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# From grass-roots activities to national policies – the state of arts and health in Finland

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## ABSTRACT

**Background:** The recognition of the connection between arts, health and well-being has been growing during the recent two decades in Finland. The arts and health field has evolved from grass-roots activities to more systematic approaches of integrating arts and culture as part of social welfare and healthcare services and health promotion.

**Methods:** This paper provides an overview of the current state of the arts and health field in Finland, through an examination of policy developments, practice, research and education.

**Results:** The arts and health field has been gaining strength and institutionalizing in Finland since the beginning of the 1990s. During the 2010s, the field has gained momentum from national policy programmes and strategic cross-sectoral collaboration on the ministerial level.

**Conclusions:** The article explores also the prospects of arts and health field in Finland. Both possibilities for success and some of the challenges hindering the development of the field are discussed.

## ARTICLE HISTORY

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## KEYWORDS

Arts and health; practice; policy; research; Finland

## Introduction

The aim of this paper is to provide an overview of the current state of arts and health in Finland. The paper will cover information about the history and development of the field in Finland, a description of the national arts and health policy, knowledge about practices, funding mechanisms, educational opportunities as well as an outline of arts and health-related research.

The article also briefly discusses prospects of arts and health in Finland, aiming to identify both possibilities for success and some of the key challenges hindering the development. The focus of this paper is particularly on the policy level. The perspectives of art therapies are outside the scope of this article. It should be noted that the paper at hand is not exhaustive. As the arts and health sector is constantly evolving, and the operating environment is changing, this article represents only the current state of affairs, with a selected focus.

In Finland, the recognition of the connection between arts, health and well-being has been growing during the recent two decades. One indicator of this is that the

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contribution of art and culture to health and well-being has been taken into account on the national policy level. The first five-year national arts and health policy programme was launched in 2010 (Liikanen, 2010) and it was followed by a three-year arts and health-themed government key project in 2016–2018 (Ministry of Education and Culture, 2019). In addition, the latest Government Programme (Finnish Government, 2019) acknowledges the intersections of arts, culture, health and well-being, stating that collaboration between different administrative sectors will be strengthened in order to enhance the well-being effects of culture. It however remains to be seen how these ideas will actualise during the current government term.

At the time of writing this article, a comprehensive Regional Government, Health and Social Services Reform (HSR reform) that had been implemented since 2015, was cancelled in March 2019 after several major difficulties. The aim of the reform was to establish new counties and reform the structure, services and funding of health and social services. Arts and culture were ruled in the preparation process of the reform as part of the health promotion both nationally and in several regions. The objective was that municipalities, counties and the third sector collectively take the responsibility for promoting well-being and health also by means of culture (Ministry of Education and Culture & Ministry of Social Affairs and Health, 2018a, 2018b). Even though the preparation of the HSR reform fell, new structures and opportunities for using art and culture as part of social and health services and health promotion have been created during the preparation process. The current government has restarted preparations for restructuring of social and health services (Finnish Government, 2020), and previous efforts will hopefully be utilized in the reform process.

This paper is the fifth in a series of articles focusing on different countries (Clift et al., 2009; Cox et al., 2010; Sonke et al., 2009; Wreford, 2010). In many ways, the field of arts and health in Finland is still taking shape, and there are many ways of understanding, defining and conceptualizing this interdisciplinary area of practice, policy, research and education.

Especially during the last decade, the field of arts and health in Finland has professionalized rapidly. One of the factors that has helped to push the development forward towards more systematic approaches is that Finland has had a valuable chance to learn from the developments and experiences in other countries. Especially the developments in other Nordic countries, and the UK, have been followed closely.

### **Short history of the arts and health field in Finland**

Arts and health activities sprang up in Finland in the beginning of the 1990s, along with the Arts in Hospital project initiated by UNESCO and the United Nations as part of the World Decade for Cultural Development (1988–1997). The Arts in Hospital project gave rise to a grass-roots movement, joining people from several fields interested in the health and well-being benefits of arts and culture. In 1992, The Health from Culture network was founded, focusing on creating networking opportunities, knowledge sharing and advocacy. Since the 1990s, the network has worked in collaboration with the Finnish Association for Mental Health, collaborating also closely with the Arts Council of Finland (since 2013 Arts Promotion Centre Finland) and its regional arts councils, as well as the Association of Finnish Local and Regional Authorities. The Health from Culture association was set up alongside the network in 2013. Even though the network has never gained an

established position, the network members been active lobbyists and have significantly contributed to the development of the arts and health field. Their work has enabled that the potential contribution of arts and culture to health and well-being started to gain attention on the national policy level when entering the 21<sup>st</sup> century. (Isotalo, 2017; Liikanen, 2003)

The first government-level cross-ministerial programme promoting health and well-being through art and culture began in 2010. Preparations for the national Art and Culture for Well-being action programme 2010–2014 was launched in 2008 as a result of a Policy Programme for Health Promotion (2007–2011) adopted by the Finnish Government in late 2007. The five-year action programme aimed at promoting health and well-being through art and culture, as well as to strengthen social inclusion at the individual, communal and societal level. Two main goals were set for the action programme. The first one emphasised that everyone should have the right and equal opportunity to engage in art and participate in cultural activities, irrespective of their life circumstances. The second key goal was that the impact of culture on the promotion of health and well-being should be recognised at the political, administrative and structural levels. (Liikanen, 2010)

In order to achieve its goals, the action programme introduced eighteen proposals, related to, e.g. legislation, administration and funding, research and education, cross-sectoral cooperation, as well as to dissemination of information (Liikanen, 2010, pp. 10–21). The cross-administrative action programme was implemented in cooperation with the Ministry of Education and Culture, the Ministry of Social Affairs and Health, the Ministry of Employment and the Economy and the Ministry of the Environment. The National Institute for Health and Welfare was responsible for the coordination and management of the programme.

The action programme contributed significantly to cross-sectoral and inter-ministerial cooperation and created opportunities for promoting the arts and health practice nationally. One of the most significant outcomes of the action programme was that the promotion of the health and well-being effects of the arts was included in the government programme for the government term 2015–2019 (Finnish Government, 2015). In the closing report of the action programme (Ministry of Social Affairs and Health, 2015) further measures were proposed to ensure the consolidation of the uprising but diffuse and unestablished field. Several stakeholders have advanced these measures since the end of the action programme.

The role of Arts Promotion Centre Finland<sup>1</sup> (from now on *Taike*), and the operations of its regional branches have been significant in enhancing arts and health practices in Finland. In the beginning of 2015, *Taike* launched a five-year development programme for promoting the use of art for well-being. The central tool for implementing the development programme was the work and projects carried out by regional artists, working both nationwide and in different regions.<sup>2</sup> (Taike, 2019b) After the development programme ended in 2019, a new expert service was established in spring 2020 to carry on enhancing arts and health activities in the future. Since 2015, Arts Promotion Centre has also allocated funds to support the national Arts & Health Coordination Centre *Taikusydan*.

Arts and health activities have fitted well within the context of the Finnish welfare state, and the framework of Finnish cultural policy (c.f. Häyrynen, 2018). The development of the arts and health field has however confronted also criticism, mostly by the eager

proponents of the art for art's sake idea, concerned about the occurrence of instrumental reasoning (Vuolasto, 2017, pp. 364–366).

## Policy

The Finnish cultural policy is guided by basic cultural rights. The right to participate in arts and culture is safeguarded by the UN Declaration of Human Rights and guaranteed by the Constitution of Finland. The key themes of the Finnish cultural policy include the promotion of equal accessibility to arts and culture despite of the social, economic and regional differences. (Ministry of education and Culture, 2017)

In the 1970s, Finnish cultural politics gained a new dimension as a part of the welfare state ideology as cultural politics was included in the overall goals of social policy and planning. The impacts of cultural activities on well-being and social relations have been recognised in cultural policies since, but a systematic reasoning about these issues has grown during the last twenty years (Häyrynen, 2015, p. 103). The recently revised strategy for cultural policy by the Finnish Ministry of Education and Culture regards the impacts of arts and culture on human health and well-being as one of the key strategic policy areas (Ministry of education and Culture, 2017). Also, in the new Municipal Cultural Activities Act (166/2019), which came into force in March 2019, one of the aims is to promote art and culture as part of the health and well-being, inclusion and communality of the residents. The new act emphasises the cooperation between different administrative sectors.

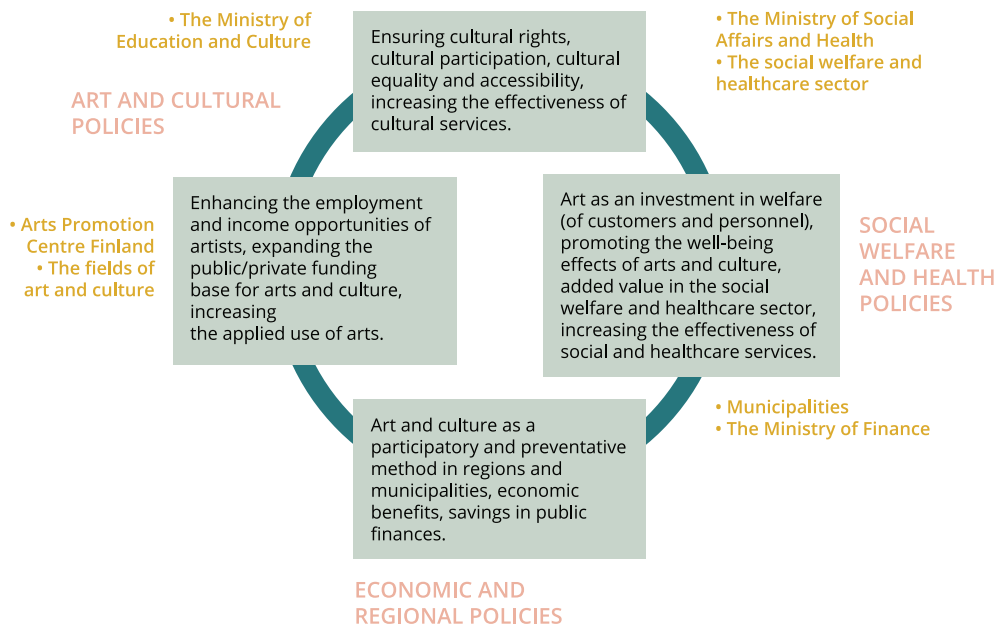
Equal promotion of health and well-being, reducing health differences, as well as increasing social inclusion are important objectives and values of national social welfare and healthcare policy programmes and development objectives. There is a growing understanding that health and well-being are not promoted and fostered by means of the healthcare sector alone, but it requires the involvement of all sectors of society and different branches of government. (E.g. National Institute for Health and Welfare, 2019a, 2019b)

Even though horizontality has been enhanced in government operations and inter-sectoral policy programmes have been implemented, it is worth noting that within the Finnish state administration, the sectorization has even strengthened in certain respects because of changes in governmental practices and steering. The arts and culture, and the related impacts, are interpreted in the different ministries based on the emphases of their own mandates and goals. Depending on the actor and the sector, emphasis is placed on, for example, increasing the well-being effects of arts and culture, building up the role of culture in social welfare and healthcare services or enhancing the income opportunities of artists (see Figure 1).

### **Government key project: Expansion of the percent-for-art principle**

One of the previous Finnish Government's key projects in education and culture was to facilitate access to arts and culture by extending the current percent-for-art principle<sup>3</sup> to be applied in the social welfare and healthcare sector (Finnish Government, 2015). The aim of the government key project (2016–2018) was to create operational methods and new funding models that help facilitate the procurement and entrenchment of art and culture services in the social and health care system. The long-term objective of the key

## The central actors and justification discourses concerning arts and health activities from a policy perspective



**Figure 1.** The central actors and justification discourses concerning arts and health activities from a policy perspective (Edited and translated version. Original figure: Jakonen & Lahtinen, 2019, p. 60).

project was to secure art and culture services as a permanent part of social welfare and healthcare services and service structures as well as the monitoring of well-being. The inter-ministerial implementation of the key project, carried out by Ministry of Education and Culture in cooperation with the Ministry of Social Affairs and Health, was divided into two parts. The first part consisted of development projects, which were intended to support actors in the development and implementation of new operating and funding models as well as in disseminating and embedding existing good practices. The second part focused on guided pilot projects, the purpose of which was to find and test operating and funding models that are not currently available to the actors. (Ministry of Education and Culture, 2019)

*Taike*, which was responsible for the application and funding process of the development projects, steered funding through three application rounds to altogether 14 projects, geographically covering 15 counties and over 100 municipalities. A total of 1.3 million euros was distributed to projects that 1) provided collaboration models between the municipalities and the third sector, increasing the use of art and culture in social and health services, 2) produced knowledge about operation models and the current bottlenecks, and 3) focused on the preparation process of the HSR reform (Ministry of Education and Culture, 2019). The Ministry of Social Affairs and Health did

not take part in the funding of the key project, which profiled the project more strongly as a policy promoted by the cultural sector (Jakonen & Lahtinen, 2019, p. 60).

The implementation of the key project was followed up by the Center for Cultural Policy Research, Cupore. Cupore's evaluation study (Jakonen & Lahtinen, 2019) showed that the key project influenced attitudes, visibility and improved the understanding of the potential of arts and culture in promoting health and well-being. The project also increased the supply and demand for arts and culture in the social welfare and healthcare sector, as well as knowledge about embedding activities at local and organization level. (See Figure 2) The key project had also symbolic significance; the status as a cross-administrative government key project gave legitimacy to arts and health activities.

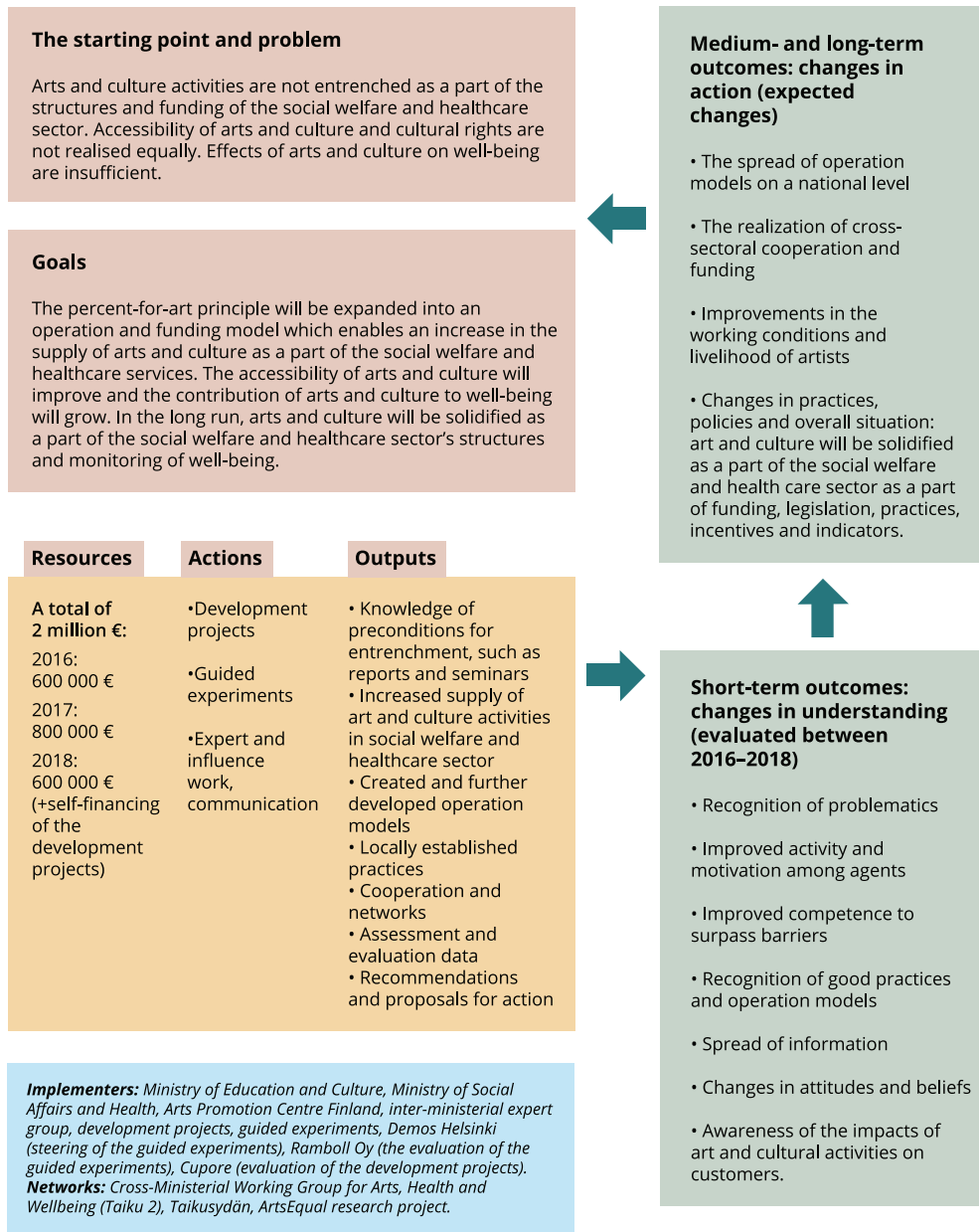
One central goal of the key project was to develop new funding models and to encourage the social welfare and healthcare sector to take part in the funding of arts and culture. The construction of new funding models was however proven difficult and thus the objectives of moving the funding of arts and culture to the operating budgets in the social welfare and healthcare sector was not realised on a national scale during the key project (Jakonen & Lahtinen, 2019, pp. 70–74).

As part of the key project, a ministerial recommendation (Ministry of Education and Culture & Ministry of Social Affairs and Health, 2018a) was given in late 2018, proposing measures for municipalities and counties in order to improve the availability and accessibility of arts and culture in social welfare and healthcare and health promotion. In the recommendation, it is proposed that the arts and health activities implemented within the sphere of social welfare and healthcare should be included as part of the planning, monitoring and reporting of the counties' and municipalities' operations and finances. Even though the intended measures had been prepared in view of the HSR reform, which fell through in spring 2019, many of the measures are still applicable. In relation to municipalities, it is proposed that objectives for arts and health activities should be set, e.g., in the municipality strategy, well-being and cultural plans. Further, the implementation of the objectives should be monitored as part of the municipalities' strategic leadership and welfare reports. With respect to funding responsibilities, it is recommended that funds should be systematically reserved in social and health care for arts and health activities from municipalities' operational finance expenditure.

### ***Cross-ministerial working group for arts, health and well-being***

Cross-sectoral collaboration has been strategically developed between the Ministry of Education and Culture and the Ministry of Social Affairs and Health within their broad-based cross-ministerial working group for arts, health and well-being. The ministries have had two fixed-term working groups in operation, in 2010–2014 and in 2016–2019. Central tasks of the most recent working group were to support the implementation of the government key project and contribute to the preparations of the HSR reform. In its closing report (Kaattari & Suksi, 2019), the working group introduced 20 proposals for further measures covering various themes, such as national and regional cooperation, development activities to working life as well as education and research. A new working group has been appointed in spring 2020 to carry on the cross-ministerial work.

## A logic model of the short and long-term outcomes of the Government key project (2016–2018)



**Figure 2.** A logic model of the short and long-term outcomes of the Government key project (2016–2018) (Edited and translated version. Original figures: Jakonen & Lahtinen, 2019, pp. 37, 77).



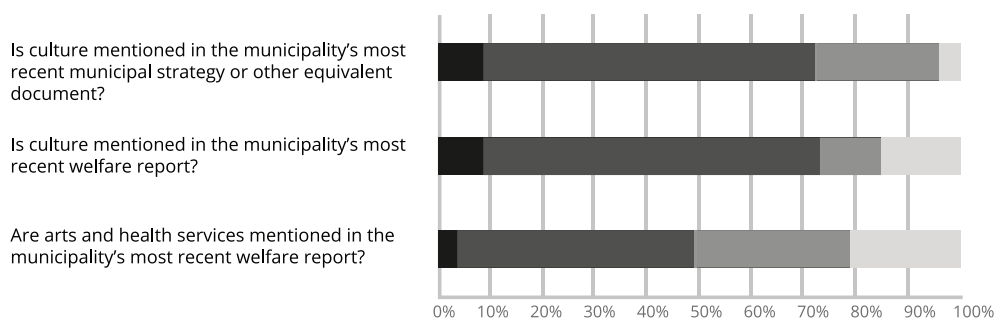
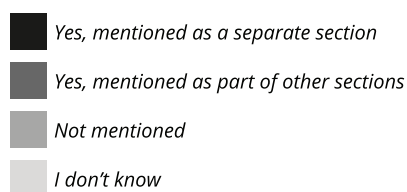
### Arts and culture in municipal welfare reports

One indicator revealing the entrenchment of arts and health activities in municipalities is the role of art and culture in a municipality's welfare report. The municipality's welfare report is a statutory document, a tool for planning, evaluating and monitoring the municipal welfare policy (National Institute for Health and Welfare, 2016). According to the evaluation of basic public services in 2017, more than 70% of municipalities had included art and culture in their welfare report (see Figure 3). It is likely that indicators relating to cultural services will be to an increasing extent included in municipal welfare reports, especially since the new Municipal Cultural Activities Act (166/2019) sets new duties to the municipalities regarding the monitoring and evaluation of the cultural services; the implementation of the services should be monitored and evaluated as part of the health promotion.

### Regional strategic plans for arts and health

The regional strategic plans for arts and health are new tools developed to support the implementation and entrenchment of arts and health practices in regions. Such strategic plans have been prepared in some regions to support the organisation and implementation of arts and health activities and services, and elucidate the responsibilities for organising and funding activities. These documents are however not easily comparable, as the preparation and implementation of the regional strategic plans are executed by

## Culture in municipalities' strategies, reports and equivalent documents in 2017



**Figure 3.** Culture in municipalities' strategies, reports and equivalent documents in 2017 (Translated and edited from Figure 5.6.1. Kulttuuri kuntien strategioissa, suunnitelmassa ja vastaavissa vuonna 2017. Kyselyaineisto. Regional State Administrative Agencies, 2018.)

various organisations, and the set objectives and measures of the plans are not consistent (see, e.g., Pirkanmaa Hospital District & Arts Promotion Centre Finland (Taike), 2017; Regional Council of South Savo, 2018).

### ***TEAvisari – monitoring arts and culture as part of municipalities’ health promotion activities***

In Finland, the first steps are being taken to develop suitable indicators to evaluate and monitor the arts and health activities and services, as well as to help integrating arts and culture into the monitoring of health and well-being on regional and national level (Ministry of Education and Culture, 2019). The National Institute for Health and Welfare has in collaboration with the Ministry of Education and Culture, the Ministry of Social Affairs and Health and several other stakeholders tested and launched a data collection that examines measures, resources and practices of artistic and cultural activities and services as part of health promotion. The first data collection was executed during spring 2019 as part of the *TEAvisari*, an open access online service for municipalities that depicts their activity in promoting their inhabitants’ health, and supports the planning and management of municipal and regional health promotion. The analysed data was published in the *TEAvisari* online service in autumn 2019, containing information about 238 municipalities. (National Institute for Health and Welfare, 2019c)

### **Practice and funding**

The arts and health field in Finland is very diverse and a wide range of activities, carried out in various contexts and incorporating multiple objectives, are being referred to as arts and health activities. The activities can be roughly categorised into preventive work and enhancing inclusion, care work and rehabilitation, and medical science and psychiatry (Jakonen & Lahtinen, 2019, p. 11). The activities cover, for example community arts initiatives, supporting self-motivated cultural activities and participation, and integrating arts and culture into various institutional settings, such as care homes, hospitals, reception centres and prisons.

Third sector actors, such as cultural organisations and artists’ associations together with professional cultural centres and freelance artists, play a crucial part in developing and implementing the arts and health practices. These actors are active in planning, applying for funding and carrying out arts and health projects. In Finland, the third sector actors have up until now been distinctly more invested in developing the arts and health field than the public cultural institutions. Social and health associations have also increasingly developed and introduced arts-based models of operation.

Established regional networks, such as the Well-being Know-how Center of Eastern Finland VOIMALA, are doing regionally and nationally important work in developing the field by, e.g. advancing multi-professional know-how and providing in-service training for art professionals and social and health care professionals (Voimala, 2019).

National, regional and municipal cultural institutions have divergent roles in arts and health field. Some of the publicly funded cultural institutions have socially engaged outreach programmes, targeted for, e.g. social and health care units, prisons and child welfare services. Some cultural institutions implement arts and health activities as part of

their general audience outreach programmes or pedagogical programmes. Overall, it can however be noted that the publicly funded cultural institutions have not yet used their full potential to take part in developing and implementing arts and health activities. It has been proposed that the role of the cultural institutions in the provision of arts and health activities could in the future be accelerated with the help of result and information guidance (Ministry of Social Affairs and Health, 2015, p. 8).

The hospital districts are also increasingly involved in promoting arts and health activities on their own respective regions. During the Government key project (2016–2018), hospital districts administrated altogether four of the arts and health development projects (Ministry of Education and Culture, 2019).

### ***The availability and provision of arts & health activities and services***

During the 21<sup>st</sup> century, joint operational models between the cultural sector and the social and health sector have become more common in Finland (Ministry of Education and Culture, 2018). According to the evaluation of basic public services in Finnish municipalities in 2015, more than half of the municipalities provide arts and health services in social and health care in cooperation with various sectors of the municipality (Regional State Administrative Agencies, 2016). Within the public cultural services in municipalities and cities, during the recent years the emphasis has been especially on developing art- and culture-based elderly care services and service structures (Rosenlöf, 2014). Public libraries also increasingly take into account the heterogeneous user base and have operational models in which services are delivered to, e.g. elderly care service units, day-care centres and people's homes.

Despite the rapid growth of arts and health activities and services, the majority of all activities are still project-based, and for the most part, they are implemented through grant and project funding. However, a tendency towards emergence of more established arts and health services on municipal or regional level can be detected (Ministry of Social Affairs and Health, 2015). Many Finnish municipalities already have established models of producing, organising and funding arts and health services. The established practices include, for example, cross-sectoral working groups, culture-oriented child health clinics and art and culture companions. (Regional State Administrative Agencies, 2016) Several Finnish municipalities are currently using or introducing the *Kaikukortti* operation model, developed by Culture for All Service and supported by the Ministry of Education and Culture. The operation model aims to improve the opportunities of financially hard-pressed people to participate in arts and culture, as well as to support structural cooperation among the social, health and cultural sectors. (Culture for All, 2020) Culture referrals have been tested, e.g. in child health clinics, but arts-on-prescription schemes have not yet been implemented in scale in Finland.

There is significant regional variation regarding the availability and provision of arts and health activities and services, service providers and the ways of producing and organising services. The amount of funds allocated to arts and health activities and services also varies considerably between municipalities. It is challenging to attain an overall picture of the practices within the arts and health field, as the Finnish municipalities provide and deliver arts and health services in the manner and extent they see fit, the operations and responsibilities of different stakeholders are evolving, and

comprehensive up-to-date information on activities is difficult to achieve. (Regional State Administrative Agencies, 2016)

### ***Examples of arts and health programmes and operation models***

As the range of arts and health activities in Finland is vast, it is not possible to give a comprehensive picture of activities within the limits of this article. To give some flavour of the activities, some examples of arts and health programmes and operation models from different parts of Finland are presented below.

#### ***Dance ambassadors***

Dance ambassadors (*Tanssikummi*<sup>®</sup>) is a dance-based service concept created by the Regional Dance Centre of Western Finland. Dance ambassadors are professional dancers working in different settings, such as in elderly care homes, nursery schools and disability units. They can also work individually with, e.g. home care clients. Dance ambassadors work in communities as part of their daily routines, strengthening the sense of community and creating new opportunities for encounters. Dance ambassadors base their practice on the participant's needs and abilities, nurturing the possibility to move creatively based on the possibilities of each body. (Läntinen tanssin aluekeskus, 2020)

#### ***Art and culture companions***

Art and culture companions are trained volunteers, who can be invited to accompany people to museum exhibitions, theater shows, concerts and other cultural activities. The art and culture companion service is intended for anyone who need or want company or support to visit cultural venues or events. Art and culture companion activities are voluntary activities maintained by municipalities or associations, with the aim to promote the accessibility of culture. The service is free of charge and individuals and groups accompanied by an art and culture companion are entitled to free entry or special discounts at cultural venues. Art and culture companions operate in over 20 cities across Finland. (Kansalaisareena, 2020)

#### ***Culture referrals in child health clinics***

In the City of Tampere, culture referrals can be given by all child health clinics in the area. With the culture referral, babies and toddlers and their families can attend art courses, such as baby circus, family circus and experiential colour workshops for babies, free of charge. For example, the baby circus courses are aimed at 6–12-month-old babies and their fathers. A referral to baby circus can be given, e.g. to support the bonding between the father and the child, support the development of the motor skills of the baby, or to provide a respite from the everyday hurries. The nurse assesses the need for a referral during the visit at the child health clinic. The reasons for receiving a referral are manifold, e.g., development delays of the baby, a challenging life situation of the family or lack of peer groups in the hometown. The culture referral model has been developed by Cultural Education Unit TAITE and Cultural Services, City of Tampere, in collaboration with local child health clinics and art educators. (City of Tampere, 2020)

### ***Kaikukortti***

*Kaikukortti* is a card with which young people, adults and families, who are financially hard pressed, can get free tickets to, e.g., concerts, festivals and theater shows. *Kaikukortti* cardholders can also get a place for free at some adult education courses. The card is issued to clients of the municipal social welfare and healthcare units that are part of the *Kaikukortti* network. *Kaikukortti* aims to support social rehabilitation and promote social inclusion. The *Kaikukortti* operation model is developed by Culture for All Service with the support of the Ministry of Education and Culture. The national *Kaikukortti* activities are coordinated by the *Kaikukortti* support and development services. The operation model aims to promote equal opportunities for cultural participation and the accessibility of arts and culture. (Culture for All, 2020)

### ***Taikusydän – arts & health coordination centre in Finland***

In 2015, the Ministry of Education and Culture set up a state subsidy for the establishment of a national coordination and communication centre for arts and health. The centre was commissioned to promote, e.g. multiprofessional networking, collect and disseminate information about projects, research and good operation models, as well as to promote the employment of artists in the social and health care sector.

Administrated by Turku University of Applied Sciences, the multisectoral *Taikusydän* centre promotes networking both regionally, nationally and internationally, organises training, serves as an expert body, disseminates information and promotes strategical development work within the field. *Taikusydän* operates through fourteen regional networks, which co-develop sustainable solutions for planning, producing and financing arts and health practices in their own area. (*Taikusydän*, 2020)

### ***Key agencies funding arts and health activities in Finland***

Public support constitutes a significant part of the overall funding for arts and culture in Finland. The key public funding agencies for arts and health activities are the Ministry of Education and Culture and *Taike*. Over the years, the Ministry of Education and Culture has funded arts and health practices from various appropriations, such as awarded subsidies targeted at art and cultural development projects in municipalities and regions, and supporting the employment of artists (Ministry of Social Affairs and Health, 2015, pp. 13–14). During the recent 10 years, *Taike* has taken an active role in supporting arts and health practices in Finland. Since 2013, *Taike* has awarded special cultural well-being subsidies for communities such as associations, foundations, cooperatives and companies for arts and health projects (*Taike*, 2020).

Municipal cultural sectors form an important part of the overall public support for art and culture. Arts and health activities are financed through the municipalities' operating funds and grants. The joint cross-sectoral funding from both the cultural sector and the social welfare and healthcare sector have become more common during the last few years. In several municipalities, the state inheritance and testamentary funds have been directed to support arts and health activities. The funding allocated to integration activities has also been exploited.

The funding agencies for the social and health care organisations, such as the Funding Centre for Social Welfare and Health Organisations (STEA), have to some extent directed support for arts and health projects. In 2020 the National Institute for Health and Welfare, an independent expert agency working under the Ministry of Social Affairs and Health, also awarded subsidies for arts and health activities as a part of appropriations for promoting health. The subsidies are aimed at municipalities, organisations, foundations and other actors to enhance the accessibility of arts and health activities.

A number of arts and health projects have also been funded by international funding instruments, such as the European Social Fund and European Regional Development Fund.

Alongside the public sector, key funders of arts and health activities in Finland are the non-profit private foundations. In addition to private foundations, private funding for arts and culture is uncommon in Finland. For arts and health activities and services, user and participation fees are quite rarely in use. Overall, the total market for arts and health services in the social welfare and healthcare sectors has been identified to be quite limited (Kosonen, 2013). For the time being, it is however challenging to attain a comprehensive picture of the funding and market for the arts and health activities on a national level, as the available statistics and data in this fairly new field are still deficient and fragmentary (Haanpää et al., 2020, pp. 53–54).

## Education and training

Educational institutions play an important role as both developers and organisers of education and training in the arts and health field, as well as through their research, development and project work. Various institutions organise training for both the current and future practitioners in the field, as well as the organisers of arts and health services.

Arts and health contents and modules are included in degrees from upper secondary vocational studies to master's level education. Within upper secondary vocational education, e.g., the renewed degree requirements of practical nurses take into account the potential of arts and culture in promoting functional capacity and inclusion (see Finnish National Agency for Education, 2017). Higher education institutions offer study modules at bachelor's and master's levels within different fields of study, e.g., arts and culture, humanities, social sciences, and social and health care. During the recent years, cross-disciplinary courses and joint study modules intended for professionals both in the fields of arts and culture and social and health care have become more common.

The degree programmes in Finland are still few, however, there are some master's level degree programmes at universities of applied sciences, e.g., a Degree Programme in Promoting Wellbeing through Culture and Art (Häme University of Applied Sciences, 2019), and the interdisciplinary Creative Well-being master's degree programme (Turku University of Applied Sciences, 2019).

Educational institutions also provide specialisation, additional and continuing training for professionals working in the field. For example, specialisation training for community musicians (e.g., JAMK University of Applied Sciences, 2019; Metropolia University of Applied Sciences, 2019) is available.

## Research

Research activities related to the intersection of arts, culture, health and well-being in Finland are heterogeneous and multidisciplinary. The manifold research and RDI activities have been scattered across several universities, other research institutions such as National Institute for Health and Welfare and Center for Cultural Policy Research Cupore, as well as universities of applied sciences.

As the potential health and well-being benefits of arts and culture have been recognised at a national policy level, publicly funded strategic research relating to the theme has emerged. A major ongoing research initiative, financed by Academy of Finland's Strategic Research Council, explores how the arts can meet the social challenges of the 2020s in Finland. The multidisciplinary *Arts as Public Service: Strategic Steps towards Equality* (ArtsEqual) research initiative, coordinated by the University of the Arts Helsinki, examines how art and art education as a basic public service could advance equality and well-being, e.g. within the social and health care services and in society at large. (ArtsEqual, 2019) A central part of the research initiative has been to produce research-based policy recommendations to support political decision-making. The policy briefs have covered, e.g. themes relating to safeguarding the cultural rights as part of the social and health care services (Lehikoinen & Rautiainen, 2016), preventing loneliness by participatory arts and culture (Ansio et al., 2016) and enhancing well-being in social and health care services by expanding the percent-for-art principle (Lehikoinen, 2017).

Despite the rather lively research activity, arts and health as a research field is not yet established in Finland. There is currently no professorship associated with the arts and health field. Even though there are some research centres, such as Research Center for Culture and Health at University of Turku, and Center for Educational Research and Academic Development in the Arts (CERADA) at the University of the Arts Helsinki, which have a focus on arts and health-related research, the research field is somewhat scattered and diffuse. To help overcome this, a national arts and health research network has been launched in 2016 to join researchers from several research institutions and to provide a forum for multidisciplinary discussion and collaboration. The research network has been financed and coordinated by the Arts & Health Coordination Centre *Taikusydän*. Nordic collaboration has also been fostered, e.g. within the Nordic Arts & Health Research Network since the spring of 2019 (Nordic Arts & Health Research Network, 2020).

## Conclusions

The arts and health field has been gaining strength and institutionalizing in Finland since the beginning of the 1990s. Since the 2010s, pioneering work has been executed at the level of policy programmes and structures. The contribution of art and culture to health and well-being has been recognised at a national policy level, which has created new possibilities for the entrenchment of arts and culture as a permanent part of social welfare and healthcare services as well as the promotion of health and well-being. Due to cross-administrative actions taken in the 2010s, progress has been made to create structures for cooperation between the art and culture sector and the social and welfare sector at local, regional and national levels.

One of the recent key developments has included the inclusion of culture in the *TEAviisari* tool, which enables monitoring of measures, resources and practices of artistic and cultural activities and services as part of municipalities' health promotion activities. As the lack of relevant indicators has proved to be a major challenge, indicators that allow following up the integration of artistic and cultural activities as part of social welfare and service provision need to be developed, introduced and brought into use. The development of suitable indicators is crucial, not least because the allocation of public resources is broadly based on evidence resting upon indicators.

Despite the valuable cross-administrative actions taken, the art and culture sector and the social welfare and healthcare sector remain quite siloed. Common understanding and shared ownership between the sectors still need to be actively built. For the future development of the field, it is crucial to create permanent or long-term structures to support the cross-sectoral collaboration on a long-term basis. Binding recommendations, cross-administrative coordination and funding as well as new cross-sectorally prepared regulation are needed to establish art and cultural activities as part of social and health care. The role of education and training is also crucial in the future; strengthening the expertise both within the arts and culture sector and social and health care sector is vital, as working in the hybrid contexts at the interfaces of arts, healthcare and social work requires new understanding, competences and skills.

## Notes

1. The Arts Promotion Centre Finland (*Taike*) is an expert and service agency for promoting the arts. *Taike* operates under the supervision of the Ministry of Education and Culture. *Taike* has 13 regional arts councils. (Taike, 2019a).
2. Finland has since the 1970s obtained a system of publicly funded regional artists promoting arts both regionally and nationally (Häyrynen, 2015, p. 85).
3. The principle of investing up to 1% of the construction costs of public buildings in the acquisition of works of art has been promoted by the Ministry of Education and Culture and the Arts Promotion Centre Finland since 2011 (Ministry of Education and Culture, 2019, pp. 14–15).

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