ZonMw

Foresight study: Care and Culture

Urgency, vision and an action plan for integrating culture into long-term care and support

Crétien van Campen
Chair of the ZonMw Programme Committee on Arts and Culture in Long-Term Care and Support

Commissioned by ZonMw

Photographer: Marcel de Buck
Source: Vitalis

Table of contents

Summary

Population ageing is expected to put increasing pressure on the health-care system in the years ahead. This will lead to workforce shortages and a possible decline in the quality of life for older adults. The healthcare sector cannot address these challenges on its own. Alongside the housing sector, the cultural and social sectors also have a role to play. This foresight study explores one such contribution.

To assess the added value of involving the cultural sector, the study distinguishes between two pathways:

1) investing in care and housing, and
2) investing in care, housing, culture, and social support.

This study presents a vision for long-term care and support for older people in 2040, drawing on a review of the findings and recommendations of the ZonMw Culture and Care programme committees over the past eight years, based on programme documents, minutes and funded studies. Adopting a future-back approach, it identifies the policy efforts required to achieve this vision, comparing the two pathways along the way.

Against the backdrop of broader institutional developments in policy, practice, research and education, this study observes a growing focus on cultural initiatives within long-term care and support. At the same time, it highlights ongoing issues with long-term funding, organisation, research and education. Building on these insights, it sets out a vision for the future role of culture in care.

In addition to the current pathway 1, which focuses on care and housing, the study proposes an alternative approach that integrates care, housing, social support and culture. At the heart of this approach is the concept of 'creative care' as a way of providing more responsive, person-centred care. This proposal is developed across the domains of policy, practice, education and research, with specific activities and stakeholders identified for each domain. Finally, this study assesses the potential added value of this alternative

Photographer: Guido Bogert
Source: Fit-ART

pathway 2 compared with the current policy trajectory. Under the current pathway 1, workforce shortages are expected to reach critical levels, and the quality of care is at risk of further decline, as the number of older people in need of support continues to grow rapidly. Pathway 2 could help to overcome these challenges by involving a broader range of professionals and improving care quality through greater personal attention and time spent with clients. It may also reduce future care needs by strengthening prevention, addressing loneliness, supporting independence and encouraging older adults to stay active and engaged. Overall, this is expected to result in:

- a higher average quality of life among an ageing population
- more staff and greater job satisfaction
- lower long-term care and support costs
- broader societal benefits, including the greater inclusion and participation of older adults in social and cultural life.

Photographer: Arenda Oomen
Source: ZonMw

Author's note and acknowledgements

I wrote this foresight study as chair of the Arts and Culture in Long-Term Care and Support programme committee (2019–present), commissioned by ZonMw. Prior to that, I led the knowledge synthesis on the Arts and Positive Health (2017), carried out by a consortium comprising Windesheim University of Applied Sciences, the National Knowledge Institute for Culture Education and Amateur Arts (LKCA) and Movisie. This work was funded under the first ZonMw programme on Culture and Care (2016–2018).

I am also affiliated with the Netherlands Institute for Social Research (SCP), where I write academic studies and policy briefs on health, well-being and care. I am currently leading a foresight study on quality of life in an ageing society.

This report draws on conversations with many experts over the past decades, in particular the committee members and researchers involved in the ZonMw programme Arts and Culture in Long-Term Care and Support. As it is not possible to thank everyone individually, Appendix 1 lists the organisations whose staff contributed to the ZonMw programme and the knowledge synthesis.

I am grateful to my colleagues of the ZonMw programmes, the experts from these organisations, and to the many others who shared their insights in discussions and meetings. Their contributions have been invaluable in shaping this report.

Crétien van Campen

Photographer: Guido Bogert
Source: Fit-ART

1

Background and rationale

More than a decade ago, former Minister Jet Bussemaker of the Ministry of Education, Culture and Science (OCW 2014) called for stronger links between the care sector and the cultural sector. In 2016, she commissioned ZonMw to carry out a knowledge synthesis on this topic, based on the following reasoning:

'As a society, we must respond to far-reaching developments. Challenges in areas such as healthcare, corporate social responsibility, energy supply and an ageing population are becoming increasingly complex and interconnected. Creativity and innovation are essential in addressing these challenges. The cultural sector and cultural education are key drivers of creativity and innovation.'

Jet Bussemaker, former Minister of Education, Culture and Science (Ministry of Education, Culture and Science 2014)

At the time, arts and culture initiatives in healthcare and support services were not well documented, and there was limited evidence of their outcomes. The Ministry of Health, Welfare and Sport (VWS) and the Ministry of Education, Culture and Science therefore made research funding available through ZonMw in 2016 to produce a knowledge synthesis focusing on long-term care and support. This marked the start of the first ZonMw programme on Culture and Care. The knowledge synthesis was completed in 2017 and formed the basis for a second programme, Arts and Culture in Long-Term Care and Support, launched in 2019.

Where do we stand 10 years later? The urgency identified by Minister Bussemaker in 2014 has only increased and is now more widely recognised, including in a recent statement by the broad-based Arts in Health movement (Lewis et al. 2024):

'Art acts as a catalyst in the transition from a system focused on illness and treatment to one centred on the individual, health, quality of life and community.'

The need for stronger connections between the healthcare and cultural sectors is also recognised at the European level. From this perspective, the European Commission emphasises in its 2023 policy publication the complexity of current challenges in healthcare and care systems, and the various ways in which the arts can contribute to quality of life and social support (European Commission 2023).

1.1 Is a healthcare crisis looming?

The widely felt urgency for stronger links between the healthcare and cultural sectors is driven primarily by population ageing. This is leading to workforce shortages in healthcare and a decline in the quality of life for older people (SDO 2023; Van Campen et al. 2024). The healthcare sector cannot address these challenges on its own. While contributions from the cultural sector were already more than welcome a decade ago, they now appear almost essential.

This sense of urgency is reinforced by prevailing perceptions of the consequences of an ageing population. These include financial pressures, workforce shortages, increasing workloads, declining care quality and the overburdening of informal carers. There is also a widespread concern that the quality of life of older people in need of care is falling below acceptable levels. Alongside more alarmist narratives of a looming 'care crisis' or 'care tsunami' – sometimes driven more by fear than by evidence – more measured projections by the National Institute for Public Health and the Environment (RIVM) also point to serious challenges ahead.

Healthcare expenditure is projected to almost double between 2019 and 2050. This increase cannot be explained by ageing alone. The largest growth will occur among those aged 80 and over, simply because this group will be much larger by 2050. Of the projected increase in expenditure, 44% is attributable to demographic developments, including population growth and ageing, while 56% is linked to other factors such as advances in medical technology and changes in demand for healthcare (RIVM 2024).

At the same time, the potential for informal care will decline sharply, falling to around 40% of its 2022 level by 2050. In particular, the number of people aged 75 and over providing informal care will increase, while the number of older people requiring such care will more than double (Kooiker et al. 2019).

Shortages of care staff are now seen as an even greater concern than the system's financial sustainability (RVS 2023).

In short, significant pressures are expected in the day-to-day care of older people. These will affect not only their quality of life, but also the quality of care and the job satisfaction of care professionals. Ensuring dignified care for older people and sustainable working conditions for care staff will require more than sufficient capacity in care services and residential facilities. The current organisation of elderly care appears increasingly difficult to sustain in the face of population ageing. Society will therefore need to find alternative approaches. Doing nothing is not an option (cf. Ministry of Finance 2023, Interdepartmental Policy Study on elderly care).

The healthcare sector is unlikely to be able to resolve these challenges on its own (cf. RVS 2022). This has led to growing interest in contributions from other sectors, including housing, social support and culture. However, the extent to which these sectors are integrated into policy responses varies considerably. The housing sector, for example, is already closely involved in care policy, particularly regarding long-term care and support (cf. VWS WOZO 2022). The social support sector has long played a complementary role. By contrast, the potential contribution of the cultural sector has not yet been explored systematically by healthcare policymakers, even though pioneering practices demonstrate clear opportunities (see, for example, 'Welzijn op recept' ('Well-being on prescription') and 'Kunst op recept' ('Art on prescription').

1.2 The future of care with and without culture

This foresight study distinguishes between two ways of assessing the added value of involving the cultural sector in long-term care and support: a narrow approach and a broad approach:

1) investing in care and housing.
2) investing in care, housing, culture and social support.

The first approach is unlikely to be sufficient to address the challenges ahead in care for older people. This is reflected in current outlooks from the RIVM, the planning agencies and other knowledge institutes. Projections show that the availability of informal carers will fall short by 2040 (Kooiker et al. 2019). Earlier expectations that technology would offer a solution have

not materialised (Van Campen, Kooiker and De Boer 2016). At the same time, workforce shortages in the care sector are expected to increase (Olsthoorn and Roeters 2023), while pressure on both informal carers and care professionals will continue to grow (De Boer and De Klerk 2020).

This points to the need to explore the broader approach. The narrower approach has already been translated into policy under the Rutte IV government, notably through the programme 'Housing, Care and Support for Older People' (WOZO), implemented by the Ministry of Health, Welfare and Sport, the Ministry of Housing and Spatial Planning, and the Ministry of Infrastructure and Water Management. By contrast, a comparable programme for the broader approach is still lacking. Elements of such an approach can be found in existing policy frameworks, including the Healthy and Active Living Agreement (GALA 2023), the Integrated Care Agreement (IZA 2023), and the Framework Agreement on Care for Older People (HLO 2025), but these do not yet form a coherent whole.

1.3 Objective

ZonMw's brief for this foresight study was as follows:

> **This foresight study was commissioned by ZonMw to develop a forward-looking vision for the role of the arts and culture in long-term care and support, and to clarify how this role can be positioned strategically. It builds on developments in policy, practice, research and education over the past eight years.**

The aim of this study is to identify and analyse relevant developments and activities at the intersection of the arts and culture sector and the long-term care and support sector. Building on the 2019 development agenda, the review identifies opportunities to strengthen connections between these two sectors.

The report brings these elements together in a coherent vision for the future and the positioning of arts and culture within long-term care and support. It also sets out recommendations for developing a more structured, programmatic approach to embedding arts and culture in long-term care and support.

Photographer: Miret Pelgrom
Source: Amphion

1.4 Scope of the assignment

Given the limited time available, the scope of this report has been defined as follows:

- A review of the documents, minutes and funded studies from the two consecutive ZonMw programmes on Culture and Care in the period 2016–2025.
- The use of definitions established by the second ZonMw programme committee.

Definitions

Arts and cultural initiatives

Initiatives[1] from a range of fields, including the performing arts (music, theatre and dance), museums, visual arts, film, literature, architecture, design, new media, cultural education, amateur arts and libraries, or combinations of these.

Long-term care and support

Care and support provided for a period of more than one year to people with disabilities, people with chronic conditions, and older people who require professional care and/or support in their daily lives. This care and support may be delivered by formal care providers as well as by informal carers.

Positive health and quality of life

The concept of 'positive health' has been a guiding principle for this and other ZonMw committees. It refers to people's ability to adapt to and manage the physical, emotional and social challenges of life. This includes not only bodily and daily functioning, but also mental well-being, a sense of purpose, quality of life (joy of living)[2] and social participation (Huber et al. 2011).

1) As the healthcare and cultural sectors use the term 'intervention' differently, the broader term 'initiative' is used here. This better reflects practice in the cultural sector (see Van Campen et al. 2017).

2) Attentive readers will note that 'quality of life' is one of the six domains of positive health. To avoid confusion, this domain is referred to here as 'joy of living', which more precisely captures its meaning.

In this foresight study, the term 'quality of life' is used, as it extends beyond health alone (cf. Van Campen 2020). In essence, quality of life concerns what people feel, do and have – that is, their well-being, participation and resources (cf. Van Campen et al. 2024).

1.5 Research questions

Building on the problem statement (rationale and urgency) outlined above, this study sets out a vision for the future, taking into account its objective, scope and key definitions. It draws on the insights of the programme committees and considers what is needed to move towards this vision.
The following research questions guide this three-step analysis:

1) What are the main findings and recommendations of the Culture and Care programme committees? (retrospective)
2) Based on these insights, what might the integration of culture and care in the Dutch system of policy, practice, research and education look like in 2040? (future vision)
3) How can a broad programmatic approach contribute to achieving this vision? (action plan)

1.6 Methods and materials

To address the three research questions, this study draws on a combination of methods. The retrospective analysis takes the form of a 'scoping review' (Meijers and Bolt 2021) of the programme committees' recommendations over the past eight years. In light of the problem statement outlined above, the analysis focuses on the most relevant insights and recommendations from committee reports, memoranda and studies conducted as part of the ZonMw programmes.

On this basis, the study develops a vision for 2040. Using a normative future perspective, it defines a desired future state and works backwards to identify the policy measures required to achieve it. This results in an action-oriented set of recommendations. The analysis is based on documents, minutes and studies funded by the programme committees, which are interpreted by the author (see personal account).

Photographer: Marcel de Buck
Source: Vitalis

2

Review

The position of the arts in care has changed significantly since 2016. To understand the findings and recommendations of the Culture and Care programme committees over the past eight years (research question 1), it is first necessary to outline the broader context in which they emerged. The committee was tasked with providing ambitious advice on how institutions in the care and cultural sectors could be connected in a structural and sustainable way. This section, therefore, begins with a brief overview of key developments in the institutional landscape. Section 2.1 summarises the most significant changes since 2015, starting with the introduction of the Social Support Act (Wmo).

2.1 Institutional context

Key institutional developments since 2015:

Policy

- 2015: introduction of the Social Support Act (Wmo) and the Long-Term Care Act (Wlz, replacing the AWBZ); the Health Insurance Act (Zvw) (2006) remains unchanged
- 2022: Housing, Care and Support for Older People (WOZO)
- 2023: Healthy and Active Living Agreement (GALA)
- 2023: Integrated Care Agreement (IZA)
- 2025 Framework Agreement on Care for Older People (HLO)

National government programmes involving cultural projects

- 2013: Lang Leve Kunst (Long Live Art) (agreement between the Sluyterman van Loo Foundation ((Philanthropy & Grantmaking); the Roomsch Catholyk Oude Armenkantoor (RCOAK/(Roman Catholic Old People's Charity Netherlands); the Verenigde Spaarbank fonds (VSB fonds/ United Savings Bank Fund); Fonds voor Cultuurparticipatie (the Cultural Participation Fund); Landelijk Kennisinstituut Cultuureducatie en Amateurkunst (the National Knowledge Institute for Cultural Education and Amateur Arts); Ministerie van Volksgezondheid, Welzijn en Sport

(VWS/ Ministry of Health, Welfare and Sport); and Ministerie van Onderwijs, Cultuur en Wetenschap (OCW/ Ministry of Education, Culture and Science) 2015: Waardigheid en Trots (Dignity and Pride, Ministry of Health, Welfare and Sport; Directorate long-term care)
- 2016: The Art of Impact (Ministry of Education, Culture and Science; art initiatives with social impact)
- 2017: Age-Friendly Cultural Cities (Ministry of Education, Culture and Science; Cultural Participation Fund; local initiatives linking care, social support, housing and cultural participation among older people)
- 2018: Langer thuis/Thuis in het verpleeghuis (Staying at Home Longer/ At Home in the Care Home, Ministry of Health, Welfare and Sport; long-term care)
- 2018: Eén tegen eenzaamheid (One Against Loneliness, Ministry of Health, Welfare and Sport; social support)
- 2019: Brede Regeling Combinatiefuncties voor onder meer cultuurcoaches (Broad Scheme for Combined Roles, including for cultural coaches, Ministry of Health, Welfare and Sport; Specific Grants (SPUK); GALA and the Sportakkoord/National Sports Agreement)
- 2021: Samen Cultuur maken (Creating Culture Together, Ministry of Education, Culture and Science; cultural participation in the social domain)

Current and recent academic chairs, research groups and practorates at the intersection of care and culture

- Chair in Art & Care, Erasmus University Rotterdam (Tineke Abma)
- Chair and Professor of Arts & Wellbeing, Erasmus University Rotterdam (Janine Stubbe)
- LKCA chairs, The significance of cultural participation, Erasmus University Rotterdam (Evert Bisschop Boele)
- Research Group on Knowledge Development in Occupational Therapies, Zuyd University of Applied Sciences (Susan van Hooren)
- Art & Professionalisation Research Group, HKU University of the Arts Utrecht (Bart van Rosmalen)
- Chair in Valuable Entrepreneurship in and through the Arts, HKU University of the Arts Utrecht (Walter van Andel)
- Chair in Image in Context, Hanze University of Applied Sciences (Anke Coumans)
- Research Group Music in Context, Hanze University of Applied Sciences (Karolien Dons)

National research and education programmes

- 2014: Kunst en cultuur in de langdurige zorg en ondersteuning (Arts and Culture in Long-Term Care and Support, ZonMw)
- 2022: Creating Cultures of Care (consortium of nine research groups from HKU University of the Arts Utrecht, Hanze University of Applied Sciences, Fontys University of Applied Sciences, Utrecht University of Applied Sciences, the University of Humanistic Studies, and University Medical Centre Utrecht)
- 2024: Arts in Health (University of Groningen, Leiden Academy on Vitality and Ageing, Vrije Universiteit Amsterdam, National Knowledge Institute for Cultural Education and Amateur Arts and University Medical Centre Groningen)
- Creative arts therapy: Federatie van Vaktherapeutische Beroepen (Federation of Arts Therapy Professions, FVB)

2.2 ZonMw Culture and Care programmes

The two ZonMw Culture and Care programmes were developed and implemented within this institutional context. In 2014, ZonMw director Henk Smid initiated discussions with the Ministry of Health, Welfare and Sport and the Ministry of Education, Culture and Science, as well as with relevant knowledge institutes such as LKCA and the Boekman Foundation, on the development of a Culture and Care programme. Between 2016 and 2018, at the request of Minister Jet Bussemaker, ZonMw funded a knowledge synthesis. This laid the groundwork for a second programme, Arts and Culture in Long-Term Care and Support. During this period, in close collaboration with Lang Leve Kunst and the relevant ministries, a study was conducted on the outcomes of approximately 20 cultural initiatives in nursing homes and home care. This was followed by a social cost-benefit analysis (social return on investment) of six of these initiatives.

From the outset, the programme adopted a development agenda rather than a purely knowledge-driven one, reflecting ambitions that extended beyond knowledge generation. The aim was to encourage connections between the arts and culture sectors and long-term care and support (ZonMw Development Agenda LZO 2018). This broader ambition is also reflected in the range of target groups.

Target groups included:

- policymakers in the care and culture sectors, at both local and national levels;
- funds focusing on, or seeking to strengthen, the link between the arts and care;
- organisations in the culture sector and in care and support that develop or wish to develop arts initiatives, as well as intermediaries facilitating these connections; and
- researchers engaged in, or developing, research into the effects of arts and culture initiatives in healthcare.

In retrospect, the committee's guiding questions focused on how to make the integration of culture into long-term care and support more sustainable. These questions addressed issues such as funding, practical implementation, societal value and the evidence base for the impact of culture in care.

Knowledge synthesis

The first ZonMw programme was tasked with producing a knowledge synthesis to map a field that was still relatively underexplored. A consortium comprising Windesheim University of Applied Sciences, LKCA and Movisie was asked to provide an overview of developments in practice, policy, and research, based on the following questions:

1) What does current practice and policy regarding cultural initiatives in Dutch long-term care look like?
2) What is known about the effects of cultural initiatives on the positive health of people receiving long-term care?
3) Which areas show promise for further research and development in this field?

In 2017, the authors of the knowledge synthesis drew the following general conclusions regarding the state of practice, policy and research surrounding the intersection of culture and care:

1) In practice, the number of cultural initiatives in long-term care and support in the Netherlands is large and growing, while policy frameworks and implementation are lagging behind.
2) At the international level, there is still limited evidence of the effects of cultural initiatives on participants' positive health. Research has not kept

pace with practice, and there is a need for stronger evidence and convincing examples of impact.
3) Promising areas for research and development include care for older people and mental healthcare (further development), as well as community-based care (wider application).

(Van Campen et al. 2017: 5-6)

Practical research

Building on the findings of the knowledge synthesis, the follow-up programme Arts and Culture in Long-Term Care and Support awarded a grant to Leyden Academy on Vitality and Ageing and Vrije Universiteit Amsterdam to investigate the benefits of cultural initiatives for the quality of life of both care recipients and care professionals (Abma et al. 2021).

Interviews and group discussions with artists, arts organisations, care administrators, local policymakers, cultural advisers and volunteers highlighted a need within the care sector for greater creativity, for thinking beyond established routines and for more enthusiastic, person-centred ways of working. They also pointed to a demand within the social domain to strengthen participation and social inclusion (Abma et al. 2021).

Social benefits

Following the Art in Care study (Abma et al. 2021), the committee sought to gain a better understanding of the social and economic value of these initiatives, as well as the level of engagement among participating organisations. To this end, ZonMw, in collaboration with the Lang Leve Kunst Fonds, commissioned VitaValley to carry out a national social return on investment (SROI) analysis. This analysis mapped the economic and social value of the arts and culture in long-term care and support across six arts organisations active in the sector.

2.3 Observed gaps and bottlenecks

The developments in the institutional context described above illustrate the growing interest in cultural initiatives. Within the arts and culture sector, there has been an increasing focus in recent years on contributing to social challenges. A decade ago, this was actively encouraged by the policy of former Minister Jet Bussemaker. Since then, this ambition has taken shape in national programmes such as Lang Leve Kunst, Arts in Health, the Federation of Occupational Therapy Professions (FVB), and Creating Cultures of Care.

Artists and cultural practitioners have increasingly engaged with the social domain and with long-term care and support for older people. Their work with vulnerable groups, including older people, young people and refugees, demonstrates the breadth and versatility of the arts, often building on the long-standing tradition of community art (Trienekens 2020).

At the same time, the integration of the arts into care continues to face several structural barriers that limit its broader adoption and long-term sustainability. Some general findings include:

- Art initiatives in the care sector continue to rely largely on funding from the Ministry of Education, Culture and Science. In programmes led by the Ministry of Health, Welfare and Sport, such as WOZO, GALA and One Against Loneliness, such initiatives remain relatively limited (Van Campen et al. 2017), despite the availability of various funding schemes.
- Existing funding arrangements tend to reinforce a 'project carousel'. Initiatives depend on temporary funding, and considerable time is spent on securing new grants. Some healthcare organisations (e.g. Cordaan and Vitalis) and private foundations (such as Lang Leve Kunst) are working towards more structural embedding of arts initiatives within care organisations (Abma et al. 2021; Van Campen et al. 2017; SROI, forthcoming).
- Reimbursement systems in healthcare are geared towards evidence aligned with the evidence-based medicine model. Arts initiatives in care rarely fit neatly within this framework, even though their benefits are widely recognised in practice (Van Campen et al. 2017; SROI, forthcoming).
- Fragmented funding streams hinder the structural integration of culture into healthcare. Cultural practitioners operate within multiple funding regimes, each with its own requirements and criteria. Art therapy is funded under the Health Insurance Act (Zvw), but it is not yet recognised by the National Health Care Institute (ZiN). Cultural initiatives in long-term care may receive grants from care organisations, but they are not structurally reimbursed under the Long-Term Care Act (Wlz). While some care providers have developed creative solutions, joint funding at the municipal level remains limited (Abma et al. 2021; Van Campen et al. 2017; SROI, forthcoming).
- The number of academic chairs and research groups in the field of culture and care at universities and universities of applied sciences has increased. Their distribution remains uneven and largely incidental, however. Practorates that could support the implementation of cultural

initiatives in care practice are still largely absent (see section 2.1).
- Collaboration between knowledge institutions remains limited. Initiatives such as Creating Cultures of Care and Arts in Health are important exceptions, contributing to the development of education and the knowledge infrastructure, and thereby to greater sustainability.
- Policy discussions often revert to a perceived dichotomy between art as an autonomous practice (art as an end) and social art (art as a means). This can lead to the view that socially engaged art is somehow less 'artistic' or insufficiently interesting from an artistic perspective (Abma et al. 2021).
- Sustainable integration of culture in care requires professionals who can operate across domains. There is currently a shortage of such expertise. Professionals who work across the boundaries between care and culture are able to bridge sectors, navigate different professional languages, and demonstrate impact, but remain relatively scarce (Abma et al. 2021).

In summary, the main challenges relate to structural funding (for culture and healthcare projects), organisation (of practices), research (into evidence and outcomes) and education (for professionals working across these domains).

2.4 Challenges for practice, policy, research and education

The observations above point to several gaps and bottlenecks in the connection between the cultural and care sectors. On this basis, this section identifies key challenges across four domains: practice, policy, research and education. These serve as a prelude to the vision for the future outlined in chapter 3.

Practice

Driven by population ageing, demand is increasing, yet the availability of arts initiatives in care settings remains limited compared to the provision of nursing and care services. At the same time, interest in cultural participation is growing among both active older people and those requiring care. This calls for stronger integration of arts initiatives into care settings and into the regular programming of cultural institutions. Responsibility for this is shared by central government, local authorities and cultural organisations. In a number of cases, this integration is already taking shape. Examples

include the Kunstmuseum Den Haag, the Stedelijk Museum Amsterdam and the Van Abbemuseum, as well as initiatives in the performing arts. These examples demonstrate what is possible, but across the sector as a whole, the share of arts initiatives in care remains limited.

At present, cultural provision within care settings and in the wider community is still largely organised separately. Responsibilities are divided among different actors: care organisations are responsible for provision within their own institutions, while local authorities play a key role in provision outside them. Some organisations, such as Cordaan, are beginning to bridge this divide, for example by organising arts initiatives for older people living independently in the neighbourhood. In such cases, care organisations can also function as local cultural hubs.

Making artistic and cultural activities in care sustainable, therefore, requires coordinated action by central government, local authorities, cultural institutions and care organisations. A key challenge is to increase the share of arts initiatives within both care provision and the wider cultural offer. The ultimate aim is to ensure that older people with care needs also have access to culture.

Policy and funding
In the Netherlands, the public funding of long-term care and support is organised through three main schemes: the Wlz, the Wmo and the Zvw. Within these frameworks, arts initiatives in care settings are funded only to a limited extent and largely incidentally. How does this work within these systems?

Long-Term Care Act
The Wlz governs publicly funded long-term care, including nursing home care and intensive home care. Of the approximately 300 care organisations in the Netherlands, the committee is aware of only a small number, around four, that regularly fund arts initiatives using Wlz resources (Cordaan, Vitalis, AxionContinu and Florence). The absence of such initiatives in other organisations may reflect differences in how quality of care and quality of life are defined, as well as limited familiarity with the potential of arts-based approaches. This is also reflected in the findings of the Ministry of Health, Welfare and Sport programme ‘Waardigheid en Trots’ (Dignity and Pride). Although this programme places a strong emphasis on well-being and job

Photographer: Guido Bogert
Source: Fit-ART

satisfaction, it has led to only a limited number of arts initiatives in care settings.[3]

This points to a challenge for the Ministry of Health, Welfare and Sport and ActiZ (the Dutch umbrella organisation for long-term care providers) to reduce financial and organisational barriers to arts initiatives and to increase awareness among care organisations. The approaches taken by the organisations mentioned above provide useful examples in this regard.

Social Support Act

The Social Support Act (Wmo) governs municipal funding for local care. Municipalities are also responsible for the provision of culture, social support and housing. The budgets for these are kept separate. In practice, this means that arts projects in care are usually funded from the culture budget and rarely from the care budget. However, care budgets are often much larger than those for culture. A further problem is that arts projects in care have greater difficulty meeting assessment criteria than purely care-based projects or purely culture-based projects. As a result, they frequently lose out in the competition for grants.

3) Sometimes these are arts-based care projects with other names that do not include the term 'art'. This allows artists to do their work without referring to it as 'Art with a capital A', such as Blijmakers in the Amstelring.

The Creating Culture Together grant scheme, funded by the Ministry of Education, Culture and Science, the Cultural Participation Fund (FCP) and LKCA, temporarily finances arts projects in the social domain (including light home care). This funding comes from a central government culture budget (OCW). The drawback of this funding scheme is that it gives rise to a 'project carousel' (see section 2.3).

The Ministry of Education, Culture and Science and the Association of Netherlands Municipalities (VNG) face the challenge of making the 'Creating Culture Together' funding scheme sustainable by transitioning it to structural funding at the municipal level.

Health Insurance Act

The Health Insurance Act (Zvw) regulates the funding of medical treatments in the healthcare system. The relevant agreements are set out in the Integrated Care Agreement (IZA, 2022). Arts initiatives in care settings are generally not classified as medical treatments. Only a limited number have been studied using controlled research designs, and none meet the highest standards of evidence in healthcare, such as double-blind clinical trials (knowledge synthesis). Despite years of effort to build an evidence base, the FVB has not yet secured recognition from the ZiN for creative arts therapy initiatives or achieved reimbursement from health insurers. This does not mean that health insurers are uninterested in arts initiatives in care; rather, it indicates that suitable models for funding and reimbursement have yet to be developed.

This creates a clear challenge for ZiN and health insurers: to develop appropriate mechanisms for recognising and reimbursing arts initiatives within the healthcare system, particularly in the context of long-term care and support.

Research

There are many cultural interventions that contribute to the health and well-being of patients (Fancourt and Finn 2019). Internationally, however, most evaluation studies are based on clinical trial designs. By contrast, there is relatively little practice-based research into how arts initiatives in care are implemented, funded and organised. In addition to assessing outcomes, more insight is needed into what makes these initiatives effective in practice (Van Campen et al. 2017). There is also a lack of negative evidence:

under what conditions do arts initiatives in care fail to have an effect or even produce unintended negative effects on patients?

This points to a clear task for research institutions: to identify the effective elements of cultural initiatives in long-term care and support. This requires a combination of systematic reviews and practice-based research to develop guidelines and practical tools for professionals (Abma et al. 2021; Van Campen et al. 2017; LKCA 2021; Movisie 2018).

Education
Various studies highlight the importance of education and training, for example by upskilling or reskilling professionals to work across the boundaries between care and culture (Abma et al. 2021; Van Campen et al. 2017). Arts programmes in higher professional education (HBO) already have experience with the application of art in care settings (see, for example, the 'Creating Cultures of Care' programme). By contrast, I am not aware of comparable examples within higher professional education (HBO) nursing programmes or senior secondary vocational education (MBO) care worker training.[4] At the same time, cultural and artistic competencies align well with the broader direction in which these programmes are developing.[5] In care worker training, for example, there are clear opportunities in the area of daytime activities.[6]

This creates a challenge for educational institutions: to strengthen cross-sector competencies within arts programmes at HBO and MBO level, and to begin developing modules on cultural competencies within nursing and care worker training programmes.

4) *See the Profiles Database of the Netherlands Association of Universities of Applied Sciences and the publication 'Opleidingsprofiel Bachelor Nursing' ('Bachelor of Nursing Programme Profile').*

5) *In the BN2030 programme profile, the focus of nursing shifts from predominantly curative tasks to a stronger emphasis on prevention. In the coming years, the focus will be on appropriate care: appropriate use and organisation of care (www.nza.nl). Care will increasingly centre on people's functioning, with decisions guided by perceived quality of life. Nurses take into account the personal characteristics of the care recipient, their physical (living) environment, social relationships, culture and lifestyle, as well as the broader context of family, groups of care recipients, and other professionals, organisations and local authorities.*

6) *See the ongoing ZonMw programme 'Day activities for people with dementia living at home'.*

Photographer: Guido Bogert
Source: Fit-ART

3

Vision for the future

Question 2 of this exploratory study is: based on the preceding insights, what would the integration of culture and care in the Dutch system of policy, practice, research and education ideally look like in 2040?

The healthcare sector faces significant challenges in an ageing society. Most stakeholders recognise this and agree that doing nothing is not an option. The question, then, is what needs to be done, and what kind of approach can address these challenges?

The previous chapter identified obstacles and bottlenecks based on studies and insights from the ZonMw programmes. Building on this, the present chapter outlines a vision for the future of care and culture and contrasts it with current policy. In doing so, it sets the two pathways introduced earlier against each other.

Visions of the future tend to take off quickly and risk losing touch with reality. This vision is no exception. To counterbalance this, the scenarios presented here are grounded as much as possible in practice, scientific research and existing policy measures, in order to keep them firmly anchored.

Future projections can broadly be developed in two ways: by extrapolating current trends, or by reasoning backwards from a desired future situation (a point on the horizon) to the present. Examples of the first approach include the Public Health Foresight Studies of the National Institute for Public Health and the Environment (RIVM 2024) and the population projections of Statistics Netherlands (CBS 2024). Examples of normative foresight studies include Choosing for Later by the Netherlands Bureau for Economic Policy Analysis (CPB 2024), the Spatial Planning Outlook 2023 of the Netherlands Environmental Assessment Agency (PBL 2023), and Participation in 2050 by the Netherlands Institute for Social Research (Hardus et al. 2025).

The term ‘normative’ indicates that the study is not neutral but grounded in values. These values underpin idealised and aspirational visions (cf. Hardus et al. 2025). Normative visions of the future are based on core values that

indicate what is essential. Examples include economic growth, good health and a liveable environment (cf. CPB 2024; Hardus et al. 2025; PBL 2023).

A widely supported core value within the vision for the future of care can be formulated as follows:

> ***Appropriate care for older people and good working conditions for professionals.***

Appropriate care is an approach to ensuring that healthcare in the Netherlands remains high-quality, accessible and affordable for everyone. It is based on principles of people-centred care, sustainability and long-term viability. Appropriate care is based on four principles:

1) Care is provided at an appropriate cost
2) Care is organised as close to the patient as possible
3) Older people in need of care, in consultation with their doctor, determine what constitutes the best possible care for them
4) Care focuses not only on illness, but also on health and on what a person is capable of (Zorginstituut 2022)

The next question is how health and care for older people should be understood in the context. This can be approached in a narrower (e.g. biomedical) or broader (e.g. social) sense. As outlined in the introduction, this study distinguishes between two pathways for the future of care, one without culture and one with culture:

1) investing in care and housing
2) investing in care, housing, culture and social support

Pathway 1 → reflects current policy, as set out in the Ministry of Health, Welfare and Sport's WOZO programme. This approach seeks to achieve humane care for older people and better working conditions for professionals by deploying more informal carers and greater use of home automation technology in housing for older people.[7]

Pathway 2 → represents a broader approach. While not yet national policy, it is already being explored at the local level by care organisations and municipalities, such as in Assen and Tilburg, and by organisations including

7) See the WOZO programme 'Housing, Support and Care for Older People'.

Photographer: Guido Bogert
Source: Fit-ART

Cordaan and Vitalis. This pathway assumes that expanding housing capacity and increasing the care workforce alone will not be sufficient to achieve the ideal of appropriate care. It requires the additional involvement of social support and cultural professionals.

The plans for pathway 1 have been extensively documented and discussed. I use these plans as a point of reference for outlining pathway 2. The urgency of pathway 2, which I highlighted in chapter 1, stems from the anticipated shortcomings of pathway 1.

In outlining a vision for pathway 2 towards appropriate care for older people and better working conditions for professionals, I focus on changes in the

care practice. Ultimately, these changes must take place in day-to-day care settings, through collaboration between older people, informal carers and professionals. To capture the wide range of cultural activities in long-term care and support, I introduce the concept of 'creative care'.

Creative care refers to the process of exploring and implementing integrated care in innovative ways to enhance quality of life. In practice, this involves interdisciplinary teams in which a creative professional – such as an artist, social worker or art therapist – plays a leading or facilitating role (see, for example, practices at Cordaan and Vitalis).[8]

To give the reader a sense of the practical value of a future vision for creative care, I provide examples alongside each component. These examples illustrate where the seeds of this vision are already visible in both temporary and long-term projects in current care practice. This is not a fantasy. It is a vision of the future in which elements of existing local practices are translated into a national system. It represents an initial – and far from complete – outline across the domains of policy, practice, research and education in 2040.

3.1 Policy and funding in 2040

- Under the Wlz, creative care is included as part of a care intensity package (e.g. guidance/support). Cultural activities for older people with care needs are reimbursed by the care office.
- Municipalities have an integrated budget for arts initiatives in care and support, funded from Wmo, cultural, social support and housing budgets. A condition is that the initiatives make a demonstrable contribution to quality of life across these domains.
- Under the Zvw, cultural care initiatives, such as occupational therapy and art therapy, are recognised and reimbursed when provided by accredited practitioners and care providers.
- Creative care is included in the IZA, with agreements in place on the funding and reimbursement of cultural activities for older people of all ages with care needs.

8) The term 'creative care' is used here to refer to cultural initiatives in care settings and is preferred over alternatives such as 'art in care' and 'cultural care', which may carry unintended associations, for example with elitist notions of art or with culturally specific forms of care.

- Interdepartmental Policy Studies (Interdepartementele Beleidsonderzoeken, IBO's) have established the social return on investment for creative care. An interdepartmental working group led by the Ministry of Finance monitors the economic benefits of art initiatives in care in collaboration with the RIVM, the Netherlands Institute for Social Research (SCP) and CPB and advises ministries on promising policies.

3.2 Practice in 2040

- ActiZ has established a creative care working group focused on the implementation and quality assurance of creative care in care for older people.
- Movisie and LKCA have developed a repository of best practices for cultural initiatives in residential care for older people and the social domain.
- The Ministry of Health, Welfare and Sport runs public campaigns to raise awareness of and encourage the use of creative care among citizens and professionals in care for older people and the social domain.

3.3 Education in 2040

- Creative care is embedded in national educational profiles for nurses (HBO) and care workers (MBO). Within these programmes, students are trained as professionals capable of working across the domains of culture and care.
- Every university of applied sciences has a research group specialising in creative care. The number of chairs in creative care has tripled. The first practorates in MBO have emerged from these research groups and chairs.

3.4 Research in 2040

- ZonMw and NWO facilitate a national network of active communities of practice where researchers, professionals and care administrators work together continuously to improve creative care.

Photographer: Guido Bogert
Source: Fit-ART

4

Action plan

To achieve the goal of creative care in 2040 through pathway 2, which combines investment in culture and social support with care and housing, this chapter outlines the first steps towards a national programmatic approach. The Ministry of Health, Welfare and Sport could take the lead, in consultation with the Ministry of Education, Culture and Science, while ZonMw could be responsible for implementation. At this stage, I focus on identifying key elements of such a programme across four domains: policy, practice, education and research. It is up to the stakeholders involved to develop these into concrete plans.

4.1 Practice

Experiments with active work-based learning communities in care organisations help to connect researchers, students and professionals from different disciplines and sectors. Within these settings, participants learn to understand each other's perspectives and work together towards shared goals.

Examples:

- 'Creating Cultures of Care' workshops
- Practice-based collaborations at Cordaan, Museum van de Geest and Erasmus University Rotterdam

4.2 Policy and funding

Experiments with alternative funding models, organisational structures, and the roles and responsibilities of professionals can stimulate cross-sector collaboration.

Examples:

- satellite programmes of Sluyterman van Loo Foundation| Lang Leve Kunst
- local pilot schemes, drawing on funding models developed in Assen and Tilburg

- arts education: institutionalisation with structural funding from central government (OCW/FCP) and local authorities, with cultural advisers acting as intermediaries between schools and municipalities
- exercise programmes

4.3 Research

A new synthesis of knowledge from research, practice, and policy is needed. The 2016–2017 knowledge synthesis provides a baseline: what progress has been made since then, which approaches show promise and where have investments yielded results?

Examples:
- the 2017 knowledge synthesis
- the World Health Organization scoping review (Fancourt and Finn 2019)

4.4 Education

Develop pathways to introduce creative care into national educational profiles for care workers (MBO) and nurses (HBO), and to embed it structurally within these programmes.

4.5 Stakeholders

Different stakeholders are involved in each component of the programme. Table 1 outlines potential collaborations and the objectives of the subprogrammes across the domains of practice, policy and funding, research and education.

Component	Stakeholders	Actions
Practice	ActiZ, local care organisations, LLK, FVB, LKCA, GGD	Active learning communities
Policy and funding	VNG, municipalities, VWS, OCW, FCP, SCP, IGJ, Boekman Foundation, insurers, NZa, Zorginstituut Nederland	Local pilot projects
Education	V&VN	National profiles
Research	ZonMw, NWO, chairs and research groups in creative care	National research programming

Table 1

5

Concluding remarks

5.1 Discussion

The investments recommended in this foresight study require funding, time and staff. At present, it is not possible to quantify their exact returns, as further research is needed. However, it is possible to express their expected value in broader terms, particularly regarding quality of life and societal outcomes.

In other words, what added value might pathway 2 offer compared to pathway 1? In short, greater capacity, higher quality and stronger prevention. Pathway 1 is expected to face three key challenges: workforce shortages, declining quality of care and a rapid increase in the number of older people requiring care. Pathway 2 seeks to address these challenges in several ways. It expands capacity and improves quality by allowing for more time and attention for individuals. In addition, it aims to curb the growth in demand for care by reducing loneliness and strengthening self-reliance, while also encouraging older people to be more active.

In summary, pathway 2 offers the following additional benefits:

1. **Improved quality of life through greater attention to people's broader care needs**
   Pathway 1 focuses primarily on physical and cognitive limitations. Pathway 2 complements this by incorporating participation, well-being, enjoyment of life and work, and a sense of purpose. Older people with care needs often face challenges in these areas as well. Addressing these dimensions together contributes to the overall quality of life.

2. **Better quality of care through more personalised, needs-based support and care**
   Creative care improves the quality of care compared to standard care. It begins by focusing on the individual's background and wishes. It prioritises connection and meaningful interaction, placing the person, rather than the treatment, at the centre of care.

3. **Lower long-term care costs and greater social benefits**
   The costs of arts initiatives in long-term care and support are expected to be offset by wider social benefits. Preliminary analyses suggest positive returns in terms of quality of life, participation, inclusion and social cohesion (SROI, forthcoming).

4. **Greater inclusion and participation in social and cultural life**
   Pathway 1 risks isolating care from society: informal carers may lose social connections, care professionals face high workloads, and people in residential care may become disconnected from their surroundings. Pathway 2, by contrast, is inherently social and community-oriented. It depends on strong connections with neighbourhoods and wider society.

5. **More (creative) staff, reduced pressure and greater job satisfaction**
   Pathway 1 struggles with persistent workforce shortages. Increasing reliance on informal carers alone is unlikely to resolve this. Pathway 2 brings in cultural and social support professionals, expanding the workforce. This not only reduces pressure but also makes the work more varied and rewarding.

5.2 Conclusions

Broadly speaking, there are two pathways towards an ideal future of appropriate long-term care and support for older people, combined with good working conditions for professionals. In addition to the current pathway of investing in care and housing, there is an alternative pathway of investing in care, housing, social support and culture. This second pathway, centred on creative care, offers clear advantages and merits further exploration and implementation.

The current pathway is expected to run up against limits in staffing, while quality of care comes under pressure and the number of older people requiring care continues to rise. Pathway 2 addresses these challenges by involving a broader mix of professionals and allowing for more time and personal attention. It is also expected to slow the growth in care demand, through its preventive effects on loneliness and by strengthening self-reliance, while supporting active ageing. Overall, this is likely to result in improved quality of

life for older people, a larger and more satisfied workforce, lower long-term costs and wider social benefits, including greater inclusion and participation in social and cultural life.

Research shows that the contribution of creative care extends beyond that of healthcare alone. In addition to physical and cognitive outcomes, it also enhances well-being, participation, a sense of purpose, and enjoyment of life and work. Financial analyses further suggest that investment in creative care can generate substantial social returns. Studies also provide insight into how cultural initiatives in care can be scaled up and sustained.

The activities, initiated and funded by the ZonMw programmes Culture and Care in collaboration with Lang Leve Kunst, have acted as a catalyst for other initiatives and programmes. A broad movement of creative care programmes has since emerged, such as Arts in Health, Creating Cultures of Care and Lang Leve Kunst.

Ensuring the sustainability of creative care requires both scaling up successful initiatives and structural adjustments to policy implementation and healthcare funding. It is time for various parties to work towards integrating culture into long-term care and support. This calls for coordinated action across multiple stakeholders:

- The Ministry of Health, Welfare and Sport, the National Health Care Institute (ZiN) and the Association of Netherlands Municipalities (VNG) should create funding mechanisms for creative care within the Wlz, Wmo and Zvw.
- ActiZ should explore the integration of culturally trained professionals into the care workforce, in line with Wlz funding structures.
- The Ministry of Health, Welfare and Sport and ActiZ should establish a national working group to support the quality assurance of creative care.
- Movisie, LKCA and ZonMw should develop a shared knowledge base of creative care initiatives and provide guidance on implementation.
- Universities, universities of applied sciences and vocational colleges should work towards a national network of research groups and practorates. These parties should also incorporate creative care into the training profiles for nurses and carers.
- Local care organisations should collaborate with researchers and students to develop work-based learning communities.

- Municipalities and organisations in the care and cultural sectors should experiment with alternative funding models, organisational structures and professional roles.
- ZonMw should develop a new knowledge synthesis, building on the 2016–2017 baseline.

Photographer: Guido Bogert
Source: Fit-ART

References

Abma, T.A. (red.) (2021). Kunst in de zorg. Leiden/Amsterdam: Leyden Academy on Vitality and Ageing/Vrije Universiteit. Accessed 1 November 2024 via www. zonmw.nl/nl/artikel/onderzoek-kunst-de-zorg.

Amsterdam UMC and Leyden Academy on Vitality and Ageing (2021). *Financiering, vertrouwen en vakmanschap. Een kritische reflectie op het verduurzamen van participatieve kunstprojecten voor ouderen.* Leiden/Amsterdam: Leyden Academy on Vitality and Ageing.

Boer, A. de and M. de Klerk (2020). *Blijvende bron van zorg.* The Hague: Netherlands Institute for Social Research (SCP).

Campen, C. van (2020). *Gelukkig ouder worden in een veranderende samenleving. Een pleidooi voor zingeving en creativiteit.* The Hague: Netherlands Institute for Social Research (SCP).

Campen, C. van, J. Iedema and J. de Haan (2024). *Investeren in vitale ouderen.* The Hague: Netherlands Institute for Social Research (SCP).

Campen, C. van, S. Kooiker and A. de Boer (2016). Zorgen: Hoe gaan we als samenleving zorgen voor de groeiende groep ouderen. In: A. van den Broek, C. van Campen, J. de Haan, A. Roeters, M. Turkenburg and L. Vermeij (red.). *De toekomst tegemoet. Leren, werken, zorgen, samenleven en consumeren in het Nederland van later.*
Sociaal en Cultureel Rapport 2016. The Hague: Netherlands Institute for Social Research (SCP).

Campen, C. van, W. Rosenboom, S. van Grinsven and C. Smits (red.) (2017). *Positieve gezondheid en kunst: kennissynthese.* Zwolle: Windesheim.

CBS (2024). *Bevolking in de toekomst.* Heerlen: Statistics Netherlands (CBS)..

CPB (2024). *Kiezen voor later. Vier visies voor 2050. Een langetermijnverkenning voor de Nederlandse economie.* The Hague: Netherlands Bureau for Economic Policy Analysis (CPB). Accessed 1 November 2024 via

www.cpb.nl/sites/default/files/ omnidownload/CPB_publicatie_kiezen_ voor_later_ vier_visies_voor_2050.pdf.

Ditshuijzen, S., S. van Grinsven and S. Groot (2018). *Wat werkt bij culturele interventies voor ouderen. Hoe kunst kan bijdragen aan positieve gezondheid.* Utrecht: Movisie. Accessed 1 November 2024 via www.movisie.nl/sites/default/files/publication-attachment/Wat-werkt-bij-culturele-interventies%20%5BMOV-13684125-1.2%5D.pdf.

European Commission, Directorate-General for Research and Innovation (2023). *The societal value of the arts and culture – Its role in people's well-being, mental health and inclusion.* Strasbourg: Publications Office of the European Union. Accessed 1 November 2024 via op.europa.eu/en/publication-detail/-/publication/9b22dce0-875f-11ee-99ba-01aa75ed71a1/language-en.

Fancourt, D. and S. Finn (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review.* Geneva: World Health Organization (WHO), Regional Office for Europe. Accessed 1 November 2024 via iris.who.int/handle/10665/329834.

Goncharova, D. and J. Bussemaker (2024). *Tussen kunst en zorg ligt kwaliteit van leven.* The Hague: Council for Public Health and Society (RVS). Accessed 1 November 2024 via www.raadrvs.nl/actueel/weblog/weblogs/2024/tussen-kunst-en-zorg-ligt-kwaliteit-van-leven.

Hardus, S., F. de Koning, A. van den Broek, W. Portegijs, A.L. Schotel, A. Hendriks, A. Kuschel, K. Muiderman, G. ten Berge and S. Tunderman (2025). *Meedoen in 2050.* The Hague: Netherlands Institute for Social Research (SCP).

Huber, M., J.A. Knottnerus, L. Green, H. van der Horst, A.R. Jadad, D. Kromhout, B. Leonard, K. Lorig, M.I. Loureiro, J.W. van der Meer, P. Schnabel, R. Smith, C. van Weel and H. Smid (2011). How should we define health? *British Medical Journal.* doi:10.1136/bmj.d4163.

Kooiker, S., D. Verbeek-Oudijk, A. de Boer and A. de Jong (2019). *Toekomstverkenning mantelzorg aan ouderen in 2040.* The Hague: Netherlands Institute for Social Research (SCP) and Netherlands Environmental Assessment Agency (PBL).

Lewis, F., B. Groot, K.L.S. Krans, B. van Leeuwen, H. van der Wal-Huisman, T.A. Abma, M. Tal, C. van Campen, K. Kiss, J. Bussemaker, E. Finnema, J. Kolsteeg, E. Buskens, D. te Marvelde and N. van den Berg (2024). *Arts in Health in Nederland: Een nationale agenda.* Groningen: University of Groningen Press. (doi.org/10.21827/659e5951e7776).

LKCA (2021). *Zo zet je als gemeente cultuurbeoefening in en dit levert het op.* Utrecht: Netherlands Institute for Cultural Education and Amateur Arts (LKCA). Accessed 1 November 2024 via www.42_lkca.nl/wp-content/uploads/2022/03/LKCA-Whitepaper_Bronnen_-Zo-zet-je-als-gemeente-cultuurbeoefening-in_150322.pdf.

Lucht, F. van der, M. Buijs, C. Deuning, H. Hilderink, M. Plasmans, R. Poos, L. Zwakhals and C. Couwenbergh (2024). *Trendscenario Volksgezondheid Toekomst Verkenning 2024.* Bilthoven: National Institute for Public Health and the Environment (RIVM). Accessed 1 November 2024 via www.volksgezondheidtoekomstverkenning.nl/vtv-2024/trendscenario.

Meijers, J. and S. Bolt (2021). Scoping review. TVZ, 131(6), 56–57. doi.10.1007/s41184-021-1046-0.

Ministry of Finance (2023). *Niets doen is geen optie – IBO Ouderenzorg.* The Hague: Ministry of Finance. Accessed 1 November 2024 via open.overheid.nl/documenten/b0d11071-3141-4b48-8c81-4e5b372427b3/file.

Ministry of Education, Culture and Science (2014). *Kamerbrief 'Cultuur verbindt: een ruime blik op cultuurbeleid'*, Kamerstuk 644541, 8 July 2014. The Hague: Ministry of Education, Culture and Science.

Ministry of Health, Welfare and Sport (2022). *Wonen, Ondersteuning en Zorg voor Ouderen (WOZO).* The Hague: Ministry of Health, Welfare and Sport. Accessed 1 November 2024 via open.overheid.nl/documenten/f66ad65e-eda6-48cf-9f84-daa7fe9c2cab/file.

Ministry of Health, Welfare and Sport (2023). *Bestuurlijke afspraken Brede Regeling Combinatiefuncties.* Accessed 1 November 2024 via www.rijksoverheid.nl/documenten/publicaties/2023/02/06/bestuurlijke-afspraken-brede-regeling-combinatiefuncties-2023-2026.

Olsthoorn, M. and A. Roeters (2023). *Kennisnotitie Arbeidsmarktkrapte.* The Hague: Netherlands Institute for Social Research (SCP).

PBL (2023). Vier scenario's voor de inrichting van Nederland in 2050: Ruimtelijke Verkenning 2023. The Hague: Netherlands Environmental Assessment Agency (PBL). Accessed 1 November 2024 via www.pbl.nl/publicaties/vier-scenarios-voor-de-inrichting-van-nederland-in-2050.

RIVM (2024). *Volksgezondheid Toekomst Verkenning 2024*. Bilthoven: Rijksinstituut voor Volksgezondheid en Milieu.

RVS (2022). *Anders leven en zorgen.* The Hague: Council for Public Health and Society (RVS). Accessed 1 November 2024 via www.raadrvs.nl/documenten/2022/05/19/anders-leven-en-zorgen.

RVS (2023). *Met de stroom mee. Adviezen voor een duurzaam en adaptief zorgstelsel.* The Hague: Council for Public Health and Society (RVS). Accessed 1 November 2024 via www.raadrvs.nl/adviezen/met-de-stroom-mee.

SDO2050 (2023). *Gematigde groei.* The Hague: State Commission on Demographic Developments 2050. Accessed 1 November 2024 via www.rijksoverheid.nl/documenten/2024/01/15/gematigde-groei-rapport-van-de-staatscommissie-demografische-ontwikkleingen-2050

Trienekens, S. (2020). Participatieve kunst: *Gewoon kunst in moeilijke omstandigheden.* Rotterdam: V2_Publishing.

ZonMw (2020). *Ontwikkelagenda kunst en cultuur in de langdurige zorg en ondersteuning.* Accessed 1 November 2024 via www.zonmw.nl/sites/zonmw/files/2023-01/Ontwikkelagenda_Kunst_en_cultuur_in_de_Langdurige_zorg_en_ondersteuning.pdf

ZonMw (2021). *Ambitiedocument kunst en cultuur in de langdurige zorg en ondersteuning – interne notitie.* The Hague: ZonMw.

ZonMw (forthcoming). *Social Return on Investment: De maatschappelijke impact van kunst en cultuur in langdurige zorg en ondersteuning.* The Hague: ZonMw.

ZiN (2022). *Kader passende zorg. Diemen:* National Health Care Institute (ZiN).

Appendix Organisations consulted

- ActiZ
- Altrecht
- Amphion Cultuurbedrijf
- ArtEZ
- Arts in Health
- AxionContinu
- Boekman Foundation
- Brabants Kenniscentrum Kunst en Cultuur
- CityProms
- Cordaan
- Fit Art
- Creatief Actief@Topaze@Transvaal
- Creating Cultures of Care
- Cultuurmij Oost
- Cultuur-Ondernemen
- Dance Connects Community
- De Gruitpoort
- De Lindenberg
- Erasmus University Rotterdam
- Florence
- Cultural Participation Fund (FCP)
- Municipality of Bunnik
- Municipality of Emmen
- Municipality of Utrecht
- Hanze University of Applied Sciences, Groningen
- HKU University of the Arts Utrecht
- Windesheim University of Applied Sciences
- Holland Dance
- Improvisatietheater voor senioren
- Institute for Positive Health
- Janine Schrijver fotografie
- Kenniscentrum Kunst & Samenleving
- Koorenhuis
- Kunst aan de keukentafel
- Kunst in verbinding
- Kunstbalie
- Kunstencentrum DE KOM
- Kunstkoeriers
- Kunstmuseum Den Haag
- Netherlands Institute for Cultural Education and Amateur Arts (LKCA)
- Lang Leve Kunst Fonds
- Leyden Academy on Vitality and Ageing
- Ministry of Education, Culture and Science
- Ministry of Health, Welfare and Sport
- Movisie
- Museum of the Mind
- Muziek en dementie
- Pharos
- PRA Muziektheater
- Rotterdams Centrum voor Theater
- Netherlands Institute for Social Research (SCP)
- Stedelijk Museum Amsterdam
- Stichting Diva Dichtbij
- Stichting Muzisch Spoor
- Theaterwerkplaats Tiuri
- University of Humanistic Studies
- Van Praag Institute
- Association of Netherlands Municipalities (VNG)
- Viatore Advies
- Vitalis
- VitaValley
- Vrije Universiteit Amsterdam
- ZonMw

Imprint

Author: Crétien van Campen
Date: March 2026
Copy editing: ZonMw
Final editing: ZonMw
Design: Atie te Velde Grafisch Ontwerp

Original title: Toekomstverkenning Zorg en Cultuur
Translation: Mark Speer | Speer Publications

Photographer: Bea Straver
Source: Vitalis