CULTURE ON PRESCRIPTION

NATIONAL REPORT
THE NETHERLANDS

Co-funded by the European Union

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Credits
We would like to thank all the experts who kindly agreed to share their experiences with us and gave us insights into national characteristics. Their names can be found in the annex.

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1. Introduction

The Culture on Prescription project is the collaborative effort of multiple organisations from Ireland, Belgium, Portugal, Germany, Netherlands, and Romania which aims to identify current best practices in social prescribing and develop solutions combining culture and health promotion to address loneliness and isolation in older people and those with mental health concerns.

The Culture on Prescription project wants to promote their active involvement in cultural activities, strengthen their social interaction by connecting with the local community, and help to provide lonely and isolated people with the feeling of being more resilient in the challenges of their daily lives.

In the Culture on Prescription project, the following definition for Cultural Prescribing is used: **Cultural prescribing is the referral of a healthcare professional of lonely and isolated people to locally available art and cultural offerings.**

By implementing the Culture on Prescription project, we aim to:

- Spread knowledge on a promising, evidence-based approach to addressing loneliness, isolation and mental health challenges through facts, figures and examples of good practice and provide models that can be easily adapted in parts of Europe where practical experiences with Social Prescribing schemes are limited or non-existent.
- Create new concepts for "Culture on Prescription" offerings combining positive impacts on health through cultural activities and learning efforts.
- Provide resources and practical support to facilitators in social and healthcare provision in running non-clinical offerings for persons concerned by or at risk of loneliness or social exclusion.
- Elaborate guidelines for decision-makers in municipalities and associations on how to adopt the approach of Cultural Prescribing in their specific local and organisational setting.
- Create an implementation framework.

2. Methodology

To gain an insight into current practice, best practice and literature on social and cultural prescribing, each Culture on Prescription project partner carried out research at national level to add to current knowledge and to support the development of cultural pescribing in later stages of the Culture on Prescription project.

The study adopted a convergent parallel mixed methods design (Creswell, 2014) using qualitative and quantitative methods of inquiry. The study was framed by the following overarching research questions:

1. *What is required to enable and facilitate social and cultural prescribing?*
2. *What are current behaviour and attitudes towards social and cultural prescribing?*
3. *What is considered best practice?*

Within this research methodology, data was collected in a number of different ways from different participant cohorts:

- Project partner observations and logs, and other artefacts designed as part of the project, etc., to be retained and catalogued as data.
- The creation of a database of best practices in cultural prescribing across Europe to be used for analysis and for open publication following the completion of research.
- Semi-structured interviews with stakeholders involved in voluntary, health and local government sectors engaging in cultural prescribing practices (Approx. 7-8 participants).

The quantitative and qualitative data was analysed with equal priority. The qualitative data was analysed following a data-led approach (Braun & Clarke, 2006) existing of six phases of thematic analysis. Following the analysis of the qualitative and quantitative data sets, they were then compared using a side-by-side comparison approach (Creswell, 2014).

As there are a variety of levels at which social and/or cultural prescribing is being offered and delivered at a local and national level across Culture on Prescription partner countries, a two-pronged approach was developed for this research.

For partners in countries with social/cultural prescribing already established, their key focus was to:

a. Identify current social/cultural prescribing
b. Identify best practice
c. Identify weaknesses/challenges/concerns
d. Identify future potential/trends/recommendations

For partners in countries that recognise the potential of social/cultural prescribing and who are exploring options of how to develop and facilitate cultural prescribing, their key focus was to:

e. Identify the need for social/cultural prescribing
f. Identify existing projects that could align with cultural prescribing and which demonstrate the potential to adapt to applying it in a social/cultural prescribing context.
g. Identify new opportunities for cultural prescribing
h. If they exist, identify current forms of social/cultural prescribing

For the desk research a review of literature and information relating to services, benefits and engagement of social and cultural prescribing was carried out. This included but was not limited to:

- […] through a formal structured process or through an unofficial organic structure.
- Events provided by community and health services to engage and encourage participation in social and cultural activities in the communities.
- Health programmes such as smoking cessation, healthy eating or promoting cultural or social activities
- Examples of best practice, and innovations in this emerging area.

The results of this research for The Netherlands are in the following chapters. For information on other national reports developed as part of the COPE project and for other project publications, please visit (www.culture-on-prescription.eu).

3. National Overview of ageing in The Netherlands

According to the Dutch Central Bureau of Statistics, on 1 January 2020, there were 3,457,535 inhabitants in the Netherlands older than 65 years of age. That is 19.8 percent of the population. The ageing of the Netherlands has increased: in 1990, 12.8 percent of the population were 65 years and older.

Table 1: Older adults per age category, 2021 (CBS)

Age	Total	Men	Women
Total	17,475,415	8,686,536	8,788,879
65 till 70	1,003,778	496,148	507,630
70 till 75	971,036	474,058	496,978
75 till 80	644,060	303,655	340,405
80 till 85	449,123	196,115	253,008
85 till 90	257,809	97,307	160,502
90 till 95	105,048	31,861	73,187
95 till 100	24,145	5,514	18,631
100+	2,536	411	2,125

There are 2,618,874 people aged 65 to 80, and 838,661 over 80 years old. On average, women are getting older than men, which is why they are over-represented in the highest age groups. There are 93,943 women and 37,786 men aged 90 or over.

4. Overview of lonely/isolated older people in The Netherlands

46,6 percent of the Dutch population feels lonely and 11 percent feels extremely lonely. The Dutch Health Monitor 2020 among adults and older adults reports this figure. The numbers could have been influenced by the COVID-19 pandemic. More than 50% of people older than 75 years of age indicate to feel lonely or isolated.

Mostly vulnerable to loneliness are people with lower education and people living in urban areas. The percentage of people who feel lonely increases in these cases. Combatting loneliness demands tailor-made approaches (Dutch Health Monitor 2020).

The Dutch government wants to detect loneliness or isolation among older adults at an earlier stage and to break through this trend. In 2018, the Dutch government launched the Action Programme "One against isolation". Together with local partners, the Ministry of Health, Wellbeing and Sports performs the following actions among others:

- Campaign to discuss isolation and activating society;
- Improved awareness about isolation;
- Enabling that every person of 75+ receives one visitor per year;
- Launch of hubs to report loneliness and isolation;
- Mapping the risks on isolation;
- Telephone service 24/7;
- Social map in each municipality.

National partners, such as the National knowledge centre on *Welzijn op Recept* (Wellbeing on Prescription), *Lang Leve Kunst Fonds* (Long live art fund), *Nationaal Ouderenfonds* (National older people's fund), and *Rijksmuseum* (National Museum of Art), are involved in the so-called Coalition against Loneliness. Partners organise a diversity of activities to combat isolation, such as sports, attention to hearing issues, sending flowers, storytelling, and intergenerational contacts.

Every municipality in The Netherlands provides activities to combat loneliness within the frame of the Community support act (*Wet Maatschappelijke ondersteuning*). For example places to meet, such as community centres, home adaptation, or public transport. They also facilitate volunteers visiting older adults.

5. Overview of social and cultural prescribing in The Netherlands

In this chapter we start to focus on several national initiatives that consider social and cultural prescribing. In 2017, a pledge from several national organisations was launched to include arts and culture in care and wellbeing. Arts and culture and its impacts also became part of the national programme of health research (ZonMw). Many municipalities and care organisations work from the principles of positive health. Arts and culture are elements of positive health.
Hereafter we zoom into the practice of social and cultural prescribing in the Netherlands. How is it being used, who is involved, how does it work and successes and challenges.
In the examples of best practice section some Dutch local initiatives for culture on prescription are further elaborated.

5.1 Dutch national initiatives

5.1.1 National initiative Transformation Agenda Arts and Culture

In 2017 national organisations Actiz (organisation of elderly care organisations), Movisie (knowledge centre social challenges), HKU (Arts and Economy), Viatore and associated partners took the initiative to formulate the Transformation Agenda Arts and Culture. Their pledge was that organisations take their responsibility to realise, visualise and sustain successful arts and culture initiatives for wellbeing and health of (vulnerable) individuals, groups and communities. They wanted to create an infrastructure for cross-sectoral cooperation between arts, culture, care and wellbeing.

Among other things, the action points of the Agenda were:

- Participation is the central theme;
- Raise awareness on the need to include arts and culture and its impacts;
- Enable joint funding;
- Train artists and social professionals more broadly than their respective sectors.

5.1.2. National research on arts and culture in long-term care and support

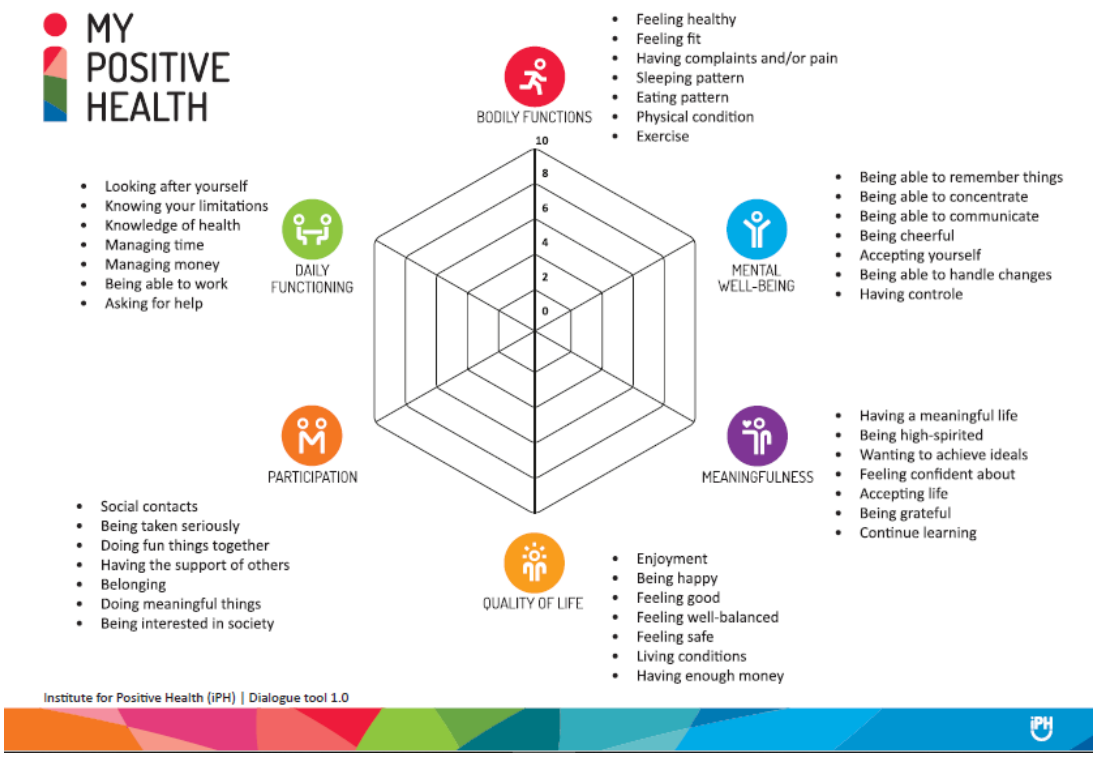
In cooperation with several foundations and the ministries of Education, Arts and Science and of Health, Wellbeing and Sports, the Dutch national healthcare research board ZonMw launched in 2016 the programme ‘Arts and culture in long-term care and support’. The goal of this programme is to connect arts and culture to long-term care and support, in a structural and sustainable way. The central question is: What are the effects of arts on (positive) health and wellbeing? By researching arts initiatives, the elements that play a role in this become visible. But mapping and sharing successful implementation strategies also contribute to this. Leyden Academy (see below) performed research within the framework of this programme.

Based on this, ZonMw initiated a roadmap to further develop arts and culture in healthcare and to combine practice, research and policy. The roadmap works with the concept of positive

health (see below) which is concerned with the contribution made to people's ability to cope with the physical, emotional and social challenges in life, and includes three lines of development. Important topics covered are the research methods to be used to do justice to both arts and culture and care and support, ownership by all stakeholders, co-creation in the development of arts and culture initiatives, and connecting to developments in long-term care (ZonMw, 2020). Contact was laid with ZonMW to receive an update, but thus far not successful.

5.1.3. Positive health initiative

In The Netherlands, many municipalities and care providers work with the concept of Positive Health. This concept came from the Institute for Positive Health (IPH)[1] that has been active in the Netherlands for the past couple of years. It was established by researcher Machteld Huber. In a 2011 article in the British Medical Journal, she and her colleagues argued that the WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease (Huber *et al.*, 2011). They proposed changing the emphasis towards the ability to adapt and self-manage in the face of social, physical, and emotional challenges. One tool the IPH uses is the 'dialogue tool', a spider web-like diagram, which can be filled in by the targeted individuals themselves. This tool can be used to start a discussion with older people on what goes well and where additional support may be needed. The tool and concept have been attractive for many Dutch municipalities, which are responsible for delivering community support to older people.



[1] https://www.iph.nl/en/

Figure 1: Institute for Positive Health: dialogue tool

This tool works well for both participants and policy makers. Positive health works as a framework to indicate what works when one does something active with arts/culture. Positive health includes more than just arts and culture, also for example sport and exercise, nutrition, and lifestyle. It is a broad view of health. This broad approach contributes to the ability of people to deal with the physical, emotional and social challenges in life. And to be in charge of their own affairs as much as possible. The participants fill in the above showed 'spider's web' before, during and after the course in six areas of life. This allows them to see their well-being and any improvements. For policymakers it shows the preventive effect of 'positive health'.

5.1.4. Knowledge network Wellbeing on Prescription

Welzijn op Recept (Wellbeing on Prescription) is a national knowledge network since 2018. It was founded without including arts and culture, which was later on initiated by LKCA. Wellbeing on Prescription is applied in 135 out of 352 municipalities in the Netherlands (figures June 2022). This is an alternative to the 'traditional medicine' for people with psychosocial complaints. A general practitioner refers these patients to a wellness coach or writes a prescription for activities in the area of meeting people, sports or culture. In this way, the patient discovers (again) what makes him or her happy. To combat psychosocial complaints and illness, it is important that care providers pay attention to both the physical, psychological and social problems and circumstances. That is why it is of the utmost importance that care providers learn to cooperate with other disciplines (integrated care). Wellbeing on Prescription provides the primary care provider with an intervention that addresses the underlying problems of the complaint. It is the first step towards greater well-being and wellness as a basis for better health. This requires not only additional conversation and collaboration skills, but also extra time. Wellbeing at Prescription fits the movements from Sick and Care to Health and Behaviour (Ziek en Zorg naar Gezond en Gedrag), person-centred care, positive health and positive psychology.

5.1.5. Arts on Prescription initiative

As mentioned above, the LKCA (*Landelijke Kennisinstituut Cultuureducatie en Amateurkunst* / National Knowledge centre cultural education and amateur arts) has developed the Arts on Prescription initiative in The Netherlands. Arts and culture were missing in the Wellbeing on Prescription initiative. The LKCA is a broad knowledge institute for cultural participation and cultural education for all ages and target groups. Activities of the knowledge institute are: interpretation, enrichment, dissemination, and networking. LKCA works with and for culture professionals, policy makers and organisations, but not with the end user. They sometimes work with volunteers, namely the boards of many, often large, umbrella associations in the amateur arts.

5.2 Methodology of prescribing

Culture on Prescription can be prescribed by general practitioners, wellbeing coaches, practice assistants or psychologists. Individuals could also participate in culture on

prescription projects on their own initiative. In Het Beste van Kampen initiative the need for arts and culture among older people was actively gathered by the project initiators. Participants sometimes pay a low amount as contribution; with a prescription sometimes the arts and culture lessons were free of charge. In case a participant has a prescription, the project leads take care of evaluation and reports to the prescriber.

Social prescribing offers are only available on prescription. The primary health care (general practitioner, practice assistant) refers to the wellbeing coach of the municipality. The wellbeing coach has some hours available to support the client. The wellbeing coach is aware of the wellbeing offers in the neighbourhood/city and in a conversation with the client an activity is chosen. The wellbeing coach accompanies the client and maintains contact with the provider about the progress. The wellbeing coach also reports back to the GP.

Social and cultural prescribing much depends on the availability and willingness of general practitioners. Due to the overload of tasks it is hard for them to actively provide social and cultural prescribing regardless of the question of their personal interest in social and cultural prescribing.

5.3 Involved organisations and funding

With social and cultural prescribing are involved: municipalities, primary care, secondary care, wellbeing coaches, and providers of arts and culture. As Knowledge centres *Welzijn op Recept* and LKCA are involved. The Dutch ministry of Education and Culture provides funding to the LKCA. *Lang Leve Kunst Fonds* and *Fonds Cultuurparticipatie* (Cultural Participation Fund) are funding organisations involved in funding cultural prescribing or other initiatives that support cultural participation. More details below.

5.3.1 Lang Leve Kunst Fonds (Long live arts fund)

The Lang Leve Kunst Fonds promotes art practice by older people in the Netherlands by funding initiatives for this purpose. The Lang Leve Kunst Fonds was set up in January 2021 by Fonds Sluyterman van Loo and Stichting RCOAK as a follow-up to the earlier Lang Leve Kunst (Long Live Art) programme (2012), with the aim of promoting the enjoyment of life among older people. The ambition is that in ten years' time, there will be an appropriate and inspiring offer of art practice for older people in all Dutch municipalities. The Long Live Art Fund works together with other parties to achieve these goals. Partners in 2022 are the Prince Bernhard Culture Fund, Brentano's Support of Aging Foundation, Leyden Academy on Vitality and Ageing and the National Knowledge Centre for Cultural Education and Amateur Art (LKCA).

More than EUR 1 million is available annually for initiatives aimed at active art participation by older people. The financial contribution from the Long Live Art Fund gives initiatives a flying start. Other funders, such as local governments, will thus get involved sooner. As a result, the older people get faster and more access to art and culture. In 2021, the Long Live Arts Fund received 197 applications. The fund financially supported 94 initiatives across the country for a total amount of over €1.2 million. The average amount awarded was thus over €13,000. The Long Live Art Fund has a continuous procedure; organisations can apply at any time. In

addition, from 2022 the fund works with a working method in which some very successful projects get a follow-up in other places, with advice and coaching from the original creators. This will make it much easier for organisations to start art participation for older people.

The Long Live Art Fund has been initiator and partner of several studies into the value of art participation for older people, and what is needed to achieve this. For example, as part of the ZonMw programme Art and culture in long-term care and support. The 2021 research report makes it clear that the values of art for older people can be reduced to three dimensions: 'positive feelings', 'being challenged' and 'deep contact'. Especially because of this last aspect, art participation by older people is very promising for alleviating loneliness: "art appeals to a deeper layer of yourself and creates a more personal and emotional connection". The criteria used by the fund are partly based on the results of studies. One example is the central role of professional artists, who ensure older people's creative development, sufficient challenge and quality. (www.langlevekunst.nl)

5.3.2 Landelijk Kennisinstituut Cultuureducatie en Amateurkunst (LKCA)

The National Knowledge Centre Cultural Education and Amateur arts (LKCA) is committed to making cultural and creative development possible for everyone, regardless of cultural background, gender, disability, sexual orientation, religion, socio-economic status, level of education or age. In doing so, we operate in various domains: culture, education, care, welfare, science.

From the three core roles of considering, connecting and driving, LKCA operates as a knowledge partner. This means that they:

- collect, research, compile, filter, deepen and then interpret information.
- act as the knowledge broker: we know where knowledge and experts are available and we share this knowledge so that as many people in the field as possible benefit from it.
- choose a number of themes in which we want to make a difference. In the coming period, diversity and inclusion will be the common thread in our promotion themes even more than before.

Cooperation with partners: LKCA cooperates with cultural organisations, educational organisations, care and welfare organisations, support organisations and government bodies. LCKA also cooperates with branch and interest groups, unions and funds to realise their ambitions. By joining forces and working together, they achieve more impact and give more people access to culture. (www.lkca.nl)

5.3.3 Fonds Cultuurparticipatie (Fund cultural participation)

The Cultural Participation Fund encourages participation in culture. As the National Cultural Fund of the Ministry of Education, Culture and Science (OCW), they have been given a mission: to make culture accessible to all. Accessibility is of social value and is also key to renewing the cultural landscape. By focusing on cultural participation, intangible heritage and

cultural education, they promote culture that is inviting and easily accessible. To contribute to equal opportunities for different culture makers, forms of culture, ways of making and collaborating. So that everyone feels welcome to participate and do.

Activities:

- Cultural Participation Fund encourages innovation: with grants they encourage cultural initiatives and schools across the country to (learn to) make culture.
- They work with various partners, such as cultural institutions, associations, heritage institutions, schools, other funds, governments and social institutions.
- They share knowledge and connect initiatives: connecting people and organisations offline and online.
- They support culture makers and possibility makers--with personal stories they bring the power of culture making visibly to life.

www.cultuurparticipatie.nl

5.3.4 Other initiatives

Funding for wellbeing is provided by 135 municipalities in The Netherlands. The municipality of Amsterdam for example provides 8-9 hours payment to wellbeing coaches to support older adults with a social prescription to find appropriate offers of participation. The municipality of Amsterdam funds pilots in some Amsterdam districts to include arts and culture into the broader package of wellbeing offers.

VSB Fonds, *Prins Bernhard Cultuurfonds* and *Stichting Brentano's Steun des Ouderdoms* are private initiatives and provide other sources for funding.

Health insurance companies do not provide any funding or reimbursement of costs, except for the recently started pilot "Dancing with Parkinson".

5.4 Research on culture on prescription

The Leyden Academy investigated the results of cultural prescribing (Groot et.al, 2021). The study lasted 1.5 years and included 18 arts-engagement projects for older people. The selection criteria were the maximum variation in terms of the arts form (e.g., dance, music, singing, theater, visual arts, video, and spoken word), geographical region (urban vs. rural, north, east, west, and south), variety of older adults (living independently, receiving (day)care, or living in long-term care facilities), and project scale (a small project has one facilitator with one group of participants in one location, a medium project has one or a maximum of five facilitators and groups of participants, usually all in a similar location and a large project has more facilitators, and activities and groups of participants all over the country). The target groups were older people living at home with or without care, and older people living in a nursing home. The research included the findings of older people, artists, care workers, informal caregivers. The experienced value of active arts-engagement

according to older adults was threefold: 1. growth (personal and artistic) and learning, get challenged, cross thresholds, 2. Meaningful social interactions, connections in a different way, and 3. Positive feelings, having fun, laughing, feeling better.

Verweij Jonker Institute evaluated in 2019 the meaning of arts on prescription initiative in Nieuwegein. Due to some missing elements in the initiative, such as the missing link with health and caregivers, it was not feasible to conclude the impact of prevention in this initiative. However they found that activities have possibly preventive effects and clearly have a positive influence on wellbeing it is not clear how it impacts the care needs.

5.5 The working of social and cultural prescribing

All sources show that everyone agrees that social and cultural prescribing has a positive impact on those involved. Participants are satisfied and experience improvements in relational and emotional wellbeing.

Social and cultural prescribing does not solve personal problems, but alleviates them instead. Participants get a more positive view of themselves because they get more contacts and/or tap into unsuspected sources in themselves.

5.6 Successes cultural prescribing

Arts generates positive feelings: participants indicate that they have fun, enjoy and relax. They can get more grip (again) on their lives. They feel empowered to discover their talents and the magic of making things themselves.

Arts are good for health and wellbeing. Participants report to be able to discuss or to forget their problems during classes without any further consequences.

Arts connect: in a group activity, participating and creating together lead a deeper contact. It creates closeness and intimacy.

Arts challenge: arts push back frontiers, creativity is tapped into. People feel responsible (again).

5.7 Challenges cultural prescribing

- Structural financing instead of temporary funding is necessary to build a sustainable future for arts and culture on prescription. Insurance company De Friesland pilots the funding of Dancing with Parkinson. Insurance company Zorg & Zekerheid starts a 3-years pilot soon with funding wellbeing on prescription (probably not including arts on prescription);
- A good and sustainable collaboration between the various disciplines can be a challenge, especially between the care / wellbeing and arts/ cultural sectors. They often do not speak similar languages, such as patients – clients – participants;
- Transferability, sustainability and scalability of projects is a challenge;
- Involvement of older people was a challenge in several projects;

- Official prescribing by primary care, such as general practitioners is a challenge, due to the workload and sometimes interest of the care professional;
- How to ensure a smooth cooperation between prescribers and providers of culture on prescription. This can prevent major fragmentation, which can lead to prescribers losing their overview and dropping out;
- Progress and success of projects often depend on a single person or a small group of enthusiastic persons. This vulnerability is a challenge;

In The Netherlands there is a division between Wellbeing on Prescription and Arts on Prescription. Amsterdam aims to bridge the gap, but that is not national yet.

6. Examples of best practice

In this chapter some examples of best practice in The Netherlands are presented. The first five examples have been interviewed.

6.1 Kunst op Recept – Nieuwegein

Kunst op Recept (Arts on Prescription) is a cooperation between primary care (EMC Mondriaan), DE KOM intermediate, the municipality of Nieuwegein and wellbeing coaches of MOvactor.

The initiative started in 2016. Six professional artists offered 31 activities to 93 participants, such as painting, music and mosaic in small groups (mainly 2 or 3 participants) or in individual courses for 4 participants. 19 participants were older than 55 years of age. Involved artists were professionals who also possess social skills. Most people participated on their own initiative. In that sense there was no matter of prescription as the title Arts on Prescription suggests. *Kunst op Recept* Guide is available online.

Kunst op Recept is recently officially acknowledged as a brand. This means that it is no longer allowed to name every cultural activity on the cross-sectoral borders of care, wellbeing and arts as Arts on Prescription without fulfilling certain conditions, such as having a theoretical framework, the recognition that it is not a therapy nor cure, cycle of prescription and evaluation.

Quote June 2022: "Clients could use arts to forget or discuss their problems."

Quote June 2022: “Arts on Prescription is not a cure-all, but a link to a better grip and enjoyment of life.”

6.2 Kunst op Recept – Amsterdam Oost

In Amsterdam-East a pilot ran from 2019-2022 to foster the inclusion of arts and culture into the offer of wellbeing on prescription. The municipality initiated this pilot. The main question was what is needed to better include arts and culture as part of wellbeing offers. With the knowledge and support from Kunst op Recept Nieuwegein and LKCA, a small project team was installed, consisting of wellbeing coaches, a professional trainer and/or a teacher of visual arts and a practice assistant. The project team defined the offer on arts and culture, such as literature, writing, music, visual arts. The need for arts and culture among the population was quite high. If a wellbeing coach considers a need for arts or culture with the client, an arts coach was included to further elaborate the need and demand. 40 people participated in the pilot; some on prescription, others participated on their own initiative. Arts and culture were offered in individual courses or in small groups. To support people to choose, the arts coach provided a “nursery” where the client could meet several forms of arts and culture. Due to corona, the arts teacher also provided an “Arts is brought at home” package and brought arts literally at the doorsteps of people.

The follow-up of the pilot is that the wellbeing coach has been appointed as trailblazer, to enable arts and culture as part of wellbeing offers in several districts of Amsterdam. New pilots in the other districts have just started.

6.3 Kunst op Recept – Leiden

Kunst op Recept (Arts on Prescription) is also initiated in the city of Leiden. It consists of six open courses free of charge, provided by professional arts teachers. Painting, singing, music, theater play, writing and photography are included. Arts on Prescription works with prescription from a General Practitioner, GP support, psychologist or physical activist.

The municipality of Leiden assigned the project coordinator to promote cultural participation by children, independent living older people and bringing together care and arts. The coordinator was inspired by *Kunst op Recept* Nieuwegein. He approached GP practice assistants and built a project team that met on a regular basis to support the project. 55 people participated from June till December 2021. Relatively few older adults participated. Participants all possessed a prescription from a GP, Practice Assistant, psychologist or physical activist.

Participants were offered 6 individual lessons of 1 hour each. Individual mainly due to corona, however caregivers indicated that individual lessons have a lower threshold for participation. The number of 6 lessons worked very well. Participants and caregivers highly appreciated the offer. Involved artists were professionals who also possess social skills. The project coordinator received the necessary funding to continue the project for two years.

Website: Kunst op Recept Leiden

Final report is available on request by sending an email to the contact person on the website.

Quote June 2022: “Participants indicated that they are often wary of caregivers. What you say can have consequences and is recorded. With artists, they feel free. Artists do not judge”.

6.4 Stichting Blauw Licht (Foundation Blue Light)

Blauw Licht Foundation provides artistic responses to social issues since 2016. The main offer of *Blauw Licht* is photography (*In Beeld* – In the picture). The In Beeld course (photography as medicine) focuses on people with chronical diseases. People participate on referral of health and care professionals.

The *In Beeld* groups consist of 8 to 10 participants. The course is based on the ideas of positive health. The photo assignments motivate people to go out, open their senses and connect to the world around them. The assignments focus on positive perceptions; what makes you happy. The course consists of 12 meetings. The group process; sharing and discussing the photos with each other, is an essential part of the course. *In Beeld* concludes with an exhibition and a personal photo book. Participants proudly present their photos at the conclusion; they are not seen as clients/patients but as 'makers'. For the structure and elements of the course see background information.

Involved photographers provide the courses. They all possess social and coaching skills. Participants are individuals above 18 years of age. Most of them have mental issues. Sometimes *Blauw Licht* provides trainings to special target groups.

The project started with funding from Agis Zorginnovatie. At the moment the course is part of the so-called Social Performance of the municipality of Utrecht (Community support Act).

Quote June 2022: "It is recommended to offer culture on prescription as group training, that is to take advantage of the social component in groups."

Quote June 2022: "It is important to offer guidance from professional artists. We are not care workers, but offer a professional view on photography."

Figure 2: Copyright Stichting Blauw Licht

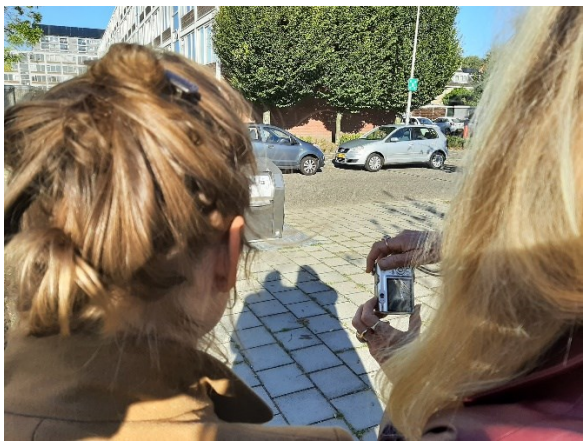


Figure 3: Copyright Stichting Blauw Licht

6.5 Het Beste van Kampen (The Best of Kampen)

Since the start of 2020, five cultural organisations (SAMBIQ) and WIJZ Wellbeing Kampen developed in the municipality of Kampen several initiatives to connect people through arts and culture. This is called ***Het Beste van Kampen*** (The Best of Kampen). 19 initiatives/experiments have been started, of which 16 were executed till early 2022. 500

people participated. The initiatives were always created in cooperation with the inhabitants and/or organisations in Kampen. Sometimes completely new activities were developed, in other cases culture was added to existing projects or to an existing environment. Activities varied from meetings at places where older adults used to have social activities before the pandemic or were not existing anymore due to mobility restrictions of the inhabitants. Education has been arranged for arts teachers and healthcare professionals to perform activities with people with physical or mental impairments, such as music for people with mental disabilities, dementia or CVA. Local media activities such as a section in the local newspaper or radio. The budgets for the initiatives were kept small on purpose. This was done to enable more projects, but also to invite initiators to seek cooperation with other organisations at local level. *Het Beste van Kampen* will continue in September 2022.

Quote June 2022: "For art and culture you are invited to your activities and interests rather than being helped."

Quote June 2022: "Performing arts by yourself is more than just doing something. It feels more like something magical."

6.6 Lang leve kunst – Project Meet en Greet

Meet & Greet is a theater duo that visits older adults in community centres and nursing homes. The Theater of Meet & Greet is a project of Factorium Cultuurmakers, amateurs in the city of Tilburg. They work with frail older people of 70 years and older and bring together with arts a social environment in which older adults can connect. From 2021 till 2023, Meet & Greet will receive 180 older adults.

6.7 Tijd van je leven (Time of your life)

Tijd van je leven (Time of Your Life) is a prevention programme in the West-Brabant region of the Netherlands. The aim of the programme is arts and culture as means to connect people and thus prevent and/or reduce loneliness and stimulate positive health. The most important result is an increase in the quality of life. The target group of *Tijd van je leven* consists of older people, living in West-Brabant.

The intervention exists at first of a meeting day to build the first bond of trust between participants and professionals. Followed by workshops with the guidance of a professional artist, participants will work with different arts forms and themes, always focusing on the sharing of stories and on being together. Closing presentation: the workshops are concluded with a plenary meeting as an exhibition or closing presentation together with the participants.

Follow-up: During the first year it turned out that the sequence of 6 weeks is too short for the majority of the participants to autonomously continue with their activities. During the second year a follow-up has been developed and added to the intervention. In this follow-up people learn to organise their lives and to participate more. The follow-up lasts 12 weeks of workshops. An extra training on self-empowerment is offered as well.

In total 182 participated in one sequence. Participants filled in several questionnaires to measures the results. Between the zero-based assessment and the second questionnaire, the emotional loneliness was significantly reduced, probably because people really met and spoke each other. Social loneliness however did not show any significant change. Participants also filled the spider diagram of Positive health. These measurements did not show any significant change either. Another result was the experienced reduction of physical impairments in mobility.

The role of the professional artist is essential. They were able to challenge the participants and to foster that they came out of their comfort zones. Artists must possess competencies such as artistic professional, flexibility, speaking skills, coaching, motivation skills, patience, able to deal with these target groups, persistency and environmental awareness. During the project they were guided by the project coordinators.

6.8 Dance on prescription

Since 2022, health insurance company De Friesland (part of Achmea Health Insurance Company) reimburses dancing classes as part of the health insurance. The funding is only available for people diagnosed with Parkinson's Disease and only in the province Friesland. The reason to fund dancing classes is that research shows that dancing lessons have a positive impact on mental and physical condition of patients. They offer more balance and self-confidence and less physical activity therapies are needed. Dancing also may protect from dementia. Dancing classes cost € 10 per hour. De Friesland pays part of these costs.

7. Overview for the potential of cultural prescribing in the Netherlands

The Netherlands already successfully experimented with arts and culture on prescription in several projects. Although the numbers per project were relatively low and evidence-based scientific research is still lacking, the reported results from each project are positive.

The conditions for successful implementation and continuation of cultural prescribing: (at random order):

- Bridge the gap between Wellbeing on Prescription and Arts on Prescription;
- The courses are provided by professional artists who also possess social and coaching skills;
- The offer of the courses is clearly defined. Which artists are involved, what do they offer, how is the evaluation taking place;
- To attract (older) participants it is necessary to concretely name what arts and culture is. Such as photography, painting, sculpture, music and writing.
- Enlighten the workload of general practitioners as the main prescribers of culture on prescription by thinking of enlarging the group of prescribers. For example to practice assistants, wellbeing coaches, social workers;
- Offer (potential) prescribers the opportunity to experience performing arts themselves and feel the magic of making;
- Be aware of the level of contribution participants must pay and offer alternatives, such as in kind contributions instead of financial payments;
- Offer group and individual classes to lower the threshold of participation. Groups should not be larger than 12 people at the maximum. Small groups of 3-5 are preferred;
- The suggested number of classes varies from 6 to 12 and also follow-up courses are provided. The length of each class varies from 60 to 90 minutes. The decision depends on the individual;
- Ensure continuity of the courses: don't stop too soon;
- Ensure good cooperation between the different sectors of arts, culture, care and wellbeing.

Suggestions for the curriculum of Culture on Prescription (at random order):

Target group of professional artists:

- Compact training
- Methods to define the courses and to attract participants
- Coping with and providing courses to people who have mental issues or bad life experiences

- Remaining an arts professional instead of becoming a caregiver
- Cooperation with care and wellbeing sectors
- Theoretical framework building and the process of start and evaluation
- Improving social and coaching skills

Target group of wellbeing coaches or social workers:

- Cooperation with arts and cultural sectors
- The impact of arts and culture
- Prescription, monitoring and evaluation methods

List of potential Culture on Prescription cooperation partners:

- ✓ New or current projects within *Lang Leve Kunst Fonds*
- ✓ Blauw Licht, Utrecht
- ✓ Kunst op Recept, Leiden
- ✓ Kunst op Recept, Amsterdam
- ✓ Het Beste van Kampen, Kampen

Resources

List of interviewees

- Angela van Dijk, Specialist Cultuurparticipatie LKCA
- Henriëtte Kruijt, Wellbeing coach and social worker Municipality Amsterdam
- Jan-Joost Meijs, Senior Lecturer Leiden University Medical Center, Chair National Knowledge Network Wellbeing on Prescription
- Jacqueline Besemer & Jeanne Klaasen, Project managers Foundation BlauwLicht
- Gineke Otter, Visual arts teacher and project assistant/coordinator
- Kevin Jolly, Team Leader Culture Coach Leiden / Project coordinator Art on Prescription
- Margreet Bouwman, Coordinator Het Beste van Kampen
- Catherine Steenbeek, Policy officer Art and Culture, Municipality of Amsterdam
- Lonneke Regter, Director Fonds Sluyterman van Loo and Lang Leve Kunst Fonds

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