



**CULTURE ON
PRESCRIPTION**



NATIONAL REPORT

GERMANY



Co-funded by
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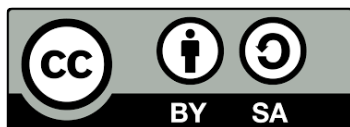
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Credits

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 and some of the features have been partly changed to protect their anonymity.

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1. Introduction

The Culture on Prescription project is the collaborative effort of multiple organisations from Ireland, Portugal, Belgium, 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 older people with the feeling of being more resilient in the challenges of their daily lives.

By implementing the 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 Social and Cultural Prescribing in their specific local and organisational setting.
- Create an implementation framework.

We hope to become an example of best practices at a European and international level. We plan to develop solutions that are inclusive, sustainable and scalable. The consortium members will present the 'Culture on Prescription' offerings, the underlying methodology and project outcomes in terms of accompanying material and feedback from learners and other stakeholders in social and healthcare provision. We also want to strengthen our local, regional, national and European networks, broaden our portfolios with new and attractive offers to our primary audiences from the social and healthcare sectors, support the training of staff and volunteers, and provide the opportunity for cross-border knowledge.



2. Methodology

To gain an insight into current practice, best practice and literature on social and cultural prescribing, each COPE project partner carried out research at a national level to add to current knowledge and to support the development of cultural prescription in later stages of the 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 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 practice in social 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 social prescribing practices, 8 stakeholders were interviewed in total.

In Germany, eight interviews with stakeholders from different thematic fields have been conducted. In the field of medicine and psychology three experts have been interviewed, for example Rolf van Dick from the Goethe University Frankfurt. His research mainly focuses on the area of psychology specialized in research about social identities and is thus aware of existing approaches in the area of prescribing Ulrich Hegerl, who is chairman of the German Depression Aid Foundation and is committed to research into the neurobiology of psychiatric illnesses and their prevention. In this function, he has an outstanding knowledge of existing social/cultural prescribing offers as well as regarding hurdles for implementation in Germany. Our third expert from the medical field is developing research on psycho-social health and respiratory diseases mainly by conducting meta-analyses and systematic reviews.

We also interviewed experts from the socio-political sphere such as Judith Merckies, who is a former member of the EU parliament and now board member of the organisation Loneliness Europe. This organisation advocates to put the topic of loneliness on the political agenda. Insa Schrader, who is an architect, journalist and moderator, gave insights into the synergies and potentials of HEALING CULTURE, a concept she wants to promote in Germany. Yvonne Wilke from the Institut für Sozialarbeit und Sozialpädagogik e. V. in Frankfurt works as another expert from the scientific field, because she already did research projects regarding the participation and access to services in society for older people. She is also coordinating the project 'Kompetenznetz Einsamkeit' (Loneliness Network), funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which will be explained further in chapter 5. Furthermore, two facilitators in the area of art education were interviewed. Andreas Hett already provides older and lonely people art education courses. He also works with younger delinquents in giving them art courses. Martin Bengs is also a facilitator in this regard as he offers cultural tours and classes to invite socially and economically diverse groups. Those tours and classes take place every month and are attended by around 8 people per session. This offer is also further explained in chapter 6.4.

In general, the interviewees were connected with the social or cultural prescribing concept or the topic of loneliness in different contexts. Some of the experts were already aware of the prescribing concept because they already worked with or did research on it while others were not familiar with it but were interested in the approach.

The quantitative and qualitative data was analysed with equal priority. The qualitative data was analysed following a data-led approach (Braun & Clarke, 2006) 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:

- 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:

- 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:

- a formal structured process or through an unofficial, organic structure
- community and health service provided events 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 Germany are in the following chapters. For information on other national reports developed as part of the Culture on Prescription project and for other project publications, please visit culture-on-prescription.eu.

3. Brief National Overview of ageing in Germany

Based on research figures from the year 2013, the German Federal Statistical Office (DESTATIS) compiled a prognosis on the ageing process of the German population for the year 2060:

Available data from 2013

Children and young people under the age of 20 - **18%**

Between the age of 20 and 65 - **61%**

Age 65 and older - **21%**

Prognosis for 2060

Children and young people under the age of 20 à **16%**

Between the age of 20 and 65 à **51-52%**

Age 65 and older à **32-33%**

This will lead to a significant decrease of the working-age population from 49 million in 2013 to about 38 million in 2060 (-23%). There will be twice as many 70-year-olds as newborn babies and people of working age will face an ever-increasing number of older people.

In 2013, the number of people aged 65 years related to 100 people in paid work was only 34. In 2060, this proportion will almost double and 100 members of the labour force will have to relate to 65 people aged 65 years and older.

The number of people of 65 years and older will represent a third of the German population in the year 2060.

4. Overview of lonely/isolated older people in Germany

4.1 Lonely (older) people in Germany

"Loneliness research is - especially in Germany - still a relatively young field of research. The data on loneliness in Germany is correspondingly limited." (Bücker, 2021) However, due to the effects of the COVID pandemic, the topic has become the focus of greater public attention in the last couple of years.

The Socio-Economic Panel (SOEP) is a representative long-term survey that has been conducted in Germany since 1984 among around 30,000 people in about 15,000 households. (Göbel et al., 2019) In 2013 and 2017, three questions on loneliness were included in the survey. In the process, the proportion of people who reported feeling lonely very often or often fell from 10.5% in 2013 to 9.5% in 2017 (Eyerund and Orth 2019).

According to Spitzer (2018), it is "remarkable that loneliness does not occur to the same degree throughout a person's life; rather, there are two phases in which it occurs particularly frequently - in adolescence and in old age, each with different causes and consequences."

The German Centre of Gerontology (DZA) is a federal research institute that focuses its studies on social participation in the life course, with particular attention to the second half of life. In a fact sheet, it comments on the "proportion of lonely people in the population between 45 and 84 years of age". This fluctuated between 2008 and 2017 "roughly between eight and nine percent." The explanation given for the "increase in the number of lonely people" despite a decline in the prevalence rate is "the ageing of the baby boomers". (Huxhold et al., 2019)

Since the outbreak of the COVID pandemic, the measures taken to contain the virus (mobility restrictions and social distancing measures) have significantly impaired the social relationships of many people. Accordingly, the feeling of loneliness is particularly pronounced in the times of the COVID crisis: The SOEP-CoV study concluded that loneliness almost doubled in 2020. In 2021, the rate of high loneliness remained stable and no further increase could be observed. (Entringer and Liebig, 2022)

The large, population-based NAKO Health Study of 113,928 participants aged 20 to 69 years concluded that in the period from 30 April to 29 May 2020, a total of 31.7% of participants

felt lonely, "i.e., scoring 6 points or higher on the UCLA Loneliness Scale." "Overall, the proportion of loneliness was significantly higher for women, 37.4%, than for men, 25.5%." (Berger et al., 2021)

According to a Forsa survey conducted as part of the 'Miteinander-Füreinander' project, which was carried out between 15 January and 1 February 2021 using computer-assisted telephone interviews with 1,000 people aged over 75 and living in private households, "22 per cent of the older people surveyed" felt lonely "frequently or at least from time to time. Those aged 84 or older (31%), those living alone (35%) and respondents with major health problems (41%) were more likely than average to say this" (Malteser Hilfsdienst e.V., 2021).

In contrast, the results of the German Ageing Survey 2020 (DEAS) show that "the increase in the risk of loneliness in the first wave of the pandemic ... affects different population groups to the same extent". The proportion of lonely people aged 46 to 90 was just under 14 per cent, 1.5 times higher than in the 2014 and 2017 survey years." (Huxhold and Tesch-Römer, 2021)

As part of the D80+ study 'High age in Germany', a nationally representative cross-sectional survey of more than 10,000 people aged 80 and over was conducted between November 2020 and April 2021. 12.1% of the respondents reported feeling lonely – a percentage that had doubled compared to the period before the pandemic. Very old people were particularly affected by the changes that restricted private contact. Women were twice as likely to suffer from loneliness as men, and people without a partner were about five times as likely to be lonely as married or partnered older people (3.9% vs. 18.6%). (Kaspar et al. 2022)

The tension between health protection and restrictions on social life during the pandemic had a particular impact on very old people in nursing homes. One in three nursing home residents (35.2%) described themselves as lonely, while in private households it affected only one in ten (9.5%). (Kaspar et al. 2022)

The regional distribution of the prevalence of loneliness depends on various individual and geographical factors, but cannot be described in simple urban-rural differences. Hot-spot regions should be a priority target of political and civil society interventions. (Bücker, 2021).

4.2 Engagement

In principle, a distinction can be made between different approaches to loneliness interventions. So far, however, there are only a few studies that scientifically evaluate measures and campaigns against loneliness.

1) Reduce/prevent loneliness by reducing social isolation:

Social connectedness is quite crucial for the health of the individual. By participating in the social, cultural, economic and political life of society, loneliness can be reduced in the population.

There are various nationwide and regional initiatives and projects to reduce social isolation, e.g. [Silbernetz](#), the nationwide initiative [GemEinsamkeit](#) which was founded in April 2022, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) funded projects [Miteinander-Füreinander: Kontakt und Gemeinschaft im Alter](#) and the [Bundesprogramm Mehrgenerationenhaus](#), or the federal model programme [Strengthening the participation of older people - against loneliness and isolation](#).

2) Therapeutic Interventions

The remediation of maladaptive social cognitions through cognitive behavioural therapy is still the kind of intervention that has best been researched. However, there are also psychoeducational approaches (Krieger and Seewer 2022) and the "Groups 4 Health" programme developed by Catherine Haslam and colleagues, which is used, for example, as part of the psychology programme at Goethe University Frankfurt (Haslam et al. 2019). A group intervention - based on several behavioural therapy forms - was developed at the University of Bonn. Within this framework, the influence of oxytocin on loneliness is also being investigated.

4.3 National Policy

In March 2019, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) held a two-day congress in Berlin on the topic of 'Preventing loneliness in old age - enabling active participation in society'. "More than 200 people, including representatives of municipalities, associations, civil society associations, experts from science and practice took part." (BAGSO, 2019).

On 15 December 2020, members of the Liberal Democrats (FDP) parliamentary group in the German Bundestag (national parliament) presented the motion 'Einsamkeit – Erkennen, evaluieren und entschlossen entgegenzutreten (Loneliness – Recognise, evaluate and combat)'. (BT-Drucksache 19/25249)

On 9 February 2021, the Christian Democrat (CDU/CSU) parliamentary group in the German Bundestag adopted the position paper 'Gemeinsam gegen Einsamkeit – Für eine nationale Strategie' (Together against Loneliness – For a National Strategy). This calls for the appointment of a loneliness commissioner at the federal level, a national action plan on loneliness for Germany, a statistical survey of loneliness down to the municipal level, better networking and increased cooperation among stakeholders, and the start of a nationwide campaign [Together Against Loneliness](#).

At the conference [Gemeinsam aus der Einsamkeit](#) in Berlin on 14 June 2022, the Federal Minister for Family Affairs Lisa Paus launched the development of a strategy against loneliness. This strategy of the Federal Ministry of Family Affairs, Senior Citizens, Women and

Youth (BMFSFJ) will be developed in a broad participation process and is planned to be implemented in cooperation with the newly established [Kompetenznetz Einsamkeit \(Loneliness Network\)](#) by the end of the 20th legislative period in 2025. The aim is to shed more political and scientific light on the topic of loneliness in Germany. This will include the following measures:

- Establish low-threshold support and assistance at the local level;
- Raise attention and awareness for the topic of loneliness in the general population;
- Expand scientific research on loneliness, regarding the effectiveness of interventions and elaborate systematic data recording by means of a loneliness survey. The publication of the first 'National Loneliness Barometer' is planned for the end of 2022.

Overall, the general discourse on the prevention of loneliness and the negative feelings that surround it is to be exacerbated and should be widely expanded (BMSFSJ 2022).

5. Overview of social and/or cultural prescribing in Germany

For some time now, approaches of prescribing policies in Germany have been brought forth by smaller projects and initiatives. In 2010, for example, the medical profession in the city of Düsseldorf prescribed vouchers for the Theatre Junges Schauspielhaus to children who had a preventive check-up in order to create low-threshold access to the cultural sector (Ärzteblatt 2010). Also, in 2019, the city of Schwerte, for example, tried to introduce 'social prescriptions' in the city to alleviate the problem of loneliness in old age (Eckert 2020). Despite the presence of these initiatives, the problem of loneliness and the potential of prescribing approaches have not yet been sufficiently tested or even implemented politically. Although the topic of loneliness was already verbally addressed in the coalition agreement between the CDU/SPD of the last federal government (Die Bundesregierung 2018: 118), the practical examples of prescribing approaches mentioned have not yet found sufficient resonance to be transferred into testing or implementation. Since the new legislative period and the occurrence of the COVID 19 pandemic, however, the issue of loneliness has received increased political attention. In the future, less money from health insurance contributions is to flow into advertising and at the same time more money is to flow into the areas of prevention and participation (Die Bundesregierung 2021: 84). In this context, the above-mentioned Loneliness Network was established in 2022, which bundles various medical and social counselling services (Kompetenznetz Einsamkeit 2022).

Despite political hurdles, there are already various approaches in Germany that can be located in the area of social prescription. These include, for example, smoking cessation courses offered by agencies such as the Federal Centre for Health Education (BZgA 2022). However, these currently often take place by telephone or online, which unfortunately means that the actual character of a social measure is lost. So far, such offers in Germany are not linked to social services or other social service-oriented counselling centres. Thus, the following offers are so far not prescribed as in the actual sense of social prescribing, but are

based on the proactive participation of interested persons. In the context of the concept of social prescribing one of the interview partners mentioned existing programmes for long-term unemployed people. They receive a professional diagnosis in order to determine possible psychosocial reasons for their long-term unemployment. The range of services offered by the German Depression Aid Foundation also includes sporting activities. For example, the foundation provides information about various running campaigns under the umbrella project 'Running against Depression'. However, such offers have not been supported centrally at federal level so far but are often based on organisational or club structures that are supported by local sponsors and supporters, as in the case of the German Depression Aid Foundation. The foundation is mainly financed by donations or other support from local sponsors. In the context of existing social offers to improve health, Yvonne Wilke, Head of Department at the Institut für Sozialarbeit und Sozialpädagogik e. V., also mentioned the association "Cycling without age". Here, older people living in care facilities can ride a bicycle rickshaw through the city free of charge. Several people can ride along, which promotes social contact and joint outdoor activities (Radeln ohne Alter 2022).

6. Examples of best practice

6.1 Gesundheitskiosk Hamburg

Hamburg Billstedt/Horn

Objectives

The aim of the health kiosk is to bundle different offers from the medical as well as the social sector within a fixed location in the city of Hamburg. This is to create low-threshold access to social and health services by making it easy and quick to book trained care workers such as doctors, specialised medical staff or social workers on site for counselling services.

Key Facts

The health kiosk in Billstedt/Horn is accessible to residents both directly on site and online. Overall, the kiosk functions as a medical-social care model for local residents. There are now three kiosk locations in the city, where the organisation works together with a total of 151 partner organisations. Five health insurance companies from Germany also participate in this service, which has already resulted in about 13,000 counselling sessions with residents.

Implementation

In order to participate in the services of the health kiosk, interested persons have to make an appointment themselves or have it recommended by a cooperating doctor. Then a counselling appointment can be arranged, which takes between 45 and 60 minutes, in order to get a holistic picture of the person's health and social situation. The counsellors of the centre are in close contact with the patients' doctors in order to discuss how they can best be accompanied by the services of the kiosk. The counselling spectrum of the kiosk also includes the topics of medicines, the search for general practitioners and specialists, the application for follow-up treatment and the referral to other institutions in the field of health promotion.

Results

In 2021, the Hamburg Center for Health Economics at the University of Hamburg published an accompanying research report on the effectiveness of the health kiosk in the city. The researchers were able to show that doctors could be relieved by the additional offer. It was found that more than every second person who took part in one of the kiosk's services also sought advice at least once in the kiosk. On average, three counselling sessions were held per insured person. At the same time, in comparison with other districts, a decrease of 19% in avoidable hospital cases was observed in the district of Billstedt/Horn, while the number of doctor's visits in the district increased by an average of 1.9 visits per insured person. According to estimates by the University of Hamburg, this reflects a significant improvement in outpatient health care in the district (University of Hamburg 2021).

Further Information

<https://gesundheit-bh.de/gesundheitskiosk/>

<https://www.uni-hamburg.de/newsroom/presse/2021/pm17.html>

6.2 Shared Reading

UK, many other countries and Frankfurt am Main, Germany

Objectives

Shared Reading was developed by ‘The Reader’, a successful organisation founded in Liverpool in 1997. Today, 25 years later, Shared Reading still invites people to meet and to read aloud together. In a time when problems of mental health, loneliness and depression are growing, many people feel disconnected from each other. Shared Reading aims to reconnect individuals, help them to feel better, rebuild lost social bonds and foster well-being.

Key facts

Shared Reading is a slightly different way of reading together and rests in the simple but powerful idea of letting words have an effect on the participants. Literature is read aloud as a sensory experience in a protected space - across all cultural, social and age boundaries. Shared Reading courses are conducted by certified trainers and consist of 8-10 participants who meet weekly for a period of 2-3 months. In Frankfurt the courses are funded by the local library, the ‘Literaturhaus’ and the Public Health Authority. There is no charge for participants.

Implementation

Once a week, around 10 participants meet to read aloud together and exchange ideas about what they have read. A trained Shared Reading Leader chooses new texts for each meeting. He encourages and asks questions, which lead into the conversation about what has been heard and read. Everyone can say what s/he thinks and feels, remain silent and simply listen. The courses usually run for 2-3 months and each session takes about 90 minutes.

Results

A recent study by ‘The Reader’ in Liverpool found that “Around three-quarters (74%) of people across the UK who read regularly say it has a positive impact on their mental health and wellbeing, and over three-quarters (77%) say reading makes them feel relaxed and happy.” (Jeynes 2022).

This also applies to the Shared Reading groups that can foster mental resilience, create a space where participants feel connected and help to improve their well-being and understanding of themselves – and others – better.

More information

<https://www.thereader.org.uk/>

6.3 Offenes Atelier Wehrheim – Giving the soul some space

Wehrheim near Frankfurt am Main, Germany

Objectives

The motto of the Open Atelier Wehrheim is: "Giving the soul some space". This stands for a wide range of activities on offer that give people, who have difficulties in life or people with mental health challenges, an opportunity to come into contact with art and to try out new artistic activities in a safe and comfortable setting.

Key facts

Guided artistic activities in the Open Atelier Wehrheim can include painting, music or writing. Two professional artists offer assistance and direction. A hall, 200 square metres in size, provides space for free artistic experimentation. The atelier is located in a bright hall next to a train station. This makes it easy to reach by public transport. It is run and funded by the local Diaconia Hochtaunus, a region about 30 kilometres northwest of Frankfurt am Main, and it has also received complementary financial support from the German lottery fund „Aktion Mensch“.

Implementation

The 200 square metre atelier offers appropriate room to work jointly on projects but there is also enough space for participants who prefer to work individually and undisturbed. The whole setting is planned to inspire creativity and foster awareness of cultural activities – reflecting perfectly the atelier's motto "Giving the soul some space". A small kitchen and an office complement the artistic hall.

Results

The Open Atelier Wehrheim was established in 2012 and has been working very successfully in combining art and mental health promotion ever since. Some of the participants have discovered and developed new artistic skills, and some have even sold some of their works. For others it helped to develop their resilience skills and enabled them to cope with feelings of loneliness and to connect with others more easily. Or as one participant summarized his atelier experience spot on: "For me, coming here means not being alone, finding a way out, meeting others. Giving expression to the inner self, redesigning my life!".

More information

<http://www.offenes-atelier-wehrheim.de/englische-version/index.html>

6.4 Cultural Tours, Cultural Classes

Community Centre West, Stuttgart, Germany

Objectives

To enhance the engagement level of the participants, to reduce barriers and involve more visitors with arts and culture is what this cultural approach aims at. The offer of cultural classes and tours seeks to invite socially and economically diverse groups. As the community center is basically a meeting point for older people, announcements of the programme are easily passed on by word of mouth and can be found in the showcase of the centre. Interested people can also be informed by email.

The public community centre itself is run by the protestant church. 70 % of the operating cost are covered by the municipality.

The cultural tours take place once a month, attracting on average 8 participants per event. In total, this sums up to nearly 100 people a year. This type of cultural tour may as well be replicated and set up in other venues and settings.

Key Facts

The community centre is located at the intersection of a lively public place and an upscale residential neighbourhood stretching up the hills. In its function the community centre is officially defined as a leisure space for people of all ages in general and a space for cultural participation and education in particular.

The cultural programme is run by non-profit stakeholders. On cultural tours, participants usually pay entrance fees and transport costs.

Implementation

In dialogue with the participants and against the background of their needs a well-prepared facilitator has to figure out what would be an appealing cultural activity, that could be joined as a group. That means creating a social environment based on mutual respect, where mainly older people feel welcome to spend their leisure time together, to meet even strangers and socialize with others and make friends.

The cultural tours came into existence 10 years ago and since then have been offering visits to cultural sites ranging from theatre plays to art exhibitions, from readings to concerts or whatever comes up.

A profound introduction in a cultural class setting prior to a specific event will be given if it makes sense or should be required. After the shared cultural experience there is always the opportunity to reflect upon it by gathering together in a relaxed atmosphere.

Results

Sharing the cultural learning experience leads not only to an increasing appreciation of artistic production with its valuable insights but certainly also promotes pluralistic tolerance. Hence this perception sets a good example in developing social skills. For example, in terms of the tours if there were any shortcomings among the participants to be observed, people tried to be supportive to others by helping them out.

The cultural activity program has been seen as a cultural practice providing a prolific sense of community.

The offer cannot be prolonged, it is completed by the end of August 2022 on account of expiring contracts. There is no further funding of the project available.

Special thanks for the description to the facilitator of this practice, Martin Bengs.

7. Overview for the potential of social and/or cultural prescribing in Germany

Overall, the experts we interviewed are somewhat undecided about the potential impact of social and cultural prescribing measures. One of the interviewees who sees a high social demand for cultural prescribing in Germany, mentioned demographic change and the ageing of society, the now aggravated situation of loneliness in times of the pandemic as well as the aggravation of current socio-economic problems, as can currently be seen from rising inflation and rising energy prices. Another expert also describes in this context that current social crises and increasing digitalisation are leading to increased individualisation and a social withdrawal of many people. Thus, people have to learn anew how to mentally deal with increasing loneliness. In this context, she sees the area of culture as a suitable basis for the further personal development of participants.

According to the interviewed experts social and cultural prescribing practices could fill a gap in social need. By organising and prescribing courses, a major hurdle for potential participants would be reduced. At the same time, participants would not have to worry about attending such events alone, as social contact would arise automatically through working in groups. In this context the interviewed experts see the positive effect of social contact on the quality of life as indisputable. Rolf van Dick referred to two levels that are relevant in a positive way within social prescribing offers. In this regard he mentioned the social support that participants experience through others, while at the same time a feeling of collective self-efficacy is promoted.

This means that people develop a common perspective on problems through identification with others and get the feeling that all participants can solve the problem(s) together. In

addition, the experts mentioned that such preventive measures in the health system, as can be seen in the United Kingdom for example, could lead to significant cost savings, as people who have non-medically induced problems less tend to consult their GP.

Despite the described potential some experts also see the implementation of such concepts as challenging. For example, one expert mentioned that the concept of prescription is a bad idea to activate people for new services due to the fact that prescriptions would once again be a kind of external obligation. Another expert was also ambivalent about the extent to which such practices would add value at the societal level and the extent to which further prescription responsibility could be provided by medical professionals. In addition, the experts described that personal inhibitions and shame often prevent people from participating in such services. For example, admitting to being lonely is difficult for many people. This was also emphasised another expert, as there were already numerous offers within various associations and initiatives, but the personal hurdles of the target group were often too high. According to the experts, these hurdles have now been increased by Covid 19, as pandemic-related fears have now been added. Furthermore, people are becoming accustomed to services such as delivery services and tend to look for their own way out even less. In this context, Andreas Hett, whose initiative is associated partner of the Culture on Prescription project, recognises that due to the factors mentioned, it is difficult to reach the target groups, also because potential participants might have limited mobility.

Furthermore, the experts critically questioned possible financing models for cultural and social prescribing measures, as these would have to be financed by the health system and carried out by doctors. At the same time, it was mentioned that such offers would rather fight the effects of a problem, but not the root of the problem. For example, stronger investments in strengthening the social systems or the education sector might make more sense in the long run, but the experts do not expect such fundamental improvements for the German social systems in the future due to a political rigidity for pragmatic solutions in Germany.

With regard to future implementation and important stakeholders, the experts named various possible contact points. Among others, welfare organisations are important stakeholders that could act as a contact point for lonely people. It is important to find out why people are lonely. This could be the case, for example, if a person is lonely because of their sexual identity or origin. Therefore, organisations for people with a migration background or queer people should also be included. In principle, primary care practitioners were mentioned as possible mediators. They should then be in close contact with social workers, who in turn refer to the medical services within their work. In addition, employment agencies or other official places such as district offices were mentioned as possible organisations to identify and contact lonely people. In such public places, "arenas of offers" should be created. The purpose of this is to address and reach people at places they visit from time to time.

For younger people, information should also be made available in schools in order to recognise emerging negative symptoms at an early stage and to contain them through targeted services. With regard to possible financing models, one expert also mentioned that

no cooperation should be entered into with profit-oriented companies from the pharmaceutical industry in order not to lose the charm of socially oriented help offers.

8. Additional relevant information

The interviewed experts made various recommendations regarding the future implementation of social and cultural prescribing approaches. For example, as already briefly mentioned above, it should be investigated why people are lonely. At the same time, it is essential to implement preventive information services to convey people in general how important social contact in general is for maintaining mental health. In this context, all interview partners stated that it is important to create individually suitable and low-threshold offers. For this purpose, their personal interests should be asked in preliminary talks with interested persons in order to achieve the best possible personal fit. The aim should be to achieve a stronger thematic differentiation of offers for certain target groups (e.g. long-term unemployed, older people, children, etc.). Prescribing offers should also be primarily free of charge or, if this is not possible, only include small symbolic amounts for participation. In addition, isolated target persons should be addressed directly by trusted persons in order to overcome the shame of participation and to activate lonely older people in particular. All in all, the experts see a great need for more education on topics such as loneliness, mental health or isolation in order to counteract the taboo of these topics and to create a higher level of social understanding.

In order to anchor the concept institutionally, health insurance companies must also be enabled to draw attention to the positive effects of cultural activities, to take cultural offers seriously and thus to be able to legally enforce them as health-promoting measures. The main problem in Germany is that the financing of such services cannot be regulated centrally, as in Germany different health insurance companies in the various federal states are responsible for financing such interventions. Therefore, these approaches would first have to be tested by interested providers and others would have to be motivated to include prescribing services in their preventive offers. To this end, existing boundaries and divisions between the areas of responsibility of social organisations and public contact points must be overcome in order to enable the cooperation of different actors in the field of social and cultural prescribing.

In this context, there is a need for fixed contact persons to organise possible courses or events. In one expert's opinion, activation "cannot be done by handing out materials". Target groups must be addressed proactively. To do this, it makes sense to first look at the biography and problems of individual people and to show interest and understand the individual background of a person. This creates a better basis to win them over for further activities. At the same time, information regarding the framework conditions for participation (what proof must be provided, where can I register) must be clearly formulated and proactively communicated to the target groups. Furthermore, the experts made it clear that in the field

of cultural prescribing, offers should not only be made in the field of high culture (art, theatre), because the term culture is perceived as elitist by many people. In addition, the offers created should not require too much personal initiative and interest, which, according to the experts, is often linked to high culture. This must be considered when addressing target groups, so as not to scare them off with an offer that is too highbrow. The experts also emphasised once again that a functioning financing model for such offers must be clarified beforehand.

The experts see further potential for the concept, for example, in current studies from countries with already established social prescribing structures, e.g., those that focus on the cost savings in the health sector that could be achieved through the implementation of prescribing approaches. In this context, a large-scale study by the University of Sheffield should be mentioned, which examined a pre-post analysis of 10,000 users of social prescribing services over a period of 30 months. The analysis included factors such as subjective health perceptions, the cost of replaced health appointments and the cost of providing the services. Overall, the research team calculated that, translated into monetary metrics, an improvement in perceived health of 5,425 pounds could be achieved. This translated into a return on social investment of 3.42 pounds per pound invested (NASP 2022: 9). The NASP (National Academy for Social Prescribing), taking into account other recent studies, recognised that in most cases a positive SROI, i.e., a positive return on investment in social prescribing measures, is achieved, which in turn translates into strong cost savings in the health care sector (ibid.: 10).

As another interesting approach, Rolf van Dick referred to a new method of needs assessment from Australia. Researchers at the University of Queensland developed an online tool for "identity mapping" (Bentley et al. 2020). The aim is to find out within which social groups an individual is integrated in order to determine where and how people feel they belong. In this, van Dick recognises the potential to apply this analysis practice to counselling interviews within the framework of social or cultural prescribing offers in order to get an impression of the extent to which target persons are socially integrated or already isolated. Based on this, targeted individual offers can be created.

8.1 Quotes

"Art is perceived as elitist, this must be taken into account when addressing people, otherwise it can have a deterrent effect on many people." (Andreas Hett)

"Art is for everyone, this must also come across to potential participants" (Andreas Hett)

"There needs to be fixed contact persons to put up such offers, this cannot be done by handing out information material". (Expert in the field of medicine)

"Don't make it too big. You shouldn't overdramatize the issue of loneliness, so as to turn it into a mountain that cannot be climbed or an ivory tower without escape." (Judith Merkies)

"But to conclude, I think it's definitely an exciting project, or an exciting implementation, also in the UK, because I think it has a great potential if you do it well." (Yvonne Wilke)

9. Summary

In summary, it can be recognised that the approach of social or cultural prescribing is currently still in its infancy in Germany. Although private and smaller political initiatives have been discussing such offers for several years, the topic has not been very well received politically in recent years. In the wake of the COVID pandemic and the increased number of isolated, lonely and mentally distressed people, the topic of loneliness and suitable solutions has become more prominent and has also been given greater focus by political parties, which can be seen, for example, in the emergence of the Loneliness Network, which is funded by the ministry of family, seniors, women and the youth. In the meantime, there are also isolated examples in Germany, such as the Health Kiosk in Hamburg, which already use prescribing approaches to health care.

The experts interviewed made it clear that there is a high societal need for such sociocultural-medical approaches due to changing life situations caused by current societal trends such as demographic change, climate change, digitalisation and the resulting increase in individualisation in society. In this context, the experts interviewed recognised the potential for increasing the quality of life of those affected through the introduction of prescribing approaches for instance by activating the potential for self-efficacy and group efficacy in social and cultural activities. At the same time, some of the experts noted that the prevailing structures of different health insurance companies in different regions in Germany pose certain challenges with regard to the implementation of social and cultural prescribing approaches. In this context, the question of affordability and the increased workload for doctors were discussed.

Nevertheless, the experts agreed that the testing of such new approaches is important and necessary in order to highlight possible potentials, e.g. expressed in the UK as cost savings in the health sector, and to bring these practices onto the political and social agenda.

Bibliography

BAGSO - German Federal Association of Senior Citizens' Organisations (2019): Documentation of the Symposium Loneliness in Old Age – Enabling Active Social Participation, available at: https://www.bagso.de/fileadmin/user_upload/bagso/07_Kopfnavigation/Englische_Seite/Publications/Documentation_of_the_Symposium_Loneliness_in_Old_Age_2019.pdf (accessed: 14.10.2022)

Bentley, S. V., Greenaway, K. H., Haslam, S. A., Cruwys, T., Steffens, N. K., Haslam, C., & Cull, B. (2020). Social identity mapping online. *Journal of Personality and Social Psychology*, 118(2), 213–241.

Berger, K., Riedel-Heller, S., Pabst, A., Rietschel, M., & Richter, D. (2021). Einsamkeit während der ersten Welle der SARS-CoV-2-pandemie—Ergebnisse der NAKO-Gesundheitsstudie. *Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz*, 64(9), 1157-1164.

Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (2022): „Gemeinsame Strategie gegen Einsamkeit entwickeln“, available at: <https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/gemeinsame-strategie-gegen-einsamkeit-entwickeln-198694> (accessed: 25.08.2022).

Braun, V., Clarke, V. (2006). „Using thematic analysis in psychology.“, In: *Qualitative Research in Psychology*, 3 (2), 77-101. DOI:10.1191/1478088706qp063oa.

Bücker, S. (2021). Einsamkeit—Erkennen, evaluieren und entschlossen entgegenzutreten. Schriftliche Stellungnahme für die öffentliche Anhörung, [online] <https://www.Bundestag.de/resource/blob/833538/3db278c99cb6df3362456fefbb6d84aa/19-13-135dneu-data.pdf>, (accessed: 10.09. 2021).

Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2022): „Rauchentwöhnung“. Available from: <https://www.bzga.de/service/infotelefone/rauchentwoehnung/> (accessed: 24.08.2022).

Creswell, J.W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. London: Sage.

Deutsches Ärzteblatt (2010): „Kulturprojekt für Kinder und Jugendliche: Theater auf Rezept“. Available from: <https://www.aerzteblatt.de/archiv/67879/Kulturprojekt-fuer-Kinder-und-Jugendliche-Theater-auf-Rezept> (accessed: 20.08.2022).

Die Bundesregierung (2018): „Koalitionsvertrag zwischen CDU, CSU und SPD“. Available from: https://archiv.cdu.de/system/tdf/media/dokumente/koalitionsvertrag_2018.pdf?file=1 (accessed: 05.08.2022).

Die Bundesregierung (2021): „Koalitionsvertrag zwischen SPD, Bündnis 90 – Die Grünen und FDP“. Available from: <https://www.tagesspiegel.de/downloads/27829944/1/koalitionsvertrag-ampel-2021-2025.pdf> (accessed: 10.08.2022).

DIW Berlin: Research Infrastructure „Socio-Economic Panel (SOEP)“. (o. D.). DIW Berlin. Available from: https://www.diw.de/en/diw_01.c.615551.en/research_infrastructure__socio-economic_panel__soep.html (accessed: 20.08.2022).

Eckert, H. (2020): „Soziale Rezepte für den Kampf gegen die Einsamkeit im Alter“, Lokalkompass Online. Available from: https://www.lokalkompass.de/schwerte/c-ratgeber/soziale-rezepte-fuer-den-kampf-gegen-die-einsamkeit-im-alter_a1480931 (accessed: 15.08.2022).

Eyerund, T., & Orth, A. K. (2019). Einsamkeit in Deutschland: aktuelle Entwicklung und soziodemographische Zusammenhänge (No. 22/2019). IW-report.

Goebel, J., Grabka, M. M., Liebig, S., Kroh, M., Richter, D., Schröder, C. & Schupp, J. (2018). The German Socio-Economic Panel (SOEP). Jahrbücher für Nationalökonomie und Statistik, 239(2), 345–360. <https://doi.org/10.1515/jbnst-2018-0022>.

Haslam, C., Cruwys, T., Chang, M. X. L., Bentley, S. V., Haslam, S. A., Dingle, G. A., & Jetten, J. (2019). GROUPS 4 HEALTH reduces loneliness and social anxiety in adults with psychological distress: Findings from a randomized controlled trial. *Journal of consulting and clinical psychology*, 87(9), 787.

Huxhold, O., & Tesch-Römer, C. (2021). „Einsamkeit steigt in der Covid 19-Pandemie bei Menschen im mittleren und hohen Erwachsenenalter gleichermaßen deutlich.“, In: DZA Aktuell, available at: https://www.dza.de/fileadmin/dza/Dokumente/DZA_Aktuell/DZAAktuell_Einsamkeit_in_der_Corona-Pandemie.pdf (accessed: 19.08.2022).

Huxhold, O., Engstler, H., & Hoffmann, E. (2019). „Entwicklung der Einsamkeit bei Menschen im Alter von 45 bis 84 Jahren im Zeitraum von 2008 bis 2017.“, In: DZA-Fact Sheet, available at:

https://www.dza.de/fileadmin/dza/Dokumente/Fact_Sheets/Fact_Sheet_Einsamkeit_2019_05_16_Internet.pdf (accessed: 22.08.2022).

Jeynes, M. (2022): „New Research reveals the power of reading and wellbeing“, In: The Reader, available at: <https://www.thereader.org.uk/reading-wellbeing/> (accessed: 26.08.2022).

Kaspar, R., Wenner, J., & Tesch-Römer, C. (2022). Einsamkeit in der Hochaltrigkeit. (D80+ Kurzberichte, 4). Köln: Bundesministerium für Familie, Senioren, Frauen und Jugend; Universität zu Köln, Cologne Center for Ethics, Rights, Economics, and Social Sciences of Health (ceres); Deutsches Zentrum für Altersfragen.

Kompetenznetz Einsamkeit (2022): „Angebote für Betroffene“. Available from: <https://kompetenznetz-einsamkeit.de/angebote-fuer-betroffene> (accessed: 22.08.2022).

Krieger, T. & Seewer, N. (2022). Einsamkeit (Fortschritte der Psychotherapie) (1. Auflage 2022 Aufl.). Hogrefe Verlag.

Kühne, S., Liebig, S., Graeber, D., & Rieger, T. (2022). SOEP-CoV: Project and data documentation (No. 1133). SOEP Survey Papers.

Malteser Hilfsdienst e.V. (2021): „Leben und Einsamkeit im Alter – Fakten zu einem immer wichtiger werdenden gesellschaftlichen Problem“, available at: <https://www.malteser.de/miteinander-fuereinander/forsa-umfrage.html> (accessed: 14.10.2022)

National Academy for Social Prescribing (2022): „The economic impact of social prescribing“. Available from: <https://socialprescribingacademy.org.uk/wp-content/uploads/2022/03/Evidence-summary-the-economic-impact-of-social-prescribing.pdf> (accessed: 18.08.2022).

Pöttsch, O., & Rößger, F. (2015). Germany’s population by 2060: results of the 13th coordinated population projection. Destatis, Wiesbaden. *Psychology*, 3(2), 77-101.

Radeln Ohne Alter e.V. (2022): „Das Ehrenamt bei Radeln ohne Alter“. Available from: <https://radelnohnealter.de/ehrenamt/> (accessed: 22.08.2022).

Spitzer, M. (2018). Einsamkeit: Die unerkannte Krankheit (2. Aufl.). Droemer TB.

Universität Hamburg (2021): „Gesundheitskiosk verbessert Versorgung in sozial benachteiligten Stadtteilen Billstedt und Horn“. Available from: <https://www.uni-hamburg.de/newsroom/presse/2021/pm17.html> (accessed: 15.08.2022).

teilt-mit.de. (2020) Vorhaben: Einsamkeit - Erkennen, evaluieren und entschlossen entgegenzutreten. (2020, 15. Dezember). BT-Drucksache 19/25249. Available from: <https://teilt-mit.de/procedures/271373-einsamkeit-erkennen-evaluieren-und-entschlossen-entgegenzutreten> (accessed: 06.09.2022).



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