



Status Quo in the Field of Culture and Health Interventions for Vulnerable Groups in the Baltic Countries



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OVERVIEW OF THE STATUS QUO IN THE FIELD OF CULTURE AND HEALTH IN THE BALTIC STATES

BACKGROUND

In the last twenty years, extensive research has demonstrated the beneficial impact of cultural and artistic engagement on health and well-being,¹ providing a solid evidence base for numerous cross-sectoral initiatives and projects, as well as policies on the EU, national and local levels. The collaboration of the two sectors is recognized and promoted by leading global and EU-level organisations in the fields of culture and health. The EU Work Plan for Culture 2023–2026 states that “participation in culture and cultural heritage, creativity and the arts have a positive impact on people of all ages and backgrounds; it enhances people’s quality of life and improves the health and overall well-being of individuals and communities.”² Moreover, the recently published EU report “Culture and Health: Time to Act”, developed by the European Union Open Method of Coordination (OMC) Group for Culture and Health, sets out practical, evidence-based actions to help EU Member States better integrate culture into health and well-being policies.³ The World Health Organisation’s Sector Brief on Arts (2019) stresses that “working together, the two sectors can provide holistic health care that draws on the arts to address complex mental and physical health needs and to support the broader promotion of health by harnessing the social, educational, behavioural and communicative potential of engagement in the arts.”⁴

TERMINOLOGY

Inseparable from the research and policy development, the terminology of intersectoral cooperation has also undergone refinement. In the EU, a transition from the notion of “Culture for Health”⁵ towards “Culture and Health”⁶ can be observed, reflecting an intention to support a more balanced and equitable cooperation between the sectors. In this report, prepared under the Erasmus+ project

- 1 Some of frequently cited publications:
Fancourt, D., Finn, S. (2019). *What Is the Evidence on the Role of the Arts in Improving Health and Well-Being?: A Scoping Review*. Copenhagen, Denmark: World Health Organization Regional Office for Europe. www.ncbi.nlm.nih.gov/books/NBK553773
Zbranca, R., Dâmaso, M., Blaga, O., Kiss, K., Dascăl, M. D., Jakobson, D., Pop, O. (2022). *CultureForHealth Report. Culture’s contribution to health and well-being. A report on evidence and policy recommendations for Europe*. CultureForHealth. Culture Action Europe. www.cultureforhealth.eu/knowledge
Fancourt, D., Bone J. K., Bu F., Mak H. W., Bradbury A. (2023). *The Impact of Arts and Cultural Engagement on Population Health: Findings from Major Cohort Studies in the UK and USA 2017 – 2022*. London: UCL. <https://sbbresearch.org/wp-content/uploads/2023/03/Arts-and-population-health-FINAL-March-2023.pdf>
- 2 Council Resolution on the EU Work Plan for Culture 2023–2026; [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022G1207\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022G1207(01)) (accessed: 10.03.2025)
- 3 European Commission: Directorate-General for Education, Youth, Sport and Culture, *Culture and health – Time to act*, Publications Office of the European Union, 2025, <https://data.europa.eu/doi/10.2766/0432398>
- 4 World Health Organization. Regional Office for Europe. (2019). *Intersectoral action: the arts, health and well-being: sector brief on arts*. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/346537>
- 5 E.g. Preparatory action CultureForHealth – Bottom-up Policy Development for Culture & Well-being in the EU in 2021–2023: www.cultureforhealth.eu
- 6 E.g. the EU funded CultureAndHealth Platform, designed to support European emerging artists working at the intersection of culture, health, care, education and social sectors: www.cultureandhealth.eu

“Inclusive Wellbeing Through Arts and Culture in the Baltics” (WITAC), the term “Culture and Health” is used. We acknowledge related terminology, including “Arts for/and Wellbeing”, “Arts for/and Health” and others. As specified in the Executive Summary of the European Commission OMC expert group on Culture and Health, “The Culture and Health domain is founded on a principle of equal partnership between the culture and health sectors and is based on the biopsychosocial model of medicine”, “Culture and Health operates across healthcare and community settings, engaging diverse groups, including patients, families, healthcare workers, and the general public. Arts-based therapies are a part of the Culture and Health landscape. Nevertheless, this report is based on a wider appreciation of the multiple ways in which cultural engagement can lead to health and well-being outcomes, due to the intrinsic properties of culture.”⁷ The distinction between arts therapies and the therapeutic effects of culture and the arts is also a key consideration in this report. Similarly, with an awareness of the social determinants of health and the health benefits of social inclusion and cohesion, this report places its primary focus on policies and case studies aimed at promoting health through cultural engagement; initiatives and policies related to social integration are included in a concise form as secondary findings of the review.

In the Culture and Health context, by “culture” we mean “cultural and creative sectors” as defined in the legal basis of the Creative Europe Programme: “cultural and creative sectors mean all sectors whose activities are based on cultural values or artistic and other individual or collective creative expressions. The activities may include the development, the creation, the production, the dissemination and the preservation of goods and services which embody cultural, artistic or other creative expressions, as well as related functions such as education or management. They will have the potential to generate innovation and jobs, particularly through intellectual property. The sectors include architecture, archives, libraries and museums, artistic crafts, audiovisual (including film, television, video games and multimedia), tangible and intangible cultural heritage, design (including fashion design), festivals, music, literature, performing arts, books and publishing, radio, and visual arts.”⁸

“Health” is defined as in the preamble to WHO’s Constitution – as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”⁹. Moreover, WHO “emphasizes the importance of illness prevention and, consequently, the determinants of health: how health is shaped by the cultural constructs within which it is situated and how it can be promoted at both an individual and a societal level. The definition also focuses on being well, from both individual and social perspectives. The latter can include multiple aspects such as integration within society, contribution to society, acceptance and trust within society, individual understanding of society and belief in the potential of society.”¹⁰

7 European Commission. *Culture and Health: Time to Act. Open Method of Coordination Group Executive Summary*. Luxembourg: Publications Office of the European Union, 2025. P. 2-3

8 European Commission (2018). *Proposal for a regulation of the European Parliament and of the Council establishing the Creative Europe programme (2021 to 2027) and repealing Regulation (EU) no 1295/2013*. Brussels: European Commission. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52018PC0366>

9 World Health Organization (1947). *Constitution of the World Health Organization*. www.who.int/about/governance/constitution

10 Fancourt, D., Finn, S. (2019). *What Is the Evidence on the Role of the Arts in Improving Health and Well-Being?: A Scoping Review*. Copenhagen, Denmark: World Health Organization Regional Office for Europe. www.ncbi.nlm.nih.gov/books/NBK553773

CONCEPTUAL FRAMING

To further explore the diverse intersections of Culture and Health, two conceptual models will be used. According to the World Health Organization,¹¹ the positive impacts of culture on mental and physical health can be clustered into two broad categories, which allow for analysing the Culture and Health intervention based on their health outcomes.

Prevention and promotion	Management and treatment
<ul style="list-style-type: none"> • affect the social determinants of health; • support child development; • encourage health-promoting behaviours; • help to prevent ill health; • support caregiving 	<ul style="list-style-type: none"> • help people experiencing mental illness; • support care for people with acute conditions; • help to support people with neurodevelopmental and neurological disorders; • assist with the management of non-communicable diseases; • support end-of-life care

There are several taxonomies of culture and health interventions. One of the most extensive ones is developed by Richard Ings and John McMahon.^{12,13}

Targeted interventions	Broader arts and cultural engagement	Creative healthcare
<ul style="list-style-type: none"> • Arts in health and care environments • Participatory arts programmes in health and well-being • Arts therapies • Arts on prescription • Arts in healthcare technology • Arts in public health education and promotion 	<ul style="list-style-type: none"> • Standard arts activities in everyday life may also have an impact on health and well-being 	<ul style="list-style-type: none"> • Medical training • Medical and health humanities

This taxonomy allows us to view and classify the culture and health case studies based on the types of implemented activities and models of cross-sector collaboration. As mentioned above, art therapies will not be addressed in the review, although their presence in the Culture and Health ecosystem is fully recognised by the authors.

A combination of the approaches offers an opportunity to assess the case studies analysed further both from the health benefits and process analysis perspectives.

- 11 Fancourt, D., Finn, S. (2019). *What Is the Evidence on the Role of the Arts in Improving Health and Well-Being?: A Scoping Review*. Copenhagen, Denmark: World Health Organization Regional Office for Europe. www.ncbi.nlm.nih.gov/books/NBK553773
- 12 Ings, R., McMahon J. (2018). Arts and culture in health and wellbeing and in the criminal justice system. A summary of evidence. London, Arts Council England; www.artscouncil.org.uk/sites/default/files/download-file/Arts%20and%20Culture%20in%20Health%20and%20Wellbeing%20and%20in%20the%20Criminal%20Justice%20system-%20a%20summary%20of%20evidence.pdf (accessed: 10.03.2025)
- 13 Quoted in: Baltà Portolés, J. (2021). Dance and Well-being, review of evidence and policy perspectives. European Dance Network; www.ednetwork.eu/uploads/documents/59/EDN_Dance%20%26%20Wellbeing%20Full%20Publication.pdf (accessed: 10.03.2025)

OBJECTIVES AND METHODOLOGY

Over the past decade, the culture and health intersectoral field has begun to take shape in the Baltic States as well. The review aims to map this process and to identify key trends, gaps, and opportunities across three principal levels:

- **Macro level:** normative regulation (policies and frameworks supporting the cross-sector collaboration on national, municipal or local level);
- **Mezzo level:** training and practice (existing practices and services, training available for the specialists involved);
- **Micro level:** end-users (non)existing monitoring of the impact of the Culture and Health interventions, with a special focus on vulnerable groups¹⁴).

The literature review draws upon international and EU-level policy documents, academic research, national strategies, policies, and grey literature, including case studies and programme evaluations from the Baltic countries. The conceptual framing is informed by the above-mentioned, established categorizations and taxonomies in the Culture and Health field. Conclusions are provided at the end of each subchapter, divided by country, as well as at the very end of the chapter. Chapter 2 on Culture and Health in the Nordic states is intended to contextualize the Culture and Health field within the broader Baltic Sea region and to support its advancement in the Baltic states through illustrative examples, including those in the field of lifelong learning initiatives, which is the primary focus of the WITAC project.

The desk review is complemented by a qualitative study, as reflected in Chapters 3 and 4. The report, in its entirety, is prepared to lay the groundwork for achieving the project goals: to enhance the professional capacity of Culture and Health professionals, as well as to promote the development of Culture and Health policies at the national level in the Baltics.

LITHUANIA

Macro level – normative regulation

NATIONAL / MUNICIPAL FRAMEWORKS FOR CULTURE AND HEALTH

Among the three Baltic states, Lithuania has made the most progress in establishing national-scale regulation for Culture and Health.

On 5 January 2023, the Ministry of Health issued the Order on the Approval of the Description of the Procedure for Implementing the Social Recipe Initiative, which includes the Description of the Procedure for Implementing the “Social Recipe” Initiative.¹⁵ **The social prescription programme “Social Recipe” (*Socialinis receptas*)** aims to support senior citizens (typically aged 65+), especially

14 Vulnerable groups as defined in the WITAC project as follows: those marginalized and at risk of social exclusion, based on social or health background, ethnicity, gender, sexual orientation, culture, religion etc.

15 Seimas of the Republic of Lithuania. (2023). *Dėl socialinio recepto iniciatyvos vykdymo tvarkos aprašo patvirtinimo* (Įsakymas V-18). https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/65d00fa18d3911edb55e9d42c1579bdf?fbclid=IwAR1o3Tye7R88talwaj009e9Y1Ah9mdrhnRd7_BWkk33zj9fM54_MeQCRmPc

those experiencing loneliness, mild anxiety or depression, chronic illness, disability, or bereavement, by connecting them with free community-based activities in culture, wellness, non-formal education, and social engagement; cultural activities are an essential part of the programme. It is organized and supervised jointly by the Ministry of Health (the Mental Health Division and the Institute of Hygiene, a subordinate institution of the Ministry) and the Ministry of Culture (Strategic Development Unit and Memory Institutions Policy Unit). Family doctors or primary mental health teams can refer eligible seniors to the programme; self-referral is also possible through a dedicated online platform: pagalbasau.lt/socialinis-receptas.¹⁶ It is the task of municipal public health coordinators to manage local implementation, including the selection and cooperation with local cultural institutions, such as libraries, museums, theatres, etc. The pilot phase (2023) took place in Vilnius, Kaunas, Šiauliai, and Klaipėda districts. In 2024, the programme was extended to additional municipalities, including Anykščiai, Biržai, Mažeikiai, Pasvalys, Rokiškis, Šalčininkai, Tauragė, Telšiai, as well as Druskininkai, Marijampolė, Visaginas and Panevėžys city.¹⁷

The programme “Art for Human Well-being” was launched by the Ministry of Culture in 2012 and is financed as part of the inter-institutional action plan “Health for All”.¹⁸ Following the 2012 pilot phase and the subsequent concluding report in 2013, a more formal multi-year funding cycle was launched, with the current project funding covering the period from 2025 to 2027.

Funded projects are selected through an open call competition. The programme includes projects that focus on the availability of professional art for socially excluded groups – people in healthcare and social services institutions, older people (including those living with dementia), people with disabilities of all ages (with several activities for people with visual impairment). The evaluation of the already implemented projects reveals positive health outcomes, improved personal well-being and self-expression among the participants. It also demonstrated a clear link between improved access to culture and better health. Moreover, it was observed that more convincing results were achieved in projects involving professional artists and cultural workers.

Both national programmes, “Social Recipe” and “Art for Human Well-being”, are part of the Programme of the Government of the Republic of Lithuania 2017–2020.

OTHER POLICY AREAS, INDIRECTLY LINKED TO CULTURE AND HEALTH

The Strategic Action Plan of the Minister of Culture of the Republic of Lithuania 2024–2026¹⁹ has the following priorities: 1) Strengthening the role of culture in the development of the individual, the society and the state; 2) Improving the accessibility and quality of cultural services; 3) Strengthening the policy of integral protection and actualisation of cultural heritage; 4) Actualising the role of the media in the provision of cultural services. The objectives of the Strategic Action Plan include encouraging people to participate in cultural activities and contribute to cultural development, as well as revitalizing and enhancing the use of cultural and national heritage that is important to society. One of the monitoring indicators is “Equality and accessibility of cultural services for the population of the regions”.

16 Visuomenės sveikata. (2023). *Nauja paslauga senjorams – socialinis receptas*. <https://visuomenessveikata.lt/nauja-paslauga-senjorams-socialinis-receptas>

17 Lithuanian Republic Ministry of Health Institute of Hygiene (2024). *Public Health*. Vilnius: Leido Higienos institutas. <https://visuomenessveikata.lt/wp-content/uploads/2024/04/VS-2024-1104-iskas.pdf>

18 Mažeikaitė, K., Darškus, M., Šulskutė, K., Šlekys, Š. (2022). Programos „Menas žmogaus gerovei“ vertinimas: ataskaita 2021. Lietuvos kultūros taryba. www.kulturostyrimai.lt/wp-content/uploads/2022/09/Programos-menas-zmogaus-gerovei-vertinimas_Ataskaita_2021.pdf

19 Lietuvos Respublikos kultūros ministras. (2024). *Lietuvos nacionalinio dailės muziejaus 2024–2026 metų strateginis veiklos planas* (Įsakymas Nr. JV-46). www.lndm.lt/wp-content/uploads/2024/01/2024-01-22-galutinis-SVP-2024-2026.pdf<https://www.lndm.lt/wp-content/uploads/2024/01/2024-01-22-galutinis-SVP-2024-2026.pdf>

The national survey “People’s participation in culture and satisfaction with cultural services” is conducted every two years. A specific vulnerable group that is addressed in the survey is people with disabilities. For example, for the measure “Investments in digitization of cultural resources and accessibility”, the monitoring indicator “Digital/electronic publishing resources accessible to persons with disabilities” is projected for 2024/2025/2026 on an upward trend of 17/20/21%.²⁰

Lithuania’s Progress Strategy “LITHUANIA 2030” states that Culture occupies a particularly important role in the life of every member of society. It is understood not only as visiting museums, exhibitions or theatres, but also as broader participation in cultural life that contributes to self-awareness and self-expression in society, creating added value in various spheres of public life.²¹

In the Programme of the Government of the Republic of Lithuania 2017–2020, culture, health, education and social protection sectors were linked in the priority “A sustainable, responsible and healthy society”, where point 1.1.4. “Ensuring equal access to social, health, educational, cultural and legal services” foresees “improving the integration system for persons with disabilities in the fields of education, culture, social security and employment” and “strengthening the artistic competencies and creativity of disabled and socially excluded members of society, ensuring innovative cooperation models between non-governmental organizations”.²²

Lithuania’s National Progress Programme 2021–2030 includes the goal “strengthen national identity and ensure effective use of cultural resources to strengthen inclusive social and economic growth”,²³ which aims to increase citizens’ participation in cultural life.

The Law on the Framework of Cultural Policy of the Republic of Lithuania (2024), in the section “Principle of cultural horizontality in the field of social protection”, states that “the involvement of socially vulnerable persons in cultural activities strengthens social cohesion, reduces the risk of social problems, social exclusion, increases social integration and contributes to the reduction of the stigma of disability. The state provides additional social guarantees for artists and creative employees of professional performing arts institutions, enabling them to pursue their creative activities. In the field of healthcare, participation in cultural activities helps create social connections, contributes to anxiety suppression, chronic disease management, a better psychological state and mental health. Culture develops health promotion skills, contributes to public health and disease prevention objectives”.²⁴

Mezzo level – training and practice

EDUCATION AND TRAINING

The study “Assessment of the Development Opportunities for the Impact and Interaction of Culture and Art with the Health Sector” (2014)²⁵ on cooperation between culture and health spe-

20 Lietuvos Respublikos kultūros ministerija. (2024, sausio 22). Lietuvos kultūros ministerijos ir kultūros ministro valdymo srities įstaigų strateginis veiklos planas 2024–2026 (Isakymas TH7jHBLMMoO). Lietuvos Respublikos kultūros ministerija. <https://lrkm.lrv.lt/media/viesa/saugykla/2024/1/TH7jHBLMMoO.pdf>

21 Republic of Lithuania. Lithuania 2030: Progress strategy of the Republic of Lithuania. Office of the Government. https://lrv.lt/uploads/main/documents/files/EN_version/Useful_information/lithuania2030.pdfhttps://lrv.lt/uploads/main/documents/files/EN_version/Useful_information/lithuania2030.pdf

22 Seimas of the Republic of Lithuania. (2017). Dėl Lietuvos Respublikos Vyriausybės programos įgyvendinimo plano patvirtinimo (Nutarimas Nr. 167). <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/efe9ff4107be1e78352864fdc41e502?jfwid=bkaxl524>

23 Lietuvos Respublikos Seimas. (2020). Dėl 2021–2030 metų Nacionalinio pažangos plano patvirtinimo (Nutarimas Nr. XIII-3250). <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/c1259440f7dd11eab72ddb4a109da1b5?jfwid=->

24 Lietuvos Respublikos Seimas. (2024). Lietuvos Respublikos kultūros politikos pagrindų įstatymas. Konsoliduota redakcija. Vilnius: Seimas. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/e12b7cc02efa11efb121d2fe3a0eff27>

25 Mokymų, tyrimų ir vystymo centras. (2018). Kultūros ir meno poveikio bei sąveikos su sveikatos sektoriumi plėtros galimybių vertinimas. Ataskaita. Vilnius: Lietuvos kultūros taryba. www.ltk.lt/docs/kulturos-tyrimai/2018/O4/kulturos-ir-meno-poveikio-bei-saveikos-su-sveikatos-sektoriumi-pletros-galimybiu-vertinimas-0659.pdf

cialists in Lithuania from 2005 to 2014, highlighted several trends. First, there is confusion regarding the understanding of the terms art therapy (AT) and Art for Health (AH), as well as the distinction between AT, AH, leisure employment activities and art education activities. Secondly, cooperation between institutions and/or specialists in different fields is clearly noticeable (52.5%), but cooperation between the healthcare and culture sectors is much less common (17.5% of all respondents).²⁶ Thirdly, there is also a lack of process and outcome evaluation in the implementation of AH activities. Fourthly, AH activities are more often carried out based on project financing and are not continuous (58% of respondents). And finally, AH activities are carried out by specialists from various fields who lack professional training.

Since 2014, several Culture and Health initiatives have been implemented in Lithuania, often including short-term educational opportunities. For example, the **International Erasmus+ KA2 project “Museums, Art & Alzheimer’s (2015–2017)”**²⁷ aimed to increase the accessibility of arts and museums to individuals with Alzheimer’s disease or other forms of dementia, their family members and caregivers. The project promotes cooperation among the cultural, social and healthcare sectors. The museum educators involved received relevant training.

GOOD PRACTICE EXAMPLES

The social prescription program pilot projects

The aforementioned “Social Recipe” initiative is implemented via municipal Public Health Bureaus. Cultural activities are one of the four types of activities offered to senior citizens. These include museum tours, community-based workshops, creative sessions, and library-led programmes.²⁸ It is the task of the Coordinators to assess individual interests, mobility and other capacities, as well as social needs, to match seniors with relevant cultural and creative activities. Seniors then have the chance to choose their preferred activities from a list of available options.

Museums for People’s Wellbeing²⁹

In 2022, the Ministry of Culture of the Republic of Lithuania started the initiative “Museums for People’s Wellbeing”, with the aim is to increase the accessibility of culture for people with disabilities across the country by bringing together professionals from museums, education, health and social services, and by developing a new approach to the impact of museums and their activities on people’s psychosocial and spiritual well-being. This initiative is funded by the Progress Programme for the Development of Culture and Creativity, administered by the Ministry of Culture of the Republic of Lithuania, from 2021 to 2030.

26 Mokymų, tyrimų ir vystymo centras. (2018). *Kultūros ir meno poveikio bei sąveikos su sveikatos sektoriumi plėtros galimybių vertinimas. Ataskaita*. Vilnius: Lietuvos kultūros taryba. www.ltkk.lt/docs/kulturos-tyrimai/2018/04/kulturos-ir-meno-poveikio-bei-saveikos-su-sveikatos-sektoriumi-pletros-galimybiu-vertinimas0659.pdf, p. 52.

27 Lietuvos kultūros taryba. (n.d.). *Apie projektą* [web page]. Menas žmogaus gerovei. Retrieved July 26, 2025, from www.menasgerovei.lt/apie-projekt260.html

28 Higienos institutas. (2023). *Socialinio recepto iniciatyvos metinė ataskaita: pasiekimai ir išvalgos* (2023). Lithuanian Hygiene Institute. www.hi.lt/naujienos/socialinio-recepto-iniciatyvos-metine-ataskaita-pasiekimai-ir-izvalgos

29 Lietuvos kultūros taryba. (2023). *Muziejai žmogaus gerovei*. www.ltkk.lt/tyrimai-ir-statistika/kulturos-tyrimai/muziejai-zmogaus-gerovei-170

“In Search of Memories: Therapeutic Readings for Those with Dementia”³⁰

The Šiauliai County Povilas Višinskis Public Library recognised the need to support the mental well-being of elderly individuals and combat social isolation among the elderly, particularly those with memory impairments, by creating opportunities for social interaction and community engagement through group reading sessions. The library initiated the development of a new service, exploring the use of audio readings and examining methodologies used in U.S. libraries to support older adults with memory impairments. In 2021, the library published a methodological guide and introduced Lithuanian libraries to the “In Search of Memories: Therapeutic Readings for Those with Dementia” methodology.³¹ In 2022, the library started offering this service to older people with memory impairments, dementia, or signs of dementia.

There is a wide range of cultural and arts initiatives carried out in Lithuania that aim to enhance the social inclusion of vulnerable groups. These initiatives are not directly aimed at achieving positive health and well-being outcomes, but they can have these effects, based on an understanding of social determinants of health. Such projects are addressing older people (the Lithuanian National Museum developed a project “When Art Helps to Talk” (2022)),³² ethnic minorities (the Lithuanian Centre for Folklore and Ethnography of the National Minorities held “XIII International Assembly of Children and Youth Folklore” (2023)³³), people with disabilities (the Lithuanian Audiovisual Library’s project “It All Starts from the Point: Braille Inspires Accessibility” (2023), the Lithuanian Deaf Centre project “The World of Deaf Art – Let’s See and Get Acquainted” (2024), the Lithuanian Society of Persons with Disabilities project “Bird of Hope 2023” (2023)), refugees (Kaunas Artists’ House project “Social Culture” (2019–2022),³⁴ arts agency “Artscape” initiative “Public Institution Refugee Week: Strengthening Multicultural Communities” (2024)), the homeless and the poor (“Sing Me Good Night” (2016),³⁵ a collaboration project between the social assistance and integration centre “Betanija” in Vilnius and the homeless centre “Booth Centre” in Manchester), prison inmates (MB Fast Life Slow Things Major community project “Unheard voices” (2023)).

Micro level – end-users

The social prescription programme, “Social Recipe”, targets older people (aged 65 and above) who experience social isolation or emotional difficulties. Before launching the “Social Recipe” initiative, a preliminary study was conducted that included a section on the needs of the target group.³⁶ The study found that cultural and artistic activities had clear benefits for the well-being and social connectedness of older adults and people with disabilities in Lithuania. Still, greater accessibility and stronger cross-sector collaboration were needed to realise their potential fully. The 2024 report on the outcomes of the initiative states that seniors who took part in cultural and creative activities reported improved emotional well-being, a greater sense of social belonging, and enhanced self-management

30 Maskuliūnienė, D. (2022). *Pasakojimai padeda prisiminti*. Biblioteka Visiems. www.bibliotekavisiems.lt/pasakojimai-padede-prisiminti

31 Maskuliūnienė, D. (2022). *Prisiminimų beieškant: terapiniai skaitiniai demencija sergantiesiems* [PDF]. Biblioteka Visiems. www.bibliotekavisiems.lt/wp-content/uploads/2022/05/Prisiminimu-beieskant_galutinis-compressed.pdf

32 Lietuvos nacionalinis dailės muziejus. (N.d.). *Kai menas padeda susikalbėti. Vyresnės kartos žmonių ir šiuolaikinių menininkų kūrybiniai susitikimai*. www.lndm.lt/kai-menas-padede-susikalbėti-vyresnes-kartos-zmonių-ir-siuolaikiniu-menininku-kurybiniai-susitikimai

33 Lietuvos kultūros taryba. (2023). n.d. *Projektų finansavimas 2023*. www.ltkk.lt/index.php?metai=2023&etapas=&submit=Filtruoti&do=finansuoti-projektai&psl=projektu-finansavimas&step=

34 Kauno menininkų namai. (2021). *2021 metų veiklos planas* [2021 Annual Activity Plan]. Kaunas: Kauno menininkų namai. <https://kmm.lt/veiklos/educacine-programa-sociali-kultura>

35 Lietuvos kultūros taryba. (N.d.). Apie projektą. Menas žmogaus gerovei. www.menasgerovei.lt/apie-projekt261.html

36 Zakaruskaitė, K. et al. (2023). *Laisvalaikio, kultūros ir meno poveikis sveikatai: Socialinio recepto galimybės žmonėms su negalia ir vyresnio amžiaus žmonėms Lietuvoje*. April 2023. Report produced by Kurk Lietuvai – Lietuvos žmonių su negalia aplinkos pritaikymo asociacija. <https://data.kurk.lt/wp-content/uploads/2023/04/Laisvalaikio-kulturos-ir-meno-poveikis-sveikatai.pdf>

of health conditions³⁷; the local health coordinators observed a reduction in nonurgent visits to family doctors for psychosomatic complaints, implying improved mental health resilience and perceived quality of life among the programme participants.³⁸

“The study on the accessibility of Lithuanian art museums to socially excluded groups” (2017–2018)³⁹ aimed to assess the accessibility of services for persons with disabilities in the Lithuanian art museums. The study concluded that while cultural participation for people with disabilities is legally supported in Lithuania, most of the museums remain insufficiently accessible. Physical, informational, sensory, and social institutional barriers stem from limited staff training and a lack of systematic assessment and planning for accessibility.

The research study “Participation of the population in culture and satisfaction with cultural services (2023)”⁴⁰ was targeted at the general population of Lithuania aged 15 years and not specifically targeted at vulnerable groups; nevertheless, the data do include responses from vulnerable groups, such as individuals with disabilities, older people, the unemployed, widowed, divorced and low-income individuals (less than 600 euros per month). The results of the study indicate that poor health (in the opinion of individuals) prevents them from engaging in cultural life; reduced accessibility of culture is also related to older age and lower income.

Conclusions

The main vulnerable groups that are currently addressed in Culture and Health initiatives, as well as social inclusion projects in Lithuania, are as follows: older people (incl. those living with dementia), youth from precarious backgrounds, people with various disabilities, national minorities, refugees, as well as prison inmates, homeless and low-income persons. Special attention has been paid to people with disabilities, with support for this group ensured by several normative regulations, long-term and short-term initiatives.

There are two national-scale Culture and Health programmes in Lithuania: the “Art for Human Well-being” programme (since 2012) and the social prescription programme “Social Recipe” (since 2023).

Short-term culture and health projects with national and EU funding are permanently carried out mainly by state cultural institutions, NGOs in the cultural field and NGOs representing people with disabilities.

The most dominant types of Culture and Health interventions are targeted interventions, mainly Arts/Culture on Prescription and participatory arts and cultural programmes, focusing on disease prevention and health promotion.

Training of specialists involved in Culture and Health initiatives is non-existent or fragmented (provided in short-term local projects).

The positive impact of culture on health and well-being is recognised on all levels – by researchers, policymakers, health and cultural professionals, as well as end-users.

37 Higienos institutas. (2024). *Socialinio recepto iniciatyvos metinė ataskaita: pasiekimai ir įžvalgos* [Web page]. www.hi.lt/naujienos/socialinio-recepto-iniciatyvos-metine-ataskaita-pasiekimai-ir-izvalgos

38 Higienos institutas. (2023). *Socialinio recepto iniciatyvos metinė ataskaita: pasiekimai ir įžvalgos* [Annual Summary Report of the Social Prescription Initiative]. Vilnius: Lithuanian Hygiene Institute. www.hi.lt/naujienos/socialinio-recepto-iniciatyvos-metine-ataskaita-pasiekimai-ir-izvalgos

39 Menas žmogaus gerovei / Menas ir Alzheimeris. (N.d.). *Meno prieinamumo tyrimas* [Web page]. www.menasgerovei.lt/meno-prieinamumo-tyrimas.html

40 Lietuvos kultūros taryba. (2024). *Gyventojų dalyvavimas kultūroje ir pasitenkinimas kultūros paslaugomis (2023 tyrimas)*. www.ltkk.lt/docs/kulturos-tyrimai/2024/03/Gyventoju-dalyvavimas-kulturoje_ataskaita_FIN.pdf

Cross-sectoral collaboration between culture and health has been formally established at the national level, supported by dedicated long-term state funding. Experience is being systematically accumulated, and further development of this cooperation is actively progressing.

LATVIA

Macro level – normative regulation

NATIONAL / MUNICIPAL FRAMEWORKS FOR CULTURE AND HEALTH

Currently, there is **no national normative framework** for the cross-sectoral collaboration between Culture and Health in Latvia.

On the municipal level, Cēsis municipality, as one of the piloting partners in the Interreg Baltic Sea Region project **“Arts on Prescription in the Baltic Sea Region 2023–2025”**,⁴¹ has established a legal framework (collaboration contracts and remuneration order) between the Culture Department and the referrers responsible for prescribing the cultural programme to their clients. The latter include: the Social Department, Cēsis Clinic, Rehabilitation Centre “Līgatne” and Cēsis Branch of State Employment Agency.⁴² The target audience of the project is adults with mild to moderate mental health problems in groups of 12–15 participants attending the programme together. The Arts on Prescription pilots implemented in Cēsis municipality are mainly focusing on offering regular activities at three museums and a heritage site of the municipality – Cēsis History and Art Museum, Cēsis Exhibition Hall, Āraiši Archaeological Museum Park, Kārlis Skalbe Memorial Museum “Saulrieti”, and Eduards Veidenbaums Museum Kalāči – over a period of 8 to 10 weeks. Another municipality implementing the Arts on Prescription model within the project in Latvia is Saldus municipality.

Within the “Arts on Prescription in the Baltic Sea Region 2023–2025” project, a series of interministerial discussions, innovation workshops and a national conference⁴³ are taking place in 2025 to further develop Culture and Health strategies and policies in Latvia.

OTHER POLICY AREAS, INDIRECTLY LINKED TO CULTURE AND HEALTH

In the **long-term concept “Growth model for Latvia: People first”**,⁴⁴ approved by the Saeima in 2005, the focus is placed on the individual – Latvia’s resident – emphasizing personal interests, needs, and actions as priorities, and grounding the model in a human-centred approach. The document defines the goal of development as the improvement of quality of life in its broadest sense: a higher standard of living, security, and a better future for the next generations. Among the aspects associated with a high quality of life are physical and social security, health, social cohesion, openness, participation in societal processes, a sense of personal significance, and culture. Although the document does not

41 Interreg Baltic Sea Region. (2023). *Arts on Prescription*. <https://interreg-baltic.eu/project/arts-on-prescription>

42 Surgunte, I. (2023). *Uz muzeju pēc labbūtības! Atsākas programma “Nosūtījums uz muzeju”*. www.cesis.lv/lv/novads/aktualitates/zinas/pasvaldiba/uz-muzeju-pec-labbutibas-atsakas-programma-nosutijums-uz-muzeju

43 Interreg Baltic Sea Region. *Arts on prescription in the Baltic Sea Region*; <https://interreg-baltic.eu/project/arts-on-prescription>

44 Latvijas Republikas Saeima (2005). *Latvijas izaugsmes modelis: Cilvēks pirmajā vietā*. <https://likumi.lv/ta/id/217923-par-konceptuala-dokumenta-apstiprinasanu>

directly call for strengthening the population's physical and mental health or promoting cooperation between the cultural and health sectors, it provides a sufficient foundation for developing policies in this direction.

The aspects outlined in the long-term concept "*Growth Model for Latvia: People First*" are further elaborated in the ***Sustainable Development Strategy of Latvia until 2030***,⁴⁵ which analyses the current situation and forecasts the country's development up to the year 2030. The strategy identifies key challenges, including population ageing, inequality, and the risk of poverty and social isolation among large segments of society. The role of culture in addressing these challenges is not clearly reflected in the Strategy.

In the ***National Development Plan of Latvia (NDP) for 2021–2027***,⁴⁶ the cultural sector is included under the action direction "Social Inclusion" (objective: "Personalised, human-centred social support is offered to all who need it or might need it"). The plan includes measures such as: "Access to personalised social services and provision of social innovation services to priority groups, in particular, to persons with disabilities, palliative care patients and elderly persons, thereby promoting the prospect of independent living and maintaining or improving the quality of life" (117), and "Expanding and strengthening the role and modalities of youth policy to facilitate effective transition from childhood to adulthood" (122). Opportunities for cooperation between the health and culture sectors are also reflected under the priority "Culture and Sport for an Active Lifestyle", specifically within the action direction "Public Participation in Cultural and Sports Activities" (Goal: "Cultural and physical activities for all increase the quality of life of the Latvian population"). The involvement of the cultural sector is defined in two tasks: "Engaging the public, especially less active persons, in cultural, sporting and physical activities, including active tourism, by offering various initiatives in non-formal education, culture, sport (including international sport events with public participation) and physical activities" (367) and "Educating the community about physical activities, their role in health promotion and the role of culture, sport and physical activities in the development of the personality through public procurement for various groups and developing library services" (368).

In the Ministry of Health's ***Public Health Guidelines for 2021–2027***,⁴⁷ the Ministry of Culture is listed as a co-responsible institution under the action direction "Healthy and Active Lifestyle" in the following tasks: "Promoting the consumption of healthy and balanced nutrition by implementing a unified nutrition policy," "Reducing the use of various addictive substances and process addictions through a unified addiction reduction policy," and "Improving the sexual and reproductive health of the population by implementing a unified policy for promoting sexual and reproductive health in society."

In the ***Guidelines for the Development of Social Services 2014–2020***⁴⁸ – issued by the Ministry of Welfare and still in force – it is noted that, in order to reduce the poverty level among the population, "a key component is the involvement of local communities to promote individual participation, using resources such as schools, non-governmental organizations, libraries, cultural centres, and other cultural institutions to help the target groups integrate into society and the labour market." However, none of the proposed action directions foresee direct cooperation with the Ministry of Culture.

45 Latvijas Republikas Saeima (2010). *Latvijas ilgtspējīgas attīstības stratēģija līdz 2030. gadam*. 100. lpp. Pieejams: <http://polsis.mk.gov.lv/documents/3323>

46 Latvijas Republikas Saeima (2020). *Latvijas Nacionālais attīstības plāns 2021.–2027. gadam*. www.mk.gov.lv/lv/media/15165/download?attachment

47 Latvijas Republikas Veselības ministrija (2022). *Sabiedrības veselības pamatnostādnes 2021.–2027. gadam*. Pieejams: <https://polsis.mk.gov.lv/documents/7388>

48 Latvijas Republikas Labklājības ministrija (2013). *Pamatnostādnes sociālo pakalpojumu attīstībai 2014.– 2020. gadam*. Pieejams: <https://polsis.mk.gov.lv/documents/4558>

In the *Cultural Policy Guidelines for 2022–2027*,⁴⁹ issued by the Ministry of Culture, one of the policy sub-goals is “Accessible Cultural Services” (Section 4.1). In this regard, “the guidelines propose implementing a set of measures aimed at reducing barriers to cultural accessibility, particularly in Latvia’s regions and for specific target groups, including people with disabilities, members of the diaspora, representatives of minority communities and immigrants, children and youth, and seniors”. In sub-goal 4.2 of the guidelines, “Active Public Participation in Culture”, it is acknowledged that “participation in culture makes a significant contribution to the development of a civic and inclusive society.”

Mezzo level – training and practice

EDUCATION AND TRAINING

The project “Arts on Prescription in the Baltic Sea Region 2023–2025” includes the preparation of an online “Arts on Prescription Guide”. During the project, it is written jointly by the project partners and used internally for training link workers and facilitators of Culture and Health activities. In 2025, the Guide will be made available online to all users.⁵⁰

As the Baltic model developed in the project is based on the Social Prescribing model developed and implemented in the UK since the 1990s and promoted by the World Health Organisation, a more general educational tool that is used in the project is the “Toolkit on How to Implement Social Prescribing”, published by the WHO in 2022.⁵¹

GOOD PRACTICE EXAMPLES

“*Sansusī Well-being Residencies*” (since 2018) in Aknīste county, curated by the Association *Sansusī*. The project welcomes artists from the Baltic-Nordic region eager to engage with specific social groups during their residency period. Those target groups are children and seniors from isolated rural areas, as well as patients and staff of the Psychoneurological Hospital of Aknīste and the Social Care Centre in Aknīste. Socially engaged artists are asked to create participation opportunities for at least one of the target groups and include them in their artistic creation.⁵² Curator of the project, artist Anda Lāce, has undergone several training courses in psychology as part of professional preparation for this role.

The Latvian National Symphony Orchestra’s collaboration with *Hospiss LV* (since 2023)⁵³ and the Children’s Hospital (2024).⁵⁴ LNSO musicians are offering live music performances in Hospiss LV Foundation’s palliative care wards to improve the mental well-being of both patients and staff. LNSO harpist Ieva Šablovskā plays the harp several times a month in the Neonatal Intensive Care Unit of the Children’s Hospital. The interventions are based on research evidence that harp music significantly improves organ function and respiratory rate in preterm babies and has a positive impact on the babies’ well-being in intensive care units. Both initiatives are funded by the LNSO Foundation.

49 Latvijas Republikas Kultūras ministrija (2022). *Kultūrpolitikas pamatnostādnes 2022.–2027. gadam „Kultūrvalsts”*. <https://polsis.mk.gov.lv/documents/7323>

50 Please follow the link to access the Arts on Prescription Guide: <https://aop.ndphs.org>

51 World Health Organisation, *A toolkit on how to implement social prescribing, 2022*, www.who.int/publications/i/item/9789290619765, (accessed: 15.12.2024)

52 Sansusī, OPEN CALL for Sansusī Wellbeing Residency Program, 2022, <https://sansusi.lv/rezidences>, (accessed: 15.12.2024)

53 Latvijas Nacionālā simfoniskā orķestra fonds. (N.d.). *LNSO mūziķi Rīgas slimnīcu hospisa aprūpes nodaļās. LNSO Fonda projekti un aktivitātes* www.inso.lv/post/inso-m%C5%ABzi%C4%B7i-r%C4%ABgas-slimn%C4%ABcu-hospisa-apr%C5%ABpes-noda%C4%BC%C4%81s

54 Latvijas Nacionālā simfoniskā orķestra fonds. (2024). *LNSO arfiste bērnu slimnīcas priekšlaicīgi dzimušo bērnu nodaļā. LNSO Fonda projekti un aktivitātes* www.inso.lv/post/inso-arfiste-b%C4%93rnu-slimn%C4%ABcas-priek%C5%A1laic%C4%ABgi-dzimu%C5%A1o-b%C4%93rnu-noda%C4%BC%C4%81

Pauls Stradiņš Medicine History Museum in Riga, Latvia, is set to open the Children’s Museum – a health literacy centre for school-age youth in 2027.⁵⁵ The Children’s Museum will host a permanent exhibition entitled “One Health”. Bringing together the historical collections of the Museum, as well as contemporary science and technology, the exhibition will examine health as an element that unites humans and ecosystems, aiming to foster health literacy and inclusivity. Based on the exhibition, a series of educational classes and workshops will be developed for school groups. They will be made available free of charge to all Latvian pupils through the Latvian School Bag Programme. This programme provides state funding for arts and culture events to all Latvian public schools and encourages their inclusion into formal education. The development of the Children’s Museum and its educational programme is possible thanks to interministerial collaboration between the Latvian Ministries of Health, Culture and Education, and Science.

Similarly as in Lithuania, **culture and arts are offered to vulnerable groups to foster social inclusion.** The NGO *Ascendum* (since 2011)⁵⁶ involves diverse audiences, including youth, seniors, ethnic minorities, and socially vulnerable groups, through cultural activities such as community art, civic theatre, and public installations, to foster social inclusion and empower individuals to actively engage with democratic values and societal issues. The foundation *Nāc līdzās* (Come Along, since 1998)⁵⁷ plays a visible role in the cultural inclusion landscape by using art and community activities to foster social solidarity; they are particularly active in integrating marginalised groups, including persons with disabilities. The Latvian Centre for Contemporary Art (LCCA)⁵⁸ promotes social inclusion through art mediation (since 2017), accessibility programmes and international projects like *MEM – Agents of Change*, broadening access to contemporary arts to people with disabilities, seniors, youth, and ethnic minorities. The EEA Grants programme in Latvia (2014–2021)⁵⁹ supported numerous initiatives that used arts and culture to foster social inclusion by engaging vulnerable groups – such as youth, seniors, ethnic minorities, migrants and people with disabilities (including from rural areas) – in projects that combined creative expression, civic engagement and community-building.

Micro level – end-users

A study on the health outcomes for the participants in the “Arts on Prescription in the Baltic Sea Region 2023–2025” project will be published in 2026. Preliminary results show remarkable mental health improvements among participants (adults with mild to moderate mental health problems), such as reduction of stress, anxiety, depression and sense of loneliness, as well as an increase in life satisfaction.

“The Study on Cultural Infrastructure and Accessibility of Cultural Services in Latvia” (2024)⁶⁰ focuses on the accessibility of cultural infrastructure and services in Latvia for people with disabilities. The study acknowledges that the accessibility of cultural institutions and activities remains limited for the target audience, particularly for those with visual and hearing impairments (pp. 92–102). Lower accessibility levels are observed in rural areas. One of the core recommendations by researchers foresees the reinforcement of cross-sector collaboration between the Ministries of Culture, Welfare, Health, Education and Science, as well as the Ministry of Environmental Protection and Regional Development, and involvement of persons with disabilities in an advisory capacity.

55 Pauls Stradiņš Medicine History Museum. (2024). *About the Children’s Museum*. www.mvm.lv/en/children-s-museum/about-children-s-museum

56 Biedrība ASCENDUM (N.d.). ascendum.lv

57 Fonds Nāc līdzās! (N.d.). naclidzas.lv

58 Latvijas Laikmetīgās mākslas centrs (N.d.). lcca.lv

59 Iceland, Lichtenstein, Norway grants. (N.d.). eeagrants.lv

60 Latvijas Kultūras akadēmijas Kultūras un mākslu institūts. (2024). *Pētījums par kultūras infrastruktūras un pakalpojumu piekļūstamību Latvijā*. Rīga: Latvijas Kultūras akadēmija. https://lka.edu.lv/media/cms_page_media/153/Petijums%20par%20kulturas%20infrastruktur%20un%20pakalpojumu%20pieklostamibu_916zFLC.pdf

The “Culture Activity Barometer 2024”,⁶¹ a study on the impact of cultural consumption and participation in Latvia, showed that the least active groups in cultural participation are people aged 65–75, those living alone, individuals with a monthly income below €500 per family member, people whose primary language is not Latvian, those with only basic education, and residents of Latgale – concluding that overall inequality in society also affects cultural engagement and participation. These findings underscore the need for targeted policies to reduce participation gaps among socially vulnerable groups.

Since 2023, the Latvian Academy of Culture has been carrying out the research project “Cultural and Creative Ecosystem of Latvia as a Resource of Resilience and Sustainability” / CERS,⁶² funded by the Ministry of Culture of the Republic of Latvia in the framework of the State Research Programme “Latvian Culture – a Resource for National Development” (2023–2026). One of the main focuses of the study is “the social and economic impact on the sustainable development of society” of the CCE, including on health, quality of life and well-being of citizens. The publication is planned for 2026.

Conclusions

The main vulnerable groups that are currently addressed in policies and initiatives related to Culture and Health in Latvia are the following: adults with mild to moderate mental health problems, people with disabilities, members of the diaspora, representatives of minority communities and immigrants, children and youth, older people (incl. those from isolated rural areas), patients and staff of hospitals.

There are no national-scale Culture and Health programmes in Latvia. Two municipalities – Cēsis and Saldus – are implementing the Arts on Prescription Baltic model as part of the Interreg Baltic Sea project “Arts on Prescription in the Baltic Sea Region 2023–2025”.

Short-term Culture and Health projects are carried out mainly by cultural institutions (such as museums), NGOs of the cultural field and NGOs representing people with disabilities. The funding instruments of the EU and Nordic states play a significant role.

The most common types of Culture and Health interventions include targeted interventions, Arts/Culture on Prescription, participatory arts and cultural programmes, focusing on social inclusion, disease prevention and health promotion.

The training of specialists involved in Culture and Health initiatives is non-existent or fragmented (provided in short-term local projects).

61 Latvijas Kultūras akadēmija, SIA Pētījumu centrs SKDS. (2025). *Kultūras aktivitātes barometrs 2024. Kultūras patēriņa un līdzdalības ietekmes pētījums*. Rīga: Latvijas Kultūras akadēmija https://ppdb.mk.gov.lv/wp-content/uploads/2025/04/Kulturas_barometrs_2025.pdf

62 Latvian Academy of Culture. (2023). *Cultural and Creative Ecosystem of Latvia as a Resource for Resilience and Sustainability (CERS)*. <https://lka.edu.lv/en/research/research-projects/state-research-programmes/cers>

ESTONIA

Macro level – normative regulation

NATIONAL / MUNICIPAL FRAMEWORKS FOR CULTURE AND HEALTH

In Estonia, there is no established policy framework supporting the integration of Culture and Health at the national or municipal level.

OTHER POLICY AREAS, INDIRECTLY LINKED TO CULTURE AND HEALTH

Indirectly, in 2021, an **interministerial agreement on collaboration for the health promotion** was signed by the Minister of Justice, the Minister of Education and Research, the Minister of Culture, the Minister of Social Affairs and the Minister of the Interior, recognizing that “a considerable number of social and health problems are interlinked and can be prevented. As the sources of these problems are the same, we must contribute to prevention on a cross-sector basis.”⁶³

The Estonian Ministry of Social Affairs has developed and is implementing several documents related to public health, such as the “**Population Health Development Plan (2020–2030)**”⁶⁴ and the “**Welfare Development Plan (2023–2030)**”⁶⁵. In addition, the Ministry has published “**The Green Book of Mental Health (2021)**”⁶⁶ that sets the goal to contribute more to the prevention, early detection and timely access to quality mental health care across Estonia, as well as the “**Mental Health Action Plan 2023–2026**”,⁶⁷ that outlines the expected changes in the mental health field and in particular the actions of the Ministry of Social Affairs to achieve them in the coming years. Even though none of the aforementioned documents mention arts and/or culture directly as supporting factors in general well-being, the “Mental Health Action Plan 2023–2026” does touch upon providing community support and supporting families as helping factors to create or sustain community-based support groups and joint activities such as creation of child-friendly places where children can be offered structured routines and activities (e.g. learning activities or hobby groups, p. 39). The “Green Paper on Mental Health” broadly divides community-level mental health services into two categories: formal services and informal support activities. Mental health informal support activities are, in the simplest terms, those that do not necessarily aim to directly support mental health (e.g., recreational or social activities); however, participation in these activities still has positive mental health outcomes since it fosters a sense of belonging within the community and helps to alleviate loneliness. Cultural community-based activities can be potentially part of such informal support activities.

The “**Culture Development Plan 2021–2030**” / “**Culture 2030**” by the Estonian Ministry of Culture recognizes culture as a factor that enhances people’s well-being, supports their ability to cope with mental and physical health issues, and contributes to societal cohesion.⁶⁸ The document emphasises

63 Ministry of the Interior of the Republic of Estonia. (2023). *Prevention must be cross-sector*. www.siseministeerium.ee/en/prevention-must-be-cross-sector

64 Sotsiaalministeerium. (2020). *Rahvastiku tervise arengukava 2020–2030*. Tallinn: Sotsiaalministeerium. www.sm.ee/sites/default/files/content-editors/Tervishoid/rta_05.05.pdf

65 Sotsiaalministeerium. (2023). *Heaolu arengukava 2023–2030*. Tallinn: Sotsiaalministeerium <https://sm.ee/heaolu-arengukava-2023-2030#welfare-development->

66 Sotsiaalministeerium. (2020). *Vaimse tervise roheline raamat*. Tallinn: Sotsiaalministeerium. www.sm.ee/sites/default/files/documents/2022-05/vaimse_tervise_roheline_raamat_0.pdf

67 Sotsiaalministeerium. (2022). *Vaimse tervise tegevuskava 2023–2026*. Tallinn: Sotsiaalministeerium. www.sm.ee/sites/default/files/documents/2023-03/Vaimse%20tervise%20tegevuskava%202023-2026.pdf

68 Ministry of Culture of the Republic of Estonia. (2021). *Culture Development Plan 2021–2030 [Culture 2030]*. Tallinn: Ministry of Culture. www.kul.ee/en/culture2030

that all residents of Estonia must be guaranteed the opportunity to engage in cultural activities and creative fields, whether as spectators or participants, with inclusive access provided, regardless of their circumstances.

“Culture 2030” is also in line with all five strategic goals (I People – Smart, active, and caring for one’s health; II Society – Open, caring and cooperative; III Economy – Strong, innovative, and responsible; IV Living environment – Considerate towards everyone’s needs, safe, and high quality; V Governance – Innovative, reliable, and people-centred) of the country’s long-term strategy “**Estonia 2035**”⁶⁹ that recognises mental health as a significant factor in health loss, with mood and anxiety disorders on the rise and suicides accounting for nearly 27% of injury-related deaths (p. 7). To uphold Estonia’s core principles, achieve strategic goals, and address development needs, the chapter “Necessary changes in Estonia” of the Strategy paper emphasises the need for effective and targeted changes across various sectors, implemented in a cross-sectoral manner, and for progress to be monitored through an annual action plan (p. 19). Hence, the document underscores the importance of implementing integrated prevention measures and counselling services in a cross-sectoral and inclusive manner, supported by permanent cooperation frameworks based on community-based approaches and networking. A special subchapter (p. 22) is dedicated to mental health, calling for a comprehensive support system based on agreed principles and measures, ensuring service availability and quality throughout the life cycle. Family and community involvement, as well as evidence-based prevention and social programmes, are mentioned among effective means for mental health support.

The 2023 issue of the “**Estonian Human Development Report**”,⁷⁰ a biennially published collection of articles reflecting and interpreting the current socio-economic situation in Estonia and possible future developments, produced as a collaboration involving acclaimed scientists and experts, was dedicated to mental health. The chapter “Activities and services supporting mental health in Estonia: the current situation and development needs” states that “the core problems with the mental health services system in Estonia are the fact that care pathways are fragmented and complex, there is a shortage of specialists, cooperation is lacking and the division of roles is unclear, there are not enough at-home and community-based services, and the services are not people-centred.” The same chapter further explains that many of the activities promoting and supporting mental health in communities in Estonia have so far been organised by NGOs who often lack coordination, not all interventions are equally evidence-based, and the impact assessments are inconsistent. Furthermore, the NGOs’ funding is predominantly project-based, making it harder to prolong even the activities that have proven effective. NGOs in the field are brought together by the Estonian Mental Health and Wellbeing Coalition (VATEK),⁷¹ which deals with both advocacy and policy development in the field and manages the platform enesetunne.ee, which offers opportunities for support.

69 Government Office of the Republic of Estonia. (2021). *Estonia 2035*. Tallinn: Government Office. www.valitsus.ee/sites/default/files/documents/2021-11/Eesti%202035_PUHTAND%20%C3%9CLDOSA_210512_ENG_0.pdf

70 Estonian Cooperation Assembly. (2023). *Estonian Human Development Report 2023: Mental Health and Well-Being*. Tallinn: Estonian Cooperation Assembly. <https://inimareng.ee/en/estonian-human-development-report-2023>

71 Eesti Vaimse Tervise ja Heaolu Koalitsioon VATEK (N.d.). www.vatek.ee

Mezzo level – training and practice

EDUCATION AND TRAINING

Tallinn University offers a micro-degree (a format of life-long learning training for professionals) “Supporting well-being and mental health through creative activities” in supporting wellbeing and mental health through creative activities. “The curriculum introduces different methods and interconnections between fields, supports professionals working with people, and offers them opportunities for growth in their practice. Completing the micro-degree programme also enhances each participant’s own well-being and resilience in today’s fast-paced and high-pressure world”.⁷² The course is targeted at such professionals as teachers and support specialists working at all levels in the field of education, specialists in the field of social and health care, representatives of third sector organisations.⁷³

In addition, Tallinn University offers a PhD programme “Health Behaviour and Wellbeing”. “The goal of the doctoral study programme is to promote scientific work providing support to healthy lifestyle to reduce economic and social costs caused by decline in wellbeing and quality of life, which have been brought along by suboptimal work arrangements and other contemporary social processes due to technological development. The basis of the doctoral study programme lies in the interdisciplinary studies of people’s health awareness, work ability and wellbeing, which tackle neurological, biochemical, physiological, mechanical, behavioural, environmental, social and creative activity-related aspects of physical and mental ability and wellbeing.”⁷⁴

GOOD PRACTICE EXAMPLES

Ballet Story – A Sensory Friendly Relaxed Performance “Tajuleebe tantsulugu”.⁷⁵ The educational project Ballet Story – A Sensory Friendly Relaxed Performance is the first theatrical production in Estonia specifically created for children with autism or intellectual disabilities.

Free visits to Tartu Art Museum for outpatients of the Psychiatry Clinic of Tartu University.⁷⁶ The private art gallery KALAUS donated 280 tickets to Tartu Art Museum (TARTMUS) for distribution to the outpatients of the Psychiatric Clinic at the University of Tartu Hospital. In addition to the museum ticket, each patient receives an attention training task to help slow down their visit. Museum tickets, as prescriptions for patients with mental disorders, are intended to enrich activities and improve mood between therapy sessions. Tartu Art Museum offers tours for the patients on a regular basis in collaboration with other museums and galleries in the area.

A series of “Art and Mental Health” workshops held by the Art Museum of Estonia.⁷⁷ Based on medieval art, the workshops examine how the approach to dealing with mental health problems has evolved and how to discuss current mental health knowledge with secondary school students.

72 Tallinna Ülikool. (2024). *Heaolu ja vaimse tervise toetamine loovtegevustega* www.tlu.ee/koolitused/heaolu-ja-vaimse-tervise-toetamine-loovtegevustega

73 Tallinn University is currently (October, 2025) offering a new programme titled “Practising creative activities to support well-being and mental health” that is a continuation of the micro-degree programme “Supporting Well-Being and Mental Health through Creative Activities”, previously offered by the Baltic Film, Media and Arts School (BFM) of Tallinn University: www.tlu.ee/koolitused/loovtegevuste-praktiseerimine-heaolu-ja-vaimse-tervise-toetamiseks

74 Tallinn University. (2025). *Health Behaviour and Wellbeing (PhD programme)*. www.tlu.ee/en/phd/health-behaviour-and-wellbeing

75 Estonian National Opera. (2024). *Tajuleebe tantsulugu (Ballet Story – A Sensory Friendly Relaxed Performance)*. <https://opera.ee/en/staging/tajuleebe-tantsulugu>

76 KALAUS galerii. (2024). *Psüühika tahab vaheldust.* (Facebook post). www.facebook.com/kalausgalerii/posts/pfbidOXsbcRHftLpptt7yG7rQH4GpoyD2acBA2h9orUuVoPzcYEHwsyofzK92wBP9CLMEI

77 Eesti Kunstimuuseum. (N.d.). *Kunst ja vaimneervis*. <https://kunstimuuseum.ekm.ee/muuseumihariduse-infopaev-2021/2021-1530-1555/>

The “Multi-Sensory Design for Somatic Wellbeing” project⁷⁸ was developed by the Doctoral School of the Estonian Academy of Arts and was based on the idea of delving into the realm of bodily sensations that can unlock fresh perspectives on our own bodies, nurturing heightened bodily awareness and encouraging caring practices. The project is dedicated to exploring somatic care along three vital dimensions: addressing bodily discomforts, cultivating self and relational awareness, and understanding intimacy. The primary focus of this project is to address the challenges faced by individuals living with chronic gut diseases, such as irritable bowel syndrome (IBS), small intestinal bacterial overgrowth (SIBO), inflammatory bowel disease (IBD), Crohn’s disease, etc.

The project “Mental Health Improv Comedy in Communities”⁷⁹ was led by theatre NGO *Improkool* in partnership with mental health NGO *Peaasjad (Head Matters)*. It introduced an arts-based social prescribing model (based on self-referral of participants), combining improvisational theatre with mental health awareness. Training for community leaders in Southern Estonia integrated improvisation methods with mental health first aid, equipping leaders to guide local groups. The training was followed by public performances and workshops, fostering openness and dialogue. The initiative demonstrated improv’s potential as a tool for mental health promotion and community resilience.

Similarly to Lithuania and Latvia, there is a **wide range of social inclusion initiatives** addressing vulnerable groups. For example, international projects include “Handmade Well-being” (2017)⁸⁰ for older adults, “MIMO: Moving In, Moving On!” (2010–2013)⁸¹ for young people at risk of social exclusion and “The Imaginary Group” (since 2020)⁸² for older and isolated individuals. The “Bridges of Belonging” project, launched in 2024 by the NGO *Mondo*, supports the integration of refugees, especially Ukrainian refugees, into the Estonian society through language learning, art therapy, and community events. A key focus was on providing art therapy sessions for 150 children to help them adjust and support their mental well-being through creative expression.⁸³ As part of the European Capital of Culture programme “Tartu 2024: Diversity Enriches”, the creative contributions of people with disabilities from five counties in Southern Estonia were showcased. Through exhibitions, concerts, and a dedicated culture festival, the project promoted inclusion and visibility by providing a platform for individuals with disabilities to share their artistic expression and engage with wider audiences.⁸⁴

Vulnerable groups are addressed not only through independent projects but also through public initiatives, such as the grant scheme launched by the Tallinn Culture & Sports Department on January 31, 2024. The department offers funding for professional cultural projects targeting individuals with disabilities, supporting new events or art projects tailored for children and adults with various physical, psychological, intellectual, or sensory challenges. Projects must be professionally developed in consultation with experts or representatives to ensure accessibility and relevance to the target group’s needs. The program has a total budget of €50,000, with up to €20,000 available per project.⁸⁵

78 ARTUN. (2024). *Multi-Sensory Design for Somatic Well-Being*. www.artun.ee/en/multi-sensory-design-for-somatic-wellbeing

79 EEA and Norway Grants. (N.d.). *Mental Health Improv Comedy in Communities*. Project EE-ACTIVECITIZENS-0056. <https://eeagrants.org/archive/2014-2021/projects/EE-ACTIVECITIZENS-0056>

80 (N.d.). *Käsitätöistä hyvinvointia (Handmade Well-being)*. CultureForHealth www.cultureforhealth.eu/mapping/handmade-well-being

81 (N.d.). *MIMO: Moving In, Moving On! Application of Art-Based Methods to Social and Youth Work*. CultureForHealth www.cultureforhealth.eu/mapping/mimo-moving-in-moving-on-application-of-art-based-methods-to-social-and-youth-work

82 (N.d.). *La Troupe de l'Imaginaire | Art et santé*. CultureForHealth www.cultureforhealth.eu/mapping/the-imaginary-group-arts-and-health

83 Mondo. (N.d.). *Bridges of Belonging: Refugee Inclusion in Estonia*. MONDO <https://mondo.org.ee/en/projects/bridges-of-belonging-refugee-inclusion-in-estonia>

84 Tartu 2024 Foundation. (N.d.). *Diversity Enriches*. Tartu 2024 <https://tartu2024.ee/en/diversity-enriches>

85 Tallinn. (2025). *Erivajadustega inimestele loodud kultuuriprojektid*. Tallinn.ee www.tallinn.ee/en/news/new-funding-program-launched-culture-events-focused-people-disabilities; www.tallinn.ee/et/kultuur/erivajadustega-inimestele-loodud-kultuuriprojektid

Micro level – end-users

While targeted studies on the outcomes of Culture and Health projects and interventions for the target groups are still to be awaited in Estonia, studies on cultural participation and consumption can serve as a valuable resource. The **“Analysis of Cultural Participation Across Different Regions and Population Groups in Estonia” (2024)** recognises that participation in cultural activities has numerous benefits, including improved mental health, increased social capital and enhanced civic engagement; however, access to cultural participation is not equally distributed across all segments of the population. The study reveals significant disparities in cultural engagement, with rural areas showing markedly lower engagement, highlighting a pronounced urban–rural divide. Demographically, the most culturally active are middle-aged adults and those with tertiary education. Theatre and museum visits were more associated with higher educational attainment and urban residency. “Based on these findings, the study recommends targeted cultural policies, including increased investment in rural cultural infrastructure, the promotion of cultural education, and the enhancement of digital access to cultural content. Additionally, tailored cultural programs are suggested to address demographic disparities”.⁸⁶

In her 2021 doctoral thesis, **“The Application of the Arts in Supporting Student Well-Being at School,”**⁸⁷ Marika Ratnik (Tallinn University) explores the potential of the arts to enhance the well-being of high school-aged girls through art therapy and music-based “teaching through the arts”. The study discovered that art-based components in therapy and education had a positive impact on the girls’ overall functioning and emotional well-being. The aim of the thesis was to introduce the opportunities of creative therapy in schools to the Ministry of Education and Research and to school heads.

Conclusions

The main vulnerable groups that are currently addressed in policies and initiatives related to Culture and Health in Estonia are the following: persons with disabilities, children and adults with various physical, psychological, intellectual, or sensory challenges, persons with mental disorders, older and isolated people, young people at risk of social exclusion, refugees and patients of hospitals.

There are no national, regional or municipal-scale Culture and Health programmes in Estonia.

Short-term Culture and Health projects are carried out both by public institutions and NGOs. EU funding instruments play a significant role.

The most common types of Culture and Health interventions include targeted interventions, participatory arts and cultural programmes, arts on prescription, focusing on social inclusion, disease prevention and health promotion, as well as health management and treatment.

Tallinn University offers **training of specialists potentially involved in Culture and Health initiatives** through the micro-degree programme “Supporting well-being and mental health through creative activities”. PhD students holding a Master’s degree in a study area related to health and wellbeing, or having higher medical education, can study in the interdisciplinary Health Behaviour and Wellbeing doctoral study programme, focusing, among others, on social and creative activity-related aspects of physical and mental ability and wellbeing.

86 Huang, Y. (2024). Analysis of Cultural Participation Across Different Regions and Population Groups in Estonia. *Journal of Globe Scientific Reports* 6, no. 3: 106. <https://doi.org/10.69610/j.gsr.20240823>

87 Ratnik, M. (2021). *Kunstide rakendamise õpilaste heaolu toetamise koolis*. Tallinn: Tallinna Ülikool www.etera.ee/zoom/163346/view?page=3&p=separate&tool=info

Conclusions.

Culture and health in the Baltics

- In all three Baltic States, Culture and Health initiatives focus on **vulnerable populations**, including older people (especially those with dementia or in rural isolation), youth at the risk of exclusion, people with disabilities, refugees and immigrants, patients and staff in hospitals, and those with mental health challenges – each country highlighting slightly different groups.
- **National normative regulations and frameworks** for Culture and Health only exist in Lithuania. Latvia has one case of a **municipality-level regulation**. All three Baltic states have a range of policy documents that are [potentially] linking cultural services to social inclusion and/or mental health promotion.
- In all three countries, **short-term Culture and Health, as well as culture-based social cohesion projects** are carried out mainly by cultural institutions and NGOs, often in cooperation with organisations representing vulnerable groups. In addition to state funding, all three Baltic states have considerably benefited from EU funds and international partnerships.
- **Cross-sector collaboration** is suggested in major policy documents in all three countries, but in all three cases, it is still not fully implemented, especially when it comes to collaboration between the culture and health sectors. Culture and social sectors seem to collaborate more naturally.
- In Latvia and Lithuania, **education and training opportunities in Culture and Health** are informal and project-based. Estonia is more advanced, with dedicated university-level programmes, including a micro-degree program “Supporting Well-being and Mental Health through Creative Activities” and an interdisciplinary doctoral programme in Health Behaviour and Well-being at Tallinn University. Still, more consistent education possibilities are needed in all three countries.
- **The most common Culture and Health interventions** in the Baltic states are targeted interventions such as Arts/Culture on Prescription and Participatory arts and cultural programmes focusing on disease prevention, health promotion, and social inclusion. Estonia additionally emphasises interventions linked to health management and treatment.
- Latvia and Estonia are lacking or having insufficient **research on the outcomes of Culture and Health projects**, both for the target audiences (vulnerable groups) and for the involved sectors.

EXAMPLES OF GOOD PRACTICE FROM NORDIC COUNTRIES AND BEYOND IN THE FIELD OF CULTURE AND HEALTH

DENMARK

Macro level – normative regulation

In recent years, the field of culture and health has been thriving in Denmark. This development is reflected at both the municipal and regional levels, where various initiatives and research projects examine how art and culture can enhance health and well-being. Currently, there is no common national-level strategic direction or sustainable effort to support the development of the culture and health sector.

On a regional level, there has been cooperation with various cultural institutions, educational institutions, psychiatric services and hospitals to create health-promoting offers for citizens. Here, culture and health initiatives encompass both disease prevention and the promotion of well-being, community and health, and often involve group-based activities.

A common motivation among regions to engage in the field is to create better access to both culture and health for their citizens.⁸⁸

For instance, the Culture as Health Promotion platform (www.kultursomsundhedsfremme.dk) is part of a **comprehensive effort for culture as health promotion in the Central Denmark Region**, which originates from the Regional Development office. Regional Development works with various aspects, including education, public transport, climate, soil pollution, raw material extraction and culture. What these efforts have in common is that they aim to develop and make Central Denmark a good place to live.

It is possible to apply for support for Culture as Health Promotion projects in the Regional Cultural Development Fund and the Regional Fund.⁸⁹

Another initiative is **The Centre for Art and Mental Health**, which was established in September 2021, with funding from the Obel Family Foundation. The creation of a national effort was made possible by a grant from the reserve fund of the Finance Act. The purpose of the National Centre for Art and Mental Health is to establish cross-institutional platforms between psychiatric practitioners, peer-managed and artistic organizations. They develop artistic formats based on international

88 Jensen, A., Serup, M. G., Hajdu, A. (2023). Bedre vilkår for Kultur og Sundhed. Tværfaglige perspektiver og politiske anbefalinger i 2023. Nationalt Center for Kunst og Mental Sundhed, København. Available at: www.ft.dk/samling/2022/almindel/SUU/bilag/334/2741016.pdf#:~:text=Den%20internationale%20forskning%20peger%20p%C3%A5%20at%20kunst%20og,og%20-mestring%2C%20trivsel%20og%20fysisk%20og%20mental%20sundhed. (accessed 03.09.2025)

89 Region Midtjylland, Regional Udvikling (n.d.). Kultur som sundhedsfremme i Region Midtjylland. Available at: www.kultursomsundhedsfremme.dk/region-midtjylland-kultur-og-sundhed. (accessed 03.09.2025)

research in the field, in close collaboration with individuals who have lived experience in psychiatry, as well as professional artists and health researchers. The goal is to create a standardised workshop format that benefits people in psychiatric treatment, which can be implemented nationwide.⁹⁰

To support and contribute to the sector, municipalities have **established various frameworks that encompass a range of activities**, such as Culture on Prescription, writing groups, singing, shared reading, visual arts, music, nature, yoga, theatre and more.

The various health-promoting initiatives are offered to citizens from the municipalities with the aim of increasing general well-being by, among other things, facilitating communities and forming networks.⁹¹

For instance, to test **“Culture on Prescription” on a national level**, municipalities were invited to apply for the “Culture on Prescription” fund. In the agreement on the health sector budget for 2016–2019, the government and the other budget parties allocated funds for a pilot project on Culture on Prescription. 8 million kroner was allocated in the period from 2016 to 2018.

The objective of the initiative was, based on experiences from Region Skåne in a Danish context, to test how cultural activities can be included in the municipal programs offered to citizens on long-term sick leave with mild to moderate depression, anxiety and stress, and, consequently, to develop a model for how cultural activities can be included in the rehabilitation of citizens in a Danish context.⁹²

Other municipalities in Denmark, such as Odense Municipality, have subsequently tested and introduced the Culture on Prescription concept into their health promotion system.⁹³

All of the aforementioned trends in the development of the arts and wellbeing sector, among others, are reflected in the 2023 report “Better Conditions for Culture and Health”. This report is based on a survey of Denmark’s culture and health sector, incorporating knowledge gathering and experience sharing with key stakeholders through a series of meetings, questionnaires, and telephone interviews.

Mezzo level – training and practice

RESEARCH, EDUCATION AND TRAINING

The Faculty of Arts at Aarhus University has a strong focus on humanistic research in the field of culture and health and draws on a number of key areas of the humanities, including philosophy, anthropology, aesthetics and sociology,⁹⁴ but there is no capacity building programme.

Another **research centre in North Jutland, the Centre for Culture and Health (NOCKS)** at Aalborg University, focuses on how cultural products and cultural experiences can be used to improve citizens’ health. NOCKS is active in a range of activities focused on culture and health, and supports, establishes and develops research projects where cultural products and cultural experiences are

90 Nationalt Center for Kunst og Mental Sundhed (n.d.). Vision og mission. Available at: <https://ckms.dk/vision-og-mission>. (accessed 03.09.2025)

91 Jensen, A., Serup, M. G., Hajdu, A. (2023). Bedre vilkår for Kultur og Sundhed. Tværfaglige perspektiver og politiske anbefalinger i 2023. Nationalt Center for Kunst og Mental Sundhed, København. Available at: www.ft.dk/samling/20222/almdelel/SUU/bilag/334/2741016.pdf#:~:text=Den%20internationale%20forskning%20og%20kultur%20og%20mestring%20og%20fysisk%20og%20mental%20sundhed. (accessed 03.09.2025)

92 Sundhedsstyrelsen (2020). Kultur på Recept: Tværgående evaluering. Available at: www.sst.dk/da/puljer/Kultur-paa-Recept. Accessed September 3, 2025.

93 Odense Kommune, By- og Kulturforvaltningen (2024). Arts on Prescription in the Baltic Sea Region. Available at: www.odense.dk/om-kommunen/forvaltninger/by-og-kulturforvaltningen/kultur-og-fritid/kultursekretariatet/kultur-paa-recept/arts-on-prescription-in-the-baltic-sea-region. (accessed 03.09.2025)

94 Aarhus Universitet, Faculty of Arts (2025). Forsknings Samarbejder om kultur og sundhed på Arts. Available at: <https://arts.au.dk/samarbejde/samarbejde-med-forskere/kultur-og-sundhed>. (accessed 03.09.2025)

specifically used to promote citizens' health. The Centre also offers professional development courses and actively engages in political discussions and debates about culture and health.⁹⁵

<i>Title</i>	Kunst og Sundhed (Art and Health); Higher education credits: 5 www.aau.dk/uddannelser/efteruddannelse/enkeltfag-kurser/kunst-og-sundhed
<i>Time, place</i>	Aalborg University, 6-day course scattered in one academic semester; Tuition
<i>Partners</i>	The Department of Cultural Sciences at Lund University, in collaboration with Primary Care in Region Skåne
<i>Target audience</i>	The separate module is aimed at healthcare professionals, educational staff and/or staff with artistic and cultural backgrounds who are interested in using aesthetics and culture as methods for health promotion, rehabilitation and well-being, e.g. by designing, organising and implementing adapted art and culture projects.
<i>Main activities/ Content</i>	The module consists of the interaction between knowledge, theory and practice. The theoretical part introduces the aesthetic, participatory and transformative tools of culture, entrepreneurship within the arts and healthcare fields. The practical part consists of learning through guidance, implementation and reflection on a specific health-focused art or culture project of shorter duration.
<i>Methods</i>	Lectures and work in groups

<i>Title</i>	Arts and culture for health and well-being; 7,5 ECT
<i>Time, place</i>	University of Southern Denmark; www.sdu.dk/da/uddannelse/efter_videreuddannelse/kurser/sundhed_medicin_pleje/kunst-og-kultur-for-sundhed-og-trivsel#pris
<i>Partners</i>	The Danish Institute of Public Health, SDU in collaboration with the health sector in Region Skåne and Lund University.
<i>Target audience</i>	The course is aimed at anyone seeking knowledge, inspiration and practical tools to work with art and culture as health promotion, e.g. within the social and health sectors, in education, among artists and cultural actors and in the voluntary sector.
<i>Main activities/ Content</i>	<ul style="list-style-type: none"> • Gain knowledge about the effects of and potential uses for different art and cultural genres in prevention and health promotion work • Gain insight into methods for using art and culture as a resource in prevention and health promotion work • Get tools to plan, frame and evaluate art and cultural activities as health promotion efforts based on your own practice • Reflect critically on the use of art and culture in prevention and health promotion work
<i>Methods</i>	Lectures, group work, workshops and study visits. As part of the course, participants must prepare a plan for carrying out a Culture and Health activity in their own practice.

95 Aalborg Universitet, Institut for Kommunikation og Psykologi (2024). Nordjysk Center for Kultur og Sundhed (NOCKS). Available at: www.kommunikation.aau.dk/forskning/forskningsgrupper/forskningsgruppen-musikterapi/nocks. (accessed 03.09.2025)

GOOD PRACTICE EXAMPLES

Belonging in Aarhus is an online platform featuring videos and written stories about internationals in Aarhus, exploring how they strive to find a sense of belonging and home through participation in Aarhus' cultural landscape. The platform focuses on themes of well-being, mental and physical health, through multimedia and video work. During the project's duration (2023–24), the online platform explored the feelings of belonging among expatriates in Aarhus and their cultural landscapes.⁹⁶

Ord. Liv. Skriv! Over a period of 2 years (2021–2023), *Kulturmetropolen* organized writing groups in eight different Danish municipalities for groups of citizens who all have mental health challenges. Creative writing groups were organised by professional authors who had experience working with vulnerable citizens, with the aim neither to professionalise the participants, nor to function as therapy, but to create a space where they could reflect on themselves and receive support in connecting to their personal resources.⁹⁷

Arts on Prescription concept (“Kultur på Recept”): Four municipalities, Aalborg, Nyborg, Vordingborg and Silkeborg, have developed and tested courses with cultural activities that have targeted citizens with mild to moderate depression, stress and anxiety (202–16–2019). From the four participating municipalities, a total of more than 800 citizens participated in cultural activities, the vast majority of whom were referred from the municipalities' job centres.⁹⁸

Micro level – end-users

Arts and culture engagement for health: a Danish population-based study. Data were obtained from the 2019 Danish Health and Well-being Survey. A self-administered questionnaire was sent to 14,000 randomly selected adults (aged 15 years). The questionnaire included items on self-rated health and frequency of participation in various cultural activities (concerts or musical events; participation in a choir, band, or orchestra; theatre show or other performing arts; cinema; art museum or exhibition; library). A cultural participation index was calculated based on the responses to six questions regarding cultural activities. Logistic regression models were fitted to examine the associations between the index and good self-rated health, adjusting for relevant covariates. Results: a total of 6629 individuals completed the questionnaire (47.4%). The most frequent activity, used at least once a month, was visiting a library. A strong correlation was observed between the cultural participation index and self-reported health. A one-point-higher index score was associated with a 10% higher likelihood of having good self-reported health (adjusted odds ratio: 1.10; 95% confidence interval: 1.08e1.12).⁹⁹

The Study “Arts and mental health: assessment of changes in self-reported well-being, psychotic-like experiences, mentalisation and self-efficacy for persons with schizophrenia spectrum disorders participating in the creative writing group intervention REWRITALIZE” is about Schizophrenia spectrum disorders (SSD), which are associated with social difficulties that call for psychosocial interventions as a supplement to standard treatment. The present study aimed to assess if there were changes in well-being, psychotic-like experiences, mentalisation and self-efficacy from pre- to post-intervention, in persons with SSD who took part in a creative writing group intervention in addition to their standard treatment.

96 Aalborg University. (n.d.). Art, health and humanities (NOCKS). Department of Communication and Psychology. Available at: www.communication.aau.dk/research/research-centres/nocks. (accessed 03.09.2025)

97 Kulturmetropolen (2023). Ord. Liv. Skriv! – Skrivegrupper for psykisk sårbare | Denmark. Available at: www.cultureforhealth.eu/mapping/creative-writing-groups-for-people-with-mental-health-issues-denmark. (accessed 03.09.2025)

98 Sundhedsstyrelsen. (2020). Kultur på recept – tværgående evaluering. Available at: www.sst.dk/-/media/Udgivelser/2020/Kultur-paa-recept_tvaergaaende-evaluering_foraar-2020.ashx. (accessed 03.09.2025)

99 Jensen, A., Folker, A. P., Lindström, M., Ekholm, O. (2023). Arts and culture engagement for health: a Danish population-based study. *Preventive Medicine*, [volume and page numbers if available]. Available at: www.sciencedirect.com/science/article/pii/S0033350623003499?via%3Dihub. (accessed 03.09.2025)

It was found that there was a significant difference from pre- to post-intervention in psychotic-like experiences (IPASE), ability to understand one's own reasons and feelings (TAS), and self-efficacy (GSE). And it was proven that, although the study was uncontrolled, these results suggest that REWRITALIZE, as a supplement to standard treatment, may be beneficial for individuals with SSD.¹⁰⁰

The Central Denmark Region conducted a mapping of culture as health promotion initiatives at the Central Denmark hospitals.¹⁰¹

Arts on Prescription concept ("Kultur på Recept"). Eight out of 10 participants reported that their health had improved after a 10-week course, and 3 out of 4 have assessed that the prescribed culture has greatly or somewhat enhanced their well-being.

Of the four participating municipalities, a total of more than 800 citizens participated in cultural activities, the vast majority of whom were referred from the municipalities' job centres. Three out of four participants were women, with an average age of 44 years. Almost all participants are satisfied with their Culture on Prescription course (97%).¹⁰²

The results have been published in a compelling report evaluating the AoP concept. Based on experience within the project, one of the experts' tasks was to prepare a model for incorporating cultural activities into the rehabilitation of citizens in a Danish context. This evaluation has been commissioned by the Danish Health Authority and carried out by NIRAS.¹⁰³

SWEDEN

Macro level – normative regulation

In Sweden, public health policy is cross-sectoral, and Sweden aims to create societal conditions for good and equal health for the entire population.¹⁰⁴ The Public Health Agency's perspective aligns with the national cultural policy, which aims to provide everyone with the opportunity to participate in cultural life, with a particular focus on children and young people.¹⁰⁵

The importance of cross-sectoral cooperation is emphasized in the Swedish Public Health Agency's published literature review on the benefits of culture and health initiatives.¹⁰⁶ The review reveals that culture and health are not solely the concern of the cultural sector but are also integral to healthcare, social care, public health and education.¹⁰⁷ The authors of the literature review also emphasize the

- 100 Arts and mental health: assessment of changes in self-reported wellbeing, psychotic-like experiences, mentalisation and self-efficacy for persons with schizophrenia spectrum disorders participating in the creative writing group intervention REWRITALIZE
- 101 Sørensen, J. K., & Westerlund, J. H. (2021). Refleksionsrum – Indtryk & Udtryk: Kortlægning af kunst- og kulturinitiativer på Region Midtjyllands hospitaler. Aarhus Universitet. Available at: www.rm.dk/siteassets/regional-udvikling/ru/sundhedsinnovation/kortlagning-kultur_og_sundhed-region-midtjylland.pdf (accessed 03.09.2025)
- 102 Sundhedsstyrelsen. (2020). Kultur på recept – tværgående evaluering. Available at: www.sst.dk/-/media/Udgivelser/2020/Kultur-paa-recept_tvaergaaende-evaluering_foraar-2020.ashx (accessed 03.09.2025)
- 103 Sundhedsstyrelsen. (2020). Kultur på recept – tværgående evaluering. Available at: www.sst.dk/-/media/Udgivelser/2020/Kultur-paa-recept_tvaergaaende-evaluering_foraar-2020.ashx (accessed 03.09.2025)
- 104 Folkhälsomyndigheten (2023). Nationella folkhälsomål och målområden 2023. Available at: www.folkhalsomyndigheten.se/om-folkhalsa-och-folkhalsoarbete/tema-folkhalsa/vad-styr-folkhalsopolitiken/nationella-mal-och-malomraden (accessed 18.12.2023)
- 105 Regeringskansliet (2023). Mål för kultur 2023. Available at: www.regeringen.se/regeringens-politik/kultur/mal-for-kultur (accessed 18.12.2023)
- 106 Folkhälsomyndigheten. (2024). Kulturens betydelse för hälsa och välbefinnande – En sammanfattning av en kartläggande litteraturoversikt. Artikelnummer 24010. Available at: www.folkhalsomyndigheten.se/pubreader/pdfview/131830?browserprint=1 (accessed 03.09.2025)
- 107 Folkhälsomyndigheten. (2024). Kulturens betydelse för hälsa och välbefinnande – En sammanfattning av en kartläggande litteraturoversikt. Artikelnummer 24010. Available at: www.folkhalsomyndigheten.se/pubreader/pdfview/131830?browserprint=1 (accessed 03.09.2025)

importance of anchoring the work in strengthening the culture and health sector at multiple levels, from the decision-making national level to the regional and local levels.

A significant step forward in the development of the culture and health sector came in 2018, when the Swedish Arts Council was commissioned by the Government to conduct a national review of the culture and health field. This review aimed to assess how strategic efforts to enhance collaboration between the cultural and health sectors are being implemented across all counties.

The assignment stated that the review provided a picture of how knowledge exchange and collaboration are conducted and can be further developed between local, regional and national actors. Good examples of how the area can be promoted were reported, as well as showing which cross-sectoral governance, methods and structures have been successfully established within, for example, municipalities and county councils, and in collaboration with other actors.¹⁰⁸

Additionally, the Swedish Arts Council's report has identified good examples and models of local and regional collaboration in the area of culture and health. They have selected a number of models where they have perceived that regional coordination, working methods and structures for cross-sectoral collaboration work well and are in place in the regular work at the regional level, and where one or more strategic efforts seem to interact favourably. They were grouped as follows:

- Regions with regular support for cultural activities aimed at municipal elderly care, as well as established networks and cross-sectoral collaboration. The work can be structured through agreements.
- Regions with political mandates in the field of culture and health. Government strategies, action plans or action programs are in place.
- Regions with a cross-sectoral regional steering group or working group in the field of culture and health or a regional resource centre.
- Regions with cross-sectoral coordination and funding.
- Working models within coordination associations (FINSAM) to support people/particularly vulnerable groups, who need support from several authorities.

As an example of regional efforts in the arts and health sector, Region Skåne has been a pioneer in this field. Since 2003, it has undertaken strategic initiatives, including knowledge dissemination, network building, and the implementation of various activities and projects.

In 2022, Region Skåne launched its Arts and Health Strategy for 2022–2030, marking a significant step in its continued commitment to this crucial area.¹⁰⁹ Additionally, a three-year research project on the concept of Arts on Prescription (KuR) was completed in 2024. Starting in 2025, it was introduced as a primary healthcare intervention aimed at promoting well-being and mental health. This initiative follows a critical decision by the Primary Healthcare Board to integrate arts-based approaches to healthcare.¹¹⁰

In 2024, the Public Health Agency received an assignment from the Swedish government to develop a report on existential health within the framework of national public health policy. The perspective on arts and health will also be included.¹¹¹ The report is expected to be completed in March 2025.

108 Kulturrådet. Nationell översyn kultur och hälsa: samverkan och kunskapsutbyte mellan kultur- och hälsoområdet. 2018.

109 Region Skåne. Region Skåne's strategy for culture and health 2022–2030. (2022). Available at: utveckling.skane.se/publikationer/publikationer/region-skane-strategi-for-kultur-och-halsa-2022-2030/ (accessed 03.09.2025)

110 Region Skåne. (2024, November 18). Primärvårdsnämnden, 2024-11-18. Available at: www.skane.se/politik-och-demokrati/politik/politiska-organ/sammantraden/?sid=13881517#6 (accessed 03.09.2025)

111 Regeringskansliet. (2024). Assignment to the Public Health Agency of Sweden to implement measures to develop work on existential health within the framework of national public health policy. Available at: www.regeringen.se/regeringsuppdrag/2024/04/uppdrag-till-folkhalsomyndigheten-att-genomfora-insatser-for-att-utveckla-arbetet-med-existentiell-halsa-inom-ramen-for-den-nationella-folkhalsopolitiken (accessed 03.09.2025)

Mezzo level – training and practice

RESEARCH, EDUCATION AND TRAINING

Another regional-level initiative is the Stockholm Regional Council's decision to establish a Competence Centre for Culture and Health. The centre is tasked with integrating culture into healthcare activities within the Stockholm Region and promoting a sustainable, holistic, and human-centred approach to the intersection of culture and health, as well as adopting a salutogenic perspective on individual well-being. Its responsibilities include knowledge development and research, knowledge dissemination and communication, innovation and service design.¹¹²

The Cultural Brain www.kulturellahjarnan.se/sv/hem is an initiative at Karolinska Institute that highlights and presents current research in the field of culture and health.

<i>Title</i>	Konst, kultur och hälsa (Art, culture and health); 7.5 ECT
<i>Time, place</i>	Lund University, 9-day course scattered in one academic semester: https://lucvit.education.lu.se/LUCE/activities/activitydetails_ext.aspx?id=1668
<i>Partners</i>	The Department of Cultural Sciences at Lund University, in collaboration with Primary Care in Region Skåne
<i>Target audience</i>	Professionals in health care and welfare, social work, cultural institutions and other fields that intersect with the interdisciplinary area of culture and health.
<i>Main activities/ Content</i>	The course provides theoretical understanding and practical skills in the field of art, culture, and health from both medical and humanistic perspectives, through field visits, hands-on training, combined workshops and group collaboration.
<i>Title</i>	Contemporary Art and Health; 15 ECT www.gu.se/studera/hitta-utbildning/samtidskonst-och-halsa-fkgskh
<i>Time, place</i>	HDK-Valand – School of Art and Design at the Faculty of Arts, University of Gothenburg.
<i>Partners</i>	The course is coordinated by Dr. Cathryn Klasto and includes contributions by invited guests.
<i>Target audience</i>	Artistic practitioners, cultural workers and healthcare practitioners who have an interest in understanding and working in the field of contemporary art and health.
<i>Main activities/ Content</i>	Course themes include care, participation, collaboration and cooperation, ethics, architecture and space, technologies, time, reimagining the institution.
<i>Methods</i>	The course employs various teaching models including lectures, seminars, workshops and tutorials and advance preparation is expected before teaching sessions.

GOOD PRACTICE EXAMPLES

The Dragon Project, run by the association Sensus from 2016 to 2019, aimed to develop health-promoting cultural activities online for young adults (aged 16–29) experiencing social withdrawal and mental illness. It created a method and web application for study groups where culture and shared reflection supported participants. The goal of the project was to foster cultural engagement, social belonging, and digital participation, helping young people move out of exclusion and into wider social contexts.¹¹³

In Skåne – southern Sweden – **the Arts on Prescription (AoP) initiative** offers primary healthcare patients, including those experiencing stress, anxiety, depression, or social isolation, a structured arts-based intervention. Through a 10-week programme, participants engage in creative group activities twice weekly.¹¹⁴ Preliminary data demonstrate promising improvements in mental well-being.¹¹⁵ The Skåne model stands out as a developing example of holistic, arts-integrated social prescribing in Sweden.

Micro level – end-users

The *Report on National Knowledge Support for Quality Palliative Care at the End of Life* emphasises the benefits of music on patients' well-being, which are assessed through qualitative research.¹¹⁶

Research commissioned by the Competence Centre for Culture and Health in Region Stockholm

Report “Digital Dance for Parkinson’s. Digital Dance – a Future Resource in Healthcare. Report from a Follow-up Research Project on the Effects of Digital dance for People with Parkinson’s disease.” The report examines how the method “Dance for Parkinson’s” can be implemented in a digital form and how people with Parkinson’s disease experience the dance. Questions are asked about how dancing in a digital form via a computer is experienced compared to dancing in a shared dance hall. The study has been conducted by researchers at Karlstad University, Umeå University and Luleå University of Technology, on behalf of the Competence Centre for Culture and Health at Region Stockholm.¹¹⁷

Report “Drama and Theatre for Existential Health in Psychiatric Care”. The report shows that drama and theatre can help patients with newly diagnosed psychosis feel better. The art form provides an opportunity to express themselves and feel seen. Everyone participates on equal terms, which reduces stigma and provides empowerment.¹¹⁸

113 Culture for Health. *The Dragon Project. 2016–2019*. Available at: www.cultureforhealth.eu/mapping/the-dragon-project/ (accessed 03.09.2025)

114 Region Skåne. *Strategy for Culture and Health in Skåne*. https://utveckling.skane.se/siteassets/publikationer/strategi_kultur_och_halsa_eng.pdf

115 Röger, H. et al., (2021). “Arts on Prescription in Sweden: A Pilot Study of Effects on Mental Well-Being,” *International Journal of Environmental Research and Public Health* 18, no. 22: 11726, <https://pubmed.ncbi.nlm.nih.gov/40348950>

116 Socialstyrelsen. (2013). Nationellt kunskapsstöd för god palliativ vård i livets slutskede – Vägledning, rekommendationer och indikatorer – Stöd för styrning och ledning. Artikelnummer 2013:6–4. Available at: www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2013-6-4.pdf (accessed 03.09.2025)

117 Walton, L., Eriksson Domellöf, M., Stigsdotter Neely, A. (2025). Digital dans – en framtida resurs i vården. Kompetenscentrum för kultur och hälsa, Region Stockholm. Available at: www.regionstockholm.se/49216a/contentassets/1e39f909c45e42b6a01bb4412fed92eb/rapport-digital-dans-for-parkinson.pdf (accessed 03.09.2025)

118 Hallgren, E., & Cedervall, S. (2023). Drama och teater – kollektivt skapande för existentiell hälsa i psykosvården. Competence Centre for Culture and Health, Region Stockholm. Available at: www.regionstockholm.se/49563a/siteassets/kultur/publikationer/rapport-drama-och-teater--kollektivt-skapande-for-existentiell-halsa-i-psykosvarden.pdf (accessed 03.09.2025)

Report “Art as a Resource in Geriatric Care”. The authors of the report “Art as a Resource in Geriatric Care” are Max Liljefors, professor of art history and visual studies at Lund University, and Åsa Alftberg, ethnologist and senior lecturer at Malmö University.

In December 2017, so-called art walks for patients began to be carried out in two geriatric wards at Capio Geriatrics Nacka, Nacka Hospital. During the spring and autumn of 2018, a follow-up research project was conducted in conjunction with these tours.

The primary purpose of the follow-up research has been to evaluate whether art walks constitute an enriching element in the care environment and to examine the art pedagogical method developed for the care context. Ultimately, the goal is that the results from the follow-up research should guide the development of similar future projects. The follow-up research also aims to document the patients’ experiences of the art walks, as well as the staff’s and the director’s experiences and views on the opportunities and difficulties that they perceive the art walks to bring.¹¹⁹

Report “Feel Better with Music”. The report shows that live music in paediatric healthcare can serve as a diversion or distraction, but it can also encourage children to be more active and create a more normalised experience during their hospital stay.¹²⁰

Research from Skåne’s **Arts on Prescription (AoP)** initiative reveals significant positive health outcomes. A mixed-methods study involving 112 primary healthcare patients over 10 weeks demonstrated highly significant increases in mental well-being, measured by both the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS) and the Salutogenic Health Indicator Scale (SHIS).¹²¹ Three key themes emerged: enhanced social connectedness, increased self-efficacy, and establishing routine and structure.

119 Region Skåne. (2022). Hela människan, hela livet – Region Skånes strategi för kultur och hälsa 2022–2030. Available at: <https://vardgivare.skane.se/siteassets/3.-kompetens-och-utveckling/sakkunniggrupper/primarvårdens-utbildningsenhet/kultur-och-halsa/region-skanes-strategi-kultur-och-halsa-2022-2030.pdf> (accessed 03.09.2025)

120 Eulau, L. (2023). Må bättre med musik – Musik i barnsjukvården. Report from a follow-up research project on live music in a pediatric intensive care unit during the COVID-19 pandemic. Published by Kompetenscentrum för kultur och hälsa, Region Stockholm. Available at: www.regionstockholm.se/494837/siteassets/kultur/publikationer/rapport-ma-battre-med-musik.pdf (accessed 03.09.2025)

121 Röger, H. et al. (2025). “Arts on Prescription in Sweden: A Pilot Study of Effects on Mental Well-Being,” *BMC Primary Care* 26, no. 1: 24. <https://pubmed.ncbi.nlm.nih.gov/40348950/>

FINLAND

Macro level – normative regulation

Between 2015 and 2020, Finland took several steps to implement culture and health activities more strategically. One of the measures highlighted in the Strategic Programme of Prime Minister Juha Sipilä's Government, Finland, a land of solutions, 2015¹²² was to implement cross-administrative collaboration between the Ministry of Education and Culture and the Ministry of Social Affairs and Health to support the accessibility of arts and culture in collaboration with the health and social sector to support well-being through arts and culture (2016–2018).¹²³ The project was coordinated by an expert group appointed by the Ministry of Education and Culture with the aim of increasing and establishing the supply and use of arts and culture as part of the social welfare and healthcare sector services. The long-term goal of the project was to enable the funding of arts and culture as part of the operating budgets of the social welfare and healthcare sectors. (see pp.10–13 in the evaluation of these key activities in the report).¹²⁴ During the same time period, in 2019, the WHO scoping review¹²⁵ was also published. This research has been heavily used in the Finnish context to further promote the role of arts and culture in health and wellbeing and to push forward policies that support the establishment of the culture and health sector.

The above-mentioned policy-level priorities and investments, along with other initiatives of the time, facilitated the sector's development, and many of the activities from this period continue to bear fruit today. Two of such examples are: 1. **The Arts Promotion Centre Finland** (public expert agency under the Ministry of Education and Culture) has worked for developments in the sector of culture and health for more than a decade. To this day, the centre has an expert team working on Cultural Wellbeing on a continuous basis to further promote the role of arts and culture in wellbeing.¹²⁶ 2. Another body having a key role in the culture and health sector in Finland is the focal point for arts and wellbeing; **TaikuSydän**¹²⁷. *TaikuSydän* is a nationwide knowledge broker and facilitator of the developments in the field of culture and health, established with public funding as part of Turku University of Applied Sciences.

At the policy level, two working groups have been advancing developments in culture and health policy. Firstly, "Taiku" was formed through a collaboration between the Ministry of Culture and Education and the Ministry of Social Affairs and Health. This cooperation group promotes and supports cooperation between social, health, cultural and artistic actors at the national policy levels. This working group has been reformed for many years and remains active and relevant.¹²⁸ Another body is the National Culture and Well-being Pool, an expert body consisting of national culture and well-being actors, with the aim of strengthening the inclusion of culture and well-being into holistic well-being, rehabilitation,

122 Valtioneuvosto. (2015). Finland, a Land of Solutions – Strategic Programme of Prime Minister Juha Sipilä's Government. Government Publications 12/2015. Available at: https://valtioneuvosto.fi/documents/10184/1427398/Ratkaisujen+Suomi_EN_YHDISTETTY_nettili.pdf/8d2e1a66-e24a-4073-8303-ee3127fbfcac (accessed 03.09.2025)

123 Ministry of Education and Culture. (2016). Project OKM023:00/2016. Available at: <https://okm.fi/en/project?tunnus=OKM023:00/2016> (accessed 03.09.2025)

124 Jakonen, O., Lahtinen, E. (2019). Taide, kulttuuri ja hyvinvointi: Hallitusohjelman kulttuurin kärkihankkeen arviointi: prosenttitaiteen periaatteen laajentaminen yhteistyössä sosiaali- ja terveydenhuollon kanssa. Cuporen verkkojulkaisu 53. Kulttuuripolitiikan tutkimuskeskus Cupore. Available at: www.cupore.fi/images/tiedostot/2019/karkihankeraportti_final.pdf (accessed 03.09.2025)

125 Fancourt, D., Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/329834> (accessed 03.09.2025)

126 Arts Promotion Centre Finland (Taike). (n.d.). Art, Health and Wellbeing Advisory Services. Available at: www.taike.fi/en/taike-influences/expert-services/art-health-and-wellbeing-advisory-services (accessed 03.09.2025)

127 Taikusydän – Arts & Health Coordination Centre in Finland. (n.d.). Taikusydän – Arts & Health Coordination Centre in Finland. Available at: <https://taikusydän.turkuamk.fi/en> (accessed 03.09.2025)

128 Ministry of Education and Culture. (2023). OKM065:00/2023. Available at: <https://okm.fi/en/project?tunnus=OKM065:00/2023> (accessed 03.09.2025)

preventive services, education in various fields and working life.¹²⁹ This working group is chaired by a member of the parliament.

The Finnish Cultural Foundation, one of the largest grant-giving foundations in Finland, launched its own grant program, “Art for Care (*Taidetta hoivalaitoksiin*)”, in 2021. Today, this grant program is named “Art for Everyone” and it is specialised in supporting art projects that work in the intersection of culture and health for a yearly total worth of 350,000 EUR .¹³⁰

The Arts Promotion Centre Finland, which distributes national-level public art and culture grants, has their own program for funding arts and health projects. In 2024, the total value of this funding program exceeded 1 million EUR.¹³¹

Lapinlahden Lähde, the Centre for Culture and Well-being in Helsinki, is an endorsed focal point that supports the intersection of culture and health, as well as the role of arts in mental well-being.¹³²

Despite these policy-level proceedings, culture and health activities remain largely excluded from public services. There are no legal requirements for the regions, cities or municipalities to provide culture and health services for their citizens. Until the end of the year 2022, the health and social services were the responsibility of 308 cities and municipalities. However, in 2023, Finland was divided into 21 well-being service counties (and additionally the city of Helsinki), which are responsible for the health and social services of their citizens. Within these counties, awareness and practices, as well as the strategic guidance and financial support instruments available for Culture and Health activities, differ greatly. Some of the most prominent counties can be expected to be Pirkanmaa (around the city of Tampere)¹³³, Varsinais-Suomi (around the city of Turku), and Länsi-Uusimaa (around the city of Espoo), as well as the city of Helsinki. These counties and cities have developed strategies to support the implementation of Culture and Health services. In addition, some hospitals have taken the initiative to build their strategy in Culture and Health¹³⁴. However, the continuity and resources of the development of these activities remain rather fragile and dependent on the political atmosphere (changing with the election cycle), since these actions are not regulated by any laws.

Yet, there are national recommendations and strategies that, in a more subtle manner, encourage counties to provide culture and health services for their citizens. The municipalities are regulated by the Act on Cultural Activities in Local Government,¹³⁵ which states that the municipalities have a responsibility to “promote the arts and culture as part of residents’ health and wellbeing, inclusion and community engagement, and local and regional vitality”. These actions heavily rely on the awareness of local authorities as well as the awareness of local politicians, and their ability to incorporate culture and health into local strategies or priorities.

129 Culture and Well-being Pool. (n.d.). In English. Available at: www.kulttuurihyvinvointipooli.fi/info/in-english (accessed 03.09.2025)

130 Suomen Kulttuurirahasto. (2025). Art for Everyone. Available at: <https://skr.fi/en/grant/art-for-everyone> (accessed 03.09.2025)

131 Arts Promotion Centre Finland (Taike). (2024). Subsidies for Promoting Cultural Wellbeing and Inclusion 2024. Available at: www.taike.fi/en/awarded-support/subsidies-promoting-cultural-wellbeing-and-inclusion-2024 (accessed 03.09.2025)

132 Lapinlahden Lähde. (n.d.). Centre for Arts, Culture, and Mental Wellbeing. Available at: <https://lapinlahdenlahde.fi/en> (accessed 03.09.2025)

133 Varjonen-Toivonen, M. (2023). Pirkanmaan alueellinen kulttuurihyvinvointisuunnitelma. Published by Pirkanmaan hyvinvointialue. Available at: <https://innokyla.fi/sites/default/files/2023-10/Pirkanmaan%20alueellinen%20kulttuurihyvinvointisuunnitelma.pdf> (accessed 03.09.2025)

134 Keski-Suomen hyvinvointialue. (n.d.). Sairaala Novan taideohjelma. Available at: www.hyvaks.fi/sairaala-nova/taideohjelma (accessed 03.09.2025)

135 Finlex. (2019). Act on Cultural Activities in Local Government (166/2019). Available at: www.finlex.fi/fi/laki/kaannokset/2019/en20190166.pdf (accessed 03.09.2025)

Mezzo level – training and practice

RESEARCH, EDUCATION AND TRAINING

In Finland, some existing MA and postgraduate programmes in culture and health are cross-disciplinary and open to students with a BA background in either arts and culture or the health and social sectors. These MA programmes are designed for adult students, who typically complete their studies alongside work:

<i>Title</i>	Master of Social Services and Health Care or Master of Culture and Arts, 60 – 90 ECTS credits/1.5 – 2 years www.turkuamk.fi/en/studies/creative-well-being
<i>Time, place</i>	Ongoing, Turku University of Applied Sciences (Art Academy)
<i>Target audience</i>	Multidisciplinary training in cultural well-being is designed for individuals with a strong background in culture, the arts, social work, health or a combination of these fields.
<i>Main activities/ Content</i>	Skill-building and training. The core competences of the degree are built around four modules: <ul style="list-style-type: none"> • Future Operating Environments; • Creative Well-being as a Competence Area; • Contexts of Creative Well-being; • The Professional Biography Process of a Cultural Well-being Expert.
<i>Title</i>	Creativity and Arts in Social and Health Fields, 60 ECT, Master’s Degree
<i>Time, place</i>	<i>Metropolia</i> University of Applied Sciences, Helsinki
<i>Goal</i>	The aim of the CRASH degree programme is to strengthen the professional competences needed when promoting health, well-being, inclusion and a sense of community in society through creativity and the arts.
<i>Target audience</i>	Professionals in the fields of culture and arts, social services and health.
<i>Methods</i>	The studies are designed to combine expertise from different fields locally and internationally, as well as to strengthen multidisciplinary and international collaboration skills of professionals.

<i>Title</i>	Designer (Master of Arts), Cultural Well-being , 60 ECT, 2 years www.xamk.fi/koulutukset/kulttuurihyvinvointi-yamk/
<i>Time, place</i>	Ongoing, Eastern-Finland University of Applied Sciences (XAMK)
<i>Target audience</i>	Students with: Bachelor's degree, Polytechnic degree, college or vocational higher education qualification, foreign university degree (Master), foreign university degree (Bachelor)
<i>Main activities</i>	Cultural well-being training fosters new service and business activities, combining expertise in social and healthcare, the humanities and sport with service design and cultural expertise. For welfare professionals, the studies provide skills in cultural welfare coordination and client-oriented service design.

<i>Title</i>	Cultural and Artistic Activities as a promoter of Well-being (Master of Arts), 60-19 ECT, 2 years www.hamk.fi/tutkinnot/kulttuuri-ja-taidetoiminta-hyvinvoinnin-edistajana-artenomi-ylempi-amk-sosiaali-ja-terveysala-ylempi-amk
<i>Time, place</i>	Häme University of Applied Sciences, Hämeenlinna
<i>Target audience</i>	Students with: Bachelor's degree, Polytechnic degree, college or vocational higher education qualification, foreign university degrees (MA, BA)
<i>Main activities</i>	During studies, students learn about the changing environment and exploratory development, leadership and future work skills, developing cultural and artistic activities and service design in the welfare sector and the future of culture and arts in the welfare sector.

<i>Title</i>	Introductory Course in Hospital and Nursing Music , 2 years www.turkuamk.fi/koulutukset/sairaala-ja-hoivamusiihin-johdantokurssi
<i>Time, place</i>	Turku University of Applied Sciences, Academy of Arts
<i>Goal</i>	To apply musical skills to care communities and gain practical experience of working as a hospital and care musician.
<i>Target audience</i>	Professional musicians

GOOD PRACTICE EXAMPLES

The city of Helsinki has been working at the intersection of culture and health for more than a decade. A dedicated cultural producer is responsible for curating arts and cultural activities to be integrated into the health and social institutions operated by the city, such as institutions and daycare centres for the elderly. This activity was established more than a decade ago and includes separate funding instruments for cultural actors to offer their services (see the report about these initiatives, which set the groundwork as early as 2010).¹³⁶

Hospital Clowns is a strong and professional organisation in Finland, partly funded by the public hospitals where they work, partly by cultural foundations, and partly by private contributions.¹³⁷

Taiteen Sulattamo Ry is a nationwide arts and mental health organisation that, together with arts, social and healthcare professionals, provides recovery-promoting arts, education and group activities mainly for people in recovery from mental health and substance abuse.¹³⁸

The Well-being Power Plant develops comprehensive well-being services, advances the know-how related to these services, and strengthens the collaboration between research and development, as well as education and work-life. Emphasis is placed on cooperation between the social, health, cultural, educational, child and youth work sectors.¹³⁹

Empowering Photography is a prominent art-based methodology developed by photographer and social worker Miina Savolainen. The approach is widely acknowledged and implemented in the health and social sector. Thousands of social and healthcare professionals have studied the methodology to implement it in their daily work environments.¹⁴⁰

Micro level – end-users

The “**ArtsEqual: The Arts as Public Service: Strategic Steps towards Equality**”¹⁴¹ was a multi-million research project coordinated by the University of the Arts, Helsinki, from 2015 to 2021, and financed by the Academy of Finland’s Strategic Research Council. Two of the six research groups were related to the topic of culture and health. More than a hundred research papers were published within the project context, and 34 of them pertained to topics of culture and health, such as the one published by Kai Lehikoinen in 2017, “Justifying the Arts in Health and Care in Finland: A Discourse Analytic Inquiry.”¹⁴² Additionally, several policy briefs were published, including this one about arts and culture in hospitals.¹⁴³

“**Of Immeasurable Value? Impact Studies and Methodologies of Art and Culture**” by Satu-Mari Jansson. This literature review, published in 2014 by the University of Arts Helsinki, summarises the findings, theories, methodologies and critiques of impact research on art and culture, as well as

- 136 Varho, J., Lehtovirta, M. (Eds.). (n.d.). *Taidetta ikä kaikki – Selvitys ikäihmisten hoivayhteisöjen kulttuuritoiminnasta Helsingissä*. Helsinki City Culture and Leisure Division. Available at: www.hel.fi/static/kulke/TaidettaKaikki.pdf (accessed 03.09.2025)
- 137 Sairaalaklovnit ry. (n.d.). English. Available at: <https://sairaalaklovnit.fi/en/> (accessed 03.09.2025)
- 138 Taiteen Sulattamo ry. (n.d.). Taiteen Sulattamo ry. Available at: <https://taiteensulattamo.fi/> (accessed 03.09.2025)
- 139 Savonia University of Applied Sciences. (n.d.). The Well-being Power Plant of Eastern Finland (VOIMALA). Available at: <https://hyvinvointivoimala.savonia.fi/en/front-page/> (accessed 03.09.2025)
- 140 Savolainen, M. (n.d.). Voimauttava Valokuva. Available at: www.voimauttavavalokuva.net (accessed 03.09.2025)
- 141 Ilmola-Sheppard, L., Rautiainen, P., Westerlund, H., Lehikoinen, K., Karttunen, S., Juntunen, M.-L., Anttila, E. (2021). The arts are pursued by the talented. ArtsEqual report. University of the Arts Helsinki. Available at: www.artsequal.fi/results/-/asset_publisher/OOmAiOnK08oy/content/id/7786185.
- 142 Lehikoinen, K. (2017). Justifying the arts in health and care in Finland: A discourse analytic inquiry. *Cogent Arts & Humanities*, 4(1). <https://doi.org/10.1080/23311983.2017.1345048> (accessed 03.09.2025)
- 143 University of the Arts Helsinki. (2021). Arts and Health. Available at: https://sites.uniarts.fi/documents/14230/O/Arts_and_health_Transl._FINAL_updated_17032021.pdf/5292a796-c36e-f9a3-edab-d20edeac3129?t=161607731936 (accessed 03.09.2025)

perspectives on the future of art research. The literature review aims to classify impact studies and describe what has been studied and how the research has been framed, the methods used to analyse and evaluate impact, the indicators used, and the results obtained. It also seeks to provide an assessment of the reliability of the results and the generalisability of the data.¹⁴⁴

Conclusions. Culture and Health in Denmark, Sweden and Finland

Several policy-level achievements and investments in culture and health are driving positive changes and developments in the sector. While these policies have been driven at the national level, regional and local strategies also support the establishment of the field.

Several higher-degree curricula are available at universities of applied sciences, upskilling future professionals, including artists, creatives and healthcare professionals. These programmes are offered at the MA level as well as through lifelong learning studies.

In parallel with policy-level and curricula developments, a **wide range of research** has been conducted supporting the sector in building relevant knowledge and credibility for the field. The practical orchestration of knowledge and networks has been supported through **national focal points dedicated to culture and health**.

Practical projects and activities are financially supported by a national funding programme as well as by private cultural funds. Some more established operators work in the field on a continuous basis (such as hospital clowns). **However, culture and health activities remain mainly sporadic interventions with a fragile position.**

Intervention types in Denmark, Sweden, and Finland converge around Arts/Culture on Prescription, participatory arts, shared reading and writing, music, dance, visual arts and nature-based activities, typically delivered in time-bound group formats of 8–10 weeks with psycho-social goals such as belonging, routine, and self-efficacy.

No data is available about the **main target groups** using culture and health services, yet there is a shared focus on mild-to-moderate mental health conditions, social isolation, older people, youth, and patients in clinical settings.

144 Jansson, S. M. (2014). Mittaamattoman arvokasta? : taiteen ja kulttuurin vaikutustutkimuksia ja -metodologioita [Immeasurably Valuable? : Arts and Cultural Impact Studies and Methodologies]. University of the Arts Helsinki. Available at: <https://taju.uniarts.fi/items/6ec8321c-8b6f-47ca-8c25-35897054416e> (accessed 03.09.2025)

MATERIAL AND METHODS OF THE QUALITATIVE STUDY

The **aim** of the research: to gather the opinions and perspectives of stakeholders at the macro, mezzo and micro levels on current and desired approaches to culture and health policies and practices in each of the three Baltic countries.

The **research question**: what are the opinions and perspectives of stakeholders at the macro, mezzo, and micro levels on current and desired approaches to health and culture policies and practices in each of the three Baltic countries?

Time frame of the fieldwork: February 2025 – June 2025

Target groups of the research:

- Macro-level stakeholders in the culture and health sectors in Latvia, Lithuania and Estonia (i.e., representatives of the legislature, officials of ministries and their subordinate institutions);
- Mezzo-level stakeholders in the culture and health sectors in Latvia, Lithuania and Estonia (i.e., professionals of culture, social and health fields, representatives of higher education institutions that prepared these professionals);
- Micro-level stakeholders in the culture and health sectors in Latvia, Lithuania and Estonia (i.e., representatives of the target (vulnerable) groups, their caregivers and family members). Internationally (including the Baltic countries) recognized criteria for people being recognized as vulnerable and thus used in this study are:¹⁴⁵
 - a) ethnicity and race (ethnic and national minorities),
 - b) health status (people living with HIV, individuals with mental disabilities),
 - c) age (children, the elderly),
 - d) liberty status (detainees and prisoners),
 - e) sex (pregnant women, women in prisons, victims of domestic violence),
 - f) migration status (migrant workers, asylum seekers, internally displaced persons),
 - g) minority status (religious, LGBTQAI+),
 - h) financial situation (the homeless, people living in poverty).

145 World Health Organization. Centre for Health Development. Vulnerability and vulnerable populations, <https://wkc.who.int/our-work/health-emergencies/knowledge-hub/community-disaster-risk-management/vulnerability-and-vulnerable-populations> (accessed: 11.02.2025)

Research design: qualitative applied research using the semi-structured in-depth interview method.

Research tools:

- Guidelines of the semi-structured in-depth interviews with stakeholders at the macro and mezzo levels (*Annex 1*),
- Guidelines of the semi-structured in-depth interviews with stakeholders at the micro level (*Annex 2*),
- Informed consent form (*Annex 3*).

Semi-structured interview questions were structured in four blocks:

1. Opening questions;
2. Macro-level questions – on the policy of the culture and health sector;
3. Mezzo-level questions – on the practice and monitoring in terms of culture and health interventions, as well as on the training system of culture and health professionals;
4. Micro-level questions – on appropriate target groups of culture and health interventions.

Sampling method of the research: convenience sampling, maximum variety sampling in terms of job position, gender, age, duration of career, place of living and, at the micro level, – vulnerability status.

Sample size: 29 interviewees altogether.

Description of study participants

a. In Latvia:

- 4 macro-level representatives (the Ministry of Health, the Ministry of Welfare, the Ministry of Culture);
- 3 mezzo-level interviewees who provide various services for vulnerable groups in different municipalities (a social worker, a museum educator, a public health specialist);
- 3 interviewees representing the vulnerable communities (a pensioner, a father of a child with autism spectrum disorder, a person with a history of cancer).

b. In Estonia:

- 3 macro-level representatives (2 with over a decade of experience in their current roles, 1 in position for 2.5 years and does not work directly in the relevant field; all with higher education degrees);
- 4 mezzo-level interviewees (2 with educational backgrounds in cultural management, 1 in psychology and theology, 1 in sociology; tenure in the current positions – from a few months to 6 years; roles including project management, service coordination, data-focused work; remark – V3 and V4 participated in a joint interview);

- 3 interviewees representing the vulnerable communities (a person with a physical disability, a war refugee, and an elderly person).

c. In Lithuania:

- 3 macro-level representatives (all possess higher education degrees; all working in the current field for around a decade);
- 3 mezzo-level interviewees (with experience in art, art management, art and health project creation; from 5 to more than 20 years of experience in their fields)
- 3 interviewees representing the vulnerable communities (a person with visual impairment, a person experiencing homelessness, an elderly person).

Sampling and data collection process: Representatives of the target (vulnerable) groups were invited to participate in the study via non-governmental organizations in the specific country. Identified micro-level stakeholders who were interested in participating in the study were invited by the representative of the non-governmental organization to contact (via phone or e-mail) the particular representative of the research group in the applicable country or, alternatively, the research group reached out to them.

Macro- and mezzo-level experts identified by the research team were personally invited to participate in the study via an official invitation letter sent electronically.

The interviews took place in person, online or by telephone (depending on the type of interview the interviewee preferred).

Before the interview, the aim of the study, the principles of conducting the study, ethical considerations, and the interviewee's rights were explained to the interviewee. The interviewee was given the opportunity to ask any questions of interest about the study, and the interviewer (a member of the research group) provided answers to all questions asked. In some cases, the interview questions were shared in advance at the interviewee's request.

For face-to-face interviews, written informed consent was obtained prior to the interview. For online or telephone interviews, oral informed consent was first obtained and documented by the interviewer's signature on the consent form. Subsequently, an agreement was made with the interviewee regarding the provision of written informed consent, either via e-mail with an electronic signature or as a printed, signed, and scanned document.

After receiving informed consent (including the permission to record the interview in an audio file), the interviewer conducted the interview in the local language (Latvian, Lithuanian or Estonian).

Data processing: Interviews were recorded in audio files. After completing of the interviews, audio files from mobile phones or other devices used for recording were immediately transferred and stored by the interviewer on computers provided by the aforementioned research institutions in a double password-protected manner – i.e., on a password-protected device and in a password-protected file/folder.

Furthermore, the audio file was uploaded by the interviewer from each country and stored in the secure data storage of Riga Stradiņš University (RSU; Latvia) (<https://nextcloud.rsu.lv>).

To access data storage, an RSU employee used two-factor authentication: a password and identity verification via a phone application. However, interviewers from Lithuania and Estonia had access to RSU data storage using a double-check password.

The researcher from RSU transcribed all audio files within 72 hours using the licensed automated transcription tool MAXQDA, and then the transcribed audio file was deleted from storage.

After preparing the transcripts, an RSU employee uploaded them to the *Nextcloud* platform and notified the researchers from each country that the transcripts could be retrieved and downloaded to the computers provided by their employer. Within 24 hours, the researcher from each country retrieved the transcript from the *Nextcloud* platform, deleted the file from *Nextcloud*, and continued working with it on a secure computer provided by the employer.

The informed consent forms are stored separately from the audio file transcriptions, i.e., the interviewees cannot be identified in the transcribed interviews by means of the informed consent form.

The transcribed interviews were further pseudonymised by removing all direct identifiers. Further, the transcripts were analysed by the research team in each country's local language using the conventional qualitative content analysis method (i.e., raw data were not shared among the project partners). Quotations from coded interviews have been included in the report in a manner that ensures the responder's identity is not directly identifiable, assigning a pseudonym to each interview.

Ethical aspects of the research: The study's compliance with research ethics standards has been reviewed and approved by each country's research ethics committee:

- a. in Latvia – the Research Ethics Committee of the Latvian Academy of Culture (approval No 1.18-1/4);
- b. in Estonia – the Research Ethics Committee of the Estonian Academy of Music and Theatre (approval No 1-35/1);
- c. in Lithuania – the Research Ethics Committee in the Social Sciences and Humanities of the Lithuanian University of Health Sciences (approval No 2025-BEC3-T-048).

The study was implemented in compliance with all the nationally and internationally accepted principles of personal data protection and use of personal data in research, as well as information technology security measures.

All researchers involved in the study have been instructed on data security, confidentiality and data processing.

Participation in the study was voluntary for all respondents. Only adults were involved in the study. Before agreeing to participate in the study, respondents were informed about the aim of the study, the need for data collection, the principles of confidentiality, the right to discontinue participation in the study at any time, etc. The potential study participants had the opportunity to ask the research staff any questions they had about the study. In some cases, the interview questions were shared in advance at the interviewee's request. In the event of consent to participate in the study, this fact was confirmed by signing the informed consent form.

The transcripts were pseudonymised by removing all direct identifiers. Quotations from coded interviews have been included in the report in a way that the responder is not directly identifiable, assigning a pseudonym to each interview.

Safe storage is used for keeping the raw data for possible secondary usage (for five years after the approval of the final report of the WITAC project):

- a. in Latvia – *Dataverse* (<https://doi.org/10.48510/FK2/LJE9PV>);
- b. in Estonia – *EAMT Shared Google Drive* (drive.google.com/drive/shared-drives);
- c. in Lithuania – *MS Teams* private folder (LSMU).

RESULTS OF THE QUALITATIVE STUDY

DATA FROM LATVIA

Summary of MACRO level interviews

Policy

All four respondents agree that combining **culture and health** has a positive impact on people's health, reducing **social isolation** and improving **emotional well-being**. However, opinions differ on whether **national-level regulation** is necessary and how **institutional responsibilities** should be divided. All experts stressed the **importance of municipalities**, as they are closest to the population. However, Participant No 7 pointed out that **municipal initiative alone is not sufficient** and that municipalities need **methodological support**. The importance of cooperation between ministries was also stressed, with the **Ministries of Culture, Health and Welfare** being singled out. In contrast, Participant No 8 expressed the view that such initiatives could remain solely at the **municipal level as part of social assistance**, emphasising that *"top-down requirements often provoke resistance and bureaucracy"*, however, drawing attention also to the heavy **workload of social workers** and the need to first ensure municipality residents' basic needs in such scenarios.

Participants No 9 and No 10 emphasised that excessive **regulation** can hinder practical implementation and create **unnecessary bureaucracy** – *"positive examples already work without regulation"* – but the interview acknowledged the need for regulation, e.g., to **attract funding**.

"I think those that grow out of life and practice are the ones that survive" (Participant No 10)

Respondents unanimously stressed that Culture and Health approaches are particularly important in the areas of **mental health** and **rehabilitation**: they help to **overcome routine, loneliness, depression** and **promote a sense of meaning in life**. This, in turn, can have a positive impact on improving physical health through renewed enjoyment of movement and self-care.

Practice

The experts noted in the interviews that there are already examples of culture and health cooperation in Latvia, **initiated by institutions**, such as art exhibitions and concerts in medical institutions, especially in children's hospitals and mental health centres, which **promote public engagement and shared responsibility**. However, Participant No 10 stresses that these activities **are not recognised or documented in a structured way as part of the health policy**.

"A lot of what our memory institutions, museums, libraries are doing... dispersing the loneliness of seniors." (Participant No 10)

It was noted that cultural events can serve as a **platform to address public health issues**, such as reducing misinformation or promoting sexual health, and that such practices are already in place.

“Social prescriptions” are seen as a valuable approach, but they should be designed as **flexible, voluntary invitations** rather than an obligation. Participants stress the importance of personalisation and local ownership in bringing this approach to life, as the appropriateness and type of social prescription need to be assessed on an **individual basis, based on a person’s interests and needs**. Consequently, universal national criteria would be difficult to apply.

“It would be quite impossible to say it with national criteria anyway..... it is best [assessed] at the local level.” (Participant No 8)

Long-term care institutions and nursing homes were identified as the most suitable places to implement culture and health approaches, where it is possible to reach wider groups and build evidence for further development.

Participants No 8 and No 9 suggested launching culture and health activities as **pilot projects** to test the effectiveness of the approach, as well as to refine the **target groups** and the **content of the services**.

“Pilot projects are my favourites... they need to be followed by evaluation and thoughtful scaling up.” (Participant No 9)

It is mentioned that pilot projects could also be implemented within the **framework of state budget funding**; however, to attract funding, it is essential first to convince politicians. It can be achieved by showcasing the positive examples already existing in Latvia. Consequently, the Ministry of Health and the Ministry of Welfare should take the lead in preparing such projects and setting up the implementation mechanism.

A lack of funding was identified as a major barrier to implementing Culture and Health interventions. Participant No 9 proposed a possible solution in the form of a **shared financing model** between the Ministry of Health and the Ministry of Welfare, as well as **potential involvement of municipalities**.

Training

During the interview, the respondents were asked about the need for an educational programme in Latvia to train culture and health professionals. All four interviewees agree that such an education programme would be needed at the **postgraduate level**, rather than **continuing education courses or micro-qualifications** or as bachelor’s or master’s degree programmes. Participant No 7 pointed out that education programmes should be targeted and periodic, based on real demand, to avoid wastage of resources and to ensure that professionals are actually engaged in practice.

In response to the question of which institutions should develop these programmes, Participants No 7 and No 8 indicated that **universities** can provide the best quality content. At the same time, Participant No 7 noted that **NGOs** are currently not sufficiently strong to undertake this task.

“But we have to see how this lifelong learning goes and I think it’s brilliant...the combination of the Academy of Culture, Stradiņš University...” (Participant No 10)

The respondents also indicated that the content of the programmes **should be practical**, including **knowledge of cultural processes and services, accessibility, communication and the needs**

of different groups in society. The ability to involve people, to work together, to communicate information in a clear way and to motivate target groups in the long term is essential. Participant No 7 also emphasised an understanding of cultural history and the Latvian context, Participants No 8 and No 9 – an understanding of referral mechanisms without overstepping the boundaries of competence and responsibly adapting the offer to people's individual needs. Participant No 9 also emphasised the ability to organise projects and create an environment where people learn to enjoy culture and integrate it into their daily lives.

*"That prescribing can only work for a certain period of time... during which he is taught to see the benefits for himself and is also taught to organise it or enjoy it for himself."
(Participant No 8)*

However, Participant No 8 pointed out that for culture and health initiatives to be effective, they must also have the support and understanding at the **leadership level of the organisations**. Without this, trained professionals will not be able to put change into practice.

In response to the question of who the target group for such training programmes might be, the **existing professionals** were highlighted – particularly those from the **social, cultural and health sectors** who already have a basic knowledge of and interest in cultural processes. Participants No 7 and No 9 pointed out that medical professionals would not be the primary target group, given their workload. Participant 9 stressed the importance of motivation – *"you need people with a spark in their eyes"*.

Research

Respondents were also asked for their views on ways to evaluate the effectiveness of cultural programmes/projects and key indicators that should be taken into account.

Respondents indicated that structured data collection, especially quantitative information on **participants' mental and physical health, lifestyle habits and social participation** before and after the programme, is essential for evaluating the effectiveness of cultural programmes.

"I value that line of research very highly, because it is the longest comparative one that we have..." (Participant No 10)

However, Participants No 8 and No 9 pointed out that **new studies are not strictly necessary** – existing data from existing **pilot projects, rehabilitation centres** (patient information) and **foreign examples can be used**.

The main indicators of the effectiveness of cultural programmes are the following: changes in participants' **mental health** (mood, anxiety level, renewal of joy for life), **increase in physical activity**, **change in attitudes towards health** (treatment compliance, healthy habits, including dietary habits), **increase in social participation**, **renewal of motivation**, as well as **accessibility and number of participants**.

"Its impact on mental health is also very important, but equally important is the promotion of physical activity. And so here it would be important to see that we don't encourage more sedentary behaviour, but we promote moving" (Participant No 7)

Participant No 9 stressed that performance indicators should be structured and results-oriented to provide a **reliable basis for policymakers**. In addition, Participant No 8 recommended sharing experiences from **Latvia and other countries** at **conferences and professional meetings** to motivate stakeholders and help consolidate ideas at the policy level.

Target group

At the end of the interview, the experts were asked their opinion on the target groups that would be particularly in need of Culture and Health interventions. Respondents mentioned **young people** with risk of behavioural and addiction problems, **working-age adults** with routinised daily life or signs of burnout, seniors and people with **depression, emotional distress and social isolation** as key target groups. Accessibility was highlighted as a challenge as these groups are often unable to participate in social and cultural life due to **a lack of information, transport, financial constraints, low motivation, social isolation or stigma**. *"...if he is afraid of being an outsider, he will not consciously choose those situations." (Participant No 8)*

These barriers can be mitigated at the design and implementation stages by providing **accessible transportation, clear information and invitation-format communication – a personal approach**. It was also mentioned in the interviews that positive previous experiences and a **cultural environment that is accepting** of vulnerable groups would increase motivation. To reach the priority target groups and promote this change of behaviour, respondents stress the need for **close cooperation between institutions**, as a single channel is insufficient. **Social workers, general practitioners, psychological support providers**, as well as **local municipalities** that can coordinate approaches in their areas all have an important role to play.

"... also small community leaders who somehow activate those who are around ... someone who rents that bus and then goes to that theatre..." (Participant No 10)

The involvement of a **mediator or support person** could be particularly effective, not only in reaching out to people individually to participate in activities, but also in helping them build long-term connections with the cultural environment and overcome barriers. **Employers** can also play an important role by offering cultural activities collectively, perhaps even during working hours.

Respondents repeatedly stressed that the aim of Culture and Health initiatives was not just one-time participation, but a **long-term behaviour change**.

Participant No 8 also noted that **different target groups require distinct Culture and Health services, as people's needs, interests and motivations vary considerably**.

Summary of MEZZO level interviews

Policy

At the beginning of the interview, the experts were asked about the need to introduce a specific regulatory document that would combine Culture and Health interventions in Latvia. Most of the interviewees were in favour of **some regulation**, stressing its importance for quality assurance and intersectoral cooperation. *"I cannot see my social work as just one sector, distant from other sectors." (Participant No 5)*

At the same time, the **role of local municipalities and the need to tailor solutions to local circumstances, as well as the need for clearly defined guidelines and coordination** by the state, were highlighted. *"It also shows the importance of such a programme at the national level" (Participant No 4)*

There was no consensus among the participants on the creation of a new institution; however, the need for a **coherent inter-institutional mechanism** was stressed.

All interviewees agreed that a culture and health approach would play a **crucial role in addressing various social issues and improving physical health**. *“Cultural activities are what help to overcome incapability” (Participant No 4)*

Particularly highlighted were people with functional disabilities, young people, marginalised groups (people with addictions, the unemployed, probation service clients) and lonely seniors. Practical and **economic benefits** were highlighted, such as the reduced need for an assistant. *“If there is a client who needs an assistant, that costs a certain amount, but now he can move around on his own. He can come on his own, get his own service and also join the labour market on his own.” (Participant No 4)*

All participants acknowledged that there was a **lack of such services** in Latvia compared to other countries. *“In Denmark, there are 60 cultural-health services in one municipality; we have none.” (Participant No 4)*

Practice

In the further course of the interviews, participants were asked about Culture and Health initiatives they had heard of in our country: only one participant had not heard of these initiatives. *“I have never put it together in that context.” (Participant No 5)*. Other participants mentioned the EU project *Interreg* and *NuKA*.

In addition, two interviewees (No 4 and 5) were positive about the **“social prescription” approach, considering it as necessary and potentially effective**, especially if it could be practically integrated into municipal regulation.

“I think this is one of the, maybe even unique, approaches that should be taken... These things can be built into the binding rules.” (Participant No 5)

On the other hand, one interviewee was critical of the ‘social prescription’ approach, considering it **elitist or inaccessible to certain groups**, especially in regions lacking physical access to cultural resources. *“I don’t like the prescription approach from the root... I don’t like that imitating after the fact, because it always faces some kind of obstacles...” (Participant No 6)*

Unanimously, all participants expressed concerns about the **sources of funding** for the service.

“I think it is very much needed. It is always a question of finance. Who is going to pay for it?” (Participant No 4)

“Also related to funding, somewhere, the state will have to find that funding.” (Participant No 6)

Training

The interviewees were further informed that there are no systematic interdisciplinary educational programmes for training culture and health professionals in the Baltic States. In this context, it was asked whether it would be necessary to develop such an educational programme. Two interviewees (No 4 and 5) support the development of specific educational programmes, pointing to the need for them, especially at university level, in cooperation with cultural and health institutions at the bachelor level or as short professional development programmes. One participant was sceptical

about the need for a new, separate programme, but stressed the **need to assess market needs and the potential contribution of graduates** before determining the type of education. *"I will say no. There is no need for a separate programme."* (Participant No 6)

It was also emphasised that professionals working in the field of culture and health must be able to understand and combine cultural and health aspects into their practice. In turn, all participants stressed the importance of personal qualities and the ability to adapt to a changing environment.

"It's that very high emotional intelligence and that human sensitivity" (Participant No 4)

"Of course, we need specific knowledge... but personal qualities are also decisive."
(Participant No 5)

"The person who gets involved has to understand that it is something that is changing all the time." (Participant No 6)

Additionally, experts considered that the target group for the training programme would be arts, culture and public health professionals.

Research

With regard to evaluating the effectiveness of Culture and Health services, all three participants stressed its importance. Participant No 4 recommended combining **quantitative and qualitative research**, as well as **seeking feedback from professionals** – doctors, social workers and other relevant institutions. **Active participation**, e.g., more frequent attendance at events, could also be an evaluation indicator. Participant No 5 recommended using similar tools to those used in social work. *"It's primary evaluation – we look at what has happened and where we are going."* (Participant No 5) Interviewee No 6, on the other hand, stressed the **complexity and difficulty** of evaluation, warning of the risk of a formal, superficial approach, as well as the fallacy of mimicking a positive impression. *"Evaluation should be as fair and open as possible"* (Participant No 6)

Target groups

In general, all interview participants demonstrated a common understanding that **interventions are needed for people from vulnerable groups** (e.g., seniors, people with physical or mental illness, young people) and that both identifying these groups and providing targeted and tailored solutions are essential for effectiveness.

"Seniors as a whole, who have not been diagnosed with anything... they are usually the most lost..." (Participant No 5)

"...for people with disabilities, it is more difficult, and access is also harder for them. They are not always in a positive mindset about going out." (Participant No 6)

Experts also stressed the need for **close cooperation with professional intermediaries (social workers, doctors, the State Employment Agency, NGOs, etc.)** as well as the **use of informal communication channels**, which are all essential when it comes to reaching the target groups. At the same time, it is essential to recognise that **public information alone does not produce significant results** without personal recommendation or context. Therefore, a network of **local intermediaries needs** to be created to help people access intervention opportunities.

“He knows his doctor or his social worker, so there is that trust. And then we are kind of the intermediary that helps him to get there. And I think it works very well” (Participant No 4)

“There is informal information... that goes from person to person – word of mouth. (...) it’s quite powerful.” (Participant No 5)

All participants unanimously supported a unifying approach, stressing that Culture and Health services do not have to be entirely different for different target groups. The emphasis is on managerial competence, adaptability and an inclusive environment, rather than on strict division into groups.

At the end of the interview, respondents were asked about the barriers and facilitating factors in the implementation of health and cultural services. Experts revealed that access to Culture and Health services in Latvia remains a challenge for clients. The most important barriers are **inaccessibility of the physical environment, social stigmatisation and lack of public understanding, insufficient ability of professionals to adapt to individual needs, transport infrastructure and lack of inclusive community experience.**

“The fact that we say we are ready to include everyone, but are we really ready to include everyone? And are we ready to work with them?”(Participant No 4)

“In Latvia, a very, very big problem – which we keep talking about – is physical barriers. Yes, we do have them. As soon as you want to go somewhere with a person who... cannot move independently, there are so many physical obstacles.” (Participant No 5)

“But always remember and keep in mind that transport infrastructure is not well developed everywhere either...” (Participant No 6)

In turn, adequate accessibility should be supported by safe and inclusive environments, trained professionals, and financial and political support.

Summary of MICRO level interviews

Policy

At the beginning of the interviews, all three respondents acknowledged that the cultural sector can have a **positive impact on quality of life, well-being and health.** However, Participant No 3 also expressed doubts about the **long-term impact of cultural activities on health** at the end of the interview:

“I think it’s just entertainment at the moment. I don’t think there’s much of a health benefit.” (Participant No 3)

Participants No 1 and No 2 shared their personal experiences, emphasising that cultural activities, such as participating in a dance group, attending concerts, theatre plays and exhibitions have helped them temporarily **“forget the pain and difficulties”** and experience an **emotional uplift** during malignant tumour treatment, as well as to **reduce depression and improve emotional balance** during life challenges related to raising a child with special needs.

“Because when you enjoy something beautiful – and in my opinion, everything in art is beautiful – then for a moment, you forget your pain and your struggles.” (Participant No 1)

Participant No 2 specifically emphasised that **cultural activities, both passive and active**, “contribute to the development and growth of [children with autistic spectrum disorders] through imitation”, helping to overcome fear of society and **reduce sensory impairments** such as sensitivity to sounds and lights.

“We were very intensive, very focused on taking him to concerts, to sports events, to overcome his fear of the public, his fear of sounds, his fear of lights, effects and everything, which is definitely now achieved.” (Participant No 2)

In contrast, Participant No 3 was more sceptical about the suitability of cultural services for her personally, citing **her age (80+), the lack of suitable offers and her poor physical condition**, which makes it impossible to sit in the theatre or stand in concerts for long periods.

Practice

Respondents were asked for their opinion on various **approaches to Culture and Health initiatives and their suitability for the Latvian context**. Respondents supported the “**social prescribing**” approach in the field of culture and health in Latvia but emphasised that **the suitability of the proposed cultural activities should be assessed individually**, considering a person’s **interests, health conditions** and, in particular, **physical limitations**, as well as **the format and accessibility of the event**.

None of the respondents had previously heard of **other approaches** in the culture and health field, but they were generally **positive about the various options for improving health**.

Several respondents emphasised **that collective activities are not always suitable for everyone**, and that some people benefit more from **individual experiences**, such as **visiting museums or exhibitions** at existing, permanently operating **cultural institutions**. At the same time, Participant No 3 pointed out that cultural activities should promote not only the **involvement of vulnerable groups**, but also foster an **accepting attitude on the part of society**, so that these groups **feel safe, included and can confidently engage**.

“Not only children with the autism spectrum have to integrate into society, but society has to integrate into them.” (Participant No 2)

Training

Respondents indicated that they would also like to use the “**social prescribing**” approach personally. They emphasised that prescriptions should be issued by **specialists** who work with **vulnerable groups** daily and who are **empathic, patient, kind** and **able to establish personal contact**. They must be **communicative and knowledgeable**. Knowledge of **special needs**, as well as **the cultural and health care systems**, is particularly important. It was pointed out that it is essential for these specialists to be able to **motivate, encourage** and **adapt information** to different groups of people, providing **practical support and guidance in navigating available resources**.

The interviewees suggested that such professionals could include **social workers, psychologists, including school psychologists; therapists, special education teachers, cultural institution employees** or **representatives from day centres**. It is essential that these specialists are not only knowledgeable about the **social and health systems**, but also **personally accessible**.

Participants No 1 and 2 believed that **general practitioners** are not always the most suitable providers of such services due to their workload and superficial engagement, as well as their lack of **specific knowledge** about, for example, **intellectual disabilities** or other special needs.

"A general practitioner rarely knows their patients and thinks about them... They just want to get rid of them as quickly as possible." (Participant No 1)

Respondents referred to **cultural institutions** as preferred places where these prescriptions could be dispensed – these organisations are perceived as **open, safe and familiar environments**. **Social services** and **day centres** that already work with the target groups were also mentioned.

Research

All respondents stated that they support conducting **research on the effectiveness of Culture and Health services**, emphasising the need for **practical and meaningful results** rather than **superficial or bureaucratic assessments**. They emphasised that research should help **improve the quality of services** and provide insight into the **purpose, implementation, and benefits of such services**, particularly in terms of **quality of life** and **well-being**. All respondents expressed their willingness to participate in such a study, even after a longer period of time had passed since receiving the service. For Participants No 1 and 3, the most convenient format would be completing a **printed questionnaire** at the place of service delivery, due to limited **digital skills**. At the same time, some respondents might be **open to online surveys**.

"Immediately after these emotions are different, and after a while, when everything settles down, it's very different." (Participant No 1)

The respondents indicated that the leading indicators of the quality and effectiveness of the service are the **satisfaction of service recipients, emotions experienced during and after the service, visible improvements in people's well-being and health, repeat use of the service and increased demand for the service**.

Target groups

At the end of the interview, the respondents were asked about the priority target groups for such services. The respondents believe that Culture and Health interventions in Latvia are most needed by **people with disabilities, people with severe or chronic illnesses, after surgery or trauma, seniors, as well as children and young people with developmental disabilities** and their **caregivers**. **Single and young parents in need of psycho-emotional support** and the opportunity to **socialise** were also highlighted.

Participant No 3 thought that services **should not be provided to people with low income who are "just living on benefits"** and was critical of this type of **long-term support for migrants**:

"They need it for a certain amount of time, but after that, they start to live again at the expense of everybody else, and, in their own country, they take away from the mothers and all that stuff. I don't think we should get too carried away with them." (Participant No 3)

Although the target groups are diverse, respondents emphasised that **what is needed is not completely different services, but a flexible approach and a choice of services**. Participant No 2 emphasized the importance of **integration**, as joint activities involving different groups promote

mutual understanding and a sense of belonging. Regularity, accessible information and physical and financial accessibility are the most important aspects.

“So that child knows who a senior is, so that seniors know who a child with special needs is.” (Participant No 2)

The most effective approaches to reaching the target groups, according to the respondents, are **cooperation with local authorities, social services, non-governmental organisations and professionals who work with these groups on a daily basis. The role of local-level organisations** was particularly emphasised in the interviews, as national and regional level institutions are not able to reach remote regions sufficiently.

The main barriers to attending cultural events are **financial inaccessibility, lack of transportation, distance to and frequency of events, an unsuitable offer for the needs of the target group, including age and health, lack of information, childcare** for single and young parents, and **lack of internal motivation or prejudices.**

Personal outreach, especially to seniors and those who do not typically attend cultural events, as well as **free transportation, children’s rooms, and assistant services**, were mentioned as the most effective methods to encourage attendance.

DATA FROM ESTONIA

Summary of MACRO level interviews

Policy

Respondents unanimously agreed that integrating culture and health is necessary in Estonia. Although various initiatives already exist, they are not systematically linked or explicitly aimed at integration. For further development, a national strategy—or at the very least, central coordination is considered essential to provide coherent direction.

While leadership should be cross-sectoral, it still requires a central structure to ensure oversight and avoid fragmentation. Coordination, however, should be embedded within existing institutions. As respondent B put it: *“Cooperation and coordination should emerge from dialogue, not from the creation of a new bureaucratic unit, which may end up being detached both in substance and from the people it is meant to serve.”*

Beyond mental health, physical activity – specifically, movement culture – was highlighted as a promising area where cultural engagement could support healthier habits and strengthen community bonds. Overall, culture was viewed as a preventative force that fosters social belonging and mental well-being, provided there is deliberate collaboration and strategic guidance.

Practice

The idea of implementing social prescription in Estonia was broadly seen as both realistic and valuable, particularly for reconnecting socially isolated individuals with culture and community. Increased social withdrawal following the COVID-19 pandemic, coupled with the rise of digital consumption,

has made this kind of intervention especially timely. As the respondent B noted: *“One can get their “theatre” and “cinema” through a screen, yet what is missing is the direct social experience – something difficult to put into words, but whose impact can be profound.”*

Two respondents considered the approach feasible, especially in collaboration with existing mental health centres and local structures. Respondent A remained more sceptical, suggesting that prescribing cultural events alone may fall short without a tailored, meaningful approach for each target group. It was therefore widely emphasised that social prescription requires structural support, local-level cooperation, and a focus on real needs and inclusive methods.

Training

All respondents agreed that cross-sectoral education programmes should be developed to support professionals working at the intersection of culture and health. The current training landscape lacks the specialised knowledge and skills needed for such work. Therefore, programmes should not only build professional competence but also elevate the status of cultural work as a contributor to societal wellbeing.

Universities were seen as the most appropriate providers, given their capacity to offer credible and flexible formats – particularly micro degrees, which were considered a useful entry point as well as a foundation for later development into full academic programmes, depending on interest and feedback. However, without state support, even the most well-designed courses risk remaining short-term add-ons with limited impact on systemic change.

When describing the ideal professional profile, respondents highlighted the importance of empathy, practical experience, and the ability to engage meaningfully with the target group. Theoretical knowledge alone is insufficient; professionals must be able to read the situation and adjust their approach accordingly, building trust through presence and genuine connection.

Target audiences for such training could include professionals from cultural, social, and healthcare sectors. However, broader societal awareness and a shift in values are also needed. Otherwise, the field risks being sustained solely by individual enthusiasts rather than institutional commitment.

Research

Robust research and reliable data are considered essential for advancing the integration of culture and health, as they enable evidence-based management, help assess impact, and ensure that resources are directed where they can make the greatest difference. It enables goal-setting, monitoring progress, and determining whether interventions are improving people’s quality of life and mental well-being.

Research should not rely solely on quantitative indicators. Qualitative input is vital, especially participants’ own experiences and perceptions of how participation has affected them. For smaller-scale or clearly defined target groups, gathering immediate emotional feedback after an event was recommended as the most authentic way to capture impact.

When it comes to organising data collection, both national coordination and local involvement are needed. National actors are better positioned to conduct comparative research and provide oversight, while local actors can supply context-specific insights. Online and telephone surveys were considered the most practical methods in Estonia, as these are widely used and accessible.

Paper surveys were seen as less effective. Furthermore, long-term monitoring is necessary: data should be collected not only during service delivery but also afterwards, to evaluate sustained impact.

Target groups

Groups in most need of integrated Culture and Health interventions include the elderly, young people, people with special needs, national minorities and refugees, large families, and parents more generally. Common to all is a need for belonging, balance, or improved access shaped by life stage, health status, or social circumstances. Culture was seen as a preventative and supportive tool for maintaining quality of life.

Respondents strongly emphasised the need for tailored approaches. One-size-fits-all solutions are unlikely to be effective – activities must respond to the specific needs, interests and capacities of each group. Trusted partners such as the Estonian Chamber of People with Disabilities and local migration centres were identified as key actors for outreach and cooperation. Local governments were seen as playing a central role, as they are best placed to know their communities and already have the necessary social and cultural structures. However, effective inclusion also requires funding and long-term strategic support.

Barriers to participation include lack of information, time constraints, geographic distance, internalised stigma, and psychological resistance, especially in the context of mental health. As Respondent C noted: *“A person may construct reasons for themselves why they shouldn’t or can’t participate, even when no external obstacle exists. Over time, this pattern of avoidance can harden into habitual self-isolation.”* In contrast, people with physical disabilities often show high motivation provided that access conditions are met.

Inclusion efforts benefit from peer-led and community-based approaches. Club activities and face-to-face contact help create welcoming spaces and encourage hesitant individuals to join. Raising awareness among organisers and embedding accessibility considerations into planning were also considered essential. Ultimately, the key to effective interventions lies in context-sensitive, structurally supported models that enable people to feel heard, seen and genuinely part of a community.

Summary of MEZZO level interviews

Policy

All respondents considered the topic important, although it is still emerging in Estonia. Culture is seen as having the potential to offer emotional support, help alleviate stress, and assist people during difficult life stages, such as burnout or loneliness. Hence, there was a strong sense among the interviewees that Estonia needs a clear national strategy to support the integration of culture and health. In their view, Culture for Health should not be a vague aspiration, but a recognised strand within cultural policy—one where funders set clear expectations and back them with targeted support. Crucially, artists and cultural professionals must be seen not as volunteers doing a good deed, but as skilled contributors whose work in health contexts deserves fair compensation. Yet at present, awareness of culture’s role in supporting well-being remains limited in Estonia – people often do not realise the potential, let alone seek it out. Sharing compelling international examples and communicating their impact could help build both trust and momentum.

But no strategy will succeed in isolation. What is needed is genuine cross-sectoral collaboration among culture, health, and social care so that this work can be embedded where it is most needed and have the most substantial, lasting impact.

Practice

It was emphasised that culture should be more than just entertainment and could serve as a conscious form of health-supporting intervention. Several positive examples from Estonia were mentioned, though these tend to be scattered, small-scale and often initiated privately:

- Cultural events linked to healthcare, such as hospital clowns, special performances for healthcare workers, theatre appreciation events for war veterans and discussion groups for youth or on the topic of violence.
- Inclusion of people with special needs, including participation in song and dance festivals and concerts, both as performers and organizers.
- Community-driven initiatives, such as library activities (e.g., lending musical instruments), escorting elderly people to cultural events or integration efforts through creative clusters.
- Integration of art and music to support mental health, through exhibitions (e.g., on loneliness), concert series and other means.

Access to culture, both financially and physically, was highlighted as a key barrier. Many people simply cannot afford to attend cultural events due to ticket prices, which limits participation among vulnerable groups. Suggestions included initiatives like a Museum Card or offering free concert tickets to those in need, but always in ways that preserve dignity and avoid any sense of stigma. As V2 pointed out, the delivery method matters just as much as the support itself: *"If a general practitioner would recommend it, it would be risky,"* cautioning that such suggestions might inadvertently make people feel labelled or singled out. In other words, cultural support must be offered in a safe, respectful and empowering way.

Training

Respondents highlighted the need for targeted training to prepare professionals who can consciously use culture to support well-being and health. The target group for such training could be broad: workers in the cultural, healthcare, and social sectors; project managers; youth workers; peer support counsellors; creatives and even HR managers in cultural institutions. While many of these individuals are personally motivated or have prior exposure to the topic, they often lack professional knowledge and skills.

Preferred formats include micro degrees or elective courses rather than full-degree programmes. Training should be practical and experience-based, including case-based learning, visits to institutions (including those in neighbouring countries), group work and interdisciplinary collaboration. Design thinking should be used for developing new services or products. Pairing learners from the cultural and health sectors could enable learning through dialogue.

Training should provide knowledge on:

- the needs and possible responses of specific target groups (e.g., the elderly, people with disabilities, patients with mental health issues);

- psychology and trauma-informed approaches, to better understand people;
- the functioning of the healthcare and cultural sectors and opportunities for collaboration;
- project and process management, communication, and collaboration skills;
- evidence-based practices and the impact of culture on health.

The respondents emphasized the importance of cross-sectoral cooperation and integrating academic and practice-based knowledge. The respondents also stressed the importance of creatives recognising their role not only as entertainers but also as contributors to well-being, and that they should be trained to see healthcare as a potential field of professional activity.

Research

Interviewees acknowledged that there has been no systematic research in Estonia on how cultural interventions support health and well-being. However, various fragmented initiatives and data sources exist (e.g., Estonian or European health surveys, cultural participation studies), which could serve as a foundation. Before commissioning new research, an overview of existing data should be compiled – potentially as a master’s thesis – and used as a basis for further scientific work.

To date, research interest has mostly stemmed from cultural organisations’ need to demonstrate their impact to funders. It was suggested that at least one major study should be conducted outside of institutions to avoid pressure to produce positive outcomes.

Since measuring the impact of cultural interventions is complex and long-term, it was recommended to use self-assessment (before and after intervention), collect qualitative data on participants’ experiences and, where appropriate, apply experimental approaches. Studies should also consider the perspectives of creatives, such as musicians, and how this work affects them personally. It is essential to identify and connect with a network of experts and practitioners already active in the field (e.g., project managers as key figures) and establish a scientific basis for planning and evaluating future interventions. International examples, especially from the Nordic countries, should also be explored to understand what works, for whom, and how outcomes have been measured.

Target groups

The interviewees identified a wide range of vulnerable groups for whom culture-based interventions could provide meaningful support to health and well-being. Frequently mentioned were individuals with limited ability to change their environment, such as residents of care homes, patients in psychiatric hospitals or people with disabilities. Other groups included at-risk youth, children with intellectual disabilities, the elderly, isolated middle-aged men and people with reduced work capacity.

NEET youth (young people not in education, employment or training), especially those aged 15–25, were highlighted as a key target group. After leaving school, they are no longer reached by inclusive cultural programmes typical of the school environment. Hence, this age group is vulnerable and often lacks a social support network or sufficient income to participate in culture.

Preventive approaches were also emphasised for individuals in emotionally demanding professions – such as teachers, healthcare workers and police officers. For these groups, cultural interventions should be easily accessible and integrated into the work environment, e.g., during lunch breaks at the workplace, thereby minimizing the effort required from individuals.

A central principle in engaging target groups is the importance of reflective meaning-making. Regardless of the group, individuals must be able to reflect on and find meaning in their experiences. Additionally, art forms should foster active participation and offer novel experiences that stimulate cognitive activity.

Several interviewees pointed to the fragmentation between sectors and the lack of horizontal cooperation as major obstacles to reaching target groups. Stronger collaboration is needed among the culture, education, social and health sectors, along with a clearer preventive focus in strategic development plans.

Summary of MICRO level interviews

Policy

All interviewees expressed clear support for integrating culture into well-being and health strategies. Initiatives such as social prescription were seen as both valuable and relevant, particularly in offering access to cultural activities as a form of therapeutic support. However, this endorsement was not unconditional. For such programmes to be meaningful, they must be voluntary, tailored to individual needs and sensitive to the specific context in which they are applied.

Respondent C highlighted the role of culture in preserving dignity and offering psychological relief, even in the most extreme conditions, referencing individuals who risk their lives to attend concerts and exhibitions in war-torn regions. To underscore the political and existential value of culture, they recalled Churchill's wartime sentiment: "What are we fighting for, if we are cutting the funding for art and culture?"

At the same time, a shared scepticism emerged across interviews regarding overly bureaucratic or top-down approaches. Instead, meaningful change was seen to begin at the local level, rooted in relationships, trust, and continuity. As Respondent C put it: *"Real change starts from the bottom up until the top has no choice but to follow."*

Practice

Initiatives at the intersection of culture and health hinge on real-world conditions. For the elderly in particular, key barriers include mobility limitations, venue accessibility and transport. Respondent B emphasised the value of smaller, local gatherings with peers over large, formal performances, noting: *"It's just more meaningful to go to a smaller event with people your own age."*

Respondent C stressed that cultural activities should not isolate or highlight differences, but instead support a return to everyday rhythms, especially for those affected by trauma or displacement. Even modest cultural engagement can foster reconnection and a renewed sense of self. As they put it: *"Being seen as 'not normal' is something we all hope to avoid... The best treatment is to make people feel like they still belong in everyday life."*

Across the interviews, participants also emphasised the importance of offering cultural experiences in varied formats – ranging from public concerts to hospital performances and home-accessible initiatives – supported by clear and accessible communication.

Training

Among those delivering programmes, the qualities most frequently highlighted were empathy, strong communication skills and the ability to read and respond to context. All respondents agreed that having the *right people* matters more than designing the perfect system. Whether social workers, musicians or healthcare professionals, those involved must genuinely believe in the value of cultural engagement. As respondent C noted: *“If you ask a violinist to play in a hospital but he doesn’t really believe in it, it won’t work.”* The task requires sincere conviction.

Respondent B underlined the importance of human connection and mutual respect, while respondent A called attention to the need for training in cultural awareness and disability inclusion. Across all three conversations, there was consensus that motivation must be personal and voluntary – people are most effective when they truly care about what they are doing.

Research

All interviewees recognised the importance of evaluating outcomes, though their views varied on how best to do so. Respondent C placed particular emphasis on direct, personal feedback, describing it as the most meaningful form of evaluation: *“Only personal feedback – talking to every single patient – can tell you whether it worked.”* Hence, the value of long-term follow-up was acknowledged yet cautioned against overcomplicating research in times of uncertainty: *“We don’t know what will happen next month. If you want to do something, do it now.”*

Respondent A suggested a dual approach, tracking both immediate emotional responses and longer-term behavioural shifts. They advocated for flexible and inclusive methods such as surveys, interviews or even voice notes, emphasising that the richness of individual experiences should be reflected in how outcomes are understood and measured.

Target groups

All interviewees agreed that people with disabilities and the elderly remain key beneficiaries of cultural initiatives. However, Respondent C offered a more future-oriented perspective: he argued that children should be the highest priority because fostering empathy and creative expression from a young age is a long-term investment in peace and social cohesion: *“As more children grow closer to the arts and to the ideas of humanity, the fewer of them will want to start wars.”*

This intergenerational view reinforced a key conclusion: while targeted support must reach those most at risk today, cultural engagement should also aim to shape more compassionate societies for the future.

The emotional impact of war, displacement and marginalisation was also acknowledged. Even those most in need may hesitate to accept help, as one participant noted: *“Sometimes even positive change scares people. That’s why it has to be done with care.”*

Together, the interviews present a robust case for culture as both preventive and restorative care. Whether through music, theatre or community-based activities, cultural experiences offer continuity, connection and hope. To succeed, such initiatives must remain accessible, emotionally attuned and rooted in genuine human relationships. As Respondent C aptly put it: *“The whole life is an experiment, so why not this?”*

DATA FROM LITHUANIA

Summary of MACRO level interviews

Policy: “Culture and health are what we all need” (C)

The importance of involving public authorities in increasing access to cultural services was underlined. It was proposed that municipalities take care of their residents by supporting their attendance at cultural events with money or by introducing a specific system: *“Everything should start with Councils, municipalities, Council Members. The local museums somehow finance this and allocate some kind of cards to their residents. Well, let’s say, the way swimming pools are, it could also activate museums and cinemas.”* (B). If decisions made at the “political level” set clear service standards, this would naturally lead subordinate public bodies, such as local councils or ministries, to improve cultural access by adhering to these standards (A).

Human health was identified as connecting the decisions of ministries in various fields: *“The Ministry of Health is invited almost everywhere. Basically, human health is probably important in tourism and for the Ministries of Innovation, Agriculture, Environment, Culture, Education, and Social Spheres”* (B). Also, according to A, the health sector is seen as a valuable partner and potential platform for cultural activities (A mentions the *Klounai raudonos nosys* (Red Noses clown doctors) initiative) that contribute to overall well-being, not solely as direct therapeutic interventions but as a means to enhance quality of life. The health sector might serve as a “platform or space” where cultural content can be presented, illustrating how cultural content can be brought into these settings under good conditions.

It was emphasised that there is a lack of stability, continuity and continuous financing mechanisms for many initiatives. A stated that good initiatives often lack the conditions for long-term establishment and noted that funds frequently cannot be directly allocated to non-institutional formats, leading to a problematic “competitive model” (project-based). It was suggested that the easiest way would be to start with organisations subordinated to municipalities or ministries. This top-down approach could then systemically involve non-governmental organisations and associations of vulnerable groups, enabling institutions with existing resources to disseminate these practices more broadly to NGOs and creators.

It is essential to promote the concept of inclusive well-being nationwide. Meanwhile, inequalities in cultural and artistic activities are recorded in Lithuania: there is a shortage of professional specialists in the field of culture and art in the regions. *“Unequivocally, it should be an artistic director; it should be a professional. [...]Then we will be able to attract more people and interest them”* (B). This is especially important in small towns and in more remote places because there are often no such professionals available. Based on the research A refers to, those who participate least in culture are often in “regional areas”, specifically identifying men in remote areas with lower levels of education and income.

Practice

Art’s role extends beyond being solely therapeutic; it broadly enhances well-being through cultural participation. Therefore, it is crucial to respect the distinct cultures of different groups, such as the deaf community, rather than viewing them primarily through a deficit lens or as someone needing treatment.

Universal design approach in cultural offerings was advocated by Respondent A, aiming to make content broadly accessible rather than creating unique projects for specific vulnerable groups. Caution was expressed that overly targeted projects can inadvertently increase a group's isolation or make them feel like "guinea pigs" for those implementing projects.

When developing projects, interdisciplinary and inter-professional (for example, including a psychologist, an educator or a social worker.) cooperation is important, which by its nature must be highly coordinated: not only professional competence is important, but also inter-professional teamwork competence and case discussion culture.

Since the artist's job is to create professional art, the need for psychosocial assistance (e.g., help with getting dressed, translation into simplified language) during the creative process (e.g., rehearsals) was emphasised. Artists' work with vulnerable groups was characterised by a significant additional and usually unpaid workload.

The creation of art with vulnerable groups is characterised by an individual nature: even if the disability is the same, life situations and personal qualities surrounding each specific person are different.

The emphasis was placed on personal qualities and intentions of the art professional: *"Finances are very important, but if it is important to you, then somehow you always find that money. [...] all that is needed is priority, goodwill and great desire"* (B). The motivation of specialists is often based not only on finances, but also on the active pursuit of self-realization of the artist.

Training – "it's all about the artistic"

Artists learn from their practice and experiences. The interviewee's experience in the project reveals the details of the content of the specialist training programme, names the programme implementers – professionals and scientists, but the most important thing remains the artistic professionalism of the specialist.

When preparing a training programme for persons planning to work with vulnerable groups, it is important to clarify at the beginning, in which direction the program would go, for example: (a) the aim is to develop the professionalism of art creation, for example, to train the participants to become professional artists (and, for example, to create own project autonomously), (b) to work in the social direction, when the goal is to develop or deepen the general social skills of the participants, as well as to raise a sense of satisfaction and (c) to work with art therapy.

It was emphasised that training "must be highly practical", focusing on a general understanding of the cultures of vulnerable groups, as well as on acquiring specialised skills for specific groups, such as learning the sign language to work with deaf communities.

The attitudes of employees in the fields of culture and art regarding the diversity of society must change, i.e., not only tolerance and other values, relationships and ethics of communication, but also knowledge of how to deal with vulnerable members of society (especially in case of crises) is relevant. Artists working with vulnerable groups need to understand the mechanisms for approaching and respectfully engaging with each group to avoid making them feel like experimental subjects.

It is essential for artists to have a basic understanding of the psychological nuances involved in working with different groups. Currently, artists working with vulnerable groups are learning from their practice and experiences.

Research – learning in both directions

It was noted that it is only possible to evaluate projects of integration through art in the long term. In the longer term, the effect (change) is more realistic to capture. In the short term, the artist can set the aims at their own discretion. To date, quantitative parameters have been recorded at the project level – including the number of meetings and events that have taken place.

When assessing the quality and effectiveness of cultural projects, it is crucial not to rely solely on quantitative measures but rather to focus on the qualitative impact, such as providing access that was previously unavailable. Additionally, the success of such initiatives should be measured by their longevity and ability to establish ongoing practices, rather than relying on one-off events.

It is noticeable that art projects have a positive effect on participants on various levels: physical, social, and emotional. It is noted that people “liberate”: if they came “concentrated”, then after the project, they dared.

The importance of communication and communion was emphasised; some participants might be so inspired by their participation that it contributes to their physical and psychological progress. Undoubtedly, the work of the (vulnerable group) participants is also significant and necessary.

Target groups

Reaching vulnerable groups is most effectively achieved through organisations and their associations that are open to cooperation. The importance of building trust and understanding the culture and specific needs of these communities, which involves finding and involving people who “purposefully work with specific communities [and] understand their culture, their specifics”(A), was accentuated.

The individualisation of art services would enable the adaptability of services to people experiencing any vulnerability: “I would not like to single out some groups. There are many disabilities in our country where, in my opinion, it is not a disability. That is, let’s say, just the non-adaptation of certain segments of the environment and that’s it. For example, deafness: nowadays there is sign language, there are excellent implants and hearing aids. This problem is perfectly solvable. [...] Maybe, yes, if the person is already completely lying down or with a serious mental disability or mental disability?” (B). The statement mentioned above is supported by advocating for universal design principles, aiming to make offerings inherently accessible to all from the outset, rather than adapting content for specific groups, which can lead to segregation. Services must be adapted to a person’s individual needs but not offered based on what is available. The results of the interviews show that some people with disabilities have integrated so well that they are sometimes even ridiculed by the “normal” methods of integrating them; a critical opinion is demonstrated towards stereotypes or established norms in society that do not meet their needs.

The greatest satisfaction for the vulnerable is to be independent, to participate in the decision-making process, to create and to organize. It gives not only satisfaction but also pride: “I can, we can” (C).

Ways to empower vulnerable groups to participate in cultural and artistic activities were proposed. For example, it was proposed to introduce a motivation system based on symbolic administrative responsibility. In this way, representatives of vulnerable groups are seen as full-fledged, responsible members of society, and the attitude of “ableism” is avoided. The idea is proposed to make it mandatory for people from vulnerable groups to attend several cultural or artistic events per year.

Summary of MEZZO level interviews

Policy – availability of culture and art services to all society's groups

Inclusive well-being is understood as access to cultural and artistic services for all groups in society: *"equal attention and accessibility for all"* (F).

There is no developed system for the dissemination and publicity of ongoing projects for vulnerable groups. There is a lack of events for vulnerable groups. Cultural and artistic services are provided in a fragmented manner: projects are short-term (e.g., once a year) and then forgotten; there is no continuity.

The interview revealed the phenomenon of medicalisation that has taken hold in Western culture, where people seek to replace their inner experiences and societal interactions with medicine. *"People are closed, or afraid, and don't go, and sometimes it causes all kinds of depression or something like that. But prescribing not some kind of medicine, but [...] to go to museums [...], I really think that it would help more than that medicine there"* (E).

Reaching vulnerable groups is best achieved through organisations and their associations, which are often well-suited for cooperation. Creators can be challenged by *"communicating with representatives of other fields, where they are sometimes confronted with a "hierarchical" [...] view"* (D). It is noted that there is sometimes a lack of understanding from "decision-makers" because the field of culture and art is *"less understood"* (D). A more active dialogue is expected from the representatives of the *"health field"*, their desire to *"know"* the potential of cultural interventions, to see *"mutual value"* and to cooperate as *"equal colleagues"* (D).

Respondent A defines *"inclusive well-being"* as a level of well-being where no one faces "certain barriers to participating in public life". Artists are motivated to create projects by the *"human right"* to culture and the perception that this right is *"currently not guaranteed to a part of society"* (D). Thus, in the absence of a legally defined concept of *"inclusive well-being"*, the artist becomes its creator in a way. To address fragmented efforts in achieving broader accessibility, A highlights the need for more *"national-level discussions"* and the eventual implementation of accessibility standards. Some culture and art workers express concerns about the accessibility of events for vulnerable groups.

Practice – to be seen, to be heard

Creativity, an artist's professional and personal competencies, was mentioned to be actual while working with vulnerable groups. *"For example, in Italy, there were a few lectures that scientists and doctors gave us; they told us about that disease, supplemented their knowledge with such subtleties: what it may be, why motor skills work like this, why it doesn't work. How to know the disease. That knowledge was important to some extent, but mostly it's still about the artistic, because you give them dance lessons, so that knowledge helps to some extent, but most of all it's how to come to them, how to know what to give them or not, because a lot of it is improvisational. It should be creative, so anyone without anything should be very curious"* (E).

The meaning of the work of art and the artist is defined as the benefit for service recipients and service providers, which develops in the process of interaction, knowledge and communication. The inclusion of people through culture and art acts as a remedy for personal difficulties and exclusion in the community: *"It was even strange for me, because I understood how everything happened, (the vulnerable people) say: 'everyone is dissatisfied, if you have to shop, that you are slow [...],"*

someone pushes you', they say: 'this is our world'. Communication with both us teachers and with each other is a great medicine" (E).

Cultural and artistic projects have a noticeable "health impact". They "give the participants [...] space to see themselves in a different way, to recognise their own sides", to help them "restore their abilities" and "create a connection with other people". Such activities can promote greater "self-confidence" and trust in "the other person" (D).

Accordingly, an emotional overload of employees in the cultural and arts sectors manifested.

Training

Creators working in the field of culture and health interaction should have strong "collaborative skills", the ability to "develop communication skills, [...] communicate" and carry out "self-knowledge". What is essential is "the desire to know what's [...] unfamiliar", "curiosity and the desire to cooperate", along with "self-confidence". It is also necessary to be familiar with the "topic of human rights" and to be able to "create an [...] equal relationship" with partners from other sectors, remaining a "cultural worker" who "moderates the process [...] [but] does not control it" (D). An artist working with vulnerable groups needs to "have a desire to know the unfamiliar" and realise "that there is a lot that I don't know, but there are other people who do" (D). It is important to develop personal and interpersonal competences: to have "self-confidence", to be able to "create such an equal relationship" (D) with specialists in other fields, to know oneself and to know human rights.

The team of specialists emphasised the importance not only of planning joint activities, creating a program for a group of vulnerable persons, but also facilitating mutual communication during the session. The importance of teamwork and team mobilisation was stressed: "We teachers, [...] before each lesson, we discuss who leads what, who gives what [...]. In the lesson, we simply feel confident in how someone leads alone and when to take over and continue the lesson [...]. [...] here it is a matter of sensation, such a (mutual, auth.) understanding" (E).

Research

According to the interviewees, specialists do not conduct special studies on the project results, as it would look like the intervention of some foreign body in the teacher-student relationship. However, as professionals, they observe the work process and see results that would be difficult to evaluate without being involved in the entire process.

It is vital that these projects enable vulnerable people to unfold and help society to see "the human being as a human being, not as a disease" (D). It is very significant that the impact and value were accepted (recognised) by the person involved in the activities, which is especially subtle and important to observe when working with vulnerable people.

It is essential to look first at "those who implement the projects, their experience and the impact indicators achieved [...]. "Qualitative indicators, they are much more eloquent than quantitative", because the latter "do not say anything about the benefits [...] to the health and well-being of the individual" (D). It is also important to consider the artistic quality, ensure the competences and carry out "quality monitoring". Satisfaction with the result was emphasised: observing the value of what had been created and monitoring participant experiences, particularly the individual meaning each participant attributed to the activity or project.

The importance of the developers' ability to adapt various methodologies for working with vulnerable groups and the evaluation of their effectiveness was emphasized. It was said that such a methodology makes it possible to predict the ways in which the goals of cultural and artistic projects can be achieved.

Target groups

Those groups of vulnerable people for whom cultural and artistic events are particularly difficult to access are distinguished: for example, those with more severe physical, intellectual, or complex disabilities. Most of the time, people who are already somewhat active, get involved in the activities. Sometimes, the stereotypical assessment of different disabilities/abilities by specialists as "*unsuitable*" for participation in cultural and artistic projects is identified as an obstacle.

The benefits of participating in the project for vulnerable people are ambiguous because teachers also learn from them: *"The benefits are great, because I think that communication is the only thing that happens. Those people, all those special groups, are [...] closed. It is really liberating; we see what kind of people have come. The third year is going on, so you see how they came, what movements were with them and now, what movements they create, and you see how they have improved, how much they have liberated, how much they are not afraid to improvise. Communication gives them a lot of things, but so much we give, but we also receive, a lot is learned from them"* (E).

To the project participants, cultural activities give a way to see themselves in a different light, to connect with other people, to build self-confidence.

Vulnerable people, first of all, are individuals whose well-being and needs are defined not only by their level of vulnerability or form of disability, but also by the unique person's moods, feelings, characteristics, etc. Vulnerable people are involved in activities as capable in their own ways: *"You can use your body not necessarily in its entirety, you (the vulnerable person, auth.) can sit, you can also not move those legs, but you can activate your hands (instead, auth.) [...]. [...] you can use the [...] parts of your body that are healthy [...] today"* (E).

According to specialists, it is important for representatives of vulnerable groups to feel that projects are being created for them, activities adapted to their needs and that a sense of necessity and adaptability is present. Empowerment is vital in projects for people with disabilities. Participants do not want to have everything "*presented on a plate*" to them.

Summary of MICRO level interviews

Policy

The accessibility of cultural events for vulnerable groups is not entirely sufficient: not all events are adapted to the nature of the disability. Financial difficulties are encountered; there is also a habit of receiving services for free.

The accessibility of cultural services depends a) on the integration of the vulnerable person into social life, social relations maintained: a) *"[...] I was with my husband at the (cultural events, auth.)"* (H); b) the adaptation of cultural services in relation to vulnerability (vision, motor skills, etc.); c) the ability of the specialist to compensate the lack caused by vulnerability, to adapt the services individually.

The organisation of the provision of cultural services to vulnerable people and their motivation to attend cultural events must be individualised, considering the nature of the “vulnerability”. Some people only need to adapt to the environment because they are well integrated into society socially and economically: *“There is a lack of sound representation in museums, and it is quite difficult here. For example, there are films with sound representation, but rarely, and performances are rare. There are a few museums where you put on those headphones and go, and they tell you about the paintings. For me, for example, a husband tells me what is drawn here, how it is depicted, but I think a specialist would tell it”* (H).

Increasing the accessibility of cultural services requires the specialist to individualise the organisation of service provision, considering the individual needs of the vulnerable person.

Visiting museums, theaters or any other cultural events can help people improve their emotional, mental and physical health and strengthen the connection with the people who participate in events together: *“On the one hand, I think it can really improve especially emotional health, mental health, because if a person experiences positive emotions or experiences some kind of impression in general, this (may, auth.) improve the emotional state and even the physical condition. I distance myself from everyday life, from work, I experience rest”*, Interviewee (H) has pointed out.

Practice

The practical meaning of participation is multifaceted: it can be a) *“fun, such a part of relaxation”*, b) *“very, very necessary, because you relax altogether, you no longer think about that [disease]”*, c) *“it takes you to such another world, and a person forgets [...] about his difficulties”*, it helps as if *“to escape from the worries of everyday life”* (G).

It is essential to receive timely information about cultural events for the vulnerable groups to be able to attend them. Information is more easily accessed through the organisations that people belong to, as well as through incoming advertisements via email. The closest people become important for receiving information about cultural events and getting involved in attending them.

Payment – money as a motivating factor. Organisations of people with disabilities partially compensate or fully cover the attendance costs at events for their members. The financial support provided motivates people to participate in cultural activities.

Training

Of the specialists working with this group, *“benevolence and tolerance”* (I) are the most desirable.

The specialists should be sensitive to the other person (be *“self-sacrificing”* (G), responding to their needs and not simply pursuing their personal goals and results, so that the person necessarily participates there and in the way that the specialist himself needs: *“They have to be so empathetic, well-intentioned”* (H).

The specialists require specialised knowledge about culture and art, as well as specialised expertise in different disabilities and aspects of vulnerability of the individuals with whom they work. Also, a specialist must be able to convey knowledge to various groups of vulnerable people, considering their abilities and needs: *“Specialists should be immersed in culture, new films, theatre, and have knowledge about museums. Knowledge that could be conveyed, but also knowledge about specific disabilities”* (H).

It is important to know and, accordingly, be able to adapt working methods to different groups. *“For example, there is a very substantial difference between a blind person and a person who has a mobility disability sitting in a wheelchair. That information must be presented in a completely different way, because the person who is in the wheelchair, as he can see, does not need to hear what the paintings are, what is depicted here”* (H).

The idea was expressed that a specialist would be able to provide help flexibly in a relationship with the vulnerable person, compensating for the lack of opportunities to understand art.

Research

For the assessment of the quality of cultural services, it was proposed that the specialist himself interview the participants of cultural events, including such evaluation criteria as the change in the emotional health of the participants, the establishment of contacts and satisfaction with communication, and the description of the overall benefit: *“Well, he could interview the people who participated and in this way evaluate what was suitable and what was not and how it would be clarified. What emotions did they experience here, [...], did they bring some additional benefits, people communicated with each other, and some kind of connections were established there”* (H).

Target groups – not only to take, but also to give

There is a great desire for events, at the same time, there is a shortage of opportunities for independent visitors to the theatre, concerts (classical and contemporary music), modern art exhibitions, museums, city festivals, libraries and cinema. The desire to participate in culture is expressed; they seek opportunities themselves, and they put in the effort. It is noted that there is a lack of events in the regions (*“big celebration”*) (G).

The positive importance of creating a community, fostering a sense of togetherness, was emphasized: support and relaxation are found in it (I). Participation in cultural events serves as a space for escape from routine, where the emotional state changes positively.

If the interviewee could convey a message to politicians, they would emphasise the importance of inclusion of disabled people in culture – they would become not only takers, but also givers, making their contribution to society. It was said that it is important to adapt cultural events for the disabled as well, to integrate them into society: *“Otherwise, then somehow the disabled do not participate in any cultural events at all and fall out of society a lot. And the more a disabled person becomes involved in society, the more courageous he is to undertake some kind of work or social activity, and he then makes his contribution to society, and it is no longer the case that he is merely supported”* (H).

CONCLUSIONS AND RECOMMENDATIONS

After completing (1) the literature review, (2) the compilation of Nordic good practice examples, (3) the analysis of the qualitative research data, one co-creation working group was organised in each country in June 2025, with the aim to approbate the results obtained from the above mentioned three sections of this report and the recommendations in the macro, mezzo and micro stakeholder group.

The integration of conclusions and recommendations, supplemented and approved through co-creation groups, is presented in the section below.

LATVIA MACRO level

CONCLUSIONS

- **Good practice examples from the Nordic countries** show a diversity of policies and practices in the field of culture and health; there is no single best model.
- Conceptually, there is **political support** for the fact that the integration of culture and health has a positive impact on people's health.
- **There is no national-level regulatory framework in the field of culture and health.** There is only one example at the municipal level of regulation.
- **Cross-sectoral cooperation** is proposed in key policy documents, but it is still not fully implemented, especially in cooperation between the **cultural and health sectors**. There seems to be closer cooperation between the cultural and social sectors.
- Among implemented pilot projects, there is a common trend – issuing **social prescriptions** as a model of collaboration between culture and health. However, **other types of interventions** are also observed, suggesting a genuine interest in the cultural sector to explore different methods for addressing the social and health challenges of various target groups.
- **Awareness of pilot projects** is weak among the general public as well as among specialists at the mezzo and macro levels.
- Latvia has benefited from the **EU funds** and international partnerships in developing culture and health initiatives.

RECOMMENDATIONS

- **Two regulatory models** are proposed: (1) greater support for a **national regulatory framework**, which could serve as a stronger basis for securing state funding and ensuring quality, with institutional responsibility shared among the Ministries of Culture, Health (MoH), and Welfare (MoW), coordinated at an inter-ministerial level (without establishing a new agency); (2) **leaving regulation at the municipal level** to avoid unnecessary bureaucracy (as part of social assistance), while recognising the limitations of local initiative, the workload of social professionals and the need for methodological support at the municipal level (probably organised through the Ministry of Smart Administration and Regional Development or using regional structures of MoH and MoW). If responsibility is left to the local government levels, in that case, however, the precise responsibilities of local governments must be determined at the national level, because within a broad regulatory framework, each local government currently interprets the regulation very differently.
- Culture and health services should be **personalised**, taking into account the needs and interests of target groups; participation should be voluntary.
- **Social prescriptions** are considered an initiative to be continued.
- Further development of the culture and health sectors is recommended through **pilot projects**, which could also receive **funding from the state budget**; a **shared funding model** among the three ministries would be most effective.
- **Necessary support measures:** (1) promoting culture and health literacy among policymakers and decision-makers – data/evidence, international best practice examples; also – using municipal residents' councils as a channel of advocacy; (2) harmonising terminology in the field of culture and health; (3) a memorandum of understanding between ministries (or political parties as ministries are politicised); (4) development of a culture and health strategy, action plan – advocacy is burdened if there is an absence of a policy document; inclusion of Culture and Health initiatives in guidelines for health-promoting municipalities (developed by the Centres for Disease Prevention and Control).

MEZZO level

CONCLUSIONS

- **Education and training opportunities are informal and project-based.** More consistent educational options are needed.
- In Latvia, there is **a lack of research** on the outcomes of culture and health projects, their target audiences (vulnerable groups), and the sectors involved.

RECOMMENDATIONS

- **Education programmes should be at the post-graduate level** – in the form of continuing education courses or micro-qualifications delivered by universities; programmes should be based on actual demand. They could be implemented as C courses in a university, for example, while building a career as an artist.

- **The content of the programmes should include the following topics:** (1) cultural processes and types of health, cultural services and models for their organization, (2) cultural history, including that of Latvia, (3) key aspects of public and individual health (including health disorders, special needs), (4) project management, (5) creating a safe environment, (6) limits of competency of Culture and Health services, (7) ensuring accessibility of services, (8) adapting services and communication to the needs of various social groups, (9) cooperation, client engagement, and motivation, financial planning and budgeting, legal side, data analysis, statistics (for societal analysis).
- **Target groups for training:** professionals from the social, cultural (including arts) and health sectors (e.g., public health, rehabilitation, mental health specialists, general practitioners) – listed in order of priority.
- **To assess programme effectiveness,** structured data collection is essential, primarily, quantitative (and also qualitative) data on short- and long-term outcomes, including: (1) changes in participants' mental health (mood, anxiety levels, restoration of joy for life), (2) increase in physical activity, (3) changes in attitudes toward health (treatment adherence, development of healthy habits, including dietary habits), (4) increased social participation, (5) renewed motivation, (6) improvement in quality of life and well-being, (7) programme accessibility, satisfaction, (8) number of participants, demand, (9) economic benefits of programme implementation, (10) feedback from programme implementers. There must be a win-win situation – the artist must be satisfied with their work, for example, the outcome of the artwork. At the same time, the patient must benefit from the process and the artwork, achieving mutual benefit.
- **Additional necessary activities:** (1) promoting understanding and support from organisational leadership level (building Culture and Health literacy in organisations), for example, through conferences and professional meetings, (2) involvement of municipalities, (3) establishment of mediator services, (4) establishment of a support system for culture and health service providers. Integration into "The School Bag" project, where each municipality could purchase cultural events from those offered.

MICRO level

RECOMMENDATIONS

- **Fields in which culture and health services should be developed:** mental health (including mental developmental disorders), rehabilitation and public health (e.g., reducing misinformation, promoting sexual health), also chronic diseases (including breast cancer) and paediatric diseases.
- **Institutions where culture and health services should be implemented:** (1) day centres, (2) long-term care institutions, (3) nursing homes, (4) social services. In addition, (5) schools and educational institutions (including initiatives for children before they enter the risk/target group; activities can be included within the framework of the "The School Bag", taking into account the workload and availability of transport, especially in more remote regions); (6) cultural institutions; (7) workplaces (for example, 2–3 cultural events for employees per year as a mandatory requirement); (8) hospitals, including children's hospitals. The need to move towards broader public involvement, using large-scale events (concerts, festivals, etc.) and collaboration with influencers to talk about various health topics (including breast cancer),

was also emphasised. The co-creation group emphasised the need to answer the question: what does the service provider gain? It was recommended to clearly formulate the benefits also for the organisations that provide these services to promote their involvement. It was also noted that future specialists could undertake internships in these institutions.

- **Main target groups for services:** (1) children and young people with behavioural disorders, risk of addiction, autism spectrum disorders, and their caregivers, (2) working-age adults with a routinised daily life and signs of burnout (e.g., workplace groups), (3) seniors, (4) individuals with symptoms of mental health disorders – depression, low mood, social isolation, social phobia and intellectual disabilities, (5) individuals with physical health issues, including chronic illnesses, (6) individuals recovering from injuries or surgeries, (7) single and young parents, (8) unemployed people. The co-creation group expressed the opinion that it is necessary to expand the scope of societal interventions to promote well-being throughout society.
- The co-creation group suggested adding a recommendation regarding **contact points that could help reach target groups** and (possibly) issue, for example, referrals to cultural events or direct to relevant services: (1) family doctors (able to identify individuals not yet reached by institutions, for example, able-bodied adults with a routine everyday life and signs of burnout), (2) the State Employment Agency, (3) psychologists, (4) psychiatrists, (5) crisis centres, (6) employers (for example, personnel management), (7) professional organisations (for example, the Composers Union), (8) public health specialists in municipalities.
- **Barriers to consider when developing services:** (1) lack of awareness, (2) absence of positive experiences and feedback, which leads to feelings of insecurity, (3) insufficient understanding among involved specialists (including family doctors) about the importance of these initiatives, (4) limited understanding among cultural workers about the link between culture and health, (5) absence of a personalised approach and support, which could be improved with mediators knowledgeable in both communicating with the target group and collaborating with service providers (e.g., artists) to foster cooperation and mutual benefit, (6) stigmatisation, (7) transportation issues, (8) financial limitations, (9) low motivation, (10) social isolation, (11) lack of childcare options (such as programmes designed to engage both children and parents, addressing childcare concerns), (12) the need for an inclusive cultural environment (for example, offering healthy food and drinks options in theatres), (13) group events may not suit everyone, (14) collaboration challenges between institutions/organisations (especially local ones) and specialists, (15) burnout among specialists.
- **Most convenient data collection formats from clients:** printed questionnaires at the point of service delivery and online surveys (in order of priority). The co-creation group noted that questionnaires can sometimes be too complex, and not all respondents are able to fully understand them. As an alternative, it was suggested to use visual elements, such as images of situations or feelings (e.g., sunrises, wells), to facilitate evaluation and improve the quality of the data collected.

ESTONIA

MACRO level

CONCLUSIONS

- **Examples of good practice** from the Nordic countries demonstrate the diversity of policies and practices in the field of culture and health; there is no proven single, best model.
- In Estonia, **there are policy documents that are [potentially] linking cultural services to social inclusion and/or mental health promotion**. Currently, a strategic document on culture and health is under development, along with research on attendance of cultural activities, with special attention paid to vulnerable groups. Although state funding for coordinating the process is currently minimal, this indicates an awareness and recognition of the importance of the health and culture sector at the ministerial level.
- **Cross-sector collaboration is recommended in primary policy documents** in all three countries, including Estonia, but it is still not fully implemented, especially in the partnership between the culture and health sectors. Culture and social sectors seem to collaborate more naturally.
- The idea that culture and health policies in Estonia should be integrated has **conceptual support at the political level**. Culture is viewed as a preventative force that fosters social belonging and mental well-being, provided there is deliberate collaboration and strategic guidance.
- While the **current mental health policies do not attribute a specific role to culture/arts** in supporting mental well-being, they do acknowledge shortcomings in the inclusiveness of mental health support.
- All three Baltic states, including Estonia, have benefited from **EU funds** and international partnerships in developing their own Culture and Health initiatives.
- At the **city level**, there are existing Culture and Health activities, including initiatives supporting the development of the sustainable culture and health sectors: (1) plans to incorporate accessibility theme into city strategy (e.g., Tartu); (2) initiatives aimed at making culture and art accessible to all – recognising various vulnerabilities, like physical (disabilities, hearing, visual etc.), mental and others (e.g., Vanemuine Theatre); (3) initiatives ensuring the availability of culture and health services close to where the target (vulnerable) populations live (e.g., *Kultturikekus Lindekivi*).

RECOMMENDATIONS

- For further development, a **national strategy** – or at the very least, **central coordination** (within existing institutions) – is considered essential to provide coherent direction. It is recognized that a state policy plays a vital role in: (1) establishing legitimacy for the culture and health initiatives, (2) earmarking financial roles (not only the funder but building importance of the culture and health field for other funders), (3) creating a value base.
- The most effective way for culture to support mental health is to **continue fostering such initiatives at the societal or community level**, where they can naturally address diverse needs and contribute to overall mental well-being.

- The idea of **implementing social prescription** in Estonia was broadly seen as both realistic and valuable.
- Culture and Health programmes must be **voluntary**, tailored to **individual needs** and **sensitive to the specific context** in which they are applied.

MEZZO level

CONCLUSIONS

- While in Latvia and Lithuania, education and training opportunities are informal and project-based, **in Estonia, there is a lifelong learning programme** at Tallinn University. Still, **more consistent education possibilities** are needed in all three countries. The current training landscape lacks the specialised knowledge and skills required for culture and health work.
- Several positive **examples of culture and health initiatives** from Estonia have been identified, though these tend to be **scattered, small-scale and often initiated privately**.
- Among the implemented projects, a common trend towards **social prescribing** and **arts on prescription** as part of it can be observed. However, a variety of other types of interventions are also present, which may indicate a genuine interest in the cultural sector in exploring different methods to address the social and health challenges of their audiences.
- Estonia **lacks research** on the outcomes of culture and health projects for both the target audiences (vulnerable groups) and for the involved sectors. However, there are **various fragmented initiatives and data sources**.
- **Robust research and reliable data are seen as essential** for advancing the integration of culture and health since data enables evidence-based management, helps assess impact, and ensures that resources are directed where they can make the most significant difference. It allows for goal setting, monitoring progress, and determining whether interventions are improving people's quality of life and mental well-being.

RECOMMENDATIONS

- **Universities** were seen as the most appropriate training providers.
- **Most suitable framework of training:** micro-degree or elective courses (including for later development into full academic programmes, depending on interest and feedback). The co-creation group also emphasised the integration of culture and health theme into the existing bachelor's/master's degree programmes, as well as the necessity of short lifelong learning programmes.
- **Aims** of the development of **training programmes:** (1) build professional competence, (2) elevate the status of cultural work as a contributor to societal wellbeing, (3) build clear professional identity/image (i.e. who am I after completing this specialisation/ specific course; clarify what it is not, e.g., not an arts therapist; emphasise project management skills and competencies; build a mindset – understanding of the roles of “both sides”; raise awareness to lower barriers for attendance (all kinds of barriers).

- **Topics that should be covered in the training programme:** (1) needs and possible responses of specific target groups (e.g., the elderly, people with disabilities, patients with mental health issues), (2) psychology and trauma-informed approaches, (3) functioning of the healthcare and cultural sectors and opportunities for collaboration, (4) project and process management, (5) communication and collaboration, (6) evidence-based practices and the impact of culture on health, (7) cultural awareness and disability inclusion.
- **Target audiences for training:** professionals from the cultural (artists and cultural professionals), social and healthcare sectors; project managers; youth workers; peer support counsellors; creatives; HR managers in cultural institutions. The co-creation group highly emphasised the role of directors as gatekeepers / gate openers to the culture and health field; thus, the building of their awareness is recognized as vital.
- **Additional issues that need to be addressed** to ensure the sustainability of training: state support (with no support, there is a risk for programmes to remain short-term add-ons with limited impact on systemic change).
- **Competences that should be gained through the programme:** (1) ability to read the situation and adjust their approach accordingly, (2) trust building through presence and genuine connection, (3) reaching out and engaging individuals who may hesitate to accept help, (4) empathy. The skills and competences added by the co-creation group: (5) evaluating and understanding long-term impact, capacity to make analysis and elaborate what is success in this context, (6) understanding the potential business aspect – the services market in the field; what could be the market for services in this area, what is needed, (7) how to meet and engage with people, how to engage with otherness (the ability to build codes of conduct both for performers and the audience – what is acceptable and what not, what needs to be agreed upon with the artist; the capacity to react and solve unexpected situations), (8) the capacity to cope with one's own emotions, as well as other students' emotions and reactions.
- **Preferred training forms and methods:** (1) practical and experience-based, including case-based learning, (2) visits to institutions (including those in neighbouring countries), (3) group work (including pairing learners from the cultural and health sectors), (4) interdisciplinary collaboration, (5) design thinking. On-site (vs. online) training was highly preferred. The co-creation group emphasised the necessity of building a professional international culture and health community.
- **Areas that could benefit from culture and health services:** (1) mental health, (2) physical activity (movement culture), (3) reduction of social withdrawal.
- **Venues where the culture and health initiatives could be implemented:** mental health centres and local structures.
- **Research approaches for evaluation** of culture and health services: (1) experimental approaches; (2) quantitative research – (a) self-assessment (before and after intervention), (b) longer-term behavioural shifts; (3) qualitative studies – (a) participants' own experiences and perceptions, (b) immediate emotional feedback after an event, (c) perspectives of creatives.
- Preferred **data collection approaches:** (1) surveys, (2) interviews, (3) voice notes.
- Preferred **data collection methods:** (1) online interviews, (2) telephone surveys.
- **Additional suggestions** as per the research include: (1) at least one major study should be external to institutions to avoid pressure to prove positive outcomes, (2) before commissioning new research, an overview of existing data should be compiled, (3) identify

and connect a network of experts and practitioners already active in the field and build a scientific basis for planning and evaluating future interventions.

- **Support services** needed: (1) awareness raising on culture's role in supporting well-being, (2) sharing compelling international examples and communicating their impact, (3) tailored, meaningful approach for each target group (structural support, local-level cooperation, and a focus on real needs and inclusive methods) besides the social prescribing.

MICRO level

RECOMMENDATIONS

- **Groups in most need** of integrated Culture and Health interventions: (1) the elderly, (2) children with intellectual disabilities, (3) at-risk / NEET young people, (4) people with special needs/ disabilities, (5) isolated middle-aged men, (6) national minorities and refugees, (7) large families and parents more generally (e.g. awareness on "where can I go without being looked at with my children"; special events for families and possibilities to attend regular events), (8) residents of care homes, (9) patients in psychiatric hospitals, (10) people with reduced work capacity, (11) people in emotionally demanding professions (e.g. teachers, healthcare workers, police officers) (preventive approaches).
- Culture and health **services should be tailored** – activities must respond to the specific needs, interests and capacities of each group.
- **Key actors for outreach and cooperation:** (1) the Estonian Chamber of People with Disabilities, (2) local migration centres, (3) local governments, (4) peer-led and community-based approaches.
- **Barriers** to participation include: (1) lack of information, (2) time constraints / everyday rhythms, (3) geographic distance / transport / mobility limitations /venue accessibility, (4) internalised stigma, (5) psychological resistance, (6) financial constraints, (7) fragmentation between sectors and lack of horizontal cooperation
- Preferred formats of culture and health activities: varied formats – ranging from public concerts to hospital performances and home-accessible initiatives.

LITHUANIA

MACRO level

CONCLUSIONS

- **Positive impact of culture** on health and well-being is widely recognised.
- National normative regulations and frameworks for culture and health exist in Lithuania. **The social prescription programme "Social Recipe" (*Socialinis receptas*)** has been launched by the Ministry of Health of the Republic of Lithuania in collaboration with the Ministry of Culture. On 5 January 2023, the Ministry of Health issued the Order on the Approval of the Description of the Procedure for the Implementation of the Social Recipe Initiative.

- The “Social Recipe” **initiative is organised and supervised jointly** by the Ministry of Health (Mental Health Division and subordinate institution of the Ministry Institute of Hygiene) and the Ministry of Culture (Strategic Development Unit and Memory Institutions Policy Unit).
- **The programme “Art for Human Well-being”**, carried out by the Ministry of Culture in 2014–2021, was financed as part of the inter-institutional action plan “Health for All”.
- **Short-term culture and health projects with national and EU funding** are permanently carried out mainly by state cultural institutions, NGOs in the cultural field and representing people with disabilities.
- Still, there is a **lack of stability, continuity, and continuous financing mechanisms** for many initiatives. The **availability of services is evaluated as low**, especially in regions, as services do not cover the country equally.
- **Cross-sector collaboration is suggested** in primary policy documents in all three Baltic countries, including Lithuania, but in all three cases, **it is still not fully implemented**, especially when it comes to **collaboration between the culture and health sectors**. The culture and social sectors seem to collaborate more naturally.

RECOMMENDATIONS

- It is necessary to **increase literacy about the culture and health sector** in society, including among decision-makers and implementers (i.e., increase the knowledge about the usefulness of art and culture for health, and possibilities of participation in culture or art projects).
- There is a need to set **clear service standards** on “political level”, which would naturally lead subordinate public bodies – such as local councils or ministries – to improve cultural access (i.e., address the standards). At the same time, standards should be client / individual-centred as emphasised by the co-creation group. The co-creation group also underlines that when developing the standards, a risk should be addressed – i.e., if the concept “well-being” is understood as “bettering of the health”, cultural services would be presented as “for bettering health”, i.e., “culture” will be reduced to the level of a complementary function of health.
- It is essential to **involve public authorities** in increasing access to and sustainability of the Culture and Health services (hence the co-creation group addresses the question of who is responsible for involvement – the need for leadership is earmarked (see below)). It is proposed that **municipalities** support their residents’ attendance at cultural events by providing financial support or by introducing a dedicated system. The public health sector might be seen as having the potential to synergise with the culture and health sectors towards the improvement of the well-being of vulnerable groups.
- A **more active national-level dialogue is needed** between the culture and health sectors, promoting equal partnership instead of a “culture serves the health sector” approach.
- There is a **need for leadership**; possibly, a unifying platform for sectors or common health and culture strategies.

MEZZO level

CONCLUSIONS

- The co-creation group reports that the “Social recipe” is a macro-level project/concept, but it is implemented by mezzo-level institutions, which **do not have enough tools to implement it**.
- Inequalities in cultural and artistic activities are recorded in Lithuania: there is a **shortage of professional specialists in the regions**.
- In Lithuania, education and **training opportunities for culture and health specialists are informal and project-based**.
- Systematic and **strategic information collection/monitoring** in the field of Culture and Health services is needed to measure their accessibility, effectiveness and impact. To date, mostly quantitative parameters have been recorded at the project level – such as the number of meetings and events that have taken place.
- The co-creation group reports that **libraries** are one of the easiest accessible and frequently attended places of culture in Lithuania.

RECOMMENDATIONS

- **Barriers need to be overcome** (as access to culture is a human right) for improving the availability of Culture and Health services: (1) measures to attract specialists to the regions, (2) inter-sectoral and intra-sectoral collaboration, (3) financial difficulties faced by target groups.
- More **consistent educational opportunities** are needed.
- **Topics to be covered** in training: (1) de-medicalisation of healthcare, (2) general understanding of the cultures of vulnerable groups, (3) specialised knowledge and skills for working with specific populations (e.g., learning sign language to work with deaf communities), (4) tolerance, respectful and inclusive attitudes, (5) building trust and developing relationships, (6) human rights, (7) communication skills with target groups and colleagues from other sectors, (8) teamwork skills, (9) crises management, (10) work ethics, (11) professional self-confidence, (12) ability to adapt services for different groups. The topics added by the co-creation group are: (13) quality evaluation of services, (14) personal/professional resilience methods (to prevent burnout), (15) the “local” culture, i.e., the culture of vulnerable people: their values, daily issues, and understanding of particular vulnerabilities from an “inside” (as anthropological “emic” perspective).
- **Modes of training** to be ensured: highly practical instead of mainly theoretical approaches (storytelling, employment of imagination, and person-centred approach, process monitoring (e.g., as a case manager).
- **Specialists to be trained**: (1) specialists of arts and culture, (2) psychologists, (3) educators, (4) social workers. The co-creation group emphasises that each specialist should be trained within the framework of their specific responsibilities and role in the Culture and Health sector – i.e., social workers are “barrier removers”, and specialists of arts and culture are the ones responsible for artistic quality.

- **Indicators to be monitored** in the field of culture and health services include: (1) long-term rather than short-term indicators, (2) qualitative data (e.g., interviews with service recipients) in addition to quantitative indicators, (3) artistic quality/results apart from health/well-being impacts (changes in emotional health, establishment of social contacts, broader well-being impacts – like feeling necessary, empowerment, promoting independent living, participation in decision-making processes, a sense of community and togetherness, a feeling of being both a taker and a giver), (4) apart from impact, satisfaction with the process should also be measured, (5) benefits for service providers, not just clients.

MICRO level

CONCLUSIONS

- **Reaching vulnerable groups** is currently best achieved through organisations and their associations, which tend to cooperate.
- **The main vulnerable groups** that are currently targeted by culture and health, as well as social inclusion projects in Lithuania, include: (1) older adults (including those living with dementia), (2) youth from disadvantaged backgrounds, (3) people with various disabilities, (4) national minorities, (5) refugees, (6) convicted individuals, (7) homeless persons and (8) low-income individuals. Special focus has been given to people with disabilities, with support to this group ensured by several normative regulations, as well as long-term and short-term initiatives.
- There is **no developed system for the dissemination and publicity** of ongoing projects for vulnerable groups.

RECOMMENDATIONS

- When developing Culture and Health services, a **universal design approach** should be prioritised rather than creating unique projects for specific vulnerable groups. At the same time, the services should be **personalised and human-centred** in terms of the mode of disability (vision, motor skills, etc.), as well as the social and other circumstances of each individual. The co-creation group emphasises that the orientation of the services should not be towards vulnerabilities, but towards needs and possibilities of the individuals.
- **Additional groups** to be reached by services: (1) men in remote areas with lower education and income, (2) deaf community, (3) people with more severe physical, intellectual, or complex disabilities, (4) family members of vulnerable individuals (as inclusiveness and participation of the target groups in culture and art depends on their family members' perspectives/understanding of its value).
- **Supporting services needed in the field of culture and health:** (1) psychosocial assistants (e.g., helping clients to get dressed, translating into a simplified language), (2) methods to empower vulnerable groups to participate in culture and health services (e.g., a motivation system based on symbolic administrative responsibility or on monetary incentives (e.g. organisations of people with disabilities partially or fully cover the costs for attendance at events for their members).
- It is necessary to **develop a system for the dissemination and publicity** of ongoing projects for vulnerable groups, via (1) NGOs of vulnerable groups, (2) incoming advertisements to emails, (3) caregivers of vulnerable people.

ANNEXES

Annex 1 Guidelines of the semi-structured in-depth interviews with stakeholders at macro and mezzo levels

Prevention and promotion	Questions
Opening questions	<p>Can you tell us a little about yourself?</p> <ul style="list-style-type: none"> • What is your position, duties, and responsibilities in relation to the field of this research? • How long have you been working in this position?
Macro level – policy	<p>Our literature review shows that a specific national regulatory framework exists only in Lithuania (Social recipe programme, which is under the shared responsibility of the Ministry of Health and the Ministry of Culture; the programme “Art for human well-being” led by the Ministry of Culture). In Latvia and Estonia, there is no specific regulation in the field of culture and health.</p> <p>In Lithuania:</p> <ul style="list-style-type: none"> • How do you assess the current political framework? How successfully does it work? Should any changes be needed? • Is the shared responsibility between the Ministry of Health and the Ministry of Culture working successfully? Or do you believe that one ministry should be responsible for the field of culture and health? Would it be necessary to create a separate body responsible for the field of culture and health? • Do you agree that culture can be used to promote inclusive well-being of vulnerable groups? Why? • From your perspective, how culture could effectively be implemented in health and social care sectors as a health promotion tool nationwide? <p>In Latvia and Estonia:</p> <ul style="list-style-type: none"> • In your opinion, is such a specific national regulatory framework necessary in our country? If so, which ministry should be responsible for the field of culture and health? Or should this be an interdisciplinary responsibility? If so, which institution or organisation should be the basis for such interdisciplinary responsibility? Should a new institution be created? <p><i>(Dig-in question, if the interviewee does not know what to answer: Our literature review shows that in the Nordic countries, where the culture and health field is well developed, approaches to culture and health policy tend to be different. For example, in <u>Denmark</u>, responsibility for the field is entrusted to regions and municipalities, and a comprehensive national regulation has not been established; in <u>Sweden</u>, the importance of Culture and Health interventions has been recognized by the public health sector, which actively encourages cross-sectoral cooperation while remaining within regional and municipal competence; in <u>Finland</u>, however, coordination of the culture and health field is entrusted to the Ministry of Education and Culture – more precisely, to a specially established expert group under its authority, although the responsibility is shared with the Ministry of Social Affairs and Health, but it should be noted that the responsibility of this group is a guidance function, and the responsibility for the implementation of interventions lies with the counties. After listening to this, what do you think is the national policy option that would be suitable for our country?)</i></p>

<p>Macro level – policy</p>	<p>Our literature review also shows that the culture and health area is used as a tool in Baltic initiatives to improve mental health and promote social inclusion.</p> <ul style="list-style-type: none"> • In your opinion, in our country – are there any other areas of problems that could benefit from a culture and health approach? <p><i>(Dig-in question, if the interviewee does not know what to answer: there is a convincing scientific evidence base that shows that culture initiatives make a positive contribution to health areas such as reduction in personal experiences of depression and anxiety; prevention of cognitive decline in older adults; increased social engagement; improved health-related quality of life in patients with chronic health conditions, etc. Taking this into account, in your opinion, for which areas of health or other issues should cultural sector interventions be developed in our country?)</i></p>
<p>Meso level – practice</p>	<p>Our literature review shows that one of the most common approaches in the range of culture and health initiatives is the so-called social prescribing approach. Among the Baltic countries, this approach has been implemented in Lithuania.</p> <p>In Lithuania:</p> <ul style="list-style-type: none"> • How did you begin working with vulnerable groups? • What cultural project have you recently implemented that you would see as beneficial to participants' health and or well-being, especially to vulnerable groups? • What funds did you use to implement these projects? • In your opinion, is the current cultural, social, and health policy favorable for initiatives oriented towards promotion of well-being of vulnerable groups? • What motivates you to organize cultural activities for vulnerable groups? • Do you see any benefits of cultural activities for well-being of vulnerable groups? • Do you think this approach should be continued in our country? Should other approaches be implemented? • In Latvia and Estonia: • What kind of culture and health initiatives have you heard of in our country? Or participated in? • Do you think the social prescribing approach would be suitable for implementation in our country as well? • What other approaches in the field of culture and health would be suitable for our country? <p><i>(Dig-in question, if the interviewee does not know what social prescribing is: social prescribing means that, if necessary, a person receives a prescription for visiting various cultural institutions and events (museums, concerts, theater performances, etc.) free of charge with the aim of improving their health and well-being.</i></p> <p><i>Dig-in question, if the interviewee does not know what to answer: our collection of literature and examples of good practice shows that in addition to social prescribing, other methods are also used in the field of culture and health in the Nordic countries, for example, in Finland the state has established special grant programs in the field of culture and health, where municipalities, institutions and organizations can apply and receive support for their special culture and health initiatives; similarly, in Denmark there are hospitals that develop their own culture and health strategies and specially organized initiatives. In Sweden, activities in the field of culture and health are specially curated – for example, digital dances (dance lessons viewed on a computer and performed individually as opposed to collective dancing in larger halls) for people with Parkinson's disease, as well as live music sessions in children's hospitals.)</i></p>

<p>Meso level – training</p>	<p>Our literature review shows that there are no systematic interdisciplinary education programs available in the Baltic States for the training of culture and health professionals.</p> <ul style="list-style-type: none"> • Do you think such education programs should be developed? If so, who should do it? Should they be private informal education organizations? Or universities? • What level of studies should they be – short postgraduate education courses, micro-qualifications, bachelor’s level programs, master’s level programs? • If so, what should their content be? What knowledge, skills and competencies should people who would work professionally in the field of culture and health have? • Who would be the target groups of these education programs, if the education is designed as micro-qualifications or postgraduate education – healthcare workers, social workers, cultural professionals, others? <p><i>(Dig-in question, if the interviewee does not know what to answer: Various educational programs are available in the Nordic countries – from individual courses to master’s level studies. For example, in Finland there is a 2-year master’s study program “Cultural Wellbeing”, which can be studied by both health and cultural professionals and within which students acquire competencies in both design thinking and social and health care areas. But there is also an “Introductory course in hospital and nursing music”, which is intended for professional musicians and is implemented within the framework of lifelong learning courses in the amount of 5 credit points. What do you think, which (one or more) approach would be most appropriate in our country? Who would be the target groups of this training?)</i></p> <p>In Lithuania:</p> <ul style="list-style-type: none"> • How did you choose to work with vulnerable groups? • What personal goals did you achieve and what goals did you set for vulnerable groups? • What skills and abilities were needed to work with vulnerable groups? • What knowledge and skills did you lack when providing cultural services to vulnerable groups?
<p>Meso level – research</p>	<p>Our literature review shows that internationally there is a lack of data on the effectiveness of culture and health services, and the outcomes of these programs.</p> <ul style="list-style-type: none"> • How, in your opinion, the effectiveness of cultural programs/ projects could be assessed? • How would you describe what gives you satisfaction in the process of project implementation, how do you assess the result?

<p>Micro level – target groups</p>	<ul style="list-style-type: none"> • What population groups in our country do you think would need culture and health interventions? Why these groups? • How can these target groups best be reached? With the help of which specialists, institutions, and organizations? • Would different target groups need different culture and health services? Or would the same services be suitable for different target groups? Please justify your answer. • What barriers do you think the representatives of the mentioned groups might face in receiving culture and health services? Could they be eliminated already at the stage of service development and implementation in our country? How? • What factors do you think would promote the receipt of culture and health services among the mentioned target groups? Could they be considered already at the stage of service development and implementation in our country? How? <p><i>(Dig-in question, if the interviewee does not know what to answer: In the Nordic countries, culture and health services are available to various target groups – hospitalized children, seniors living in or outside social care centers, people with Parkinson’s disease, psychosis, substance addictions, schizophrenia, depression, anxiety, stress, etc. What target groups, in your opinion, should be the focus of culture and health services in our country?)</i></p>
<p>Closing remarks</p>	<p>Is there anything I didn’t ask, but you would like to add in the conclusion?</p> <p>Thank you for the interview!</p>

Annex 2

Guidelines of the semi-structured in-depth interviews with stakeholders at micro level

Interview sections	Questions
Opening questions	<p>Can you tell us a little about yourself? Please only what you feel comfortable telling us.</p> <ul style="list-style-type: none"> • How old are you? • What is your education? • What do you do for a living? • What is your family situation?
Macro level – policy	<ul style="list-style-type: none"> • How do you think, can the cultural sector – visiting museums, theatres, other cultural events – help people improve their quality of life, well-being, and health? If so – in what cases, for which groups of people, in what way? • How do you think, can cultural interventions help you personally in your life's difficulties? <p><i>(Dig-in question, if the interviewee does not know what to answer: there is a convincing scientific evidence base that shows that culture initiatives make a positive contribution to health areas such as reduction in personal experiences of depression and anxiety; prevention of cognitive decline in older adults; increased social engagement; improved health-related quality of life in patients with chronic health conditions, etc. Taking this into account, in your opinion, should culture sector interventions be developed in our country?)</i></p>
Meso level – practice	<p>Our literature review shows that one of the most common approaches in the range of culture and health initiatives is the so-called social prescribing approach. Among the Baltic countries, this approach has been implemented in Lithuania.</p> <p>In Lithuania:</p> <ul style="list-style-type: none"> • Have you heard of social prescribing services? Do you know who can get them? Do you know how to get them? • Do you think this approach should be continued in our country? Should other approaches be implemented? Would you rather receive a social recipe to have the opportunity to visit existing, permanently operating cultural institutions, or would you rather participate in specially organized culture and health events such as organized walks, in-person or digital dance groups, etc.?

<p>Meso level – practice</p>	<p>In Latvia and Estonia:</p> <ul style="list-style-type: none"> • Do you think the social prescribing approach would be suitable for implementation in our country as well? • What other approaches in the field of culture and health would be suitable for our country? Would you rather receive a social recipe to have the opportunity to visit existing, permanently operating cultural institutions, or would you rather participate in specially organized culture and health events such as organized walks, in-person or digital dance groups, etc.? <p><i>(Dig-in question, if the interviewee does not know what social prescribing is: social prescribing means that, if necessary, a person receives a prescription for visiting various cultural institutions and events (museums, concerts, theater performances, etc.) free of charge with the aim of improving their health and well-being.</i></p> <p><i>(Dig-in question, if the interviewee does not know what to answer: our collection of literature and examples of good practice shows that in addition to social prescribing, other methods are also used in the field of culture and health in the Nordic countries, for example, in Sweden, special activities in the field of culture and health are curated – for example, digital dances (dance lessons viewed on a computer and performed individually as opposed to collective dancing in larger halls) for people with Parkinson’s disease, as well as live music sessions in children’s hospitals.)</i></p>
<p>Meso level – training</p>	<ul style="list-style-type: none"> • Would you personally like to receive social prescriptions or other culture and health services? Please explain shortly your answer! • If yes – from which specialists would you or other people like to receive social prescriptions or other culture and health services? Should social prescriptions be prescribed by family doctors or another health care professional? Would it be easier to receive these prescriptions at cultural institutions and events? Or perhaps at a social service? • What character traits, attitudes, knowledge, and skills do you think specialists who prescribe and provide such services should have? <p><i>(Dig-in question, if the interviewee does not know what to answer: In other countries, various specialists are trained in the provision of culture and health services – musicians, other cultural professionals, doctors, other healthcare providers, public health specialists. They are trained on various issues – working with people with specific mental health problems (depression, anxiety, etc.), people with chronic diseases (oncological diseases, cardiovascular problems, dementia, etc.), or seniors. They are trained on how the cultural sector can help people cope with these health problems.)</i></p>

<p>Meso level – research</p>	<p>In the field of culture and health, research is often conducted, and data is collected to understand whether the services implemented are effective and achieve their goals.</p> <ul style="list-style-type: none"> • Do you think such research should also be conducted in our country? • What indicators do you think would indicate that the services are good and effective – satisfaction of service recipients with the service, feelings during the provision of services, improvement in health and well-being of people after receiving the services, anything else? • If such data were collected, would you, as a service recipient, be willing to answer such questions / provide such information? If so, how would you most conveniently do so – for example, by filling out a printed questionnaire at the point of service, or by filling out an online survey on a computer or mobile device? • Would you be willing to complete such surveys even after a longer period of time since receiving the service, in order to assess how these services have affected your well-being even after a longer period of time?
<p>Micro level – target groups</p>	<ul style="list-style-type: none"> • What population groups in our country do you think would need culture and health interventions the most? Why these groups? • How can these target groups best be reached? With the help of which specialists, institutions, and organizations? • Would different target groups need different culture and health services? Or would the same services be suitable for different target groups? Please justify your answer. • What do you think might prevent people from receiving culture and health services (e.g. expensive tickets to cultural events, lack of information about services, prejudices about the effectiveness of these measures, location of residence, family circumstances, etc.)? • How do you think it could be promoted that people want to receive and receive such services? <p><i>(Dig-in question, if the interviewee does not know what to answer: In the Nordic countries, culture and health services are available to various target groups – hospitalized children, seniors living in or outside social care centers, people with Parkinson’s disease, psychosis, substance addictions, schizophrenia, depression, anxiety, stress, etc. What target groups, in your opinion, should be the focus of culture and health services in our country?)</i></p>
<p>Closing remarks</p>	<p>Is there anything I didn’t ask, but you would like to add in the conclusion?</p> <p>Thank you for the interview!</p>

Annex 3 Informed consent form

International research

“Status quo in the field of Culture and Health interventions for vulnerable groups in the Baltic countries”

ERASMUS+ project co-funded by the European Commission (No 2024-1-LV01-KA220-HED-000253345) “Inclusive Wellbeing Through Arts and Culture in the Baltics (WITAC)”

We invite you to participate in a semi-structured interview for the study “Status quo in the field of Culture and Health interventions for vulnerable groups in the Baltic countries”. The study is being conducted within the framework of the project “*Inclusive Wellbeing Through Arts and Culture in the Baltics*” co-funded by the European Commission.

Research institution	Riga Stradins University, Latvia Estonian Academy of Music and Theatre, Estonia Lithuanian University of health Sciences, Lithuania
Leading researcher	Assoc. Prof. Anda Kivite-Urtane Prof. Annukka Jyrämä, PhD Assoc. Prof. Polina Šedienė
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Aim of the research: to gather the opinions and perspectives of stakeholders at the macro, meso, and micro levels on current and desired approaches to health and culture policies and practices in each of the three Baltic countries.

By micro-level stakeholders in the framework of this study we mean adult (aged 18 years or more) representatives of the target (vulnerable) groups and their caregivers.

Meso-level stakeholders are professionals of culture, social and health fields, representatives of higher education institutions that prepare these professionals etc..

Macro-level stakeholders are representatives of the legislature, officials of ministries and their subordinate institutions

Benefits: The results of the study will provide a scientific foundation for recommendations aimed at developing the culture and health sector in each of the Baltic States. The research team intends to formulate recommendations covering the political framework of the sector, potential practical interventions, and the training of professionals working in the field. The study's findings will support the more effective development of the culture and health sector, enhancing the accessibility of culture and health services for citizens and, in turn, promoting their overall well-being.

The results of the study (information from the interviews will be used in aggregate form) will be publicly available in the form of international research reports and scientific publications.

Interview process and confidentiality: Complete confidentiality will be held in the storage of the data obtained in the study. The interview will be approximately 40–60 minutes long, it will be recorded in an audio file. After completion of the interviews audio files from mobile phone or other device used for recording will be immediately transferred and stored with the interviewer on computers provided by the above-mentioned research institution in a double password protected manner – on a password-protected device and in a password-protected file / folder.

Further the audio file will be uploaded by the interviewer from each country for transcription purposes in secure data storage of Riga Stradins University (RSU; Latvia) (<https://nextcloud.rsu.lv>). To access data storage, an RSU employee uses two-step authentication: password and identity verification via a phone application. Interviewers from Lithuania and Estonia will have access to RSU data storage using a double check password.

The researcher from RSU will transcribe all audio files within 72 hours using the licensed automated transcription tool MAXQDA, then the transcribed audio file will be deleted from the storage.

After preparing the transcripts, an RSU employee will upload the transcripts to the Nextcloud platform and notify the researchers from each country that the transcripts can be retrieved and downloaded to the computers provided by their employer. Within 24 hours, the researcher from each country will retrieve the transcript from the Nextcloud platform, delete the file from Nextcloud and continue working with it on a secure computer provided by the employer.

The transcribed interviews will further be pseudonymized by removing all direct identifiers. Further the transcripts will be analysed by the research team in each country's local language (i.e. raw data will be not shared among the project partners). Quotations from coded interviews will be included in a way that is not directly identifiable in the study report and publications – assigning a pseudonym to each interview.

After the data analysis will be completed each group of researchers in each partner country will choose a safe storage for keeping the raw data for possible secondary usage for five years after the approval of the final report of the WITAC project. In Latvia data will be stored in a secure storage Dataverse, in Estonia – in UT ADA.

All persons involved in the study are subject to professional confidentiality rules. The study has been accepted by the Research Ethics Committee of XXX (number of the assessment: XXX).

Right to refuse or end the interview: Your participation in the study is completely voluntary. If you have agreed to be interviewed, you have the right not to answer any of the interview questions or to end the interview at any time. You also have the right to refuse to participate in the study after the interview has been completed. In this case, you must contact the leading researcher (contact information provided above), and the information you provided (both the audio file and the audio file transcript, if one has already been created) will be completely deleted and will not be used in the study.

I certify that (mark with a cross the appropriate answer on each line)

	Yes	No
1. I was given all the information I was interested in about the research		
2. I was given the opportunity to ask questions about the research and the role of my interview in it		
3. I voluntarily agree to be interviewed for research purposes		
4. I agree that the interview will be recorded in an audio file		

Interviewee:

Name, last name / Signature / Date

Interviewer:

Name, last name / Signature / Date