CULTURE ON PRESCRIPTION

GUIDELINES FOR DECISION-MAKERS IN MUNICIPALITIES AND ASSOCIATIONS

RECOMMENDATIONS

Co-funded by the European Union

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Project website

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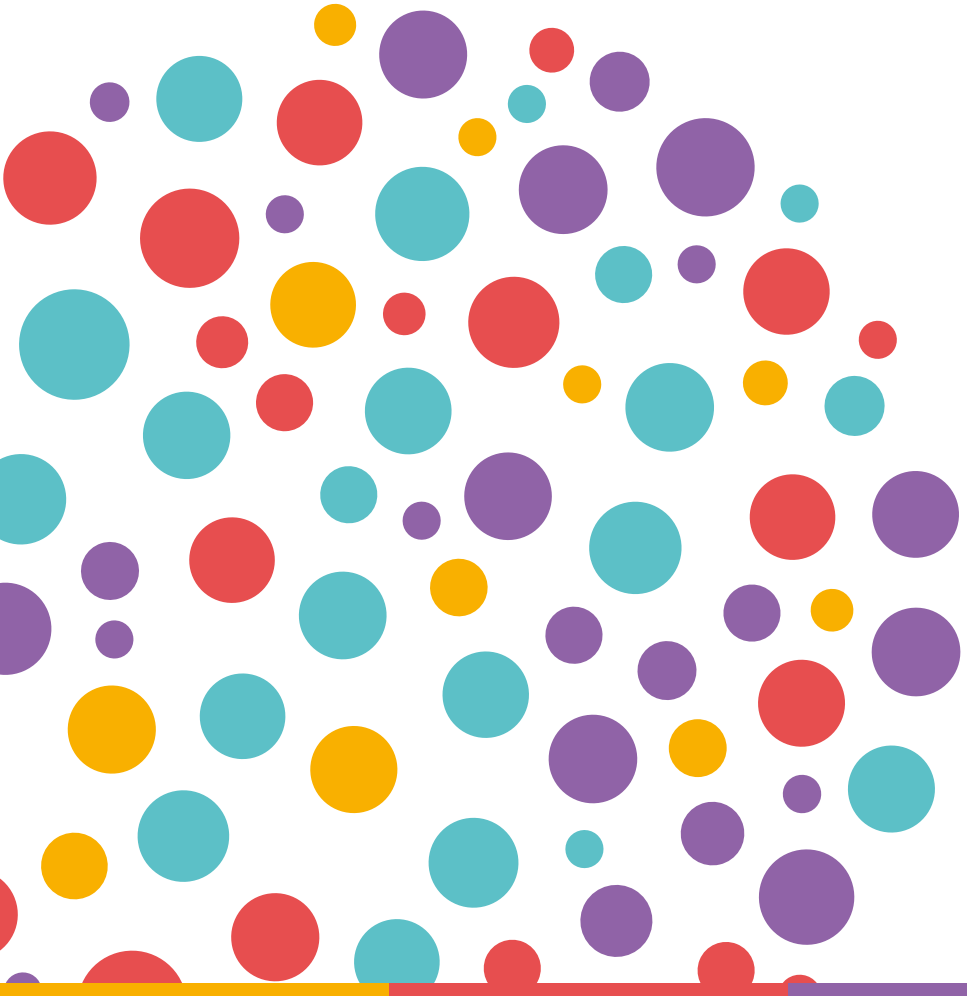


Introduction

The following chapters give a short overview of loneliness in Europe, a definition of Cultural Prescribing and a description of the Culture on Prescription in Europe project. Survey results with the most important outcomes from each partner country are briefly discussed, concluding with recommendations for adopting a Culture on Prescription programme.

Loneliness

More than 75 million European adults meet with family or friends once a month, and around 30 million European adults regularly feel lonely (European Commission's Science and Knowledge, 2018). Poor health, unfavourable economic conditions and living alone are all associated with higher rates of loneliness (European Commission's Science and Knowledge, 2018).

Over the past two years, these feelings of loneliness have been reinforced by the COVID-19 pandemic, which left older people, in particular, unable to have contact with friends or relatives for months (Stuart et al., 2022). The pandemic-related measures such as mobility restrictions and social distancing brought the issue of loneliness to the forefront of public attention. According to a study published in 2018 on the prevalence of loneliness in Europe, around 30 million European adults, or seven per cent of the population, felt lonely regularly (European Commission's Science and Knowledge, 2018). The proportion of respondents who felt lonely frequently doubled following the COVID-19 outbreak (Baarck et al. 2021).

Loneliness affects not only individual well-being but also society as a whole and presents various challenges to cities and municipalities in the following context:

1. Health effects
Loneliness is considered a risk factor for several somatic and mental illnesses, including cardiovascular diseases, depression and suicide. Loneliness, therefore, significantly impacts the use of the healthcare system and social services as well as social participation (e.g. Mann et al. 2022).

2. Effects on social cohesion within the community
Loneliness is correlated with social isolation (Taylor, 2020). The willingness to get involved for the common good can be impaired. It can lead to alienation and a loss of trust in democratic structures (Langenkamp, 2023)

3. Economic effects
In addition to the healthcare costs for treating loneliness-related illnesses, social support services, impact on the labour market, and consumer behaviour are also factors of consideration.

4. Challenges posed by demographic change
According to the World Health Organisation (WHO), loneliness affects older people more frequently (WHO, 2021). Therefore, cities and municipalities should develop strategies to promote their participation in social life.
Tackling loneliness requires a comprehensive approach and collaboration between stakeholders, including policymakers, municipalities, health services and civil society organisations.

Culture on Prescription as a Measure against Loneliness

Art and culture can have a positive impact on individual health as well as both physical and mental well-being. Cultural prescribing focuses on art and cultural offerings and can profoundly impact the lives of older adults and people of all ages. Older adults who participate in cultural-based activities are less likely to be lonely, depressed and stressed than those who do not engage (Fancourt, D., Tymoszuk, U., 2018).

Evidence shows that engaging in art and culture improves participants' quality of life (TILDA, 2021). Engaging in social activities with our communities, as well as with cultural and art offerings, has been identified as a support in combating loneliness, isolation, depression, stress and anxiety (Thomson et al. 2015 and Coulton et al. 2015).

The 'Culture on Prescription' project introduces cultural activities facilitated by non-formal learning and training opportunities for adults. The prescription entitles people to join a free educational opportunity that builds on and emphasises their talents, interests and strengths. This increases the sense of belonging and connection with the other participants. In this way, the Culture on Prescription project can contribute to better health and improved well-being. The emphasis is on health promotion rather than disease.

Within the framework of municipal welfare provision, which can vary per country, concepts tailored to the local situation (e.g. age structure of the population, cultural background, urban or rural context) should be developed to counteract loneliness in a meaningful way. Ideally, social and link workers should work with health professionals (doctors, etc.); however, this approach has not yet been implemented in many countries.

Social and Cultural Prescribing approaches are most promising but still not widespread. Policymakers and other stakeholders working in the health promotion sector need to be informed of measures in politics and practice to foster the implementation of respective approaches.

Such interventions are already being successfully implemented in the UK and Ireland. They are low-threshold, and their effectiveness has been evaluated and has a robust evidence base. In the other European countries, implementation depends on the respective political, social and economic circumstances.

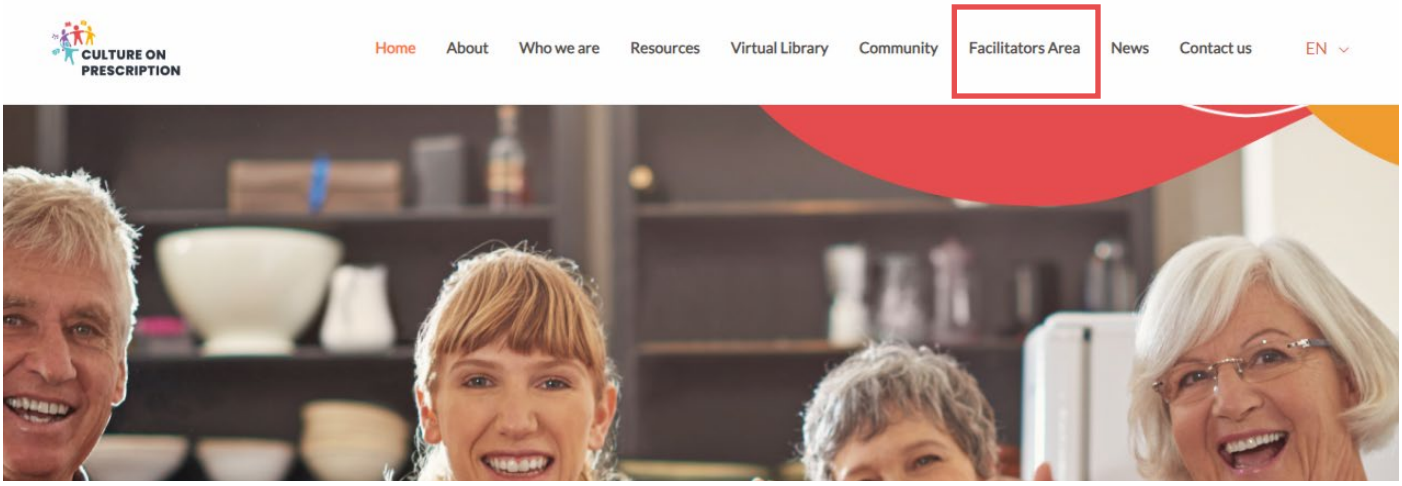
The Culture on Prescription Europe project is the collaborative effort of multiple European-based organisations, including Ireland, Belgium, Portugal, Germany, Netherlands, and Romania. The collaboration aims to identify current best practices in social prescribing and develop solutions combining culture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

This project promotes active involvement in cultural activities, strengthens social interaction by connecting with the local community, and helps support lonely and isolated older people and others, helping them build resilience.
Based on the experiences and results of the "Culture on Prescription in Europe" project funded by the European Union, these guidelines for decision-makers provide recommendations on how the prescription of cultural activities can be successfully implemented in municipalities and associations.

The Culture on Prescription Learning Platform

The Culture on Prescription e-learning platform is integrated into the project website and offers a variety of features to be used by people interested in Cultural Prescribing. It includes a virtual library with research documents, reports, and other content-related topics and a dedicated space for (future) facilitators of culture on prescription courses. In this section, interested facilitators have access to open and free tools to inspire them in the planning and implementation process, for example, interactive tools to use in the courses, questionnaires and other assessment tools, videos, training kits and much more. The learning platform can be accessed through the following link: https://culture-on-prescription.eu/facilitators-area/

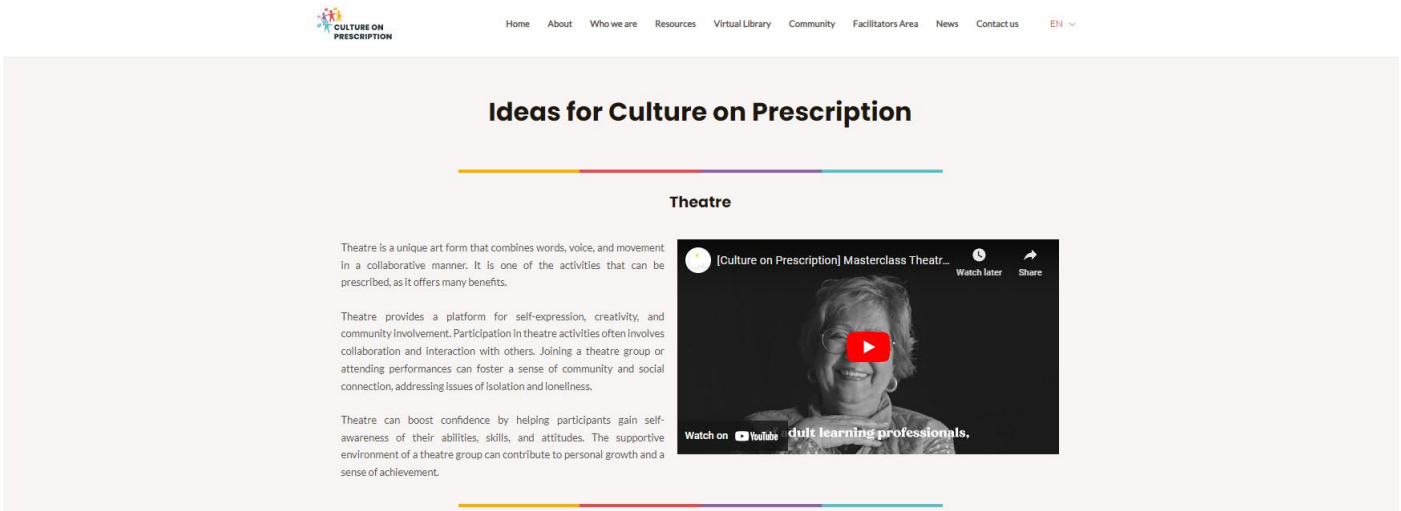
How to Use the Learning Platform



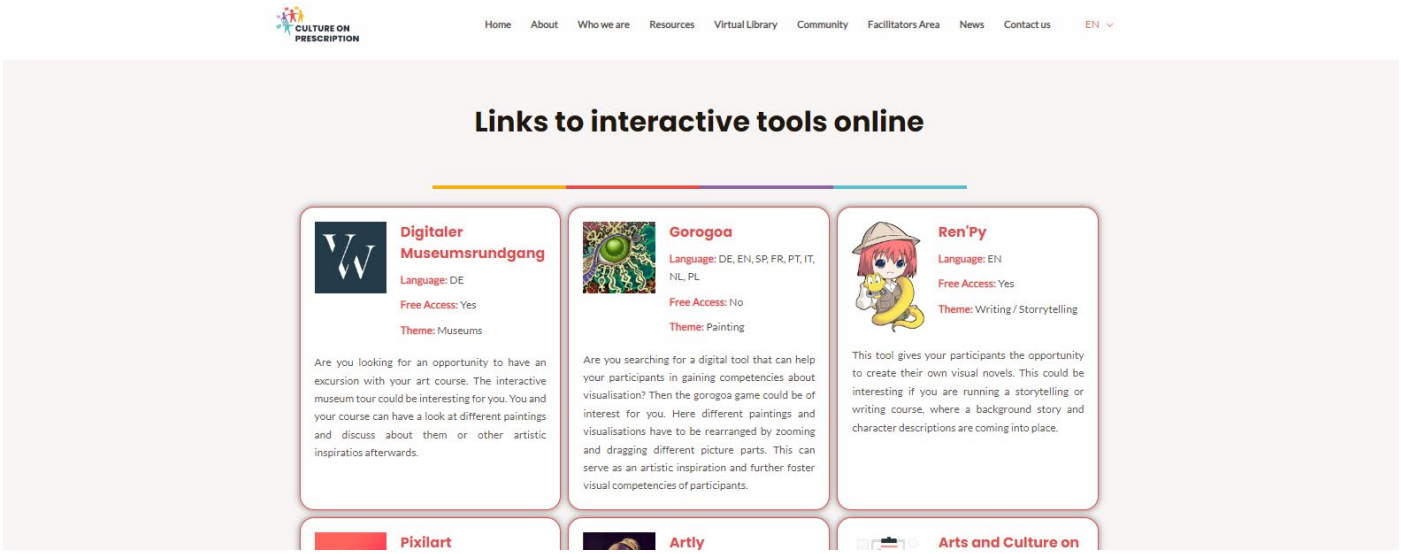
After accessing the Culture on Prescription website, you can click on the "Facilitators Area" at the top of the page to go to the learning segment of the project (please see above image). Inspirational ideas and advice are available on the platform. The tutorial video, which provides an overview of the project and the Cultural Prescribing approach, can be accessed through the following link: https://culture-on-prescription.eu/facilitators-area/

The learning platform is organised in three main sections:

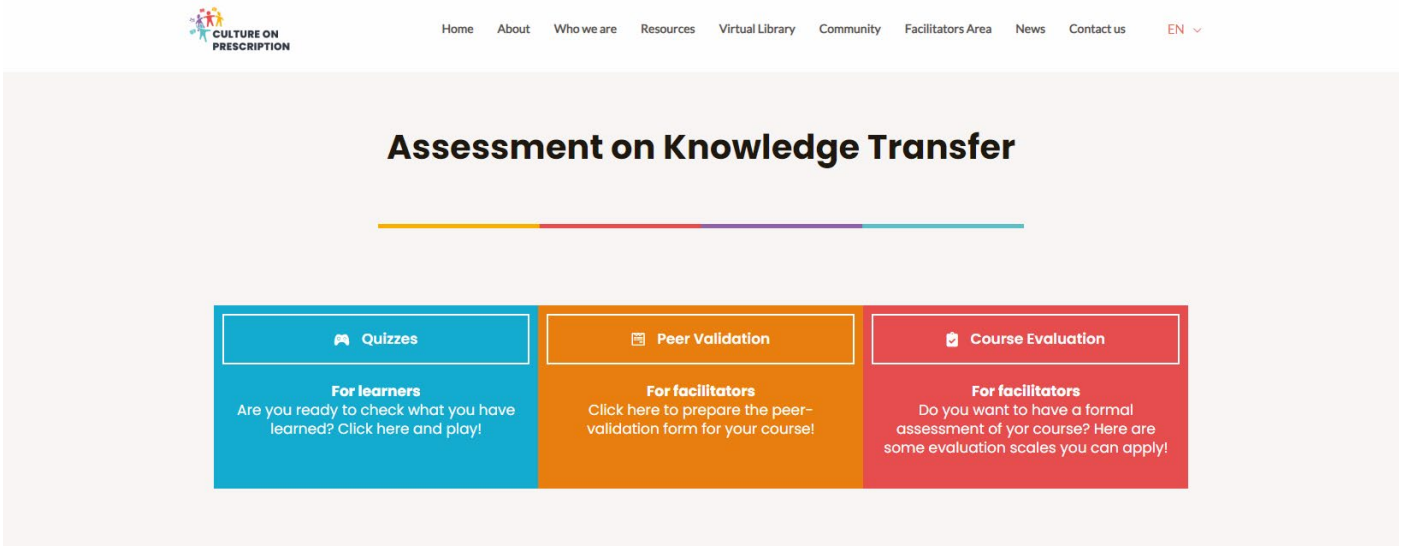
1. **Preparation phase:** Visit this section for inspirational ideas for courses and videos of the Culture on Prescription Pilots workshops.



2. **Conduction phase**: In this section, examples of course materials are provided, from links to interactive tools (online libraries, museums, tools for social prescribing, etc.), vouchers for Cultural Prescribing activities, and tools and methods to use in these activities.



3. **Completion phase:** In this section, certificates for the participants, questionnaires and other tools can be downloaded to assess knowledge transfer (quizzes, crosswords, find the words games, and more). Moreover, the facilitators of Cultural Prescription courses can apply to receive a Digital Badge that certifies them to lead these courses.



The recommendations stated in this report are based on the results of the project work to meet the needs and interests of decision-makers in municipalities' health and social departments, as well as those of associations in the health promotion and welfare field.

Country-specific Contexts: Survey Results

Introduction

This chapter explores the concept of Cultural and Social Prescribing in various national contexts and provides insight into the current situation of Social Prescribing/Cultural Prescribing in partner countries.

The survey results of each partner country are summarised, and the recommendations and potential limitations, according to the survey results, are presented per country.

It describes the various and diverse approaches and experiences of social prescribing/cultural prescribing implementations in the partner countries. It also provides clear and valuable insights into how the challenges, successes, benefits, and unique aspects of social prescribing/cultural prescribing are gained. These specific insights can also foster the role of adopting a more holistic healthcare approach.

Based on the experience gained from the pilot phase, the educational offers and the feedback from the municipal and association representatives in the questionnaire, recommendations for implementing Culture on Prescription were developed and are presented in Chapter 8.

Methodology

The survey was sent via Survey Monkey to 7-8 stakeholders chosen by each partner country in an anonymous online format. The criteria for the selection of stakeholders was to identify policymakers in municipalities (e.g. politicians, offices for social/cultural affairs, public health authorities) and other stakeholders from the health promotion sector, such as primary healthcare institutions, financing institutions in the health care system like insurances, professional artist associations, cultural providers and adult education institutes.

Eight questions had to be answered with a ranking from one to five, with 1 = no impact, 2 = low impact, 3 = medium impact, 4 = high impact and 5 = very high impact. The questionnaire also included open questions.

The questions focussed on the different aspects and impact in the context of the following categories: Networking/Involvement of stakeholders, Human Resources, education and knowledge transfer, financial resources, responsibilities of link workers, addressing lonely people, campaigning the programme/project to the general public and the assessment of the potential limiting aspects.

The questionnaire rates success and failure factors in implementing Cultural Prescribing initiatives and suggests possible measures to counteract the risk of failure. The survey results were analysed for each piloting partner country. As situations differ in each country, each country's unique context is explained separately in the following sections in a short form. The in-depth explanations for each partner country have been published in the Culture on Prescription Compendium, which can be downloaded from the "Resources" section of the project website. The countries that participated in the survey include Germany, The Netherlands, Portugal and Romania. In the next section, the survey outputs of each country are outlined together with practical and concrete recommendations and limiting factors.

Germany

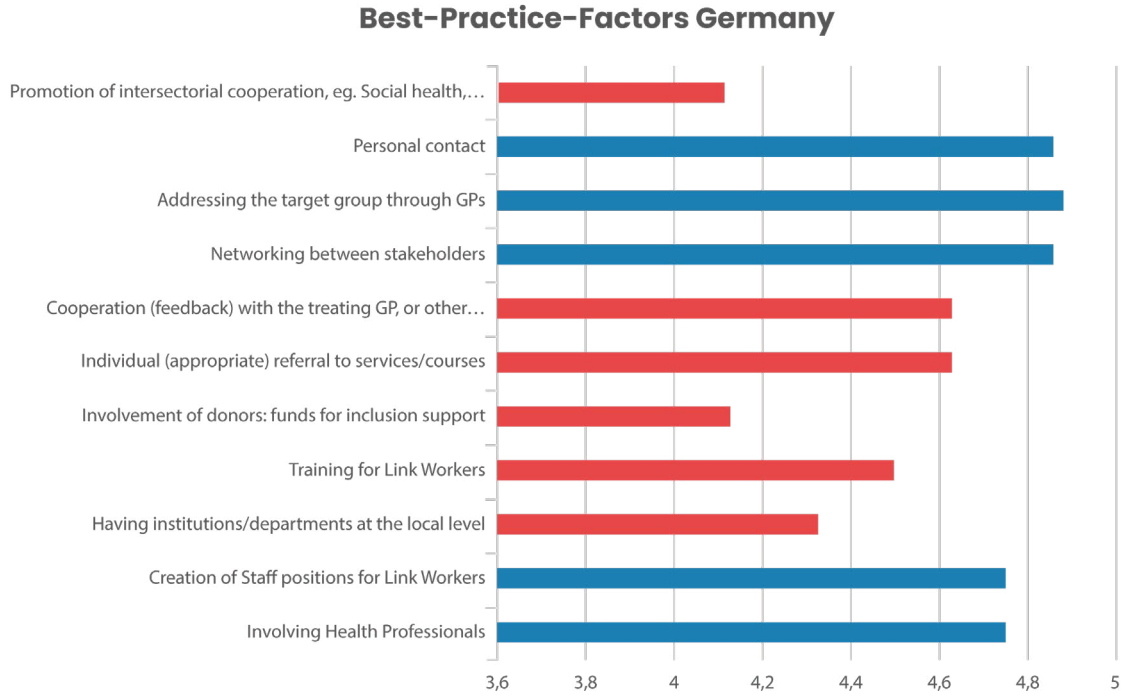
In Germany, the concept is still in its early stages; although private and smaller political initiatives have discussed social prescribing for several years, there has been limited political support and implementation. However, the COVID-19 pandemic and the increase in isolated and mentally distressed individuals have brought the issue of loneliness and suitable solutions into greater prominence. Political parties have begun to focus more on this topic, as evidenced by initiatives like the Loneliness Network, funded by the Ministry of Family, Seniors, Women, and Youth. Isolated examples of prescribing approaches to healthcare have also emerged.

Experts emphasised the societal need for sociocultural-medical approaches, given the changing life situations resulting from demographic change, climate change, digitalisation, and increasing individualisation. Additionally, the potential to enhance the quality of life for affected individuals through the introduction of prescribing approaches, such as activating self-efficacy and group efficacy in social and cultural activities, has been recognised by experts. However, challenges in implementing Culture on Prescription initiatives due to the prevailing federal structures with various health insurance companies and local branches, affordability issues and increased workload for General Practitioners have impacted its implementation.

Despite various challenges, German experts agree on the importance and necessity of testing new approaches such as Culture on Prescription, highlighting potential benefits, such as cost savings in the health sector. The aim now must be to raise awareness and make Cultural Prescribing a part of the political and social agenda. In 2023, national networks emerged, focussing on exchanging and promoting the benefits of Healing Culture and Social Prescribing.

Survey Results in Germany

In Germany, eight organisations participated in the survey; 5 are working on a local/ municipal level, 2 on a regional level, and one on a national level.
The impacts considered most important for implementing Cultural Prescribing in the German survey are summarised and shown in the graphic below. The factors below are higher than the score four, so they all have a high impact. The five blue bars have the highest scores and, therefore, the highest impact.



The following recommendations are the explanation of the best-practice factors in the graphic as well as answers to open questions in the questionnaire.

Recommendations:

- It is beneficial to address the target group via personal contact or GPs
- Networking between the stakeholders maximises the efficiency and quality
- Involving health professionals is crucial for matching the participants' needs with the cultural offers, as well as for generating personal contact and differentiating loneliness and depression
- The rewards and the support for people and institutions who are motivated to implement Cultural Prescribing should be considered (e.g. financial support and staff positions, financial motivation, additional holidays)
- It is important to identify where and how to approach lonely people. Best practice suggestions include Psychosocial counselling centres, chambers of health professions, health authorities, retirement and nursing homes, churches, the scientific field, gerontopsychiatry and gerontopsychotherapy (departments of medicine and psychology, social work)
- Decide which stakeholder/institution/department could be in charge of Cultural Prescribing in the local municipality or the cultural and health sector (such as public health departments and adult education centres)
- Find further inspiration at the Social Prescribing Competence Network of the Berlin Charité University Hospital

The following limiting factors are the survey results with the lowest impact and answers to open questions.

Limiting Factors:

- Potential limiting impacts on the successful implementation of Cultural Prescribing were seen as most threatening in "unclear overall responsibility" and especially in "unclear responsibility for funding."
- Cultural prescription is not suitable for coping with depression. Psychotherapeutic treatment of depression would have to take place first. It means that general practitioners, psychotherapists and psychiatrists must establish a differential indication before prescribing.
- Sensory limitations of potential participants
- Mobility barriers for potential participants
- The cultural background of potential participants

Netherlands

In the Netherlands, arts and cultural (Welzijn op Recept) prescribing has been successfully experimented with in various initiatives and projects. Key outcomes from the monitoring of Welzijn op Recept include its recognition as a regional chain approach, contributing to a national prevention agenda. The initiative primarily focuses on addressing loneliness in older residents. Despite its growth in the number of municipalities adopting it, there is a need to address the quality of implementation. Some municipalities are transitioning from a referral to a collaborative model in learning networks, a promising development.

Although the reported results from those individual projects have been positive, scientific research evidence proving the positive impact of cultural prescribing is still lacking. The gap between traditional medical interventions on prescription and cultural prescribing must be bridged to ensure the successful implementation and continuation of cultural prescribing. For this, cultural prescribing initiatives must be professionalised, e.g., courses to be provided by professional artists with social and coaching skills, clearly defining the course offerings and evaluation processes, and specifying the types of arts and culture involved, such as photography, painting, sculpture, music, and writing, is a must. Against this background, cultural prescribing can be considered as alleviating the workload of general practitioners by expanding the group of prescribers to include practice assistants, well-being coaches, and social workers. It is also considered beneficial to provide opportunities for potential prescribers to experience a performing arts opportunity personally and to offer alternatives to financial payments, such as in-kind contributions, to support the development and implementation of social or cultural prescribing initiatives.

It is vital in the Netherlands to provide training for professional artists and promote methods of educating potential prescribers about the benefits cultural prescribing can offer. The challenge is to simultaneously maintain an artist's role rather than becoming a caregiver and enhancing social and coaching skills – on both an individual and social level.

Survey Results in the Netherlands

In the Netherlands, eight organisations participated in the survey; 7 are working on a local/municipal level and one on a national level.
The impacts considered most important for implementing Cultural Prescribing in the Dutch survey are summarised and shown in the graphic below. All the factors below are higher than the score four, so they all have a high impact. The three turquoise bars have the highest scores and, therefore, the highest impact.

The following recommendations are the explanation of the best-practice factors in the graphic as well as answers to open questions in the questionnaire.

Recommendations:

- Address the target group via personal contact as it seems to have the highest impact (such as GPs and health professionals)
- Proper promotion will help to address the target group
- The link worker should be trained and know how to handle the target group
- Involving health professionals and local and public authorities to gain acceptance and validation for Culture on Prescription
- Support from policymakers and public authorities
- Work with established structures, such as integrating existing courses/offers and involving artists/course facilitators.
- Conferences and seminars on the importance of collaboration in the social domain and arts and culture, underpinning scientifically why it is important.
- Name the added value of cooperation in care, welfare and arts and culture policies. Make finance available and appoint attention officers in local authorities. Identify ambassadors from your sector and let them present the initiative.
- Tell and share success stories and share successes through different media and partners by allowing people to tell their stories, show examples, and campaign in neighbourhoods.
- Collaboration between funds, artists, welfare and cultural partners. For example, scheduling consultation hours for care and welfare at cultural locations and looking and listening carefully to reported interests.
- A budget to hire the artists

The following limiting factors are the survey results with the lowest impact and answers to open questions.

Limiting-Factors:

- Potential limiting impacts on the successful implementation of Cultural Prescribing were seen as most threatening in “bureaucracy “and “shortage of skilled labour “. To avoid these obstacles, one participant in the survey suggested using existing networks and, in particular, joining ‘welfare on prescription’ already running in many (Dutch) municipalities “.

Portugal

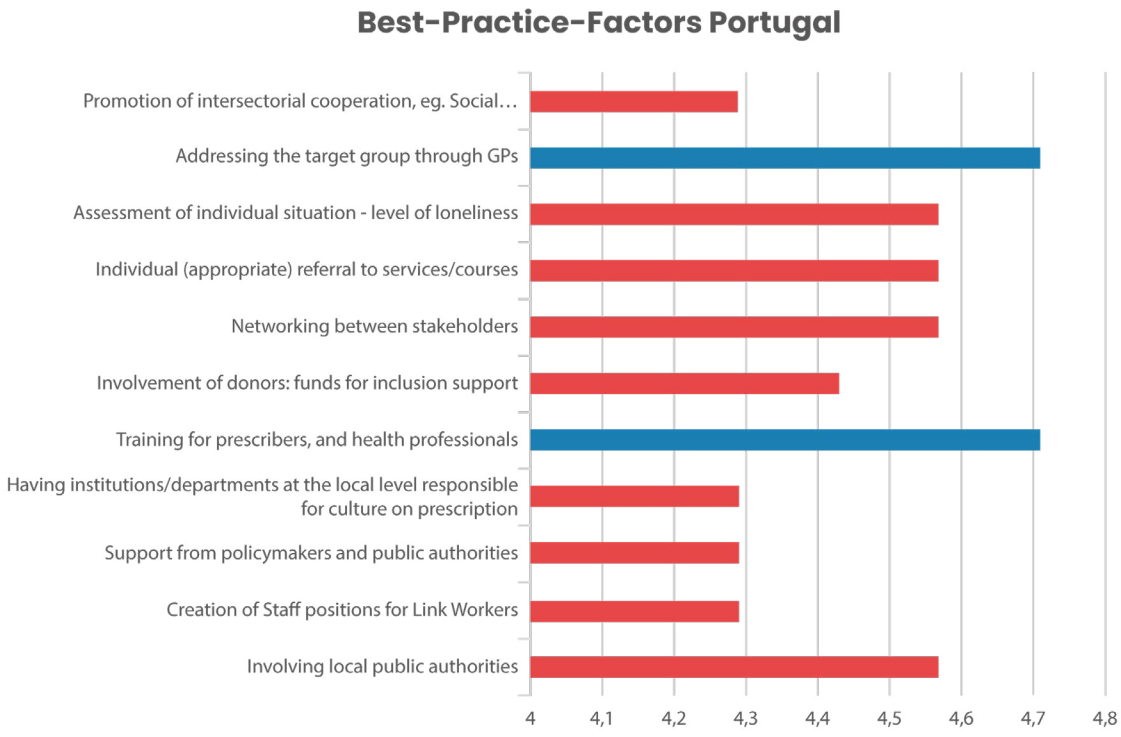
The concept and methodology of social prescribing are gaining momentum in Portugal, with initiatives and projects establishing good practices in the field. Thus, Culture on Prescription and other health-promoting strategies already emphasise the connections between community, primary healthcare, and social services.

Existing systems in Portugal allow GPs to refer patients to social workers using an electronic platform and transfer the responsibility for checking with third-sector organisations to the social worker, who also follows up on whether the patient is following the prescribed activities to the social worker. However, the system is reportedly underutilised, with general practitioners, the Health Ministry, and the Regional Health Administration.

Consequently, reports and experts acknowledge the need for further development. In this, the importance of continuously improving digital infrastructure still has been raised.
Social and cultural prescribing is generally growing in Portugal, but there is a pressing need for investment. Respective concepts are not yet well-defined or firmly established, making it challenging to embrace cultural and social prescribing practices fully at this stage.

Survey Results in Portugal

In Portugal, seven organisations participated in the survey; 5 are working at a local/municipal level, and two are at a regional or national level. The impacts considered most important for implementing Cultural Prescribing in the Portuguese survey are summarised and shown in the graphic below.



The following recommendations are the explanation of the best-practice factors in the graphic as well as answers to open questions in the questionnaire.

Recommendations:

- Involve local public authorities
- Address the target group through GPs and health professionals
- Provide training for prescribers and health professionals to be sensitive to targeting lonely participants through cultural activities and optimise the assessment of the individual situation (level of loneliness)
- Optimise the cooperation (feedback) with the treating GP or other health professional
- Promote of intersectoral cooperation, e.g. social, health and culture
- Identify and involve donors, e.g. public financial authority
- Identify support from policymakers and public authorities
- Establish networking through regular meetings between the stakeholders and share knowledge at a national level
- Create staff positions for link workers
- Establish additional cultural courses for lonely people
- Identify the outcomes and inputs of a cultural prescription.
- Inputs: funding, legislation, training for health professionals, artistic projects.
- Outcomes: locally-based cultural events, reduced isolation and health costs for municipalities and individuals, improved mental health, strengthened communities and territorial cohesion.
- Identify barriers/ opportunities and design an ambitious, authentic pilot project in a co-creative process.
- Invite participants to co-create.
- Identify the outputs for promotion:
- Reduced isolation and health costs for municipalities and individuals, improved mental health.
- Communicate the objectives and roles of each sector (or each sector manager) in the cultural prescription. Develop synergistic and holistic solutions that tackle problems at their origin. Problems usually have several factors that are related, and local authorities tend to solve each problem factor separately (silo thinking). Challenge this behaviour by making a direct approach with an individualised project proposal for the specific location.
- Create programs with users using appropriate techniques such as co-production, design thinking, etc. Participate in an artistic project that has the potential to be culturally prescribed. The contribution can provide an informed experience of social prescribing and give an insight into its benefits.

The limiting factors below have the highest potential to hinder these thriving impacts on implementing Cultural Prescribing successfully.

Limiting Factors:

- Bureaucracy
- Data protection laws
- Interface problems
- Unclear overall responsibility
- Unclear responsibility for funding
- Difficulties in assessing the health impact
- Lack of knowledge or definition of the target group

Romania

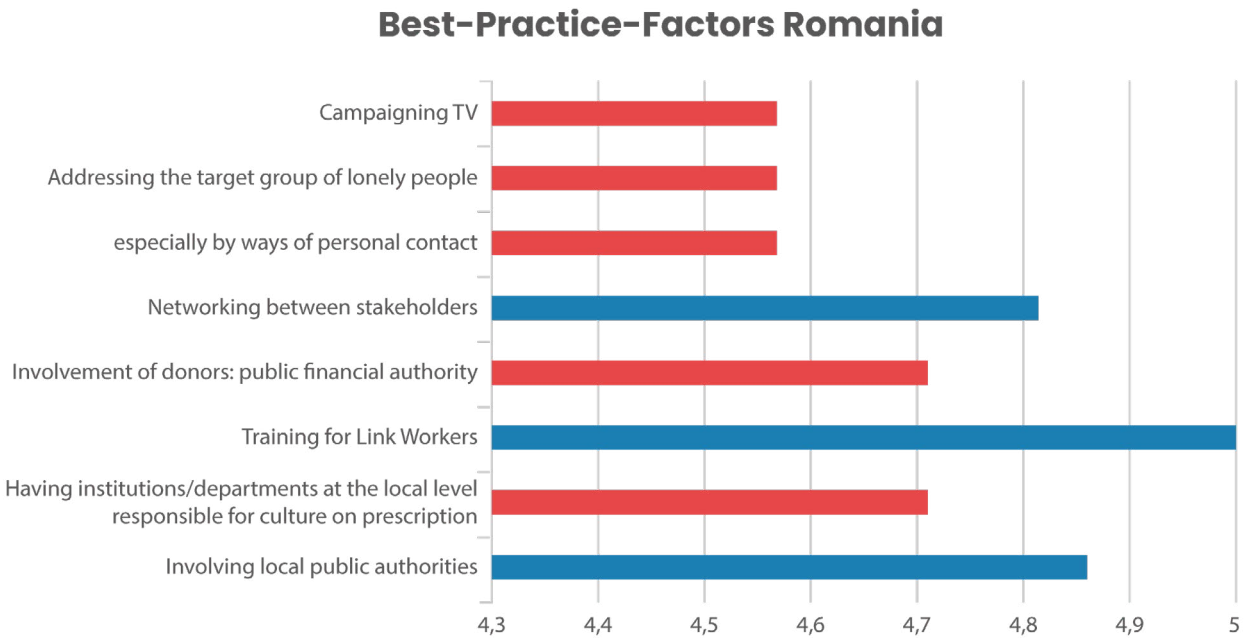
Romania is also in the early stages of shifting perceptions regarding public policies in the social and community field or the opportunity for arts and culture's role in improving outcomes in the health and care sector. A national public debate that allows for reviewing social, health, and community services is urgently needed.

The effectiveness of a potential Cultural Prescribing system will heavily rely on personalised and localised support, as demonstrated by successful past initiatives and projects implemented. Therefore, the fostering and broad establishment of social and cultural prescribing requires collaboration with various stakeholders. In this, municipalities in Romania play a crucial role in organising frameworks that bring institutions together. It is essential to replicate projects that have shown positive results and disseminate the outcomes of successful models at the local level to allow for their implementation in other communities and municipalities.

By pre-testing or incorporating socio-cultural prescription practices within specialised social assistance departments at the municipal level, there is a greater likelihood that similar institutions in Romania will adopt these programmes more quickly. It will, in turn, contribute to developing a new approach to addressing the public social sector.

Survey Results in Romania

In Romania, seven organisations participated in the survey; 4 are working on a local/municipal level, and three on a national level. The impacts considered most important for the implementation of Cultural Prescribing in the Romanian survey were:



The following recommendations are the explanation of the best-practice factors in the graphic as well as answers to open questions in the questionnaire.

Recommendations:

- Involve local public authorities, artists/ course facilitators, local public authorities
- Establish institutions/departments at the local level responsible for the delivery of Culture on Prescription
- Establish additional cultural courses for lonely people
- Scientific monitoring/evaluation to provide evidence-based impact
- Create staff positions for link worker(s)
- Additional training for link workers
- Involve donors: public financial authority, insurance, funds for inclusion support, etc.
- Enable networking between stakeholders.
- Addressing the target group of lonely people through personal contact and encouragement
- Promote cultural prescribing via campaigns on TV and social media platforms.
- Organise workshops to inform professionals about the need, necessity and effects of cultural prescription and introduce examples of good practice. Facilitate them to identify common interests and encourage the sharing complementary ideas of professionals from different sectors.
- Facilitate regular meetings at local, regional and national levels. Facilitate individual meetings or workshops with each partner/ organisation. Host events on the topics of interest and organise a round table/webinars. Encourage participation by contacting individuals and organising and inviting them to workshops to inform them about the need, necessity, and effects of cultural prescription.
- Identify the stakeholder/institution/ department who could be in charge of Cultural Prescribing (social, medical and socio-cultural assistance/family medicine practices, department of Social Welfare or the Judicial Inspectorate for Education)

The following limiting factors below have the highest potential to hinder these thriving impacts on the successful implementation of Cultural Prescribing:

Limiting-Factors:

- Unclear overall responsibility for funding
- Bureaucracy
- Shortage of skilled labour
- Lack of knowledge or definition of the target group
- Difficulties in measuring cost savings/return on investment
- Challenges in assessing the health impact
- Lack of preventive orientation of the health system
- Low willingness to cooperate across sectors

Interestingly, an aspect that was judged very controversial as a limiting impact in the survey answers was “potential participants’ motivation to change “. Survey members differed and thought it could be a “low threat “, a “mediate threat “, or a “very high threat “, which in the end led to a relatively low overall score.

Recommendations for decision-makers in municipalities and associations

The challenges of dealing with social isolation and loneliness in our society have become much more visible in recent years. Especially for older people, but also for many other population groups. Loneliness can have severe effects on physical and mental health.

The "Culture on Prescription in Europe" project has shown that cultural activities such as art, music, and theatre can increase emotional well-being, strengthen the sense of community, and thus counteract feelings of loneliness. Set out below are some fundamental aspects that, from our point of view, are important for the successful implementation of such measures at the municipal level.

Political support and networking and Intersectional Cooperation

It is essential that there is cooperation between the cultural, health, and social welfare sectors towards the target group. Collaboration between local networks across healthcare provision community-based initiatives, such as active retirement groups, voluntary organisations, artists, and museums, is at the core of the Culture on Prescription approach and should be considered indisputable when implementing them.

Intersectoral cooperation between the health and culture sectors is essential to implement Cultural Prescribing successfully. By identifying potential project outputs such as reduced isolation and health costs for municipalities and individuals, political decision-makers should be involved in the programme preparation process as far as possible. It can also help to secure sustainable funding. Exchange practical experience with other municipalities and start networking at regional and national levels.

Secure Funding

Cultural Prescribing programmes should be offered free of charge for the participants or at least be affordable for them. Ensuring implementation requires financial support from the public sector, foundations, or other external donors. Therefore, a solid and resilient cost plan must be in place before these services are launched. In the long term, successful Cultural Prescribing programmes will reduce health costs.

Detection of relevant partners and stakeholders

Involving municipal partners allows the development of guidelines for promoting "Culture on Prescription" models at the local level and, above all, implementing them successfully and more sustainably. Municipal support also makes it easier to establish professional management structures and to assure that these programmes have a more reliable impact in the long term. Significant stakeholders include municipalities, universities, networks (e.g., against loneliness), adult education centres, medical institutions, and psychotherapy institutions.

Patients have relationships with their family doctors built on trust; many can approach GPs with non-clinical concerns. For the GPs, the involvement in a Culture on Prescription programme does not result in a higher workload. On the contrary, GP visits will likely decline, as many visits due to loneliness will be reduced through Cultural Prescribing programmes. With a cultural prescription model, GPs can refer patients to a link worker, who will find a suitable activity for a patient and support and guide them through their personal and customised "culture on prescription "programme.

The available project partners should be briefed in a kick-off meeting, where they receive a detailed introduction to the project and get to know each other. Furthermore, the responsibilities between the project partners should be clarified.

Defining the target group

The Culture on Prescription programme's target group must be clarified before selecting the artists and locations and planning how to reach out to them. There are many options to work with different age cohorts across the lifespan who present with a variety of disabilities, physical and mental illnesses, and, of course, loneliness and isolation.

Discussing the setting and time frame

The courses in a Culture on Prescription programme will teach participants new cultural skills or enable them to refresh or improve an existing skill. However, the goal is to expand their possibilities, connect them to other participants, and socialise through the cultural offer. Possible offers include theatre, art, vocal training, choirs, or dancing.

The courses should last several weeks with a minimum of 8 sessions. Each class should occur once a week or at least every two weeks, with each session lasting approximately 2 hours. Organising a course only once a month is insufficient, as the time frames between each session are too long, which makes it harder for participants to open up and connect.

Depending on the target group and the course, a suitable barrier-free location has to be organised. It could be an existing room that might have to be restructured for a particular course offer. Alternatively, another convenient location can be rented. The location should be easily accessible by public transport.

Another option besides a course that lasts several weeks is a one-time cultural offer for participants who cannot participate regularly. It can result from time constraints (vacation, other appointments) or because they cannot attend several course sessions. It might be too much for some people. A one-time cultural offer could consist of a visit to a museum with a small group and a painting workshop afterwards. Or an afternoon dance workshop in a small group. Further information about the course settings can be found in the Training Kit.

Reaching out to the target group

Accessing and engaging lonely or isolated people and facilitating suitable community-based offerings are the key challenges to be addressed. The term "loneliness" is often considered taboo, and the target group should be handled sensitively. Moreover, the term "culture" still has an elitist image for many and often excludes socially deprived groups. The approach to encouraging participation is best done by the stakeholder leading the initiative. It could be through individual counselling, flyer distribution, news articles, meetings in the neighbourhood, GP referral, a radio or TV campaign, or any combination of those..

Selection of participants

It is recommended that the Culture on Prescription programme be explained to each potential participant on the phone or in-person to find out about their cultural interests and availability and to clarify if these match the courses offered. The courses should be locally available and easily accessible. Furthermore, it should be checked if it is suitable for the target group, for example, a specific age group or with reduced mobility.

Provision of link workers

While GPs or other healthcare professionals can refer participants to general community activities, establishing a more formalised structure has proven benefits, including link workers who can customise and explain offerings. The link workers also review if the cultural offer has had the desired effect and are in touch with the General Practitioners. Engaging those link workers in the process of cultural prescribing will help to follow through individualised plans for cultural activities fully matching the interests and personal needs of the participants during the whole length of the Cultural Prescription programme.

Involving cultural organisations/artists and finding locations

The involvement of partners from the cultural sector is essential to implementing cultural prescribing measures. Addressing and accompanying lonely, vulnerable participants requires professional knowledge in adult education. If the cultural partners do not have this knowledge, it must be communicated, developed and nurtured. As part of the "Culture on Prescription in Europe" project, corresponding instructions were tested and made available on the Learning Platform https://culture-on-prescription.eu/ and in the Training Kit.

On the Culture on Prescription Learning Platform, facilitators can find inspiration, methods, materials and information on preparing, carrying out and presenting cultural courses. Further, it provides information in a virtual library and on country-specific pages. Exchange with other facilitators and partners who have already organised Culture on Prescription programmes is possible on the EPALE platform's community of practice. Furthermore, as a recognition, course facilitators can earn a digital badge that certifies their ability to deliver a cultural prescription offer.

Evaluation and adjustment of the measures

An evaluation should occur at the end of a Culture on Prescription course. Separate questionnaires for the participants, the course facilitators, link workers and the experts are useful. The participants should be able to evaluate the course organisation, content, and methods used and reflect on their results and engagement.

The course organisation can be evaluated by asking about the number of participants in the group (too many/too few), the course duration (too many/too few sessions) and the course location. Questions for evaluating the course content and methods can include whether the course was structured, if the materials provided by the course facilitator helped develop their artistic skills and if the facilitator could meet the participants' needs. Regarding the participants' results and engagement, it is interesting to find out if their self-confidence when meeting other people has increased, if their motivation to approach and talk to others has increased, and if they were able to develop their artistic skills.

Once the program has been evaluated and necessary improvement points have been identified, the adjustments can be implemented in the next planning phase of the Cultural Prescribing programme. Further information is available in the Culture on Prescription Training Kit, Chapter 9.

The "Culture on Prescription in Europe" project partners are also available to provide information about new developments in linking culture and mental health promotion and help further establish this innovative model.

Task Flow Diagram

Summary and Outlook

The recommendations presented are a culmination of the findings of the Culture on Prescription project and the survey results in different national contexts. They serve as a compass for decision-makers in communities and associations, guiding them towards the successful implementation of Cultural Prescribing programmes with the overarching goal of enhancing well-being and community connectedness.

It was emphasised that the implementation of Cultural Prescribing requires a multi-dimensional approach involving policy makers, communities, health services and civil society organisations. Future efforts should focus on raising awareness among policy makers and stakeholders, encouraging collaboration and providing support for the implementation of cultural prescribing programmes.

In addition, this guideline recommends addressing limiting factors such as unclear responsibilities and funding issues. Developing a clear framework of responsibilities and securing funding are critical to the successful and sustainable implementation of Cultural Prescribing initiatives. It was also emphasised that there is a need for further research and evaluation to provide scientific evidence of the positive impact of Cultural Prescribing. Professionalising Cultural Prescribing initiatives, providing training for artists and educating potential prescribers will contribute to the credibility and effectiveness of such programmes.

Ongoing efforts should focus on refining strategies, fostering collaboration and building a strong evidence base for the effectiveness of Cultural Prescribing in improving well-being and tackling loneliness.

Appendix

Best practice example

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)'.

Useful Links

All-Party Parliamentary Group on Arts, Health and Well-being. (2017). Creative Health: The Arts for Health and Well-being.
Available at: https://wellcomecollection.org/works/xgm8w7d5
(Accessed: 6 November 2023)

Annable-Coop, Carly (2022), Connecting the cultural social prescribing workforce. Available at: https://www.socialprescribingnetwork.com/blog/connecting-the-cultural-social-prescribing-workforce (Accessed: 6 November 2023)

Baarck, J., D'hombres, B. and Tintori, G., Loneliness in Europe before and during the COVID-19 pandemic, European Commission (2021), JRC126802.
EUROPEAN COMMISSION'S SCIENCE AND KNOWLEDGE (2018) Loneliness – an unequally shared burden in Europe
Available at:
https://knowledge4policy.ec.europa.eu/publication/loneliness-%E2%80%93-unequally-shared-burden-europe_en

Fancourt, D., Tymoszuk, U. (2018) Cultural engagement and incident depression in older adults: evidence from the English Longitudinal Study of Ageing, British Journal of Psychiatry
Available at:
https://www.researchgate.net/publication/329628209_Cultural_engagement_and_incident_depression_in_older_adults_Evidence_from_the_English_Longitudinal_Study_of_Ageing

Iblher, Gundula; Eichardt (2023), Andrea, EU-Projekt Creative Ageing.
Available at:
https://stadt.muenchen.de/infos/creativeageing.html
(Accessed: 6 November 2023)

Interreg Baltic Sea Region (2023), responsive Public Services – Arts on Prescription
Available at:
https://interreg-baltic.eu/project/arts-on-prescription/
(Accessed: 6 November 2023)
Langenkamp, A. (2023). The Influence of Loneliness on Perceived Connectedness and Trust Beliefs – Longitudinal Evidence from the Netherlands. Journal of Social and Personal Relationships, 40(7), 2298-2322. https://doi.org/10.1177/02654075221144716

Mann F, Wang J, Pearce E, Ma R, Schlief M, Lloyd-Evans B, Ikhtabi S, Johnson S. Loneliness and the onset of new mental health problems in the general population. Soc Psychiatry Psychiatr Epidemiol. 2022 Nov;57(11):2161-2178. doi: 10.1007/s00127-022-02261-7. Epub 2022 May 18. Erratum in: Soc Psychiatry Psychiatr Epidemiol. 2022 Jul 25;: PMID: 35583561; PMCID: PMC9636084.
Mass Cultural Council / University of Florida: Center for Arts in Medicine (2023),
Arts on Prescription: A Field Guide for US Communities
Available at:
https://arts.ufl.edu/site/assets/files/224849/arts_on_prescription_field_guide.pdf
(Accessed: 6 November 2023)

NHS (2022) Personalised care - Social prescribing.
Available at:
https://www.england.nhs.uk/personalisedcare/social-prescribing/faqs/#what-is-the-social-prescribing-link-worker-role
(Accessed: 6 November 2023)

NHS (2022) Social prescribing link worker welcome pack
Available at:
https://www.england.nhs.uk/publication/social-prescribing-link-worker-welcome-pack/
(Accessed: 6 November 2023)

Rankin, Jennifer (2022). Museums on prescription: Brussels tests cultural visits to treat anxiety.
The Guardian. Available at:
https://www.theguardian.com/world/2022/sep/17/museums-on-prescription-brussels-tests-cultural-visits-to-treat-anxiety
(Accessed: 6 November 2023)

Russel, Helen (2019). The culture cure: how prescription art is lifting people out of depression.
The Guardian. Available at:
https://www.theguardian.com/world/2019/jul/31/upside-denmark-culture-mental-health-singing-theatre
(Accessed: 6 November 2023)

Stuart, A., Katz, D., Stevenson, C., Gooch, D., Harkin, L., Bennasar, M., Sanderson, L., Liddle, J., Bennaceur,

A., Levine, M., Mehta, V., Wijesundara, A., Talbot, C., Bandara, A., Price, B., Nuseibeh, B. (2022) Loneliness in older people and COVID-19: Applying the social identity approach to digital intervention design
Available at:
https://www.sciencedirect.com/science/article/pii/S2451958822000136?via%3Dihub

Taylor HO. Social isolation's influence on loneliness among older adults. Clin Soc Work J. 2020;48(1):140–51. https://doi.org/10.1007/s10615-019-00737-9.
WHO (2022), A toolkit on how to implement social prescribing.
Available at:
https://www.who.int/westernpacific/publications/i/item/9789290619765
(Accessed: 6 November 2023)

WHO (2023), Iniatives / Arts and health
Available at:
https://www.who.int/initiatives/arts-and-health
(Accessed: 6 November 2023)

WHO (2019), What is the evidence on the role of the arts in improving health and well-being? A scoping review.
Available at:
https://www.who.int/europe/publications/i/item/9789289054553
(Accessed: 6 November 2023)

WHO (2021), Reducing social isolation and loneliness among older people
Available at:
https://www.who.int/activities/reducing-social-isolation-and-loneliness-among-older-people

World Cities Culture Forum (2023), Age Friendly Cultural City Programme /
Cross-sector solution helping older residents to stay culturally engaged.
Available at:
http://www.worldcitiesculturefo rum.com/case_studies/age-friendly-cultural-city-programme
(Accessed: 6 November 2023)
Available in German only:

Charité Berlin (2023), Kompetenznetz Social Prescribing. Available at:
https://allgemeinmedizin.charite.de/forschung/arbeitsgruppen/ag_urban_primary_care/kompetenznetzwerk_social_prescribing/
(Accessed: 6 November 2023)

IG Kultur Magazin (2020), Kultur als Rezept?!
Available at:
https://igkultur.at/praxis/kultur-als-rezept
(Accessed: 6 November 2023)

Sonnenmoser, Marion (2022), Social Prescribing: Soziales Miteinander auf Rezept, Deutsches Ärzteblatt PP 07/2022. Available at:
https://www.aerzteblatt.de/archiv/226171/Social-Prescribing-Soziales-Miteinander-auf-Rezept
(Accessed: 6 November 2023)

Short-Term Recommendations from Providers and Cultural Organisations

Short-Term Recommendations from Providers and Cultural Organizations

1.	Ensure clear signage at cultural organizations to help participants find their way and feel welcome
2.	Provide the ability to coordinate participation via text
3.	Create greater variety in scheduled class/event times
4.	Make activities, materials, and data collection tools available in multiple languages
5.	Place expiration dates on "prescriptions" to encourage timely participation
6.	Make clear what is being offered for free, and be transparent about costs of potential future engagements
7.	Offer scheduled events/classes at organizations that typically only offer visits (museums, nature); offer open visit times at organizations that typically only offer scheduled events/classes
8.	Expand all providers' understandings of who can benefit from the CultureRx opportunity
9.	Promote the fact that referrals are part a research-based model (versus a novelty offering)
10.	Include school teachers and school counselors as prescribers and collaborators
11.	Offer more and ongoing trainings for cultural-organization staff
12.	Offer collaborative training and development opportunities that include all organizational staff (rather than just key contacts), as well as any participating providers and care coordinators
13.	Create consistent avenues for discussion and collaboration between cultural organizations and healthcare providers

Table 1.4 Short-Term Recommendations from Providers and Cultural Organizations

Source: Mass Cultural Council / University of Florida: Center for Arts in Medicine (2023), Arts on Prescription: A Field Guide for US Communities (page 25) Available at: https://arts.ufl.edu/site/assets/files/224849/arts_on_prescription_field_guide.pdf
(Accessed: 6 November 2023)

Long-Term Recommendations from Providers and Cultural Organisations

Long-Term Recommendations from Providers and Cultural Organizations

1.	Include more arts/culture organizations, including smaller, grassroots entities
2.	Incorporate more healthcare providers so that more prescriptions are being made and filled
3.	Offer arts-based experiences that take place on location in healthcare spaces, so that participation does not always require another site
4.	Move beyond one-time visits to consider how participants can become continually engaged
5.	Increase awareness/promotion among both providers and the public of this model's research-based benefits
6.	Generate more funding to expand programs and capacity
7.	Create a database by which providers and the public can search for arts/culture organizations that offer the experiences or benefits they need
8.	Create a portal similar to healthcare providers' patient portals, to improve data sharing and documentation
9.	Affiliate with additional community organizations that provide essential services such as transportation, food assistance, etc.
10.	Support the cultivation of social connections among CultureRx participants
11.	Offer ongoing trainings, community advisory roles, etc. to advance health equity and access
12.	Consider creating a full-time paid position to support partnership communications, program growth and sustainability, promotion and public awareness, etc.

Table 1.5 Long-Term Recommendations from Providers and Cultural Organizations

Source: Mass Cultural Council / University of Florida: Center for Arts in Medicine (2023), Arts on Prescription: A Field Guide for US Communities (page 26) Available at: https://arts.ufl.edu/site/assets/files/224849/arts_on_prescription_field_guide.pdf
(Accessed: 6 November 2023)

“I would never have imagined the programme’s impact on me, it’s like a thirst to know more and learn more. I was delighted with what I achieved, the new friends I made and the confidence to look for more opportunities to engage with the arts.”

Culture on Prescription in Europe - Participant from Ireland

CULTURE ON PRESCRIPTION

Co-funded by the European Union