Setting the Course for the Future of Nursing and Midwifery

At NCCH, we play a role in raising awareness of 'creative health'. This includes 'creative health activities' (e.g., engaging in the arts) where the activity directly benefits the health or wellbeing of individuals or populations, and 'creative health approaches' (i.e., innovating healthcare) where the focus is more on systems change and evolving cultures of care. Here we outline examples of how creative health could feature in the future of nursing and midwifery.

1. Working in neighbourhoods and communities

a. What do you see as the opportunities for nursing and midwifery in this area?

Regarding work in neighbourhoods and communities, nurses and midwives are often one of the most trusted health professionals. Creative health expands this role by giving them new tools to build relationships, address social determinants, and improve wellbeing. Embedding creativity in community nursing enables prevention and connection — for example, by reducing loneliness, fostering resilience, and engaging people in self-care.

Nurse-led social prescribing schemes are a particularly promising opportunity, allowing nurses to connect patients directly with local arts and cultural activities that support health outcomes. At St George's Health and Wellbeing Hub in East London, a Creative Health Strategy (2025–30) has been developed to integrate arts into neighbourhood care. Its programmes, ranging from environmental enrichment of waiting rooms to community workshops on healthy ageing, show how creativity can promote recovery, encourage healthy behaviours, and expand access to culture for local residents.

Co-creation will also be an important mechanism in the future of nursing and midwifery, particularly in neighbourhood health where services must reflect local needs. The *Putting co-creation into practice* study (Blomgren et al., 2023) showed how midwives, working alongside mothers, co-designed quality improvements by exploring care needs and determinants together. By positioning families as active partners in shaping their care, this approach improved trust, cultural relevance, and community ownership of maternity services — demonstrating how nurses and midwives can act as anchors for collaborative neighbourhood health.

b. What are the barriers to delivery in this space?

The main barrier remains the dominance of a biomedical model in commissioning and service design. This often sidelines relational, preventative, and community-based approaches in favour of medicalised interventions. Awareness of Creative Health among some commissioners and frontline staff is still limited, leading to underuse of existing opportunities such as social prescribing. There are also practical barriers: funding streams rarely prioritise creative interventions, evaluation is often constrained by biomedical metrics, and nurses themselves may lack protected time or training to develop creative health skills. Without system-level support, many successful community initiatives remain short-term or patchy in coverage.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

The professional strategy should include:
1. Adoption of co-creation models to strengthen trust and community ownership of services.
2. Support for neighbourhood Creative Health strategies as blueprints for embedding arts into local health and wellbeing hubs.
3. Clear frameworks for how nurses contribute to neighbourhood health through creative health, social prescribing, and health coaching.
4. Recognition of nurses as cultural connectors who can link patients to community assets and build trust in services.
5. Guidance for Integrated Care Systems (ICSs) on embedding Creative Health into neighbourhood health models, aligned with priorities such as Core20PLUS5.
6. Investment in partnerships between health services, voluntary organisations, and cultural providers to ensure equitable access to Creative Health.
7. Development of evaluation measures that capture social value and health inequalities outcomes, not only clinical metrics.

2. Focus on prevention and prosperity and role in health promotion

a. What do you see as the opportunities for nursing and midwifery in this area?

Creative Health aligns with the Ottawa Charter for Health Promotion and provides evidence-backed models of prevention. The WHO's 2019 review of over 3,000 studies highlighted the arts' role in preventing illness and promoting wellbeing. A great example, in this context, is the UK's 'Melodies for Mums' trial, which demonstrated that group singing reduced postnatal depression by 40% while being cost-effective under NICE

guidelines. Nurses and midwives, through health promotion and education roles, are well placed to implement such interventions and encourage self-care.

b. What are the barriers to delivery in this space?

The system often prioritises illness management over wellness promotion. Prevention is underfunded, and creative interventions are still seen as "add-ons" rather than integral to health promotion. Metrics often fail to capture the preventative value of Creative Health.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

1. Explicit recognition of Creative Health as a tool for health promotion and prevention.
2. Guidance for nurses on using Creative Health approaches to improve health literacy and resilience.
3. Integration of Creative Health into public health frameworks, with outcomes measured through social value, ROI, and patient feedback, alongside clinical metrics.

3. Addressing global health challenges

a. What do you see as the opportunities for nursing and midwifery in this area?

Creative Health creates opportunities for culturally responsive nursing and for partnerships with diaspora groups. Global practice must avoid replicating colonial assumptions and instead value diverse cultural ways of knowing. Recognising racism not just as a structural issue but as one that directly affects dignity, identity and health is essential.

Creative Health can support culturally competent, globally relevant nursing. Programmes like Hip Hop Stroke, which used culturally resonant music to improve stroke literacy in Black youth communities, demonstrate how the arts can engage groups often underserved by traditional health messaging. In the UK, creative projects that use storytelling to surface the experiences of marginalised groups have helped services better understand and address structural discrimination. The strategy should acknowledge that racism and inequity harm dignity and health, and explicitly support culturally safe, creative approaches that strengthen partnerships with diaspora communities and global colleagues.

Creative Health can also help address inequalities in maternity services. The See Me Hear Me (2024) project, led by Black women in Birmingham, used creative and participatory approaches to empower women and raise awareness of their rights to clinically and culturally safe care, building trust in maternity services. Similarly, the Black Maternity Matters initiative has developed bespoke cultural competency training for midwives and maternity support workers in co-production with partner organisations, improving connections between midwives and Black women through creative and co-designed practice. These examples show how Creative Health approaches can directly address inequities, strengthen trust, and promote culturally safe care.

Finally, Creative Health can play a role in enhancing maternity care. For example, music-based interventions have been shown to significantly lower pain and anxiety during labour (e.g., Hunter et al., 2023), offering a non-pharmacological and cost-effective complement to clinical care. Embedding such approaches could support more compassionate and holistic maternity services.

b. What are the barriers to delivery in this space?

Structural racism and colonial legacies in health frameworks persist, marginalising non-Western ways of knowing and undervaluing culturally diverse approaches to health.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

1. Recognition that racism and inequity harm dignity, identity, and health.
2. Commitment to culturally safe, creative approaches that value diverse ways of knowing.
3. Support for partnerships with diaspora groups and global colleagues through Creative Health collaborations and a commitment to Lived Experience expertise.
4. Explicit inclusion of culturally co-designed maternity programmes, as exemplars of Creative Health addressing inequalities.
5. Support for non-pharmacological, culturally relevant interventions to reduce anxiety and pain, enhancing dignity and choice.

4. Research and innovation-based professions

a. What do you see as the opportunities for nursing and midwifery in this area?

Creative Health offers fertile ground for nursing innovation, from arts-based research to co-produced evaluation methods. Moreover, the Creative Health Data Dashboard in

Gloucestershire ICB demonstrates how linking arts participation data to NHS records - via the NHS numbers - can evidence reduced emergency admissions and increased proactive primary care use. Innovative use of NHS numbers to support a difficult-to-assess social phenomena, like creative health, will be instrumental to validating it's continued inclusion and development in healthcare strategies, such as that of nurses and midwives.

b. What are the barriers to delivery in this space?

Research and innovation are often narrowly defined in biomedical or technological terms. Creative and relational innovations are undervalued. Metrics for nursing research continue to privilege illness treatment over prevention and wellbeing.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

1. Recognition of Creative Health as a legitimate field of nursing innovation.
2. Support for arts-based and participatory research methods.
3. Integration of Creative Health evidence into social value and outcome frameworks.
4. Research addressing the risks of AI to the nursing profession – particularly patient-centred care and the empathetic response.

5. Digital and technology

a. What do you see as the opportunities for nursing and midwifery in this area?

Digital tools, used creatively, can enhance empathy and communication. VR training programmes that simulate dementia or chronic pain experiences have significantly increased empathy among healthcare students, helping them understand patients' perspectives more deeply. Creative digital tools also allow nurses to engage patients in reflection and wellbeing activities. Development of the NHS app presents opportunities to register patient attendance at social and community sessions, including engagement with nurses and the creative health groups they signpost to. This data will help track changes in patients that are socially informed, in a manner that is meaningful for the NHS and does not risk feedback fatigue from the patient.

b. What are the barriers to delivery in this space?

Risks include deskilling, bias, and over-reliance on automation. Digital systems are often not co-designed with frontline staff, leading to poor alignment with practice.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

1. Risk and equity impact assessments of AI in nursing.
2. Investment in creative digital tools that support empathy, reflection, and relational care.
3. Alignment of digital innovation with the principle of 'artful intelligence™' to future-proof nursing by sustaining the human dimensions of care.

6. Modern professional narrative

a. What do you see as the opportunities for nursing and midwifery in this area?

Creative Health supports a narrative of nursing that values relational, imaginative, and emancipatory aspects of care. A great example of this is practice is 'Maternal Journal', an initiative that was co-created by midwives and mothers through creative journaling. It showed how creativity can reduce isolation, support wellbeing, and strengthen trust in services.

Adding to this, a modern narrative should recognise both the human and non-human aspects of care, balancing utility with emancipatory values. Creative Health helps expand professional boundaries beyond tasks to relational, cultural and holistic care, demonstrating how nurses can be cultural leaders as well as clinical practitioners. Addressing imbalances in leadership and embedding creativity as part of the professional identity are central to this renewal.

b. What are the barriers to delivery in this space?

Despite the appetite for a broader, more relational narrative, current systems often reinforce narrow task-based views of nursing and midwifery. Performance management and audit frameworks focus almost exclusively on measurable outputs, leaving little space to recognise the cultural and imaginative contributions that nurses bring, which are vital to their unique roles in the healthcare system. Entrenched professional hierarchies and risk-averse cultures can discourage innovation, making it difficult for nurses to adopt creative approaches or to claim leadership roles as cultural connectors. In addition, the dominance of biomedical language in policy and commissioning means that relational and emancipatory aspects of nursing remain undervalued and under-evidenced. Where nurses on the ground are naturally engaging in much creative health work, their contributions remain under-recognised compared to

other parts of the healthcare system where stakeholders demonstrate their creative health involvement more strategically, despite often delivering less in practice.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

1. Development of narrative frameworks that explicitly recognise the cultural, relational, and imaginative dimensions of nursing alongside technical skill.
2. Creation of new measures of value that capture the social impact and cultural leadership of nurses, not only clinical outputs.
3. Support for nurses to experiment with and adopt Creative Health approaches without fear of penalisation in performance metrics.
4. Inclusion of Creative Health exemplars in national communications to demonstrate how nurses shape culture, trust, and equity as well as deliver clinical care.
5. Investment in leadership development programmes that position creativity and cultural competence as central to modern nursing identity.

7. Education reform

a. What do you see as the opportunities for nursing and midwifery in this area?

Creative Health placements in nursing education have improved students' understanding of wellbeing and enhanced their own resilience. In one UK pilot at the University of Chester, undergraduate nursing students undertook placements alongside arts practitioners, where they participated in social prescribing initiatives and community creative health activities. Over 80% of students reported the experience gave them new insight into how creative activities improve wellbeing, while 86% said it helped them understand the role of Creative Health in patient care. Importantly, many also reported benefits to their own mental health and confidence, with researchers concluding such placements should become an essential component of nurse training.

Another example is the bespoke Creative Health training model developed at the University of Roehampton (2021). Over five days, nursing students engaged with drama, dance, music and art to explore the "6 Cs" of nursing — care, compassion, communication, competence, courage and commitment. The programme combined online presentations, in-person teambuilding, self-directed small group study, and student performances, culminating in reflection on applying creative toolkits in clinical practice. It has proved cost-effective compared with other simulation programmes, while meeting placement hour requirements, supporting student wellbeing, and

exposing participants to arts and arts therapies they might not otherwise experience. This aligns with NHS 10 Year Plan commitments to train healthcare staff in innovative, flexible approaches and provides a replicable model for integrating Creative Health into mainstream nurse education.

Creative pedagogies strengthen critical and reflective thinking, preparing students for complex care environments. Arts-based teaching methods, such as drama simulations or reflective writing, have been used in nurse education to help students explore empathy, cultural safety, and ethical decision-making in ways that traditional didactic approaches cannot. For example, immersive theatre and VR have been trialled in UK universities to enhance communication skills with patients experiencing mental health crises, producing more confident and compassionate student responses. Similarly, international nursing programmes have incorporated visual arts analysis (labelled 'visual thinking strategies') into curricula to encourage observation, pattern recognition, and reflective dialogue – skills that directly transfer into clinical assessment and holistic care. Additionally, a 2024 review evaluating arts-based pedagogy in nursing reported shifts in students' knowledge, observational abilities, critical thinking, and reflective practice when visual arts, storytelling, and other creative arts were integrated. That included recognizing patterns, drawing connections, and improving clinical observation.

Alongside these formal placements and curricula models, professional development opportunities are emerging outside the classroom. For example, the ongoing Art of Nursing webinars, delivered in partnership with RCN and FoNS since 2024, bring together nurses, artists, and those working in creative health to share practice and strengthen professional identity. There is also growing appetite for structured professional forums to sustain this work. The forthcoming NCCH–FoNS Creative Health in Nursing SIG will give nurses and midwives a space to learn together, share practice, and design training that embeds creativity within education pathways.

By integrating these creative experiences, nurse education not only equips students with technical competence but also cultivates the imagination, cultural awareness, and resilience needed for 21st-century health practice.

b. What are the barriers to delivery in this space?

Despite the clear benefits, Creative Health remains under-recognised in nursing and midwifery education. Curricula are already densely packed, and funding streams prioritise traditional clinical placements over creative or community-based experiences. This makes it difficult for universities to allocate time or resources to Creative Health placements. There is also a lack of formalised competencies, meaning

Creative Health is not yet embedded within Nursing and Midwifery Council (NMC) standards. As a result, students' exposure to these approaches is often dependent on individual educators' interests or local pilot programmes, rather than a consistent national framework. Furthermore, assessment systems tend to focus on clinical and technical competencies, undervaluing reflective and creative capacities that are harder to measure but equally vital for holistic care.

c. What would you expect to see included in this area of the professional strategy for nursing and midwifery?

The strategy should set out a plan to embed Creative Health as a core component of nursing and midwifery education. This includes:

1. Working with the NMC to formally recognise Creative Health competencies in undergraduate and postgraduate curricula.
2. Supporting the inclusion of placements in Creative Health settings alongside clinical placements, ensuring all nursing students have structured opportunities to experience social prescribing and arts-in-health practice.
3. Scaling up existing training models, such as the Roehampton hybrid Creative Health programme, which has demonstrated cost-effectiveness, alignment with simulation requirements, and benefits for student wellbeing.
4. Expansion of national professional development platforms, such as the Art of Nursing webinars, to sustain Creative Health as an embedded part of nurse education.
5. Backing initiatives such as the forthcoming NCCH–FoNS Creative Health in Nursing Special Interest Group (SIG), which will provide a national forum for nurses to co-design training, share practice, and develop education pathways that integrate creativity into professional identity.

8. Career pathways and post-registration development

a. What do you see as the opportunities for nursing and midwifery in this area?

Creative Health provides scope for specialist roles across community health, advanced practice, leadership, and research. Nurses and midwives already lead many social prescribing and population health initiatives; formalising Creative Health as a career pathway would recognise and expand this work. Advanced practice roles could focus on integrating Creative Health into specific areas such as mental health, maternity, palliative care, and long-term conditions. For example, nurses could lead creative wellbeing hubs within neighbourhood teams or coordinate partnerships between NHS services and cultural organisations.

There is also opportunity for Creative Health nurse consultants or practice development leads who champion innovation across Integrated Care Systems (ICSs). These roles would mirror existing consultant nurse models, but with a focus on relational, cultural, and preventative care. In research, Creative Health pathways would support nurses to develop arts-based and participatory methods, strengthening the evidence base for nursing and widening the profession's contribution to health innovation. All of these pathways would align closely with NHS commitments to prevention, health inequalities, and population health management.

b. What are the barriers to delivery in this space?

Currently, there are no formalised roles or progression routes for nurses specialising in Creative Health. Career development frameworks remain focused on clinical and technical pathways, leaving relational, cultural, and preventative contributions undervalued. Where nurses do innovate in this area, their roles are often project-based or short-term, dependent on local funding rather than embedded within workforce planning, and risking exacerbating health inequalities due to patchy provision. This lack of recognition makes it difficult to attract and retain staff in Creative Health roles. In addition, without national competencies or accreditation, nurses who develop expertise in this field have limited opportunities to progress into senior leadership or research positions. This absence of structure also means that nurses interested in Creative Health have few professional forums to support career development. The NCCH–FoNS SIG is a first step towards addressing this gap, but further recognition is needed at system level.

c. Expectations for strategy

The professional strategy should:
1. Include Creative Health roles in national workforce planning, ensuring they are recognised alongside other nursing specialisms.
2. Support the creation of specialist and leadership pathways in Creative Health within ICSs, enabling nurses to lead innovation in prevention, inequalities reduction, and cultural partnerships.
3. Encourage the development of advanced practice roles in Creative Health, with clear competencies and accreditation, to strengthen career progression.
4. Recognise and fund Creative Health as a valid focus for post-registration education and CPD, opening progression routes into consultancy, education, and research.
5. Align with initiatives such as the NCCH–FoNS Creative Health in Nursing SIG, which will act as a national hub for nurses to co-design training, share practice, and influence the evolution of career pathways in this area.

9. Professional culture

a. What do you see as the opportunities for nursing and midwifery in this area?

The Arts & Health Coordinator (AHC) roles in Wales have helped shift professional culture by legitimising creative health as part of core NHS practice, rather than a peripheral activity. By embedding coordinators within Health Boards, the programme has encouraged staff to see the arts as credible tools for improving wellbeing, tackling inequalities, and supporting recovery. This has fostered a more open, collaborative culture where nurses and other professionals feel enabled to use creative approaches alongside clinical care.

Moreover, Creative Health strengthens professional culture by valuing relational and emotional labour. At Dartford and Gravesham NHS Trust, creative retreats involving forest bathing and storytelling improved staff wellbeing, with 95% of participants reporting confidence in supporting their own resilience. In our 'Workforce Wellbeing and Cultural Change' roundtable discussion and huddle co-production space, hosted by University Hospitals of Derby and Burton, participants discussed the ways that arts in hospitals can improve the experience of staff, including nurses and midwives. A pertinent example was the use of poetry to heal moral injury follow COVID-19. This non-literal and expressive form of exploration helped participants to process emotions and improve their wellbeing without re-traumatising themselves in the way that speaking therapies can. This cultural shift is also being strengthened nationally. The forthcoming Creative Health and Nursing Summit & Exhibition (May 2026, Kensington Palace), co-produced with nurses and those working in arts and health, will showcase national practice and reinforce the visibility of Creative Health within the profession.

Adding to this, co-creation will be an important mechanism in the future of nursing and midwifery, enabling staff to work in partnership with patients and communities. The study '*Integrating patient and public involvement into co-design of clinical resources for a maternity improvement programme (UK)'* demonstrated how involving service users in co-design ensured that materials were inclusive in language and visuals, and that the quality and safety of maternity care was improved. This approach not only enhanced the accessibility and cultural safety of resources but also contributed to a more open professional culture, where nurses and midwives are seen as collaborators with service users rather than solely providers of care.

b. What are the barriers to delivery in this space?

Despite clear examples of impact, professional culture in nursing and midwifery remains heavily shaped by performance metrics, clinical outputs, and biomedical framings of value. Relational and emotional labour — the very aspects Creative Health supports — are often invisible in audit and workforce planning. Where creative health initiatives do exist, they are frequently project-based, short-term, or dependent on charitable funding, which undermines sustainability and limits cultural change. Entrenched hierarchies and risk-averse environments can also discourage staff from adopting or leading creative approaches, while the absence of formal competencies means such contributions are rarely recognised in professional development or appraisal.

c. Expectations for strategy

1. Institutional recognition of Creative Health as a legitimate and valued part of nursing and midwifery culture, supported at both national and local levels.
2. Development of frameworks and outcome measures that capture relational, cultural, and wellbeing impacts, not just clinical metrics.
3. Support for long-term funding models to embed Creative Health roles, such as the Welsh Arts & Health Coordinator model, within NHS and ICS structures.
4. Creation of reflective practice and peer learning spaces (such as poetry groups or arts-based reflective sessions) that allow nurses and midwives to process emotional labour safely.
5. Integration of the forthcoming NCCH–FoNS Creative Health in Nursing SIG as a national mechanism for nurses to co-design cultural change, share evidence, and lead on embedding Creative Health within professional identity and values.
6. Incorporation of PPI-based co-design as a formal expectation within nursing and midwifery culture change, ensuring inclusive language, resources, and training.
7. Regular national forums and showcases, such as the Creative Health and Nursing Summit & Exhibition, to embed Creative Health within the professional narrative of nursing and midwifery.