CULTURE ON PRESCRIPTION

COMPENDIUM

HEALTH PROMOTION THROUGH CULTURAL LEARNING EXPERIENCES

Co-funded by the European Union

About this publication

This compendium is first Intellectual Output of the project. It was researched and written in 2022.

The purpose of ths compendium is to:

- gain an insight into social and cultural prescribing in Europe;
- explore current best practice
- identify current practice in each of the partner countries;
- determine the benefits of social and cultural prescribing in addressing loneliness, isolation and other menta health concerns in older people.

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About the Project

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

By implementing the COPE 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.

Healthcare and preventative healthcare expenditure Europe

Health services are a significant part of every economy with increased expenditure aligned with the quality of human capital (Kurt, 2015). Healthcare systems across Europe vary, however, there is a commonality in the aim to provide quality and affordable universal healthcare. In 2019, the average healthcare expenditure in the EU was 9.92% relative to GDP (Eurofound, 2021). Eight EU member states, including France, Portugal and Germany exceeded this, with Germany spending over €400 billion on healthcare in 2019 alone (Eurofound, 2021). Between 2012 and 2019, Romania and the Baltic member states experienced the most significant increases in healthcare expenditure per resident. All EU member states allocated at least 50% of spending to curative and rehabilitative care, except Germany and Malta at over 49%. Yet preventative healthcare expenditure accounted for an average of 0.3% of GDP across the EU, with only Italy exceeding 0.4% and Cyprus, Romania and Slovakia allocating less than 0.1% of the GDP expenditure on preventive healthcare (Eurostat, 2021).

1.073 billion 8% GDP

EU Healthcare Expenditure 2020

The COVID-19 global pandemic resulted in exceptional and unexpected pressures on health services. While this impacted healthcare staff, patients and demands, overspending was consistent across all EU member states. Healthcare expenditure increased by at least 1% of GDP across all EU member states in 2020, circa €95 billion (European Commission, 2022). In the face of a crisis, immediate access to additional funding and the restructuring of health care services was commonplace across the globe. Unfortunately, as a result, many preventative health services were reduced to operating at limited functionality if at all.

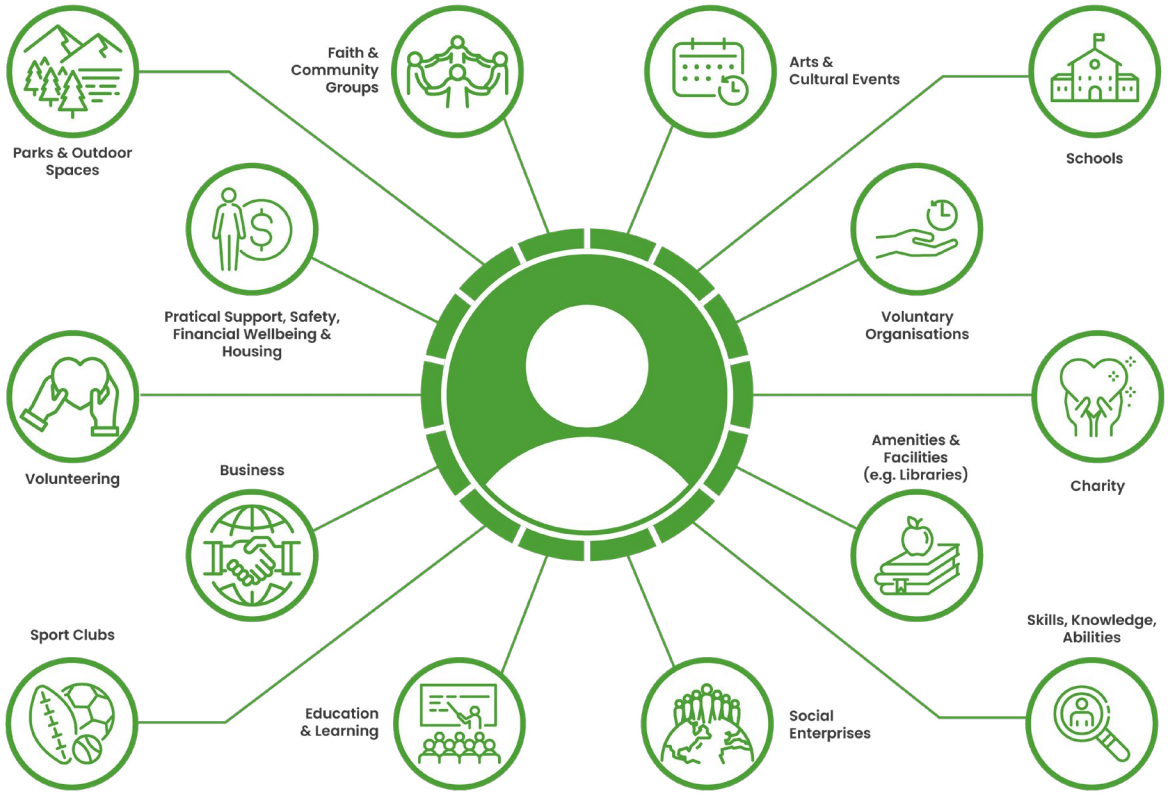
Several factors can impact human health and well-being, be it social, economic or environmental. Addressing health and well-being is complex and often requires an individual intervention which does not rely on clinical settings alone. It can be costly from an economic, time, and accessibility perspective. GPs in England reported spending 19% of their time on primarily social issues rather than health-based problems resulting in a £400 million cost per annum (Caper and Plunkett, 2015). While the same GPs did not feel it was time wasted, over 80% felt their time would be better spent focused on patient health needs. This highlights the need to focus on preventative healthcare and healthcare expenditure to address health services' growing and ongoing concerns.

What is Social Prescribing?

Social Prescribing is a solution to address the health and well-being of people through non-clinical interventions in their community. While this preventative phenomenon is in its infancy in many regions, for those that have established social prescribing as a formal part of their national health strategy there is a strong collaboration between the community and voluntary sector and health services. Social prescribing is becoming an increasingly popular preventative mechanism as evaluations have deemed many established social prescribing programmes as effective in improving mental and physical well-being, reducing loneliness and isolation and encouraging improved health behaviours (HSE, 2021).

A social prescription could include activities such as walking groups, running groups, hiking groups, nature groups, yoga classes, Pilates classes, reading groups, writing groups, singing groups, art appreciation, theatre groups, drawing classes, painting classes, sculpting classes, crafting groups, cinema clubs, library services, stress or smoking prevention, stress management programmes, adult education, community gardening, arts and cultural opportunities, men's sheds, etc.

Social Prescribing Definition- Social prescribing is a means of enabling GPs, nurses and other professionals to refer people experiencing social concerns such as loneliness, isolation and/or mental health concerns to a range of community, local, non-clinical programmes and services



Social Prescribing Co-Production Network Sample (National Academy for Social Prescribing, 2021)

What are the benefits of Social Prescribing?

There are many significant benefits of social prescribing. Studies have shown a reduction in costs to health services, reduced demand for health services and increased health and well-being in participants of social prescribing. A UK evaluation of existing social prescribing programmes identified a 28% reduction in GP demand, a 24% reduction in visits to Emergency Departments, and a 64% drop in hospital referrals (Polley et al., 2017).

Designing individual offerings for target audiences who are more reliant on health services was deemed value for money and has more potential for return on investment (Bertotti et al., 2015). When accounting for all stakeholders in social prescribing from health services to local authorities and government pension funds, etc. the average return on investment was more than two-fold in year one, with Kimberlee (2016) estimating this at £2.3 for every £1 invested in social prescribing (Weld et al., 2015). In Korea, a 12% return on investment was identified when analysing the financial mechanisms of social prescribing projects (Dronina, et al., 2020).

Studies in Denmark, the UK and Ireland have all identified significant health and well-being benefits for many or most who are recipients of social prescriptions. Danish GPs identified social engagement as one of the primary benefits for participants (Brandborg, Skjerning and Nielsen, 2021). A regional study in Ireland identified 35% of social prescribing participants as having achieved their primary goal within one month, and 70% reported the benefits of participating in the social prescription programme (Kiely et al., 2021; HSE, 2021).

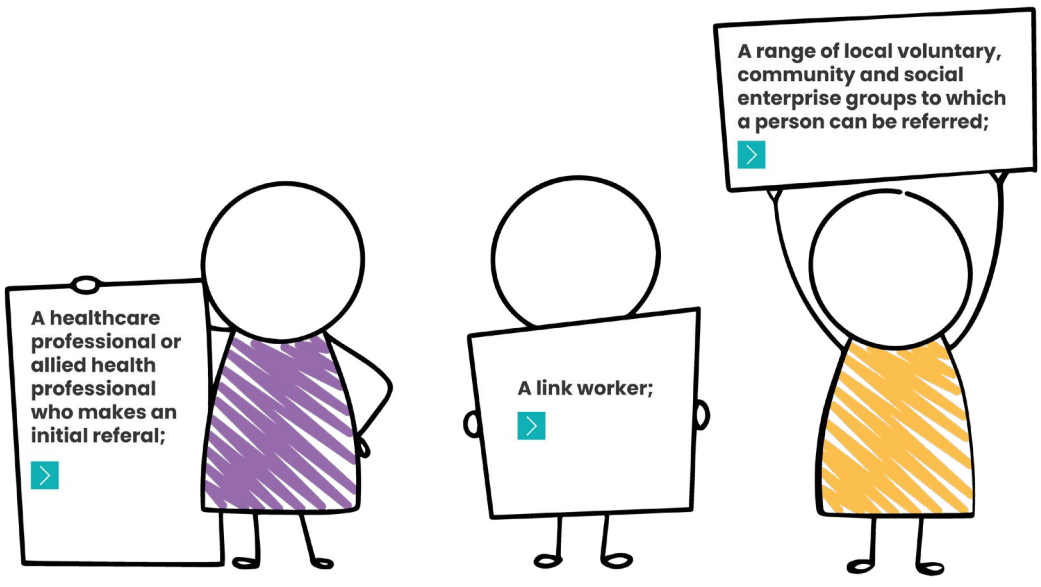
Participants in the UK identified the layered approach of several interactions, e.g. with the GP, the link worker (a community-based social prescriber- see below), the community group, etc., as a valuable aspect of social prescribing and appreciated the multi-level engagement (Kellezi et al., 2019). In particular, this was considered significant in building social connections for those who were socially isolated and fearful of leaving their home or interacting with others.

An estimated 16% of adults experience common mental health concerns, such as depression and anxiety (Baker, 2022). There is a growing acknowledgement of the need to consider non-biomedical approaches for healthier lives (WHO, 2020). Social prescribing has been identified as a solution to reduce or eliminate the need for medicating certain patient issues (Aughterson, Baxter and Fancourt, 2020).

How does Social Prescribing work?

There are several forms of social prescription ranging from more established and formalised holistic approaches to less formal more grassroots offerings. Social prescribing began with local solutions to address local needs (University of Westminster, 2017) and has developed into a more structured approach that has evolved though knowledge sharing and the adoption of best practice. In most instances there are several layers and several stakeholders involved. From a participant perspective there are three core layers. The participant engages with their GP or another healthcare referral service and it is at this stage that the need for social prescription is identified. The participant is then referred to a link worker who assesses the participant's needs and supports the participant in identifying a suitable solution. It is at this point that the participant receives their social prescription. The social prescription is a referral to a community-based activity to improve the health and well-being of the participant.

While GPs or other healthcare professionals can refer participants to community activities and programmes or for the participant themselves to self-refer there are proven benefits of the formalised structure and role of the link worker (University of Westminster, 2017). While informal, smaller and newer social prescribing programmes could have limitations on cost and staff this method can be beneficial as there is a strong likelihood that the needs of the participant will be addressed should they engage with the community-based solution (Hibbard et al., 2014). If mental health and other health concerns that require professional intervention are to be addressed a more structured approach is needed, with regular intervention and evaluation from healthcare professionals (Colizzi, Lasalvia and Ruggeri, 2020). Including link workers in the process elevates the process far beyond signposting as assessment, individualised plans and evaluation lead to person-centred solutions and evaluated outcomes. However, signposting should not be dismissed when establishing social prescribing as it is a viable method of engaging those who are more confident and ready for change (Hibbard et al., 2004 & Blakemore et al., 2016).



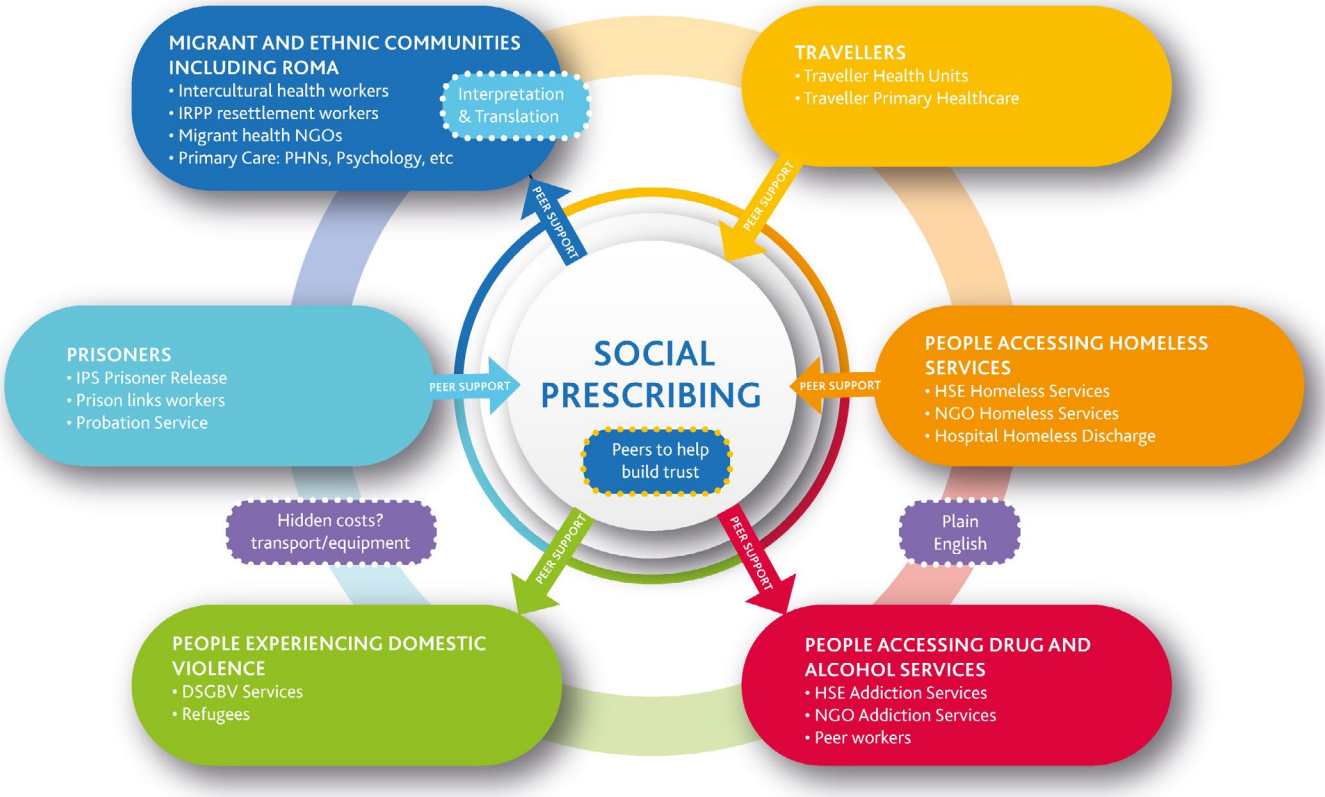
What comprises a social prescribing scheme (University of Westminster, 2017)

Who is the target audience?

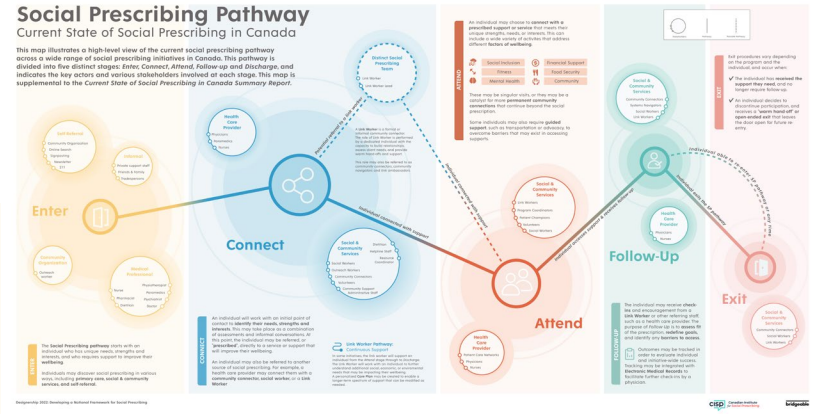
Broader Audience

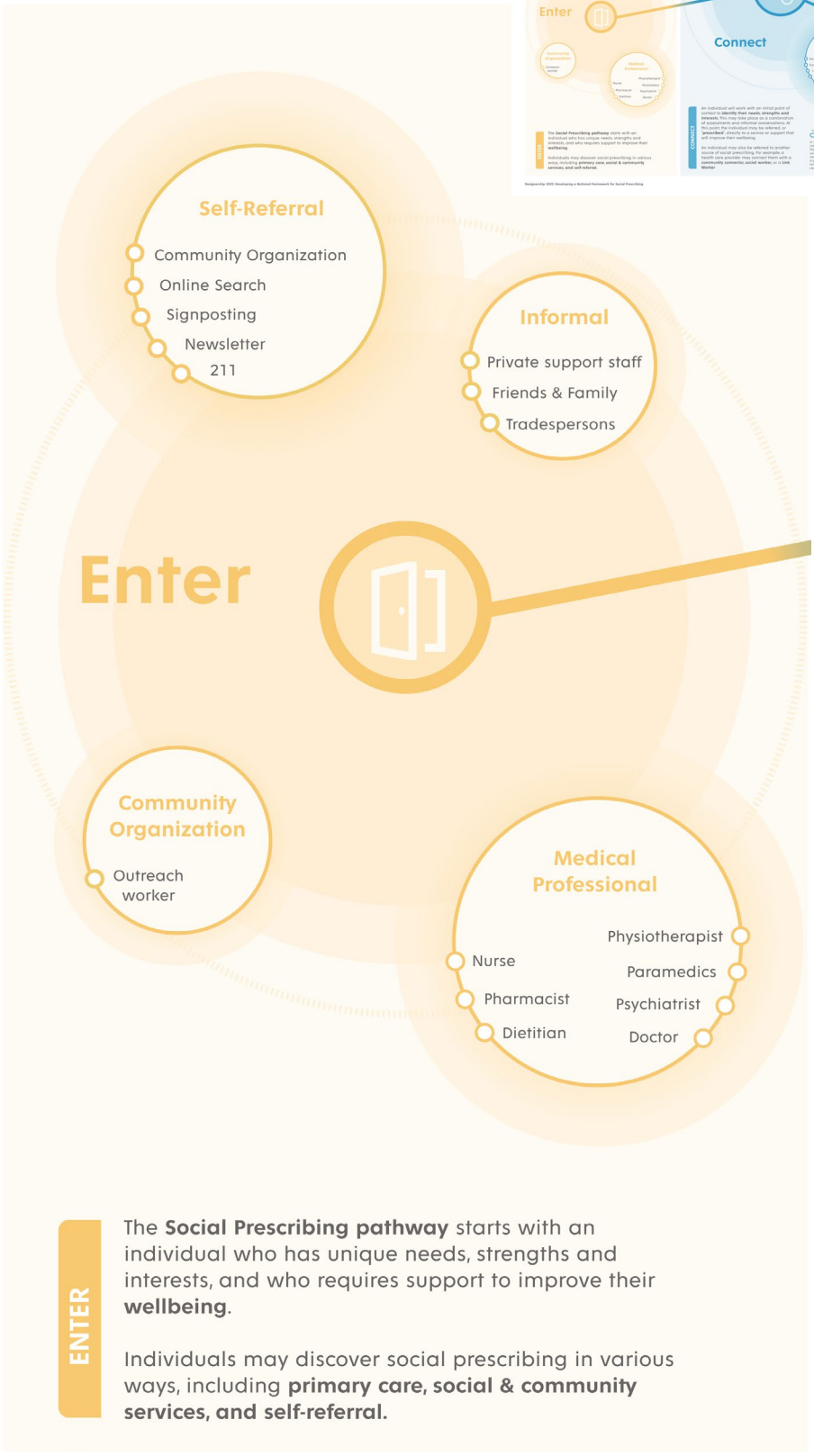
Social prescribing can address a broad range of socioeconomic concerns at an individual level. The variety of stakeholders involved in social prescribing has alluded to many times. The reach and variety of stakeholders depend on the forms of social prescribing offered. Social prescribing can address social support, social engagement, employment, housing, debt and finances, gambling addiction, alcohol and substance abuse, physical activity, diet and nutrition and mental health concerns. Social prescribing can be offered to all age groups but is typically offered to those over 18 years of age.

While not every region or locality can or will offer such a diverse range of social prescribing many focus on target audiences and specific needs to be addressed. The type of social prescribing will impact the range of stakeholders involved. In Ireland, for example, there are multiple health-based stakeholders, community and voluntary-based stakeholders and a broad variety of access route stakeholders. Although there are many routes identified across Europe and the rest of the world, examples of the Irish and Canadian referral pathways are available below for illustration purposes.



Irish routes to social prescribing from social inclusion services (HSE, 2021)





Canadian social prescribing pathway (Bridgeable, 2022)

What is Cultural Prescribing for the Culture on Prescription project?

Cultural Prescribing Definition- Cultural prescribing is the referral of a healthcare professional of lonely and isolated older people to locally available art and cultural offerings.

Additional Considerations

Cultural prescribing can include self-referral or referral from family members in addition to referrals of a healthcare professional for lonely and isolated older people to community and voluntary organisations and services that offer a variety of existing locally available art and cultural options. In some cultural prescribing services if there is a gap in a particular community activity local community, voluntary partners and local healthcare professionals can work together, where relevant, to address this need. While this is targeted at older people it can be accessible to everyone over the age of 18. Where it is available professional healthcare support and cultural prescribing can also address mental health concerns.

Why focus on Cultural Prescribing?

This project focuses specifically on art and cultural offerings of cultural prescribing as it can have a profound impact on the lives of older people and people of all ages. Art and culture can have a positive impact on individual health and both physical and mental well-being. Older people who participate in cultural-based activities are less likely to be lonely, depressed and stressed than those that do not engage. Engaging in art and culture is known to improve the quality of life of participants (TILDA, 2021). Engaging with social activities, our communities and cultural and art offerings have been identified as supports in combating loneliness, isolation depression, stress and anxiety (Thomson et al. 2015 and Coulton et al. 2015). Such engagement is suggested to boost mental health (Bungay, 2018). While promoting curiosity, piquing interest and offering platforms for self-expression, engagement with art and culture can also offer individuals the opportunity to take greater responsibility for their own mental and physical well-being (Fancourt et al, 2016 Ockelford, 2012). Engagement in cultural activities supports community-level engagement and offers opportunities for social interaction, improvement of well-being and quality of life and promotion of joy (WHO, 2008 and All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017).

Who is the target audience?

The audience for Culture on Prescription Project

The social prescription includes those with mental health concerns, and as such, there is a need for the inclusion of healthcare professionals in the social prescription process. This is necessary for accurate diagnosis and appropriate intervention by healthcare professionals where relevant. As many can benefit from a social prescription without the intervention of health care professionals, culture on prescription is a lighter-touch option. It has been explicitly defined for the Culture on Prescription project as it is aimed at lonely and/or isolated older people and can also include those with mental health concerns where relevant existing supports are available. As loneliness and isolation have been identified as concerns prevalent among older adults (Lawlor et al., 2014), the Culture on Prescription project will focus specifically on the target group of older adults experiencing loneliness and/or isolation. However, again where resources are available and there is a need to be met, it can also include any adult over the age of 18.

Although loneliness and isolation are not always connected, either or both can have negative impacts on human health. It can lead to depression, hypertension, disturbed sleep, physiological responses to acute stress and increased mortality risk (Brown et al,2018; Cacioppo et al. 2002; Cacioppo et al. 2006; Hawkley et al., 2006; Holwerda et al. 2012; Shiovitz-Ezra et al., 2010). Community engagement and social interactions with friends contribute more to well-being, mood and quality of life than family (Golden, 2009). The COPE culture of prescription offerings will be free of charge to that availing of the programme. Cost can be a barrier to participation and engagement further enhancing loneliness and/or isolation.

Potential benefits of social prescribing for older people (HSE, 2021)

Stages of Cultural Prescribing

There is no set model for social or cultural prescribing, however, there are recommendations from both formal and informal social prescribing projects across the globe that have been examined and collated for this project. Some certain remits and focuses have been identified as best practices and are displayed below. As community offerings, community networks, demographics and a number of other variables differ from one location to the next these recommendations are generalised and scalable to suit the availability of local resources and to be able to address local needs. During the Culture on Prescription project partner countries will engage with cultural prescribing at different scales that will reflect local needs, local resources and local structures.

Culture on Prescription Starting Point

- An initial approach can focus on a local or regional offering, where there is an existing older population and existing community programmes.
- Creating the link between both cohorts is key to the success of this programme.
- Those that are sociable and enjoy engagement in community based programmes will likely be engaged locally already.
- Accessing and engaging older adults that are lonely or isolated and the facilitation of suitable community based offerings/ 'prescriptions' are the key challenges to be addressed. Where relevant those with mental health concerns or those over 18 can also engage with Culture on Prescription.
- If appropriate, where relevant services are available locally, the project offer could include older people with mental health concerns.
- Local relevant health care workers can be informed of and become engaged with the culture on prescription project.
- Local community health care workers aware of the Culture on Prescription project can refer to a service or potential participants could self-refer.
- New cultural offerings can be created should a gap be identified.

Scaling Culture on Prescription

- Existing local, regional and national networks can get involved.
- There is also the opportunity to partner with cultural institutions and other organisations to offer culture on prescription.
- The referral routes can diversify to engage more older lonely or isolated people.
- The opportunity to explore the role of link workers can be identified as the project grows
- The variety of cultural prescriptions can expand and diversify
- Evaluations on impact of Culture on Prescription can take place to identify project outcomes and any potential impact on reducing burdens on healthcare systems.
- If proven successful as the previous stage, funding can be pursued with project evaluations to support any funding applications

National Commitment to Social Prescription

- For member states that are currently experiencing success in social prescription there is 'buy-in' at a national level from both health services and public expenditure.
- Collaboration between national, regional and local networks across healthcare provision, national suicide prevention programmes, community based organisations, and voluntary organisations such as active retirement groups, community gardening programmes, etc. are developing existing infrastructures resulting in a more robust layered model of social prescription.
- There is the opportunity to diversify social prescription offerings to address a broader target audience, e.g. all adults over 18, etc.
- There is the opportunity to diversify social prescription offerings to address more needs within the community, e.g. employment, housing, etc.
- There is the opportunity to expand referral routes to social prescription offerings e.g. community employment projects, social workers, public health nurses, hospital discharging, etc.

Why this target audience?

Ageing in Europe

The global population of older people is growing faster than any other age category, with 1 in 6 predicted to be over 65 years by 2050 (United Nations, 2019). For Europe, this number is predicted to be 1 in every 4. This will impact many sectors including housing, transport and healthcare (Bloom and Luca, 2016). Life expectancy in Europe is 81 years, however this varies due to existing socio-economic inequalities. In Europe, circa 40% of older people report leading a normal life despite having at least two chronic conditions, 30% report requiring assistance in daily life due to at least one limitation (OECD and European Union, 2020). 'Well-being exists in two dimensions, subjective and objective. It comprises an individual's experience of their life as well as a comparison of life circumstances with social norms and values' (WHO, 2012). The OECD identify higher-income groups as reporting good health rates over 20% higher than lower-income groups in some EU member states (OECD and European Union, 2020). This gap widened in the reporting of health and well-being by older adults between these income groups, with most in the bottom 20% income group identified their health as poor or fair, versus older people reporting their health as good in the top 20% income group. Well-being and non-disease-based health concerns such as loneliness and isolation have often been considered supplementary to healthcare with the common absence of disease (Polley et al., 2020).

"The lives of older adults have been severely affected by the COVID-19 pandemic"

Dr. Mark Ward, Senior Research Fellow, Trinity College Dublin

Isolation, loneliness, and the impact of COVID-19 on older adults

Increases in loneliness, loss of connectedness, social isolation, stress and depression were identified across multiple research studies investigating the impacts of COVID-19 on older adults, including the TILDA longitudinal study on ageing.

"Our study shows that COVID-19 caused anxiety, grief, fear, isolation and distress for residents, families and staff"

Dr. Mary Rose Sweeney, School of Nursing, Psychotherapy and Community Health, Dublin City University

"Since the COVID-19 pandemic unfolded, we have known that this unprecedented crisis has disproportionately impacted upon the health, circumstances and well-being of older adults across the world"

Professor Rose Anne Kenny, Principal Investigator of TILDA.

In Ireland, 30% of older adults reported feeling lonely, with double pre-pandemic figures reporting symptoms of depression (21%) and over 40% of older adults experienced moderate to high levels of stress as a result of COVID-19. A Polish study identified two-thirds of older adults as experiencing loneliness and 20% experiencing anxiety and symptoms of depression during the same period. In Portugal, 30% of older adults reported increased symptoms of depression and sadness, with more than one in five experiencing loneliness.

Adding to this stress and isolation, the number of older adults reporting caring for someone during COVID-19 tripled from 2018 figures, 31% experienced postponed GP appointments, and 30% experienced delayed or no medical care in situations it was needed (TILDA, 2021).

"Our response to COVID-19 must respect the rights and dignity of older people... (the crisis is) exacerbating existing human rights protection gaps and socio-economic challenges...As an older person myself, with responsibility for an even older mother, I am deeply concerned about the pandemic on a personal level, and about its effects on our communities and societies"

António Guterres, United Nations Secretary-General

"...the social isolation and economic pressures caused by the COVID-19 pandemic have only exacerbated already existing problems and created new barriers to reaching seniors when they are most in need. The pandemic highlighted the unique ways mental health issues compound with physical ones and the needs of older people not just in moments when they may be experiencing personal struggle, but all of the time."

House Appropriations Committee Chair Rosa DeLauro, 117th United States Congress

Engaging Older People in Social Prescribing

Challenges/Barriers

Patients have existing relationships with GPs and as a result of this trust, many can approach GPs with non-health-related concerns (Caper and Plunkett, 2015). In social prescription programmes, GPs often refer patients to a 'link' worker, who is 'recruited for their listening skills, empathy and ability to support people (NHS, 2022). In some instances, it can be difficult for older people to establish new trusting relationships in which they are required to discuss vulnerability, health and well-being with new people. Distrust can at times be combined with other barriers such as transportation issues, low levels of literacy, and many common physiological changes of ageing amongst other concerns. The referral from the GP directly to the social prescription activity can also be problematic. GPs are required to respond to an extraordinary number of community health-based concerns for all ages and may not be familiar with all social prescribing activities in their area or community-based offerings. The role of the GP is recommended to focus on identifying a need and to entice patient participation (Southby and Gamsu, 2018). Furthermore, the accurate diagnosis of patient social and mental health needs, the ability to identify the cause of social concerns and the limited time with patients have been identified as concerns among GPs (Kellezi et al. 2019; Swift, 2017). Varied commitment from participants has also been identified as problematic in social prescribing. One study identified increased usage of health services before and after the social referral in individuals who failed to fully engage with the social prescription (Dayson and Bashir, 2014). The same study noted a significant reduction in health services interaction in those that completed the social interventions.

Successes

Many financial and time-saving benefits among others have been reported as a result of social prescribing. However, the individual-focused approach is central to the success of many of the programmes. Referral through a GP to a 'link' worker is common practice e.g. in Ireland, UK and USA. In this scenario, the link worker is a healthcare professional who has multiple interactions with the participant to create an individualised prescription that is suitable and appealing to that participant to evaluate the progress and success of the prescription. In Ireland, despite the disruption of COVID-19, link workers and participants had on average three meetings (Kiely et al., 2021), however, it is not uncommon for link workers and participants to meet up to 12 times over three months, depending on the needs of the individual (NHS, 2022). These repeated interactions can support the development of trust with link workers. Increased training and direct interaction between GPs and link workers and support increased awareness among GPs about their local community offerings. The layered approach to social prescribing supports a more robust offering but also allows for significant interaction between those known to the participant and new entities in the programme. GPs and/or family members can act as a gatekeeper on behalf of the older participant until trust is gained (Dibartolo and McCrone, 2019). This person-centred strategy builds trust, increases support for participants and broadens access to community groups (Aughterson, Baxter and Fancourt, 2020). These can lead to increased and more sustained engagement (Husk et al. 2019). The identification of appropriate social prescriptions is essential to ensure participation is maintained as previous social prescription frameworks with limited offerings experienced a lack of engagement and lack of motivation from participants with limited interest in the offering and without additional motivation for participation, e.g. need to address a specific medical concern (Pavey et al., 2011 and National Institute for Health and Care Excellence, UK, 2014).

International Best Practice

There is a broad variety of social and cultural prescriptions globally. Some have already alluded to earlier. Below are some international examples of best practices. These range from local to regional and national offerings.

South Korea

To address the impact of COVID-19 on rural communities social prescribing programmes were developed, implemented and assessed over 10 weeks in 2020. The social and cultural prescribing offerings varied and included music storytelling, self-help groups, making masks to prevent COVID-19, education on community gardening, lectures on health, song writing, etc. The music storytelling involved a variety of classes including rhythm, musical gymnastics, group dancing, song writing and group presentations. These classes allowed individuals to access and discover stories through therapeutic music techniques. The evaluation and outcome of these offerings identified decreases in loneliness in participants with a significant increase in positive attitudes towards social participation post-social and cultural prescription. Furthermore, as these pilot programmes utilised community resources the benefits of integrated community care offerings were highlighted in the research outcomes. For more details see https://pubmed.ncbi.nlm.nih.gov/34250272/

United States

While a social and cultural prescription is happening across the U.S. adoption at the federal and state level is in the early stages. An example of a successful social and cultural prescription is the Compassionate Care Corps. This programme is run by the Department of Veterans Affairs and is aimed at veterans feeling isolated or lonely. A referral is through GP and advocates. This programme offers the opportunity to connect with others, access mentoring and matches veteran with volunteers who share similar interests. This programme began as a phone-based friendship programme but the need to address social isolation became more apparent and the programme is now offered virtually by over 100 facilities. For more information see https://blogs.va.gov/VAntage/88231/compassionate-contact-corps-provides-social-support-veterans/

Singapore

In Singapore, one example of social and cultural prescribing is the collaboration between SingHealth Community Hospitals and local community organisations, government agencies, institutes of higher education and the private and voluntary sector to address the induvial needs of patients in their institutions or leaving their institutions. They have identified healthy ageing as being strongly influenced by the social determinants of health. Examples of this include social time in senior activity centres, therapeutic gardens, online classes, cooking classes, sports classes and connecting older adults with other non-clinical offerings in their communities. This has been determined to impact health by between 30 and 55% (WHO, 2021). For more information see https://www.singhealth.com.sg/sch

Australia

There are many forms of social and cultural prescriptions being offered in Australia. These typically are through GP, community health, hospital, and social services referrals via an integrated care structure. One example of a social and cultural offering is Friendship Cafes organised by the Women's Association in Southeast Melbourne. These aim to offer culturally appropriate mentoring, educational and well-being opportunities for women in Victoria, Australia. They offer a safe space for women to engage with each other, relax, make new friends, share experiences, access information and have opportunities to engage

in community programmes and work together on projects. What started as an informal network focused on the goals of an individual group has now grown to 9 cafes in Southeast Melbourne. The cafés moved online during the pandemic and hope to return to a hybrid model. For more information see https://wasema.org.au/friendship-cafes/

Canada

In Ontario, community health centres increased their capacity to include social prescribing in response to the impact of COVID-19 and the increase in reporting of loneliness and isolation. While work began in 2019 with 11 pilot centres identified many had to limit offerings during the pandemic. Guelph Community Health Centre offered community-based social prescriptions with access to virtual appointments and telephone calls from social prescribing navigators/link workers to maintain engagement and combat isolation. Successful examples of this project can be seen in Belleville and Quinte West CHC which offer social and cultural prescriptions and have developed new initiatives to address local needs, including the dad-focused group and a drop-in music group. Other forms of social and cultural prescription being offered locally include craft workshops, walking clubs, meditations and mindfulness sessions, and learning to live again-life beyond grief programme. For more information see https://www.bqwchc.com/services/social-prescribing

Culture on Prescription – Partner Countries

Romania

Romania, there is some practice of social and cultural prescribing in a variety of social services for older people, however, it is necessary to build these services as an integral or complementary part of the national social assistance system. Romania is still at the beginning of changing public policies in the social and community field. This poses an advantage for arts and culture to be used to improve health and care outcomes.

”Generally speaking, the benefits of cultural prescription are understood. If older people are active, they no longer feel lonely and useless, their self-esteem and self-confidence are higher, they are motivated to face tomorrow positively and are less prone to depression.”

A.S., a social worker in a social service non-governmental organization.

There is the opportunity for more public debate on both the public and private provision of social, health and community service to reach as many people in need as possible. Encouraging a new sector in the economy, and social and cultural activities for older people could help increase employment and ultimately increase economic growth. Until changes are initiated in the structure of the social services system, services such as social and cultural prescriptions remain independent of the public social assistance system. These activities are currently supported by non-governmental organizations. In the public sector, there are very few practices to prescribe socio-cultural consumption. This is also due to the inadequacy of the legislative framework. Apart from private or voluntary initiatives that support older people in homes or residential centres, there is no public policy or programme to support this practice.

“Respondents working in private social organizations said they would like to integrate cultural consumption into activities with older people,, but funding for such activities is rarely available. Most of the funding is for classic social services”.

Germany

Germany has many social and cultural prescribing initiatives operating for over a decade. However, these have been developed in isolation. 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 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 for older people (Eckert 2020). Despite the presence of these initiatives, the problem of loneliness and the potential of prescribing approaches have not yet been sufficiently tested, implemented or supported with policy or funding.

The National Strategy against loneliness was enacted in 2022 by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth in cooperation with Kompetenznetz Einsamkeit (Loneliness Network). The aim is to shed more political and scientific light on the topic of loneliness in Germany. This aims to establish low-threshold support and assistance at a local level. also aims to raise attention and awareness for the topic of loneliness in the general population and expand scientific research on loneliness. This research will focus on the effectiveness of interventions and will include a loneliness survey. The publication of the first ‘National Loneliness Barometer’ is planned for the end of 2022.

Belgium

According to Statbel, Belgian's national statistics office, more older adults reported feeling lonely in the summer than younger adults, with 8.3% of participants reporting feeling lonely all the time (Statbel, 2022). As 2021 progressed, there was an increase in younger adults, 16-24 years old, reporting feeling lonely. While this may be seasonal, the impact of COVID restrictions and the loss of social engagement opportunities that are so valuable to health and well-being.

Culture on prescription is still a relatively new concept in Belgium. While individual initiatives could be identified in each language community, many projects and offers were operating 'in silos'. In Belgium, there are a number of social prescribing practices that have been trialled in recent years. While the biannual happiness report has promising results the opportunity for social and cultural prescribing has been recognised and expanded throughout COVID.

Ireland

The Department of Health has funded the HSE to support the development of community-based health and wellbeing initiatives. The Health Service Executive (HSE) is Ireland's publicly funded healthcare system. The HSE is responsible for providing public health and social care services. The HSE is focused on mainstreaming and integrating social prescribing within the HSE, in collaboration with the Community and Voluntary sector. Social prescribing is available in more than 40 local communities across Ireland. Ireland is at an advanced stage in the provision of social prescribing, with this commitment and support from Government, the national healthcare services and their collaborative approach to working with multiple partners across Ireland to deliver social prescribing. Social prescribing in Ireland engages patients or service users with a broad variety of offerings in their local communities.

With a growing older population and 51% of those aged 70 or older reporting experiencing a moderate to a high level of loneliness (Ward et. al., 2019) the need for national social prescribing services is becoming essential. The recognition of the positive impact of art and culture on supporting health and well-being has led to the funding and development of culture-focused offerings for those receiving social prescriptions. There is no set prescription as this is based on a person-centred approach.

> **"It is not what is the matter with you, it is what matters to you"**
>
> Orla Walsh, HSE, Ireland.

Portugal

Portugal is above the European average for the number of adults over 65 years old. This phenomenon is explained by the increase in the average life expectancy but also by the high number of young adults that emigrate or are forced to move to bigger cities. Portugal is taking its first steps in trialling social prescribing, with a noticeable public interest in the concept.

> **"The fact that people participate and feel that they are capable, develops their self-esteem, which will help them overcome their difficulties and provide for better mental health."**
>
> Francisco Paz - Director of the Culture and Tourism Department of Coimbra City Council (CM)

The Portuguese Health Ministry Family Units launched a program in 2016 to promote physical activity which can be considered the beginning of the implementation of Social Prescribing in Portugal, despite not adopting recognised methodological approaches (DECO, 2022). GPs and nurses from the Family Health Units were advised to assess the level of physical activity of users, using digital tools to facilitate their counselling and monitoring. A care network that collaborated with the promoters of physical exercise in the community and multidisciplinary

consultations was created (TEIXEIRA & MARTINS, 2017).

"Social and cultural prescribing are increasing in Portugal, but there is an extreme need for investment. For example, the concepts are not yet well defined or rooted and for this reason, it is perhaps not yet possible to speak even in cultural or social prescribing".

Daniela Fernandes – PhD student and psychologist.

The Portuguese government is continuously investing in training and other pilot projects for physical activity promotion (MINISTÉRIO DA SAÚDE, 2020). Social prescribing was also discussed on EurohealthNet Country Exchange, in May 2022, and gathered best practices across Portugal. Slowly, this approach is beginning to be noticed, but the lack of financial investment may delay the progress.

"The patient involvement in society should be evaluated, its lifestyle, daily routine, and then habits that would improve these routines without resorting to medication or drug therapies should be prescribed"

Mariana Costa – nurse

Netherlands

The Dutch Health Monitor, 2020, identified 57.6% of adults and older adults as being lonely or extremely lonely. While the global pandemic may have had a role in this reporting, more than half of those aged over 75 indicated they felt both lonely and isolated. 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. Social and cultural prescribing is very present in the Netherlands with Wellbeing on Prescription offered in 135 out of 352 municipalities. The Dutch Ministry of Education and Culture provides funding to the LKCA (Landelijke Kennisinstituut Cultuureducatie en Amateurkunst / National Knowledge centre cultural education and amateur arts). 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. In cooperation with several foundations and the ministries of Education, Arts and Science and Health, Well-being and Sports, the Dutch national healthcare research board ZonMw, in 2016, launched 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, structurally and sustainably. While social and cultural prescribing is not offered in a formal nationalised structure like in some other countries, it is very much present and active across the Netherlands and progressing year after year.

In the following section, we will look at a brief overview of examples of best practices from Ireland, Germany, Portugal, Belgium, Netherlands, and Romania.

Examples of Best Practice Ireland

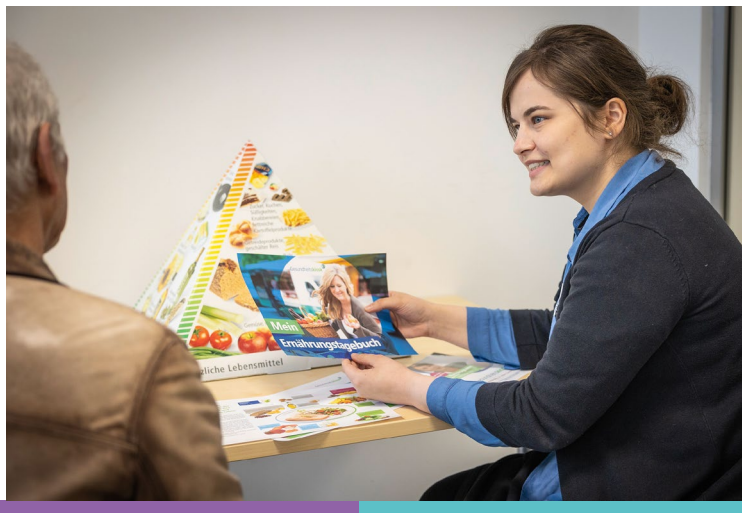
Creative Ireland is an all-of-Government-funded programme that enables all people to reach their maximum creative potential. This includes supporting over 6,000 arts and cultural initiatives across 31 local authorities in Ireland. The project aims to enable all people to reach their maximum creative potential. The core proposition of the Creative Ireland Programme is that participation in cultural and creative activity promotes individual, community and national well-being. Cultural prescriptions are a new development for Creative Ireland. The focus is to adopt a holistic perspective on creativity and well-being and mainstream this into public policy, this can "encourage more sustainable deployment of creative arts programmes". Creative Ireland is "reimagining the existing arts, culture, heritage, and technology through creative expression of current offerings and existing practices", Dr Eamonn Kelly, Creative Ireland.

Empower is a local partnership company for Fingal. Empower offers a variety of educational, training, employment, health and well-being, services and courses as well as providing multiple supports for communities. Through social prescribing, Empower offers non-medical support to improve people's health and well-being. It links those in the Dublin 15 area with community-based activities, services and supports to combat loneliness, isolation, anxiety, and stress. Keira Brett, Empower social prescriber, identified that social prescribing offers a 'bridge through which clients are connected through the social prescriber to relevant community services and activities, it supports health promotion, provides a person-centred approach, can tackle health inequalities in areas of disadvantage, relieves stress on health services and can offer economic benefits by engaging people with employment and training services (where relevant)'.

Examples of Best Practices in Germany

Offenes Atelier Wehrheim, Giving the Soul Some Space, 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. Guided artistic activities in the Open Atelier Wehrheim can include painting, music or writing. Two professional artists offer assistance and direction. The large hall provides space for free artistic experimentation and is easily accessed 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". 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 offered an outlet to connect with others. One participant summarized his atelier experience: "For me, coming here means not being alone, finding a way out, meeting others. Giving expression to the inner self, redesigning my life!".

Gesundheitskiosk Hamburg, the health kiosk, is designed 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. The kiosk functions as a medical-social care model for 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. Those interested in participating can self-refer or be referred by a doctor. Following this, a counselling appointment is often arranged to get a holistic picture of the person's health and social situation. Research carried out by the Hamburg Center for Health Economics at the University of Hamburg identified a 19% decrease in hospital visits in the district of Billstedt/ Horn following the introduction of the kiosk. A significant improvement in outpatient health care in the district was noted as a result of the health kiosk.



Examples of Best Practice Belgium

ZiHP Antwerp consisted of social nurses/link workers assisting general practices (GP) over a three month period. In this time patients mental, social and physical well-being were assessed and prescriptions were offered to local activities and offerings. This began in 2020 in over 10 GPs that began with a network of circa 30 organisations to which patients could be referred. Following this, Zipster Care and University of Antwerp began to integrate and develop patient databases to support social and cultural prescribing.

At the same time, Brugmann hospital in Brussels began a three-month trial in which patients were prescribed museum visits to combat mental anguish, stress and anxiety during the COVID pandemic. These visits began with the support of publicly funded museums such as the Grand Place, Fashion and Lace, the Sewer museum, Manneken-Pis's Wardrobe, and the Contemporary Art Centre on Place Sainte-Catherine. It is hoped that this will expand to include private museums also. In an interview with The Guardian in 2021 (UK Newspaper), Delphine Houba, who is responsible for culture and tourism in Brussels, commented "It has been shown that art can be beneficial for health, both mental and physical." From September 2022 psychiatrists now officially offer 'museum prescriptions' that include trips to see 16thCentury lace making and a tour of ancient sewers in which you can walk 10 metres underground along the river Senne. These prescriptions are voluntary and can be complimentary to other care plans. However, so far it is suggested that the opportunity to engage with society, your community and something fun is supporting those in the recovery process. Patients are typically offered up to 5 museum prescriptions and they are given access to the cultural institutions free of charge. It is expected that these trials will be expanded nationwide should this project be successful.

Vier het Leven (Celebrate life!) organises theatre, concert, film and museum visits for older people who can no longer go alone so that they can enjoy different cultural offerings together. For their protection and comfort, older people are accompanied by volunteers from door to door. VhL BE is an initiative of Cera and the Federation of Independent Seniors (FedOS vzw) and is an offshoot of VhL Nederlands.

Examples of Best Practice Netherlands

Blauw Licht Foundation (Blue Light Foundation) has been providing artistic responses to social issues since 2016. The main offer of Blauw Licht is photography. The In Beeld course (photography as medicine) focuses on people with chronic diseases. People participate in referrals from health and care professionals. The In Beeld groups consist of 8 to 10 participants. "It is recommended to offer culture on prescription as group training, that is to take advantage of the social component in groups". The course is based on the idea of art benefiting 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. "It is important to offer guidance from professional artists. We are not care workers, but offer a professional view on photography". The group sharing and discussing the photos with each other is an essential part of the course. Beeld concludes with an exhibition and a personal photo book. Participants proudly present their photos in the final exhibition; they are considered as clients/patients but as 'makers'.

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. To date six professional artists have offered 31 activities to 93 participants, such as painting, music and mosaic in small groups (mainly 2 or 3 participants) or individual courses for 4 participants. 19 participants have been over 55 years of age. This involves professional artists with training in social care skills. Most people participated in their initiative. "Arts on Prescription is not a cure-all, but a link to a better grip and enjoyment of life". There is no formal prescription as the title Arts on Prescription suggests. Kunst op Recept has recently been officially acknowledged as a brand. This means that it is no longer allowed to name every cultural activity across the sectors of care, well-being and arts as Arts on Prescription without fulfilling certain conditions, such as having a theoretical framework. This distinguished the programme as a cycle of social and cultural prescription and evaluation and not a therapy or cure.

Examples of Best Practice Portugal

The **EU no musEU** project promotes quality of life and active citizenship for all, regardless of their needs or background. This project focuses on the added value of non-pharmacological intervention in dementia. This project aimed to promote the quality of life and well-being of Alzheimer's patients and their caregivers, through the enjoyment and (re)interpretation of works of art from the Museum's collection. The sessions take place once a month, in separate groups: one for people with dementia and the other for caregivers. Using a person-centred methodology, the approaches aim at cognitive and cultural stimulation based on appreciation and reflection of/on works of art, museum spaces, and scientific and ethnographic or anthropological contents in dialogue with life histories, both complemented with interventions by other arts, namely theatre, stories, music, short stories, yoga and mindfulness. It also has sessions provided by external experts and thematic exhibitions. The volunteers of the programme are active professionals or retirees from different areas of knowledge, predominantly health, or education, contributing with their experience and culture to the enrichment of dialogues.

The National Museum of Natural History and Science of the University of Lisbon, **MUHNAC-ULisboa**, is developing a social prescribing project, in partnership with other entities. This project aims to ensure that the museum and botanical gardens are spaces prepared for cultural prescribing, particularly for university students, seniors and neighbouring communities. This cultural prescribing aims to develop social prescribing interventions, suggested by General Practitioners, social workers, and psychologists, which include interaction with the heritage and collections of museums and botanical gardens properly prepared for this purpose. In practice, individuals choose activities from a pre-approved list. The tasks and voluntary activities in museums and gardens are previously defined by the respective curators and receive approval from health providers. At MUHNAC-Lisboa a full-time tutor already accompanies the interventions in MUHNAC and its botanical garden. The tutor is in continuous contact with GPs, social workers and psychologists to support the health and well-being of the participants in the best possible way.

Examples of Best Practices in Romania

Scrabble Game comes to life is a project that began in 2019 by the **Magic seniors Association,** which aims to improve the quality of life of seniors who benefit from social services in Bucharest by organizing intergenerational scrabble games. 10 children and members of the Romanian Scrabble Federation played and taught 80 older people to play scrabble, thus helping to alleviate the isolation of older people. The activities take place in senior clubs across Bucharest.

Senior Café: Spending time together is an initiative to socialize older people in the form of "senior karaoke", started in 2019 with the support of CEC Bank, Frame advertising, Viilor Pub, seniulor.ro and Add Media Communication. The beneficiaries of this socio-cultural prescription initiative are older people from Bucharest.

The **Art and Wellness** project is being implemented in Cluj (Romania), Maribor (Slovenia), Trent (Italy) and Brussels (Belgium). Partner organizations are the Center for fine Arts in Brussels, Belgium (BOZAR), Cluj Cultural Center Association – project leader in Cluj, Romania (CCC), Maribor Art Gallery in Maribor, Slovenia (UGM), and Bruno Kessler Foundation, Trento, Italy (BKF). The project aims to develop the skills of artists, cultural workers, local experts, and researchers to exchange local best practices. They then carry out advocacy actions to include culture and art in the urban and social programmes and policies. Activities include bringing culture to places where it usually does not manifest itself (residential centres, retirement homes, hospitals, etc.) and distributing tickets to pre-established cultural and artistic events through their carers.

Sustainable Future of the COPE project

COPE aims to offer 'culture on prescription' across five EU member states throughout the project. As some member states have existing social prescription services while others do not, the method of recruiting participants and the cultural prescriptions offered will vary. The lack of existing social prescription infrastructure will not be a deterrent as there are less formal approaches, as described earlier, to investigate the appetite for and uptake of culture on prescription. Regardless of the approach level, it is evident that the offering is scalable.
As identified, funding in preventative healthcare can result in a reduced financial and physical burden on health services. Funding to provide culture on prescription services locally is scalable. It can grow to match the national offerings of other countries.

Opportunities for future growth and sustainability:

- COPE programmes are scalable:
  - Potential to broaden the forms of cultural/social prescription on offer
  - Potential to broaden the scope of social and health concerns addressed
  - Potential to expand the age group of the target audience
- Existing networks already addressing a broad variety of social concerns can be used
- Opportunity to partner with existing organisations or cultural institutions to develop new offerings
- Opportunity to learn from local and regional expert service providers
- Potential to replicate successful social/ cultural prescription offerings from one region to another or from one social group to another
- Need to engage a broad variety of stakeholders to ensure commitment at all levels
- Opportunity to save time, burden and money on health services at a local, regional and national level.

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