CSC0225 – Written Evidence on Children's Social Care - National Centre for Creative Health and Mobilising Community Assets to Tackle Health Inequalities Programme

1. This submission has been prepared by Dr Jane Hearst - Research and Policy Manager - on behalf of the National Centre for Creative Health (NCCH) and the Mobilising Community Assets to Tackle Health Inequalities (MCA) programme.

A brief background on our organisations and submission:

2. NCCH is a national charity which promotes best practice in creative health – *the use of creative activities and approaches to benefit health and wellbeing*. Children and young people are a priority in our current strategy, and we hold that creative and cultural opportunity is part of good care for children in the care system.

3. This submission also draws on research from our partner research programme, MCA - a UKRI-funded programme, led by University College London, which is focused on community engagement and the activation of assets such as culture and nature. The programme includes projects such as Arts4Us (Edge Hill University), which focuses on children and young people's mental health.

4. We position this submission within the Committee's Questions 11 and 15. We argue that statutory expectations for looked-after children's access to arts, sport and culture rely on a wider creative workforce that is precarious and largely invisible to social care, and that creative and cultural participation supports the relationships, mental health and fair access that shape outcomes for care-experienced children. Our evidence relates mainly to England, with some learning from Wales.

Q11. What are the key challenges facing the children's social care workforce? What impacts are these challenges having on care-experienced children?

5. Statutory guidance asks social workers to make sure 'that the children their authority looks after, including teenage parents, have access to available positive activities such as arts, sport and culture, in order to promote their sense of well-being' (DfE and DH, 2015). Social workers cannot deliver this alone. They rely on a wider workforce of artists, arts therapists, creative mentors and small cultural and community organisations. The key challenge we highlight is that this creative workforce, who dedicate themselves to supporting children in social care, work under financially precarious conditions and lack support for the emotional demands of the work.

6. Social workers themselves have limited time for relational work. Turnover has improved, falling to 11.8% in 2025 from 17.2% in 2022 (DfE, 2025), but 47% of social workers say they do not have enough time with the families they work with (House of Commons Education Committee, 2025). The lead social worker on *Illuminate*, a partnership between Blackpool Children's Services and Blackpool Grand Theatre, said the project provides 'the interpersonal work needed that we often don't have time or resources to do' (LGA, 2022).

Challenge 1: Short-term funding and low pay for creative providers

7. Most creative practitioners working with children are freelance or employed by small charities/ CICs. In the UK creative health sector survey (Tang, 2024), freelancers earned an average of £9,895 from creative health work, and £15,133 where it was their only income, below the National Living Wage. 91% said they work for less than their standard rate. Similarly, the South Yorkshire Creative Health Enabling Plan finds the majority of the workforce is 'freelance or employed by small-to-medium-sized charitable organisations, surviving on short-term project funding' and that 'this combination of weak financial security and poor infrastructural support has made it harder for Creative Health to reach its potential in supporting health and care services'(Massey, 2025). Across the wider cultural sector, 73% of freelancers earn less than £25,000 a year before tax (Tyler et al., 2024). Moreover, Talent25 found that early years creative practitioners 'are not formally defined within the cultural sector; most are self-employed and self-define their role', and their employment 'mirror[s] wider cultural sector precarity, raising challenges for workforce stability and sustainability' (Ochieng, 2025a).

8. Learning from across MCA's 12 projects shows the same pattern[1]. Creative practitioner roles that connect communities with health and social care services are often constrained by short-term funding. Staff turnover across systems and voluntary, health and community partners disrupts relationships and continuity. Projects report that sustaining creative work beyond short-term funding remains challenging.

9. To our knowledge, there is no standardised data on the pay or working conditions of creative practitioners working specifically with care-experienced children. This is partly because their roles are not labelled as social care, so they fall outside social care workforce data. Yet, they are a vital part of social care pathways. The UK creative health sector survey indicates that social workers represent 12.9% of the referral routes to creative health providers (Tang, 2024) - a figure which is equal to that of GP referrals. We maintain that creative practitioners are an under acknowledged but significant contributor to outcomes for children in care, and the precarity described above applies across a large part of this workforce.

Challenge 2: Emotional demands without supervision

10. Creative practitioners working with children who have experienced trauma report 'compassion fatigue, secondary traumatic stress and burnout', and typically lack the supervision that social care and health staff receive (NCCH, 2026a). Good practice examples do exist; for example,in Derby, all strands of Plus One are supported by creative arts therapy providers, 'who support the safety and wellbeing of young participants and volunteers and staff' (APPG AHW and NCCH, 2023a). But this support is rarely funded as standard.

[1] MCA project focus groups, July–August 2026. Not yet published; available on request.

Challenge 3: The creative workforce is not recognised or connected

11. Because creative practitioners are not recognised as part of the children's workforce, access depends on local knowledge and individual goodwill. Arts4Us, working across nine NHS and community sites in North West England, found that information about local provision spreads mainly by word of mouth[1]. Frontline staff across sectors named low cost, ease of access, suitable spaces and staff expertise as what makes provision work[1]. There is no national competency framework or accredited route for creative practitioners working with children (Ochieng, 2025a).

12. Wales offers a model of what is possible. Arts and Minds, funded by the Arts Council of Wales and the Baring Foundation from 2025 to 2028, places artist-led activity within NHS CAMHS. In its first year, 323 young people took part across five health boards. Its evaluation found the main challenges were capacity within health board arts teams and CAMHS, that long lead-in times are needed, and that scaling up will need secure additional funding (Farrally and Holford, 2026).

Impact on care-experienced children

13. Care-experienced children have already lived through broken relationships. Placement instability doubles their risk of mental health difficulties (Varnish et al., 2025). Stop-start creative provision repeats this pattern. Coram's 2025 review found that consistent staff are key to building trust, and that sudden programme endings upset young people (Ponomarenko, Stanford and Gilbert, 2025). An MCA participatory study in Blackpool found that 'the quality of relationships often mattered more than the type of intervention offered', and that moving between services or experiencing inconsistent support made young people 'feel rejected or forgotten' (McNeill et al., 2026).

14. The practitioners around a child also benefit from having a shared way to talk about creative support. The Creative Health Communication Framework (Hearst, 2024; 2025) is a co-designed conversation aid that helps practitioners understand a person's mental health and wellbeing needs and to match them to suitable creative provision. Its frames include 'Trust-Building and Attainability' and 'Absent or Misaligned Resources'. In a recent MCA article, we demonstrated how the framework could be applied in the context of mental health link workers (Hearst, 2026). Here we build upon that implementation guidance by proposing an adaption and piloting of the framework with social workers, carers and Virtual School staff.

Recommendations

15. We recommend that:
    - The children's social care workforce strategy recognises creative practitioners, arts therapists and creative organisations as part of the wider workforce, with a national competency framework covering safeguarding, trauma-informed practice and multi-agency working.
    - Workforce data collection includes creative practitioners commissioned to work with looked-after children, so their contribution and conditions are visible.

- Councils and ICBs commission creative support for looked-after children on multi-year terms (at least three years), with funded time for planned endings and aftercare.
- Funding for creative providers working with care-experienced children includes clinical or reflective supervision as standard.
- Joint training is funded for social workers, carers and creative practitioners on creativity in children's social care, introducing shared tools and ways of working such as the Creative Health Communication Framework.

Q15. What factors have the greatest impact on outcomes for care-experienced children?

16. Outcomes for care-experienced children are shaped considerably by stable, trusted relationships, by their mental health, and by fair access to the ordinary opportunities that build identity, confidence and belonging. Creative and cultural participation supports all three. Yet access is weakest for the children with most to gain.

17. There were 81,770 looked-after children in England at 31 March 2025 (Fielder and Mutebi, 2026). The rate of mental health disorders is 45% among looked-after children and 72% in residential care, compared with 10% of all children aged 5 to 15 (NICE, 2021). In the eight years after leaving school, 25% of care-experienced young people had never been in education or employment, compared with 4% of all school leavers (NatCen and ADR UK, 2025).

Factor 1: Stable, trusted relationships

18. Creative programmes give children consistent adults alongside the statutory system. Plus One, embedded in Derby City Council's approach to supporting care-experienced young people, places creative mentors in residential homes and runs weekly workshops in the city's care homes. Mentors support young people's social, emotional and educational development as well as their creative skills (APPG AHW and NCCH, 2023a). The lead social worker on Blackpool's *Illuminate* described it as 'a safe space with adults who the children trust, who accept and believe in them', offering 'positive, consistent role models' (LGA, 2022). Over 70% of children said they had made new friends, and over 60% could describe resilience skills and new ways of coping (LGA, 2022). A two-year creative mentoring programme run through Derbyshire Virtual School found that young people with the greatest needs benefited most, with progress speeding up after around 14 months (Ponomarenko, Stanford and Gilbert, 2025). Short projects cannot build these relationships.

Factor 2: Mental health, identity and belonging

19. Care-experienced young people use creative activities to express themselves and manage stress (Quarmby, Sandford and Pickering, 2019), and studies show gains in self-esteem, confidence, emotional literacy and social capital (Gibson and Edwards, 2015). Coram's review of UK creative programmes for care-experienced young people found consistent gains in confidence, self-esteem, relationships and self-expression, particularly for those who struggle to express feelings in words, though this evidence is mostly qualitative (Ponomarenko, Stanford and Gilbert,

2025). Stronger trial evidence exists for children and young people more widely. A 2026 meta-analysis of 100 randomised controlled trials, from the Arts4Us team, found that arts-based interventions and arts therapies reduced depression and anxiety and improved wellbeing and quality of life in 5 to 24-year-olds. Average effects were similar to those reported for talking therapies (Cheung et al., 2026).

20. Creative settings let children explore who they are without the label of being in care. *Illuminate,* for example, offers 'a safe bridge for them to find and be themselves without labels' (LGA, 2022). Plus One's *Odyssey* was 'about telling stories that don't necessarily have to reveal that you are in care' (APPG AHW and NCCH, 2023a).

21. Health services are also using this approach with young people in mental health services. Alder Hey Children's Hospital's Dreamers' Programme offers young people in CAMHS a 10-week, one-to-one creative programme with a professional artist (Alder Hey). In Wales, most of the 323 young people in Arts and Minds' first year said the project helped their wellbeing, citing fun, friendship, feeling safe and 'feelings of being heard, valued, respected and included' (Farrally and Holford, 2026).

22. Wider evidence on young people supports this. #BeeWell data on 18,244 adolescents in Greater Manchester found that the 19.27% of students who had very little engagement in activities - including arts, culture and entertainment - had the lowest wellbeing a year later, after adjusting for prior wellbeing and background (Thornton et al., 2024; NCCH, 2026b).

Factor 3: Unequal access

23. Children from more deprived backgrounds are less likely to take part in arts and cultural activities (Mak and Fancourt, 2021; Thornton et al., 2024). Arts4Us found families face uneven information, reliance on word of mouth, cost, travel and uncertainty about whether activities suit their child[1]. In Wales, a significant proportion of young people in Arts and Minds had not been doing regular creative activities before (Farrally and Holford, 2026).

24. Care-experienced children face extra barriers. Placement and school moves break links with local activities, some are placed up to 100 miles from home (House of Commons Education Committee, 2025), and access depends on whether carers and professionals know what is available. A former Plus One member, now a professional composer, recommended that programmes like Plus One are embedded as part of a robust social care offer, so that access is equitable (APPG AHW and NCCH, 2023b). Embedding creative programmes into local authority social care pathways ensures that all young people in the system can be offered them (APPG AHW and NCCH, 2023a).

Factor 4: The early years

25. Creative activity in the first 1,001 days supports emotional regulation, language, attachment and social connection, yet access is uneven in deprived, rural and coastal areas (NCCH, 2025; NIHR ARC NENC, 2026). TEmerging findings from

Talent25, a 25-year study in Leicester (Ochieng, 2025b), highlight a gap in creative provision for under-threes (NCCH, 2025). Babies and toddlers in foster and kinship care, for whom early attachment is critical, should be a priority for carer–baby creative activity.

Factor 5: Transition to adulthood and having a voice

26. Creative participation supports care leavers into education and work. Care leavers who took part in social, leisure and informal learning activities have been shown to be more likely to continue in education (Hollingworth, 2012). Plus One supports care-experienced young people into creative careers; in one case study a former member gained a degree at the Academy of Contemporary Music, stating it was 'something I had never considered to be a prospect of my future' (APPG AHW and NCCH, 2023a). Creative providers can offer belonging, identity and progression across the move from children's to adult services, but short-term grants limit this continuity (NCCH, 2026a).

27. Creative methods also help councils hear children's voices. Plus One provides creative consultancy on the documents young people receive when entering residential care, so information is shaped by the voices of those in care (APPG AHW and NCCH, 2023a). Newcastle City Council commissioned artists to gather children's views for its public health strategy; children's ideas shaped the Director of Public Health's annual report and council priorities, and children reported more confidence and a sense of belonging and control (Brennan et al., 2026).

28. The Children's Wellbeing and Schools Act 2026 gives Secretaries of State and named public bodies a duty to 'seek to provide opportunities for looked-after children and relevant young people to participate in activities designed to promote their wellbeing' (section 23). Guidance on this duty has yet to be issued (Children's Wellbeing and Schools Act 2026). It is a clear opportunity to make creative and cultural participation part of corporate parenting.

Recommendations

29. We recommend that:
    - Statutory guidance on the new corporate parenting duty names creative and cultural participation as an activity that promotes wellbeing, and the Government considers adding national cultural bodies to the list of relevant authorities.
    - Local authorities embed creative programmes, such as Plus One, into their social care pathways and local offer for care leavers, so every looked-after child is offered them.
    - Care plans and pathway plans include creative and cultural opportunities chosen by the young person, with support that follows the child across placement and school moves.
    - Creative support continues through the transition to adulthood, up to age 25.
    - Early years creative provision is prioritised for babies and toddlers in foster and kinship care.

- Councils use creative methods to involve care-experienced young people in shaping services and the information they receive.
- Funding for creative programmes includes evaluation co-designed with care-experienced young people, measuring longer-term education, employment and health outcomes.

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