National Centre for Creative Health

What the Milburn Review means for creative health

On 17th November 2026, the Government published *From a Welfare State to a Working State* (1) – better known as 'the Milburn Review'. Commissioned in November 2025 by Pat McFadden, the Secretary of State for Work and Pensions (2), the Review was led by the Rt Hon Alan Milburn, a former Labour Secretary of State for Health, and it focuses on young people who are not in education, employment or training (NEET). Young people who are NEET currently number nearly one million, or one in eight of those aged 16 to 24 (1, para 6). The Review sets out a ten-year plan to reduce that number.

Top level take away

The Review's proposed model of mental health support would make social prescribing 'a core service' for young people, with creative arts named among the activities it should offer (1, para 577).

Its central shift is to judge public services, including the NHS, by whether young people stay in or return to learning and work. This gives creative health a new route into health commissioning, provided the field can show how its work supports participation as well as wellbeing.

The Review also highlights arts education, and defines work readiness to include 'communication, collaboration and creativity' (1, paras 419 and 436), closely mirroring the transferable skills set out in NCCH's Youth Creative Health briefing for DCMS (3).

The basics: what is the Milburn Review?

The Review's interim report, published in May 2026, set out the scale of the problem, and this final report turns to how it should be solved (1, para 3). It describes the situation as 'a whole system failure' (1, para 24) and makes recommendations across five areas: the youth labour market, education, health, welfare, and the way that local services are organised (1, para 41).

Most young people who are NEET are economically inactive, and six in ten have never had a job (1, para 6). Health is a large part of the story. Nearly three in ten NEET young people say that disability or ill health is the main reason they are not in education, training or work, and the share of disabled NEET young people who name mental health as their main health concern almost doubled between 2011 and 2025, from 24.3 to 42.6 per cent (1, paras 510 and 511). In the Review's survey of nearly 3,000 young people, 48 per cent of NEET respondents reported a long-term health condition, yet 73 per cent said they wanted to move into work, education or training (1, paras 176, 184 and 190).

The Review is independent, and its analytical annex notes that its analysis 'should not be regarded as official government analysis or as representing agreed government policy' (4). We are yet to hear the full extent of what the Government will take forward from the Review. However, with two of its core recommendations accepted on the day of publication (5), we can expect the Review to significantly shape the Government's approach to supporting young people in the years to come.

Insight 1: the role of arts and culture

The arts are named in four places. The first two concern childhood. The report argues that 'children need time and space to read, play, make friends, take part in sport, music and the arts' and that preparing young people for adulthood 'begins with allowing them to have a childhood' (1, paras 362 and 364). Citing the Education Endowment Foundation, it adds that evidence on arts participation, physical activity and oral language suggests 'a broader educational experience can support core learning as well as bringing benefits of its own' (1, para 379).

The third reference is in the school curriculum, where schools would be given 10 per cent of the Key Stage 3 timetable to use as they choose, including for 'music, drama and the arts' (1, para 419).

The fourth, and the most significant for creative health, is in the health chapter. Within a new tier of integrated neighbourhood support, the report states that 'social prescribing should become a core service to provide young people with access to activities and groups that support wellbeing, confidence, belonging and participation, including through sport, creative arts, volunteering, peer support and other community-based opportunities' (1, para 577).

The Department for Culture, Media and Sport is one of the departments to be brought into a new central coordinating function (1, para 861). In the Commons, McFadden also named the Secretary of State for Culture among the colleagues he is working with to get the reforms 'up and running as soon as possible' (5).

Insight 2: participation becomes a health outcome

The most far-reaching proposal for health is that the NHS should be judged, in part, by whether young people stay in or enter education and work. If this recommendation is accepted, from 2027, every integrated care board (ICB) – the NHS bodies that plan and buy health services for local areas – would have an explicit responsibility to reduce health-related non-participation among young people, reflected in NHS planning guidance and the NHS Oversight Framework and reported publicly (1, para 594). A new legal requirement would oblige ICBs to work with mayoral strategic authorities, local government, the third sector and other local agencies to increase youth participation (1, para 595).

The report also changes how ICBs are expected to commission. It states that the NHS 'should not assume that every problem requires an NHS service' and that ICBs 'should act as coordinators and conductors of local provision' (1, paras 575 and 576). Where a programme outside the health service is the most effective option for a young person, it says that 'local systems should be able to fund it without an unproductive dispute over whether it belongs to the NHS, education, public health or local government' (1, para 601).

These duties would be backed by changes to money and governance. ICBs would be required to fund and commission the health services needed by local Youth Opportunity Services, agreeing procurement jointly with strategic authorities, and could choose to pool budgets with them (1, para 601). By 2029, the roles of ICB chair and mayoral health

commissioner would be combined across mayoral areas, following the model already in place in Greater Manchester and South Yorkshire (1, para 598).

For creative health, this offers a clearer statutory reason for ICBs to commission community-based and non-clinical support for young people. Because the measure of success will be participation, commissioners are likely to look for evidence that activity helps young people stay connected to school, college, training or work, and evidence of improved wellbeing alone may not be enough. The report itself recognises that work and learning 'are also routes to routine, relationships and belonging', and young people told the Review that being NEET felt 'demoralising and isolating', with friends moving away and few ways to make new connections (1, para 195). This gives the field a way to connect outcomes such as connection and belonging to the aims of the Review.

Insight 3: a new model of mental health support

The report argues that the current approach to young people's mental health, which it calls 'diagnose-wait-treat', leaves too many young people waiting rather than learning or working (1, para 77). In its place, it proposes a model in which support depends on need rather than on a diagnosis, with help offered at the lowest level of intensity that is likely to work (1, paras 79 and 571).

The proposed model has four steps. It begins with a universal 'digital front door' – that is, a single online starting point for mental health support – available through the NHS App, with no referral or diagnosis needed (1, paras 81 and 559). Following that, the model connects young people to 'practical, preventative and non-clinical support' delivered through schools, workplaces and community organisations (1, paras 559 and 575). The next step is integrated neighbourhood teams in which youth workers, counsellors and peer experts work alongside primary care, followed by faster access to specialist services (1, paras 577 and 579). Early Support Hubs, which offer open-access help to young people in community settings, would be expanded to at least one in every upper-tier local authority during this Parliament (1, para 578).

This is one of the clearest openings for creative health in the report, and expanded social prescribing is listed among the measures in its funded mental health package (1, para 625). The analytical annex, however, itemises that package as Individual Placement and Support for young people, the expansion of Early Support Hubs, additional high-intensity support, and a national digital offer, and does not cost social prescribing as a separate item (4). Social prescribers appear in the annex only as part of the multidisciplinary team costed for fit note reform (4).

Two further features of the model will shape how social prescribing is used. Digital support is the default first step, and the report expects social prescribing to 'exist in part to prevent the need for more intensive clinical intervention' (1, para 586), which means it is expected to replace some clinical activity rather than add to it. The report also notes that ICBs spent just 1.04 per cent of their total budgets on young people's mental health in 2023/24 (1, para 568), so any shift towards community support is likely to compete for a small share of money.

Insight 4: two new guarantees and a Youth Opportunity Service

The Review proposes two new legal entitlements for young people aged 18 to 24. The Opportunity Guarantee would give every young person a right to a route into education, training or work, and the Support Guarantee would give them a right to the health,

employment and practical help needed to take that route up (1, para 675). The Government has said that it supports this recommendation (5). Both would be delivered through a new Youth Opportunity Service in every part of England, where a young person would meet a named adviser within 14 days and agree a Participation Plan within four weeks (1, paras 703 and 704).

The Youth Opportunity Service would be commissioned locally by strategic authorities and would not have to be run by the public sector. The report suggests that a charity, college, social enterprise or football club foundation could operate it, and that it should wherever possible work through 'places and organisations young people already know and trust' (1, paras 841 and 848). McFadden told MPs that local delivery 'can involve charities in a deeper and richer way than has been the case in the past' (5). The support it could offer includes confidence-building alongside psychological therapies and vocational rehabilitation (1, chapter 6).

Among the routes on offer would be a 13-week civic service programme, co-developed with the voluntary, community and social enterprise sector, in which young people volunteer with a charity or non-profit organisation (1, para 684). Those taking part for 8 to 24 hours a week would receive extra financial support and a certificate of civic service for their CV. The report's examples are befriending in social care, conservation, community gardening and cadets (1, para 679), and it notes that only 6 per cent of NEET young people currently volunteer or do unpaid work regularly (1, para 682). Arts and cultural organisations are well placed to host such placements, particularly creative health charities and social enterprises, and organisations that support young people and have lived experience advisory groups.

The Guarantee would also support young people who want to work for themselves. The Youth Opportunity Service could provide up to £500 to explore a business idea, those whose proposal has been assessed as viable could receive a £3,000 grant, and the Government is asked to consider a start-up period of up to 18 months for young people receiving Youth Allowance (1, chapter 6). This may be relevant to young people who want to build careers as freelance artists or creative practitioners. It also aligns with NCCH's recent evidence to a select committee inquiry on entrepreneurship and business (awaiting publication), which called for training programmes that support the entrepreneurial skills and sustainability of creative health businesses.

For the small number of young disabled people for whom paid work is not realistic, the report says that the Youth Opportunity Service should stay in contact 'to provide connection, community and access to the local services that can give life meaning and purpose' (1, para 757). This is one of the few places in the report where participation is valued without an employment goal.

Insight 5: a new benefits system for under-25s

The most debated part of the report is its proposal for a separate benefits system for young people. The Universal Credit health element and the Work Capability Assessment would be replaced by a single Youth Allowance, set at the under-25 Universal Credit rate with a higher amount for those living independently. For this age group, Personal Independence Payment would be replaced by an Additional Cost Allowance for significant and ongoing disability costs, alongside a local Health and Disability Fund and a Severe and Complex Needs Insurance for young people who are unlikely ever to be able to work (1, para 732).

McFadden told MPs that 'it's important that we put support in place before other changes take place' (5). In return for the new guarantees, young people receiving benefits would take on a duty to engage, which means being available for agreed activity, following their Participation Plan and not refusing reasonable offers without good cause (1, para 715). A

young person who persistently refuses to engage could ultimately lose their Youth Allowance, although the report says that sanctions should be rare and reviewed regularly (1, paras 717 and 718).

The report accepts that the changes 'could mean some people get less financial support at the beginning of their benefit claim than under the current system' (1, para 736). It also estimates that the package as a whole would raise young people's net incomes by over £2 billion and reduce relative poverty by 50,000 people (1, para 739). Before publication, the disability equality charity Scope described the proposals that had been trailed as 'concerning' (6), and the detailed design of the new benefits is still to be developed (1, para 751).

For creative health, a key question is how creative activity is used within Participation Plans. If attending a creative programme becomes part of a young person's duty to engage, providers and commissioners may need to agree how attendance information is shared, so that young people continue to experience the activity as voluntary and safe.

Insight 6: education, enrichment and youth work

Alongside the flexible Key Stage 3 time described above, the report proposes a new ready-for-work standard for schools from 2028, inspected by Ofsted (1, paras 440 and 441). Work readiness is defined to include 'attributes like communication, collaboration and creativity alongside practical skills' (1, para 436), and work experience would become a statutory duty on schools (1, para 431). This closely mirrors the transferable skills set out in NCCH's Youth Creative Health briefing for DCMS, which highlights communication, collaboration and creative thinking (3).

The report gives strong support to youth work, which it says plays 'a critical role' in young people's social and emotional development outside school. It welcomes Youth Matters, the Government's national youth strategy, and the Department for Culture, Media and Sport's commitment to fund 1,000 youth workers, and asks the Government to consider statutory entitlements for youth provision (1, para 414). We hope this provides fertile ground for NCCH's recent evidence to the Digital, Culture, Media and Sport Committee's inquiry reviewing the Youth Matters strategy (awaiting publication), in which we set out the importance of joined-up working between youth workers and the creative health workforce.

On a more cautious note, if the Review's recommendations are taken forward, schools, colleges and universities would increasingly be judged on where their students go next, earnings data would be shown on UCAS, tertiary funding would be directed towards Industrial Strategy and public service priorities, and funding would be reduced or withdrawn for low-quality courses at poorly performing institutions (1, paras 442, 486, 489 and 490). Depending on how outcomes are measured, these changes could put pressure on arts and humanities provision in further and higher education. At NCCH, we believe it is important for creativity to be valued as a skill and protective factor that equips young people for a wide range of careers, not only those in the arts. Furthermore, as we outlined in our evidence to the entrepreneurship and business inquiry, the Baumol effect – which explains why costs rise faster in labour-intensive services where productivity cannot easily grow (7) – shows why we must take extra care when comparing relational industries, such as culture, health and creative health, with more scalable industries such as software, technology and e-commerce. Without such care, relational industries risk being valued only for their financial returns rather than their public value.

Insight 7: power moving to mayors and local areas

The Review proposes that mayors and strategic authorities take responsibility for youth participation from age 16 to 24, through Area Youth Participation Plans co-created with councils, the NHS, schools and colleges, employers, the voluntary and community sector and young people (1, paras 863 and 866). Funding would be devolved through Participation Agreements lasting at least three years, because 'local organisations cannot build relationships or retain skilled staff through a revolving door of annual grants' (1, para 884). NCCH has long advocated for multi-year funding to reduce the precarity that short-term contracts create across our sector. Whilst this funding is targeted at strategic authorities rather than providers, we welcome the Review's recognition of the precarity that short-term contracts can cause and the need to build relationships and trust.

The Review also found that need is concentrated in particular places. Eight of the ten English local authority areas where young people are most likely to be NEET are in the North and Midlands, and all ten fall within mayoral strategic authority areas (1, para 895). Every plan would need sections on priority groups, including disabled young people, care-experienced young people and those facing multiple disadvantage (1, para 870).

What happens next

The Government has said that a White Paper will be published in the new year, followed by legislation (5), which Parliament will debate and scrutinise before any changes take effect. Select committee chairs have already raised questions about the plans, including their sequencing and evidence base, and signalled that they will scrutinise them (5).

References

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Find out more:

To find out more about the content of the Milburn Review, along with the Government's response so far, you can visit these pages.

The launch event for the review: https://www.youtube.com/watch?v=F6Ka8EYnMVk

McFadden's written statement responding to the review: https://questions-statements.parliament.uk/written-statements/detail/2026-11-17/hcws479