3.2 Health Inequalities

Key Points

Health inequalities are not only socially unjust, they place a burden on public services and impact national productivity.

Health inequalities can be related to stigma and discrimination, which results in barriers to access to good quality services. Creative health can be used to support health promotion and prevention, and in the co-design of culturally appropriate services which meet the needs of underserved communities, and encourage new ways of working within systems.

Health inequalities are intrinsically linked to the social determinants of health. Therefore, in order to improve people's health and wellbeing and reduce pressures on systems, we need to address these wider structural factors. Creative health is an integral part of community and place-based approaches to reducing health inequalities. In communities, creative health can interact with the social determinants of health to improve the environments in which people live. Creative

activities build social capital and connection, and provide individuals with a sense of agency, meaning and purpose. Through creative health people and communities can be empowered to make positive changes and improve quality of life.

Statutory services can facilitate this way of working, through the development of supportive and sustainable infrastructure and resources. Tackling inequalities requires a whole system approach that addresses the social determinants of health and considers health in all policies.

Access to creative and cultural opportunities, and creative health, must also be equitable. Strategies to ensure accessibility and engage those least likely to engage in creativity should be combined with adequate resource and investment, particularly in underserved areas.

The challenge of health inequalities

Health inequalities are unfair and avoidable differences in health outcomes between different groups or populations. This can relate to life expectancy, healthy life expectancy, or differences in health outcomes for particular conditions. Health inequalities are linked to social, economic and environmental disadvantage. The social determinants of health (the conditions in which people are born, live, grow work and age) are now considered to be the principal drivers of health, estimated by the World Health Organisation (WHO) to account for up to 50% of health outcomes[205]. They include income and economic stability, early years development and education, housing, the built and natural environment, access to services, employment, social support networks and power and discrimination. In order to tackle health inequalities it is therefore essential to look beyond healthcare and adopt a whole system approach to address these wider structural factors.

The Institute for Health Equity has demonstrated an enduring social gradient for health[206]. Over the last decade, health inequalities have widened, and the pandemic has further exacerbated inequalities. People living in most affluent areas of the country can expect to live around 10 years longer than those in most deprived areas, and to spend 18 years longer in good health[207]. There are widespread and longstanding ethnic inequalities in health outcomes, as well as healthcare access and experiences[208]. COVID-19 further highlighted these inequalities[209]. Health inequalities are multifaceted and the ways in which people experience inequalities will be complex and individual. An intersectional lens is therefore necessary when thinking about how we tackle health inequalities.

In addition to the social injustice of health inequalities, and the impact on people's lives, this costs systems money. Prior to COVID-19 health inequalities were estimated to cost the NHS an additional £4.8bn annually, and wider society

around £31bn in lost productivity and up to £32bn a year in lost tax revenue and benefit payments[210].

Complex interactions between the wider environment, psychosocial factors, and individual health behaviours contribute to differences in health outcomes. However, despite this complexity, health inequalities are not inevitable, and creative health has an important role to play in helping to tackle inequalities at individual, community and population level. By its nature cross-sectoral, creative health can be integral to an ecosystem in which communities, VCSE, local government and health systems can come together to address inequalities as a whole system.

Policy context

Recent policy developments have taken steps to address health inequalities, and present opportunities to further incorporate creative health as part of the solution. Tackling health inequalities relies on prevention – keeping people living well for longer, and acting upstream to address social determinants of health.

The levelling up agenda sets health-related targets to improve and narrow the gaps in healthy life expectancy and wellbeing linked to socio-economic factors, and makes links between culture and heritage and regeneration. In alignment with the levelling up agenda there have been changes in the way funding for arts and culture is distributed, with funds allocated to historically underserved areas. Nevertheless, inequalities persist, and austerity and funding cuts have disproportionately impacted some already underserved areas, resulting in 'left-behind neighbourhoods[211]'.

The Health and Care Act (2022) places a duty on Integrated Care Systems (ICSs) to reduce inequalities in access to healthcare services and health outcomes. Combined with the focus on integration, this should provide opportunities for the VCSE and cultural sector to be better integrated as strategic partners, working with healthcare systems to develop person-centred, whole system and place-based approaches which can address local priorities and reduce inequalities. Integrated Care Partnerships (ICPs) bring together local stakeholders to set local

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Creativity is so much more than just doing arts. For some it helps rescue them from their darkest days. For me, it helped me be part of a community, helped me to be heard, helped give me my voice back, and I'm proud to say I'm now a community organiser”

Kelly Mclaughlin, Community Organiser,
East Marsh, Health Inequalities Roundtable

priorities and develop a strategy which should also act on the social determinants of health.

An interim report setting out the Government's approach to addressing rising rates of major health conditions acknowledges the impact of the social determinants of health and the importance of primary prevention, with the Office of Health Improvement and Disparities (OHID) focusing on improving population health outcomes and reducing disparities[212].

Within the NHS, the Core20PLUS5 approach, based on the priorities of the Long Term Plan provides a framework to address health inequalities across the 20% most deprived geographical areas, locally defined population groups with poorer health outcomes, often coherent with inclusion health groups, and clinical areas requiring accelerated improvements in inequalities[213].

The role for creative health

Creative health can help to address health inequalities in a number of ways. It can be used to help develop tailored approaches to articulate and address the needs of individuals and communities experiencing inequalities, reimagining services to ensure they are appropriate and accessible. Communities are integral as part of a place-based approach to addressing health inequalities, and enabling communities to design and deliver initiatives that work best for them can be the most effective way to address the root causes of ill health. In areas experiencing high levels of deprivation, initiatives which increase community engagement, social cohesion and social capital can help to mitigate some of the detrimental impacts of the social determinants of health[214]. Creative health

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> *For me it saved my life. Arts gave me that access to see the world differently and for the world to see me differently. When I was living on the streets I had a camera and instead of having a stigma attached to me as a homeless dude, they saw you as a photographer. You were given that up-step. That's what empowers people, that's what picks people up, that's what gives them good wellbeing and resilience"*
>
> *David Tovey, Arts and Homelessness International, Health Inequalities Roundtable*

implemented at community or place-level can achieve this. Creative initiatives can provide people with a sense of agency, power and control over their circumstances, which can improve individual and community health and wellbeing. Mobilising existing creative, cultural and community assets through the provision of a supportive infrastructure will lead to stronger, more resilient communities with less reliance on public services in the long term.

We will use the NHS Core20PLUS5 approach as a framework to highlight how we believe creative health can address health inequalities.

Creative health and marginalised groups

Core20PLUS5 targets population groups identified locally as experiencing poorer than average health access, experience and outcomes, and where a tailored approach is required. This may be in relation to protected characteristics such as race, disability or sexual orientation. Groups that are commonly socially excluded, known as inclusion health groups, which may include people with a learning disability, Gypsy, Roma and Traveller communities, sex workers, people experiencing homelessness and those in contact with the criminal justice system commonly experience poor health outcomes. Creative health can be an effective approach to improving health outcomes in these groups. For example, creative health programmes have been shown to improve health outcomes for people experiencing homelessness, those in the criminal justice system, and refugees and asylum seekers.

A literature review of arts and homelessness identified 61 pieces of research evidencing how the arts can produce positive outcomes for people who have experienced homelessness, including improvements in mental, physical and social wellbeing. Agency, resilience and improved knowledge and skills were also key themes[215]. Arts-based programmes in the criminal justice system have demonstrated health and wellbeing outcomes including mental health, social skills, employability and education and learning[216,217]. Creative-arts based interventions can be effective in reducing symptoms of trauma and negative mood in those who have experienced adverse childhood experiences, including refugees[218]. Engagement in community arts programmes can facilitate increased quality of life and sense of belonging in refugees and asylum seekers and can promote integration[219].

Creative health is used effectively to raise awareness and reduce stigma around certain health conditions. The WHO scoping review '*What is the evidence for the role of the arts in improving health and wellbeing?*' finds evidence that when the arts are used as a health communication tool there are improvements in knowledge, attitudes and behaviours, and that arts-based approaches can be used in culturally appropriate ways to engage specific communities[220]. Studies using hip hop, rap, murals, drama, storytelling and song, and cultural festivals are cited.

Birmingham City Council has applied creative health in its approach to tackling the significant health inequalities faced by its diverse communities. The Public Health Communities Team commissioned an array of projects for the Arts, Culture and Health programme. One example was a Jamaican 60th Anniversary Celebration Event which used arts, heritage and culture to engage residents in workshops and activities to address health issues such as pregnancy, mental health, musculoskeletal disease, cardiovascular disease, and diabetes. This included activities such as culturally appropriate cooking workshops, using traditional recipes to provide information about nutrition and the links to diabetes and cardiovascular disease. Dance and Jamaican drumming workshops were conducted with the

aim of uplifting and engaging participants to improve both their mental and physical health through music and dance[221].

Creative approaches have been used to improve cross-cultural understanding between healthcare professionals and patient groups, and re-design services. For example, the BEDLAM Festival is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, The Birmingham Repertory Theatre, Midlands Arts Centre, South Asian arts and culture charity SAMPAD and Red Earth Collective, a Black-led organisation working with artists and communities with lived experience of mental health issues. The festival celebrates arts, mental health and wellbeing, sharing stories of lived experience, challenging stigma and encouraging honest discussions about mental health through film, spoken word, dance and music[222].

Greater Manchester-based Made by Mortals co-produce immersive media to explore and bring to life people's lived experience across a range of health and social care issues. The case studies produced as part of the process are being used in training programmes for NHS and social care staff and volunteers, fostering a deeper understanding and emotional connection with lived experience, and reflective discussion around the provision of care and support. The 'Hidden' project uses an immersive blend of audio and film experiences designed to invite listeners into the lives of fictional characters. These characters, carefully devised in collaboration with the community, encounter moments of crisis and transition. By stepping into the shoes of these characters, listeners are afforded the opportunity to reflect on their own circumstances while developing empathy and understanding[223].

Creative health and clinical priority areas

We have seen in Section 1 how creative health can contribute to the prevention, management and treatment of the most prevalent health conditions. It can also be applied to the clinical priority areas of the Core20PLUS5 to improve health outcomes and reduce inequalities. These include maternity, chronic respiratory conditions, severe mental illness, early cancer detection and hypertension. Creative activities, particularly those using culturally

Our Room Manchester – A creative community for male, trans and non-binary people who sex work

Our Room Manchester is an arts and social care charity, working with people who have multiple and complex needs, specifically supporting male, trans and non-binary sex workers. Creativity is at the heart of the organisation, in the belief it has the power to transform people's lives. Participants have often experienced significant trauma and their experiences of traditional services have not always had positive outcomes. Through playfulness, challenge and creative adventures, ORM offers people a safe and welcoming space in which to try new things and become inspired, as well as a chance to process their experiences through creativity.

ORM works alongside some of the biggest cultural and arts organisations in Greater Manchester to produce and showcase public-facing art events, as part of a long term programme 'Playing with Fire'. One of the projects, 'Consumed' explored relationships that have consumed us for better or for worse, and looked at how we sometimes play with fire in our interactions with others.

'Consumed' offered participants a distraction from their often difficult lives, and an opportunity to learn new skills and improve physical wellbeing through dance. It aimed to empower participants and give them agency in their own lives and, ultimately, to build a supportive community, which improves wellbeing. During the development of 'Consumed,' participants were invited to share their experiences of different types of relationships and given tasks to create their own short pieces of movement. Participants created the final dance by collaborating with one another. This presented challenges, but in overcoming these, a sense of community was developed. Social care support is knitted into projects. A support worker is present in every session but people are not asked a list of questions, which could potentially be re-traumatizing. Rather the process of identifying what support someone needs is truly person-centred.

appropriate art forms can be used to engage people who may otherwise face barriers to accessing services or experience inequalities in relation to these conditions. For example, Live Music Now's Lullaby Project pairs new mothers and families with a musician to write, sing record and perform a personal song for their child. In Toxteth, Liverpool, the programme worked with mothers from the South Sudanese Community in partnership with Cheshire and Merseyside Women's Health and Maternity NHS Network to support mental health and child-parent bonding, and to form new links between participants and family engagement services and build relationships and trust with healthcare services[224].

A specific target of Core20PLUS5 is to reduce inequalities faced by people living with severe mental illness (SMI), ensuring access to annual health checks. South West Yorkshire Partnership NHS Foundation Trust used creative co-production to work with people with SMI to redesign an illustrated invitation to attend the service. In doing so they significantly increased uptake of the service from around 10% to around 60%, and had a positive impact on participants in the codesign process.

One of the participants of the Calderdale design group said:

"The SMI project has been an essential component in my journey, it has a made a significant difference to how I coped and travel on the ongoing journey towards recovery. The end productions of our work are like a trophy. I'm proud of what we have made collectively. Losing my financial security (income) made me feel such a failure. The SMI group/project gave me my voice back."

The social determinants of health and community and place-based approaches to tackling health inequalities

The Core20 of the Core20PLUS5 approach refers to the most deprived 20% of the nation's population, as defined by the Index of Multiple Deprivation. We know that living in an area of deprivation is associated with shorter life expectancy and poorer health outcomes, linked to the social determinants of health. Poverty itself is a social determinant of health, leading to stress and anxiety and impacting health behaviours[225].

Creating healthy and sustainable places and communities, alongside a focus on preventing ill health, is a key policy objective outlined by the Institute for Health Equity for reducing health inequalities[226]. Community engagement, social cohesion and building social capital can go some way to mitigating the detrimental impact of deprivation. For example, work by the APPG on Left-behind Neighbourhoods finds that where civic assets, community groups and opportunities for connection are absent, communities are less resilient and health outcomes are poorer, even within deprived areas[227].

The NHS has a significant role to play in addressing this aspect of health inequalities, as an anchor organisation, adding social value in local communities, and by forming sustainable partnerships at place. However, tackling health inequalities and preventing ill health requires a whole system, population health approach to be effective. A strong evidence base from the fields of population health and community development outlines the importance of whole system and community-based approaches to reducing health inequalities[228,229]. National Institute for Health and Care Excellence (NICE) guidance on community engagement to improve health and wellbeing and reduce health inequalities recommends ensuring 'local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives' as best practice[230].

Creative health should be considered a vital component of this approach. The APPG on Arts Health and Wellbeing Inquiry Report '*Creative Health*' describes creative health as a holistic, asset-based and health-creating approach[231]. Applied outside of healthcare settings in places and communities, creative health influences and interacts with the social determinants of health to improve the environments in which people live and health outcomes.

Building empowered communities

The wellbeing benefits of creative health can be felt at community as well as individual level. Studies show that participatory arts can increase social capital, encourage connection, and promote greater civic and community awareness[232,233,234].

Creative approaches can also be used to facilitate the inclusion of marginalised groups, reducing stigma, improving social cohesion and promoting feelings of belonging[235]. Interventions, including arts-based interventions, that improve a community's sense of agency and control have been found to improve community wellbeing[236]. Heritage programmes can have physical and mental health benefits for individuals, and also bring improved social relations, and a sense of pride and belonging in place[237,238].

Place-based arts interventions such as community festivals and cities of culture as well as participatory arts and place-based culture and heritage interventions, have been shown to add social value through a range of wellbeing measures, and offer the potential to reduce health inequalities through the development of social capital, social interactions and sense of community[239].

Creative activities can also be a stepping-stone to further community action, empowering communities to tackle the issues most important to them, such as crime, anti-social behaviour and housing.

Regeneration and cultural placemaking

Creative health has been used effectively at a local and regional level as part of regeneration and cultural placemaking initiatives, using creativity and culture to improve neighbourhoods, engage residents and generate a sense of ownership and pride of place. A 2022 DCMS Select Committee report *'Reimagining Where We Live – Cultural Placemaking and the Levelling Up Agenda'* reflects

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East Marsh United – Creativity, community power and addressing the social determinants of health

East Marsh United (EMU) is a resident-led community group from the East Marsh of Grimsby, statistically one of England's most deprived wards. All work is designed to improve the lived experience of the residents and to grow community voice and power through partnership work, activity and development planning. EMU delivers projects that create community cohesion, and address inequalities to improve wellbeing and life expectancy.

Community arts and events delivery sit at the heart of all EMU do and they recognise the richness of the arts in engaging the community not just in positive activity but in meaningful dialogue. People come to sessions and as well as being creative they engage in important conversations, seek help and support, learn from each other and form friendships. This builds community cohesion. Working with small groups has brought about big changes for both practitioners and for those participating in the work. There has been a growth in confidence through engagement and of people making lasting commitments to projects. The writing group and choir are examples of creative spaces for safe expression and joyful creative activity.

EMU's work is underpinned by core values of empathy, openness and trust. They believe that standing alongside people, working with them and not 'doing to' them is critical to success. EMU now provides opportunities designed to work towards creating a socially, economically and environmentally sustainable community, delivering work across housing and homes, community outreach, greening the neighbourhood, developing a community pub, and education and wellbeing. They are developing a community plan in partnership with the council and a community wealth building plan to work towards better housing, employment and opportunity for the coming generation.

Until EMU began work in 2017, local people were isolated in a community where violence, crime and fear had forced them behind their front doors. EMU works to create a safer space to live and has engaged and involved hundreds of local residents in activities, working with their many partners to overcome barriers to involvement.

"The arts project has not been an add-on. It has been central to all that we do – informing our practice, and creating opportunity and joy for people in the community who benefit little from local or national cultural spending or investment." – Josie Moon, East Marsh United, Health Inequalities Roundtable

evidence that the arts can also influence civic participation, social cohesion, diversity and inclusion, public health and wellbeing, reducing isolation, loneliness and exclusion[240].

Historic England manages Heritage Action Zones and High Street Heritage Action Zones, transforming historic environments and high streets to fuel economic, social and cultural recovery. In Kirkham, Lancashire, one of the areas to receive funding through the High Street Heritage Action Zone programme, work is underway to revitalise key buildings, enhance the public realm and improve the appearance of shops and streets[242]. Part of the initiative is a Kirkham Heritage Health and Wellbeing programme to engage more people with heritage and improve health and wellbeing through the provision of culture, heritage and wellbeing activities. This programme linked to a social prescribing initiative which connected people to activities such as gardening and nature, textiles and art, cookery, exercise and heritage walks, all with an emphasis on local heritage. Evaluation found that this built positive partnerships between local organisations and assets, and helped participants to form new relationships, increasing social connectedness and 'community spirit'[243].

Early years and education

In addition to its role in empowering communities, creative health can influence the social

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Heart of Blyth (Northumberland County Council) - Cultural Placemaking to reduce inequalities and improve health outcomes and quality of life

Cultural placemaking and creative health are central to Northumberland County Council's regeneration programme for Blyth. This programme exemplifies what can be achieved through a systems-wide approach incorporating culture and creativity in all aspects of local decision-making, and the benefits of using creative approaches to engage local residents, facilitate co-production and regenerate deprived neighbourhoods. Areas of Blyth have very high levels of income deprivation, impacting quality of life and life chances. These areas also experience health inequalities, high levels of crime and antisocial behaviour, and the town centre is struggling, with many empty shops.

Heart of Blyth is a 4-year project (2022-26), attracting a combined total of £1.8m funding which combines a Shaping Places for Healthier Lives (SPHL) project called the Heart of Blyth with a Culture and Placemaking Programme funded by the council and a Town Deal[241].

A series of creative pilot projects will be used to capture the aspirations, knowledge and stories of local residents through creative activities including artworks, photography, video and animation. Residents will co-design and co-produce the wider regeneration programme, which will support a true sense of ownership of the projects that are developed by, for and with local people. The hope is that people will feel listened to, and empowered to have greater control over their lives and build stronger community connections and reap the positive health benefits from the projects they have helped to create, develop and deliver. Microgrants will be available to help residents to come together, with a common purpose to take more action in their local area. The creative outputs will be exhibited across the town in shop windows, on hoardings, on bus stops and on banners as the programme develops, turning the town into a gallery. A year-round public arts and events programme will be embedded into new, quality public realm as part of a culture-led regeneration of the town centre and will inform the development of a new Culture Centre with wellbeing and creativity at its heart.

This approach combining culture and creativity with health is embedded across Northumberland County Council, through the Cultural Strategy 'Our Creative Landscape'. Health and Culture intersect - the cultural strategy has a health and wellbeing goal, and the 2019 Director of Public Health Annual Report focussed on creative health, including the potential for cultural activities to engage and empower people and communities and ultimately reduce inequalities.

determinants of health to reduce inequalities. For example, early years and education are strongly associated with future health outcomes. Given the impact of the social determinants of health accumulate over the life course, giving every child the best start in life will have the biggest influence on future life opportunities and health outcomes[244]. Music and reading support social and language development in children and we have seen already how creativity can support mothers and babies in the perinatal stage.

Schools have a vital role to play in providing children with access to creativity. In Section 3.3 we will show in detail how creativity as part of the school day improves social, developmental and educational outcomes, but also supports the mental health and wellbeing of the child. Creative activities build skills and confidence that can lead to employment and social mobility, and creative health can be employed in the workplace to support mental health and wellbeing, as we have seen increasingly in the NHS. Conversely, a thriving creative health sector provides employment and professional development opportunities for creatives and creative health practitioners. Aligning strategies on creative industries, culture and health at place, as in the West Yorkshire Combined Authority (Section 4.2) will have cross-sectoral benefits.

Equitable access to culture and creativity

Given the health and wellbeing benefits we have already set out, as well as interacting with the social determinants of health, creativity can be considered a determinant of health in its own right, and therefore access to creativity and culture must be equitable in order to avoid reinforcing inequality. We know there is a social gradient in cultural engagement, and that people from minoritised groups can face barriers to access. A lack of diversity across creative industries and in the creative health workforce has also been noted[246]. The work of the MARCH Network in relation to mental health (explored in Section 3.1) has shown that creativity and culture can have a greater impact on people from areas with higher levels of socio-economic deprivation, but that these people may also be less likely to engage[247].

Galleries, libraries, museums and heritage sites are increasingly engaging with diverse communities as part of health and wellbeing initiatives. Targeted interventions in the communities least likely to access creative and cultural opportunities have shown positive outcomes. Arts Council England's Creative People and Places programme aims to address the gap in arts and cultural engagement in parts of the country where it is significantly below the national average, with an investment of £108m over the first ten years[248]. As part of this scheme, the Bait programme, delivered by Museums Northumberland, aimed to;

"...create a long term increase in levels of arts engagement, driven by the creativity and ambition of people living in South East Northumberland, having a demonstrable effect on the wellbeing of local people and levels of social energy and activism within communities and the means to sustain those changes in the future[249]."

The 10-year programme not only increased participation, but had positive impacts on wellbeing of participants and gave people a wider range of transferrable skills which has allowed them to go on to run their own arts projects[250].

Co-location of activities can help bring people into settings they may not otherwise access, and can provide links to other opportunities or public services. Diverse programming and active outreach into neighbourhoods or communities that are less likely to engage can also be an effective way of improving creative and cultural engagement.

Social prescribing recognises the impact of the social determinants of health, and links patients to community-based activities which can address the non-medical factors that affect their health and wellbeing. This is one way in which people who may be less likely to access cultural and creative opportunities can be made aware of available programmes and encouraged and supported to participate. For social prescribing to address health inequalities, people most at risk of inequalities must be accessing this referral route, and appropriate community provision must be available to link out to. The National Academy for Social Prescribing (NASP) Thriving Community Fund helped to build up this community offer in neighbourhoods most

impacted by COVID-19 and found community programmes an effective way to engage people, and that trusting relationships between community-based organisations can be an important resource for improving health outcomes[251].

Maximising the potential of creative health

Creativity improves wellbeing, builds skills and confidence and develops agency. Engaging with creativity can empower people to make positive changes in their own lives, including health behaviours. When applied in community settings it can spark the relationships, trust, sense of ownership and momentum required to address other issues such as housing and crime, and build the local economy.

Assets-based approaches led by communities are vital to reducing socio-economic inequalities. There is much that communities can do, but support is required from statutory services. Short term, project-based funding and competition for resources is a limitation for many community-based and creative health organisations, and there are actions that can be taken at scale to create the conditions in which community-led approaches can thrive. This is different from the top-down approach of 'doing to' communities, but rather asks what help communities need to implement the changes they would like to see.

Supporting infrastructure and frameworks can be put in place at scale. There is a role for local authorities and health systems here. Where such an approach has been taken, the benefits have been felt by individuals, communities and systems alike. However, this is by no means universal and there is more that ICSs can do to ensure that community and lived experience perspectives are fully represented in decision-making and that community-based organisations that understand the needs of their communities are trusted, supported and resourced to put effective solutions into practice.

Place-based approaches which incorporate creative health have the potential to not only improve health and wellbeing outcomes and reduce inequalities, but also to lead to a flourishing local economy. This link is increasingly recognised in local cultural strategies and across public and population health. The Greater Manchester

> " We've absolutely got to shift away from a defect model to an asset-based approach to health…What can communities do for themselves? What can communities do with a little bit of help from us? And what are the things that communities can't do and have to be done by statutory organisations?"

Liz Morgan, Former Director of Public Health,
Northumberland County Council,
Health Inequalities Roundtable

Creative Health Strategy, for example, takes a specific focus on health inequalities, aligning with the Combined Authority's aims to become a greener, fairer and more prosperous city region[252]. The strategy highlights the role of creative health in addressing inequalities across the life course, and puts forward a framework through which this can be achieved.

Creative health can support Integrated Care Boards to meet their duty to address health inequalities and the NHS to implement the Core20PLUS5 framework through its impact in the most socio-economically deprived areas but also working to address systemic racism and barriers to access for inclusion health groups through initiatives that reduce stigma and discrimination and the co-design of culturally appropriate and accessible health services.

Tackling health inequalities requires a whole system approach, which addresses the social determinants of health, as well as offering targeted approaches in populations experiencing poorer health outcomes. A cross-governmental approach, considering the role of creative health across all policies, will model and facilitate cross-sectoral working across all levels, and establish a coherent approach to reducing health inequalities.

Art at the Start – Embedding arts-based approaches within arts venues as a referral route for peri-natal infant mental health to provide early and equal access to creative health.

Art at the Start, a collaborative project between the University of Dundee and Dundee Contemporary Arts, has been offering a range of arts-based interventions to promote the mental health and wellbeing of parents and 0–3-year-old infants since 2018. These include art therapy sessions, targeted outreach, public messy play sessions, and art boxes for use at home to support vulnerable families during COVID-19 lockdown. The programme focusses on reaching families vulnerable to poor attachment relationships and facing multiple deprivations and mental health difficulties as well as encouraging all families to engage in interactive play through shared art-making.

In the art therapy sessions, the infants were found to be wide open to the process of art making, of receiving help, of feeling connected, and working together in a manner that all the grown-ups involved in the project could see and learn from. It was clear that infants were available for emotional connection when this was offered, and consequently very small changes in behaviour from their important adults that offered more connection potential, had a large impact. The art making process was a perfect vehicle for this increased connection. In a control trial using evaluation measures before and after attending, significant improvements were shown in the parents' wellbeing, as well as a significant improvement in a measure of how they perceived their relationship with their baby, and observable changes in behaviour[245].

"I felt that we were more bonded, it felt that he liked me and that he was enjoying playing with me." – parent who attended art therapy group

As part of the Mobilising Community Assets to Tackle Health Inequalities research programme, Art at the Start was scaled up to new gallery sites across Scotland, feeding into current governmental and NHS drives to offer diverse and sustainable perinatal and infant mental health provision. Using a participatory action research model, the University of Dundee research team employed and embedded arts therapists within four arts galleries across Scotland (Dundee Contemporary Arts; Tramway, Glasgow; Taigh Chearsabhagh Museum and Arts Centre, North Uist; Dunfermline Carnegie Libraries and Galleries, Fife) to deliver therapeutic and participative opportunities to harness the public health value of increasing access to the arts. The research team also trained and supervised art therapists within two externally funded satellite sites using the same model (NHS Lothian community perinatal team within the Fruitmarket gallery in Edinburgh; CrossReach perinatal support charity within the National Museum of Scotland, Edinburgh). The therapeutic interventions took self-referrals, referrals from health visitors, family nurse teams, educators, third sector teams and NHS perinatal and/or infant mental health teams in their respective areas. The results showed that the approach could be replicated elsewhere, and again showed improvement to wellbeing, perception of the relationship, and an increase in the positive developmental and relational opportunities for the infants.

The project has highlighted how art making can help infants to see their own agency through mark making and can offer them a vehicle for early communication. Art at the Start have been actively involved in the development of the Scottish Government Voice of the Infant Best Practice Guidelines and Infant Pledge. The Voice of the Infant best practice guidelines provide direction on how to take account of infants' views and rights in all encounters. They offer suggestions on how those who work with babies and very young children can notice, facilitate and share the infant's feelings, ideas and preferences that they communicate through their gaze, body language and vocalisations. Art at the Start are proud to be included as a case study of best practice in this documentation, representing their commitment to supporting equity of all voices in parent-infant relationships.