Evidence brief: inequalities in accessing arts and culture for health and wellbeing

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Introduction
This briefing describes key headline findings from the Social Biobehavioural Research Group’s research into inequalities in people’s ability to access the arts. The findings here are taken from our longer report, *The Impact of Arts and Cultural Engagement on Population Health: Findings from Major Cohort Studies in the UK and USA 2017 – 2022*, available at: www.sbbresearch.org. We encourage reading the referenced research papers in full before using findings to develop policies or services.

Headlines
Our work identified clear inequalities in people’s access arts and cultural activities:
- People from poorer socioeconomic backgrounds had lower arts and cultural engagement.
- Sex, ethnicity, marital status, childcare responsibility and age were all linked to engagement in arts and cultural activities.
- Individuals living in the most deprived areas of the UK had lower engagement with arts and culture, compared to those living in more affluent areas.
- Poor mental health was linked to difficulties in engaging with the arts.
Background

A large body of evidence exists for the role that the arts can play in preventing and managing ill health (1). However, our research has shown that whilst many people in the UK participate in creative activities from time to time, only 10.3% of adults regularly participate in the arts and only 18% of adults are frequently engaged in cultural activities (2). Seeking to understand who is accessing the arts and benefiting from this engagement, we’ve used large datasets from cohort studies, which track the health and activities of thousands of randomly sampled people over many years and decades, to explore inequalities in access to the arts. We’ve identified predictors and patterns of arts engagement to understand what may be preventing people from engaging in arts and cultural activities.

Geographical barriers

Our findings show that those living in the 10% most affluent areas were 21% more likely to engage in the arts than those living in areas of medium deprivation, and twice as likely to engage in cultural activities. Conversely, people living in the 10% most deprived areas were 17% less likely to engage in the arts and 64% less likely to engage in cultural activities than people living in areas of medium deprivation (3), suggesting that engagement is linked to the affordability of activities for the people living in that area. There were also geographic differences independent of socioeconomic position: those in the North of England were 14% less likely to engage in the arts and 20% less likely to engage in cultural activities than those in the southern regions, and arts and cultural engagement were higher in the countryside than in industrial areas (3). This may be due to greater availability of cultural assets, such as heritage sites, in rural areas. Our findings suggest that availability of arts/cultural activities and ease of access are key.

These inequalities are particularly important in terms of public health, as we found that people from poorer neighbourhoods appear to enjoy more of the positive health effects when they did engage in arts and culture than those from richer neighbourhoods (4). So, those who may stand to gain the most health benefits from arts and cultural engagement have the least access.

Socioeconomic and demographic barriers

Beyond geography (but often linked to it), our findings highlighted clear socioeconomic and demographic barriers to engaging with arts and culture:

➢ **Education and occupation:** People living in areas with lower levels of education and lower occupational status were less likely to participate in the arts (5). However, when they did engage, we found that people from lower socioeconomic backgrounds made greater use of the arts to regulate their emotions, which we know is key to supporting better mental health (6).

➢ **Sex:** Men were less likely to participate than women (2, 7).

➢ **Ethnicity:** People from ethnic minorities were less likely to engage in arts and cultural activities compared to people from white backgrounds (2).

➢ **Childcare and marital status:** People caring for children (2) or those who were married (7) were also less likely to participate.
➢ **Age:** Older people were less likely to participate in arts activities compared to younger people but were more likely to engage frequently in cultural activities (2). Our findings suggest this may be because cultural engagement becomes more affordable in later life (8).

**Health barriers**

We found that people with poorer health faced more barriers to engaging in the arts (9). People with poorer mental and physical health who did not regularly engage in the arts perceived themselves to be less capable of taking part in arts activities and people with poorer mental health were less motivated to engage, regardless of whether they had opportunities to do so (9). Those who were lonely felt there were fewer opportunities for them to engage (9). We also found that individuals who were less happy were less likely to take part in cultural activities (10). However, this was partially explained by the fact that people with lower levels of happiness also had lower socioeconomic position and education levels, which is linked to lower cultural engagement (10).

**Young people and schools**

Our findings show that while children from poorer socioeconomic backgrounds engaged less in arts and culture outside of school compared to children of more advantaged backgrounds, inside schools there was no difference (11). This suggests that schools are key to removing barriers to arts participation.

**Policy and practice considerations**

➢ To address inequalities in access to the arts, people need more consistent and accessible arts and culture provision throughout our lives, in schools, communities, workplaces and even clinical settings.
➢ We would also welcome more place-based arts projects and funding schemes, with a particular focus on those groups of people accessing arts and culture less: parents/carers, people from ethnic minority backgrounds, men, people from lower socioeconomic groups and poorer neighbourhoods.
➢ Since our work has shown that people living in more deprived areas may benefit even more from arts engagement than those in more affluent areas, the arts could play a role in reducing local health inequalities. Targeted action is needed to improve arts provision and access in less affluent areas.
➢ Creative social prescribing schemes may also facilitate and encourage better access to arts projects for those who may otherwise feel less able to engage, such as people suffering from loneliness, depression, and anxiety.

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References


