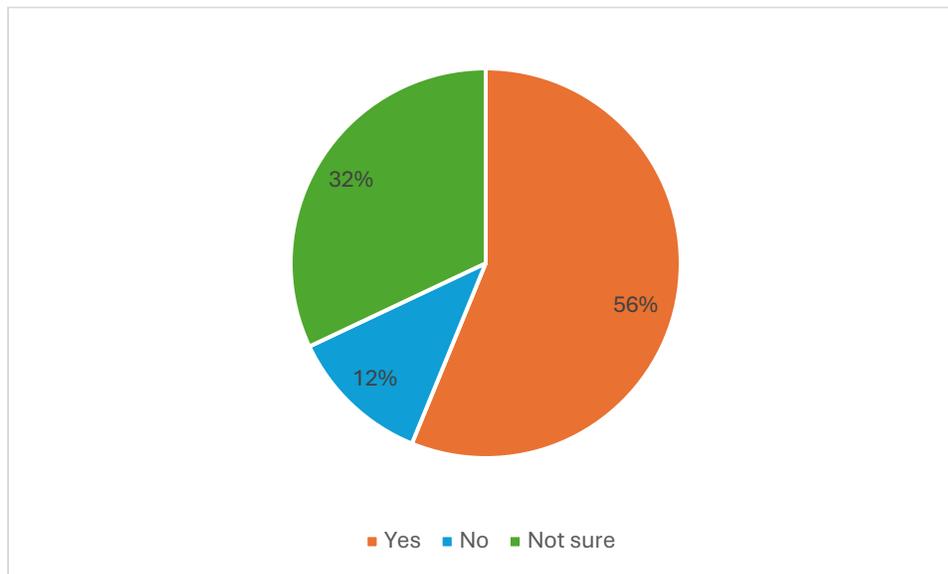


In the last year, has your work impacted or related to health inequalities?



Over half of respondents felt their work has impacted or related to health inequalities. It's worth noting occasional examples where 'yes' answers don't clearly relate to health inequalities; for example, describing work with "many people with health issues". But these are rarer than in the previous survey. A third are not sure whether their work relates or not.

Tell us more...

This is an AI summary of the responses using Microsoft copilot so may not be completely accurate.

- **Support for mothers and early-years families**, including those experiencing postnatal mental health challenges, through breastfeeding/bottle-feeding work and safe creative spaces.
- **Delivery of community learning groups, prevention programmes, and network meetings** focused on health, wellbeing, and creative engagement.
- **Work situated in areas of high deprivation**, where many participants face barriers to healthcare access and broader social inequalities.
- **Significant engagement with people from minority ethnic backgrounds**, including culturally relevant creative health programmes and high participation from non-white British communities.

- **Focus on mental health inequalities**, especially for people unable to access NHS support, those “falling through the net,” or those hesitant to engage with traditional services.
- **Strategic efforts to address health inequalities** across regions through targeted programming, research, and place-based creative health initiatives.
- **Creative programmes supporting older adults, people with dementia, and those in care homes or SEN schools**, improving wellbeing, reducing isolation, and increasing inclusion.
- **Projects centred on socioeconomic inequality**, including work in low-income areas, rural communities, job centres, and with people experiencing poverty or deprivation.
- **Engagement with asylum seekers, refugees, migrants, LGBTQ+ communities, and people with intersecting marginalisations**, supporting trust-building and improved access to health-related resources.
- **Use of creative health approaches as accessible, low-barrier alternatives** while people await formal treatment, such as music programmes, arts therapy, storytelling, and creative workshops.
- **Data collection and research contributions** examining creative health outcomes, utilisation of health services, and systemic inequalities.
- **Attention to inequalities in diagnosis and access**, including dementia, women's health, cancer care for young adults, and hidden disabilities in minority communities.
- **Creative initiatives improving community cohesion**, such as local storytelling groups, pop-up studios, and arts-based community development.
- **Advocacy for more equitable arts and wellbeing provision**, including funding efforts, transport assistance, free materials, and hybrid delivery to reduce barriers.
- **Work with people with long-term conditions**, disabilities, respiratory illnesses, neurodivergence, or transitioning from paediatric to adult palliative care.
- **Emphasis on early intervention**, especially for children, young people, and communities at risk of poor health outcomes.
- **Recognition that creative health can challenge systemic inequalities**, support identity, and provide culturally grounded therapeutic spaces.