

Mitigating Measures



Category	Challenges	Mitigated Measures
Participants	Language was a barrier for some target audiences.	The programme was re-designed to include more hands-on activities that required little instructions and language literacy.
	Participants motivation levels varied, impacting overall engagement.	A link worker contacted each participant individually to remind them about meetings. More ice-breaking activities to motivate them as a group as well as check in and check out activities so it was easier to enter and leave the group – please read more in Fellowship in Focus framework.
	Individual needs – anxiety can be the cause for certain participants to not attend a meeting(s).	Individual contact and offering to meet with and follow the participant to the meetings is an approach that helps the participant to overcome their anxiety.
	Individual needs – stress can mean the participant may have problems concentrating or comprehension of the task at hand.	CAF give clear and repeated instructions and guides individuals through the different processes of the activity.
	Scheduling issues for students and employed participants.	Offered activities outside of educational and standard working hours.
	Maintaining the interest of the participants.	Continuous monitoring and adjusting the programme based on the needs of the target audience. Ensure a link worker participates and supports the participants in the activities. Involve participants in choosing or planning some of the activities. Allocate a link worker to support each group.
	The participants wished to continue in culture and/or social activities after the AoP programme.	Collaborate with voluntary organisations who have social activities. Create a social network among participants via SoMe channels. Compile a list and/or send a monthly newsletter to AoP participants about

upcoming (free)

Recruitment – referral channels

Too few recruitment channels chosen in the beginning.

General practitioners (GP) were difficult to get onboard.

Certain referral channels were difficult to motivate/engage.

Broaden the scope of referral channels to reach a broader target audience.

Use of different and various communication channels to get GPs on board. Held direct meetings with GPs to clarify benefits and streamline referral procedures.

Inviting referral channels to try AoP themselves was a great way for them to understand the concept in order for them to convey it's benefits to the target audience.

Also, more time was devoted to informing and discussing the programme with referral channels especially teachers.

Culture and arts facilitators

Certain culture and arts facilitators (CAF) were not popular among the participants.

Despite the trainings provided to the facilitators, some of them remained to feel insecure when meeting the participants. It was especially challenging for facilitators who's social and empathy skills were less developed.

The CAF received feedback and if they wished they could participate in (extra) training sessions of working with vulnerable groups.

In some cases, the collaboration with certain facilitators ended and new facilitators were commissioned and received training in working with vulnerable groups.

Alos extra training was provided by many of the pilots after each AoP programme cycle.

Other

Lack of awareness of Arts on Prescription programme.

Unexpected or high transport costs - due to health and economic barriers.

Physical barriers.

Repeat the need to inform referral channels about the programme before and after each programme cycle. Create SoMe campaign for self refferal possibilities.

Transportation costs were initially covered by redistribution of the budget in one of the programme cycles. A more sustainable solution was the use of municipality instead of private transport services.

Not all venues were physical friendly. Ad hoc solutions were made at each venue. Also, more permanent solutions are currently under planning.