project could be nurtured after the project has ended (via social media, personal contact, etc).

Box 66. "Several projects have private Facebook groups that last long after projects end, offering people mutual support and friendship longer term. We do these things because people have told us they want to, and because our evaluations show that people dread endings - now we taper them as a result. Mental health services are in crisis, there is a chasm between what people need and what they are offered. We can't provide mental health services, but we have to be ready to help people who we are connected with when they need it - and that could well be after their main involvement with us ends."

Box 67. "…participants voiced support for being part of an organization rather than participating in discrete projects. Participants join and are then considered to be part of the program indefinitely, on and off-site."

A number of comments specified that support after the programme has ended should be provided by **the heritage organisation** or the **network of organisations** that provided the project (through its support staff, volunteers, peers) and that it should be planned as part of the programme at its outset (Box 67).

Other comments stated that support should be offered only by, or in conjunction with, **professionals or professional services** (e.g. social service, mental health practitioners, therapists and counsellors) through signposting (Box 68).

Box 68. "I believe the support should be offered externally. This should be for the mental health provider to facilitate. I believe some degree of duty of care responsibility is created by starting or even participating in the conversation."

Results from Delphi 2

Using the themes that developed in Delphi 1, the statements in Table 27 were created in Delphi 2 and then rated to help inform the nature of post project support.

Table 27. Agreement Scores for Delphi 2 Post Project Support Statements

To what extent do you agree or disagree with the following statements? Any heritage organisation running a project that involves people experiencing mental health issues in a heritage project should…	Strongly Agree & Agree
- inform participants if there are any possibilities to take part in further projects in the future	93%
- signpost to further support for participants that need it	90%
- encourage post project contact with other participants	83%
- offer some post project contact with participants to check on their wellbeing	80%
- offer guidance on career goals and progression for those that want it	73%
- discourage creating dependency on project and/or project staff	70%

Respondents did not reach consensus on whether or not heritage organisations should offer guidance on career goals and progression, and whether or not they should aim to discourage dependency on project and/or project staff, and these two statements were taken forward to Delphi 3.

Results from Delphi 3

The statements that did not receive consensus were modified and re-rated in Delphi 3. In terms of the guidance on careers, we framed this as optional rather than essential. In doing so, this statement reached consensus. As for the question about independent participation, we reviewed the statement in response to panel opinion, cautioning us to distinguish between potentially problematic dependency, and a healthy enthusiasm for active participation in heritage. In doing so, this also reached consensus, as seen in Table 28.

Table 28. Agreement Scores for Delphi 3 Post Project Support Statements

Guidance on careers	Strongly Agree & Agree
- Individuals that are interested in being involved in future projects or seek employment/education opportunities following participation on a heritage project for people experiencing mental health issues could benefit from guidance on career goals and progression offered by the heritage organisation that runs the project.	97%
Independent participation	
- A heritage organisation running a project that involves people experiencing mental health issues in a heritage project should encourage independent participation within heritage or progression to new roles with the project to those individuals that are interested in future involvement.	83%

A respondent who was neutral regarding guidance on career goals explained that although they agreed with the statement, they also felt that the delivery of that guidance was equally important in terms of making it meaningful for the participant.

Box 69. "I find dependency a problematic concept as we don't encourage people with hobbies or who join clubs to stop doing them in case they become dependent. but equally people should have an empowering experience through this that isn't disabling."

A few respondents did not agree with the term "dependence" as they felt that it is stigmatising for people with mental health issues. They argued that a well-run project would have boundaries that are clear to everyone involved. In addition, they thought that healthy enthusiasm and participation in cultural heritage activities could be an empowering experience for participants, and create longer term sustainability and impact for the project itself (Box 69).

On the other hand, one commentator suggested that the risk of dependency should be carefully monitored, while another suggested that heritage organisations should not put pressure on post-project participation but should partner with mental health organisations who are able to provide encouragement if they deem it to be in the best interests of the participant (Box 70).

Box 70. "I don't see this kind of continuing participation post-project as essential. Participants certainly should not be pushed into volunteering roles. I would argue that to do so (especially where people may be vulnerable) is unethical. I would suggest that participants may be made aware of continuing independent participation but should not be pushed or persuaded by heritage organisations. Mental health support bodies (perhaps in partnership) may however provide more encouragement if they deem it in the interests of the participant's well-being."

Implications for Guidelines

Post project support includes both essential and desirable options, and is summarised in Table 29. Where consensus was reached, it concerned elements of continued participation and signposting to other organisations. Where consensus was not reached, it might be that different project facilitators may consider employing these ideas in the context of their own projects.

Table 29. Summary of Guidelines for Post Project Support

10. Post project support	
Any organisation running a project that involves people experiencing mental health issues in a heritage project should:	
E	Signpost to further support for participants that need it
E	Inform participants if there are any possibilities to take part in further projects in the future
E	Encourage post project contact with other participants
E	Offer some post project contact with participants to check on their wellbeing
E	Should encourage independent participation within heritage or progression to new roles within the project to those individuals that are interested in future involvement.
D	Note that individuals that are interested in being involved in future projects or seek employment/education opportunities following participation on a heritage project for people experiencing mental health issues, could benefit from guidance on career goals and progression offered by the heritage organisation that runs the project.

Summary

This report outlined the results of a MARCH Network Plus funded project, which saw an expert panel develop best practice guidelines for organisations offering heritage projects as interventions for people who live with mental health issues. These guidelines were established through a Delphi consensus process. In all sections there are components the panel considered *essential* in the delivery of a safe and effective project. Those that reached consensus once they had been reframed as optional are presented as *desirable* components.

Ten thematic areas were developed concerning project preparation, project delivery, and project follow-up. A particular focus for the guidelines concerned aspects of safeguarding, understanding risk, and duty of care, and as well as the expertise that should be brought into the project delivery in terms of expertise in the appropriate management of both heritage/ historic environment asset, and mental health.

These guidelines can be found in the appendix and as a checklist. It is hoped that these guidelines can assist all organisations, big or small, funded or un- funded, in the delivery of safe projects that support the mental health of those involved, as well as enhancing and protecting the historic environment that provides the setting for these interventions. They may also help services to identify trusted projects that can be signposted to by social prescribers or similar link workers.

We recommend that the guidelines and checklist are used to plan and monitor heritage projects and we recommend outlining the steps planned or taken to meet the guidelines are recorded on the checklist too. For organisations who may signpost to heritage projects, using the guidelines can help to frame a discussion around what projects can offer so that suitability can be assessed and confidence can be taken in signposting.

Project Team The project team consisted of the MARCH grant-holders: Dr Karen Burnell (Principal Investigator, Solent University), Dr Paul Everill (Co-Investigator, University of Winchester) and Dr Louise Baxter (Co-Investigator, Bournemouth University), and co-researchers: Eva Makri (Research Associate, Solent University), Dr Kathryn Watson (independent co-researcher with lived experience), Dr Linda Monckton (Partner, Historic England), and Dr Desi Gradinarova (Historic England).

For more information about the research team, please see the project website.

What's next?

We are asking organisations that download this report to contribute to an extension of this project, in which we will ask you how you intend to use the guidelines and the changes that you intend to make, if any, as a result of reading this report.

We will also follow up your experiences after 6 months, and after 1 year.

To take part in the first phase, please visit the MARCH Plus Project website and click on the link to the survey.

If you would like more information, please contact Karen Burnell on the email address marchplusteam@solent.ac.uk. By making contact with us you are not committing to take part. The project has been approved by Solent University's Research Ethics Committee.

Stakeholder panel

We thank all the members of our expert panel who gave their time and knowledge to produce the guidelines presented in this report. Those who wished to waive anonymity at the end of the project are listed on the project website.

References

Ander, E. E., Thomson, L. J., Noble, G., Menon, U., Lanceley, A., & Chatterjee, H. J. (2012). *Heritage in health: A guide to using museum collections in hospitals and other healthcare settings*. London: UCL. Available from **https://culturehealthresearch.files.wordpress.com/2017/08/ucl_heritage_in_health_guide**_2012.pdf . Last accessed 18th November 2021.

Baxter, L. & Fancourt, D. (2020). What are the barriers to, and enablers of, working with people with lived experience of mental illness amongst community and voluntary sector organisations? A qualitative study. *PLOS ONE, 15*(7), e0235334. doi.org/10.1371/journal.pone.0235334.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. doi.org/10.1191/1478088706qp063oa.

Diamond, I. R., Grant, R. C., Feldman, B. M., Pencharz, P. B., Ling, S. C., Moore, A. M., Wales, P. W. (2014). Defining consensus: a systematic review recommends methodologic criteria for reporting of Delphi studies. *Journal of Clinical Epidemiology*, 67(4), 401-409. doi.org/10.1016/j.jclinepi.2013.12.002. PMID: 24581294.

Hasson, F., Keeney, S., & McKenna, H. (2008). Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing*, *32*(4), 1008-1015. doi.org/10.1046/j.1365-2648.2000.t01-1-01567.x

Historic England. (2019). *Heritage and Society 2019.* Available from: https://historicengland.org.uk/content/heritage-counts/pub/2019/heritage-and-society-2019/. Accessed 24th February 2020.

Keeney, S., Hasson, F., McKenna, H.P. (2001). A critical review of the Delphi technique as a research methodology for nursing. *International Journal of Nursing Studies, 38*(2), 195-200. doi.org/10.1016/s0020-7489(00)00044-4.

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.

Reilly, S., Nolan, C., & Monckton, L. (2018). *Wellbeing and the historic environment*. Available online at https://historicengland.org.uk/images-books/publications/wellbeing-and-the-historic-environment/ (last accessed 19th May 2020).

von der Gracht, H., A. (2012). Consensus measurement in Delphi studies: Review and implications for future quality assurance. *Technological Forecasting and Social Change, 79*(8), 1525–1536. doi.org/10.1016/j.techfore.2012.04.013.

Appendix: Guidelines Checklist

Components	(E= Essential, D= Desirable)	✔	How will this be delivered in the project?
PROJECT PREPARATION			
1. Project Aims and Anticipated Benefits			
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should aim to:			
E	**Improve overall wellbeing** through the following objectives:		
E	- **Educate** (e.g. by providing formal and informal learning, inspiring further research and new projects, enhancing participants' skills, leading to further educational or employment opportunities such as further study).		
E	- **Create a purpose and a focus** (e.g. by engaging in a meaningful activity with defined goals and outcomes).		
E	- **Promote diversity and inclusion** (e.g. by enhancing access to heritage, by creating a sense of community, by creating awareness around mental health).		
E	- **Empower** (e.g. by allowing participant's views to be valued, aiming to boost self-esteem and confidence, creating a sense of belonging).		
E	- Allow participants to carry out an activity in **a safe environment**.		
E	- **Encourage social skills and connectedness** (e.g. by promoting team working).		
E	- **Generate further support** (e.g. by providing signposting to further support, by promoting social prescribing as an enabling mechanism).		
E	**Enhance heritage** (e.g. by widening the perspectives on heritage through engagement with a wide range of participants, by offering a new dimension to heritage by the contribution of the stories and experiences of those taking part).		

2. Group Composition			
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should ensure that:			
E	The composition of the group is determined by the aims and objectives of the project organisers (i.e. to support those with a specific mental health issue or those who share type of experience e.g. veterans), and is clearly communicated with potential participants.		
E	The composition of the group is connected to the resources available to the project (e.g. a group that seeks to engage people with complex mental health issues would need more resources to run it safely, including appropriately trained staff).		
3. Initial Contact and Joining a Project			
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should:			
Provision of Information			
E	Ensure that signing up to the project is **clear and straightforward**		
E	Offer participants an **"orientation pack"** with detailed information on what the project will entail		
Sharing information			
E	Collaborate with other professionals and/or organisations to ensure **highly trained staff are present** if a participant needs them		
E	Collaborate with other professionals and/or organisations to offer **access to external mental health support** if a participant needs it		
E	Collaborate with other professionals and/or organisations to **co-create a wellbeing plan with the participant**		
Contact with project providers			
E	Collaborate with other professionals and/or organisations to arrange **conversations or assessments** with potential participants prior to the		

	activity to identify potential triggers/needs and to co-create plans to cope with these		
E	Collaborate with other professionals and/or organisations to arrange **conversations or assessments** with potential participants prior to the activity to identify individual goals and to co-create plans to support these		
Nature of initial engagement			
E	Allow a trusted contact, a peer or a former participant to accompany the person to the first session		
	When organising a heritage project for people that are experiencing mental health issues an organisation could:		
D	Collaborate with other professionals and/or organisations (e.g. mental health professionals, social prescribers, volunteer organisations) in order to generate greater awareness among potential participants, or to actively refer participants to the project.		
D	Consider offering taster sessions and/or open days to help individuals overcome anxieties or other barriers to full participation.		
PROJECT DELIVERY			
4. Working in Partnership			
Partnerships with organisations, professionals, and those with lived experience			
Any organisation that plans to involve people experiencing mental health issues in heritage projects should ensure that:			
E	Projects include support/mentoring from mental health professionals		
E	Projects include support/mentoring from heritage professionals		
E	All individuals facilitating or offering support are vetted for their suitability		
E	The roles of those facilitating and offering support are clearly defined		
E	Projects are co-created with people with lived experience of mental health issues		

An organisation that plans to involve people experiencing mental health issues in heritage projects could:			
D	Benefit from partnering with other organisations and/or individuals to organise and carry out those projects.		
D	Benefit by support offered by peers.		
D	Benefit by support offered by volunteers.		
D	Benefit by support offered by carers.		
D	An organisation that wants to organise heritage projects for people that are experiencing mental health issues but lacks resources and knowledge to do so, could benefit from starting by engaging with small projects and build scale based on experience.		
Enhanced Link Working			
Any organisation that involves people experiencing mental health issues in heritage projects would need to use methods to inform and direct individuals to these activities, such as:			
E	Signposting through health care networks		
E	Signposting through charity and community groups		
E	Signposting through social prescribing		
E	Signposting through cultural and heritage groups		
E	Online media		
E	Word of mouth and personal testimonials		
To inform those who are digitally excluded, or not affiliated with any organisations, organisations could use:			
D	Local press		
D	Leaflets		
D	Events and fairs		
5. Safeguarding Responsibilities			

Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should ensure that:			
E	The heritage site should have policies and procedures in place to ensure the safety of its audiences and collections before the activity taking place		
E	Training should be provided to participants (?) for any activity that requires it		
E	Staff should receive appropriate preparation and debrief prior to the activity		
E	Enough staff should be in place to run the activity		
E	Ongoing support should be offered to staff/volunteers involved in programme delivery		
E	There should be reflective opportunities for staff and volunteers to talk about what went well/ not well		
E	Health and safety equipment appropriate to the activity must be in place		
E	Quality control standards should be in place for activities that require it		
E	Engagement in activities that will irreversibly impact on the historic environment (e.g. through archaeological excavation), or might cause damage to objects, buildings etc (e.g. through restoration activities), is appropriately supervised so that the project complies with the standards of the relevant professional body while also delivering benefits to its participants.		
6. Project Delivery to enable participation			
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should:			
General			
E	Recognise they have a duty to help a person seek appropriate support or report the information to relevant authorities if someone discloses risk of harm to self or others		
E	Ensure a code of conduct should be signed from all taking part		
Practical			

E	Arrange shared mealtimes or snack times to encourage conversation and social bonding		
E	Provide practical support to participants (e.g. food, transport, accommodation if the activity is taking place away from home)		
E	Allow flexibility for participants that have family or work commitments		
Emotional/Psychological			
E	Ensure that all participants derive some benefit from the activities		
E	Ensure that reports of inappropriate or discriminating behaviour should be recorded and investigated		
E	Ensure for residential projects a responsible person should be available at all time to provide immediate assistance or support to individuals should the need arise		
E	Provide a "safe space" for when people need it		
E	Allow flexibility when someone is unwell to participate		
E	Provide a range of activities that are interesting and at varying levels		
E	Monitor the wellbeing of participants throughout involvement		
E	Allow carers that participants would like to accompany them		
E	Ensure effort should be made to avoid participants developing dependency to support staff or the project		
7. Staff Expertise and Training			
Any organisation that aims to design and deliver heritage projects to people that are experiencing mental health issues should:			
Expertise			
E	Ensure there is at least one mental health first aider on site, with more first aiders for larger groups		
Training			
E	Offer Safeguarding of Vulnerable Adults training to some of its staff/volunteers that are supporting the project		

E	Offer Mental Health Awareness training to any of its staff/volunteers that are supporting the project		
E	Offer Mental Health First Aid training to some of its staff/volunteers that are supporting the project		
E	Offer Quality and Diversity training to any of its staff/volunteers that are supporting the project		
E	Offer General Data Protection Regulation training to any of its staff/volunteers that are supporting the project and have not already received GDPR training before		
E	Ensure that training is provided by a trained instructor or a reputable provider		
Staff and volunteers that are supporting a project that aims to design and deliver heritage related projects to people that are experiencing mental health issues could:			
D	Benefit from Coaching Skills training.		
D	Benefit from Transformative Skills training.		
8. Model of Delivery			
A project that delivers heritage activities to people experiencing mental health issues should:			
E	Have some structure on its delivery based on its objectives		
E	Have some structure on its delivery based on the capabilities of those organising it		
E	Allow flexibility to accommodate emerging interests		
E	Allow flexibility to accommodate individual needs		
PROJECT FOLLOW UP			
9. Expectations for Evaluation			
Any organisation that aims to design and deliver heritage related activities to people that are experiencing mental health issues:			
E	Should measure wellbeing by a method that is agreed by the participant		

D	Could use feedback from staff/volunteers to evaluate a project		
D	Could use audience surveys to evaluate a project		
D	Could use organisation data to evaluate a project		
D	Could use feedback from participants to evaluate a project		
D	Could use a previously agreed upon validated psychological measurement to assess wellbeing.		
D	Could use financial information to evaluate the sustainability of the project.		
D	Could use financial information to assess positive economic impact derived from the project.		
D	Could use financial information to assess whether new audiences for the heritage site were created as a result of the project.		
10. Post project support			
Any organisation running a project that involves people experiencing mental health issues in a heritage project should:			
E	Signpost to further support for participants that need it		
E	Inform participants if there are any possibilities to take part in further projects in the future		
E	Encourage post project contact with other participants		
E	Offer some post project contact with participants to check on their wellbeing		
E	Should encourage independent participation within heritage or progression to new roles within the project to those individuals that are interested in future involvement.		
D	Note that individuals that are interested in being involved in future projects or seek employment/education opportunities following participation on a heritage project for people experiencing mental health issues, could benefit from guidance on career goals and progression offered by the heritage organisation that runs the project.		