



Inspiring life through art

Let Young People Make Art

The Benefits of Art Making
for Children with Long-term
Physical Health Conditions

Executive Summary

In a scoping review of over 900 publications, Fancourt and Finn (2019) highlight that participation in the arts enhances children's affective, eudemonic, and evaluative wellbeing, contributing to improved positive emotions, greater purpose and meaning, increased autonomy, and higher levels of life satisfaction and quality of life. Since this publication, the evidence base has expanded. This literature review provides a summary of the evidence published since 2019, with a particular focus on the restorative benefits of artmaking for children with long-term conditions. For example, an experimental study by Loreskar and Binder (2024) points to the benefits of painting and drawing in helping children with long-term illnesses to reconnect with their sense of identity, improve communication with others, and reduce fear around medical environments. The aim of this literature review is to reaffirm the efficacy of creative arts participation to enhance the psychosocial care of children with long-term physical conditions.

Findings

Childhood is widely understood to be a critical phase for social and emotional development, during which children learn to interact with others and navigate the social world. There is a growing body of evidence supporting the link between creative arts engagement during this critical phase and the mental health and wellbeing of children (Birrell et al., 2024; Bungay & Vella-Burrows, 2013).

A rapid review by Bungay and Vella-Burrows (2013), which examined twenty papers on the effects of creative arts participation on the mental health and wellbeing of children and young people, found consistently positive outcomes. Across these studies, creative arts engagement was found to promote increased self-esteem, a sense of achievement and empowerment, improved social skills, and positive behavioural change.

Children who experience chronic illnesses often spend a significant amount of time in hospital and miss out on important experiences with peers, school, and everyday childhood life. As a result, these children may experience emotional, social, and developmental challenges that may place an added burden on the child and family (Hopwood et al., 2025).

There is also increasing recognition that medical intervention alone does not address the emotional, social, and identity-related challenges faced by children with long-term illnesses. Therefore, there is a need to better understand how creative arts programmes can support children to process emotions, restore a sense of agency and identity, and connect with peers in a non-pathologising, holistic, and accessible way.

In this context, creative arts programming refers to the integration of the arts, including visual art, music, theatre, and dance, into healthcare and community settings to improve psychosocial wellbeing. It is distinct from Art Therapy, and instead focuses on non-clinical, participatory arts initiatives led by professional artists that emphasise self-expression, social connection, and environmental enhancement within care contexts.

The National Health Service¹ (NHS) in the United Kingdom defines a long-term physical condition as “a health problem that requires ongoing management over a period of years or decades and is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies.”

According to the Central Statistics Office (Irish Health Survey 2024), almost one in five (18.4%) children in Ireland aged 2 to 17 have a long-standing illness or health problem. Similarly, the Hospital In-Patient Enquiry Scheme (HIPE; 2024) identified over 30,000 episodes of care for children aged 0 to 14 discharged from Irish hospitals with long-term conditions. These figures underline the prevalence of long-term physical health conditions in childhood in Ireland and highlight the importance of understanding the psychosocial needs of this population.

¹ The Health Service Executive (HSE) provides a list of conditions covered under its Long-Term Illness Scheme but does not offer a broader definition of long-term physical conditions. To ensure that this review is inclusive of conditions that may not be covered by the Long-Term Illness Scheme, the definition used by the NHS is the most appropriate for this review.

Advances in medical interventions and technologies over the course of a generation have supported the development of a growing population of children from birth to 18 years of age living with long-term conditions. While this is indicative of medical progressions, it also means that more children are growing up while navigating illness as a part of daily life. Frequent hospital attendance and admissions can often disrupt routines, which can lead to challenges engaging with peers, developing consistent friendships and difficulties within the education system.

A qualitative interview study exploring parental experiences of supporting ill children found that there are significant complexities in navigating the educational system, with many families reporting insufficient understanding and support for their child's needs (Hopwood et al., 2025). This likely has a significant impact on a child's psychosocial needs, such as their sense of inclusion, participation, community support, and belonging in wider society.

Alongside the physical demands of illness, such as pain, fatigue and a lack of mobility, children with long-term physical conditions may also experience a broad range of psychosocial challenges. These challenges can be internal, including emotional and behavioural difficulties, and external, such as educational, interpersonal, and financial difficulties (Compas et al., 2012; Mattson et al., 2019; as cited in Rollins et al., 2020).

Spencer and colleagues (2022) report that children with long-term conditions are significantly more vulnerable to mental health challenges, meaning they can experience anxiety, low mood and reduced self-esteem at much higher rates than their peers. These challenges are exacerbated by difficulties engaging in everyday life, like school participation, peer relationships and maintaining a sense of normalcy. This research, that combined outcomes from 35 papers, highlights the social burden of missing out for chronically ill children, like feeling excluded or "different", which can affect their engagement with peers. Over time, this can also impact a child's sense of self, where they might struggle to differentiate themselves from their condition.

Participation in creative arts is known to play an important role in a child's social and emotional development. Visual art, which is defined as art that is primarily appreciated by sight, including painting, sculpting, and other visual mediums, may offer an opportunity for children to express themselves in new ways. Two reviews of the literature found that children who engage in visual artmaking show increased emotional regulation, communication skills, and self-esteem (Bungay and Vella-Burrows, 2013; Rumble et al., 2024).

Building on this research, there is now a substantial body of evidence that suggests creative arts engagement can support the psychosocial needs of children with long-term physical conditions. A meta-synthesis of seven papers on children living with cancer suggests that artmaking can improve mood and alleviate distress that is associated with illness, contributing to increased quality of life (Raybin et al., 2020).

Qualitative research by Buckle and colleagues (2024) highlights the value of using art as a tool to explore the experiences of children with rare diseases during early adolescence. Researchers conducted one-off art sessions for children aged 7 to 13 with rare diseases and found that regardless of their developmental stage, engaging in artmaking allowed the children to communicate their experiences in a non-intimidating and comfortable way. By using such an accessible medium, children found that they were able to express aspects of their illness through their art that they may not have otherwise been able to verbalise.

Early adolescence is typically marked by a desire for growing independence and often, navigating a long-term physical condition at this age can increase dependence on family and caregivers. Buckle and colleagues (2024) found that family members were not centralised in the artwork created by the children who participated in this study. This suggests that, despite the presence of an illness, these children were still developing a sense of independence, indicating that artmaking can provide a space for children to explore identity formation and self-expression. Kagaba (2024) also emphasises the power of art in reducing communication barriers, creating some distance between the child themselves and their disease, decreasing feelings of isolation and loneliness, and increased feelings of being listened to.

While these studies suggest that visual arts engagement can support the psychosocial care of children with long-term physical illnesses, it is important to note that how these interventions are delivered will impact their effectiveness. Kagaba (2024) outlined the parameters for successful creative arts interventions, including a well-structured programme, access to resources, support from the hospital or clinic management team, financial support, and creating an environment that promotes and stimulates participation in artistic endeavours. This is valuable in informing the development of creative arts programmes for this cohort. However, Birrell and colleagues (2025) note that further research is needed to pinpoint specific methodologies and core components of creative arts programmes to ensure that these programmes can be developed to meet the needs of children.

Discussion

Although the evidence to date is promising, it is important to note the limitations of the current literature. Much of the existing evidence base is limited by methodological challenges, including a lack of large-scale or longitudinal studies. As a result, it is unclear whether the positive psychosocial outcomes of engagement with the arts can be applied across different populations or sustained over time. Therefore, future research should investigate both the longer-term and restorative impact of visual arts engagement for children with long-term physical conditions. It would be beneficial for this work to combine formal outcome-based research with qualitative lived experience to allow for a broader understanding of the experiences of children with long-term conditions and their families who are engaging in creative arts programmes. It should also account for complexity within this population, for example, the variability in diagnoses, illness presentations, and developmental stages. Such research would be invaluable in the development of creative arts programmes in Ireland and in informing the development of a referral pathway, similar to the existing social prescribing pathway. Ultimately, further research in this area would be helpful to visual arts programming being recognised and embedded as part of a more holistic model of care for this population.

Conclusion

This literature review outlines the value of visual arts engagement in supporting the psychosocial wellbeing of children with long-term physical conditions. The evidence highlights benefits in emotional expression, identity formation, social connection, and reduction of distress. These outcomes are restorative for children and families navigating the ongoing psychological burden of long-term illness. However, the current evidence base is somewhat limited by methodological challenges, particularly a lack of large-scale and longitudinal research. Strengthening this evidence base, while also drawing on lived experience, would be invaluable in developing creative arts programming in Ireland.

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Lead co-authors: Aoife Brady, Research Assistant, MSc Psychological Science; Eunan McKinney, Public Health Advocacy Strategist, and Helene Hugel, CEO, Helium.

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helium.ie

+ 353 (0) 44 93 96 960 | info@helium.ie

Helium
2 Castle Court, Castle Street,
Mullingar, Co Westmeath, N91 R52W

Registered Charity Number (RCN): 20075200



An Roinn Gnóthaí
Eachtracha agus Trádála
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