



**Friese
Preventie
Aanpak**

Position paper

De Fryske Mienskip Oanpak

The Frisian Community Approach



The Frisian translation of the Icelandic Prevention Model

*From countering substance use among adolescents
to moving and meeting for the whole community*

Jouke Douwe de Vries MSc
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Preface

Because I wanted to know more about the Icelandic Prevention Model (IPM), in the summer of 2022 I went looking for scientific literature and articles about the IPM or OKO ('Opgroeien in een Kansrijke Omgeving' - Growing up in an Environment full of Opportunities), as it is called in the Netherlands.

After reading I was both disappointed and enthusiastic. Disappointed, because the approach was only aimed at preventing substance use among adolescents and enthusiastic about the approach itself, which I believe can be used much more widely. In this position paper you can read exactly what that approach is and how I see its broader use.

And the term 'position paper' already says it. The intention of this paper is to determine position. Determine a position in relation to the IPM and also to offer inspiration for an own Fryske Mienskip Oanpak (FMO, in English: Frisian Community Approach) based on the approach and experiences in Iceland. To this end, I make a few preliminary statements.

The scientific theories underlying the IPM establish a relationship with suicide and loneliness. In addition, the approach of the IPM is strongly rooted in the community. That is why I have made a relationship in this position paper with loneliness and the sense of community in the province of Friesland in the north of The Netherlands. I also discuss the relationship with a healthy lifestyle, which is what the Frisian Prevention Approach (FPA) is committed to.

In this position paper I present a vision and, as mentioned, I make some initial statements of direction for a Fryske Mienskip Oanpak. This, of course, needs to be worked out further. That is why I am pleased that the Program Management Team (PMT) of the FPA has indicated in a response that it wishes to set up a task force that will conduct further research and translate this position paper into concrete objectives and actions.

On November 11, 2022, this position paper was adopted by the administrative platform of the FPA as an inspirational document and for further elaboration by the PMT.

Finally, I would like to thank Anneke Meijer (program manager FPA), Lineke Kleefstra (director of Public Health GGD Fryslân) and Steffie Bunk (Fitaal Wiis, GGD Fryslân) for their support and contributions to this position paper.

Jouke Douwe de Vries MSc

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Introduction

From Iceland to Friesland

On 17 June 2022, the Board of the Frisian Prevention Approach (FPA) discussed the OKO approach ('Opgroeien in een Kansrijke Omgeving', in English: Growing up in an Environment full of Opportunities), based on the Icelandic Prevention Model (IPM). The reason for this discussion was the order given by the Health Board of the Safety Region Fryslân at the end of 2021 to explore, emerging from the 'Sober Frisian' programme, what options there are for municipalities to collaborate provincially and thus strengthen the local OKO approach in the province of Friesland.

The current OKO approach focuses on young people. Therefore, in order to stay close to the national OKO approach, the province of Friesland starts with the life stage 'Jong' (young) (a defined life stage within the FPA from 4 to 18 years). Subsequently, the FPA wants to focus on other life stages with a broader approach, based on the IPM and OKO.

Based on literature research, in this *position paper* direction is given to a broad Frisian approach for all life stages: the Fryske Mienskip Oanpak (FMO, in English: the Frisian Community Approach).

Conclusion: While the IPM/OKO primarily focuses on countering substance use among young people, the Fryske Mienskip Oanpak (FMO) aims to stimulate **moving** and **meeting** in **all phases of life**.

This is in line with the ambition of the FPA to achieve 'good health and well-being with equal opportunities for everyone in Friesland', based on the principle that all phases in the course of life matter and the health potential in general needs to be strengthened; with attention to underlying problems concerning an unhealthy lifestyle by relating it to the physical, medical and social domain (FPA, 2020).

Loneliness

With regard to these underlying problems, loneliness and social isolation have a major impact on the lifestyle and psychosocial health of people in all life stages (Richard et al., 2017). The importance of social integration is also reflected in the social theories the Icelandic Prevention Model is based upon (Sigfusdottir et al., 2010). For example, Durkheim's theory (1897) emphasizes that poor social integration can lead to social problems and reduced individual well-being. In Iceland, this has led to a community-based approach that focuses on **primary prevention**, i.e. preventing undesirable behavior before it occurs (Sigfusdottir et al., 2010).

The Frisian Prevention Approach

The Frisian Prevention Approach (FPA) was established in response to the National Prevention Agreement (NPA) in The Netherlands. The NPA is an important step towards a healthier society. The next step is a translation of the actions in the National Prevention Agreement to Friesland. In addition to national measures, the approach will mainly take place locally.

In June 2020, the Health Board of the Fryslân Safety Region approved the Frisian Prevention Approach based on this starting document. This means that all collaborating organizations within the Frisian Prevention Approach will be committed to this joint ambition in the coming four years: Good health and well-being with equal opportunities for everyone in Fryslân.

Source:

<https://www.friesepreventieaanpak.nl/over-de-friese-preventieaanpak/>



Community oriented

The Fryske Mienskip Oanpak (FMO) is also a community-oriented approach that focuses on primary prevention. The FMO has a broader orientation than just countering substance use among young people. Nevertheless, lessons can certainly be learned from the experiences gained with the IPM in Iceland in recent decades.

Which lessons these are and what they can mean for Friesland, will be highlighted in more detail in this *position paper*. The situation in Friesland and how it relates to Iceland will also be discussed. Finally, a broad outline will be given of what the Fryske Mienskip Oanpak (FMO) will look like.

Jouke Douwe de Vries MSc

Chairman of the Board of the Frisian Prevention Approach

November 2022



Chapter 1

Lessons from Iceland

In two decades, the Icelandic Prevention Model (IPM) has contributed to an impressive decline in substance use among adolescents in Iceland, now ranking it among the lowest in Europe (Kristjansson et al., 2016). This success has not gone unnoticed abroad and has led to an increasing number of countries and municipalities applying the IPM themselves (Sigfusdottir et al., 2020).

This is also the case in the Netherlands, where, after a successful pilot from 2018 to 2021 in six municipalities (including the municipality of Súdwest-Fryslân), the IPM is now being implemented in more municipalities under the name 'Opgroeien in een Kansrijke Omgeving' (OKO, in English: Growing up in an Environment full of Opportunities'), see box.

What is the Icelandic Prevention Model?

The IPM is (1) a theory-based, multi-level, community-wide intervention to prevent substance use among adolescents; using (2) empirical evidence from systematic social research as a basis to inform policy and guide practice at the local level; and with (3) collaboration between social scientists, policy makers and key stakeholders in the local community, including parents, social workers and those within youth organizations and schools delivering intervention activities at the local level (Sigfusdottir, 2011).

The core idea behind this approach is to strengthen protective factors within the community, such as parental supervision, parental co-communication and social engagement and youth participation in organized activities, such as sports (Kristjansson et al., 2016). Young people are no longer hanging out in the park, but are engaged in after-school activities three to four times a week, such as athletics, swimming, football, music, dance or art (The Atlantic, 2017). In addition, they spend more time with their parents, there is more personal attention at school and they are not allowed to be outside late at night (The Atlantic, 2017).

Government support

To make all this possible, the Icelandic government has invested heavily in sports, music, dance, art and other facilities, to provide young people with

'Opgroeien in een Kansrijke Omgeving' - Growing up in an Environment full of Opportunities

Iceland has successfully reduced the number of young people drinking, smoking and using drugs. This approach mainly focuses on strengthening the protective factors in the environment of children and young people. Sixteen Dutch municipalities are embracing this approach and are participating in the project 'Opgroeien in een Kansrijke Omgeving' (OKO).

After a successful pilot with the Icelandic prevention model from 2018 to 2021 in six Dutch municipalities, a new group of municipalities has embraced this preventive approach. (...) They do this under the new name 'Opgroeien in een Kansrijke Omgeving', also abbreviated to OKO.

The aim of this approach is that all young people in the Netherlands grow up in an environment full of opportunities, where attention is paid to well-being and the prevention of substance use. The basis for the approach is the Icelandic prevention model transferred to the Dutch situation. In this implementation process, the Trimbos Institute supports municipalities to work on a healthy and environment full of opportunities for young people, based on the principles of the Icelandic prevention model. The Netherlands Youth Institute contributes to the implementation process based on its expertise on parenting and growing up.

Bron: <https://www.nji.nl/preventief-jeugd beleid/opgroeien-in-een-kansrijke-omgeving>



alternatives and make them part of a group and feel good instead of drinking alcohol and using drugs (The Atlantic, 2017). In Reykjavik, where more than a third of the population of Iceland lives, young people receive pre-paid membership cards (€500 per year) from the municipality, which allow them to participate in youth work and sports activities under professional guidance (Sigfusdottir et al., 2011).

“We learned through the studies that we need to create circumstances in which kids can lead healthy lives, and they do not need to use substances, because life is fun, and they have plenty to do - and they are supported by parents who will spend time with them.”

Inga Dora Sigfusdottir, In: The Atlantic, 2017

Professional youth work

Within the IPM, professional youth work is of great importance as it offers young people the opportunity to participate in activities that help them build self-confidence, develop valuable skills and find life purpose (Sigfusdottir et al., 2011). Moreover, professional youth work offers opportunities to involve young people more in the local community (Sigfusdottir et al., 2011). In Iceland they do this by having young people do internships, volunteer work or by building a special informal relationship with an adult, such as a teacher or sports coach (Sigfusdottir et al., 2011).

The relationship of young people with their peers and parents and participation in organized youth work appears to be the key to preventing substance use (Sigfusdottir et al., 2008). In a broader context, the findings of Sigfusdottir et al. (2008) point to the continuing importance of social relationships, parental support and, in particular, social control and the importance of meaning in the everyday life of adolescents.

The core of the Icelandic Prevention Approach

- Convincing parents of the importance of providing emotional support, supervision and spending more time with their children;
- Encouraging young people to participate in organized (extracurricular) activities and sports, and increasing opportunities to participate in them;
- Working together with local schools to build a stronger support network between schools, parents and other relevant community organizations to prevent substance use (Sigfusdottir et al., 2011).

Transferability

The question whether the Icelandic approach can also be translated to larger and more heterogeneous communities has been the subject of research for some time. The founders of the IPM see this as 'a challenge' (Kristjansson et al., 2016). The 'Youth in Europe' project has been running for several years now, with which the first steps have been taken to translate the experiences gained in Iceland and extending them to the European mainland (Kristjansson et al., 2016).

In recent years, however, criticism of the IPM has also grown (see also box 'Questions about the success'). In particular, it is questioned whether the approach can be implemented in countries that do not have the characteristic and specific qualities of Iceland (Koning et al., 2020).



For example, the legislation in Iceland is very different, with, among other things, a strict alcohol policy and a curfew for young people aged 13 to 16, so in other countries the law will first have to be amended and regulatory tasks will have to be delegated to local authorities (Koning et al., 2020, 2021). In addition, unlike other countries, the government in Iceland has invested heavily in sports, music and arts facilities (ADAW, 2017).

Moreover, the social context in Iceland is different from other European countries. For example, the country has the lowest population density in Europe, it is quite isolated and social inequality is low (Koning et al., 2020, 2021). As a result, the social relationships are different and the quality of the support by the social network and the trust in each other are experienced differently (Koning et al., 2020, 2021). It therefore seems more obvious and acceptable in Iceland, more than in other countries, to exercise more social control and support (particularly by parents) and to involve people in a bottom-up approach (Koning et al., 2020, 2021).

In short, the Icelandic model cannot simply be adopted in other contexts, as risk and protective factors, such as parental influence, involvement in the local community and the polity differ from country to country (Koning et al., 2020, 2021).

Lessons

Despite these critical notes, researchers agree that there are also many good elements in the IPM and that there are indeed lessons to be learned from the experiences of two decades in Iceland.

You can distinguish three pillars on which the Icelandic model is built:

1. *Evidence*: a research-based practice;
2. *Community*: based on a community-based approach;
3. *Dialogue*: establishing and maintaining a dialogue between research, policy and practice (Sigurjonsdottir, 2018).

Kristjansson et al. (2020a) describe five guiding principles for the IPM:

1. Apply a primary prevention approach aimed at strengthening the social environment;
2. Emphasize actions within the local community and embrace schools as the natural hub for neighborhood activities that help children and young people with health, learning and success in life;
3. Involve and support local residents to make practical decisions based on available local and high-quality data and diagnostic data;
4. Integrate researchers, policy makers, social workers and local residents into one team that focuses on solving complex problems in today's society;

Questions about the success

In recent years, critical voices have been heard more and more, casting doubt on the success of the IPM.

For example, according to the critics, the decline in alcohol use among young people in Iceland cannot be attributed solely to the IPM, because the last 20 years many other European countries have also witnessed a sharp decline in drinking among young people (Koning et al., 2020, 2021). There is also a lack of scientific evidence. The founders of the IPM themselves also admit that they cannot establish a statistical relationship between substance use among young people and the prevention approach in Iceland (Kristjansson et al., 2016).

There is also criticism on the model itself. This would not describe clearly enough exactly which interventions should be done and how they should be implemented (Koning et al., 2020). In addition, the IPM would be particularly successful in middle-class families and especially in countries with low poverty rates and greater income equality (Agnihotri, 2021; CBC News, 2021). In addition, the model is labeled as “very conservative” because it focuses on parenting reinforcement and behavior change, but this is under significant pressure when in the traditional family both parents work from 9 to 5 (CBC News, 2021).



5. Match the size of the solution to the size of the problem, emphasizing long-term interventions and efforts using available community resources.

Next, Kristjansson et al. (2020b) define ten key steps within the IPM:

Step 1. Forming and developing local coalitions and strengthening knowledge and skills;

Step 2. Forming, developing and building local funds;

Step 3. Pre-data collection, planning and involving the local community;

Step 4. Data collection and processing, including data-driven diagnostics;

Step 5. Strengthening community participation and engagement;

Step 6. Dissemination of findings;

Step 7. Setting community goals and other organized responses to the findings;

Step 8. Aligning policy and practice;

Step 9. Involving children and adolescents in primary prevention environments, activities and messages;

Step 10. Repeat steps 1 to 9 every year.

Research shows that substance use among young people is mainly prevented by focusing on comprehensive schools as a whole, and therefore on all students, and not just on individual students who are most at risk of using it (Kristjansson, Sigfusdottir, & Allegrante, 2013). This involves a focus on ecological, long-term primary prevention through health education and health promotion within the local community (Kristjansson, Sigfusdottir, & Allegrante, 2013).

Finally, based on the IPM, you can conclude that prevention is indeed possible, according to Sigfusdottir et al. (2020):

- Communities can be empowered;
- Families, aid workers, researchers and policy makers can work together to improve the health and well-being of children;
- Policy can be adjusted in such a way that integrated, scientifically sound prevention models are created that produce results;
- Organizations can become more proactive and stronger at all levels and they can collaborate more;
- Communities can, collectively, create a healthier living environment for their growing children.

In short, prevention is possible, but the road to adopting a focus on prevention and integrating prevention models into daily practice can be long and demanding (Sigfusdottir et al., 2020).



Chapter 2

The situation in Friesland

In Friesland, 10 of the 18 municipalities have now expressed an interest in jointly, within the FPA, introducing the IPM or OKO, as it is called in the Netherlands. The implementation of the OKO approach is carried out by FPA's Healthy Living coalition.

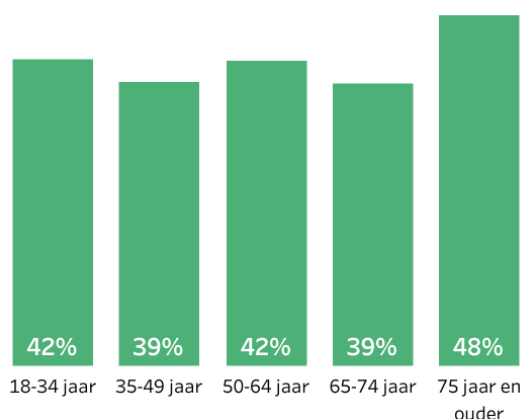
The Frisian municipalities have expressed the wish to take a broader view than just substance use and to implement OKO broadly to promote a healthy lifestyle. With the Fryske Mienskip Oanpak, the possibilities for this are further explored, with the focus on stimulating moving and meeting for all phases of life. This promotes participation and counters loneliness.

Some relevant figures from research in Friesland.

Loneliness

Just like the rest of the Netherlands, many Frisians struggle with feelings of loneliness. Approximately 40 percent of all residents of Friesland indicate that they are moderately to severely lonely (FSP, 2022). This is almost the same for all life stages; with the exception of the group of older people over 75 years old, where almost half is dealing with moderate to severe loneliness (FSP, 2022; see Figure 1).

Figure 1
Share of Frisians who are moderately to severely lonely



Source: FSP (2022)

Research shows that there is a link between loneliness and reduced physical and mental health and an unhealthy lifestyle (Richard et al., 2017). This also applies to all life stages (Richard et al., 2017). And in rural areas, the risk of physical and mental problems due to social isolation and loneliness is even greater (Kelly et al., 2019). An important finding to keep in mind for Friesland as a rural province.

The 'Healthy Living' coalition

The 'Healthy Living' coalition of the FPA focuses on the three themes of the National Prevention Agreement:

1. Reducing **smoking**
2. **Overweight** and
3. Problematic **alcohol use**.

Under the heading 'Fitaal Wiis', the theme 'Vital aging' is also part of the 'Healthy living' coalition.

Within the three existing lifestyle programs Smoke-Free Generation Friesland, Clear about Weight and Sober Frisian, the goals of the NPA are already being worked on in many areas.

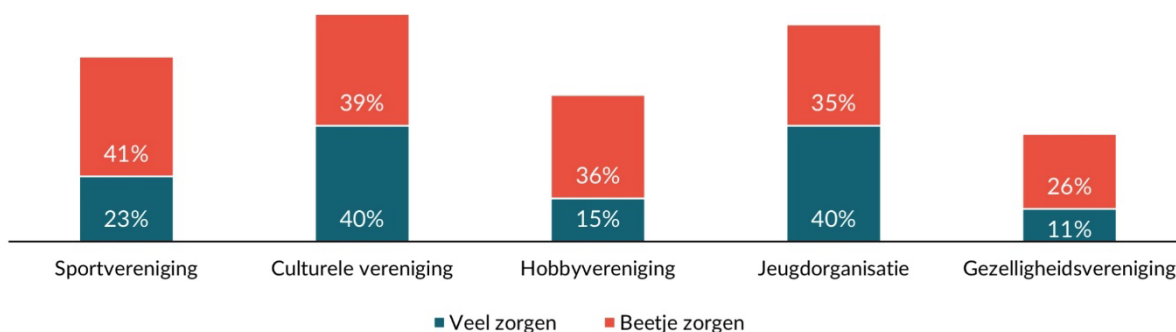
The Healthy Living coalition focuses, among other things, on further enriching the current programs through more research (knowing what works), more synergy, strengthening collaboration and paying more attention to vulnerable target groups and underlying factors. The joint approach to successful projects or pilots is also part of the 'Healthy Living' coalition. This includes the OKO approach and regional action to support the local approach in Friesland.



Clubs and associations

Clubs and associations in Friesland have seen their membership decline in recent years (FSP, 2021). Members of cultural associations and youth organizations are most concerned about the future of their association, but members of sports clubs are also more or less concerned (FSP, 2021, see Figure 2).

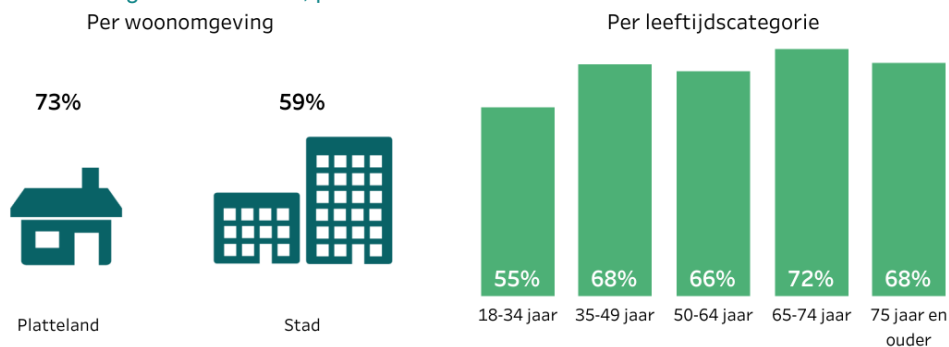
Figure 2
Concerns about the future of the association



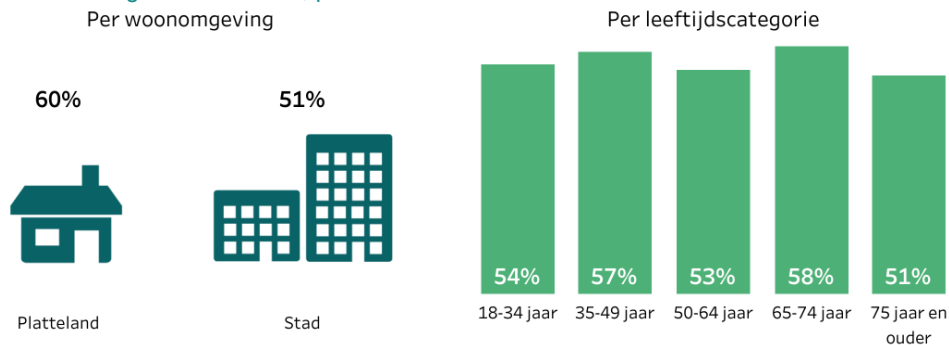
Source: FSP (2021)

The biggest concern for the future, according to the FSP (2021), is the declining number of members as a result of members leaving and fewer new members. In addition, declining finances and a smaller range of activities are also mentioned. Finally, to a lesser extent, there is also talk of an outdated board and a decreasing number of volunteers (Figure 3).

Figure 3
Share of Frisians doing volunteer work, period: 2019



Share of Frisians doing volunteer work, period: 2021



Source: FSP (2022)



60% of the respondents are concerned about the future of associational life in general (FSP, 2021). The administrators see young people leaving, experience a lower willingness to participate in the community and notice that people want to spend less time on the livability of their village or neighborhood (FSP, 2021).

The exact consequences of decreasing associational life are partly unknown, according to the FSP (2021), but it does expect that this decrease will have consequences for the quality of life of the inhabitants of Fryslân. Residents who are actively committed to an association feel to a greater extent that they contribute to society, according to the FSP (2021), and that feeling subsequently provides satisfaction and meaning in life. In this way, their efforts can indirectly have a preventive effect when it comes to mental health problems (FSP, 2021).

The FSP (2021) therefore proposes three possible future directions for Frisian club life:

1. **Perform more social tasks.** Associations in Friesland could perform more social tasks. Associations must then receive support in the field of association policy, legislation and finances.
2. **More collective and/or intersectoral action.** From there, associations can learn from each other, organize activities together or even expand the cooperation into a so-called omni-association.
3. **Focus more on activities that contribute to meeting.** Nowadays people are mainly members of an association because of social contacts, relaxation and conviviality. Associations should respond more to this changing need and focus on organizing activities that facilitate meeting at a local level. This meeting also strengthens social cohesion and quality of life in the neighborhood or village.

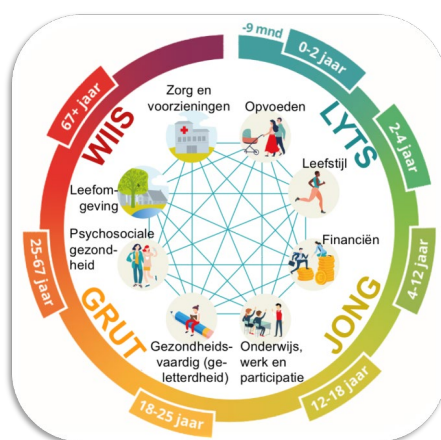
The Frisian Prevention Approach, integral and life stage oriented

Source: FPA (2020);
www.friesepreventieaanpak.nl (2022)

The goal of the FPA is to enable good health and a happy life in all stages of life: *lyts* (small), *jong* (young), *grut* (big) and *wiis* (wise).



Figure 4 - life stages en themes



Prevention is viewed broadly from 'preventing' to 'preventing worse'. The Frisian Prevention Approach pays attention to all kinds of factors related to this. Think of a person's lifestyle, living environment, upbringing, financial space, care and facilities (see figure 4).

The added value of the FPA mainly lies in bundling all knowledge and experience and making connections. The focus is on KNOWING what works, SHARING what works and DOING what works. Within the Frisian Prevention Approach, various coalitions are formed within which collaborating organizations can work on one or more life phases and/or themes.



The FPA seeks to link up with existing initiatives; with the aim of further developing and strengthening them. In Friesland, for example, a large number of movements in the field of precare and community care (Kaljouw & Van Vliet, 2015, see box) have now been set in motion, including a better connection between Education and Care, between Welfare and Care and Housing and Care. Each and every one of these initiatives is aimed at 'de-medicalizing' and 'normalizing' healthcare, together with (partners in) the *mienskip* (community); i.e. nearby, more accessible and at a lower cost.

The Fryske Mienskip Oanpak can be the umbrella under which all these initiatives have a place; including OKO in Friesland, aimed at the 'young' stage of life.

What is 'community care'?

“Community care is care that citizens arrange themselves or through their own network, supported by technology. For professional care there is a single point of contact and a professional safety net. This care is provided nearby, i.e. at home or in the neighbourhood, and is always aimed at restoring functioning.”

Kaljouw & Van Vliet (2015)



Chapter 3

De Fryske Mienskip Oanpak

The Frisian Community Approach

Friesland is traditionally known for its great social cohesion and its close-knit *mienskip* (FSP, 2022). But in recent years, this *mienskip* (community) has come under pressure, because fewer and fewer Frisians want to invest time in the livability of their village or neighborhood and want to commit themselves to the community (FSP, 2021). In the meantime, loneliness in Friesland remains high (FSP, 2022) and there is definitely a need for meeting and social contacts (FSP, 2021). So time for action! This chapter outlines the first guiding ideas for the Fryske Mienskip Oanpak (FMO).

In the Corona years 2020 and 2021, associations in Fryslân had to deal with declining membership numbers and few new members (FSP, 2021). Subsequently, in 2022, under pressure from the labor market, more and more people started working (CBS, 2022b) and the number of volunteers decreased (FSP, 2022). In addition, more and more schools are using a continuous schedule (DUO, 2020) and more and more children are going to (out-of-school) care (NJI, 2021; CBS, 2022a).

Life stages *lyts* (small) and *jong* (young)

In 2022, Fryslân will start implementing the OKO approach, based on the Icelandic Prevention Model, for the 12-18 age group in the life stage *jong* (young). The approach will be used more broadly from the start, so not only aimed at preventing substance use among young people. The Fryske Mienskip Oanpak is lifestyle wide; with a focus on (after-school) social activities, also for children aged 4 to 12 (also within the life stage *jong*), in the field of sports, music and art. And that, just like the IPM, at least three to four times a week and under professional supervision. It should be examined whether school days, together with childcare and after-school care, can be extended and also whether the life phase *lyts* (small) can already be included.

As with the IPM, the aim is to promote a healthy lifestyle and social cohesion (Sigfusdottir et al., 2008; 2011). In addition, especially for older youth, (social) internships and voluntary work should not be forgotten. This is also following Iceland.

This is also in line with existing initiatives in Friesland such as JOGG, Enriched School Day, Healthy School, More Music in the Classroom, MDT (social service) and the Education & Care program line of the Action Plan *Foar Fryske Bern*.

The municipalities, schools, youth and youth work, associations and music schools in the province have an important role to play in this.

Schools should, as in Iceland, together with childcare, form the **hub** for contacts with parents, organizations and other stakeholders.

Life stages *grut* (big) and *wiis* (wise)

Strong social cohesion contributes to positive developments in areas such as safety, health, well-being and economic productivity and growth (CBS, 2015). People generally have a need for social contacts; they want to be part of a group, exchange experiences and want to be able to turn to each other for support (CBS, 2015).

This also applies to Friesland (FSP, 2021) and is particularly important in the Frisian countryside in order to reduce the risk of loneliness and social isolation (Kelly et al., 2019).



Moreover, it can prevent health problems resulting from loneliness, such as reduced physical and mental health and an unhealthier lifestyle (Richard et al., 2017).

While participation within the IPM is a means to achieve the goal, the prevention of substance use among young people, participation in the FMO serves as a goal to combat loneliness in all phases of life. As in Iceland, here too, participation takes the form of social activities, under professional guidance, in the fields of sports, music, art and volunteering within the local community. This gives substance to the observation of the Icelandic researchers that their intervention model can be applied to a wide range of health problems (Sigfusdottir et al., 2008).

Other researchers conclude that social activities can counteract social isolation and feelings of loneliness and contribute to better health and well-being of people (Kelly et al., 2019; Lay-Yee, Campbell, & Milne, 2022). But when it comes to the countryside, there are warnings about a 'one size fits all' approach in policy and practice, and researchers call for customization at the local level (Kelly et al., 2019). The more the local community, based on a collective responsibility for social inclusion and solidarity, is involved in interventions, the more effective the approach will be (Kelly et al., 2019; Lay-Yee, Campbell, & Milne, 2022). The long-term perspective must also be carefully considered, whereby sufficient financial resources and support for increasing knowledge and skills are of the utmost importance (Kelly et al., 2019).

Social activity is also one of the three themes in the *Fitaal Wiis* model, the model that directs the way in which public health care can work to promote vitality in the life phase *wiis* (GGD Friesland, 2022). To promote healthy ageing, it is also important to focus on exercise and nutrition. Social activity, exercise and nutrition are the most important determinants of frailty among the elderly and thus the key points for vital ageing.

For the life phases *grut* (big) and *wiis* (wise), the schools are not the **hub** for contacts, but community rooms, community buildings, village houses and libraries should fulfill this role for the older target group.

An important role is reserved for welfare work; together with the municipalities and other stakeholders, such as social cultural work, associations, music schools and care organisations.

This also ties in with a multitude of existing initiatives in Friesland that focus on Housing & Care and a better connection between Welfare & Care.



Chapter 4

Conclusions and recommendations

In summary, the Fryske Mienskip Oanpak (FMO) focuses on moving and meeting for all phases of life in Friesland; with social activities rooted in the local community.

LYTS

JONG



- 👉 **Goals:** Social inclusion, countering loneliness
- 👉 **Subgoals:** Promoting a healthy lifestyle, growing up in an environment full of opportunities, preventing substance use
- 👉 **Means:** Participation in activities for sports, music, art and doing (social) internships and volunteer work in the local *mienskip* (community)
- 👉 **Hub:** Schools (combined met day care/after-school care)
- 👉 **Stakeholders:** municipality, schools, day care/after-school care, parents, youth work, associations, music schools, ...

- 👉 **Goals:** Social inclusion, countering loneliness
- 👉 **Subgoals:** Promoting a healthy lifestyle, preventing substance use
- 👉 **Means:** Participation in sports, music, art and volunteering activities in the local *mienskip* (community)
- 👉 **Hub:** Community rooms, community buildings, village houses and libraries
- 👉 **Stakeholders:** municipality, welfare work, associations, music schools, libraries, social cultural work, social work companies, care organizations, ...

GRUT

WIIS



Conclusion

The *mienskip* in Friesland is close-knit, but in recent years social cohesion has come under increasing pressure from social developments. For example, the number of members and volunteers in associations is decreasing. Meanwhile, loneliness among Frisians remains high in all phases of life. The close-knit *mienskip* provides a rich basis for a new *Fryske Mienskip Oanpak*; with activities aimed at *moving* and *meeting*.

Recommendations

Within the FPA, keep focusing on KNOWING - SHARING - DOING.

KNOWING what works:

- 👉 First, do further research on the participation part of the Icelandic Prevention Model and how the monitoring is done in Iceland. An important question is also how the local community in Iceland is involved in shaping policy and activities. The research questions must be made clear together with the research institutions involved with the FPA.



SHARING what works:

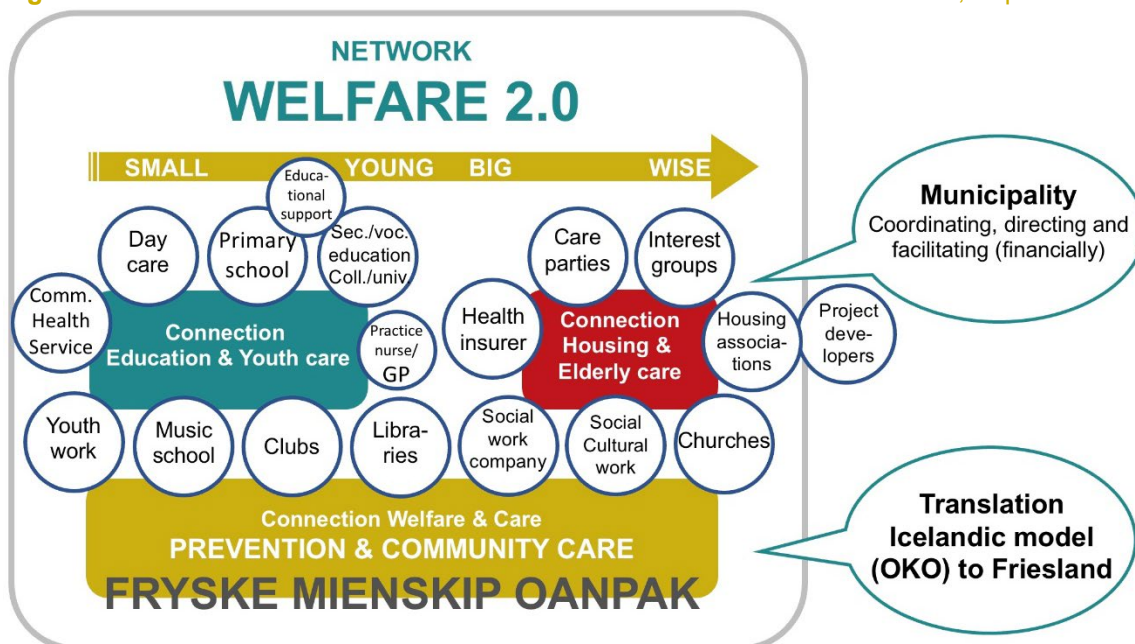
- 👉 Share the ideas about the FMO with the municipalities that have shown interest in OKO and explore the possibilities of broadening the approach to *moving* and *meeting* for all stages of life.
- 👉 Start reaching out to stakeholders (see also Figure 5) so that ideas can be shared and a start can be made on forming local coalitions, just like the IPM/OKO. In particular, the hubs, schools and welfare organizations, should be involved at an early stage in the development.

DOING what works:

- 👉 Start at schools and in neighborhoods/villages that want to; in particular in the ten municipalities in Friesland that have indicated that they want to participate in OKO.
- 👉 Provide a sufficient structural budget up front, so that 'the long breath' that is required will not sigh in the long run under insufficient financial resources. The resources that will fall under the SPUK (Specific Benefit) scheme may offer opportunities to tackle this locally and supra-locally
- 👉 Do more research on the pre-paid membership cards (at €500 per year) that are provided to young people in Iceland. Is this also desirable in Friesland and for a wider target group (i.e. not only for young people, but for all stages of life)?
- 👉 It is also desirable for FMO to coordinate this at a provincial level. The OKO approach for the life stage *jong* is being handled by the FPA coalition 'Healthy living'. The broad FMO approach could also be addressed there; together with relevant partners in the coalition. This may require additional staffing.
- 👉 Stay connected with all other initiatives in Friesland in the field of prevention, *moving* (healthy lifestyle) and *meeting*. Also consider all initiatives in the fields of Education & Care and Housing & Care, which should form an integral part of the new, stronger connection between Welfare & Care that is being promoted with the *Fryske Mienskip Oanpak* (see figure 5).

Figure 5

J.D. de Vries, Sept. 2022



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Aanpak**

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Author:

Jouke Douwe de Vries MSc, chairman of the Board of the FPA

Editing and text contributions:

Anneke Meijer, program manager FPA

Steffie Bunk, Fitaal Wiis, GGD Fryslân

Lineke Kleefstra, director of Public Health GGD Fryslân

De Friese Preventieaanpak (Frisian Prevention Approach)

Harlingertrekweg 58

8913 HR Leeuwarden

Postadres: Postbus 612, 8901 BK Leeuwarden

info@friesepreventieaanpak.nl

tel. 088 - 2299586