MEMORABLE

NATIONAL REPORT

THE NETHERLANDS

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ABOUT THIS PUBLICATION

This report presents the findings of desk research and interviews conducted in the Netherlands within the Erasmus+ project Memorable (cooperation partnership in adult education, project number: 2024-1-BG01-KA220-ADU-000245828). More information is available at https://memorable-project.eu/.

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1 Introduction and methodology

1.1 Project context

This report presents the findings of desk research and interviews conducted in the Netherlands as part of the **Memorable Project**. The Memorable project is an Erasmus+ initiative that aims to promote a dementia-friendly society by training volunteers, (in)formal carers, artists and cultural stakeholders to make cultural institutions more accommodating for people with dementia. The project will develop educational materials to raise awareness and provide skills for creating dementia-friendly cultural spaces.

The research portrayed in this report assesses the landscape of dementia-friendly cultural practices, identifying existing initiatives, and analysing the educational needs of people with dementia, their family members, cultural workers, volunteers, and other stakeholders.

Lessons learned from local and regional projects, as well as training efforts in the field are provided as a valuable knowledge base. Additionally, the expertise of a diverse range of stakeholders—including people with dementia, their families, healthcare providers, staff from cultural institutions, trainers, and facilitators with experience in dementia-friendly practices—offers deeper insights into key issues surrounding cultural inclusion.

The research phase focused on four key objectives:

1. Facilitating the creation of comprehensive learning resources by identifying educational needs.
2. Enhancing understanding of the dementia-friendly cultural landscape and its supporting structures.
3. Promoting cross-border knowledge exchange by sharing existing practices and experiences.
4. Identifying effective practices that can serve as models for future initiatives.

The study examined local and regional initiatives that promote inclusive cultural engagement and identified exemplary dementia-friendly cultural practices tailored for people with dementia and their families. Practitioners, experts, and potential learners were actively involved throughout the process to ensure the subsequent development of learning modules would be both relevant and effective.

The findings, based on first-hand data and expert insights, provide a nuanced understanding of the learning needs, challenges, and best practices related to the cultural inclusion of people with dementia and their carers. These insights will contribute to the development of educational materials, including a **European Compendium**, aimed at raising awareness and supporting the expansion of dementia-friendly cultural practices.

1.2 Methodological approach

The research activities for the Memorable Project followed a mixed-methods approach, combining desk research and stakeholder interviews to provide a comprehensive understanding of dementia-friendly cultural practices. This approach ensured a thorough analysis of existing initiatives, educational needs, and best practices across partner countries.

The desk research phase involved a comprehensive literature review to gather and analyse existing knowledge, reports, and studies related to dementia-friendly cultural practices. The key focus areas included:

- **Public Discourse**: Examination of current discussions on dementia-friendly cultural engagement.
- **Access Challenges**: Identification of barriers faced by people with dementia and their caregivers when engaging with cultural institutions.
- **Best Practices**: Review of case studies showcasing successful dementia-friendly programmes.
- **Educational Needs**: Assessment of learning requirements for stakeholders, including caregivers and cultural institution staff.
- **Training Materials**: Analysis of existing educational resources on dementia awareness and cultural inclusion.
- **Policy Landscape**: Evaluation of national and regional policies supporting cultural participation for individuals with dementia.
- **Support Structures**: Overview of available services and frameworks for fostering dementia-friendly cultural spaces.
- **Recent Initiatives**: Identification of projects promoting inclusivity in the cultural sector.
- **Training Programmes**: Exploration of current training opportunities for volunteers, caregivers, and cultural workers on dementia-friendly practices.

Data was sourced from academic and policy databases, government reports, organisational publications, and relevant cultural sector materials to ensure a well-rounded analysis.

To complement the desk research, **ten semi-structured and narrative interviews were conducted** with key stakeholders, of which four informal carers and seven experts in various areas related to cultural inclusion of people living with dementia (one interviewee was both expert and informal carer). An overview of the gender and background of the interviewees can be found in table 1.

This combined methodology ensures a nuanced understanding of the landscape, challenges, and best practices in dementia-friendly cultural participation, providing a strong foundation for the development of educational resources and the broader objectives of the Memorable Project.

Table 1. Gender and background of the interviewees.

Expert	Informal carer	Gender (F/M)	Background
X	**X**	F	Trainer for the *Samen dementievriendelijk* programme from Alzheimer Nederland. Advisor dementia care Former informal carer to her mother.
X		M	Geriatrics specialist
X		F	Senior Advisor Education at *Rijksmuseum Boerhaave* in Leiden.
X		M	Senior Museum Educator at *Rijksmuseum Boerhaave* in Leiden and museum guide of their dementia-friendly tour '*Verheugenis*'.
	X	F	Former informal carer to her husband.
X		M	Care professional, author, lecturer. Relevant works: *De dag door met dementie* *Dementie & Empathie* *JEROEN (graphic novel)*
X		M	International healthcare innovator, care ethicist, author. Relevant works: *VerpleegThuis* (EN: *The Housemates*) *Een Wereld te Winnen* *Human Forever* (documentary)
	X	F	Former informal carer to her father.
X		M	Senior advisor/researcher dementia at Movisie
	X	F	Informal carer to her father.

2 RESULTS OF THE RESEARCH PHASE

2.1 The role of cultural spaces in enhancing well-being

2.1.1 Dutch research on cultural interventions and positive health

In the Netherlands, there has been a growing interest on the relationship between cultural participation and mental health, particularly among older people experiencing frailty. Numerous studies and pilot projects have explored the impact of art and culture on long-term health overall, as well as specifically on individuals with dementia. Many initiatives are grounded in the philosophy of '**Positive Health**'; a broader approach to healthcare, emphasising the ability to adapt and self-manage in the face of social, physical, and emotional challenges (iPH, n.d.). This concept, along with its corresponding evaluation tool, is widely used by municipalities and care providers across the country.

Between **2013 and 2016**, a national multi-year programme named *Lang Leve Kunst* (Long Live Art) was conducted, stimulating cultural participation in older individuals and inter-sectoral collaboration between healthcare, wellbeing, and culture institutions (LKCA, 2016). The programme was based on the groundbreaking study *Kunstbeoefening met ambitie* (Art practice with ambition), which showed that older individuals that are artistically involved feel healthier, happier, and more vital (Hortulanus and Jonkers, 2012).

In **2017**, the *Transformatieagenda Kunst en Cultuur met Zorg en Welzijn* (Transformation Agenda for Art and Culture with Care and Welfare) was published by Movisie and partners. The document aimed to structurally embed the integration of art and culture within the care and welfare sectors. Recognising the positive impact of cultural interventions on quality of life, meaning-making, and social participation, the agenda addresses challenges such as fragmented ownership, limited sustainable funding, and insufficient policy support. It advocates for shared ownership among stakeholders, highlights the societal impact of cultural initiatives, calls for sustainable financing models, and encourages facilitating policies. By fostering cross-sector collaboration and co-creation, the agenda seeks to transform existing initiatives into a nationwide movement that enhances well-being through the arts (Movisie, 2017).

In addition, a **2017** knowledge synthesis by ZonMw revealed that, despite previous and existing programmes, no empirical evidence was available on the effects of cultural participation on the health and wellbeing of participants (ZonMw, 2023)**Erro! A origem da referência não foi encontrada.**. As a result, the programme *Kunst en cultuur in de Langdurige zorg en ondersteuning* (Arts and culture in long-term care and support) was launched. The goal of this programme was to study the effects of arts on positive health and wellbeing, and to connect arts and culture to long-term care and support in a structural and sustainable way (ZonMw, n.d. a). To further develop and expand practice, research, and policy, a development agenda was composed in **2020**. It identifies three key development lines: targeted development and dissemination of knowledge, fostering cross-sector collaboration, and promoting co-creation with stakeholders. The agenda emphasises the importance of aligning cultural initiatives with person-centred care approaches and the broader concept of Positive Health, aiming to enhance the quality of life for individuals receiving long-term care (de Reus et al., 2020).

In **2022**, the research *Kunst als (ver)wondermiddel* (Art as a (wonder) cure) was conducted by the Institute for Positive Health (iPH) and the Netherlands Institute for Cultural Education (LKCA)

to explore how cultural participation could contribute to the broader concept of Positive Health in primary care. The study found that engaging in cultural activities positively influenced resilience, emotional well-being, and social connections, which are key elements of Positive Health. However, it also identified barriers to integrating cultural interventions into healthcare, including a lack of collaboration between the cultural and healthcare sectors, limited funding, and insufficient awareness of the potential benefits. The research recommended stronger collaboration between sectors, the appointment of cultural coordinators, and the integration of cultural participation into standard care practices to fully leverage its benefits for individuals' health and well-being (iPH and LKCA, 2022).

In **2022** a multi-year research project, named *Creating Cultures of Care*, was launched as part of the SPRONG program. The project is led by Hogeschool voor de Kunsten Utrecht (HKU), in a collaboration with various academies and universities. Its goal is to investigate how art and design can transform caregiving practices, particularly in response to social and health inequalities. The project emphasises fostering inclusive care through co-creation, where artists, healthcare professionals, and communities work together to develop human-centred and sustainable care models. A key finding is the importance of relational approaches in caregiving, which prioritise relationships between caregivers and recipients over strict protocols. The research advocates for integrating cultural practices into care to create more empathetic, inclusive, and individualised care experiences (HKU, n.d.).

The **2024** white paper *Arts in Health in the Netherlands: A National Agenda*, published by the University of Groningen, presents the results of a collaborative exploration by researchers, artists, healthcare professionals, and policymakers into the potential of arts in health. The report highlights that, although artistic practices such as music, visual arts, and theatre are increasingly used in care settings, they lack structural support, sustainable funding, and national coordination. Drawing on international models, the paper calls for structural investment, knowledge infrastructure, education, and policy support to embed arts in health across healthcare settings in the Netherlands, aiming to promote well-being, humanise care, and strengthen social inclusion (Lewis et al., 2024).

2.1.2 Cultural participation and dementia

2.1.2.1 The Unforgettable programme

In 2013, the *Onvergetelijk* (Unforgettable) programme was created and implemented in two museums in the Netherlands (het Stedelijk Museum in Amsterdam and het Van Abbemuseum in Eindhoven). It provides tours and workshops for people with dementia and their loved-ones and is based on the 'Meet Me at MoMA' programme of the Museum of Modern Art in New York. Currently, twelve museums in the Netherlands are part of the Unforgettable initiative (Onvergetelijk Museum, n.d.).

The Psychiatry department of the Amsterdam UMC has conducted an elaborate study on the impact of the Unforgettable programme on the visitors, the employees, the museums, and society. The study included 117 individuals with dementia, 128 caregivers, 256 employees and volunteers, and 23 key figures involved in the implementation of the programme. Results show that **individuals with dementia experienced a larger feeling of happiness** after their visit. Even though the programme is aimed towards individuals with mild to mildly severe dementia, also people with more severe symptoms gave positive reactions. Informal carers valued the

increased social interactions the tour brought and indicated to be surprised by the level of involvement of their loved-ones. Museum employees and volunteers stated that they felt more knowledgeable about the disease and had a more positive opinion on people with dementia and their abilities. Museum organisational staff indicated to see the value in accessibility programmes such as Unforgettable and wish to implement programmes for other target groups as well. Unforgettable improved the personal development of museum tour guides, strengthened the internal relations within museums, and contributed to the collaboration and knowledge exchange between museums and social organisations (Onvergetelijk Museum, 2017).

The dissertation *The Art of Personalising Interventions for People with Dementia* (2022) further demonstrates that person-centred approaches, exemplified by the 'Unforgettable' programme, enhance quality of life and well-being for individuals with mild to moderate dementia in both home and long-term care settings. The findings advocate for integrating personalised cultural interventions into standard dementia care practices to foster meaningful engagement and support overall health (Hendriks, 2023).

2.1.2.2 Research projects on cultural interventions for dementia patients

The Erasmus+ project *Dementia in Cultural Mediation*, which ran from 2019 to 2022, aimed to explore and promote the role of art and culture in enhancing the quality of life for individuals with dementia. In their recommendations report, partners from the Netherlands, Belgium, Denmark, and Spain explore the transformative potential of art in creating a dementia-inclusive society. They emphasise how art can enhance the quality of life for individuals with dementia by fostering emotional expression, improving cognitive functions, and promoting social inclusion. The research highlights that **art-based interventions help break down societal barriers, reduce stigma, and provide a platform for individuals with dementia to engage meaningfully with others**. Key findings suggest that integrating art into dementia care not only improves the well-being of individuals but also supports caregivers and the wider community in building a more inclusive environment (Constant et al., 2022).

In 2018 Movisie created a dossier named *Wat werkt bij culturele interventies voor ouderen* (What works in cultural interventions for older adults), done within the framework of the 'Arts and culture in long-term care and support programme' (see chapter 2.1.1). The document highlights that cultural interventions can significantly enhance the positive health of older adults, including those with dementia. These interventions have been shown to **improve cognitive functions, reduce stress and depression, and foster social engagement and a sense of purpose**. Key factors for successful implementation include tailoring activities to participants' interests, involving professional artists, and ensuring organisational support. The report emphasises the need for sustainable policies, adequate funding, and integration of cultural interventions into both healthcare practices and educational curricula to maximise their benefits for the ageing population (Movisie, 2018).

Within the same programme, Leyden Academy performed a participatory study in 2020-2021, named *Kunst in de Zorg* (Art in Healthcare). During 18 art projects of different varieties, 470 micro-narratives were gathered from older people and their carers, of which an estimated 38% had dementia or another disabling condition. The study showed that **art brings feelings of joy and positivity, deep social connections, and profound artistic and mental stimulation**. Overall, the study emphasised that integrating art into healthcare settings enhances both the mental

and social health of older adults, highlighting its therapeutic potential in dementia care (Groot et al., 2021).

2.1.2.3 The role of cultural spaces and activities according to the interviewees

Many interviewees, both experts and informal carer, emphasised the general importance of cultural participation for people with dementia, varying from concert visits to activities organised in the care institutions in which they resided. Dementia-friendly offers were largely seen as beneficial (for a more detailed and critical note, see chapter 2.2.3). One of the informal carers emphasised the important societal role the church could play for the older generation. According to her, churches are fairly regularly visited by people with dementia, so it would be beneficial to involve them more in this topic and explore ways in which the church could better support individuals with dementia:

"*I truly believe the church could play a role in this. Just like how some supermarkets are raising awareness about the respectful treatment of people with dementia at the checkout, and similar matters*."

One of the expert interviewees, a geriatrics specialist, underlined that **cultural activities form a key part of a meaningful life for people with dementia**. Cultural interventions should be tailored to the individual and help maintain quality of life. Hans Alderliesten, researcher dementia at Movisie, equally highlights the importance of **meaningful daytime activities and a continued participation in society**, where people carry on with their usual activities for as long as possible;

"*If you can do that for as long as possible, you will stay fit and vital, your brain will keep thinking, you will be able to keep going for longer, you will be able to prevent crises, and you will also be able to slow down the progression of the disease*".

Teun Toebes, healthcare innovator and author, highlighted the **significant social value of cultural institutions**, especially in regard to the stigmatisation and isolation many individuals with dementia experience. Teun expresses that is important for people with dementia to have access to public life outside the walls of care institutions. Approaches focusing on possibilities and equality are therefore most appropriate:

"*people don't want to be entertained, people want a meaningful life*."

Gerolf Heida, senior museum educator and tour guide of the dementia-friendly *Verheugenis* tour of Rijksmuseum Boerhaave in Leiden, reports that participants are often somewhat hesitant at first, but quite enthusiastic towards the end. He shares that he was initially sceptical about whether the museum's focus on science and medical history would resonate with people with dementia, but the topic turns out to spark a lot of conversation and **helps people share personal stories**. He recalls a moment when showing a series of four paintings depicting different views of a general practitioner; in one of them, the doctor is portrayed as a kind of Jesus figure wearing sandals. Gerolf had never noticed that detail before, but one of the participants immediately responded to it. After some prompting, it turned out the man used to be a shoemaker. He spoke passionately about leatherworking, which encouraged other participants to share stories about their former professions.

2.1.3 Art forms and dementia responses

2.1.3.1 Music

Multiple studies indicate that music, especially music that is known and loved, has a **positive impact on the quality of life** of dementia patients, and **reduces restless and aggressive behaviour** (Movisie, 2018). This may be attributed to the fact that the region of the brain associated with musical memory tends to remain preserved in individuals with dementia. The positive effects of musical interventions on people with dementia is not unknown and has been researched relatively extensively. As such, musical activities are often integrated in care facilities and dementia-friendly initiatives, and special music events and programmes are organised, such as the Music & Dementia programme by Embrace Nederland (Embrace Nederland, n.d.) and the Memories Top 50 Concert from Alzheimer Nederland (see also chapter 2.4.2) (Alzheimer Nederland, n.d.).

Several interviewees have noted the profound effects that music can have on dementia patients. Dick Kits, one of the expert interviewees and author of several works on dementia, highlights the **significance of music reminiscence**, especially for individuals in the **later stages of dementia**. He recalled a video in which a former ballerina with advanced dementia, seated in her wheelchair, dances along with her arms to Swan Lake upon hearing the music:



Video 1. Former ballerina performing the Swan Lake (from https://www.youtube.com/embed/IT_tW3EVDK8).

At the same time, musical interventions were not solely regarded as positive. One of the informal carers accounted that the care home of her husband often played typical Dutch hits (e.g. De Havenzangers or André Hazes), but this was meaningless to her husband, who preferred classical music. Another informal carer indicated that her father with dementia does not react to the music he once loved;

"Well, I indeed do that sometimes, just put an old music record and such, but he doesn't really react to that at all."

Also, Teun Toebes, care innovator and author, expressed caution in generalising the effects of music on individuals with dementia. There is a multitude of diseases that can cause dementia, which often influence the brain in different ways. Therefore, **variation in condition and in taste, as well as personal interests and character, should be considered when using music (or other art forms) in cultural interventions**.

2.1.3.2 Theatre

In 2009, a Dutch study investigated the integration of theatre elements into existing psychosocial care and intervention methods. Professional actors conducted 'living room performances' incorporating elements like poetry, music, and role-play. The study found that this so-called *Veder-method* **increased positive emotions, reduced confusion, and enhanced social interaction with care professionals**. While care staff trained in the method also observed benefits, the most significant effects were noted with performances by experienced actors. The research underscores the potential of integrating theatrical techniques into dementia care to foster meaningful connections and improve residents' well-being (van Dijk et al., 2011).

2.1.3.3 Sensory stimulation

A quasi-experimental study done by Nivel between 2001 and 2003 indicates the benefits of a **multisensory stimulation** approach in daily dementia care. A concept called *snoezelen* was tested across twelve psychogeriatric wards in six nursing homes, including a total of 192 residents with moderate to severe dementia. In the snoezel approach, a range of carefully selected sensory elements was used to create a soothing, non-threatening environment tailored to the preferences and sensitivities of the person with dementia, such as soft lighting, gentle music, tactile objects, aromatherapy, and visual projections. The study found that residents receiving individualised snoezel care exhibited **significant reductions in apathetic behaviour, aggression, rebelliousness, and depression** compared to those receiving standard care. Additionally, during morning care routines, these residents demonstrated improved mood and adaptive behaviours, such as increased responsiveness and better communication with caregivers (van Weert et al., 2006).

Sensory stimulation is also used with great success in some cultural institutions, such as the dementia-friendly tour *Kunstconnectie* in Kunstmuseum Den Haag, as mentioned by one of the Memorable interviewees. The tour incorporates multisensory elements, such as the scent of lavender associated with certain artworks, to evoke memories and emotions. Participants have reported **increased engagement and enjoyment**, suggesting that such sensory-rich cultural experiences can enhance the quality of life for those with dementia (Boztas, 2024)**Erro! A origem da referência não foi encontrada.**.

2.1.3.4 Reminiscence and familiarity

Dick Kits, care professionals and author, stresses the importance of a **familiar environment**, as unfamiliar settings are often no longer comprehensible. He therefore suggests that some cultural activities, such as modern art, may be less suitable for this group. Activities that relate to the **past**, like a locomotive museum, or that evoke **emotion**, such as theatre and music, are far more effective:

"It's very important to consider the stage; in which stage are things still possible and at what point no longer. Modern things, new things and environments, this they can't process anymore. Older settings, older things, those they can."

This concept of **reminiscence** is not unfamiliar. Other interviewees reported the use of picture walls and memory suitcases in care institutions, usually with great success. Some care institutions even incorporate train compartments into their facilities to evoke a travel feeling and conversation in a familiar setting (NU.nl, 2022). It must be noted however, that not every individual responds to nostalgic settings in the same way. One of the informal carers accounts the opposite. When her father was still living at home, they often showed him photo albums with pictures of the family from past and present. However, according to her, he showed little recognition;

"you could tell it didn't mean much to him anymore. The old photos neither, 'the old' he no longer remembered."

Another informal carer noted that her father doesn't wish to look at old pictures, because the memories make him feel sad. These accounts further highlight the importance of personalised approaches in cultural interventions.

2.1.3.5 Museum visits

During research in light of the Unforgettable programme, it was investigated whether different types of art provoked different reactions in people with dementia. Two observations were made: 1) **nature-less art** produced more social interaction than nature scenes; 2) **objects** (e.g. clothing, tableware, taxidermy animals) received more reactions than art. In addition, people with mild to moderate dementia reacted more often and more spontaneously than people with a more severe form of dementia (Dröes, Hendriks, and Meiland, 2017).

Gerolf Heida (tour guide at museum Boerhaave) emphasises the importance of a tailored programme with **varied working methods**, combining classroom explanations with focus groups of participants and caregivers, and activities.

"You have to learn to slow down, it's truly a different pace. It's no longer about transferring knowledge."

He accounts that a visit to the 'iron lung' combined with breathing exercises turned out to be a great success among visitors of their Verheugenis tour. However, other ideas proved ineffective in practice, and in such cases, it is important to remain flexible and move on.

2.2 Current state of dementia-friendly cultural institutions in the Netherlands

2.2.1 Dementia-friendly programmes and policies

The knowledge synthesis conducted at the start of the 'Arts and culture in long-term care and support programme' (see chapter 2.1.1), determined the state-of-the-art and promising research and development directions for cultural interventions in healthcare in 2017. It was

concluded that supportive policies and sustainable funding were lacking, but interests related to meaning-making and innovation in healthcare were growing (ZonMw, 2023).

Due to the rising interest, research, and awareness on the topic, cultural interventions are part of the national dementia strategy and the dementia care standard, as well as regional and local policies and funding opportunities relating to (dementia) care.

2.2.1.1 The Dutch dementia care standard 2020

The *Zorgstandaard Dementie 2020* (Care standard Dementia 2020) is a nationally agreed framework developed by 26 stakeholders in the Netherlands, among which care organisations, clients, informal carers, and health insurers. The standard is considered unique in the world and is meant to ensure coherent, high-quality dementia care across all stages of the condition. It emphasises a person-centred and integrated approach, focusing not only on medical treatment but also on social participation, quality of life, and the well-being of both people living with dementia and their caregivers. A key component of the standard is the inclusion of **meaningful daytime activities**, which are tailored to the individual's preferences and abilities. These activities are seen as essential for maintaining autonomy, cognitive functioning, and emotional health, and are integrated into care plans as a way to support people with dementia in leading fulfilling, everyday lives for as long as possible. In 2026 a new actualised care standard will be made available (Movisie et al., 2020).

2.2.1.2 The National Dementia Strategy 2021-2030

The Dutch National Dementia Strategy 2021–2030 outlines a comprehensive approach to dementia care, focusing on three interconnected themes: '*Dementie de wereld uit*' (A world without dementia), '*Mensen met dementia tellen mee*' (People with dementia matter), and '*Op maat gemaakte ondersteuning bij het leven met dementie*' (Tailored support in living with dementia). **Cultural interventions are integral to this strategy**, particularly under the theme 'Tailored support in living with dementia'. The strategy emphasises the importance of integrating cultural activities into dementia care to enhance the quality of life for individuals with dementia. These activities are seen as vital for maintaining social connections, promoting emotional well-being, and providing meaningful engagement. The strategy advocates for the inclusion of cultural interventions from the onset of dementia diagnosis, ensuring they are personalised to the individual's preferences and cultural background. By embedding cultural activities into care plans, the strategy aims to create a more inclusive and supportive environment for people with dementia, fostering a sense of belonging and purpose (VWS, 2020).

2.2.1.3 Wellbeing and art on prescription

In the Netherlands, art and culture can be 'prescribed' to people with psychosocial complaints as an alternative to medication. This concept, named *Welzijn op Recept* (**Wellbeing on Prescription**), was first piloted in Nieuwegein in 2011 and has since expanded to 225 out of 352 municipalities in the Netherlands. Under this scheme, general practitioners refer patients to wellness coaches or prescribe participation in sports, cultural, or social activities. These activities are either free or available at a low cost. Wellbeing on Prescription is a form of integrated care and provides healthcare professionals with an intervention that addresses the underlying

problems of a patient's complaint, rather than just treating the symptoms (Welzijn op Recept, n.d.).

Initially, art was not included in the programme, but in 2018, *Kunst op Recept* (**Art on Prescription**) was piloted in Nieuwegein as part of the same initiative (LKCA, 2019). This expanded offering includes a range of creative activities, such as lifeline art, theatre, and music (Kunst op Recept, n.d.). The initiative is grounded in the philosophy of 'Positive Health' (see chapter 2.1.1).

In the city of Heerenveen, the Wellbeing on prescription programme has taken a specialised turn with the appointment of a dedicated '**dementia wellness coach**'. Responding to the wishes of inhabitants with early stage dementia—who expressed a desire to continue their usual activities, like theatre or sports—the coach collaborates with local clubs to ensure these people can remain engaged in their familiar routines (Elsinga, 2023).

Apart from wellbeing and art, there is also *Dance on Prescription* to aid in revalidation (Dans op Recept, n.d.), and *Moving on Prescription* for people with health problems related to physical inactivity (ZonMw, n.d. b). A new addition, **Museum on Prescription**, was piloted in 2024 in Dordrecht. The initial research results were positive, but the project was discontinued due to a lack of funding (Museum op Recept, n.d.).

2.2.1.4 Subsidy for meaningful daytime activities for people with dementia

ZonMw offers a subsidy for municipalities and their cooperation partners to tailor the provision of meaningful daytime activities for people with dementia living at home and better meet the needs of those with dementia at a local level. The application can be done for three separate phases:

1. An analysis of the current situation in the municipality(ies) and development of a well-founded vision for the desired provision of meaningful daytime activities for people with dementia living at home.
2. The organisation of a project group, to collaborate in the development of an action plan, outlining how to move from the current to the desired situation.
3. The realisation of the action developed in phase 2, aligning daytime activities in the municipality with the needs of people with dementia, as well as ensuring the awareness and visibility of these activities.

Depending on the starting situation of the municipality, one or more phases may be implemented in the projects with a grant total of €124.900, for all three phases (ZonMw, n.d. c).

2.2.2 Trainings and educational offers

There are several training and educational offers available in the Netherlands. These range from general trainings on how to talk to people with dementia, to specific trainings on how to prepare dementia-friendly programmes in museums or how to incorporate cultural activities in care institutions.

2.2.2.1 The Unforgettable museum training

The *Onvergetelijk* (Unforgettable) programme (see also chapter 2.1.2.1) offers trainings for tour guides and host(esse)s who wish to implement the Unforgettable methodology in their own museum setting. This methodology was developed through a collaboration between the Van Abbemuseum, the Stedelijk Museum, and Alzheimer Nederland, and is specifically designed to engage people living with dementia and their caregivers in **meaningful museum experiences**. The programme and its training have been widely praised for their inclusivity and innovative approach.

To support museums in applying the Unforgettable approach, detailed training packages are freely available online. These include step-by-step instructions, communication tips tailored to people with dementia, interactive assignments, and practical forms to help structure guided tours. Separate training materials are provided for tour guides (rondleiders) and for host(esse)s (gastheervrouw), each focusing on the specific role and interaction style required for engaging visitors with dementia respectfully and effectively.

In addition to the digital resources, museums can also arrange in-person training sessions led by Unforgettable project coordinators based at the Stedelijk Museum in Amsterdam or the Van Abbemuseum in Eindhoven. These sessions provide more in-depth preparation and direct guidance for museum professionals looking to tailor their programming for this audience.

2.2.2.2 'Together dementia-friendly' and other dementia trainings

Alzheimer Nederland offers the *Samen dementievriendelijk* (Together dementia-friendly) training, targeting **professionals who may encounter individuals with dementia in their daily work**. Participants come from diverse backgrounds, including supermarket employees, bank staff, and volunteers in care institutions. The training can be completed online or in person and focuses on recognising dementia-related behaviours and responding appropriately in various situations. A central component of the training is the GOED method, an acronym for Geruststellen (Reassure), Oogcontact maken (Make eye contact), Even meedenken (Think along), and Dankjewel (Thank you). This approach provides practical steps to interact effectively with people with dementia. During the training, participants practice with real-life examples to apply these principles. After completing the training, participants receive a certificate as recognition of their understanding and commitment to dementia-friendly communication. The programme has garnered significant interest and is conducted almost daily across the Netherlands.

Zeg JA bij dementie (Say yes with dementia) provides in-person trainings to informal carers and care professionals, using the SPEELS-methodology. This method focuses on positive contact and possibilities. In their **interactive theatre college** they use improvisation theatre and exercises to teach (informal) caregivers and volunteers about dementia in a real-life setting.

The website dementie.nl offers information, advice, and peer support for informal carers and people with dementia. Their e-learning course named *omgaan met veranderend gedrag* (**dealing with changing behaviour**) offers tips and advice from experts in the field and is freely accessible on their website.

In addition to the examples above, there are a number of other online e-learning offers and educational material on dementia available with varying topics. An overview can be found here: https://www.zorgvoorbeter.nl/thema-s/dementie/scholing

2.2.2.3 The Dementia Museum

Het Dementie Museum (The dementia museum) is both an **online and travelling museum**, where visitors can learn to deal with the consequences of dementia through interactive objects and extraordinary experiences and insights. The museum is meant for everyone dealing with dementia, including dementia patients, (informal) caregivers, scientists, educators, and financers. The museum collection can be used to support educational programmes and broaden the knowledge of care professionals.

2.2.2.4 Music & Dementia workshops

Embrace Netherlands, a practical knowledge and expertise centre, has developed the Music & Dementia programme, offering **improvisational music workshops** to enhance the well-being of people living with dementia and reduce problematic behaviour. The programme is part of the Arts and culture in long-term care and support programme (see chapter 2.1.1). The workshops are for people with dementia and for care professionals and volunteers working at daycare centres and nursing homes. Embrace Netherlands offers the latter group training courses on how to incorporate music into daily care practices.

2.2.2.5 Toolboxes and manuals

The manual *Spullen die harten vullen* (stuff that fills hearts), developed by Erfgoedhuis Zuid-Holland, offers handholds for cultural institutions that wish to offer programmes to individuals with dementia. Its primary purpose is to provide practical guidance and considerations for creating accessible and meaningful cultural experiences that cater to the specific needs of this audience. The manual contains two main parts and can be used as a **toolbox**. The first part provides practical tips on how to engage with people with dementia. The second part focusses on the importance of meaningful activities and how to organise them. Social interaction and (physical) contact with the collection are key points for all the included working methods.

The Inspiratiewijzer: dagactiviteiten voor mensen met dementie (**Inspiration guide**: day activities for people with dementia) was created by ZonMw with contributions from Alzheimer Nederland and Movisie, in collaboration with the Association of Dutch Municipalities (VNG). It offers municipalities and their social partners insights into good practices, practical tips, and advice to help strengthen local services surrounding meaningful day activities for people with dementia. The document contains examples, videos, tips, tools, and suggestions and is updated regularly for a demand-driven approach.

The *Dementia in Cultural Mediation* (DCUM) project (see also chapter 2.1.2.2) offers **tools and materials** for the training and competence development of cultural mediators, such as museums, libraries, and (informal) caregivers. The DCUM website offers freely available video's and guides on possible activities and methodologies in six different areas: art, music, literature, nature, physical activities, and cognitive.

2.2.3 Dementia-friendly programmes: inclusive or exclusive?

In more recent years, a new movement is taking place in the healthcare sector toward more inclusive creative care models. This movement calls for a cultural shift in caregiving, moving away from rigid structures to embrace flexibility, creativity, and collaboration, aiming to build a more inclusive, person-centred and community-based care environment. This call for a new perspective was underlined by several of the expert interviewees.

Teun Toebes, healthcare innovator and care ethicist, advocates for a society in which people with dementia can live with dignity and freedom. To raise awareness about the living environment of people with dementia he resided in the locked ward of a nursing home for 3.5 years. Teun believes we should **move beyond the term 'dementia-friendly'**. The term was initially valuable for raising awareness, but now we need to move forward. Teun warns against the medicalisation of dementia and the alienating effect of terms such as 'illness', '*lotgenoten*' (fellow sufferers), and 'therapy' in daily life. Teun advocates for shifting the focus away from the condition itself to avoid making dementia a defining or exclusive criterion, which risks stigmatisation and exclusion. Many people, especially in the early stages of dementia, do not want to participate in separate programmes that highlight their diagnosis and isolate them from society. Programmes created specifically for people with dementia may unintentionally lack an inclusive approach;

"*I think that we must be careful not to create with our good intentions one society for 'ill people' and another for 'healthy people'. […] Then you create the same thing as we have done with nursing homes: inclusion within exclusion*."

Also, Astrid Homan, expert by experience as a former informal carer to her mother, believes that dementia-friendly programmes can place too much emphasis on the illness:

"*Is framing always necessary?*"

Astrid and her sisters felt no need to attend special dementia programmes with their mother. Instead, Astrid advocates for making the community '**dementia-proof**'. Similarly, another interviewee, a geriatrics specialist, believes that making something 'dementia-friendly' is not enough; instead, we should aim to create a '**dementia-appropriate**' society, as it implies a necessary adaptation of care and environment based on expertise.

Hans Alderliesten, senior researcher dementia at Movisie, offers a more nuanced perspective on the term 'dementia-friendly':

"*How do you view dementia? Is dementia the title or the diagnosis you're looking from? Or does putting the word 'dementia' front and centre already narrow the perspective?*"

He argues that the term 'dementia-friendly' can unintentionally reinforce stigma. On the other hand, the condition must also be acknowledged. For some people, the diagnosis is confronting or unwelcome, while for others, it provides clarity and reassurance. The meaning and perception vary widely. Hans underlines that special dementia-friendly programmes can be very valuable.

"*You can also really frame dementia too positively. As if it's fun to have dementia, and as if you can just keep participating as before. That's simply not true. Dementia, especially in the later stages, but also before that, brings very real challenges. […] You should not brush that aside*."

For some people, special programmes may feel stigmatising, but for others, they can be incredibly helpful. Rather than using the term 'dementia-friendly', he advocates to talk of and strive toward **inclusion**:

"Let's look at how we can create a society that everyone is part of, regardless of what you have, which skin colour, which background you have, which religion, which sexual orientation; part of a society."

Also Astrid emphasises that every person with dementia is different; while one may prefer to go their own way, another may benefit greatly from peer support or special dementia programmes. So, we need a **combination of dementia-friendly programmes and greater awareness and understanding in society**.

2.2.4 Cultural activities in care institutions

As mentioned in chapter 2.2.1, cultural activities are organised in nursing homes as part of a meaningful pastime for residents. What these activities entail and how often they occur vary per institution. Interviewees have mentioned examples such as performances, making flower arrangements, colouring, and memory suitcases. They also expressed varying opinions on the quality of the cultural activities that are arranged. While some were quite positive about the activities and the dedication of the staff, others were hesitant or disapproving. According to one of the informal carers, the range of activities offered in her husband's care home at the time was inadequate. Occasionally, performers would visit, dressed as clowns or princesses, to give a dance performance or read aloud. The interviewee did not approve this approach; she believed other types of activities would have been more appropriate. However, she also acknowledged the difficulty of organising enjoyable events. There is a **lack of proper support and a shortage of staff**. In addition, many people in the final stage of dementia are no longer able to participate as much;

"Maybe they can sit in a chair for a while and listen, but taking part or creating something, most people in a care home really can't do that anymore."

The interviewee underlines that working in small groups would be most beneficial.

The reception by the people with dementia also varied. For some activities, interviewees noted how happy it made them or how well they could recall songs or other reminiscence activities. In other cases, it was not clear whether the residents were truly enjoying themselves. One of the informal carers stated:

"He could also colour very nicely and things like that. I don't know what he thought about that actually; 'Yes', he says, 'I just do it, because they give it to me' and then he was colouring it neatly. Then again, otherwise you're just sitting there."

2.3 Challenges of people living with dementia, informal carers and stakeholders in the cultural sector

2.3.1 Shortages in care and knowledge

Some interviewees were critical of the current state of dementia care in the Netherlands. It was described as "messy", with insufficient application of guidelines and too many fluctuating trends that lack scientific foundation. Furthermore, there is an excessive focus on the medical dementia diagnosis, while too little attention is paid to psychological issues such as trauma, depression, anxiety, and psychosis — symptoms that occur in 90% of people with dementia. People with dementia who end up in hospital often receive inadequate care, with their dementia not taken into account in the disease-focused medical specialist treatment. Research shows that there are **shortages of knowledge and expertise at all levels** of dementia care: care professionals lack psychiatric expertise, management focuses too heavily on efficiency, and administrators shift responsibility. There is a lack of coordinated policy, resource allocation, and training, all of which negatively affect the quality of care.

According to Dick Kits, care professional and author, there is a lack of basic knowledge about dementia, both in society and in healthcare. It is important to understand how the brain of a person with dementia functions:

"If you know that, then you also know that you need to approach these people slowly, avoid asking difficult questions, be calm, etc. Yes, these are very simple things, but they are essential and even in nursing homes, they are sometimes overlooked."

Not all interviewees, however, were negative about the care their loved ones received in care facilities. One of the informal carers lauded the care and dedication of the nursing home staff of her father, who reportedly treated their residents with a lot of respect and love, and organised activities catered to the needs of the people;

"*I think it's good that they also looked at what appealed to people. Because some of them really liked singing, so they really enjoyed doing that. My father, on the other hand, enjoyed listening to that*."

2.3.2 Practical challenges

Mobility challenges and **accessibility problems** were named by several interviewees as problematic, when taking their loved-ones for a cultural visit. One of the informal carers noted that she would like to take her father to an Elvis performance, as he is a big fan. However, he has trouble walking and is often anxious and stressed. He refuses to use a walker or wheelchair, because in his mind, he can still walk long distances. The informal carer explained that it can be hard for her to deal with her father's stubbornness at such times.

Gerolf Heida, museum educator and tour guide at Rijksmuseum Boerhaave, pointed out some physical impracticalities during their dementia-friendly tour. The themed area is located on the first floor, which means the whole group must take the elevator to reach it. Additionally, the space itself is not entirely level. If several people in wheelchairs are participating, they must be transported one by one using a platform lift, which requires extra time and coordination. Moreover, there need to be enough comfortable seating options, as standard museum stools do not provide sufficient support for extended periods. Desirée Hagens, senior advisor education, additionally noted that it is sometimes difficult for participants to arrange **transportation** to the museum.

One of the interviewees, a geriatrics specialist, emphasised the importance of a solid foundation for cultural accessibility, such as adapting spaces and situations, ensuring proper transport options, and providing tailored support. Where this is no longer feasible due to psychological or physical limitations, programmes could be developed within nursing homes. He suggests to require cultural institutions, through subsidy conditions, to offer something specifically for people with dementia. (Digital) prior knowledge plays a key role; people need to be aware of what is available. A systematic approach and the regular sharing of good practices should become standard practice.

Another issue that arose during the interviews is the difficulty of dealing with **erratic behaviour**;

"But I do know one time that we were at a concert and [he] went to the toilet at the wrong moment. That was in a church and then he just wanted to walk back to where we were sitting. But that meant that he had to go through the whole church right in front of the conductor and luckily he was caught by friends who saw him and who thought it would be better if he stayed with them. So yes, people are a bit unpredictable when they are at a show."

Astrid Homan, former informal carer and dementia care advisor, accounted the times she and her sisters took their mother to exhibitions. This sometimes required a bit of extra support, especially when their mother wanted to touch things like clothing. Astrid emphasises the importance of "going along" with the person, as resistance can otherwise arise. If someone with dementia wants to go left instead of right, it's often better to go left with them until you end up going right;

"*You really have to flip a switch and go along with it*."

This takes time and energy, but explaining things is no longer always an option. Astrid also suggests that dementia-friendly programmes and events should also include specific attention for caregivers, for example by offering the option to split the group. This would give caregivers the opportunity to take a break and connect with one another, and could potentially open up additional funding opportunities.

2.3.3 Education and a broader societal perspective

All expert interviewees underline the need for a **broader societal approach** for engaging with people with dementia. Astrid Homan, former informal carer and dementia care advisor, posed that training on how to interact with people living with dementia is far more valuable than specific dementia-friendly programmes. In turn, Hans Alderliesten, researcher at Movisie, emphasised that it must be clear what 'dementia-friendly' actually entails. A short training course and a certificate are, in his view, insufficient; it requires a much broader approach:

"It's an integral issue for your entire organisation, but also for education, for all employees, for the neighbourhood, for which you need to pay constant attention."

Hans suggests that it would be beneficial to introduce more attention to topics such as ageing, vulnerability, and dementia already at the primary school level. **Intergenerational contact** plays an important role in this, with older guest speakers visiting schools to talk about experiences like what it is like to grow old or to have lived through the war.

Dick Kits, care professional and lecturer, emphasised the benefits of learning how to engage with people with dementia on a broader level. We can improve our social interactions in general by centralising the other person;

"If you can deal with someone with dementia, you can deal with everyone" (requoted from co-author Anneke van der Plaats).

According to Dick, it is important to ensure that the knowledge gained also reaches the workplace. When developing programmes, the target group must be actively involved from the outset. This can only be done by engaging in dialogue with informal carers, since people with dementia are often no longer able to explain things themselves. Additionally, informal carers need to be well-prepared for the dementia process itself, as they bear a large part of the care responsibility. One of the informal carers, for instance, noted that they did not receive any information on dementia when the diagnosis was given.

Teun Toebes, care innovator, warns against the pampering of people with dementia, also within cultural programmes, where the focus is often on keeping them as calm as possible. However, it is important that emotions such as overstimulation or anger are also allowed to exist, as long as they are properly supported. The key is not to isolate people, but to **equip the environment** around them;

"setting something up for people with dementia is much less about organising a separate group for people with dementia themselves, but much more about helping the environment to support people with dementia in the right way."

A central question in this regard is how we can create a sense of safety and provide accessible information in a setting that differs from the nursing home. According to Teun, the true key lies in a broader societal perspective. Ultimately, care reflects how we as a society view humanity:

"If we keep focusing on conditions when making policy, we will continue to forget the individual."

2.3.4 Varying interests and needs

All expert interviewees agree that a one-size-fits-all approach won't suffice; initiatives must be **tailored to individual needs**. However, tailoring activities to personal needs is not at all an easy task. There is great diversity in preferences and needs among people with dementia. Many care institutions struggle with how to handle this. Person-centred diagnostics and analysis are essential, taking the individual into account and adapting aspects where needed. This requires a good systemic approach, making use of the knowledge and expertise that is available. Psychological issues must be recognised as an important part of dementia care, and activities should be adapted accordingly. Ultimately, much is possible with the right allocation of resources and staff. While this may initially require additional funding, it will pay off in the long run.

Hans Alderliesten, researcher on dementia at Movisie, stresses the importance of initiating appropriate programmes in an accessible way and always **in collaboration** with the people they are meant for. These programmes don't always need to be exclusively for individuals with dementia;

"think broadly where possible, narrow where necessary."

Dick Kits, care professional and author, adds that it is crucial to tailor dementia-friendly offers **to the stage of dementia**. People in the early phase (typically the first two to three years) are often still capable of engaging in cultural activities relatively well. It is primarily from the second phase onward, when individuals often still live at home but are no longer able to function independently, that they generally become less able to handle stimuli. From the third phase of dementia, many people live in a nursing home. For this group, it is important to visit them in their own environment, to stay close to their needs in terms of content, and to actively involve them in the activities. Dick also emphasises the importance of adjusting the timing and duration of activities to the needs of people with dementia, rather than to the organisation's schedule. For example, people should be able to wake up and have breakfast calmly, and they have reduced concentration. A later start and a short programme of no more than two hours is therefore recommended.

2.3.5 The overlapping voice of the informal carers

Although the important and heavy task of the informal carers should not be underappreciated, some of the interviewees noted that carers or family members can **inadvertently prevent** their loved-ones from taking part in cultural activities they would otherwise have enjoyed. For instance, one of the informal carers indicated that her father, who had dementia, visibly enjoyed some of the cultural activities organised in the nursing home, such as making flower arrangements. However, when his wife was still alive, she would not never have done this with him, thinking that he would not like to do such a thing. This anecdote aligns with the notion of Teun Toebes, care innovator, who stated that it is important to remember that the voice of the informal carer is not a one-to-one representation of the voice of the person with dementia.

Hans Alderliesten, researcher at Movisie, warns that informal carers may hold people back out of fear or shame. In doing so, they take away potential meaningful daytime activities. Such activities should be stimulated instead. Especially in the early stages, people can often still participate relatively well.

Astrid Homan, former informal carer and dementia care advisor, argues that in the final stage of dementia meaningful conversations may no longer be possible, but people still show strong emotional responses, sometimes singing along known music or recalling all the goals scored by their favourite football team. Even in this advanced stage, she would still take her mother to the supermarket and similar outings. These moments often required creativity and patience;

"It demands something from yourself and from the environment, but it remains a beautiful thing to do."

This highlights the importance of a dementia-friendly society (see chapter 2.2.3).

Another informal carer suggested to undertake shared activities, where the informal carer and the person with dementia create something together, for example a drawing. This can bring people closer together.

2.3.6 Collaboration and funding

As shown in this report, there exist quite a number of dementia-friendly initiatives in the Netherlands. Astrid Homan, former informal carer and dementia care advisor, noted that, while there is cooperation, there is also, at times, a sense of **competition for funding**, as well as differences in opinions and approaches. A growing movement is focusing on the social approach, community-based care, and, for example, open-door policies in care institutions (see chapter 2.2.3). Teun Toebes, a known advocate for this movement, acknowledges that such a cultural change is difficult, but he sees willingness among organisations to listen and evolve.

Desirée Hagens, senior advisor education at Rijksmuseum Boerhaave, highlighted their collaboration with the *Expertisecentrum Dementie* (Dementia Expertise Centre). Through them, Boerhaave has access to a network of care institutions and informal carers. However, Desirée acknowledges that not everyone is aware of the existence of their dementia-friendly Verheugenis programme. Collaboration with care institutions can therefore still be strengthened. There is often a lack of time and financial resources, which means the programme cannot always be widely promoted. Boerhaave also explored the possibility of offering activities on location, but due to the high costs, this turned out not to be feasible. Moreover, as a national institution, the museum is partly dependent on the number of visitors it receives.

Funding has also been discussed by several of the other expert interviewees. They indicated that it works **the wrong way around**, where organisations (are forced to) look at what can be done with the available funding, instead of looking at the needs of the people;

> *"Very important is: tuning in to the person with dementia, aligning with their needs. What group do I have? What group am I bringing here? How far along are they? What can they do and what can't they do? Tune in to them, and not like: 'Hey, I've got something fun. Oh, what can we do with this for people with dementia?' But think the other way around. And that's still quite an issue in nursing homes, they think from their own system, not from the person with dementia"* (Dick Kits).

In turn, Teun Toebes argued that the focus should be broader; a better approach would be to consider how we can adapt museums to better meet the needs of people with dementia, for example, in reading or interpreting text.

2.4 Examples of best practices in dementia-friendly cultural spaces

2.4.1 Participatiekoor

Type: Community-based choral programme
Organisation: Stichting Participatie met Dementie (SPmD)
Website: https://visueelverkoopt.wixsite.com/participatiekoor

Relevance, Objectives, and Inclusivity
Participatiekoren (participation choirs) are inclusive community choirs designed for people with dementia, their informal carers, volunteers, and professional musicians. The initiative promotes dementia-friendly cultural participation by fostering social inclusion, cognitive stimulation, and emotional well-being through music. The primary goals are to enhance quality of life, showcase

capabilities instead of limitations, and foster autonomy and meaningful interaction. This approach challenges the stigma around dementia by focusing on retained abilities and active contribution.

Structure and Methodology

The participation choir uses a proven methodology of music group therapy created by Stichting Participatie met Dementie (SPmD) (foundation Participation with Dementia). It is the first intervention in the field of dementia that could be considered a form of emancipation. The method demonstrates what people with dementia are still capable of when they are properly supported and engaged in a stimulating and participatory way through musical activities.

The first participation choir was founded in 2018 in Haarlem. There are currently 12 choirs across the Netherlands. Each choir includes approximately one-third participants with dementia and two-thirds without (called *mantelzangers*), supported by professional singers, instrumentalists, a conductor, and a music therapist. Rehearsals are held regularly and often culminate in public performances in accessible venues such as community centres and churches. An example is the "Meezing Matthäus" project, in collaboration with foundation Bachkoor Holland. Over 350 singers, of which one-third with dementia, performed selections from Bach's St. Matthew Passion in the Nieuwe Kerk in Delft in March 2024. The event combined music with narratives reflecting the daily experiences of those living with dementia, aiming to deepen public understanding and empathy (Oude en Nieuwe Kerk Delft, n.d.).

Key Stakeholders, Costs, and Resources

The programme receives support from cultural organisations, municipalities, and insurers. The Fonds voor Cultuurparticipatie granted €330,000 to expand the methodology and choir network. Additional funding comes from local governments, insurance companies, and private investors. The (co-)payment for a membership varies by municipality but will range between €75 and €180 per half year, depending on existing support from the different care laws (Wmo, Wlz, and Zvw), additional insurance coverage, or funding sources.

Outcomes, Feedback, and long-term benefits

Several studies have been conducted on the effects of participation choirs. These studies have reported improvements for participants with dementia in several areas:

- Cognitive Function: Improvements in speech and memory recall.
- Emotional Well-being: Increased joy, self-confidence, and a sense of purpose.
- Social Interaction: Enhanced relationships with caregivers and reduced feelings of loneliness.
- Independence: Participants often maintain greater autonomy in daily activities.

Indirect benefits were also reported. Caregivers and professional staff have noted improved communication and stronger bonds with participants. The initiative has also been associated with delayed institutionalisation, potentially leading to reduced healthcare costs.

Replicability

The practice is ongoing and has shown strong potential for replication, with increasing national recognition. Its unique model—mixing professional artistry with community support—distinguishes it within the field of dementia-inclusive cultural practice.



Video 2. Explanation of the Participation Choir (from https://visueelverkoopt.wixsite.com/participatiekoor/methode-en-effecten).

2.4.2 Herinneringen Top 50 Concert

Type: Concert
Implemented by: Alzheimer Nederland
Website: https://www.alzheimer-nederland.nl/herinneringentop50

Relevance, Objectives, and Inclusivity
The Herinneringen Top 50 Concert is an annual event organised by Alzheimer Nederland, aiming to raise awareness and funds for dementia research. The concert features renowned Dutch artists performing new renditions of the top 50 most cherished Dutch songs, as voted by the public. By foregrounding the profound connection between music and memory—particularly in individuals affected by dementia—the initiative invites all music enthusiasts and supporters of dementia research to participate.

Structure and Methodology
The third edition was held on 9 March 2025 at the Ziggo Dome in Amsterdam. Each year, the programme is built around the public's vote for the 50 most meaningful Dutch songs; professional artists then create fresh interpretations of those songs. Performances take place live on stage before a full audience, with a simultaneous livestream for remote attendees.

Key Stakeholders, Costs, and Resources
Alzheimer Nederland is responsible for organising and promoting the concert. Ticket Prices start at €32.50, with group discounts available for parties of 10 or more. For those unable to attend in person, a livestream option is available for €10.00, allowing audiences to experience the concert from home. These revenues—and any additional sponsorships or donations—directly fund Alzheimer Nederland's research programmes.

Outcomes, Feedback, and Long-Term Benefits
Previous editions sold out the Ziggo Dome (approximately 15,000 attendees) and attracted some 2,500 livestream viewers. The concert has generated substantial funds for Alzheimer Nederland and served as a powerful tool for public engagement and awareness, deepening understanding and empathy for those living with dementia. Its ongoing popularity and hybrid (live + online) format ensure sustained reach, foster community solidarity, and reinforce the role of culture in dementia-friendly practice. The fourth edition will be held on 22 March 2026 at the Ziggo Dome in Amsterdam.

2.4.3 Switch2Move

Type: Movement programme combining dance, music, and cognitive stimulation
Implemented by: Switch2Move Foundation
Website: https://switch2move.com

Relevance, Objectives, and Inclusivity
Switch2Move is a Dutch initiative offering movement programmes designed for older adults, particularly those living with dementia, Parkinson's disease, multiple sclerosis, or other chronic physical and mental conditions. The programme integrates dance, music, and therapeutic movement to enhance physical, cognitive, and emotional well-being. The methodology is based on scientific studies, and it is grounded in the belief that creative movement fosters social connection, emotional expression, and cognitive engagement.

Structure and Methodology
Switch2Move employs the Social Implicit Movement (SIM) programme, which combines elements from dance, physiotherapy, and psychology. Sessions are designed to be accessible, with movements that can be performed seated or standing, accommodating various mobility levels. Music plays a central role, aiding in memory recall and emotional engagement. The programme also emphasises implicit learning, allowing participants to engage without the pressure of explicit instructions, which is beneficial for individuals with cognitive impairments.

Key Stakeholders, Required skills and Resources
Switch2Move is implemented by trained practitioners across various locations in the Netherlands, including community centres and care facilities. The programme collaborates with organisations such as GeheugenVenster to integrate its offerings into care homes. Additionally, Switch2Move has developed a TV-based home system to facilitate music-supported exercises at home, enhancing accessibility for those unable to attend in-person sessions.

Costs
Participants can receive two trial lessons for €10 and unlimited monthly access for €42 (for 2 people including partner). Lessons are given weekly, depending on the location. Sessions typically take 45 min to 1 hour.

Outcomes, Feedback, and Long-Term Benefits
While large-scale, long-term studies on Switch2Move's impact are still forthcoming, initial research and participant feedback indicate positive outcomes in terms of engagement, emotional well-being, and physical activity among individuals with dementia.

Eindhoven University of Technology published a scientific study on the efficacy of the programme's home-based system, indicating positive effects on initiative and engagement in people with dementia. Participants reported feelings of enjoyment, calmness, and relief during the sessions (Houben et al., 2023).

Scalability
Switch2Move offers a post-bachelor training programme called "Dansant Coaching" for professionals in healthcare, social work, and education. This training equips practitioners with the skills to implement the Switch2Move methodology, promoting scalability and integration into various care settings.

2.4.4 Huis van Herinnering

Type of activity: Reminiscence programme, open air museum
Implemented by: Nederlands Openluchtmuseum, Arnhem
Website: https://www.openluchtmuseum.nl/huis-van-herinnering

Relevance and Objectives
The *Huis van Herinnering* (House of Remembrance) is an open air museum in Arnhem, offering a special reminiscence programme, aimed at people with dementia and their caregivers. The goal of the museum is to offer people with dementia a pleasant, recognisable environment in which they can recall and share memories, promoting their well-being.

Structure and Methodology
The programme uses heritage and storytelling as tools to stimulate memory and social connection by using multisensory materials, such as household objects, photos, music, and historical artefacts from everyday Dutch life in the 1960s and 70s. The initiative follows a person-centred approach, with trained guides who encourage individual expression and interaction. Staff are trained in dementia awareness and facilitation of sensory experiences.

Key Stakeholders and Resources
The House of Remembrance is a follow-up to a pilot conducted in collaboration with healthcare organisation Pleyade in 2019. This pilot focused on research into the needs of people with dementia.

The construction of the building was sponsored by the *VriendenLoterij* and the museum design was realised with the support of the Mondriaan Fund, the Culture Fund and the VSB Fund. The development of the reminiscence programme is financed by the Fund for Cultural Participation and the Sluyterman van Loo Fund. Collaboration partners are Healthcare and welfare organisations Attent Zorg en Behandeling, DrieGasthuizenGroep, Pleyade, the Municipality of Arnhem and SWOA.

Costs and Infrastructure
The exhibition is not publicly accessible, but can be visited on all workdays as part of one of the museum programmes. The programme for people with dementia is freely accessible for care institutions of partner organisations Attent Zorg en Behandeling, DrieGasthuizenGroep, and Pleyade. Others can book a tour for a fee. Sessions are structured and adapted to meet the needs of participants in different stages of dementia, offering safe and familiar experiences. The museum infrastructure is designed to be accessible and dementia-friendly.

Outcomes and Feedback
While there is limited published research or quantitative data, anecdotal feedback from caregivers and professionals has been positive. The programme is praised for providing moments of recognition, joy, and emotional connection for people with dementia. Care institutions have highlighted the perceived value of cultural experiences outside the care setting.

Status and Long-Term Benefits
The *Huis van Herinnering* is an ongoing initiative that complements the museum's broader focus on public engagement and accessibility. By embedding dementia-friendly practices into a mainstream museum setting, it contributes to destigmatising dementia and promoting cultural inclusion.

Replicability
Although no formal toolkit or training programme has been published for external institutions, the concept offers inspiration for museums interested in reminiscence-based design. Its strength lies in simplicity, empathy, and integration into an existing cultural context.



Video 3. Impression of the reminiscence programme of Huis van Herrinnering (from https://www.openluchtmuseum.nl/huis-van-herinnering).

2.4.5 *Je kunt me gerust een geheim vertellen* – You can safely tell me a secret

Type: Theatre production
Implemented by: Matzer Theaterproducties
Website: https://matzer.org/voorstellingen/je-kunt-me-gerust-een-geheim-vertellen/

Relevance, Objectives, and Inclusivity
Je kunt me gerust een geheim vertellen (You can safely tell me secret) is a hopeful and deeply personal theatre production with live music that brings the topic of dementia to the stage in a moving and accessible way. It is designed for general audiences, caregivers, family members, and healthcare professionals. The production seeks to open up conversations about memory loss, offer moments of humour and consolation, and give audiences an intimate glimpse into the emotional world of both the person with dementia and the family member caring for them.

The play contributes to dementia-friendly cultural participation by breaking taboos, increasing understanding, and encouraging dialogue.

Structure and Methodology
The performance is a one-person act based on Matzer's personal experiences with her mother, who had Alzheimer's disease. After each performance, an audience discussion is held where themes such as loss, memory, and communication in dementia are explored. Visitors also receive a booklet with the full text of the performance and practical tips for dealing with dementia.

Key Stakeholders, Costs, and Resources
The production premiered in October 2021, with its most recent performance taking place in September 2024. The show has toured various Dutch theatres, including Theater Bellevue (Amsterdam) and Theater Walhalla (Rotterdam). Prices varied per venue, but tickets cost around €20. Some venues offer "Pay What You Can" pricing to ensure broad accessibility.

Outcomes, Feedback, and Long-Term Benefits
Audiences and critics alike have praised the performance. *Theaterkrant* described it as 'a valuable monologue about wandering through the maze of dementia' (Embrechts, 2021). *Brabant Cultureel* highlighted its emotional honesty, showing both the pain and the liberation of letting go of fears and expectations (van Eck, 2021).

Matzer has performed an impact analysis on their production, which shows that:

- 81% of attendees reported heightened awareness of the topic.
- 94% felt deeply emotionally affected by the experience.
- 92% of bereaved family members experienced a strong sense of recognition.
- 72% noticed improved mutual understanding (e.g. between families and care professionals).
- 91% described the production as truly distinctive.
- 78% of professionals felt proud that their employer facilitated their attendance.
- 84% of visitors were left with thought-provoking reflections.
- The performance received an average rating of 8.8 out of 10.

Replicability and Scalability
Designed as a monologue with single-musician accompaniment, the format is highly portable and well-suited to small and medium-sized venues across the Netherlands. Its compact cast (one actor, one musician) and the adaptable structure of the post-performance conversation make it easy to tour. Local care and caregiver organisations can be invited to co-host discussions, enabling the model to be adopted by community centres, care homes, and theatres alike. Positive audience feedback and the universal resonance of its themes suggest strong potential for replication in other regions and countries.



Video 4. Trailer of the Matzer theatre production 'Je kunt me gerust een geheim vertellen' (from https://matzer.org/voorstellingen/je-kunt-me-gerust-een-geheim-vertellen/).

2.4.6 The *Verheugenis* museum tour

Type: Dementia-friendly museum tour
Implemented by: Rijksmuseum Boerhaave, Leiden, The Netherlands
Website: https://www.rijksmuseumboerhaave.nl/activiteiten/verheugenis

Relevance and Objectives
Verheugenis is a specially designed museum tour programme at Rijksmuseum Boerhaave, tailored for individuals living with dementia, their loved ones, and caregivers. Launched on World Alzheimer's Day, 21 September 2022, the programme aims to provide an enriching cultural experience that stimulates memory and fosters social interaction.

Inclusivity
Desirée Hagens, one of the interviewees and senior advisor education at Boerhaave, emphasised that diversity and inclusion are important ambitions within Boerhaave. People with dementia were seen as a sympathetic target group, and the museum was eager to involve them more actively.

Structure
The *Verheugenis* tour lasts approximately two hours and begins in a separate section of the museum café, where participants are welcomed with coffee. In a relaxed atmosphere, they get to know each other and receive name tags to make it easy to address one another. The tour itself lasts about an hour and does not cover the entire museum but focuses on a single clear theme: 'illness and health'. After the tour, there is time for a group discussion, and participants receive a postcard as a tangible memory of their visit.

Methodology
The tours were developed using the *Onvergetelijk* method (see chapter 2.1.2.1 and 2.2.2.1). Desirée praises this initiative for its value and applicability. A selected group of guides received

training from an *Onvergetelijk* expert who was directly involved in the original *Meet Me at MoMA* project in New York. During the training, they practiced responding to specific situations through role-playing, among other methods. At present, Boerhaave has three trained tour guides and several assistants.

Key stakeholders and Required skills

For the development of the guided tour, Boerhaave worked closely with the Expertisecentrum Dementie (Dementia Expertise Centre). They held discussions with various care providers, observed dementia-friendly tours at other museums, and conducted pilot sessions. Some of the staff, including tour guides, ticket desk employees, and security personnel, completed the 'Samen dementievriendelijk' (Together Dementia-Friendly) training by Alzheimer Nederland (see chapter 2.2.2.2).

Costs and Resources

Tours are available cost-free upon request. Recruitment for the *Verheugenis* tour is carried out through active promotion, such as distributing flyers in care institutions, publishing articles in local newspapers, and sending emails to relevant stakeholders. Care institutions and caregivers can then contact museum Boerhaave directly. Visitors are organised into groups of four to five people with dementia, accompanied by their caregivers, which often results in quite diverse groups. The tour dates are scheduled in consultation and take place approximately once a month, usually during quieter times.

Outcomes and Feedback

Gerolf Heida, senior museum educator and tour guide, indicated to have received very positive feedback, with some participants requesting additional tours. As a guide he has observed that visitors are hesitant at first, but enthusiasm prevails afterwards. He noted visitors recalling personal memories and displaying heightened interaction when engaging with objects and themes. In general the tour is met with increased engagement, emotional responses, and enjoyment.

Replicability and Scalability

The *Verheugenis* tour, based on the *Onvergetelijk* method, is highly scalable within the Netherlands and replicable internationally due to its adaptable, well-documented approach to dementia-friendly museum engagement. Its success at Rijksmuseum Boerhaave, supported by staff training, expert collaboration, and modest group sizes, shows that similar institutions can implement the model with limited resources. Given its origins in the internationally recognised *Meet Me at MoMA* programme, the method can be effectively localised across different cultural contexts, making it a strong candidate for broader adoption in museums seeking to enhance accessibility for people living with dementia.

2.5 Recommendations

2.5.1 Recommendations on enhancing accessibility and inclusivity for individuals with dementia within cultural spaces, including awareness-raising.

Shift from a disease-centred to an inclusive perspective

- Reduce emphasis on the term *dementia* and associated labels like "therapy" or "illness". Instead, promote language and initiatives that highlight capabilities and relationships.
- Use strengths-based approaches that support autonomy, agency, and dignity.

Promote participation in regular cultural programmes and institutions

- Embed dementia-inclusive design in general programmes, not just specialised ones. People with dementia should be able to join mainstream cultural activities with or without modifications.
- Enable the continued participation in usual activities for as long as possible to stimulate societal participation, independence, and meaningful pastime.
- Reduces stigmatisation, shame, and fear among family members and informal carers and highlight the importance of meaningful daytime activities.

Encourage bottom-up programming

- Design activities that reflect personal preferences, cultural backgrounds, and individual needs.
- Tailor content by considering the stage of dementia and consider visits on location when needed.
- Recognise the existence of psychological issues and enable flexible programmes where needed.

Consider physical accessibility and mental overload

- Improve overall accessibility in cultural venues, such as adequate transportation, flat surfaces, calm zones, appropriate seating, and rest areas. Consider planning and time restraints when needing to use elevators and other mobility equipment.
- Plan specialised initiatives around the capabilities and needs of the visitors. Think of small groups, short programmes, late morning start times, and low pace.
- Ensure awareness among all staff members of unusual or erratic behaviour, understand that overstimulation occurs, and provide support for emotional responses.

Value informal carers as co-participants

- Offer cultural activities that engage both caregivers and people with dementia, such as co-creation sessions, to improve relationships and strengthen bonds.
- Provide optional moments of rest and support for caregivers during activities.

2.5.2 Insights into the educational content needed to train cultural staff, carers, and artists.

Encourage intergenerational contact and community-wide awareness

- Launch public awareness campaigns in schools, libraries, and community centres to foster acceptance and understanding from an early age.
- Incorporate information and guest lectures about ageing, vulnerability, and cognitive changes in school curricula to build a society that embraces diversity of mind and experience.

Improve general knowledge and collaboration between organisations

- Equip care professionals, informal carers, cultural institutions, and the general public with the knowledge to understand and respond appropriately to people with dementia.
- Improve dialogue and collaboration between cultural institutions, care organisations, research institutes, and NGO's to enable transfer of knowledge and expertise and improve the reach and accessibility of cultural programmes.
- Underline the importance of practical and experiential knowledge and incorporate real life examples into trainings and educational offers.

2.5.3 Suggestions for training methods and formats that align with the Memorable project's training goals and the target audience's preferences

- Use known methodologies that evoke recognition and joy, such as musical, reminiscence, and sensory activities.
- Promote experimenting with different methodologies and activities and highlight the diversity of people with dementia.
- Underscore the importance of meaningful activity in contrast to entertainment.

2.6 List of dementia-friendly cultural initiatives

At the request of one of the interviewees, a list of cultural activities for people with dementia is provided below. Please note that this is not an exhaustive list of all initiatives in the Netherlands, as many local programs exist and listing them would exceed the scope of this research. Additionally, new initiatives are frequently being established.

Museums offering dementia-friendly tours and/or programmes:

- Beelden aan Zee, Den Haag
- CODA Museum, Apeldoorn
- Dordrechts Museum, Dordrecht
- Drents Museum, Assen
- Fries Museum, Leeuwarden
- Kunstmuseum Den Haag, Den Haag
- Limburgs Museum, Venlo
- Mauritshuis, Den Haag
- Museum Boijmans Van Beuningen, Rotterdam
- Museum De Lakenhal, Leiden
- Museum Dr8888, Drachten
- Museum Het Schip, Amsterdam
- Natura Docet, Denekamp
- Singer Laren, Laren
- Stedelijk Museum, Amsterdam
- Het Rijksmuseum, Amsterdam
- Rijksmuseum Boerhaave, Leiden
- Van Abbemuseum, Eindhoven
- Zeeuws Museum, Middelburg

Musical events and programmes

- Herinneringen Top 50 Concert – Alzheimer Nederland
- Participatiekoren
- Embrace Nederland
- Stichting Kleurke
- Zingen in de Zorg
- Diva Dichtbij

Other programmes, activities, and events

- Voetbal Herrinneringen - Alzheimer Nederland (football memories)
- Onvergetelijke Kookclub - Alzheimer Nederland (cooking club)
- Beeldkracht Oisterwijk (art studio)
- TimeSlips (storytelling)
- DemenTalent (volunteer positions for people with dementia)
- Brain Power (co-research group of people with dementia sharing experiential knowledge)
- Alzheimer cafés (local monthly meetings with information)
- Odensehuizen (local information, advice, and meeting place)

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