



NCCH submission to the Casey Commission

December 2025

The National Centre for Creative Health (NCCH) welcomes the establishment of the [Independent Casey Commission on Adult Social Care](#) and its ambition to set out a credible, phased pathway towards a National Care Service. We recognise the Commission's dual focus on immediate, data-driven reform and longer-term transformation, and its commitment to productivity, prevention, and giving people who draw on care, alongside families and carers, greater power within the system.

As a charity working at the intersection of health, social care, culture and communities, [NCCH](#) is particularly interested in how adult social care can better harness preventative, relational and community-based approaches that reduce avoidable demand, support workforce sustainability, and improve quality of life. This submission offers evidence-informed insights on where creative health is already contributing to these aims, and where structural barriers currently limit its impact, in support of the Commission's goal to deliver tangible, affordable improvements for the public over the coming decade.

Three examples of things that work well or new ideas we have seen in adult social care

Social Connection, Belonging, and Inclusion

Across adult social care, some of the most effective and humane support emerges where people are enabled to reconnect – strengthening social connection, belonging, and inclusion, and preventing mental ill-health.

The following examples illustrate how Creative Health supports connection across a range of adult social care priorities and targeted participants.

Creative approaches to social support and companionship, such as Creative Shift's Arts on Referral programmes, demonstrate how shared creative activity can reduce loneliness and foster peer connection in accessible, non-stigmatising ways, particularly for people who may not engage with traditional services (find out more here:

<https://www.creativeshift.org.uk/our-groups>).

For people experiencing homelessness, artist-led programmes embedded within homelessness services show how creativity can build trust, confidence, and sustained engagement. One example is North East London's Health Inclusion Team, who used theatre to help level power dynamics between participants experiencing homelessness and the workforce supporting them (see here for more information:

<https://www.youtube.com/shorts/SH-gYYUgHNs>).

Creative Health approaches have also shown particular value for older adults affected by loneliness, bereavement, and changes in mobility or role. Programmes such as The Albany's Meet Me sessions bring older people together through facilitated arts activity in a supportive community setting (for more information, visit: <https://www.thealbany.org.uk/take-part/meet-me>). Similarly, Create Arts works with vulnerable and isolated older people across the UK, delivering artist-led activity in day centres, care homes, and community venues (see: <https://createarts.org.uk/our-projects/with-vulnerable-older-people>).

Together, these examples show how Creative Health can act as a relational bridge into wider social care and community support, strengthening dignity, inclusion, and wellbeing across adult social care.

Addressing the behavioural and social aspects of prevention and reablement that clinical services miss

Adult social care has long recognised that independence is shaped not only by physical capability, but by confidence, motivation, routine, and social connection. Creative Health is strongly aligned with this approach, offering practical ways to address the behavioural and social dimensions of prevention and reablement that clinical services alone cannot fully reach.

A great example of creative reablement is Artlift's ICU Leavers programme, which offers 10-week creative-arts courses for adults discharged from intensive care following support with COVID-19, diabetes, stroke, etc. The course helps participants to process trauma, rebuild wellbeing, and connect socially with others who share their experience. By combining creative support with a personalised 'Move On' plan, the programme helps participants regain agency, routine and social connection post-hospital discharge (for more information, visit: <https://artlift.org/artlift-programmes/icu-leavers/>).

Similarly, falls prevention programmes that integrate creative activity – such as Aesop's *Dance to Health* programme – have shown strong outcomes. These evidence-based dance programmes improve balance and strength while also addressing confidence, fear of falling, and social isolation. Crucially, they achieve higher engagement and adherence than purely exercise-based interventions, reducing falls risk and delaying the need for increased care (to find out more, visit: <https://dancetohealth.org/about-us/our-impact/>).

These examples illustrate how Creative Health supports reablement and prevention not only through physical outcomes, but by addressing the behavioural and social determinants that underpin independence. When creative approaches are integrated in this way, they deliver better engagement, improved outcomes, and better value for money: key priorities for adult social care systems under pressure.

Support for people with autism and/or learning disabilities

Creative Health offers compelling examples of best practice in support for autistic people and people with learning disabilities. Organisations such as Heart n Soul demonstrate how social care can move beyond deficit-based models towards approaches rooted in identity, agency, and community. Through inclusive arts programmes spanning music, visual art, radio, and social spaces, participants are supported not as service users, but as artists, leaders, and contributors (for more information, see: <https://www.heartnsoul.co.uk/about>).

Heart n Soul's long-term partnerships with the Wellcome Collection illustrate the power of co-design done well. Projects such as Believe is Us took a radical approach to redesigning health services alongside people with learning disabilities and autistic people, embedding lived experience into decision-making rather than treating it as consultation (see here for details: <https://www.believeinus.co.uk/>). Research partnerships such as Heart n Soul at the Hub also developed accessible ways of working with data, enabling meaningful participation in evaluation and learning (find out more about their co-analysis work here: <https://heartnsoulatthehub.com/making-sense-of-our-data>).

These examples show what is possible when Creative Health is treated as core social care infrastructure. They exemplify support that values voice, creativity, and belonging; that enables people to shape the systems that affect their lives.

Three examples of things that don't work well in adult social care

Care that is safe, but not always meaningful or humane

At times, adult social care succeeds in meeting physical and safety needs, yet struggles to consistently provide care that feels meaningful, relational, and humane.

In residential care settings, task-driven routines can leave residents disengaged and staff emotionally depleted. Creative programmes, such as the use of music in care homes, show how regular participatory arts can transform everyday experience – improving mood, communication, and relationships for residents, while also supporting staff morale (see here for more information: <https://www.livemusicnow.org.uk/wp-content/uploads/LIVE-MUSIC-IN-CARE.pdf>).

In dementia support, services can become overly focused on risk management, at the expense of identity and connection. Dementia-friendly museum programmes offer a powerful alternative, enabling people living with dementia to engage with culture, memory, and meaning in supportive environments. For example, 'House of Memories,' by Liverpool Museums, is a museum-led dementia awareness programme which offers training, access to resources, and museum-based activities to enable carers to provide person-centred care for people living with dementia. These include memory strolls, mobile museums, memory suitcases, and the House of Memories app (find out more here: <https://www.liverpoolmuseums.org.uk/house-of-memories>).

At end of life, care may meet physical needs while lacking space for expression, connection, and legacy. Hospice-based creative programmes restore these dimensions, supporting dignity and personhood at the most vulnerable moments of life.

<https://ncch.org.uk/blog/roundtable-on-end-of-life-care-and-bereavement>

Carer burnout undermining otherwise effective care

Unpaid carers are central to the adult social care system, yet support for carers often focuses on practical information rather than emotional sustainability. This contributes to burnout, breakdown of care arrangements, and avoidable escalation into statutory services.

Creative Health provision can address this gap by offering structured creative activity alongside peer support, providing carers with space for reflection, expression, and restoration. This supports carers' wellbeing and resilience over time. Examples include Arts Therapy provision promoted by Sutton Carers Centre (see here:

<https://www.suttoncarerscentre.org/post/art-therapy-for-mental-health-carers>), as well as tailored engagement with cultural spaces using resources such as Tate's Visiting Tips for Social Care Professionals (see here: <https://www.tate.org.uk/visit/visiting-tips-social-care-professionals>).

Creative activities for carers have proven effective. Following engagement with Create Arts' Creative:Release service, 100% of adult carers reported improved wellbeing (see here: <https://createarts.org.uk/our-projects/with-young-and-adult-carers/creativerelease/>).

Creative approaches are also used to raise visibility of carer experience through exhibitions, such as Portsmouth Carers Service's display of artwork and poetry by unpaid carers (see here: <https://www.portsmouth.gov.uk/art-exhibition-gives-unpaid-carers-the-chance-to-express-themselves/>), and to support engagement in carers strategy development, including Wiltshire Council's 2023 consultation (see here:

<https://www.wiltshire.gov.uk/article/8189/Music-and-art-helps-capture-experiences-of-unpaid-carers>).

High workforce turnover further highlights the need for preventative support. Social care careers have a turnover rate of 24.2%, rising to 29.9% for care workers (see page 6:

<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/National/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2024-Executive-Summary.pdf>). Creative wellbeing services such as Arts Care's Staff Wellbeing programme support morale, mental health, and workforce retention (see here: <https://www.artscare.co.uk/services-programmes/staff-wellbeing/>).

By recognising carers and the social care workforce as people with their own needs, Creative Health offers a preventative, compassionate approach to sustaining care and reducing system pressure.

Structural barriers prevent Creative Health from contributing fully

Despite strong evidence of impact, Creative Health provision often struggles to connect into formal adult social care structures. Lack of clear commissioning routes, inconsistent referral pathways, and short-term project funding prevent effective programmes from being embedded or sustained. Too often, creative provision is treated as optional rather than integral to care pathways. Integrated delivery systems frequently depend on the leadership of select champions rather than nationally recognised support, which risks exacerbating health and social inequalities through unequal access.

Furthermore, this fragmentation wastes opportunity. Where Creative Health is formally embedded through ringfenced commissioning, trusted referral routes, or partnerships with complimentary health and social care services, it supports engagement, independence, and wellbeing at relatively low cost. Addressing these structural barriers would allow adult social care to make better use of proven community assets and unlock preventative value at scale.

Three examples of things that waste time, money, or effort in adult social care

Overlooking community and voluntary sector assets

When existing community and voluntary sector provision is overlooked, statutory services are left trying to meet complex social needs alone. This duplication wastes resources and limits impact. Creative Health is one such overlooked service, that sits among a plethora of community assets that support care priorities. Better support- and use- of these community assets could extend capacity, strengthen prevention, and reduce pressure on formal care.

Workforce turnover costs

High turnover in adult social care leads to repeated recruitment, training costs, and loss of experience. Creative Health programmes that support staff wellbeing, reflection, and connection help reduce burnout and improve retention – making better use of limited resources.

Short-term commissioning that prevents learning

Repeatedly funding short-term pilots of Creative Health without embedding what works wastes evaluation effort and prevents long-term value. Continuity is important for outcomes to stabilise, learning to accumulate, and preventative impact to be realised.

Additional files:

Creative Health Review: How Policy Can Embrace Creative Health

Chapter 3.4 Creative Health in Social Care

<https://ncch.org.uk/uploads/Creative-Health-in-Social-Care.pdf>

A Manager's Guide to Arts in Care Homes: Why and how to develop arts activities in your care home

<https://baringfoundation.org.uk/resource/a-managers-guide-to-arts-in-care-homes/>

Every care home a creative home: A systems approach to personalised creativity and culture

<https://baringfoundation.org.uk/resource/every-care-home-a-creative-home/>