An Exploratory Study of Art Therapy Intervention in the Primary School: Perspectives of Children and Art Therapists

by

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Dedication

For my daughter and her optimistic nature, her encouragement and support has provided me with the sustenance needed to maintain effort and persevere, particularly at those times when I needed to remember that this was the next stage in my journey. Thank you for your listening ear.

Acknowledgements

Abstract

An exploratory study was carried out to elicit the views of primary school children from the ages of eight to ten years. The aim of the study was to learn what the children thought about art therapy intervention in the school setting and to obtain their perspectives about any skills they learned and continue to use after attending art therapy. Promoting children's mental health has become increasingly in focus and many schools have employed art therapists to support children to help maintain their mental health wellbeing. The method used to gather the data for the research was semi-structured interviews with ten children. During the interview, the children used the "draw write and tell" approach to support their recall. Three art therapists participated in a focus group and provided another perspective about the children's views. Thematic analysis was employed to analyse the data from both the therapists and the children. Overall the findings of the study revealed that the children enjoyed therapy sessions and developed skills that they had utilised after they attended therapy. The therapists indicated that they valued working in the school environment because it was an enjoyable experience and there were advantages to working in the school setting such as the opportunity to communicate with school staff as well as link with parents. There were some constraints connected with art therapy sessions in the school setting which included sharing resources and waiting list of children that required art therapy intervention. The outcome from the study indicated that there were areas that may benefit from further exploration which may have implications for EP practice. These include carrying out research into innovative approaches for supporting children to make informed decisions as specified in the United Nations Convention on the Rights of the Child (UNCRC), Article 13 (1989). In addition, the perceived reduction of art in the curriculum and its impact on children's mental health and wellbeing which links to UNCRC Article 31.

List of Abbreviations

AATA	**American Art Therapy Association**
AI	**Appreciative Inquiry**
BAAT	**British Association of Art Therapy**
BPS	**British Psychological Society**
CATA	**Canadian Art Therapy Association**
DfE	**Department for Education**
DECP	**Division of Educational and Child Psychology**
DOH	**Department of Health**
EP	**Educational Psychologist**
IPA	**Interpretive Phenomenological Analysis**
NHS	**National Health Service**
PHE	**Public Health England**
SENCo	**Special Needs Coordinator**
TA	**Thematic Analysis**
UK	**United Kingdom**
UKCCIS	**United Kingdom Council for Child Internet Safety**
UNCRC	**United Nations Convention on the Rights of the Child**

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Chapter 1

Introduction

Background

The decision to carry out this study stems from having studied Art and Education before becoming an educational psychologist. I have been particularly interested in how art can be used to support children who have experienced trauma. In my role as an educational psychologist, it had come to my attention that many schools that were visited employed art therapists to support children that experienced a range of emotional difficulties. This further generated my interest in the area of creative therapy interventions with children, particularly young children such as those in the primary school setting.

In October 2004, I attended the conference 'Crafting the Future', in which creative therapists, including art therapists shared how they worked with children and adults. This allowed me to increase my knowledge about the work of creative therapists, particularly how they worked with children. The therapists who attended the conference called for research into the effectiveness of creative therapy interventions. A key theme that was taken from the conference was that there was very little research about the impact of creative therapy as an intervention and this would be an opportunity for Educational Psychologists to research creative therapies such as art therapy, particularly in the school setting. I attended the Centre for Child Mental Health in 2009 and gained a Certificate in Counselling Skills Using the Arts which provided some insight into the work of art therapists.

1.2 An Outline of the study

Art therapy is one of the targeted interventions available to support children and young people's mental health and wellbeing in some school settings. The rationale for carrying out this exploratory study was to learn about art therapy in the primary school setting. There are two parts to this study. The first part will be achieved by, gathering the views of children who participated in art therapy and the second part will be to obtain the views of art therapists that work in the school setting.

Children's opinions about the positive effects of art therapy, particularly their insights about the skills that they learned and those they continue to use after they finished art therapy has a focus for the study. The children's perceptions about their involvement in the decision to participate in art therapy were explored. This included children's recollections about being informed before participating in art therapy.

An exploration of the therapists' views about working in the school setting was incorporated into the study. And the children's views about art therapy in the school setting was explored with the therapists to identify areas of agreement between the children and the therapists.

1.3 Promoting Children's Mental Health and Wellbeing in England

Children and young people's mental health and wellbeing has been the subject of several major surveys that have been conducted in England since 1999 (National Health Service [NHS] Digital, 2018). A survey which was undertaken by the Department of Health and Social Care, commissioned by NHS Digital England provides statistics about the mental health and wellbeing of children and young people living in England in 2017 (NHS Digital, 2018). The survey revealed that one in eight 5 to 19-year-olds had a mental disorder in 2017 and about

one in ten 5 to 10-year-olds had at least one mental disorder when assessed in 2017.   The

survey also indicated that over time there has been an increase in mental disorders amongst

five to 15-year-olds. The survey indicated that the percentage of mental disorders

experienced by children and young people had risen from 9.7 % in 1999 and 10.1% in 2004

to 11.2% in 2017. Emotional disorders were found to be frequently occurring amongst five

to 15-year-olds and had increased from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.

These statistics and those provided by the Children Society in "The Good Childhood Report"

which is produced annually in collaboration with the University of York concerning the

wellbeing and mental health of children and young people in the UK, has caused alarm. The

Children's Society (2019) have stated on their website that "the mental health of thousands

of children and young people is reaching crisis point," (para. 3) and emphasised the

importance of providing support for children and young people to alleviate the issues that

young people face especially accessing timely support. The Campaign Summary of the Good

Childhood Report (Pople, Rees, Main & Bradshaw, 2017) highlight the need to intervene

early by providing the resources that children and young people need to support their

wellbeing. The Good Childhood Report stated that there are many disadvantages that

children and young people are likely to experience in various parts of their life that can

prevent them from having a happy childhood. These may include having parents with

health-related concerns and financial difficulties (Sabates & Dex, 2012). Some children can

experience multiple disadvantages which may result in poorer outcomes later in their lives,

such as poor academic attainment, experience unemployment and low income as adults.

1.4 What is Mental Health?

The World Health Organisation [WHO] has envisioned mental health as "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2020, Para 1).

From this definition, it is clear that mental health is considered to be crucial to the individual. It allows the individual to interact with others, work and participate in leisure activities. Mental health is also viewed as part of being generally healthy as an individual (WHO, 2020). This suggests that for the individual to remain healthy and function as part of society, support should be provided to ensure that mental health is protected and maintained.

1.5 Definitions of Wellbeing

The definition of psychological wellbeing has evolved over some time. According to Ryan and Deci (2006), the theory of wellbeing is associated with "optimal psychological experience and functioning" (Deci & Ryan, 2001, p.142).Historically there have been two approaches to the study of wellbeing, both positions are believed to have their foundations in Greek philosophy (Henderson & Knight, 2012). The hedonic or subjective wellbeing perspective emphasises happiness and avoidance of pain (Dodge, Daley, Huyton & Sanders, 2012). The eudaimonic viewpoint refers to psychological wellbeing and relates to developing the person so that they can cope with life's challenges and achieve their potential, such as living life to the full (Deci & Ryan, 2006).

An early study of wellbeing entitled "The Structure of Psychological Wellbeing" (Bradburn, 1969, title), involved analysing self-reports from individuals across various populations in

the USA. The study identified negative and positive feelings as predictors of wellbeing and classified psychological wellbeing as subjective happiness.

Critique of the hedonic approach to wellbeing has proposed that achieving these states does not necessarily mean that the individual has achieved a state of wellbeing. Other factors contribute to the individual's wellbeing (Keyes & Annas 2009; Joshanloo, 2016). Over time additional research has emerged and attempts at defining wellbeing have focused not purely on a definition of wellbeing but also approaches to measure wellbeing.

Ryff (1989, 1995), presented a model of wellbeing which was reported to be influenced by some theories from developmental psychology (Ryff.1989). The proposed measure for psychological wellbeing was based on six dimensions. The dimensions were self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth. It has been suggested that there was an overlap in four of the dimensions (Springer, Hauser & Freese, 2006). After conducting large scale surveys with two samples it was reported that four dimensions could be classified as one dimension. The researchers proposed that there should be a further review of the measurement scales (Springer, Hauser & Freese, 2006). However a cross-cultural investigation into the validity of the dimensions (Van Dierrendonck, Diaz, Rodriguez-Carvajal, Blanco & Moreno-Jimenez, 2008), appeared to confirm the six dimensions. The study was reported to have been conducted in a culturally different location to Ryff's (1995) study.

Seligman (2011, 2018), proposed that the building blocks to wellbeing were Positive Emotion; Engagement; Relationship; Meaning and Accomplishment (PERMA). There have

been similar debates about this definition of wellbeing such as whether these building blocks capture what it is to experience a sense of wellbeing.

In a review of the philosophical origins of wellbeing, Henderson and Knight (2012), offered that both traditions contribute to our understanding of wellbeing and elements from both perspectives should be integrated into our understanding. The suggestion is that both perspectives can contribute to our understanding.

Dodge, Daly, Huyton and Sanders (2012) proposed a model which is represented by a balance scale in which wellbeing is the balance point where the individual has the psychological, personal and physical resources to deal with the challenges that they encounter in their lives. If they have more challenges than resources the balance dips, and so does the individual's wellbeing. This has been described as a simple model which can be applied universally and can be applied to various cultures and contexts (Dodge et al., 2012).

The authors developed a questionnaire based on the model. It appears that the challenge with this model would be how the individual would access the resources that would be needed to achieve the balance point and how to determine the balance point.

These definitions of wellbeing have been incorporated into accepted views about wellbeing as evidenced in the definition that has been adopted in the wellbeing and health policy in England which described wellbeing as "feeling good and functioning well and comprises the individual's experience of their life; and comparison of life circumstances with social norms and values." (Department of Health [DOH], 2014, p.6, para 1). This definition includes, Subjective wellbeing and Psychological wellbeing. The present study will adopt the definition presented by the DOH, (2014).

1.6 Concern about Mental Health and Wellbeing

There have been increasing concerns about children and young people's use of social media and the internet and the possible effects that this may have on their mental health and wellbeing (Byron, 2008; Livingstone, Davidson, Batool, Haughton & Nandi 2017). In "The Green Paper" (Department for Education [DfE] & DOH, 2017) there is recognition of the need for children and young people to learn more about the positive and negative impact of social media. It was recognised that there was a need for further inquiry into children's and young people's engagement with technology and its impact on their wellbeing (DFE & DOH, 2017).

In their research on children's use of the internet and the potential "risks and opportunities", Livingstone, Mascheroni & Staksrud (2015) noted in their framework for researching children's online activities that risks may include, access to inappropriate materials and privacy issues. It was noted that there were also opportunities associated with online activities such as using the internet for research, social networking with peers and playing games. This indicates that the use of the internet has some potential risks and opportunities that can affect wellbeing.

McDool, Powell, Roberts and Taylor (2020) investigated the effects of internet use on children's psychological wellbeing based on the broadband speed available in their local area. It was found that having access to faster broadband speed can have negative effects on several areas that are linked to wellbeing. These include relationships, school work, appearance and friendships. The researchers hypothesised that when young people spend a great deal time online this is likely to affect the amount of time that they spend on other activities such as social activities. The DfE and DOH, (2017) acknowledged the need for

children and young people to learn more about the positive and negative impact of social media and for further inquiry into children's and young people's engagement with technology and its impact on their wellbeing.

A literature review which was conducted by Livingstone et al. (2017) for the United Kingdom Council for Child Internet Safety [UKCCIS], explored children's use of the internet. The review explored risk and safety online and found that between 6 to 25% of children in the United Kingdom have experienced cyberbullying. This review suggested that children who are vulnerable online are likely to be those who are already vulnerable and exposed to other risks. The literature review highlighted the importance of developing those skills that are seen as an asset in resilient children. One of the areas identified for further research was around prevention and interventions to address cyberbullying and the evaluation of these interventions. Therapeutic interventions may support children to develop some resilience skills that can support protective factors.

Children and young people's involvement in gangs have been the subject of research which has shown that young people with poor mental health and wellbeing can be drawn to gang affiliation or gang membership and this, in turn, can lead to mental health difficulties (Public Health England [PHE], 2015).

It is important to remember that children and young people can experience mental health issues irrespective of their background or social position. There has been a reported link between affluence and some mental health issues such as eating disorders and substance misuse (Luthar, Barkin & Crossman 2013; Frith, 2016).

The above mental health statistics indicate that addressing the mental health needs of children and young people is crucial to preventing mental health problems that can impact on their development into more resilient adults. Interventions that promotes resilience building skills.

1.7 What is Resilience?

A child or young person who is resilient demonstrates the ability to recover and continue to function despite being faced with traumatic events that may occur in their lives (Rutter, 1999 & 2006). The research around resilience has documented the factors that contribute to positive outcomes for children and young people, however, there has been criticism that the outcomes relate mainly to western-based cultures and does not allow for other cultural and contextual factors (Ungar, 2006). It has been argued that the definitions have not accounted for the perspectives of other environments, in that resources that are not easily accessible to all cultures and contexts are not identified (Ungar, 2008).

An alternative view of resilience which has been proposed based on the outcome of studies conducted by the International Resilience Project (Ungar et al., 2008). The studies suggest that the child or young person interacts with the systems that surround them. They negotiate their way towards the resources that support good health and well-being and they access experiences that promote self-esteem (Ungar, 2008). The following quote from the International Resilience Project (IRP) has been described as a more culturally and contextually appropriate description of resilience:

> In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of

well-being, and a condition of the individual's family, community and culture to

provide these health resources and experiences in culturally meaningful ways

(Ungar, 2006, p. 225).

A recurring theme that has emerged from the literature around resilience is that it is

complex and may be described as a dynamic concept which allows the child or young person

to cope more effectively with adversities that they are likely to encounter in life (Rutter,

2012). The child or young person is perceived as navigating and negotiating their way to

resources that they need to maintain their wellbeing (Ungar, 2008). The International

Society for Traumatic Stress Studies reported on the outcome of a debate that explored

various aspects of resilience and concluded that resilience is multifaceted. It further stated

that what determines resilience in one community may be different in other communities

and the skills needed to cope with traumatic events will vary depending on the context. This

may be enhanced on many levels such as individual, community, family or culture

(Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014).

It has been proposed that to understand the nature of resilience, a framework should be

adopted such as that proposed by Bronfenbrenner's Bioecological model (Toland &

Carrigan, 2011; Schoon & Bartley, 2008). This model of human development consists of four

ecological systems. These are microsystems; mesosystems; exosystems and macrosystems.

Bronfenbrenner added a final chronosystem after a further revision that relates to events

that occur in the person's life over time (Bronfenbrenner, 1977, 1979, 1986). The model is

usually presented with circles signifying the systems. Each system resides within each other

and the individual, in this case, the child is at the centre of a microsystem that interacts on

her/ him. The "interpersonal relations experienced by the developing person"

(Bronfenbrenner, 1979, p.22), in a particular location has an impact as the child engages in interactions. The microsystem includes the family, the mesosystem may consist of the school, peer group and religious centres such as the church, mosque, temple or synagogue, neighbourhood or community. These systems may impact on the child, as the child interacts and moves between them. The school is one of the microsystems with which the developing child or young person interacts, which can have an impact on their wellbeing.

The Bioecological Model offers the means to understand the complex structures and interactions that can shape human development over time. The model places the child at the centre of microsystems such as the family, school, peer group, neighbourhood or community and it illustrates how the child interacts with them. These interconnected microsystems may help to shape the child and support the development of resilience as the child engages with them. School experiences are considered to be integral to the microsystem that the child connects with and is considered to be vitally important to promoting resilience (Toland & Carrigan, 2011).

1.8 Risk Factors and Protective Factors

Children's mental health and wellbeing can be affected by biological and social disadvantages or other negative childhood experiences (Frith, 2016). These have been referred to as risk factors (DfE, 2016; Frith, 2016; DfE & DOH 2018). These risk factors may include, having a lifelong physical illness, parents with mental health problems, traumatic events such as, loss or bereavement, separation including divorce and other negative experiences that may occur in their life such as, being bullied, difficulties with learning and experiencing discrimination (Mental Health Foundation, 2019).   When these events are

combined, they may have a detrimental impact on the mental health and wellbeing of children and young people (DfE, 2018).

An increase in risk factors increases the likelihood of a negative impact on the young person's mental health and wellbeing. Some children and young people may be more resilient because they have developed the skills that allow them to cope. These skills are generally referred to as protective factors which may include, feelings of self-efficacy, positive self-esteem, and the ability to cope with social challenges (Rutter, 1999; Newman 2004). These risk factors may have a significant impact on children's mental health and consequently outcomes later in life. Future outcomes such as lower academic achievements can affect a person's employment prospects (PHE, 2016). This, in turn, can lead to lower earnings and the likelihood that the individual does not gain employment and is at risk of being involved in crime (PHE, 2016). This cycle may be repeated with their children when they become adults without intervention to alter this course.

Adverse Childhood Experiences (ACE) can have a significant impact on mental health and wellbeing (Bellis, Lowey, Leckenby, Hughes and Harrison, 2013; DOH, 2015). ACE is a term used to describe the traumatic experiences that children may encounter that impact on their mental health and wellbeing. These may include growing up in households in which they experience abuse or are exposed to domestic violence or substance abuse (Hughes et al. 2017). The Green Paper consultation (DfE & DOH, 2017), emphasises the duty to protect the mental health and wellbeing of children and young people because of the negative impact that ACEs are likely to have on their future mental health and their later life chances (Bellis et al. 2015). Children and young people who experience ACEs are considered to be vulnerable and providing support for their mental health and wellbeing early may improve

their life chances. Multidisciplinary collaboration focused on early intervention has been encouraged to help to prevent a cycle of ACEs (Hughes, et al., 2017).

1.9 Early Intervention

The prevalence of mental health concerns has drawn attention to early intervention strategies that promote the wellbeing of children and young people (DfE & DOH, 2017 & Weare, 2015). In the consultation document, Transforming Children and Young People's Mental Health Provision: Green Paper (DfE & DOH, 2017), there is an emphasis on the roles and responsibilities of schools and colleges in prioritising mental health provision for the support of children and young people. Furthermore, the document states that children and young people experiencing mental health concerns should receive the support they need without unnecessary delays.   It has further highlighted the need to provide a network of provision for children and young people in the community, schools and colleges.

Intervening early can support children and young people to build their resilience and develop the coping strategies that they need to contend with adversities (Gross, 2008). Resilience can be strengthened by protective factors (Newman, 2004; Rutter, 1999; & Lloyd, 1995). Promoting mental health is likely to benefit, the child or young person and may help them to develop key protective factors. These protective factors have been identified as including social competence, good academic achievements and parenting support (Dyson, Gallanaugh, Humphrey, Lendrum & Wigelsworth, 2010).

Emerging strongly from the literature around promoting children's mental health and wellbeing is the need to intervene early to support children and young people (Weare, 2015). Early intervention allows children to develop the skills needed to cope with adverse life experiences that may help to prevent poorer outcomes and mental health problems in

the future. One of the recommendations that have been emphasised is the introduction of programmes to support the development of resilience skills in young children (DOH, 2015; Frith, 2016).

1.10 The role of the school in providing interventions

It has been advised that schools have a role to play in promoting mental health programmes for children and young people (DfE & DOH, 2017). Research suggests that schools are best placed to intervene early to enhance the mental health and wellbeing of children and young people (Gross, 2008). Positive school experiences have been highlighted as being significant in enhancing the skills that children need to develop. Schools can provide support to strengthen protective factors and in so doing enable children and young people to become more resilient (Gross, 2008: DfE, 2018). Schools can provide a "graduated response" to interventions (DfE, 2018, p.5), which suggest that schools will assess, develop a plan and intervene as necessary to support the child or young person. The school environment can seem less stigmatising and more acceptable to some children, young people and parents when delivering services (Cooper 2013 & DfE, 2015).

1.11 School-based interventions

School-based interventions have been promoted to build resilience and support children's mental health and wellbeing (The National Institute for Health and Care Excellence [NICE], 2008). Supporting children's social and emotional development from the earliest stages, may include introducing effective social and emotional development programmes which can be delivered in schools (Weare, 2015). It has been recommended that when providing interventions to support the development of social and emotional skills whole school approaches should be implemented and should ideally be a part of the school's curriculum

(Weare, 2015). These approaches are often described as universal approaches. It has been suggested that these programmes may help children to develop the skills that they need to cope with changes that are likely to occur in their lives. The programmes should help them to understand their feelings as well as manage conflict (NICE, 2008; Public Health England, 2015).

 Several Intervention programmes have been employed to support children to develop the skills needed to cope with these changes. These have included programmes such as the Social Emotion Aspects of Learning (Department for children school and families, 2008). Additional interventions have incorporated structured cognitive behavioural interventions such as the Friends resilience programmes for children that include "Fun Friends and Friends for Life" (Barrett, 2005), that has also been recommended by WHO, and Promoting Alternative Thinking Strategies (PATHS) curriculum (Greenberg, 2006). It has been recommended that parents and carers should be included in these programmes, as research suggests that this will be particularly beneficial for supporting children's well-being (NICE, 2008). Weare and Murray (2004) noted that having universal provisions in place would help to reduce the need for targeted interventions and suggested that,

> If we have this backdrop of universal provision, much less effort will be needed to carry out this targeting as many cases and problems will have been prevented, the infrastructure to respond will be in place already, and there will be a supportive context to which people can return which will support the changes we have helped them to make rather than undermining them again. (Weare & Murray, 2004, p56)

1.12 Targeted Interventions

Children showing early signs of social and emotional difficulties such as, anxiety and poor social skills and other difficulties should be supported through more targeted interventions (NICE 2008). It is recognised that schools can provide targeted support for children with mild to moderate mental health needs (DOH and DfE, 2017). It may also be necessary to provide individual interventions delivered by a mental health specialist in the school setting (DfE, 2016). The use of counselling and therapeutic services for children with particular needs in this area has also been recommended (DfE, 2016).

The importance of school-based intervention was highlighted in the "Green Paper" (DfE & DOH, 2017). One of the interventions included was cognitive behavioural therapy (CBT), however, there are other interventions already existing in the school setting such as counselling (DfE, 2015). Some primary schools engage school-based counselling services to support children. They may introduce creative ways such using artwork or play, this approach is considered to be advantageous to younger children. It enables children with limited language to express themselves and it is a nonverbal means of communicating (DfE, 2015). It is also considered to be more accessible to younger children (DfE, 2016).

1.13 A Sense of Belonging

One aspect of the school environment that should be considered when thinking about the wellbeing of children is how connected they feel (Allen, Kern, Vella-Broderick, Hattie & Waters, 2016). Connectedness in the school environment is seen as vitally important in promoting a sense of wellbeing (McLaughlin & Clarke, 2010). Roffey (2013) noted in a discussion paper that school belonging has become increasingly seen as a protective factor in building resilience and promoting wellbeing. Children spend a great deal of their time in

the school setting and may feel a sense of connectedness to the school (Roffey, 2013). A longitudinal study conducted by Jose, Ryan and Pryor (2012) explored young people's connectedness within the family and school. Their findings suggested that when a sense of connectedness is promoted in the school and family it is beneficial to wellbeing.

Maslow's) theory of motivation proposes that there is a "hierarchy of relative prepotency" (Maslow, 1943, p. 374). This is also known as a hierarchy of needs (see Table 1). The hierarchy is usually represented by a pyramid although this is not evident in the original model. The physiological needs such as food, shelter and clothing are at the base or foundation of the model. On the next level are safety needs such as physical, family security and health. This is followed by social needs, such as relationships and belonging. Esteem needs that include both internal and external are next, this includes competence, contentment and confidence. Self-actualisation cannot be attained without "prior satisfaction" of the basic needs that is to say until the individual's basic needs are met.

Maslow's theory of motivation is considered to be one of the most widely referenced models (Yang, 2003). There has been some criticism about the methodology used originally such as the sample of individuals that Maslow described as achieving self-actualisation, who were predominantly male and from a western based culture (Neher, 1991). Some critiques have interrogated the ranking of the needs and the requirement for the individual to fulfil what is considered to be basic needs before the progression to self-actualisation (Neher, 1991). Additional perspectives suggest that Maslow's theory has been misinterpreted and subsequent revisions to the original model have not been acknowledged (Wininger & Norman, 2010).

The theory has been critiqued because it may not be applied to some sociocultural contexts. One of the arguments that has been proposed is that the theory was developed in America which is considered to be individualistic and it does not account for other cultures such as Asian cultures (Yang, 2003), Arabic cultures (Bouzenita & Boulanouar, 2016) or African cultures). Some cultures are said to value or are motivated by group or community standards (Mawere, Mubaya, Reisen & Van Stam, 2016). It has been argued that a person of the Islamic faith who fasts during Ramadan is thought to achieve self-actualisation, because the basic need for food is not satisfied (Bouzenita and Boulanouar, 2016). Maslow revised the original theory and has added transcendence after self-actualisation (Koltko-Rivera, 2006). A sense of belonging is included in Maslow's hierarchy of needs and is of relevance to the school environment. See table 1 for author's interpretation of Maslow's hierarchy of needs.

Table 1.

Author's interpretation of Maslow's hierarchy of needs

Needs	Description
Self-actualisation	achieving potential, self-fulfilment
Esteem	self-esteem, confidence, sense of achievement
Love/ belonging	relationships, family, friendship, school, college,
Safety Needs	security, health, safety in family, home school
Physiological needs	basic needs such as air food, water shelter

1.14 School-based counselling

School-based counselling has been described as one of the most prevalent forms of psychological therapy for children and young people (Frith, 2016; Cooper, 2013). Counselling support in the primary school may be delivered by a psychotherapist or creative therapist. Counselling interventions have been reported to have positive effects on the wellbeing of children and young people (DfE, 2016). There are reported strengths to having therapists in schools, these include, shorter waiting times when children and young people are referred for therapeutic intervention and the convenient location makes it more likely that children will attend sessions (Cooper,2013). In a review of Counselling in Schools, Cooper (2013) reported that school staff were of the opinion that it is beneficial for young people to access professionals with specialist training in therapeutic skills within the school setting because it can have a positive impact on their wellbeing and learning.

1.15 The Relevance of Children and Young people's Mental Health and Wellbeing to Educational Psychologists

The Special Educational Needs (SEND) Code of Practice 0-25 (DfE, 2015) states that EPs have long-established links with schools. This provides them with the opportunity to share their knowledge about prevention and intervention strategies that are evidence-based. It also noted the importance of professionals such as the EP working together with schools to identify needs and offer support including providing advice. It has been recognised that Educational (EP) work very closely with schools and colleges in a supportive role. One of the services that EPs can support schools to evaluate the impact of interventions with children and young people. The EP's role provides opportunity to discuss wellbeing with school staff parents and children at various levels including a systemic level (Roffey, 2015). The expertise

of EPs continues to be valued as has been reported in the government's response to the Green Paper consultation document (DOH & DfE, 2017). The document records that EPs were the top professionals that other professionals identified to work alongside them in schools. This suggests that professionals may be willing to work alongside EPs in schools to promote interventions that support the wellbeing of children. Educational Psychologists (EPs) have a vital role to play in promoting the wellbeing of children and young people (Roffey, 2015).

According to Kramer, Woods and Rooney (2010), EPs have well-developed skills in working with and respecting the skills of staff from a range of different backgrounds. This allows the EP to work with a wide range of professionals. Cameron (2006), identified the distinctive contributions that EPs have, one of which was "promoting innovative concepts or big ideas which are underpinned by psychological research evidence and theory and which can enable clients to spot potential opportunities for positive change" (Cameron,2006, p.293). This provides the opportunity for the EP to be proactive in promoting evidence-based mental health and wellbeing strategies. In addition, the EP can conduct research into the effectiveness of interventions for children and young people, at a local and national level, considering different approaches that work for different groups.

1.16 Outline of the Thesis

The next chapter will start with the literature search that was conducted to identify the relevant literature around art therapy. It will identify the key sources that were used to conduct the literature search. A definition of art therapy and the psychological aspects of art therapy will follow. A summary of the history of art therapy is included followed by a critical appraisal of research into the effectiveness of art therapy. Interventions with adults

and children in the health settings will be also be included. This will be followed by reviews of art therapy interventions in school settings and reviews of selected studies into the effectiveness of art therapy that has been conducted in the primary school setting. The importance of the child's voice will be discussed with a particular focus on the United Nations Convention on the Rights of the Child. Research that relates to art therapy as an intervention and the therapist's perspectives about working in schools will be included. Chapter three will consist of the research methodology in which the ontological and epistemological position of the researcher will be stated. The research approaches that were used will be discussed along with the strengths and limitations. Additionally, the recruitment of participants, data gathering and ethical considerations will be included. In chapter four the findings of the study will be presented and discussed in detail and in chapter five, the findings will be discussed as they relate to the research questions and the literature review. Chapter six is the closing chapter, which will include the researcher's reflections about the study. It will reflect on aspects of the research process such as the recruitment of the participants and will include the researcher's learning journey. The implications of the findings for Educational Psychologists will also be included.

Chapter 2

Literature Review

2.1 Introduction to Literature Review

The focus of this literature review will be art therapy in the primary school setting. The review will commence with identifying the key sources that have been employed to conduct the literature review. A definition of art therapy specifically what is meant by art therapy and the psychology of art therapy will be provided. A brief history of art therapy will also be included and the psychological aspects of art therapy will be outlined.

A review of studies about the effectiveness of art therapy as an intervention will be carried out. The studies that focus on art therapy without any other intervention will be of specific interest. At first, general studies about the effectiveness of art therapy will be reviewed, then studies carried out in the health context, that include art therapy as an intervention for adults and children will be considered. This will be followed by studies with children within the age range of eight to twelve years that took place in the primary school setting, in the UK. The intention will be to analyse the outcomes of the literature reviews and the research into art therapy's effectiveness with primary school children. This will be followed by a review of studies about the views of art therapists that work in the school setting.

The literature review will also explore research that considers the voice of the child, and eliciting the voice of the child. The United Nations Convention on the Rights of the Child will be the focus of this section. In conclusion, areas for further research will be identified, then questions will be formulated to assist with further exploration.

2.2 Key Sources

The key sources that were used to conduct this literature review were online electronic databases which were accessed via the Cardiff University Library. These were PsycINFO, ERIC and PubMed, additionally, Google Scholar was utilised to retrieve further studies and relevant grey literature. Hand searches of the references of retrieved articles were carried out. The searches were conducted in January and February 2019 with supplementary searches in January 2020 to access additional sources that may have been missed.

Table 2. Inclusion criteria for literature search

Inclusion criteria
Literature reviews about art therapy interventions
Articles that are written or translated in English
Articles that describe the art therapy intervention
Studies about art therapy without other interventions
Articles that focus on art therapy with primary school children

The initial search was carried out with PsycINFO, PubMed and ERIC were limited to the last twenty years. Due to art therapy being the main area of study the criteria used for the selection of articles for inclusion were studies that included a description of the art therapy intervention that was used and studies that were conducted in the UK were prioritised. Studies that focused on children, specifically primary school children were eventually selected. The following search terms were used: "art therapy effectiveness", "art psychotherapy effectiveness reviews", "art therapy schools, UK", "reviews of effectiveness art therapy with children", and "effectiveness of art therapy in primary schools". The search terms were narrowed to focus on articles that examined the effectiveness of art therapy as

an intervention and art therapy in schools in the United Kingdom (UK). These search terms were used to acquire articles that met the inclusion criteria.

The literature search which was conducted is based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses [PRISMA] (Shamseer et al., 2015). The initial search generated 7013 reports, an additional 151 were identified via Harzing's Publish or Perish. After records were screened for duplicates, 6984 reports remained. The titles were screened to identify whether the studies were about art therapy or art therapy in school, 6361 were excluded. After the titles and abstracts were screened 63 full-text articles remained. A further 33 full-text articles were excluded that did not meet the criteria for inclusion. See Table 2 for information about the inclusion criteria.

The searches for reviews often produced similar studies, namely the reviews conducted by Reynolds, Nabors, and Quinlan (2000) and Slayton, Archer, and Kaplan (2010), highlighting the scarcity of studies in this area.

The next area for which database searches was conducted were studies that explored eliciting the voice of the child. The search terms included, "research with children", the "child's voice in research", "the voice of the child", and "eliciting the voice of the child".

Further searches were conducted to include the views of art therapists based in the school setting or working in the school environment. The search terms that were used included, "school-based art therapists", "Art therapists based in schools", "Art therapist's views", or "Art therapists' perspectives". Initially, searches that included art "therapists school" and "art therapists school-based" were used however, this did not produce results about the specified area. Therefore, further searches were employed to include all search terms such as, "perspective art therapist school-based", from none to all words. This included

"perspectives, therapists work, school environment", and using smart text search options. The searches resulted in research that included creative therapists and occupational therapists. The search was continued using the term "art therapists" but omitted views, "views of art therapists", "art therapists' views and school". The search for studies that included art therapist's views in the school setting gleaned zero results. Employing a Google Scholar search using the search term, "art therapy perspectives school," which resulted in the retrieval of one title. In a further search, "perspectives" was changed to "views" and this resulted in the retrieval of another study. The hand search of the reference list of the full-text article resulted in an additional research paper. A flowchart of the literature search is shown in Figure 1, Appendix A

2.3 Definitions of Art Therapy

Art therapy is a branch of psychotherapy in which the art medium is used as a form of self-expression (Case & Dalley, 2014). When the individual is supported by an art therapist this may allow them to communicate their feelings through art-making (Waller, 2006). Having skills in art is not a necessary prerequisite (Waller, 2006). Art therapy has been described as facilitating change through engagement with the therapist in a safe environment (Case & Dalley, 2014).

The British Association of Art Therapists (BAAT) 2019, define art therapy in their Code of Ethics as follows:

> Art therapy is a form of psychotherapy that uses visual art media as its primary mode of communication. It involves the use of visual and tactile media as a means of self-expression. Art therapists and art psychotherapists aim to enable clients both to

discover an outlet for often complex and confusing emotions that cannot always be expressed verbally, and to foster self -awareness and growth (BAAT, 2019, para 1).

The American Art Therapy Association (AATA, 2017) defines art therapy as follows:

> Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.

> Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change (Definition of art therapy, AATA, 2017, para.1)

In their brochure promoting, Art Therapy for Children, the Canadian Art Therapy Association (CATA) provided the definition of art therapy shown below.

> "Art therapy combines the creative process and psychotherapy, facilitating self-exploration and understanding. Using imagery, colour and shape as part of this creative therapeutic process, thoughts and feelings can be expressed that would otherwise be difficult to articulate" (What is Art Therapy? CATA, 2017, para. 1).

These definitions include the use of art-making and the relationship with the therapist. The common elements found in these definitions of art therapy will be applied to the reviewed

studies to determine whether the art therapy intervention used included these when referring to art therapy.

2.4 A Brief History of Art Therapy

The field of art therapy developed in the late 1940s in the United Kingdom (UK) and the United States of America (USA), at about the same time, although independently. It is widely believed that Adrian Hill was the first to use the term 'art therapy' in the UK during the 1940s. He discovered that creating artwork could have a therapeutic effect on the individual. Hill had been a patient in a sanatorium recovering from tuberculosis and had engaged in art-making and image-making. Further development of Hill's work was undertaken by Edward Adams who introduced the approach as non-interventionist art therapy when working with long-term hospital patients (Case & Dalley, 2014; Hogan, 2000).

At about the same time as Hill, Margaret Naumberg in the USA is said to have used the term (Kramer, 2001). Naumberg advocated a psychodynamic model of art therapy in which the therapeutic relationship between the art therapist, the client and the artwork were viewed as important (Edwards, 2014; Waller, 2006; Case & Dalley, 2014). The relationship between the therapist and the client has been described as a triangular relationship in which the client and the therapist work together to understand the meaning of the artwork (Schaverien, 2000). A therapeutic relationship is developed with "person-to-person" (Case & Dalley, 2014, p.3) with transference and countertransference being a part of that relationship

Art therapy as we know it today is believed to be a synthesis of the two schools of thought. Although art therapy has evolved these ideas are still evident in the work of art therapists (Waller, 2006). The work of Donald Winnicott (1953, 1971, 1996) is said to have influenced

the work of art therapists in the UK, particularly those working with children (Waller, 2006). His work emphasised the importance of play and creativity and the supportive role of the therapist. Donald Winnicott's theory about transitional objects has also been influential (Waller, 2006 and Edwards, 2014).

Art therapy seems to have been influenced by psychology and art education because many of the originators of art therapy were art educators (Waller, 2006). Art therapy has also been influenced by psychoanalysis and has been described as a hybrid discipline (Waller, 2006; Case & Dalley, 2014).

2.5 The Psychological Aspects of Art Therapy

According to Malchiodi (2003), the art therapy profession is informed by various approaches or models. These approaches may include, psychoanalytic, analytic, object relations, humanistic and cognitive approaches. Hogan (2009), devised a continuum to illustrate the diversity of art therapy practices in Britain.   It has been suggested that art therapists in England practice a flexible approach in their work depending on the needs of their clients (Malchiodi, 2003; Hogan, 2009). The individual engaged in art therapy develops an understanding of self through creating artwork and sharing the image-making with the therapist. In art therapy, the therapist facilitates growth (BAAT, 2019). However, change is also referred to in art therapy literature (Waller, 2006; Case & Dalley, 2014).

Holmqvist, Roxberg, Larsson & Ludqvist-Persson, (2017) carried out an exploratory study that explored what art therapists considered to contribute to the change in clients. The aim of the study was to find out if therapist have a common language to describe the change that clients experience in the therapeutic process. Participants in the study consisted of 38 trained art therapists in Sweden. The therapists were required to describe their perceptions

of inner change and situations where they perceived that inner change occurred with a patient. An analysis of the language that the therapists used to describe the process revealed five themes which were common to the therapists:

- Therapeutic Alliance, that described the relationship with the therapist.

- Creating, described the work in the therapeutic process

- Affect consciousness

- Self-awareness

- Ego

The information that the researcher provided about the therapists' experience and background indicated that training had been mainly psychodynamic, which may have accounted for the consensus in the language used.

2.6 Art Therapy with Children

Edith Kramer is considered to be one of the pioneers of art therapy in the USA along with Naumberg (Waller, 2006; Kramer 2000). Kramer is believed to have introduced art therapy to schools in the USA and believed that art therapy had intrinsic healing properties (Kramer, 2001). It was believed that an object would emerge out of destructive feelings, the object would symbolize those feelings and as a result prevent them from being acted out (Waller, 2006). Art therapy may help children to uncover feelings that they want to express (Case & Dalley, 2014). The therapeutic setting can help the child who is emotionally distressed to communicate emotions such as, how they are feeling about themselves and others (Case & Dalley, 2014).

2.7 Review of Studies about the Effectiveness of Art Therapy

There appears to be limited research into the effectiveness of art therapy as an intervention (Reynolds, Nabors & Quinlan, 2000). The reasons stated for limited research in this area include lack of priority by many therapists (Betts & Laloge, 2000 and Deaver, 2002). This was highlighted in a survey of art therapists conducted by Betts and Laloge (2000). Some of the therapists identified training in research methodology and data analysis as areas that they would like to develop further to be able to carry out research. Many early studies of art therapy appeared to be case studies such as those identified in a review of research carried out by Eaton, Doherty and Widrick (2007). The studies consisted of qualitative reports of observations.

One review of studies conducted by Reynolds, Nabors and Quinlan (2000), included published experimental studies that detailed the effectiveness of art therapy. The researchers reviewed 17 studies published from 1971 -1998 which met their set criteria. Their set criteria were that the studies assessed the impact of art therapy on a measurable outcome, such as self-esteem and behaviour and the impact of treatment on a sample or treatment group. The three types of studies included in the review were, single group with no control studies of art therapy effectiveness, controlled (non- randomized) trials of art therapy effectiveness and randomised controlled trials of art therapy effectiveness. The outcome measures included self-esteem, self-concept, locus of control and social skills. The participants in the studies included adults, children and young people. Eleven studies focused on children and adolescents of various ages in a range of settings. The researchers concluded that the three study designs produced similar results regarding the positive effects of art therapy. Even though there appeared to be positive effects from the art therapy interventions, some of the studies in the review reported that there were additional

interventions provided alongside the art therapy intervention. This made it difficult to determine the actual impact that art therapy had on the participants. Also, the studies did not appear to provide detailed accounts, which would make it difficult to replicate them. A subsequent review carried out by Slayton, Archer and Kaplan (2010) which, added to the previous review, identified qualitative and quantitative studies which were conducted from 1999 to 2007. For studies to be included in their review, they were required to meet criteria such as assessing the impact of the art therapy intervention on a measurable outcome, the art therapy intervention had to be measured on a sample or treatment group, the art therapy intervention was not combined with other forms of treatment and the participants used a visual art medium. The sessions were also facilitated by an art therapist or 'qualified clinician'. Additionally, the reviewers identified four categories to include in the review. These were 'comprehensive' qualitative studies, single-subject pre and post-test designs, designs using control and treatment groups without random assignments and controlled clinical trials with a randomised assignment to groups. This review of studies showed an increase in studies that included children when compared the study by Reynolds et al (2000). They reviewed 35 studies of which, fourteen included children age 12 years and under and 12 which were conducted with adolescents ranging from 13 to 18 years of age. The outcome of the studies indicated that there was some evidence to suggest that art therapy could be used to treat a range of conditions in school-age children. The conditions identified included, coping better with feelings and improvements in behaviour.

In this review by Slayton, et al. (2010) as with that by Reynolds, et al, (2000), the studies covered a wide age range and included adults and children in a range of settings. Scrutiny of the studies that involved children and young people indicated that although some interventions included art, they were not all art therapy as outlined in the above definitions,

which makes it difficult to determine which intervention led to the changes reported. There were also inconsistencies with the time allowed for the intervention. In one case the intervention was for a period of one session, (Regev and Gutman, 2005). The researchers reported that the description of the interventions in the studies was not detailed, which would make them difficult to replicate. There was also variation in the length of time for the interventions making reliable comparisons difficult.

2.8 Review of Studies that Include Art Therapy with Adults

The focus of this study is children's experiences, however, a few studies that include art therapy intervention with adults have been included to demonstrate that therapy research has included research into the effectiveness of art therapy for conditions that are related the wellbeing of adults.

 A systematic review of the art therapy literature from 2008-2013, was conducted by Maujean, Pepping and Kendall (2014). The review included eight Randomized Controlled Trials (RCT). The studies explored art therapy as an intervention for various conditions such as the quality of life for adult cancer patients, supporting individuals with schizophrenia to communicate their feelings and enhance wellbeing. Art therapy interventions were also used to support adults with developmental disabilities, promote healthy ageing in older adults such as encouraging expression of ideas, reducing apathy and enhancing cognitive function, memory and mood. Additionally, art therapy intervention was used to improve the quality of life for older adults with Alzheimer's disease and war veterans undergoing treatment for stress-related conditions.

The researchers noted that the length of time varied for the interventions and the models of art therapy intervention utilised in the studies. This would make it difficult to reliably

compare the studies. The studies ranged from relatively small sample sizes to extremely large.

Uttley, Scope, Stevenson et al (2015) conducted a systematic review and examined evidence into the clinical effectiveness and cost-effectiveness of art therapy for individuals with non-psychotic mental disorders. This review included 15 randomised controlled trials and 12 qualitative studies.   A qualitative meta-synthesis was included to add to the interpretation of the quantitative data. The narrative synthesis report indicated that art therapy was associated with positive changes Overall it was found that art therapy produced positive changes in 10 out of 15 studies when compared to control. A meta-analysis was not carried out because it was considered that there was insufficient data that would allow for comparison of outcome measures.

 The mental health symptoms that were the focus of the review included depression anxiety mood quality of life and self-esteem. The quality of RCTs was reported to be low and very few described how samples were randomised.

The findings from the review indicated that there were some relatively positive effects, neutral effects and negative effects. The positive effects of art therapy included having a relationship with the therapist which in turn had a positive impact on relationships with family and friends. In addition, art therapy appeared to support an increased understanding of self, strength and perspective, a distraction from pain, brought pleasure and satisfaction, allowed opportunity for expression of feelings, promoted empowerment, support and relaxation. Some negative effects reported were anxiety and increased pain.

The reviewers reported that the qualitative studies overall quality were "low to moderate," however art therapy was viewed as an appropriate treatment when compared to 'waitlist'.

The review of studies which were conducted by Slayton, Archer and Kaplan (2010) was also included this review.

The above studies show that there is emerging evidence that relates to the beneficial effects of art therapy with adults. There have also been some positive outcomes reported for adults undergoing treatment for cancer and other health-related and medical conditions (Wood, Molassiotis & Payne, 2011; Maujean, Pepping & Kendall, 2014 and Regev & Cohen-Yatziv, 2019).   However, the reviews of studies have indicated that in some studies insufficient was recorded for reliable replication. Inconsistency in approaches to art therapy was also another factor.

2.9 Review of Studies that Include Art Therapy in the Treatment of Health-Related Conditions with Children

Aguilar (2017), carried out an integrative literature review of seven studies which were conducted from 2000-2016. The review explored the effectiveness of art therapy for alleviating the symptoms that children experience when undergoing treatment for health-related conditions such as cancer. Two of the reviewed studies were located in an inpatient setting and the remainder in an outpatient setting. The focus of the review was that art therapy intervention would be effective in enhancing the quality of life and minimising the adverse effects of treatment for paediatric cancer patients.

This review comprised both qualitative and quantitative studies that explored the effectiveness of art therapy for increasing children's coping skills. The coping skills included communication, distraction, reducing symptoms and improving wellbeing. The reviewed studies reported on the use of drawing interventions to help children to cope with the adverse effects of going through treatment for cancer. The outcome of the art

interventions appeared to support children's ability to communicate their feelings. The children demonstrated the ability to cope by using strategies such as distraction. They showed improvements in their wellbeing that included raised self-esteem and an improved ability to relax.

Aguilar (2017), reported that the effectiveness of art therapy for cancer patients was inconclusive, however, there were positive results shown for the drawing interventions. A criticism of the studies was that interpreting the drawings and their meanings were dependent on the views of the individuals who assessed the drawings. Also, there were several study designs included in the review, which makes it hard to generalise the findings. All of the studies used a form of drawing that made it possible for those working with the patients to develop an understanding of the challenges the children faced. The American Association of Art Therapy definition was used to define art therapy at the start of the review. This review concluded that art therapy would be an effective intervention for children undergoing cancer treatment particularly those who find it hard to communicate their feelings.

Another study that was included in the review involved using computerized drawings to learn about the "existential challenges" that children faced, living with cancer (Woodgate, West and Tailor, 2014). The participants of the study were thirteen children 8– 17 years undergoing cancer treatment. The data collection method consisted of interviews, writing a computer diary which was voluntary and using a computer drawing tool. The researchers stated that the computerized drawings enabled the children to express their feelings about the existential challenges that they experienced. Before the intervention, the children had found it difficult to articulate their feelings. However, the findings of the study showed that

the computer drawing tool provided a therapeutic vehicle for the children to express themselves non-verbally the existential challenges experienced.

Abdulah and Abdulla (2018) conducted a study with paediatric patients undergoing treatment for cancer. The study investigated the effectiveness of creative art therapy in promoting patients' psychological wellbeing and their health-related quality of life. The researchers carried out a Randomized Control Trial, consisting of 30 children in a control group and 30 in a creative intervention group. The intervention was delivered by a professional artist who used painting, drawing, and craft-making.

The children showed improvements in several areas that related to the quality of life such as, dealing with emotions and moods, organising and structuring their leisure time, and participating in social activities. These areas had been selected because they were some of the areas that some patients undergoing cancer treatment, experienced difficulties. The art intervention was facilitated by an artist however, it is not stated whether the artist was a trained art therapist. Nonetheless, the impact of the art intervention on the identified areas was reported to be significant. The researchers reported that the sample of participants came from the same geographic location, therefore the intervention may not be generalizable to other areas. The artist was reported to support the children emotionally and personally. The researchers, Abdullah and Abdulla (2018) indicated that previous studies also described the positive impact of creative therapies with oncology patients undergoing treatment, however, the other studies used different approaches and methods so a comparison between them would be problematic.

2.10 Review of Studies about Art Therapy in the Primary School Setting

The focus of this study is specifically about children's experiences of art therapy in the primary school, therefore the remainder of this review will focus on research that has investigated the effectiveness of art therapy with children. Art therapy has been reported to have a positive impact on a range of concerns, which includes family issues, social-emotional and behavioural concerns and improving attendance (Slayton et al, 2010 and Wallace Di-Garbo and Hill, 2006). The reviews that follow will concentrate on studies that examine art therapy intervention in the primary school setting with a focus on those that have not included other interventions alongside art therapy.

The review that was carried out by Reynolds et al. (2000), was carefully examined. The studies that were carried out in an educational setting with children within the age ranges of 7-12 years were identified. The studies that described art therapy without additional interventions were selected. Six studies were selected and out of these studies, three appeared to be specifically art therapy interventions. These studies were then reviewed separately. An attempt was also made to find studies that included children's views about art therapy.

2.11 Early Art Therapy Studies in the School

The earliest study identified in the review by Reynolds et al. (2000) was conducted by White and Allen (1971). In this study art therapy is described as art counselling. The study compared an art counselling intervention to a more traditional non-directive counselling programme, which means the therapist was unobtrusive during the therapy sessions. The study aimed to determine if there were positive gains in self-concept after the art counselling intervention. The study was conducted with sixth-grade boys. In England, these boys would be at the end of their primary school years and transitioning to secondary

school. The study took place over 8 weeks as part of a specialist summer school program. A Self-Concept Scale was used to measure the impact of the intervention. The outcome of the study was that the boys who received the art counselling programme showed improvement in self-concept when compared to the control group. The changes in self-concept were maintained after 14 months including after the boys had transitioned to their new school. Although the study was conducted in an educational setting, it did not take place in the regular school environment which may have affected the outcome.

Two of the studies included in the review that was conducted by Slayton et al. (2010), were carried out in educational settings. These were the studies by Gersch and Goncalves (2006), and Wallace, Di Garbo and Hill (2006). The study that was carried out by Gersch and Goncalves, was carried out in a primary school setting with two distinct groups of participants. One group of participants were children who received art therapy intervention and the other group were Educational Psychologists (EPs). The study aimed to determine if children found art therapy beneficial and whether EPs would find it useful to include the tools and ideas of creative therapists in their work with children. In addition, the study was designed to ascertain whether EPs desired to have aspects of creative therapy treatment included in their training. The participants included five 10-year-old children, three boys, two girls and 22 Educational Psychologists.

The children were chosen to participate in the study, however, it is not clear how they were recruited, how consent was obtained and whether children's assent was obtained. The researchers' reported that data gathered from the children were analysed using a 'qualitative method', however, the qualitative method was not described in the study. This would make it very difficult to replicate the study. The researchers' reports of the children's

comments about art therapy indicate that the beneficial effects of art therapy were that it helped them to deal with their emotions. The interviews with children were conducted via a focus group. The authors acknowledged that there were limitations to having a focus group. Issues such as the impact of group dynamics and dominant voices in the group which may have silenced the voice of some more quiet individuals. Furthermore, voices of dissent may not have been heard and there is the likelihood that confidentiality is compromised (Kitzinger, 1995).

2.12 Art Therapy for Children with Learning and Social-Emotional needs

Art therapy intervention for children with Learning and Social-emotional needs has also been the subject of research. One study investigated whether art therapy intervention could be included as additional support for children with learning needs who also experienced social-emotional needs (Freilich and Shechtman, 2010). The study aimed to investigate how art therapy as an added intervention, helped children to cope with social adjustment compared to receiving only additional support to improve their academic learning. This study was conducted at an intervention centre as opposed to the usual school setting attended by the children, which may have had an impact on the outcome. Children were referred to the centre by their school because of their low academic achievements. The children's ages ranged from seven to fifteen years with most of them from elementary school, this is the equivalent to primary schools in England.

The children experienced social and emotional anxieties, which appeared to be related to their difficulties with learning. The concerns included social rejection, poor understanding of social cues and social isolation. Pre-post follow up after 3 months showed that the intervention had an impact on the children's learning. The children had developed skills in areas such as comprehension, reading, writing and math. The outcome of the study

indicated that art therapy supported the children with learning difficulties to cope in the learning environment. This study was conducted in Israel and the children were referred for intervention by school staff. An additional assessment was made to determine if the children would benefit from the intervention. The report of the study did not state whether the children received an explanation about the study or if they agreed to participate.

2.13 Art Therapy for Children with Social, Emotional and Mental Health Concern

In a review of controlled studies McDonald and Drey, (2017), identified four studies with primary school children that met criteria for review. The inclusion criteria that were that the studies had to be translated into English and had standardised measures. Art therapy was reported to have a positive impact on classroom behaviour, Oppositional Defiant Disorder and Separation Anxiety Disorder.

Khadar, Babapour and Sabourimoghaddam (2013), carried out two studies that were included in the review. In one study the art therapy intervention used was described as 'painting therapy,' however, this procedure was not described in detail. The intervention was carried out with elementary school boys who were age 7-12 years. The boys were identified as having Oppositional Defiant Disorder (ODD) this study, art therapy intervention was reported to significantly decrease the symptoms associated with the ODD. The study refers to detailed document analysis and reviews with parent and teacher, however, the child's views or their consent to participate is not mentioned. The published study provided limited information about the processes.

Another study investigated the impact of art therapy as an intervention for boys, age 7-12 years, who experienced separation anxiety. Favourable outcomes were reported for the boys experiencing Separation Anxiety Disorder (SAD). The researchers referred to a

qualitative discussion as part of the studies in which parent's views and documents were analysed however, the report does not provide a detailed description of this. The selection of the participants also the inclusion and exclusion criteria are not clear from the report, which would make it difficult to replicate.

2.14 Art Therapy Studies in the UK

The literature search identified some studies that were conducted in UK schools. One of the studies was a qualitative study carried out by Deboys, Holttum and Wright (2017). The study is an exploration of one to one art therapy with children. It explored children's experiences of art therapy from multiple perspectives. Children, parents, teachers and therapists were interviewed. Eight teachers and three art therapists were interviewed, between them, the therapists had worked with five children. Fourteen children took part in the study that consisted of 6 boys and 8 girls. Each child had at least one parent that took part in the study, two parents were interviewed for one child. The study also described the ethnic backgrounds of the children. There were nine white British, four black British, one British European and one British Middle Eastern. The children engaged in an art activity and produced a drawing to assist them during the interview process. The researchers used Grounded Theory to analyse the interview data and generated a model which was made up of "three components".

Children's views were elicited, with a focus on the change brought about through art therapy. The researchers used line by line coding and devised a theory of change which comprised three areas. These were - school context–core model and -change and no change'.

The researchers stated that in the model, there were aspects of the school context which were viewed as supportive, however, parents and teachers found aspects of the art

therapist's work mysterious and unhelpful mainly because they were not aware of what happened in art therapy. There appeared to be a need for additional communication between teachers, parents and therapists to demystify what happens in therapy. The helpful elements of art therapy that were identified included the one to one relationship with expression having a central role. It was reported that some parents, children and the wider community such as teachers, peers and families reported changes. Several children could not articulate why they participated in art therapy. The researchers recognised that this may have been because of their language abilities, which may have affected their ability to reflect on their experiences. The information they received before art therapy may have been difficult to access. The United Nations Convention on the Rights of the Child (1989) emphasises the importance of providing information for children at a level that they can access, which was recognised by the researchers. The authors reported study limitations that included no male therapists, however, stated that registered art therapists were predominantly female. They further stated that selection bias may not have included negative cases.

The children were interviewed 12 months after they received therapy. Owing to the ages the length of time that elapsed between therapy sessions and their interviews, the children's ability to recall the effects of the art therapy intervention may have diminished. McDonald, Holttum and Drey (2019) conducted an exploratory study in a primary school about changes in children's social-emotional and mental health (SEMH) after the children had completed a "specific art therapy intervention". The participants for the study included 45 child participants who attended art therapy for over three years. The child participants in the study were children aged between four and eleven years. The reasons for art therapy intervention for the children included disruptive behaviour, witnessing violence, withdrawn

behaviour, low self-esteem and anxiety. This was a pre-post mixed-method study that utilised interviews with children, collected monthly after therapy, over three years. The pre-test was conducted before the start of art therapy and completed when the children had stopped therapy. The Strength and Difficulties (SDQ) teacher's questionnaires were used to gather quantitative data for "standardised outcome measures" (McDonald, Holttum & Drey, p.127), to identify any changes. Additional qualitative data was gathered from teachers, via a focus group. Thematic analysis was used to analyse the focus group data. The findings indicated that there were significant changes on five of the seven SDQ SEMH indicators. Also, teachers and children found art therapy helpful because it enabled the children to cope with difficulties such as stress and behavioural difficulties. There were encouraging changes reported in children such as being kind and helpful. Limitations of the study included the small sample size, furthermore, the study was focused in one school which could make it difficult to generalise. The child evaluation process was already established in the school before the start of the study, therefore, negative evaluations may not have been included in the children's comments. The children's comments that had been shared externally via the school's newsletter were included in the study. The researchers noted that the school had a positive approach to intervention and encouraged children to be proud of the setting, therefore negative comments may not have been included in the data. This may have had an impact on the findings that were gleaned from the children's data.

2.15 Summary

The studies described above, indicate that art therapy has increasingly been utilised as an intervention to support children and adults in health and education settings. The research conducted in health settings suggests that art therapy has been used as a complementary intervention and indicated that there have been positive outcomes for individuals

undergoing various health treatments. The art therapy research indicates that art therapy

has been incorporated into the support for individuals experiencing a range of difficulties in

the health and school settings. These difficulties have included coping with stressful

situations (Aguilar, 2017), learning difficulties (Freilich & Shechtman, 2010), coping with

emotions (Woodgate, West &Tailor, 2014), self-concept and verbal communication

(Reynolds et al., 2000). It was noticeable that very few of the reviewed research reports

included the views of children and young people.

2.16 Importance of Children's Views

It can be seen from the above analysis that there is growing evidence to support the positive

impact of art therapy as an intervention with children and young people in the school

setting. Children are often referred for therapy or assessed to participate in therapeutic

intervention, however very few of the studies include reports of children actively agreeing

to participate in the interventions.

Weil (2012), compiled the views of children and young people after reviewing literature and

conducted interviews via focus groups to learn what children and young people want when

accessing health based interventions. Children and young people valued being informed

about decisions regarding their care and having their voices heard. Having searched through

the studies about art therapy there appeared to be very little focus on obtaining the views

of young children and their opinion about art therapy intervention.

The United Nations Convention on the Rights of the Child (UNCRC,1989) states in Article 12

that all children have the right to express their views, feelings and wishes in all matters

affecting them, and to have their views considered and taken seriously. This guideline

recognises that children have a part to play in decision making about their own lives at all times in their development. It is important that when adults make decisions that concern children and young people, the child should be consulted and the adult should take into consideration how the child thinks and feels. The Convention acknowledges that the level at which the child can 'participate or being actively engaged with' when making decisions may require various approaches to support them and ensure some understanding of what to expect when they participate in therapy.

The Zone of Proximal Development (ZPD) Vygotsky (1978) has been widely used to provide support for children in a range of teaching and learning situations such as guided reading (Antonacci, 2000) and language teaching (Wu, 2018). It has been likened to scaffolding as described by Wood, Bruner, and Ross (1976) who coined the term to describe the interaction that occurs between the teacher or tutor and the student. Scaffolding has been used to support children in the learning environment when an adult or peer who is more knowledgeable supports or guides the child to complete complex tasks (Thompson, 2013).

The ZPD was originally described by Vygotsky as

> *"the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers".*
> ." (Vygotsky, 1978, p, 86 emphasis in original).

> "The zone of proximal development defines those functions that have not yet matured but are in the process of maturation, functions that will mature tomorrow but are currently in an embryonic state. (Vygotsky, 1978, p, 86).

Tharp and Gallimore (1988) identified four maturational stages to the Zone of Proximal Development which aids the transition from receiving support to being unsupported (Tharp & Gallimore, 1988) which happens through a process of collaboration.

The interpretation of the ZPD has been critiqued by Chaiklin, (2003) who stated that although the term has been commonly used Vygotsky's original theory of development is not simply scaffolding or assisted performance by a more competent other. Chaiklin (2003) argues that childhood should be divided into age periods in which the child experiences structured relationships with others and that

> "The zone of proximal development refers to the maturing functions that are relevant to the next age period that enable performance in collaborative situations that could not be achieved independently. These functions are not created in interaction; rather interaction provides conditions for identifying their existence and the extent to which they have developed." (Chaiklin, 2003, p14)

The main principle in these interpretations is that the child can achieve or complete complex tasks through mediation from a more knowledgeable other and this can take place over time.   Children and young people who may need support to develop an understanding about giving their consent to interventions. The guidance offered in this approach may support children to acquire the skills needed that would allow them to have a voice in matters that relate to them taking into consideration Article 13, UNCRC (1989) and the expectation that children should be included in decisions that involve them.

2.16.1 The Voice of the Child in Art Therapy

It seems fitting that when children and young people participate in therapeutic interventions such as art therapy, they are fully informed (Dockett & Perry, 2010). The information that they receive should explain the purpose of the intervention and their consent or assent should be obtained (UNCRC, 1989). Assent meaning to agree to participate in treatment or what has been suggested. The young person should be presented with information at an appropriate level so that they can understand what is involved (UNCRC, 1989). The British Association of Art Therapists Code of Ethics advises members to gain informed consent before involvement. The therapist should provide a clear description of the therapy and possible benefits and risks. However informed consent from adults with parental responsibility is prioritised (BAAT, 2019). According to Article 12, UNCRC (1989), children and young people should be involved in decision making in matters pertaining to them and have their views recognised. This suggests that their views about therapy is important and should be included when they participate in art therapy. This may provide them with a sense of being in control which is a factor that supports self-esteem and supports the development of resilience (Rutter, 1999 and Ungar, 2011).

It was noted in the Green Paper (DfE &DOH, 2017) that Public Health England has recognised 'resilience and emotional health' nationally as 'high impact areas' when referring to the role of professionals that work in in the school context such as, school nurses. EPs are ideally placed in the local context because of their link to schools. They may be able to carry out research at a local level and share outcomes of interventions. And may identify contextually specific protective factors based on their findings. One of the recommendations suggested for further research has been the need to evaluate the

effectiveness of counselling in schools (Cooper, 2013) and the most successful ways of involving children and young people in evaluating programmes to promote emotional and social wellbeing (NICE, 2008).

> There is a lack of evidence on effective and cost effective ways of promoting the emotional and social wellbeing of vulnerable primary schoolchildren. Vulnerable children include those from certain black and minority group, those who are looked after and others at risk of experiencing emotional problems (NICE 2008).

Cooper (2013) suggested that research should focus on how school-based counselling might be further developed to help children and young people.

Early intervention is considered crucial to supporting the development of resilience in children (Weare, 2015). As part of an early intervention strategy children should be included in decision making about the interventions available to support their wellbeing. Children can be involved in the earliest stages.   In the study conducted by Deboys, Holttum &Wright (2017), children's views were actively sought through semi-structured interviews. The exploratory study by McDonald, Holttum and Drey (2019), included the views of children taken at intervals during art therapy.

This study aims to explore children's perceptions of art therapy in the primary school setting. The children's involvement in the decision about participating in art therapy is also explored.

2.17 Art Therapists' Perspectives about Art Therapy in Schools

A literature search was conducted to retrieve research that included the art therapist's perspectives about working in the school setting. The search tended to display previously

retrieved papers about art therapy rather than specifically the therapists' views, which indicated that there was limited information in this area. When studies were retrieved which were specific to this area, the emphasis was around ethical considerations when working within the school setting (Moriya, 2006). This suggested that there had been very little research that explored the views of art therapists working within the primary school context in England.

One of the studies that addressed the views of art therapists in the school setting indicated that art therapists are likely to encounter benefits and challenges when integrating art therapy in the school environment (Regev, Green-Orlovich and Snir, 2015). The study investigated issues around integrating art therapy into schools, as part of a larger study in Israel. Therapists' perceptions about the advantages and challenges encountered working in the school system were included in the overall aims of the study. The researchers interviewed fifteen art therapist who had an extensive range of experiences. All the therapists worked within the Israeli education system, which suggests that findings of this study may be particular to the geographical location. One of the limitations of this study identified by the researchers was that the study focused on the therapists' perspectives and the client views were not elicited.

Another study analysed data about art therapy practices in schools (Adoni-Kroyanker, Regev and Snir, et al. 2019). The study was based on the perspectives of 16 art therapists' journal entries recorded from 2015-2016. The data collection method was also based on (CQR) principles, (Hill, Knox, Thompson, Williams, Hess & Ladanay, 2005). The interviews were conducted using an open-ended questionnaire, which was developed by the researchers. Each therapist selected a client age between 8 and 13 years for the interview. The findings

of the study were specific to the therapists' role in the school setting. These included therapeutic methods and interactions and maintaining a schedule inside the setting and the therapeutic space. The study incorporated findings related to the therapeutic setting which is also relevant to the present research.

The reported findings indicated that art therapists thought that art therapy in the school setting was a positive experience. The positive interactions between therapists and clients were highlighted. The therapists felt that the art therapy sessions provided a safe therapeutic space. The effectiveness of art therapy was not addressed in the study. Maintaining of the schedules and the therapy rooms are reported here. The therapists reported changes in the regularity of the sessions throughout the academic year and disruption of therapy sessions due to vacation. This affected the therapeutic relationship and there were periods when the schedules were not maintained. Difficulties with maintaining the therapy rooms were reported by five therapists and "mess" in the therapeutic space was mentioned. However, this was not mentioned as a concern by the other therapists.

One of the overall findings was that the school system presented challenges, particularly the scheduling of art therapy sessions and ensuring continuity. Limitations to the study include the geographical location of the therapists in the study which was not based in the UK, therefore findings may not be generalizable to other countries and populations.   The study included self-reports from journals which the researchers indicated were structured and in a format that did not allow for flexibility. The journal entries included aspects of art therapy sessions such as the clients, the therapists' practices, interventions and reflecting on feelings and the setting.

The researchers suggested further exploration of clients' views within the education system as well as, therapist's perceptions of the school environment and the therapeutic space, would be beneficial.

2.18 EPs and the Voice of the Child

It has been stated that educational psychologists should pay attention to the UNRC on the Rights of the Child and take it "seriously in their work" (Baxter & Frederickson, 2005 p.94). EPs should be contributing to upholding the rights of children and young people(Baxter & Frederickson, 2005) It has been recognised that Educational Psychologists can add value by sharing information learned from research to support change for children and young people (Gersch, 2004 ; Cameron, 2006). The importance of the EP in contributing to outcomes for children and young people has been recognised (Farrell, Woods, Rooney et al, 2006). There is also recognition that EPs can carry out research in the school setting and provide feedback on the impact of interventions (Binnie, Allen & Beck, 2008).

The DfE has advised schools that interventions should be based on evidence of what works, particularly around the effectiveness of interventions that promote social and emotional wellbeing (DfE, 2017). The EPs in their role are in a position to research interventions such as art therapy in the school setting and explore children's opinions about interventions. They can share information and provide advice at a local level about the outcomes of studies. It is hoped that the findings from this study, will provide information about interventions that can support children's emotional wellbeing.

Children's opinion should be elicited, particularly, as they are entitled to express their views and those views, should be respected (UNCRC, 1989). In their action inquiry, Binnie Allen and Beck (2008), reported that although much of what is unique and different about the

EP's role has changed over time, due to the increase in traded services in many local authorities in England. However, there is the possibility of negotiating research, particularly around children's mental health and wellbeing. Department for Education (2017) stated that EPs are in a position to have an impact on interventions carried out with children.

The above studies suggest that art therapy intervention can have a positive impact on children's mental health and wellbeing. Although the reviewed studies describe some positive results, there is a need for research evidence to support art therapy intervention in school. There was a paucity of studies that included children' views and how they were included in the decision making to participate in art therapy. This suggests that more research is needed in the school setting particularly studies that explore the views of young children when they are involved in interventions to develop their mental health and wellbeing.

2.19 Reasons for Research with Primary School Children

For this study, the reason for carrying out research with children attending primary school is because it has been suggested that intervening early to support wellbeing is important (Weare, 2015). Reports suggest that there is insufficient evidence about the effectiveness and cost-effectiveness of interventions that promote the mental health and wellbeing of primary school children (NICE, 2008). It is documented that EPs can carry out research in the school setting and can provide feedback on the effectiveness of interventions (Binnie, 2008). It is my view that the outcome of this research may be useful information that could be shared with the art therapists and Primary Schools locally

2.19 Aims and Research Questions

The purpose of this study is to obtain children's views about art therapy in the school setting based on their experiences. The children's perspectives about the positive aspects of attending art therapy and the things they would change were explored. The aim of the study is to learn about the skills that children developed and continue to use after art therapy. Additionally, the children's perceptions about how they received information about taking part in art therapy and the kind of information they received. The following research questions were used to guide this exploratory study about children's experiences of art therapy in the Primary school**.**

2.20 Research Questions: Child Participants

1. What do children see as the benefits of art therapy as an intervention in the primary school setting?

2. What skills do children feel they acquire having participated in art therapy?

3. Do children feel that they have sustained the skills acquired, following the completion of art therapy?

4. How were children included in making the decision to participate in art therapy?

5. What are primary school children's opinion of art therapy in school?

2.21 Research Questions: Art Therapists

Having completed the semi-structured interviews with the children and carrying out a thematic analysis of the transcripts. The themes that emerged suggested that additional data from a complementary source would provide additional insight into the themes that emerged from the semi-structured interviews. As part of the study, Art Therapists were invited to provide their perspectives about the themes that emerged from the semi-

structured interviews with the children. Their opinions about the advantages and challenges they experienced working as art therapists within the school setting. The therapists' views about the skills they hoped that children develop and retain as a result of engaging in therapy sessions were also integrated. In addition, the therapists' perspectives regarding information that children receive before art therapy and children's involvement in the decision about participating in art therapy were explored. The therapists did not work with child participants.

The following research questions were used to explore the Art Therapists' perspectives:

Q1. What are the advantages and limitations to art therapy in the school setting?

Q2. What are the skills that therapists hope children will develop through Art Therapy?

Q3. What information do therapists think that children receive before meeting the therapist and were children included in the decision to meet with a therapist?

Q4. What are the therapists' views of the themes that emerged from the analysis of the children's data?

Methodology

3.1 Introduction to the methodology

This chapter will focus on the methodology for the research, the epistemology and ontological position will be delineated. The rationale for deciding to use a qualitative research method will be explained. Additionally, a reason will be provided for choosing Thematic Analysis (TA) to analyse the data and the limitations to carrying out TA. Alternative approaches that were considered and then rejected will also be explored.

The purpose of the research was to carry out an exploration of children's experiences of art therapy in primary schools and elicit their views about participating in art therapy. Also, art therapists' perspective about what children think about art therapy in the school setting will be explored. The second part of this chapter will focus on the welfare of the participants, protocols and procedures used and organisation measures used to collate and analyse the data. The data collection and the limitations to the methods which were selected will also be discussed.

3.1.1 Ontology and Epistemology

When conducting research, the researcher's philosophical position should be outlined, this is to determine the type of research that will be undertaken. Ontology is thought of as the "nature of reality" (Creswell, 2007, p16.), specifically how we understand and perceive reality, this relates to the beliefs that we have about the world. Epistemology relates to how we acquire knowledge *"what it means to know"* (Crotty, 1998, p.10 and Gray, 2013 p19). And is considered to be the relationship between the researcher and what is being

researched (Creswell, 2007). When deciding to pursue a particular research method the researcher makes assumptions about the construction of reality (Crotty, 1998).

Creswell (2007), describe several epistemological approaches relating to how we acquire knowledge, two of which are post-positivist and social constructivist. (Gray, 2013) describes the positivist view of obtaining knowledge which is external and impartial, not dependent on the individual or the context. This approach assumes that there are universal laws which are based on facts that transcend nature and cultures that can be generalised (Gray, 2013). Research would involve gathering quantitative data. Gray (2013) suggests that traditionally positivism was a dominant epistemological paradigm however over time this has changed.

The constructivist position contrasts with the positivist's perspective and accepts that realities are socially constructed through the individual's interaction in the environment and that there may be multiple realities (Guba & Lincoln, 1994). This can be influenced by the individual's experience in the social environment. According to Guba and Lincoln (1994), findings are created as the investigation develops, values may also have an impact. The constructivist's position assumes that there are multiple constructed realities, which are subjective, in which language is important and is socially constructed. This position accepts that same phenomena can be described in several ways.

The constructivist position is associated with qualitative research methodology because it is concerned with how individuals make sense of the world. The individual's experience in the social environment and the interaction between the individual and the researcher in the social environment all contribute to the understanding of a phenomenon. The researcher and participant co-construct knowledge through dialogue and interpretation. The goal is to understand the lived experience (Schwandt 2000). As the researcher interacts in the

environment develops a deeper understanding. The researcher's thoughts are stimulated by interacting with the actual dialogue (Schwandt, 2000).

Constructivists can adopt a hermeneutic approach to acquire a deeper understanding of the phenomena that is being researched so that hidden meanings are brought to the surface after deep reflection by the researcher (Guba &Lincoln, 1994).   Constructivists focus on the specific contexts of individuals and rely on the participants' views about what is being studied (Creswell & Poth, 2016).

3.1.2 Researcher's Ontological and Epistemological Position

The epistemological position that has been taken in this research is constructivist, for the reason that the research aim is to discover children's understandings about art therapy. Their participation in art therapy, their views, how actively they were engaged in the process of decision making and the adaptations that they made in the process of participating in art therapy and whether these were sustained. From the constructivist's viewpoint, the researcher creates meanings through their interactions, by focusing on the settings in which people are located. Changes are made in these interactions or relationships with others. (Creswell & Poth, 2016). The researcher recognises that their interpretations of what is found may be influenced by their own backgrounds or beliefs.

The researcher's ontological position is relativist, in that reality is viewed as subjective and can be different from one individual to another (Creswell & Poth, 2016). There is a wide variety of interpretations that can be applied to how the individual views and understands the world. The research aim is to provide evidence from the individuals in the research showing the different perspectives involved. A relativist position allows for local and specific constructions of reality (Guba & Lincoln, 1994).

3.1.3 Method

The methodology is how knowledge is gathered that is, how data is collected to capture the accounts of individuals. Qualitative research involves finding out how individuals make sense of the world and are Ideographic (Gray, 2013). Qualitative research methods are generally used to gain an understanding of the individual's opinions and experiences. This method enables the collection of first-hand information from individuals and offers a flexible approach to gathering data (Biggerstaff, 2012). The qualitative approach describes peoples' lived experiences and relying on subjective meanings, thus the researcher needs to gathers comprehensive and rich descriptions (Denzin & Lincoln, 2011). When gathering and analysing data, the researcher reflects on their involvement in the research and reflexivity is an integral part of the process (Biggerstaff, 2012; Willig, 2013).

3.1.4 Qualitative Research

A qualitative method is designed to describe the experience of the research participants through using their comments. This study was undertaken in the individual's location, which in this case was the school setting. A qualitative research method was considered to be suitable to explore the research questions about gaining children's perspectives about their experience of art therapy in the school setting and obtaining the views of art therapists that work in the school environment.

In qualitative research, the data may be gathered from a small number of participants, however, the researcher should provide precise information about the context of the research including the processes used to recruit participants and the data collection procedures (Mertens, 2014). Thus, allowing the reader to decide whether the study can be

applied outside the specific context in which the data was collected (Graneheim and Lundman, 2003; Willig, 2013).

3.1.5 Limitations to Qualitative Research

Anderson (2010) noted that qualitative research can have its limitations for a number of reasons that include the expertise of the researcher. This method can be influenced by the researcher's personal biases (Mertens, 2014). In addition, it can be a challenge to ensure consistency in the researcher's approach when gathering data (Anderson, 2010). It can also take a long time to collect then analyse the data that may be collected (Creswell, 2007). It may also take time to access some organisations to request participants for the study (Creswell, 2007). This approach is sometimes not as highly regarded in the scientific community as the quantitative approach (Anderson, 2010).

3.1.6 Trustworthiness in Qualitative Research

Trustworthiness in qualitative research involves decision making about how the research will be carried out and establishing that the findings can be considered to be reliable research (Lincoln & Guba, 1986). When demonstrating trustworthiness and transparency in qualitative research the term credibility has also been used (Mertens, 2014). Guba and Lincoln (1986) proposed that trustworthiness comprises credibility, transferability, dependability and confirmability. The researcher should be self-aware for example, stating their bias from the start this may include the researcher's historic background and experiences that may influence the interpretation of the findings (Guba & Lincoln, 1986; Creswell, 2003). Yardley (2000) proposed that there are four main areas that could be considered to demonstrate credibility in qualitative research. These are sensitivity to context, commitment and rigour, transparency and coherence, impact and importance.

These key features will be used to demonstrate how the researcher has attempted to demonstrate trustworthiness in the current study.

According to Yardley (2000), sensitivity to the context may involve being familiar with relevant literature and understanding research processes. In the current study, the researcher attempted to demonstrate an understanding of the local context by taking into consideration the ethical implications of recruiting children from the school setting. This involved requesting permission from gatekeepers such as head teachers and parents for children to participate in the study. Additionally, research was carried out to learn about the best methods for collecting children's views, particularly the approaches that would be support the researcher to be sensitive to children's needs. The researcher endeavoured to address any issues of power imbalance that may have been experienced in the child and adult relationship during the recruitment for participants and when conducting the interviews. An exploration of literature about art therapy was also carried out to show genuine interest in the work of art therapists.

Yardley (2000) suggested that commitment and rigour may be achieved by being immersed in the subject that is being researched and displaying competence in data collection. In the current research, the method used to elicit the children's views were semi-structured interviews and the analysis of the data was the TA process. Using several methods to group codes before deciding on themes so that the findings were based on the data (Willig 2014).

Transparency and coherence may include the recruitment methods involves making every effort to ensure that the study makes sense in agreement with the researcher's theoretical position Yardley (2000). The researcher showed transparency and coherence by trying to be

transparent about processes by providing excerpts from the data, being reflective in supervision and attempts talking to professionals who were not connected to the research.

Yardley (2000) suggests that impact and importance is an essential part of the process that the researcher has to consider that is the outcome of the research. The possible impact on personal practice has been considered. The findings of the research will be shared locally with schools including schools that took part in the study as well as the therapists. The findings will also be shared with EP service in which the researcher practices.

3.2 Data Analysis

Various approaches were carefully considered to facilitate analysis of the data. This was considered to be crucial to achieving the aims of the research questions. Interpretative Phenomenological Analysis, Discourse Analysis and Thematic Analysis were all considered, the limitations and advantages to these approaches are outlined below.

3.2.1 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) has been described as an ideographic approach (Willig, 2013). It is an approach that aims to capture the individual's experience. It provides an interpretation of the accounts of the experiences of the participants in a study (Brocki &Wearden 2006). The researcher is required to provide a detailed analysis of the data to explore and capture in-depth the experiences of the participants (Smith and Osborn, 2015; Pietkiewicz & Smith, 2014). The researcher needs to be fully immersed in the data analysis process (Larkin & Thompson, 2012; Brocki & Wearden, 2006). IPA allows the researcher to identify what is important to the individual and what things mean to them (Larkin & Thompson, 2011). It involves developing a thorough understanding of the data which is subjective. The process is said to be "double hermeneutic or dual interpretation "

(Pietkiewicz & Smith, 2014, p8.); Smith &Osborn, 2015, p.13). The participant attempts to make sense of their world and in turn, the researcher tries to understand the participant's views of the world (Smith & Osborn, 2015).   To facilitate an in-depth analysis of the data, research using IPA requires small sample sizes as opposed to large numbers.

3.2.2 Limitations to IPA

This method requires that the participants have a level of language competence that will enable them to convey their experiences (Willig, 2013; Brocki & Wearden, 2007). In addition, the detailed analysis which would be required for each case would be time-consuming. This approach was not considered to be appropriate to elicit the views of young children, in the primary school setting, owing to their level of language development. The children may have required additional methods to elicit their views (Darbyshire, McDougall, Schiller 2005; Huang & O'Connor, 2014).

3.2.3 Discourse analysis

Discourse Analysis as a means of gathering data was also explored, this approach is considered to be empowering to vulnerable individuals (Morgan, 2010). This is a critical approach, which includes the analysis of the language used by the participants in research. It explores the role of language, particularly how participants describe events in conversations. It requires a close analysis of the transcribed data. Discourse analysis not only gathers the views of the individual's feelings and what they are thinking, how things are said is equally important. Participants use language to manage their social interactions.

The transcription process has been described as "labour intensive" (Willig, 2013, p.350), this approach focusses attention on how things are said and may require extensive access to the children which may interrupt their learning. It has been described as a dynamic process that

requires the interpretation of meanings. It attempts to capture how individuals make sense of their experiences and how they perceive and talk about various subjects. The process involves an in-depth analysis of a single case idiographic, comparing, contrasting also showing similarities and differences. Morgan (2010) indicated that there are six traditions of discourse analysis that range from realist to relativist, depending on the individual's epistemological position. Willig (2013) describes the approaches as coming from two traditions which are discursive psychology and Foucauldian discourse analysis.

This approach was not implemented because the researcher is required to focus on single cases. Given the ages of the participants and their perceived language ability, it was felt that the data that would be derived from the children would not be extensive for this type of analysis. The focus of this study includes finding out about children's experiences through their interactions and the main focus in this approach is language and how meaning is constructed through its use (Morgan, 2010). This approach is considered to be more appropriate to a social constructionist perspective (Willig, 2013; Nikander, 2008).

3.2.4 Limitations to Discourse Analysis

Morgan (2010) noted that one of the main limitations is the number of options available from the varying traditions around conducting discourse analysis. This could impact on the researcher's ability to carry out an effective analysis of the qualitative data. It may require a considerable amount of time to learn the techniques needed to analyse the data.

3.2.5 Thematic Analysis

According to Boyzatis, (1998), Thematic Analysis (TA) is a method that can be used to systematically organise transcribed data. It is a means of analysing qualitative information. TA has evolved has as an acceptable method for analysing data over a period of time (Joffe,

2012; Willig, 2013). Historically TA is believed to have originated from content analysis, which is a quantitative method in its own right (Braun & Clarke, 2006; Willig, 2013). TA may be applied to more than one theoretical framework (Braun & Clarke, 2006; Joffe, 2012). TA provides the researcher with the means to scrutinise the data to gain an understanding of the "patterns of meaning" (Braun & Clarke 2006, p.86) that are found in the data. It is an approach which can be used to expose the hidden meaning (Vaismoradi, Jones, Turunen & Snelgrove, 2016) of the words that participants use to describe their personal experiences. TA allows the researcher to develop an understanding of the meanings and experiences that participants have in common (Braun & Clarke, 2006). When the approach is used inductively, an insightful understanding of the data can develop and themes which were not part of the original research question may emerge. The researcher can systematically examine the data and organise the themes that emerge from the data (Joffe, 2012). TA has been described as a method that can be used to provide insight into the themes that occur across the data set. It allows the researcher to make sense of the meanings and experiences that participants have in common and can be used to identify patterns and meanings as it relates to a particular subject.

The approach allows the researcher to work through and organise the data and derive themes. Themes can be described as "specific patterns of meaning" (Joffe, 2012, p.209) that captures something in the data that relates to the research question. It can be obvious that is, it is mentioned in the data or can be more indirect (Braun & Clarke, 2006). As Joffe, (2012) states, themes are patterns of explicit and implicit information found in the data.

Braun and Clarke (2006) devised a guide that comprise six phases of TA and developed a fifteen-point checklist to aid the researcher. These involve familiarising oneself with the

data and careful reading and analysis of the interview transcripts. It may comprise listening to audio recordings or watching videos and making notes of what seems potentially interesting. The transcribed data from audio recordings were used for the TA In this study. This approach provides advantages to the novice researcher and those not familiar with qualitative research because it is a flexible approach (Braun & Clarke, 2006; Willig, 2013) which allows for various aspect of the research topic to be interpreted.

Braun and Clarke (2006) provided an outline of the six phases of analysis, this has been referred to when analysing the participants' data. The "15-point checklist of criteria for good thematic analysis" has also been used as a reference. See Appendix B

3.2.6 Limitations to using Thematic Analysis

Potential limitations to TA have been highlighted, which has included the criticism that the researcher may be enticed into using the data collection questions as themes, consequently producing a weak analysis (Braun & Clarke, 2006). Interestingly, one aspect of TA that can be seen as an advantage, can also be a limitation. This is because the flexibility in the approach may lead the researcher to apply disproportionate attention to a specific part of the data employing a deductive approach and ignoring other themes. Further caveats include a mismatch between theoretical framework and data. The researcher needs to make their epistemological position clear (Willig, 2013; Braun & Clarke, 2012; Javadi and Zarea, 2016). In the discussion the researcher may provide a summary of the data without assimilating what the data means, consequently missing some critical part of the data (Javadi & Zarea, 2016).

This approach was chosen because it is a relatively quick method to learn and then implement (Braun & Clarke, 2006). It provides the means to explore children's experiences.

The approach to TA that researchers adopt depends on the research question (Willig, 2013). It can accommodate various ontological positions and depends on what the researcher wants to find out. The approach used in this study is based on discovering the first-hand experiences of children and therapists, also what they learned from their experiences.

Design

3.3 Introduction to the Design

A detailed account of the processes used to collect the data will be semi-structured interviews and focus groups, are discussed. The recruitment process for child participants and art therapists, including confidentiality anonymity and ethical considerations will be included. Additionally, the strengths and limitations of the research procedures will be discussed. A detailed description of the TA of the data will also be provided.

3.3.1 Recruitment of Child Participants

Before starting the recruitment process, colleagues were approached in the Educational Psychology Service in which the researcher worked to obtain a list of schools that employed art therapists. In addition, the names of the most appropriate person to contact was requested. The Special Educational Needs Coordinator (SENCo) was considered to be the most appropriate person to contact in most of the schools that were identified.

Several schools that employed art therapists were contacted in a Local Authority (LA) and a gatekeeper letter was sent to headteachers of these schools to seek their engagement in the study. The letter introduced the researcher and provided a brief outline of the study. The information sheet contained additional information for the headteachers that explained the purpose of the study and requested the school's permission to recruit participants and for the researcher to be introduced to participants and their parents. The consent letter and

information sheet were included in the letters that were sent to the parents of the children who were identified to participate in the study. The information was also shared with SENCos in the schools in which the researcher worked. The gatekeeper letter and information sheets and parent letters are included in Appendix 2.

3.3.2 School 1: Recruitment

The potential study was mentioned to the headteacher in school 1 who expressed an interest in the research. After approval by the ethics committee, the headteacher and SENCo were contacted to arrange a date to discuss the research in detail. After a discussion about the research with the SENCo, the researcher left the gatekeeper letter for consideration and formal consent from the headteacher. The SENCo agreed to discuss possible participants after the head teacher's consent was received. Following the head teacher's approval, the SENCo provided a brief history of the proposed participants. The SENCo took responsibility for sending the letters to the parents of the identified pupils and collecting the consent forms when they were returned. Four participants were recruited from the first school.

3.3.3 School 2: Recruitment

In addition to contacting schools directly, organisations that employed art therapists in the LA were contacted by email. The email introduced the researcher and stated that it was the researcher's understanding that they worked in several schools in the LA. It briefly outlined the research and requested a meeting with a member of their team to discuss the study. The researcher received a response from the art therapy coordinator for one organisation who provided a list of schools that employed art therapists from the organisation. After an initial meeting with the coordinator, the gatekeeper letter and information about the study

was shared with the headteacher of school two. When the researcher received the headteacher's consent, the parent letters, information about the research and consent forms were sent to the parents. The therapists' coordinator also arranged for the researcher to meet with the class teacher of identified pupils to confirm that the children could be included in the study.

Additional recruitment took place at school two. After a meeting with the art therapy coordinator to discuss possible participants, the researcher telephoned parents and met with them to discuss the research. The information about the study was shared and consent forms were provided which they could take with them to sign and return if they agreed to their child's participation in the study. Three participants were recruited from school 2.

3.3.4 School 3: Recruitment

In school 3 the researcher met with the deputy head who was also the SENCo to discuss the research. During the meeting, potential participants were discussed. A gatekeeper letter and consent form was left with the SENCo for the headteacher. After the headteacher signed the consent form the SENCo sent letters to the parents of the potential participants. The SENCo took responsibility for collecting the returned consent forms on behalf of the researcher. Four participants were recruited from school 3.

3.4 Informed Consent

Informed consent was sought and obtained from the parents of the proposed participants. A letter was sent to the parents outlining the aims and purpose of the study and a parental consent form was included with the information about the study. The information sheet contained details about the interview process for the pupils who decided to take part including ethical considerations.

The participants were informed that they could withdraw data at any time up the point that the data was anonymised. It was explained that if participants chose to withdraw at any time they would not be reproached. Child participants were provided with a form to record their assent. Before proceeding with the individual interviews, the child participants were asked if they were still willing to participate in the interviews.

3.4.1 Assent from Child Participants

The researcher met with child participants to request their participation in the study before arranging the date for the semi-structured interviews. At the meeting, the researcher requested the assent of the participants following the presentation of written and verbal explanation about the research at a level appropriate to their development. This was done face to face as it has been established that young people prefer to receive information in this way (Reeves, Bryson, Ormston & White, 2007). The researcher explained that the participants could choose to participate or refuse.

To facilitate informed assent a "Three-step process" (Bourke & Loveridge, 2014, p.154), was employed. The process was first to provide enough information at a level that they could understand. Secondly, the participants were given the opportunity to ask questions and given time to consider whether to participate or not. Finally, the researcher ensured that the participants understood what they had agreed to and how they could indicate their agreement to participate, or their refusal (Bourke and Loveridge, 2014).

After the parental agreement was received, a meeting was arranged to discuss the research with the children and seek their assent. When the researcher met with the children in all the schools it was explained that the researcher was interested in children's views about therapy and would like to learn what they think about art therapy in school. It was explained

that the researcher had permission from their parents to talk to them and was asking for their permission to participate in the study. The children received consent forms which were read aloud, then they were given the forms to agree or decline. When the children had completed the forms, they were folded and placed in a large envelope. The envelope was not opened in the presence of the children. At this stage, the children were informed that the consent forms would be checked and if they had agreed to participate in the study, a date would be arranged for the researcher to return to the school to carry out the research.

3.5 Inclusion and Exclusion Criteria

The children included in the study were those who were receiving therapy or have previously had art therapy. The children were required to have attended art therapy up to three months before the date of recruitment and had attended a minimum of four sessions. The focus of the study was children's past experiences which would require that they talk about what they had learned having participated in art therapy. The children who had not attended a minimum of four therapy sessions were not included in the study.

3.5.1 Selection Criteria

The participants were children whose parents gave consent for them to participate in the study. The researcher obtained assent from the children before proceeding with the research. The schools were required to identify children whose attainments were at National Curriculum for English, Lower Key Stage 2 (DfE, 2013). This was to ensure that children had attained a level of cognitive competence (Kirk, 2007) and the ability to understand the researcher's questions. This was informed by the school's own curriculum based assessments. The researcher discussed the participants with key members of staff to obtain their views with regard to the child's language ability for their inclusion in the study.

3.6. Sample Size and Demographic

The child participant sample consisted of ten children, age 8 – 11 years. The participants

consisted of both girls and boys and reflected the demographic composition in each of the

schools. The composition of the group consisted of children from African, Caribbean and

European and backgrounds. All the children gave their assent to participate in the research.

Information about the child participants that took part in the study is presented below

Table 3.

Child Participants with Gender Year Group and School

Participants	Gender	Year	School
1	F	5	1
2	F	4	1
3	M	4	1
4	M	4	1
5	M	6	2
6	M	5	3
7	M	5	3
8	M	5	3
9	M	4	2
10	M	4	2

3.7. Semi-Structured Interviews

Semi-structured interviews are used to collect qualitative information and is described as

the most used form of interviewing in qualitative research (Willig, 2013). A semi structured

interview requires careful preparation and planning and can be conducted with individuals

or groups (Longhurst, 2003). It is suited to the exploration of individual or group views and

can be used to gain a deeper understanding of the individual's experiences. It may include

the use of open ended questions that can be drafted prior to the interview session and

allows the researcher to seek further clarification to responses from the participants during

the interview (Doody & Noonan, 2013). Conducting Semi-structured interviews are compatible with various methods of data analysis (Willig, 2013).

The child participants' data were collected through semi-structured interviews and the participants were interviewed individually because this was considered to be more confidential when compared to a group discussion (Hill, 1997, Curtin, 2001). The focus of the questions were the children's experience of art therapy. The participants used their drawings as prompts when they responded to the questions that were asked. The drawings were not used in a projective way. The interviews were conducted in a relaxed location in which both researcher and participants felt comfortable. The location for the interview was selected by a member of staff who knew the children well. The room was not the children's usual classroom and in all the schools, it was the room that was usually used for art therapy sessions.

3.7.1 Limitations to Semi-structured Interviews

The semi structured interview can take up a great deal of time at the organising and planning stage (Adams, 2015). In semi structured interviews the researcher may not give equal status to each question which means that the elicited responses may vary between the participants. The transcribing process of audio recorded interview can be time consuming especially if the interview sessions are long. This could be overcome by using a computer based data analysis such as NVivo, qualitative analysis software that can assist with analysis of the transcribed data. However the researcher felt that first-hand experience of the data or data emersion was important for getting a sense of the emerging codes and possible themes.

3.7.2 Interviews with Children

In the past when children were included in research they were viewed as having a passive role (Hill, 1997). However, over time there has been a shift amongst researchers about children and the importance of their views and children's perspectives have been increasingly included in research. Children are now perceived as active participants and researchers have sought the best ways of eliciting their views when conducting research (Kirk, 2007). Nevertheless, there are challenges to overcome such as the power imbalance in the adult-child relationship and finding ways to address them (Punch, 2002; Curtin, 2001). Further considerations include whether children have the cognitive capacity to participate in research (Kirk, 2007). Children may experience difficulty expressing their views because of their less developed language skills (Punch, 2002)**.** The power imbalance in the interview situation with an adult may intimidate the children so that they feel that there should be correct answers when responding to an adult researcher (Punch, 2002). In order to overcome some of the limitations mentioned, it was felt that using a novel approach to support the interview process would be beneficial.

3.8 Using Visual Imagery to Support Interviews with Children

Using a creative approach has been seen as essential when eliciting children's views in research, particularly as visual imagery is prevalent in society (Gauntlett, 2004). Requesting that the participant in the research create an 'artefact' (Gauntlett, 2004, p.2), the participant can become actively engaged in the research process. The participant can be reflective and in talking about the object is in a position to explain his/ her own work (Gauntlett, 2004). Having child friendly techniques when interviewing children, including being sensitive to how children communicate and participate, is important. The method chosen should allow for meaningful participation (Punch, 2002). It has been proposed that

combining written and visual methods may address some of these concerns (Punch, 2002; Curtin 2001).

It has been suggested that drawing is a valuable device that can be utilised when supporting children to talk about past experiences (Einarsdottir, Dockett and Perry, 2009). It is accessible to some young children, including those with communication difficulties (Holliday, Harrison & MacLeod, 2009). Research has shown that when children have been asked to draw and when the drawing is accompanied with a narrative, it can be a very rewarding source for gaining understanding about children's opinions (Dreissnack, 2005). It is important to bear in mind it is not the preferred mode for all children, however this is likely to be because the child is critical of her/his drawing skills (Horstman, Aldiss, Richardson and Gibson, 2008). Children have been encouraged to use devices such as 'think bubbles' (Horstman, Aldiss, Richardson & Gibson p. 1005) in their drawings to illustrate their thoughts.

3.8.1 'Draw Write and Tell' Technique

The "draw write and tell process" (Angell et al, 2015, p.17), has been applied when eliciting young children's views. The authors described drawing sessions carried out in children's usual classroom environment. In a 'draw write and tell' session children were provided with free access to drawing materials with no imposed time limits. They were asked to draw a picture based on a subject or they were told a story then asked to draw to complete the story.   This was followed by tell sessions, in which each child was prompted to talk about their drawings. The researchers checked with the children to confirm that the drawings were interpreted correctly. The researchers used data collected from the children's commentary, written text and the artwork in their analysis, ensuring that all of the data that

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had been collected were used. The drawing session can be followed by a semi-structured interview in which the children use their drawings to support them in the interview session (Horstman, Aldiss, Richardson & Gibson, 2008).

The 'draw, write and tell' procedure described in these accounts were used to support the interview process for this study. This approach provided the opportunity for the researcher to corroborate with the children if necessary and to gain an understanding of their interpretations of the drawings. The children were invited to use their drawings to recall events in the interview sessions, to balance the power differential between the adult researcher and child participant (Horstman, Aldiss, Richardson & Gibson, 2008). The drawing session also served the purpose of warm-up to establish rapport with the child participants, the drawings were not analysed as part of the study.

3.8. 2 Limitations to the 'Draw Write and Tell' Technique

Angell, Alexander & Hunt (2015) reported that there are drawbacks to using this technique, which include the likelihood of having three streams of data such as the actual drawings that the children produce, the children's commentary about their pictures and the writing that they may produce. It is important to note that in the current study the data from drawings were not utilised. The main purpose of the drawings in this study was to support the children in the semi-structured interviews.

The importance of avoiding interpretations not intended by the child and difficulties linking the child participant's interpretation of the drawing to what they say. Incorrect inference without checking with the child can lead to incorrect coding of the data (Angell, Alexander & Hunt, 2015). At the end of the drawing sessions with the child participants in the current study, the researcher asked individual participants about the different elements of the

drawings that were produced and asked for clarification about any ambiguity seen in the participants' drawings and written communication. The researcher accepted what the children said about their drawings and made notes. This was to ensure that the interpretation of the drawing was not the researcher's and was a true representation of the participant's views (Angell et al, 2015)

It is likely that if participants choose to work in groups they may discuss their drawings and copy from each other (Leonard, 2006; Knighting, Rowa-Dewar, Malcolm, Kearney & Gibson, 2011). To reduce the possibility of participants discussing their drawings with each other, the researcher spoke to the participants at the start of the drawing sessions and explained that their individual views about art therapy were very important, therefore they should try not to copy from each other. The researcher encouraged the participants to refrain from copying each other because it was very important to the research that their individual views were represented in the drawings. The drawings were used as prompts in the interview sessions.

Arrangements were made with the schools for children to return to their classes when they had finished their drawings. They returned to their regular lessons until it was time for the semi-structured interviews. This avoided participants waiting around to be interviewed and missing out on their time in class. In school 2, child 5 did not return to class in between the drawing session and the interview. He completed his drawing, then after a short break, the semi-structured interview was conducted.

3.9. Pilot Questions for the Semi-structured Interviews.

The prepared set of prompts and probes were piloted with colleagues who work with children of primary age to determine if the questions were open and curious and age-appropriate for the child participants.

3.10 The Drawing Session

Having received consent from gatekeepers, parents and the child participants. The participants were invited to draw in small groups or individually, if that was their preference. The children were requested to draw their experiences of art therapy. A set of prompts were prepared before the drawing session and were used as needed. Devices such as thought bubbles were suggested as one way of recording their thoughts (Horstman et al, 2008). It was expected that the session would last for approximately 30 minutes. The drawing sessions lasted between 20 -30 minutes. See Appendix C for Draw Write and Tell prompts.

3. 11 Interview Session

During the interview the researcher made a special effort to be as informal and flexible as was practical. The researcher also explained the reasons for the interview. A prepared set of open-ended questions were used as prompts. The children were asked to provide a rating for one question, after which the researcher asked for further elaboration, this provided the opportunity to discuss the response in more detail. During the interview it was important to proceed logically, taking the lead from the child participants (Curtin, 2001; Mayes, 2000). The session with each participant varied between approximately 15 -20 minutes. An audio recording was made of the semi-structured interview session. A copy of the interview schedule and prompts can be seen in appendix D.

3.12 Debriefing Child Participants

After the interviews the child participants were debriefed, this is very important when carrying out research with children (Clark, 2005). Participants were thanked for their contribution and the time taken to participate. In addition, they were provided with the opportunity to add anything or ask questions they may have thought important but were not asked during the interview (Adams & Cox, 2008). The school and the participants were informed about what will happen to the information that had been collected. Contact details of the researcher and research supervisor was provided and additional contact details of the Ethics Committee were provided should there be cause for complaints.

3.13 Safeguarding and Child Protection

The researcher has been fully trained in safeguarding and child protection and has an up to date Enhanced Criminal Record Bureau Check. The researcher was sensitive to children's cues such as tiredness or if they appeared anxious and provided time for them to rest if needed. It was important to realise that not all the children would be happy with drawing or participating in the interview (Horstman et al, 2008). The researcher provided the opportunity for the children to dissent if this proved to be an issue before proceeding with the drawings and the interviews.

The researcher explained that confidentiality will be respected unless there is an issue related to safeguarding that is likely to be harmful to the participant. The researcher found out about the schools' safeguarding protocols prior to starting the study so that if there was an issue around child protection the school's safeguarding procedures could be followed.

3.14 Anonymous and Confidential Data

 An explanation was provided to all participants stating that any identifying features in the research will be anonymized in the final reports. The drawings were numbered to maintain a link with the audio recording and at no point were the children's names linked to the number so the drawings remained anonymous. The drawings were also scanned and stored.

The audio recordings from the semi-structured interviews and the focus group were stored as password encrypted files, which were only accessible to the researcher to maintain confidentially.   Data were then transcribed by the researcher within one month following the interviews. At which point the interviews were anonymous. The audio recordings were deleted subsequent to the data being transcribed. All other data will be kept indefinitely by Cardiff University.

3.15 Ethical Considerations

Ethical approval was sought for the study and was granted by Cardiff University's School of Psychology Ethics Committee. In addition, the researcher adhered to the guidelines outlined in the British Psychological Society Code of Ethics and Conduct (2018). Before the sessions with the children, the researcher made arrangements for a member of the school staff that the children knew well to be available in case a child became upset during the interviews or drawing sessions. The researcher was mindful of potential issues such as peer group dynamic during the drawing sessions. Participants were asked to choose whether to draw individually or in a group because some children may have felt inhibited or self-conscious about their drawing skills (Punch, 2002). After the interviews, the children were debriefed and were asked for their permission to scan their work. The original drawings were returned to the children. The audiotaped recordings of the interview sessions were transcribed

verbatim within one month, following the interview session. See Appendix E for documents approved by Ethics.

3.16 Recruitment of Art Therapists

Having completed the semi-structured interviews with the children, a TA of the transcribed data was conducted. Careful consideration of the initial themes that emerged suggested that additional data from a complementary source would provide additional insight into the themes that emerged from the semi-structured interviews with the children.

A letter was sent to one of the art therapy organization's directors who had already agreed for the therapist's coordinator to support the researcher with the recruitment of participants. The researcher's request was discussed in a meeting with the organisation's steering group who agreed to the sharing of therapists email contact information with the researcher. An email was sent to nine therapists and subsequently, the researcher received four positive responses. Interest was shown by other therapists, however, due to a range of personal circumstances they were not available to participate in the research. In addition an email was sent to two more organisations known to have therapists at schools in the local authority, however, the response to this was disappointing.

The second round of recruitment was carried out through a London university department that trains art therapists. After an introduction to the course tutor by email, a formal request was sent that included information about the research. The course tutor agreed to circulate the researcher's contact details to trainee therapists with the request for participants. An expression of interest was received from three trainee therapists. Additional information was sent to the therapists with a form requesting their consent to participate in the study. In addition it was explained in the information provided that

confidentiality could not be guaranteed in a focus group and participants will be requested

to undertake a verbal agreement to protect confidentiality. After receiving the signed

consent forms from the therapists, the date and time was arranged that suited all the

participants to conduct the focus group interview

3.16.1 Inclusion Criteria

Therapists were included in the research if they had worked or were working with school-

aged children, preferably primary school.

3.17 Participants for Focus Group

The focus group consisted of three therapists: two trainee therapists and one experienced

therapist. One of the trainee therapists was in the first year of training and the other trainee

was in the second year. The experienced therapist had many years of experience working in

the school setting. An experienced therapist who agreed to participate did not attend the

focus group session.

3.18 Informed Consent: Art Therapists

Prior to the therapists' agreement to participate in the focus group. Information about the

study was sent to the therapists via email including a consent form, which stated that

involvement was voluntary. It explained that they could withdraw their involvement at any

time. Contact details of the researcher, address, telephone and email contact for the School

Ethics Committee and the research supervisor was also included. The focus group was not

convened before signed consent was received from the therapists. Before starting the focus

group interview the researcher explained that owing to the nature of focus groups personal

information may be shared during discussion. A verbal agreement was requested to protect

their confidentiality and this was granted by all participant

3.19 Ethical considerations: Art Therapists

Additional ethical approval was sought and granted for the inclusion of art therapists in the study the approved documents are included in the thesis proposal Appendix E

3.20 Data Protection

Participants were informed that an audio recording would be made of the focus group session. The tape recordings were transcribed within one month. The taped recordings have been stored in a safe place and be password protected so all information will be kept confidential and only the researcher will know the password. When the tapes had been transcribed the information became completely anonymous, meaning there will be no names and none of the information will be traceable to individuals.

3.21 Focus Group interviews

One method that has been utilised to collect additional perspectives has been group interviews or focus groups. A focus group interview was arranged to provide an additional perspective about art therapy in schools. Focus groups can be used alongside individual interviews without influencing the other and can complement data from other methods (Morgan, 2002; Bloor, Frankland, Thomas & Robson, 2001). The decision to use a focus group to gather additional data with the art therapists was because focus groups can be used to explore what individuals think and feel about a subject (Krueger & Casey, 2000). It can be employed to provide an insight into attitudes and access opinions of multiple individuals. Focus groups can explore similarities and difference, provide an insight to shared experiences and compare opinions. Focus groups can be organized with as few as 3 participants and up to 14 participants (Gill, Stewart, Treasure & Chadwick, 2004). However small groups can limit the discussion and large groups can be difficult to manage

3.22 Limitations to Focus Groups

The limitations to using a focus group include difficulties maintaining confidentiality, which means that it would be essential to seek confidentiality agreement at the start of the interview, stating that what is discussed in the group should not be shared outside of the group. This method may not suitable for exploring sensitive issues. Group opinions may be influenced by dominant voices and the interviewer should be aware of dominant characters in the group that may affect the involvement of less confident participants consequently affecting their ability to share their opinions (Morgan, 2002). Additionally, the participants may want to please the interviewer, therefore care should be taken to avoid displaying feelings through body language, gesture, facial expressions, or how things are said (Doody, Slevin & Taggart, 2013). It can also be time-consuming to recruit participants, as well as arranging the time and venue for the interview. Participants may not arrive for the interview and there is a possibility of low response to requests for participants.

3.24 Piloting the focus group questions

It was important to carry out a preliminary pilot of the questions in the study to test whether questions made sense or whether any key questions were missed, also researcher bias (Chenail, 2011). There is no guarantee that if questions run smoothly during piloting that this will be the case in the actual interview (Van Teijlingen & Hundley, 2001). The focus group questions were piloted with two educational psychologist colleagues. The feedback from the pilot questions was positive, however a suggestion was made about using Appreciative Inquiry which was taken on board.

3.24 Focus Group with Art Therapists

The art therapists' views were elicited through a focus group interview. The intention was to gain the therapists' perspectives about the themes that emerged from the semi-structured interview. In qualitative research differing viewpoints can add richness to the data gathered (Williams & Morrow, 2009). Semi-structured interview questions were used to facilitate discussion with therapists to generate in-depth discussion between the therapists.

The focus group interview was organised in two parts. In the first part, the focus of the questions was about eliciting the therapists' views about art therapy in the school setting. The research questions were kept in mind. Part two explored the therapist's views about the initial themes that originated from the TA of the data gathered from the children. The semi-structured interview questions consisted of, opening question, transition questions, key questions and ending questions (Krueger & Casey, 2014). See Appendix G for an example of the questions.

3.25 Appreciative Inquiry

Appreciative inquiry (AI) is a strength-based approach, which was developed as a research tool for organizational change. It promotes the best in individuals which is achieved through questions that produce new "potentials and possibilities" (Cooperider, Whitney & Stavros 2011, p.314). The questions are presented in a 4-D model of inquiry consisting of Discovery, Dream, Design and Destiny of change. AI recognizes that individuals are unique with gifts that can enhance and enable an organization to grow. Discovery includes finding out about the participants' positive experiences in their organizations, Dream is based on what was found out in the previous stage and involves the individual imagining them and their

organizations operating at their best. Design involves thinking about what the ideal would be, and Destiny involves implementing change.

Aspects of AI was implemented during the initial stages of the interviews as a means of exploring the therapist's views. When AI has been used in evaluations it has not always been used in its entirety (Coghlan, Preskill & Catsambas, 2003). Therefore, the questions for the focus group were based on the positive principles from Appreciative Inquiry and focused on the Discovery and Dream stages of the model. The opening question was based on the therapists' experiences in the school setting. It focused on what had worked really well in the school setting. The dream question required that the therapists imagine what they would ideally like to happen in the school setting concerning art therapy.

Owing to the nature of the research question about exploring children's views, obtaining the art therapists perspectives about their role in the school setting contributed to developing an understanding of their role. In addition to their perspectives about the children's views regarding art therapy, it is crucial to bear in mind that a constructivist epistemological position accepts that there are multiple realities, perceptions and shared understandings that can impact on the individual. The opening questions from AI allowed the researcher to commence the discussion positively and provided reflection time for the therapists.

3.26 Criticism of Appreciative Inquiry

Criticism of the approach has included an overemphasis on the positive aspects that may exclude discussion about what does not work in an organization (Golembiewski, 2000; Cram, 2010). However, it is seen as a means of bonding individuals in the focus group and ensure that participants reflect on positives in organizations as opposed to the negative

aspects, which may disrupt the flow of conversation, may not allow for free expression and possibly close down the conversations.

3.27 Interview with Art Therapists

The researcher took on the role of the moderator (Krueger & Casey), 2002. Some of the moderator's responsibilities included greeting and introducing the therapists, facilitating the group discussion and listen during the session (Krueger & Casey, 2002). The structure of the questions was crucial to maintaining the flow during the interview.

An EP colleague acted as the assistant moderator who took notes during the focus group interview and was essential in the process. The assistant moderator allowed the researcher to focus on the discussion without being concerned about note-taking during the interview.

The focus group session was conducted in a location that was easily accessible to participants with good transport links to the venue. The researcher, acting as moderator ensured that the interview environment was warm and had a conducive atmosphere. Prior to the start of the focus group the room was prepared, taking into account lighting and seating. Comfortable seating was provided and refreshments were made available

At the start of the interview the participants were welcomed and the researcher provided an outline of the session including the purpose of the interview and ground rules. The assistant moderator was introduced to the therapists before the start of the focus group interview. The researcher explained that the assistant moderator would be taking notes, but would not be taking part in the discussions. The assistant moderator recorded notes on a flip chart and was unobtrusive during the interview.

At the end of the focus group, discussion, the assistant moderator summarized the key points from the discussion. When the focus group had concluded the researcher debriefed the participants (See Appendix G). The assistant moderator's notes from the focus group interview were transcribed from the flip chart notes (See Appendix H).

3.28 Focus Group Debrief Information

The therapists were debriefed after the interview and a copy of the debrief information was provided for each participant. They were thanked for participating in the focus group and it was explained that the research findings will be written up as part of the researcher's doctoral submission and no identifiable information will be included in the report. All data will be stored securely and will be kept for five years and then destroyed. It was explained that after the recordings have been transcribed it will not be possible for individuals to withdraw their information because it will not be traceable to any individual. However, before this point, they could withdraw any information/data they wish without any consequence to them. If they wished to make a complaint about how the research was conducted, the email address of the researcher's supervisor and the ethics committee was provided. The therapists were informed that if they wanted to find out about the outcome of the study this could be provided when the study had been completed.

3.29 Analysis of Data

TA (Braun & Clarke, 2006) was used to analyse both the data from the semi-structured interview with the children and the focus group data. In order to analyse the data from the semi-structured interview with the children and the focus group data the six phases on how to conduct a thematic analysis and the fifteen-point checklist as described by Braun and Clarke (2006) was implemented.

3.29.1 Inductive Versus Deductive Thematic Analysis

Braun and Clarke (2006) have stated that when carrying out thematic analysis the themes or patterns within the data can be identified in one of two main ways. These are an inductive or bottom-up approach or a theoretical or deductive top-down approach. Utilising an inductive approach means that the identified themes are linked directly to the data. The data may have been collected via an interview or focus group interview and themes may bear very little similarity to the questions asked to the participants during the interviews. Alternatively, the themes may be driven by the researcher's theoretical interest. When the researcher's approach is inductive the data are coded without making it fit into a pre-existing coding frame. When sharing the findings a "rich description" (Braun & Clarke, 2006, p.83) or detailed description of the data is given. On the other hand the deductive approach is motivated by the researcher's theoretical interests and there may be less richness in the description of the data (Javadi & Zarea, 2016). A detailed analysis of a specific part of the data may be provided.

The approach to TA In this research is inductive. The researcher chose to produce rich descriptions across the data set which is useful when the views of participants are not known (Braun & Clarke, 2006).

3.29.2 Familiarisation with and identifying interesting features of the data

The familiarisation process started before engaging with the transcription process. Braun and Clarke (2006) described this phase as immersing oneself in the data. During this phase, the researcher engaged in actively reading the data, which involved noticing points of interest or interesting features in the data.

Initially, the audio recording of the participants were listened to at least three times before transcribing. Additionally, the audio files were replayed during the transcribing process to ensure that the data was recorded verbatim. The transcription included pauses and hesitations, then names or any other identifying features that were detected were removed. The transcribed data was printed so that interesting features in the data could be highlighted by the researcher, this allowed the researcher to record initial thoughts about the data on the printed version. See Appendix J for a copy of the original transcript from the interview with the child participants and Appendix K for the transcript of the focus group interview.

The transcribed data was read carefully to check for any errors and possible misinterpretations. Additionally, any identifying features that were missed when transcribing the audiotapes, such as names, were removed from the electronic copy. Further reading of the transcribed data was carried out and at that point features of the text which appeared significant and related to the research questions were highlighted. The researcher ensured that each data item was given equal attention (Braun and Clarke, 2006). Initial thoughts were noted on the hard copy at the same time. The time spent transcribing the data is considered to be valuable as it can be part of the process of becoming acquainted with the data (Bird, 2005; Braun & Clarke, 2006).

(See Appendix N for an example of transcribed data with initial thoughts noted)

3.29.3 Generating Preliminary Codes

This phase starts when the researcher has read and has become acquainted with the data. According to Braun and Clarke (2006), this phase involves continued acquaintance with the data, then noticing parts of the data that are particularly interesting, then collecting them.

The researcher might use tables or mind maps to organise codes or play around with pieces of paper to generate initial codes, this is dependent on the researcher's decision. The researcher should ensure that all items in the data are given the same attention.

During this second phase, the interesting features about the data were given codes and a table was created. The tables consisted of two columns that comprise data extracts in the first column and potential codes in a second column. At this stage units of texts that represented codes were collected and placed in the appropriate column. Some extracts were coded several times as they seemed to fit more than one aspect of the research questions. In some cases, the responses were concise, particularly those from the children. Therefore some of the adjacent data were reserved (Braun & Clarke, 2006).

(See Appendix L for an example of codes with data extracts from one child)

3.29.4 Searching for Themes

This phase involved collating codes into potential themes this is the third phase of the six phases of thematic analysis Braun& Clarke (2006). Before searching in TA the researcher will need to consider what counts as a theme (Braun and Clarke, 2006). Developing themes is the responsibility of the researcher. Some themes may be commonly occurring but it may not mean the theme is of more importance. The theme will depend on the data and the researcher will need to consider questions such as, whether or not the theme captures some aspect of the research question.

This phase involved gathering all the data for the potential themes from across the entire data set. Each code was individually transferred to post-it notes and was manipulated and grouped physically into potential themes (See Appendix M for examples of organising codes with post-it notes).

Subsequently, the codes, data extracts and potential themes gathered from each of the participants were transferred to one table. The table consisted of columns with the headings entitled, initial codes, data extracts and potential themes. The initial codes which seemed to convey the same meanings were placed in the same column, then supporting data extracts in the adjacent column and potential themes in the next column. When this process had been completed, the potential themes and data extracts were moved to a separate table (See Appendix O for an example of codes with data extracts from focus group: Initial themes from children's data. See Appendix P for exploring themes with data extracts: Child participants).

3.29.5 Reviewing Themes

Braun and Clarke (2006) called this stage reviewing themes, and involved two levels of reviewing. The first level involved checking if the themes worked with the coded data extracts. The data was re-read to determine if the initial themes or candidate themes formed a coherent pattern. The themes and the data extracts from across the entire data set were combined at level 2.

At this stage, the data extracts across the entire data set were checked against the themes to determine if they made sense. This involved reading the data extracts that combined to form the themes. An initial thematic map was generated and ongoing analysis of the themes and data extracts continued. Some themes did not seem to fit; however, these were not discarded but kept separately in the event that they were required later. This reviewing and refining continued until it was felt that no more could be added (Javari & Zarea, 2016) and the map that was produced was satisfactory.

3.29.6 Defining and Naming Themes

This phase begins when a satisfactory thematic map has been produced from the data (Braun & Clarke, 2006). The themes were organised and reorganised on the thematic map to provide an overview of how the themes were linked together. This was carried out several times collapsing themes and defining and refining them to have a particular focus then naming them. At this stage, it was important not to get a theme to do too much. Braun and Clarke (2006) noted that it is important to return to the collated data extracts for each theme to check if there is a consistent and cohesive account of the data with accompanying narrative. It is important that the data is not just paraphrased but identifying what is interesting about them. At this stage, the researcher should be clear about the themes. During this phase, the themes were checked to determine whether they were main themes or themes or subordinate themes. Exclusive themes should not be ambiguous, a theme can usually be described in a couple of sentences (Braun and Clarke, 2006), therefore the researcher endeavoured to use the criteria suggested by Braun and Clarke (2006) when deciding on what constitutes a theme.

3.29.7 Producing the Report

Producing the report is the sixth stage (Braun & Clarke, 2006). Having worked out the themes, this provided a final chance to check whether the selected themes were convincing enough and that extracts from the data strongly illustrated the themes. During the writing up phase, the analysis continued to produce a convincing story about the data. The researcher was careful to not merely describe the extracts, but also analyse them. The report attempts to tell the story of the children's own views and the therapists' views.

Thematic maps were produced to demonstrate how the themes were connected, keeping in mind the research questions. The maps included overarching themes, main themes, and subordinate themes. The report that has been produced has made every effort to describe the process. The researcher actively searched for the themes rather than allowing them to emerge from the data. The findings from the thematic analysis of the data will be presented in chapter four.

Chapter 4

Findings

4.1 Introduction to the Findings

In this chapter, the themes that were derived from the TA of the interview transcripts from both the children and the focus group will be presented. The analysed transcripts were from ten interviews with child participants and one focus group that consisted of three art therapists. The overarching themes will be discussed then an analysis of each of the main themes will be presented. Additionally the subordinate themes that link to the main themes will be explored. The analysis of the data will include excerpts that will be presented in italics, this will provide an illustration of the various themes and subordinate themes. The data from the children and art therapists will be presented separately.

4.1.2 Details of Data Presentation

. The thematic maps illustrates the overarching themes, main themes and connecting subordinate themes that were produced from the analysis of the data. On the thematic maps, main themes and subordinate themes that have an obvious link are represented with continuous lines and the subordinate themes that have indirect connections with the main themes are presented as dotted lines. The thematic final map from the child participants' data is presented in Appendix Q. The final thematic map from the art therapists' data is presented in Appendix R.

Initially the TA of the semi structured interview with the children will be presented. The outcomes that address the research questions and how they relate to developing skills around promoting the mental health and wellbeing of children will be discussed. Secondly

the findings from the TA of the focus group interview will be presented. Four main themes

emerged from the TA of the semi-structured interview data with the children. The main

themes stemmed directly from the child participants' responses to questions asked in the

semi structured interviews. Each of the main themes produced a number of subordinate

themes.   The overall themes, main themes and subordinate themes will be presented and

analysed. A table consisting of the main themes and subordinate themes will be presented

before the discussion about the main themes and the subordinate themes.

4.2 Overarching Theme: Supportive in the School Environment

The data from the children highlighted the overarching theme of art therapy being

supportive in the school environment. This overarching theme was derived from considering

the children's responses to the questions asked about art therapy in general. The children's

responses indicated that they valued art therapy in the school environment and were

positive about art therapy.

Table 4

Child Participants: Main theme and Subordinate themes 1

Main Theme	Subordinate Themes
Appreciative of Time and Safe Space	Convenient
	Impact on learning
	Insufficient Time

4.2.1 Main Theme: Appreciative of time and safe space

In addition to feeling supported in the school environment the data indicated that the

children valued the space and time that art therapy sessions provided. In some cases the

data showed that the children were of the view that going to therapy offered an escape from the noise and commotion of the classroom. One child stated that art therapy allowed for the opportunity to 'escape' from lessons and having time alone was highlighted by child six. They valued the time and space in the school environment and some children indicated that art therapy provided a safe space and the opportunity to develop a relationship with the adult in art therapy.

> *"I like... I like going to art therapy…because em…some… em.. Sometimes in class, everyone is a bit shouty and noisy and I get a headache so at least I get to come into a quiet room"* (Ch9: p257, L. 7-8).

> *"Um…that, it makes me …relaxed…and …sometimes I get tired…..because it's so calming….relaxing and it just makes me….um…get away from… every… every…of lots of noise and…and um …comments"* (Ch7: P252, L.7-9).

> *"Ah…art therapy is a place where you can just relax… and when you are not. And … and when you are angry…. it's a place to cool down and draw"* (Ch3**:** p239, L.7-9).

> *"I feel happy about going to art therapy, because I enjoy it and I get some time …on my own" (*Ch6: P250. L.3).

4.2.1.1 Subordinate theme: Convenient

Two of the children expressed that they appreciated the convenience of having art therapy in the familiarity of the school setting. Child five's response indicated that he felt safe attending art therapy in the school. Furthermore he appreciated being in a familiar environment and being supported by school staff.

"I think it's good and helpful for the kids instead of doing it with outside school with like where you don't know and no one is around to like actually look after you in case something bad happens" (Ch5: p247, L12-13).

"I think art therapy in school is great, so it's not just like you have to go to art therapy, but if it's in school you can, you can just go…..go into art therapy. They just take you in a.. r… in a special room" (Ch3: p.241, L.1-3).

4.2.1.2 Subordinate Theme: Impact on learning

This subordinate theme was generated mainly from the responses to the questions asked about what the children liked about art therapy and things that they did not like. This subordinate theme linked to the main theme, Appreciative of time and safe space. Some of the children appreciated the time and space that art therapy provided. And some children indicated that going to art therapy had an effect on their learning. Child four said that going to art therapy had a positive impact on his learning and he mentioned specifically that going to art therapy helped him to focus in the classroom.

"And it helps you feel focused in class as well" (Ch4: p241, L.10).

"*Well, art therapy is fun. It helps you to focus more, like if you're doing work, you will be able to focus more... on work"* (Ch4: p243, L.3-4).

"Well Art therapy ….is … it gives you more education… education for your… for your class learning" (Ch4**:** p243, L. 17).

The children indicated that they enjoyed art therapy even though they missed lessons and they had conflicting opinions about the impact of missing lessons. One of the children

specified that it was nice to miss maths, because he preferred drawing to maths and the second child felt that it had affected her learning. She felt that art therapy sessions could be done at an alternative time in the school day such as playtime.

> *"Um that I have to kind …of miss out my… learning…. and to me my learning is really important.   So I think we should do it at…like at play time while its playtime because it's also kinda like playtime as well. But better"* (Ch1: p235, L.21-22).

> *"Because, usually I would… I would've been…be doing maths…*
> *Um and I prefer art to draw or sketching to my lessons"* (Ch8: p251, L.7-9).
> *"I still think it's nice to… because it's better than being in a lesson doing maths"* (Ch8: p253, L.30).

4.2.1.3 Subordinate Theme: Insufficient Time

The analysis of the data indicated that although the children valued the time spent in art therapy, there were some concerns that the time spent in art therapy sessions was not enough. Insufficient time is also linked to the main theme, Appreciation of time and space. Two of the children mentioned that one thing they would like to change about art therapy would be having more time.

> *"I did…sometimes, I did not like…because sometimes the time was going a fast. I did not have that much time"* (Ch3:*p*239, L.15-16).

> *"Yea, I would like to change, that art therapy had more time"* (Ch3*: p240, L.5).

> *"Um…I mean if it was a bit like…. if it was maybe an hour and a half instead of forty five minutes… it would just be nicer to have it longer…as well"* (Ch8*: p257, L.8-9).

Table 5

Child Participants: Main Theme and Subordinate Theme 2

Main Theme	Subordinate Themes
Feelings of wellbeing	Positive emotions
	Place for reflection
	Release negative thoughts

4.2.2   Main Theme: Feelings of Wellbeing

A further main theme that was derived was feelings of wellbeing. The children expressed this by describing how going to art therapy affected their state of mind, some of the responses from the children indicated that attending art therapy helped them to release their worries and reduce negative feelings. Child nine referred to art therapy as helping to relieve headache.

"I like, um… Because you got to do drawing…And you get to like, clear out your mind. …" (Ch1:p235, L.10).

"I liked about going… to art therapy when… I…I go there to… keep myself… keep my brain calm and stuff like that" (Ch10: p260, L.16-17).

"Because… It worked for me because people are very shouty in class.

Um… It helped me to get some peace and quiet and my head... my headache goes

away" (Ch.9: p259, L.4)).

Because I…em …..Because I got to…..um exercise my mind and….. let the bad

thoughts go away and relax (Ch.7: p251, L.8-9).

4.2.2.1. Subordinate Theme: Positive Emotions

More than half the children described experiencing positive emotions as a result of

participating in art therapy. The children indicated that art therapy was an enjoyable

experience. The children's responses indicated that when they participated in therapy it was

enjoyable. They described emotions such as being happy. Their responses were elicited

from questions asked about their opinions about art therapy in the school setting.

"Yes, I had fun and I enjoyed it.

...Um... like playing with the clay and drawing, lots of things" [Ch6: p248, L.4-6]

"Um...I learned that going to art therapy is kind of fun and...sometimes… it like

refresh my brain..." (Ch10: p261, L.6-7).

And I felt happy, and a better person here because…. every time I used to get in fights

with my friends and then afterwards I came here and I started not getting fights

(Ch2: p238, L.15-16).

"Well, art therapy is fun. It helps you to focus more, like if you're doing work, you will

be able to focus more... on work" (Ch4: p245, L.3-4).

4.2.2.2 Subordinate Theme: Place for Reflection

This subordinate theme linked to the main theme of feelings of wellbeing was having a place to reflect. The children indicated that they appreciated having the space to think and talk about their feelings also having a place to reflect on what was happening. Child five talked about how he was feeling and how the day was going. Child two talked about how it helped to talk to avoid getting into fights.

> *"Because, you get time to… think and, and... just...draw"* (Ch8 p256: L.4).
>
> *"So… You don't have to… you don't have to think but you've got as much time as you want…and yea"* (Ch8: p256, L.6-7).

> *"Um just talking about how I felt and how the day was going…"* (Ch5: p1, L.8).
>
> *"Um ….it helped me with...Um… when ….sometimes when…sometimes when we fight…we… we talk until a ……I'm glad them… they helped us"* (Ch2: p246, L.9).

4.2.2.3 Subordinate Theme: Release Negative Thoughts

This subordinate theme links to the main theme of feelings of wellbeing and indirectly to the Appreciative of time and safe space. The children's responses indicated that art therapy provided a space in which they could relax and "clear their minds". Child seven indicated that art therapy provided the space to get rid of bad thoughts and relax. The children's responses suggested that the therapeutic space placed no demands on them. Child seven appreciated being away from noise and child nine indicated that he was able to achieve a sense of calm.

> *"Because I…em ….because I got to…..um exercise my mind and….. let the bad thoughts go away and relax"* (Ch7: p251, L.8-9).

" *Um…that, it makes me …relaxed…and …sometimes I get tired…..because it's so calming and… relaxing and it just makes me….um…get away from… every… every…of lots of noise and…and um …comments.*" [Ch7: p252, L.7-9).

Table 6.

Child Participants: Main themes and Subordinate themes - 3

Main Theme	Subordinate Themes
Feelings of Competence	Improved drawing skills
	Understand and regulate emotions
	Feelings of self-efficacy

4.2.3 Main theme: Feelings of Competence

In response to the question about what they thought they learned at art therapy and continue to use, several of the children's comments indicated that they developed competence in specific areas. They also described using the strategies they learned after they had stopped going to art therapy.

4.2.3.1 Subordinate Theme: Improved Competence in Drawing

One of the subordinate themes mentioned by several of the child participants was that their drawing skills improved having attended art therapy. This was particularly pertinent for child eight who appeared to find an outlet for his feelings through drawing. Although he did not feel as though he had learned anything in art therapy, on reflection said that he had improved his drawing skills. He continued to use the skills that he developed during art therapy when he returned to the classroom

"I didn't really learn… anything...but, I did perhaps because I had so much time to just draw I…I learnt to like draw perspective and draw things better…

Like drawing the, the human bo…. Um or… I learned to draw… better…." (Ch8: P255, L.20-21).

"*Well I still use drawing because some time in class we have to draw specific stuff.*

For example, in DT week you have to design things. And it is quite helpful...knowing how to draw perspective because otherwise you can't get the um… you can't really… tell wait … it's quite hard to……….It's hard to….make something if you...if you don't know the exact shape and …size of each part" (Ch8: p256, L.9-16).

"Umm…umm…It helped me to draw better because when E---- was drawing, I watched her how she was drawing and then …afterwards she taught me how to draw." (Ch2: p238, L.12-13)

4.2.3.2 Subordinate theme: Understand and regulate emotions

Some children felt that they had developed the skills to understand their emotions, cope in difficult situations and deal with their emotions. They reported that they continued use these skills after attending therapy. Child five indicated that he learned the skills needed to help him to remain calm. Child seven learned how to ignore others and learned not to be provoked by someone saying something negative to him. Child four stated that he learned that he should try not get upset each and every time. For example, if someone says "bad things" he can use external supports such as tell the teacher. The children's' responses were related to the questions about what they learned. Their responses revealed that they were aware of having gained a skill.

"Um…I learnt how to become more creative and like because I can't calm myself down cause every time when I was angry become more cr… I just kept on like waiting it out until it actually stopped but I….I learnt by just calming myself down an easier way would help me" (Ch5: p246, L.30-32).

"Um when only my friends were like running round me I just calm myself down just by breathing in and out and just forgetting about everything" (Ch5: p247, L.5-6).

"Yea by um… thinking to myself if anyone says anything bad about me…..I…I will just ignore them and… think in my head that….. I am not what they say…I am" (Ch.7: p252, L.10-11).

"Yes …I was at home, because my older brother …. is older and he's …he's a…..Sometimes he gets a bit frustrated……at me and then says stuff about me, but I just ignore him and tell him that it's not true and then… I just …. um…think about it in my head and try and make it go away" (Ch7: p252, L.14-15).

"Well…. Well…I … I…I ….. I learned that I mustn't be upset every time In the play grou…In…Ok… After……after B I went to a playground, somebody was talking bad about me and after I thought to myself I… I ….doesn't matter…I shouldn't get upset.   I should just tell the teacher that they are talking bad about me" (Ch4: p244, L.9-14).

4.2.3.3 Subordinate Theme: Self-Efficacy

Another subordinate was feelings of self-efficacy that children experienced. Child seven expressed that as a result of engaging in art therapy he was able to face challenges in the classroom as well as social challenges. Furthermore he indicated that he could exercise some control over what makes him angry.

"I learnt that … that… that if any ….that if I didn't have power and anything …..I can um… I know that …… I can ….. …… I know that …I can take power over myself and no one can control me" (Ch7: p252, L.6 -7).

"And now I just get angry over like things that I should be getting angry and I should be getting sad like by things I should be getting sad like.
So nothing really worries me that much now "(Ch5**:** p247, L.29-30).

Table 7

Child Participants: Main Theme and Subordinate themes 4

Main Theme	Subordinate Themes
Information about therapy	Child assent
	Parental involvement
	Therapist's role

4.2.4. Main Theme: Information about Art Therapy

The children gave varying accounts about the information they received explaining how they were selected to participate in art therapy and whether they received information before starting therapy. This theme was derived from the children's responses to the question

asked if they had a chance to accept or decline art therapy. Child five stated that he was given a choice to participate by the therapist, child seven also recalled being given information by the therapist. Child ten indicated that he found out about art therapy from his mother. The children's responses indicate that they received information mainly from the therapist and parents.

> *"Err….Yea, I got told and they… I said I if I that… I should try it out and if I don't want… um to do it I just tell C--- and if I do I'll just tell her* (Ch5*: p246, L.17-18).

> *"I met with the … with J------- and …and then he told me*
>
> *that…. he was going to take me a… um………after…lunch"* (Ch7: 251, L.22-24]
>
> *Um…before that I didn't know"* (Ch7: p251, L.25-27).
>
> *"Um because um …. whe…on Monday when the Per .. No   yeah, on Monday um the person told me um that and you're gonna start going…. on Monday"* (Ch9: P258, L.18-19).

> *"Because, my mum told me so I…because when I went home my mum told me. So that's when I knew"* (Ch10**: p260, L.25-26).

4.2.4.1 Subordinate: Child Assent Inconsistent

There was certainty from most of the children about consent to participate in art therapy and who provided them with information about art therapy. Child eight gave an elaborate response that provided insight into the schools' and therapists' approach to providing information and whether he consented. His response indicated that there was also some collaboration between school, parent and therapist. Nevertheless some children did not seem to be aware of receiving information and seemed unsure about agreement. Three children indicated that they either did not give their assent or were unsure.

"Yea I was, I was …allowed to say yes or no, um… if I didn't want to go at all.

Um Like not even have that explanation…

lesson, but that was… My mum had to just text the school if I said no" (Ch8: p255, L. 11-15).

"Yeah…They gave me a chance and if I said yes I went.   And if I said no, I didn't go. But of course ……said yes." [Ch5: p246, L.24]

"Ah don't think, um well I did say yea I do wanna do it" (Ch1: p2, L.1).

"Um….I…di…Nnn…No, I didn't have a chance" (Ch7: p252, L.3).

"No…, not really" (Ch3: p239, L.24).

4.2.4.2 Subordinate Theme: Parental Involvement

Three children explicitly mentioned parental involvement when they were asked how they received information. Child ten said that his mother told him at home and child eight mentioned that his mother received a phone call.

"Um…..cause… my mum got a letter and then she signed it" (Ch6: p248, L.19.

"Because, my mum told me so I…because when I went home my mum told me. So that's when I knew" (Ch10: p260, L.25).

"Yes, because…my mum had told me …Because she got called…by the school" (Ch8: p254, L3).

4.2.4.3 Subordinate theme: Therapist's Involvement

Some of the children mentioned that the therapist was involved prior to the start of art therapy and stated that they were told when therapy would start. Child one indicated that the therapist provided information during the first therapy session.

> *"Welp um… when like um B…..um umm person only like takes me….*
>
> *The first time it happened, she told me, about everything."*(Ch1: p236, L.27-28)
>
> "There was like um J….there was a…lady that said…you're going, you are going art therapy" (Ch10: p261, L-30).
>
> *"Just one day …er…this lady, called E---, told my teacher that I was going art therapy and then e...every, every …Mondays I went to art therapy"* (Ch3: p240, L.21).

4. 3 Findings from the Focus Group with Art Therapists

The focus group data included the therapists' perspectives about the initial findings from the thematic analysis of the data from the child participants. This section will outline the themes that resulted from the analysis of the focus group data. The research questions were taken into consideration when the data was being analysed. The focus group consisted of three therapists with varying years of experience.   The overarching theme, main themes and subordinate themes are shown in the thematic map (Figure 2, appendix R).   The thematic map of the focus group emerged from the TA of the focus group data.

4.4 Overarching theme: School Environment

The overarching theme of school environment resulted from the thematic map that was created from the focus group interview data. The therapists talked about various aspects of providing art therapy in the school environment. Their responses incorporated what worked really well and some of the limitations experienced. One therapist commented that the

environment was full of youth and energy and also described the environment as chaotic. Another therapist stated that she valued the collaboration with school staff about children.

The thematic map that was produced from the TA of the focus group produced four main themes. The main themes were extracted directly from the responses to questions asked in the focus group discussions. Each of the main themes produced a number of subordinate themes.

4.4.1 Main theme: Impact of Art Therapy

Impact of art therapy is related to the overarching theme, this theme resulted from questions asked about what worked well in the school environment. The therapists felt that a positive aspect of art therapy in the school setting was that school was providing mental health support for the children. The main themes and subordinate themes are shown in Table 8.

Table 8

Focus Group: Main Theme and Subordinate 1

Main Theme	Subordinate Themes
Impact of art therapy	Safe space
	Wellbeing
	Developed skills
	Impact delayed

4.4.1.1 Subordinate Theme: Safe Space

The therapists talked about art therapy providing a space for the children outside of the daily school routine. Therapist one stated that it provided the children with the opportunity to express their feelings, create and experiment without fear. The therapists commented that the children can learn skills without additional pressures because they are in a place of calm. It was also mentioned that the children were provided with the opportunity to express themselves without being worried. Therapist three talked about the child going to art therapy feeling no pressure of competing with others and being praised for what is made. In addition it is the space where children get a break from the usual school routine.

> *"There is always benefits…um…. can be the child's space where they can express themselves, talk about things...his or her emotions, um can learn new skills…practical skills as well um.. And…and that is reflected…this is reflected outside"* (T1: p266, L.3-5).

> *"I guess there is less structure in the therapy room there is no pressure of creating something beautiful, not exactly perfect and that's alright, so they can learn uh without having that anxiety of being better than someone else…"* (T1: p274, L.13-15).

> *"It's not exactly, it's like the place they get…. there is this place of rest like outside of the normal school routine. They all think…I never saw that they didn't …especially the younger one, he loves to come. He was so sad that last week of therapy and he couldn't come"* (T3: p271, L.8-10).

> *" I think that too…. But I think when they are in a relationship that they love they really like that …. Like, my client is a really anxious type, but she is really easy with me right now. Because like, she thought that I am not judging her and I praise*

whatever and she creates. Yea… I think it's really different from a class because of, the pressure isn't there…" (T3: p274, L.23-26)

4.4.1.2 Subordinate theme: Wellbeing

From the analysis of their responses, the therapists indicated that children develop skills which improved their sense of wellbeing such as improved self-esteem, self-efficacy and confidence. Furthermore Therapist one indicated that schools are becoming more aware of the importance of wellbeing and providing support for children's wellbeing and mental health which will be beneficial to the children as they grow into adults. The therapists indicated that having attended therapy, the children developed an understanding of what they may need to maintain positive mental health.

> *"I think you help them with their self-esteem. They learn that, yea I can make it (laughter). It's good* (T1: p275, L.14-15).

> *Being able to trust…um yourself as well when you decide what to make… as an art work you can own it and you can ask for help as a ….you can um realise it so… and then you have the final product. That makes you feel independent.* (T1**:** p280, L.18-20).

> *"Yea, I'm thinking along those lines as well… when the children come in and… initially they… it's like they're expecting to be told what to do, want to know what you are sort of expecting of them. But over time they think it…they do develop their own sense of what they want to do…how do they take things forward, they have a certain agency, I think."* (T2: p280, L.21-24).

I think that, especially recently I think there is lots lot of interest on mental health….

And schools are trying really hard to send um… send a message to children, to

parents that mental health is on a spectrum we all on the spectrum so it's ok to talk

about so they're really, really working, a lot to make sure there is no stigma attached

to therapy. It's alright to see a counsellor in school (T1, p.281, L.31-34).

4.4.1.3 Subordinate Theme: Developed skills

The therapists appeared to agree with the children's responses that indicated that they

learned new skills in art therapy. Therapist one mentioned that children internalise what

they did in the session and are then able to apply what they have learned after therapy. The

therapists acknowledged that one of the skills that children developed was their

competence in drawing. Therapist one commented that the skills that children learned,

including drawing skills, may help them to cope outside of therapy.

"so they can learn new skills ...drawing skills and yea and find solutions if they don't

like what they drew…We can find solutions skills they like, skills they can learn

outside the therapy room you don't throw away things, you work on things" (T1:

p274, L.5-7).

"They are able to internalise what was done in the sessions and to be able go out

there in the world and to manage the people that they meet. And to be able to

understand that therapy it's alright, it's ok to talk about it and if later in life when

they are adults so if they feel the need to ask for help again they can do it. It's ok"

(T1: p 283, L. 15-18).

4.4.1.4 Subordinate Theme: Impact Delayed

Therapist one acknowledged that it can take a long time for art therapy to have an impact on some children. The impact may not be seen until the child has grown up. The therapist said that this can be a little frustrating.

> *"Sometimes we make changes, we don't notice the changes it can be a bit frustrating for therapists um but in the inside there are things going on in the child and I know some children for instance in the past they have grown up and then a…after some years they…..oh there was that lady that spent some time with me ….and we were talking about this…. Anger and sadness…. that was a good moment that was good. But we don't see it when we are with the child sometimes things take time to change. Changes happen after therapy sometimes"* (T1: p283, L.26-31).

4.4.2. Main Theme: Advantages

The TA of the focus group data showed that the therapists recognised that there were advantages to working in the school environment and working with staff to support children's wellbeing. The advantages included the work that the therapist did in school and being a link between the child and adults. See Table 9:

Table 9.

Focus Group: Main Theme and Subordinate Themes 2

Main Theme	Subordinate Themes
Advantages	Work not complicated
	Link between child and adults

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4.4.2.1 Subordinate Theme: Link between child and adults

Therapist one valued the chance to collaborate with other members of staff about a child

and commented that the therapist provided a link between the child and adults in the

school setting. Sometimes staff may not be aware of what may be happening for the child.

The therapist may link with members of staff to provide a broader perspective of the child.

They may share strategies to support the child. Therapist one also talked about working

with parents and having the opportunity to discuss with the parent factors outside of school

that may be having an impact on the child.

> *"I guess working at school…if I think of some children, they have some difficulties*
>
> *with their behaviours or learn…we have some conflicts between the child and the*
>
> *teacher. For instance, because we work on this sort of thing … we can have…we talk*
>
> *to teachers and talk to other members of staff. And we make sure that we reflect on*
>
> *what's going on for the child and the child is fine… with the approaches …in class*
>
> *…across environments in school and some different strategies. So that can have an*
>
> *impact on…members of staff, because they can see the child from a different*
>
> *perspective"* (T1: p67, L.24-29).

> *"Sometimes we work with parents though … well I don't offer therapy to parents, but*
>
> *I have meetings with them especially in primary schools, secondary schools I don't*
>
> *really get involved um… and it is really important to have these meetings, because*
>
> *again, you can…..Can have a sense of what's going on at home?"* (T1: p268, L.14-17)

4.3.2.2 Subordinate Theme: Work not complicated

One therapist reflected on the nature of the cases that therapists become involved with in the school setting and remarked that it was more 'supportive therapy'. The therapist felt that these cases were less complex, this in turn provided some satisfaction for the therapist. The therapist felt the work carried out in the school setting was more enjoyable.

"I mean now as a therapist I feel like, I mean comparing like with an NHS setting or mental a health setting, I feel like the work as I told you, I guess it was milder like it's not that c…..with the children it is not that chaotic like, they don't have… they're tier 1 and 2. They don't have big problems so it's sort of like it's more enjoyable because they are not big problems with the children. And I feel it's more supportive therapy and the children are...the school environment seems so full of energy and youth" (T3: p282, L.27-29)*.*

Table 10.

Focus Group: Main theme and Subordinate Themes 3

Main Theme	Subordinate Themes
constraints	Resources
	Child's perceptions of art in therapy
	Insufficient time
	Wait list
	Impact on learning

4.4.3 Main Theme: Constraints

The TA data revealed that working in the organisation can be advantageous, however, complications may arise from time to time. This may be due to differences in how school staff and therapists work. Other factors may be the communication between the therapists and school staff. Although the therapists valued being in the school environment, they are not part of the usual school community and may visit the school on a regular day each week. When the therapist is not in the school staff continue with their work routine which may lead to misunderstandings. The therapists share the workspace with other school staff in some circumstances, which can lead to frustrations.

4.4.3.1. Subordinate Theme: Resources

One of the subordinate themes that emerged from the data, referred to limited resources such as sharing rooms due to the limited space in the school setting. Therapist three seemed quite frustrated and described how the therapeutic space was often left in a disordered state. In addition, when it was occupied for art therapy, the therapist experience frequent interruptions. It seemed as though school staff did not understand the need for confidentiality in the therapeutic space.

> *"For example, they shouldn't interrupt while we're in the session, but they do a lot. They don't even, that's what I said they do not understand the concept of the therapy, I mean, what we are doing. And we also can't tell everyone, like because the child they see the child, so maybe she doesn't want to know where she is going, so we usually don't talk about it like why I am seeing her* (T3: p270, L.21-25).

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"Well for instance… I know this happens … but because I work with a charity xxxx that has been working in xxxx for twenty years um...so.. They know the charity, they know how we work em... They understand what we do, so we don't have that happening, but I think we are lucky" (T1: p271, L.9-11).

Therapist one stated that from her experience of working in schools there was an understanding about the work done by the organisation with which she works. The schools recognised the work of the therapist and the need for confidentiality. This had developed over a number of years, as the schools developed an understanding about mental health and wellbeing they were able to provide the support that was needed. These tensions are outlined in the excerpts.

4.4.3.2 Children's Perception of Art in Art Therapy

There was some consensus from all the therapists about children's understanding about the art in therapy when they first start therapy sessions. The impression was that children initially view art therapy as art lessons. One explanation that was offered by therapist two was that art materials are usually associated with being in an art class and this has possibly led to this misunderstanding. Art making in art lesson is the only frame of reference that many children have. One therapist observed that these are the adult's interpretations and the children may have a different opinion.

"The opportunity to have fun…I…I hear that…and… Yea the relaxing and have fun…I can identify with um …One issue that I am aware of is…how….children have their…their frame of reference is school and so I find when they come to art therapy place… it feels like they think it's an art lesson" (T2: p273, L10-12) .

"This is my biggest problem right now I...and my supervisor is sort of even like sort of criticising me that I have to show that...I have to more explicitly tell the child the difference. And for example she told me what to ask her to draw...like draw her idea of therapy and draw her idea of art to really differentiate them but still it's going on and like she draws whatever she wan......and it doesn't seem like therapy..." T3: p264, L.21-25).

"Yea but there is a time for ....um I want to make a beautiful picture am so I have to remind them it's not time for making beautiful pictures. It's not an art class it's about expressing yourself... use it to express yourself" (T1: p265, L. 1-3).

This perceived misinterpretation of the purpose of the art therapy session caused one of the therapists to question whether schools in the UK provided art lessons as part of the curriculum.

"But do they have art class too this is my question like don't they learn...? I feel that the schools in Britain aren't giving enough...more time to art" (T3: p274, L11-12).

4.4.3.3 Subordinate Theme: Wait List

The responses from the therapists suggested that the demand for art therapy can result in children waiting access support from the therapists. On the thematic map this is linked to resources. However one therapist stated that some schools are organised to make allowances for this, because they provide mentors that work with the children until a space becomes available.

"And I think that....I mean I don't have a problem with that... I mean... The only problem is the waiting list ...."(T3: p270, L.11-12)

"Yeah…Well I have to say that the schools where I work at are really good and they really know the students very well so they know what they need um. We have some key figures in the school, class teachers of course...but learning mentors...er…And they see the students every day and they meet with parents every day basically…um so they know what's going on in the family. And the problem is there is always a long waiting list and so they kind of have to specify …working. In the meantime they can, school can work with the other children who are on the waiting list um…"(T1**:** p269, L.27-20).

4.4.3.4 Subordinate Theme: Impact on learning

This subordinate theme emerged from the discussion that ensued after presenting the initial themes from the TA of the children's' data. The therapists agreed that the timing of art therapy sessions can sometimes clash with lessons. This can lead to children missing out on one particular lesson over a long period of time. Therapist three's response indicated that she had not considered the consequence of children missing lessons. Therapist one stated that she tries to avoid taking children during lessons that they particularly enjoy such as physical education. One of the therapists talked about having a child who missed the same lesson each therapy session. The conflicting timings were discussed with the child's teacher and the therapist and the teacher adjusted timings so that the child avoided missing the lesson. This theme is linked indirectly to the main theme of communication and the subordinate theme, link between child and adults.

"Something that surprised me was um, I mean because um I'm new and I haven't many, I don't, for example, miss some lesson, subject I never, I never considered this

that the child might have this problem. But now that I read it I mean I…." [T3: P278, L.10-12]

"Actually you're right I never thought that when it happens on one day at one time they always miss one lesson and...And we can't move it around because then it will lose the consistency that's important so. And…er… with my sixth grader like I felt …I don't know... I felt like whenever I took her out of the classroom like it was the science lesson or something, she…she didn't really like to come" (T3:p277, L.12-15).

"So what I do, if it is really, for instance recently, I had a child last term I would see this child in the afternoon and…er… he had Spanish, so for the whole term he missed Spanish and he told me, "I want to do Spanish." So I agreed with the teacher to change the time of the session. So now has Spanish in the afternoon and he misses maths, and he's alright with that" (T1: p276, L. 12-15).

4.3.3 5 Subordinate Theme: Insufficient Time

This subordinate emerged from the therapists' responses to the theme that came from the TA of the children's data. One of the themes from the children was around not having enough time for art therapy sessions. Therapist three pointed out that sessions are usually at set times because consistency is important to ensure continuity and feelings of security. There was some agreement that some children may benefit from having more time.

Therapist three indicated that this was a common occurrence in therapy and stated that the amount of time that was provided depends on what the child needs and agreed that usually children do not want to leave the therapy room. There was the feeling that there was additional pressure from the school and managers to move the children on quickly, which is

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likely to be linked to the number of children needing the service. This subordinate theme is linked indirectly on the thematic map to waiting lists.

> *"And we can't move it around because then it will lose the consistency that's important so. And... err.. with my sixth grader like I felt ...I don't know"* (T3. p277, L.17-18).

> *"Mine is forty five minutes…..I am really strict with the time…But they usually don't want to...I think they have things to do I really have to ask them to finish and get up. I think the time… It would be better if it was more"* (T3:p277, L.8-9).

> *"Like um… when the child is sort of like ready to leave… like usually when they don't want to leave and it's like it really happens all the time. I feel like maybe the timing is the trouble and the problem is with the time…"* (T3: p277, L.12-13).

> *"Yeah, sometimes we feel the pressure from school, and…we feel that we have to… um I mean. There is no agenda, and it's like, we just need to be there with the child…and see what the child brings. I mean… If the child is not ready… to talk about things then we need to respect that"* (T1:p267, L. 1-3).

One of the therapists commented that therapy sessions could go on for an extended period of time and the child may continue to perceive it as insufficient. Another therapist suggested that it maybe that the child did not want to return to class.

> *"I think that… not enough time is… I feel that like can be… quite a common thing and That… And that's how we see quite a lot really about the child's needs or it's something to explore. Because actually you could have a session for an hour and a half and it still wouldn't be enough, there is something in that"* (T2: p278, L.1-4).

And then maybe they don't want to go back to class (T3: p278, L.30-31).

Table 11.

Focus Group: Main Theme and Subordinate Themes 4

Main Theme	Subordinate Themes
Communication	Referral
	Information and Consent

4.4.4 Main theme: Communication

The Communication theme arose because of questions about the information that children receive and whether they were provided with an opportunity to give their assent to therapy. The therapists discussed their ideal and what has happened from their experiences. One therapist felt that communication about therapy took place and the children were usually asked if they wanted to attend therapy. On the thematic map the communication theme is linked to the subordinate theme which is the link between child and adults.

4.4.4.1 Subordinate Theme: Referral

The therapists discussed what usually happens if children require therapy. The therapists' responses indicated that parents and school refer children for therapy, however therapist one expressed that although parents refer the children it was mainly the school that refers. Therapist three talked about meeting notes that were kept in the children's files. The notes

may indicate that parents have expressed concerns about their children and that has resulted in a referral.

> *"In my school they are mostly self-refer…. like the families refer their children,"* (T3**:** P270, L.8)
>
> *"It's always the families have done it"* (T3: p270, L.15).
>
> *"In their files…. I haven't met with anyone yet I just like read all the meetings… and they all say that parents have expressed concern and they want the child to… they want to see, how the child is feeling, or the child has become withdrawn …or… there is always a parent"* (T3:p270, L.20-22).
>
> *"Sometimes it's the parents but mainly it's the school…"* (T1: p270, L.26).

4.4.4.2 Subordinate Theme: Consent and Information

In response to the question about what the therapist would ideally like to happen. Therapist two talked about the ideal, which would be that a conversation would take place with the child and the teacher and the child would be very much in agreement to attending art therapy. Therapist one indicated that in her experience children are given time to think about attending therapy, they talk to school staff and if the child does not agree then they do not attend. Therapist one remarked that primary school children usually agreed to therapy.

> *"That it would be a conversation with the young person as well as the teacher so that the young person would be fully on board with it, in an ideal world"* (T2: p270, L.5-6).
>
> *"Primary school sure, well we ask the children, obviously …um, because we have this assessment, so the child can think about coming, and why do you think the school would like me to meet with you? Um… Would you like to meet again? Um… Ok*

usually they say yes they would like to meet again but we check and sometimes the

school as well, they mention that they talk especially to learning mentors, the school

and if the child says no, absolutely not. Fair enough we can't force the children to

come to the sessions" (T1: p272, L.4-8).

4.5 Summary

Having explored the findings from the child participants and the art therapists the separate

data sets will be explored for links between the child participants and art therapists. The

findings will be discussed in more detail in the next chapter.

Chapter 5

Discussion of Findings

5.1 Introduction to Discussion

The findings from the TA of the semi-structured interviews with the children and the focus group with the art therapists will be considered in this section. The discussion will link to research literature including the literature review in chapter two. The overarching themes, main themes and subordinate themes will be used as headings for each section and where there is an obvious link between the themes derived from the children's and therapists' data they will be discussed together.

5.1.1 Supportive in the school environment

Fostering supportive school environments has been identified as important in developing the mental health and wellbeing of children (Weare, 2015). The school is seen as vital in providing interventions to develop the mental health and wellbeing of children (Spratt, Shucksmith, Philip & Watson 2006; Weare, 2015). In the TA the overarching theme of the supportive school environment was derived from the children's responses in the semi-structured interviews in which children were of the view that art therapy provided support in the school setting.

Schools have been identified as being a fundamental part of the Microsystem with which the developing child interacts (Bronfenbrenner, 1979, 1986) and as such can provide the resources that children need to support the development of resilience. McLaughlin and Clarke (2010) & McLaughlin and Gray (2015), also recognised the importance of

relationships and connectedness in the school environment, which has a vital role in supporting learning (Wang & Holcombe, 2010 & PHE, 2014). There is a psychological need to feel connected or to have a sense of belonging and the school can create the feeling that children and young people belong to the school community (Bernard& Slade, 2009). There is increasing evidence to show that having a feeling of connectedness to the school among children and young people may be a protective factor for mental health and wellbeing (Roffey, 2008; Roffey, Williams, Greig & MacKay, 2016;). A sense of belonging has been accepted as one of the beneficial factors needed to enhance mental health and wellbeing in children (Weare, 2015). This response from child five suggested that he felt safe in the school environment and may be linked to the child's feelings of connection to the school.

"I think it's good and helpful for the kids instead of doing it with outside school with like where you don't know and no one is around to like actually look after you in case something bad happens" (Ch5: p247, L12-13).

5.1.2 School Environment

The school environment was also an overarching theme that emerged from the thematic analysis of the focus group. The importance of schools working with other agencies to provide a range of services to support children in the school setting has been emphasised (Spratt et al., 2006). This would involve professionals working together in the school environment to promote the mental health and wellbeing of children. In order to support positive mental health and wellbeing, the school should have internal systems for identifying and referring children for early intervention (Weare, 2015). The rationale being that intervening early can help to prevent minor issues becoming more complex and possibly leading to expensive interventions when they become adults (DOH, 2015). This was

also identified from the evaluation of the Targeted Mental Health in Schools (TAMHS) Project (Wolpert, Humphrey & Belsky, 2013). The therapists found that there were advantages and limitations to being a therapist in the school environment.

5.1.2.1 Constraints

One of the therapist's described experiencing some frustration working in the school organisation particularly around sharing the therapeutic space. Members of staff did not appear to understand the need for the shared space to be kept tidy and the need for confidentiality when the room was being used. This compares to the findings related to wellbeing and interdisciplinary working in schools. The visiting professional may not be fully included as a member of the school staff and their role may be seen as separate from other members of staff. The therapist can appear to be a separate service and not incorporated into the school system (Spratt et al., 2006). This can also lead to a breakdown in communication and misunderstandings about protocols including issues of confidentiality, this has been found when staff were not part of the usual school system (Spratt et al., 2006; Cheminais, 2009). In their study about art therapists in the school setting. Adoni-Kroyanker, Regev, & Snir et al (2019) reported that some therapists found that it was difficult to maintain the therapeutic space when rooms were shared by members of the school staff. This experience is similar to one of the therapists from the focus group. The therapist in the focus group and five therapists in the study referred to the art therapy room being left untidy, which suggests that this may be an experience that is shared in more than one location.

This contrasted with the second therapist who said that although these misunderstanding can happen, she had a different experience in schools. She thought the reason for this was

because the art therapy organisation that she worked for had been established in the local authority over some time. The schools had developed an understanding of the requirement of the therapist and valued the work that the therapist performs. Cooper, Evans and Pybis, (2015) conducted a systematic review of interagency collaboration and found similar factors facilitated interagency working. These included reciprocal respect of each other's role and communication.

5.1.2.2 Resources

The barriers to interagency working have included, poor resourcing and lack of appreciation of different professionals' roles. There have also been issues of confidentiality (Spratt et al., 2006; Cheminais, 2009). On the thematic map, the subordinate theme of resources is linked to the main theme of constraints that were associated with working in the school setting. The challenges that the therapists experienced with resources included sharing the therapeutic space, interruptions during therapy, which consequently affected confidentiality in the therapeutic space. Regev, Orlovich and Snir (2015) also reported that resources had been a concern for therapist working in the school setting.

5.1.2.3 Work not complex

On the thematic map, one of the subordinate themes that linked to the main theme of advantages is, work not complex.   One of the therapists talked about the manageable nature of the work carried out in the primary school setting. Intervening early has been highlighted as one of the reasons for advocating support programmes based in schools such as universal and targeted support in the school setting (Weare, 2015). Early intervention has been encouraged to prevent moderate concerns about children from increasing and

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becoming more complex (Weare, 2015; DfE, 2012). The therapists' responses suggested that the school in which they worked may have prioritised children for support early.

5.1.2.4 Wait List

One of the subordinate themes that resulted from the analysis of the focus group data was waiting list and the demand for art therapy in the school setting. One of the commitments that has been made to support mental health concerns includes addressing the length of time that children and young people's wait for specialist services (DOH, 2015; Frith, 2016, DOH & DfE,2017)   however, waiting list was one of the constraints identified by the therapists working in the school setting. One of the reasons for early intervention was to address concerns before they escalate and may require more specialised services. It appears that because of the demand for the art therapy service in the school setting, it may have become difficult to avoid generating a waiting list for the service.

One of the therapists indicated that schools that were well organised often had support measures in place to pre-empt these eventualities. The therapist reported that in her experience, the schools had provided support such as access to a learning mentor until a place became available. Weare (2015) noted that having an approach in which members of the school staff such as learning mentors are trained to work alongside specialist staff may support the maintenance of some of the skills that children develop.

5.1.2.5 Appreciative of Time and Safe Space

The TA of the children's responses indicated that they valued having the time and space that art therapy provided. The children mentioned that the classroom can become noisy and going to art therapy was calming and relaxing. The comments that the children made indicated that art therapy had created a safe space for them to talk, play and relax. The

importance of play and having fun has been emphasised in the Department of Educational

and Child Psychology [DECP] (2017), position paper. This paper endorses children's right to

play (Hobbs et al, 2017). The paper cites UNCRC (1989) Article 31, which states that every

child has the right to relax, play and take part in a wide range of cultural activities. This has

been further emphasised in the General Comment No 17 (UNCRC, 2013) which was

produced to address concerns about the lack of recognition about the importance of play

and recreation and its importance to the wellbeing of children and young people. The

purpose of the general comment 17 was to enhance understanding of article 31.

There have been concerns about the reduction of opportunities for children and young

people to engage in play activities. Baines and Blatchford (2019) reported on a survey that

was conducted which showed that there had been a reduction of access to break time in

schools since a previous study that was carried out in 2006.   The paper indicated that one of

included in the reasons for the reduction of break time were to increase the time available

for delivering the curriculum and aid the management of behaviour (Baines and Blatchford,

2019). It was felt that this may have an impact on the wellbeing of the children who could

least afford to miss out. Additional concerns about understanding the purpose of break

time.

 According to Fredrickson (2004), positive affective states such as joy and contentment can

influence the individual's thoughts and actions they 'broaden and build' the thought-action

repertoire. These emotions are thought to be beneficial as they facilitate interaction within

the environment and affects the way the individual engages with activities. Wilkinson and

Chilton (2013) have stated that positive emotions should be promoted in art therapy, the

therapeutic space seemed to offer the children the opportunity to play and experience

these positive emotions (Waller, 2006). In contrast to negative emotions that can trigger responses to perceived threats (Garland et al., 2010). Positive emotions is believed to have long term benefits in that the individual can build inner resources over time which can be employed to cope when needed (Cohn, Fredrickson, Brown, Mikels & Conway, 2009). Positive emotions may lead to the individual being more creative, supporting the individual to participate socially (Fredrickson,2004) It is also believed to have beneficial effects on the brain as increased levels of dopamine is released in the brain that makes and sustain neural connections (Ashby, Isen &Turken, 1999). Positive emotions may also undo the effects of negative emotions (Garland et al., 2011).

5.1.2.6 Safe Space

The therapists also mentioned that art therapy provided a safe space in the school environment. This is linked to the school environment on the focus group thematic map. The therapists mentioned that having this space away from the classroom provided the children with the opportunity to relax and experience a sense of calm and build relationships. Having a trusting relationship with at least one other person is considered to foster resilience in children (Roffey, 2016).

5.1.2.7 Convenient

The convenient location of the therapeutic space emerged as a subordinate theme and seemed to reassure one child, in particular, gave the impression that the location of the art therapy session, created a feeling of safety and relatedness to the school. This may be linked to feeling a sense of belonging (Maslow,1943), which is seen as a protective factor in building resilience which schools have been encouraged to promote (DfE.,2018).

5.1.2.8 Impact on Learning

A few children felt that the scheduling of the therapy sessions clashed with some lessons, this was also agreed by therapists. One child felt that missing out on lessons could be avoided and suggested that it could be arranged for an alternative time. It seems that when considering the timings of the art therapy sessions, a conversation with the children may have helped the adults to learn how the children felt about missing some lessons. Providing information at a level that the children could understand that explained the reasons for art therapy sessions being timetabled may have helped to address some of the feelings that the children experienced. This links to article 12 UNCRC, (1989) that states the importance of informing children and including them in decision making. Children need to feel that they can have some control over what happens to them (Weare, 2015). Having this information may have helped the children to understand why they were not accessing the full curriculum.

One child mentioned that going to art therapy had a positive effect on his learning because it helped him to focus in class. The ability to engage with learning was also one of the findings from the study by Deboys, Holttum & Wright (2017). The teachers in the study reported that the children's participation in art therapy increased their engagement with learning.

5.1.2.9 Insufficient Time

Discussion with the therapists about the children's views concerning time allocated for therapy revealed that there was a tension between the needs of the child and the time allocated for art therapy intervention. The children wanted more time and felt it was not

enough, which may be linked to the positive feelings experienced during art therapy. The art therapists also stated that this was a common occurrence in therapy.

5.1.2.10 Feelings of Wellbeing

The importance of psychological wellbeing has been described as having a positive view about oneself. Ryff, (1995) suggested that there were six dimensions in order for the individual to accomplish psychological wellbeing. Seligman (2011) proposed five elements of psychological wellbeing. The children described experiencing feelings associated with wellbeing when they attended art therapy. Feeling good, along with a feeling of things in life going well is believed to be beneficial and supports the individual in having some control over their life. Dodge et al (2012) proposed a definition in which the individual encounters a balance between the positive life resources and challenges that they are exposed to.

5.1.2.11 Positive Emotions

It has been reported that positive emotions can extend the individuals potential range of coping strategies and can enhance resistance to stress. (Gloria & Steinhardt, 2016). The data from the children described some aspects of enjoyment when they engaged in art therapy. The physical enjoyment and play elements in art therapy have also been said to promote psychological growth (Waller, 2006)**.** The study conducted by Deboys, Holttum and Wright (2017) also found that children communicated that they had experienced positive emotions during art therapy. Fredrickson's 'broaden and build' theory suggests that having positive emotions increases the individual's ability to increase their emotional repertoire and in so doing build resources to draw on when they are needed (Fredrickson, 1998 & 2004).

5.1.2.12 Place for Reflection

The ability to reflect may be linked to children developing self-awareness of their needs they seemed to appreciate having a place to talk and think. The ability to self-reflect and have an awareness of self suggests a developing social and emotional awareness Weare, 2015)). This developing self-awareness is considered to be important in the therapeutic relationship (BAAT, 2019; Holmqvist, Roxberg & Lundqvist-Persson, 2017).

5.1.2.13 Release Negative Thoughts

It appears that having a safe space with no curriculum demands was important to the children and some children seemed to value the relationship with the therapist. The therapeutic relationship is considered to be a central part of art therapy (Waller, 2006; Case & Dalley, 2014). The art therapist provides support to enable expression and communication BAAT, 2019). The art therapy research suggest that children value the relationship with the therapist the therapeutic relationship and the confidential aspect of therapy (Gersch & Goncalves, 2006; Mc Donald, Holttum & Drey, 2019). This subordinate theme linked indirectly to the main theme of appreciative of space.

5.1.2.14 Feelings of Competence -Developed Skills

Feelings of competence are viewed as important to developing resilience in children (Brooks & Goldstein 2005; Alford & Grados, 2005). Feeling competent can lead to positive feelings about oneself and assist the individual to pursue their goals. Competence is regarded as one of the elements that build self-esteem (Reason, 2010 as cited in Soininen &Merisuo – Storm, 2014). The other elements of self-esteem includes affiliation, mission, security and competence.

5.1.2.15 Self-Efficacy

The development of self-efficacy is viewed, as an important factor in supporting the development of resilience (Gilligan, 2000; Rutter, 2006; Ungar, Ghazinour & Richter, 2013). The belief that a person can exert control over what happens to them in life can help them to cope with challenges they may encounter (Bandura, 1989, 1994). Others can support the development of a child's confidence such as teachers. Feelings of self-efficacy can have an impact on the individual's attitude to learning (Schunk, 1990). Students or pupils who feel more successful about learning can engage in self-regulated learning (Schunk, 1990). This suggests that when children receive positive feedback they are encouraged to persevere when tasks become more challenging this is said to support resilience (Alvord & Grados 2005). If success is easily gained then when the child meets difficulties it may be a struggle to sustain effort and the child gives up easily and will find it difficult recover from setbacks. They may doubt themselves and what they are capable of achieving (Bandura, 1989)

5.1.2.16 Improved Drawing Skills

The children felt that they had improved their drawing skills and the therapists agreed that this is a skill that the children continued to improve during art therapy. Experiencing success at drawing supported feelings of self-efficacy (Bandura, 1994). This subordinate theme was linked to the main theme feelings of competence. One of the children described his attempt to draw an object and how it felt when he had achieved his gaol. On the thematic map this subordinate theme was linked to feelings of competence.

5.1.2.17 Self-regulation

Self-regulation or emotion regulation has been identified as a protective factor in developing resilience in children (Troy & Mauss, 2011). A child who can manage their

emotions both pleasurable and difficult and control impulses may develop the skills that they need to relate to others. (Graziano, Reavis, Keane & Calkins, 2007) The ability to monitor and control emotions both link to regulating emotion and regulating mood. Emotion regulation is the ability to monitor and control emotions (Gross, 1998). This is believed to be also linked to children's self-awareness (Davis, Levine, Lench & Quas, 2010).

5.1.2.18 Communication Information and Consent

When considering children's mental health and wellbeing it has been proposed that having sense of control over what happens to an individual can increase resilience (Weare, 2015). Developing communication skills and providing information at a level that the child can access enables the child or young person with the opportunity to have control over what happens to them (Graham & Fitzgerald, 2011).   The research around giving the child a voice suggests that children and young people should receive information that is presented in a child friendly accessible manner (Weil, 2012). This may include providing diagrams and pictures to support their understanding (Weil, 2012). Providing accessible information for the children to make decision about participating in therapy was highlighted in the focus group data. The therapists suggested that in an ideal world children would be provided with information about art therapy they would be supported to make an informed choice or decline participating in art therapy.

5.1.2.19 Assent Inconsistent

This subordinate theme indicated that schools may be somewhat inconsistent about seeking the assent of the children. Research into the views of children and young people indicated that children and young people want to be able to express their views and be included in decisions about interventions (Weil, 2012). They want to express their views about matters

that affect them. (Levis & Hewson, 2010).   Reviews of studies indicate that children would also like Information about interventions to be presented in a way that makes it easy to understand, because this would help them to make informed decisions (Weil, 2012). This subordinate theme linked to the main theme of information about therapy on the thematic map.

5.1.2.20 Referral

The therapists in the focus group described two different referral routes in the school setting. In one school, it was mainly parents that referred children and in another school the therapist reported that it was the school. None of the therapists stated whether children self-referred, however, a part of the focus in this study is primary age children and their views, it is interesting to note that this did not occur.

School based interventions have been promoted and intervening early, including referral for specialist support when it is needed has been encouraged DfE 2017). Children have been reported to value school and view school as having a significant part to play in providing support for mental health and wellbeing (Weil, 2012). Reviews that have provided insight into children and young people's views have shown that they would value the choice to self-refer to agencies for support or even have access to drop in services (Lavis & Hewson, 2011). When children need to be referred to services young people were of the view that they were not always informed about the reasons they were referred.

5.1.2.21 Parental involvement

The reports from the children indicated that parental involvement involved signing the form and in some cases telephone calls, however this was not consistent across schools. When supporting the mental health and well-being of children, it is important that parents and

carers are involved as this can be beneficial to both home and school (Weare, 2015). There

are benefits to parental involvement such as supporting the successful implementation of

interventions in the school setting, especially when targeted mental health intervention is

delivered to individual children (Shucksmith, Jones and Summerbell, 2010). However the

paper which reported a systematic review of literature highlighted barriers to parental

involvement especially when children experience social emotional difficulties.

5.1.2.22 Art Therapist involvement –link between child and adults

Some of the children communicated that the therapist informed them about art therapy

before they started. One of the therapists also valued the opportunity to work with parents

and collaborate with school staff about the children. The opportunity for interagency

collaboration can be a positive aspects of supporting the wellbeing of children in the school

environment. In addition professionals can link with parents to provide support for children

(Spratt et al., 2006 and Cheminais, 2009).

5.1.2.23 Children's Perceptions about Art Therapy

The therapists expressed that when children start attending therapy their perceptions of art

therapy was that they were participating in art lessons. One of the therapists questioned

whether children received art lessons in schools. One of the subjects included in the

National Curriculum in England is Art and Design (DfE, 2013). The programmes of study

state that children should produce creative work and show proficiency in drawing, painting,

sculpture and other techniques (DfE, 2013). However it appears that the demands on the

curriculum and a focus on other curricular areas has had an impact on the amount of time

allocated to creative subjects (National Society for Education in Art and Design [NSEAD],

2016). A paper that was produced by the Higher Education Policy institute [HEPI], (Last,

2017), detailed concerns that included a reduction in the number of students taking art and design courses for national examinations. In addition, there was a perceived decrease in time allocated to art in primary schools. The survey which was conducted in Norfolk, reported teachers' concerns about children's art making skills. These concerns included lack of simple painting and drawing skills, there had also been a reduction in the use of art to compliment other subject areas and children did not have access to "messy play" (Last, 2017, p.2,).

The NSEAD (2016), conducted a survey of teachers, lecturers, and art and craft coordinators across England which aimed to learn how government policy had a bearing on art craft and design. The reported findings indicated that there within a five year period there had been a reduction in art and craft lessons. These reports may provide an explanation about the children's initial approach to art therapy. The findings from the TA and how they relate to the research questions will be discussed in the next chapter

Chapter 6

Conclusion

6.1 Introduction to Conclusion

This chapter will provide a conclusion to the study by considering the findings in relation to the research questions and relevant research. The researcher's reflections about the methodology and limitations of the research will also be discussed. A summary of the research findings will be provided and the implications for EP practice will be considered. The areas for future research will be included, which will be based on the questions that arose from the findings. The limitations to the study and the researcher's reflections about the study will be discussed, this will include lessons learned.

The focus of the research was to explore primary school children's views about art therapy in the school setting. The first part of the research focused on eliciting the children's views, which were acquired by means of semis-structured interviews. The second part of the research explored the art therapists' views about the themes that emerged from the TA of the children's data. In addition, the therapists' views about working in the school environment was explored. This information was obtained via a focus group.

The research questions will be utilised as headings leading to the discussion of each section. Firstly the findings that resulted from the TA of the data from the semi structured interviews with the children will be presented. This will be followed by the summary of findings from the art therapists.

6.1.1 What do children see as the benefits of art therapy as an intervention in the primary school setting?

Overall the children gave the impression from their responses that art therapy in the school setting was supportive and the therapeutic space offered them a safe space in which they could retreat from the classroom when it became overwhelming. Attending art therapy provided a safe haven in the school environment. It was an activity that they found enjoyable, which provided a place to reflect on what was happening for them. One child remarked that having therapy in the school setting meant not being in an unfamiliar environment in which people were not acquainted with them. There was a sense that the child trusted the adults that worked in the school environment and felt safe. In some cases the children described art therapy as helping them to release their worries. One child reported that art therapy helped with focus in class.

Research indicates that fostering connectedness and belonging to the school community supports positive mental health and wellbeing (Roffey, 2008; Roffey, Williams, Greig & MacKay, 2016). A sense of belonging can be seen as a protective factor for youngsters who may feel more connected to their school (McLaughlin and Gray, 2015). It has been reported that this promotes positive mental health and wellbeing. There is less risk of issues arising and may protect against negative outcomes. Furthermore there is less likelihood of the young person displaying behaviours that are seen as not socially acceptable (Risnick et al 1997; Roffey, 2011). Being appreciated and accepted as part of the school community by teachers and peers encourages these caring connections (Roffey, 2012). This allows the young person to feel included and supported, which results in feelings of wellbeing in the school environment.

6.1.2 What skills do children feel they acquire having participated in art therapy?

Some of children were of the opinion that they had developed competence in areas that linked to wellbeing such as managing their emotions. In addition the children talked specifically about feelings that indicated aspects of competence and self-efficacy when faced with difficult situations. These feelings of competence helped them to use the skills they learned which in the case of one child was regulating his emotion and another child improved drawing skills he had developed during therapy. This skill was transferred to support his learning in the classroom. One child said that he had increased his ability to communicate his feelings. These positive experiences of mastering a particular technique relates to feelings of competence that is considered to be important to the individual's self-esteem (Reason, 2010).

6.1.3 Do children feel that they have sustained the skills acquired, following completion of art therapy?

Some of the children stated that they continued to use the skills that they had developed during art therapy subsequent to completion of therapy sessions. One child talked about learning technical skills in drawing that was developed in art therapy. This skill was utilised in the classroom and another child used the self-regulation strategies learned when faced with a situation in which a member of the family was saying things he did not like. His responses suggested that in addition to using self-regulation strategies he seemed to experience feelings of self-efficacy.

Some of the children reported that they had utilised the skills they learned in art therapy to cope with personal challenge. The belief that one can achieve a desired goal is considered to be an aspect of self-efficacy (Maddux and Kleinman, 2018). Theories about self-efficacy, suggest that it links to wellbeing (Bandura, 1989; 1994). The children's responses suggested

that that they were motivated to use these skills. According to Maslow's (1943) hierarchy of needs, experiencing a sense of achievement can have a positive impact on the individual, which links to aspects of self-esteem which includes, confidence and achievement. The children seemed to experience a sense of autonomy that connected with aspects of wellbeing described by Ryff (1995). The emotions that the children felt appeared connect to features of the PERMA model such as positive emotions and a sense of achievement (Seligman, 2011).

6.1.4 How were children included in making the decision to participate in art therapy?

Overall the children reported that they were informed about therapy, either by a parent or the therapist before they started. There appeared to be inconsistency in approaches to providing information to the children across the three different schools from which the participants were recruited. A few children said they did not agree, or were not sure if they agreed to therapy before they started. These children may not have understood the researcher's question, which may account for their responses. It may also be that the information that they received from the school about art therapy was unclear.
Another factor to be considered is that the time that elapsed between the completion of therapy and the semi structured interviews may have had an impact on their ability to recall events.

6.1.5 What are the advantages and limitations to children having art therapy in the school setting?

The therapists found that working in the school environment provided them with an enjoyable and meaningful experience, especially when the school was familiar with the work of the therapist. The environment was viewed as a youthful environment, which

provided opportunities for the therapist to collaborate with school staff about the children. The art therapists appreciated the chance to work with parents to support children, in addition to provide a link between children and school staff. This helped to support art therapy intervention and in so doing promote the mental health and wellbeing of the children. The perception of one therapist was that the issues for which children were referred to therapy in the school context were less complex and could usually be supported. Intervening early to prevent issues becoming more complex was one of the reasons that targeted interventions to support children in the school setting was promoted (DOH &DfE, 2017).

One of the therapists commented that the challenges that she experienced working in the school setting was linked to school staff awareness of the therapists' work. This included the need for a therapeutic space in which to work as well as the need for confidentiality. Another therapist indicated that because art therapy had been embedded in some schools there was more collaboration about the use of the therapeutic space and in those schools the needs of the therapist were understood. It appears that research into interagency working within the school setting may be an area to explore further. The focus could be around the sharing of limited resources to reduce frustrations and encourage collaboration when supporting children and young people. The findings from this study may be helpful, taking into account the DOH & DfE, (2017) proposal to introduce Mental Health Support Teams (MHST) to schools in England to support the mental health and wellbeing of children and young people. These teams may be working alongside school staff

A further limitation that the therapists discussed was that due to the demand for the service there was a waiting list of children requiring access to art therapy. Waiting times for

specialist services had been raised as a concern in several studies about access to specialist external services (NHS, 2016). One of the advantages to having specialist services in schools was considered to be shorter waiting times (DfE and DOH,). In an evaluation of the Targeted Mental Health in Schools (TAMHS), project which was undertaken in the Midlands UK, Cane and Oland (2015) reported that the schools were very effective at using internal referral systems that reduced the need to refer to external agencies.   The findings of the current study suggest that when some schools use an internal referral system this has resulted in an increase in children on the waiting list for the therapist. This may be due to the demand for the service which suggests that there is a need for schools to have internal systems to manage waiting lists. One therapist talked about the school having mentors that the children on the waiting list could access. Another consideration may be the need to review the universal systems that the school have put in place to support the children.

The Care Quality Commission's thematic review 'future in mind' (DOH, 2015) proposed having 'waiting time standards' for access to services by 2020. This was reiterated in the 'Green Paper' documents from the DOH and DfE (2017) that recognised that some children and young people were waiting for access to mental health services. This was highlighted as an area that needed to be improved for children and young people who needed access to specialist health support. It may be that these standards should be considered in the school setting.

6.1.6 What are the skills that therapists hope that children will develop after participating in art therapy?

The therapists supported the children's views that they had developed skills such as drawing skills after attending art therapy. This development may be due to the centrality of art in the

therapeutic process (BAAT, 2019). The therapists also suggested that the children improved their self-esteem. Aguillar (2017) review of studies also reported the favourable effects of art therapy on children's self- esteem. The therapists hoped that the children developed an understanding about therapeutic interventions and its part in supporting their wellbeing. They hoped that the children increased their self-awareness so that if they needed similar help in the future they would have an understanding about how they would acquire it. The therapists stated that the children developed a certain agency and self-confidence. This links in with the study conducted by Holmqvist et al (2017). In the study the therapists reported increased self-awareness and as self-esteem as changes that occurred in therapeutic process with their clients. Growth or change is considered to be one of the aims of art therapy (Waller, 2006). Being Self-awareness and greater understanding of internal processes was one of the changes that the therapist's also reported (Holmqvist et al., 2017)

6.1.7 What information do therapists think that children receive before meeting the therapist and are children included in the decision to meet with a therapist?

The therapists communicated that in an ideal world the child would be provided with information from the teacher and that they would be in agreement about attending therapy. One of the therapist's reported that the referral practice in one school was to involve support staff who provided an explanation to children about art therapy. In the experience of the therapist, primary school children generally agreed to therapy. The power differential in the adult child relationship (Christensen, 2004; Johansson, 2012), along with the children's developing language skills may explain why primary school children's responses were usually amenable. The therapists reported that both parents and schools refer children for art therapy. In general, referrals to the service were made by the school. Self-referral was not mentioned, nevertheless in the reviews of literature concerning what

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children and young people wanted when accessing support services, it was reported that they would like opportunities to self-refer or access drop in services. (Lavis and Hewson, 2010 & 2011).

6.1.8 What are art therapists' views of the themes that emerged from the analysis of the children's data?

Overall the therapists supported the views of the children about the skills they developed after attending art therapy. One of the themes that generated a great deal of discussion was timing of sessions. One therapist was initially quite surprised that this was an issue and seemed to reflect on the effect that going to therapy had on the child's access to a particular lesson for the duration of time that the child attended art therapy. The therapist indicated that there should be consistency in the timetabling of therapy sessions. Consistency of care is considered to be important in art therapy (BAAT, 2019). However the therapist linked with the child's class teacher to arrange a change of timings so that the child could attend the lesson that was usually missed. The children may not miss out and adjustment may have been made to compensate for this, however, this appeared to be the child's perception.

The art in therapy generated much discussion about whether children initially saw therapy as art lessons. This prompted one therapist to query whether the subject was taught. There have been reports that suggest that due to the prioritising of other subjects there has been reduction in the amount of time allocated to the art curriculum in England (NSEAD,2016; Last, 2017). A reduction in the amount of time for art in the curriculum may impact on opportunities for creative expression outside of therapy.

The therapists discussed the children's views about not having enough time and seemed to feel that this was a common occurrence in therapy. Even though some children may benefit from having more time, constraints such as demand for therapy and the cost of therapy has an impact on whether additional time is provided. One of the therapists commented that the children could be avoiding the return to class.

6.2 Summary

The findings of this exploratory study suggests that children were appreciative of the art therapy experience in the school setting. The children's comments indicated that they felt supported in the school environment. One of the subordinate themes that resulted from the thematic analysis indicated that the children felt connected to the school. The children seemed to appreciate the therapeutic input and the space that was provided for this to happen. Some of the children stated they experienced positive emotions when they participated in art therapy. Many of the children said that they developed skills in art therapy such as dealing with stressful situations and they learned strategies to manage their emotions. There were unexpected themes that were extracted from the TA that reflected the views of individual children such as missing out on lessons. This was viewed as disruptive to learning. A solution that was suggested was for therapy to take place at a time that did not impact on learning such as play time because it's also like being at play. This is illustrated in the data extract below.

> *"So I think we should do it at...like at play time while it's playtime because it's also kinda like playtime as well"* (Ch1 P.235 L21-22).

This response from one child indicates the importance of involving children in decision making about matters that relate to them. This involvement should take into consideration the child or young person's level of understanding.

One approach that might be utilised involves utilising Vygotsky (1978) theory regarding the Zone of Proximal Development in which children can develop skills through learning from someone who is more skilled. The guidance offered in this approach may support children to acquire the skills needed to have a voice in matters that relates to them (Article 13, UNCRC, 1989) and the expectation that children should be included in decisions that involve them. Other methods could be utilised to support children's development in this area such as the use of Role Play which has been used in a range of different contexts (Yardley-Matwiejczuk, 1997). Role play could be used to practice the skills needed to develop competency in this area.

The children's views about art in therapy also stimulated debate. The art therapists held similar views to the children about increased competence in drawing. The focus group discussion centred on whether the children initially viewed the art in the therapeutic space as art or therapy. One child focused on getting things right in his drawing, and had become more skilled at drawing. He continued to use the skills in the classroom. He described how he persevered until he was able to use perspective in one of his drawings.

The inconsistency about information that children received before participating in therapy was a theme that emerged which emphasises the importance of information being provided at the level that the children can access so that they can begin to feel that they can have some control over what happens to them (UNCRC, 1989).

The TA indicated that the therapists thought there were benefits associated with working in the school environment. A therapist commented that the work in the school was not complex. The therapists valued the opportunity to work collaboratively with staff and link with parent. A theme that resulted from the TA was, waiting lists for in the art therapy which was as limitation. Schools were the main referrers, however in one school parents referred. It was of interest to note that children did not make self-referrals. This was reported as preference for some young people (Lavis &Hewson, 2011).

6.2.1 Reflections on the research design and limitations

When conducting research it is considered important to reflect on the limitations of the research and how these may have affected the findings in the study. The main focus of this study was to explore the views of primary school children who have participated in art therapy in the school setting. Additionally art therapists' views about working in the school setting were elicited then their views about the themes that emerged from the TA of the children's data. The children's views were elicited through semi-structured interviews and the art therapists' views via a focus group. The views of both therapists and children were analysed using TA as described by Braun and Clarke (2006).

In the process of carrying out qualitative research the researcher should be self-aware particularly about how personal views can affect the research. The researcher's position should be clearly stated from the start, this may include past experiences and biases, assumptions and beliefs which may affect the interpretation of the data and the approach to the study (Creswell & Poth, 2016).

In the introduction to this study the researcher's interest in art was expressed including the reasons for carrying out this study. As a teacher initially trained in art and education, my

teaching experience included working with children and young people from the ages four to nineteen years. The researcher became aware of art therapists employed in schools after becoming an EP. The therapists supported children who experienced a range of difficulties. This prompted an interest in their work and the effectiveness of the intervention when supporting children in the school setting. In 2009 I gained a certificate from the Centre for Child Mental Health in Counselling Skills Using the Arts, which provided some insights into the work of art therapists.

It is my view that children should be informed about treatments and interventions that are recommended for them. They should be provided with information about what is involved before they start therapy. This can lead to reduced anxiety about what to expect (Children's Commissioner for England. 2017). They should also be included in decision making about taking part in therapy. In this way children can develop the skills needed for the future, such as, decision making based on information received and in so doing increase feelings of being in control (UNCRC, 1989). This does not mean that adults would be free from their responsibility as parents and guardians.

One therapist questioned whether children received art lessons in schools. This prompted the researcher to search for articles about art in the curriculum. The papers retrieved indicated that there were some concerns which would require further exploration. These include the perceived reduction in the time allocated to art in the curriculum (Last, 2017). The researcher's interest in art may have drawn attention to this particular theme about the art in therapy and the children's initial perception of the therapy sessions as art lessons.

The AI approach was used primarily because the therapists have a shared language and understanding. Although the therapists have a shared understanding, this approach provided insight into the therapists' individual perspectives, because of their experiences in different settings. Even though the children were not part of the focus group their views were also part of the discussion. Therefore, the children's subjective experiences were included, this indicated that multiple viewpoints were being considered in the discussion. In the focus group the researcher through the questions posed as well as the participants was also part of the focus group and consequently "co constructed" meaning as part of the process.

6.2.2 Recruitment of child participants

The children who participated in the study were recruited from three school settings. They were from various ethnic backgrounds. The children represented the demographic composition of the community in which the schools were located. There were more boys than girls identified to participate in the study. A more equal distribution of boys and girls may have resulted in different findings. The prevalence rates of mental disorders reported by NHS (2017) indicated that more girls than boys experienced emotional disorders and the tendency was that this increased with age, conversely there were more boys than girls with an identified behavioural concern. The DfE (2012) published a report about behaviour in schools in England indicated that behavioural issues have a negative impact on the classroom environment and therefore impact on teaching time. Consequently boys with behavioural issues may be more readily identified for focused interventions in the school setting.

The recruitment process for the child participants lasted for an extended period, letters were sent to schools for a specific age group. There were long periods of waiting for a response. This is discussed further in my learning journey.

6.2.3 Recruitment of art therapists

The focus group of art therapists consisted of one therapist in the first year of training, one in the second year and one was a very experienced therapist. The therapists were all female. Although the recruitment phase of the study spanned an extensive period of time and many therapist expressed interest in the study, other priorities such as work commitments from therapists who showed interest affected recruitment. Eventually the decision was made to recruit from therapists in training who also worked with children in schools. The outcome was an increased interest from therapists were interested to participate in the focus group. On reflection recruiting from training colleges earlier may have resulted in the recruitment of more participants for the study.

6.2.4 Semi structured interviews limitations

During the research process the researcher was careful to ensure that personal views did not impact on the study. The responses from the children in the semi structured interviews were not very extensive. Anticipating that the children's language development may be a potential barrier (Lewis &Porter, 2006; Huang, O'Connor, Ke & Lee, 2016). The children were encouraged to use the draw write and tell method (Angell et al, 2015) to support their recall and communication during the interview session. In this approach the children were asked the questions related to the interview and were encouraged to draw pictures to help them to recall responses during the interview with the researcher. However the children's

responses to the questions asked in the semi structured interview were generally short although they had their drawings to use as prompts.

During the drawing session the children appeared relaxed and seemed content to draw, they did not display any signs of anxiety. The audio recorded session may have had an effect on the children which may explain their reduced responses because they were aware of being recorded. The researcher endeavoured to remain as neutral as possible to avoid influencing the children. There was no unnecessary probing to expand their responses. This restrained approach may have given the impression that the researcher was distant, which may have resulted in the limited answers from the child participants. When the audio recordings were transcribed the researcher included art therapists in the study, which provided an additional perspective around the children's views.

A pilot study of children from a similar age may have provided insight into the issue of the children's less protracted responses. However time constraints and paucity of participants that met criteria for the research did not make it possible. The use of drawings to support with recall is a novel approach that may not have been familiar to the children. During the interviews some children were prompted to use the drawings which seemed to help them to remember, however, it did not appear to support more extended responses.

6.2.5 Focus group size

The researcher's intention was to conduct focus groups with art therapists, however only one focus group with three therapists was convened. The art therapist experiences were varied. Although focus groups have been conducted with as little as two participants (Toner, 2009) and three participants (Twinn, 1998), there have been reported disadvantages to them. One of the criticisms about having such small numbers in focus groups relates to the

possibility of a dominant member of the group influencing the discussions, such as not allowing other group members to join in the discussion. The optimum size of 6 -8 participants has been recommended (Gill, Stewart, Treasure & Chadwick, 2008).

Toner (2009), who conducted focus groups made up of female participants observed that in small groups the various stages of development that occurs in large groups as described in the relational model of group development(Schiller, 1995), can also be seen in small focus groups. The model describes the stages of development in women's groups. The potential issue of the dominance of one group member was not observed in the small focus group that participated in the present study. Similarly, this was not an occurrence in the group described by Toner (2009), however this should not be disregarded.

6.2.6 Sample size of study

The child participants and focus groups samples were both relatively small. The small sample sizes suggests that the finding of this study may be limited to the population from which the participant' samples were recruited or other similar locations (Ritchie & Lewis, 2003). However, some of the findings link with previous art therapy research conducted in primary schools. The researcher attempted to include detailed description of the research to enable the reader to decide if the study would be applicable to their location.

6.2.7 Analysis of data

The semi-structured interview with the children did not generate a large amount of data when it was transcribed. This may have been due to the children's language ability; however, the content was very informative. The therapists' responses generated more data. The researcher placed equal value on the data from the children and the therapist. However In the reported findings the data extracts from the child participants appear less prominent

than the therapists' data. This is largely due to the discrepancy in the language skills of the participants. The researcher took great care in the analysis of the data to verify the themes that emerged. The analysis was carried out several times and rich descriptions were produced with supporting excerpts from the data.

6.3 Future research

Future research may include exploring several areas that emerged from the findings. Similar research could be extended to include larger sample sizes of children and therapists as well as different locations to determine if there are similar findings. It is hoped that the findings of this study will contribute to the research into interventions that promote mental health and wellbeing in the school setting and provide a springboard for further research into children's views about art therapy in the school setting in order to contribute to our understanding of interventions for enhancing mental health and wellbeing and support resilience.

A Systematic Review of Mental Health services in United Kingdom (Plaistow, Masson, Koch and Wilson, 2014) indicated that children and young people felt that there was insufficient information provided about services. Children and young people wanted to know what was involved prior to an intervention they also wanted to know what to expect in subsequent sessions. Carrying out further research about sharing information in an accessible manner for young children to access is an area that may need further exploration.

6.4 Implications for education

The therapists queried whether children received art lessons in school because of the impression they gave when they started therapy. The children's initial approach to art therapy may be linked to being unaware of expectations in therapy. This may be addressed through providing more information about what is involved in therapy. The children expressed that the amount of time they had in art therapy was not enough. Having more time may not necessarily be the solution, however, further exploration may provide an insight into the reasons for this occurrence. The findings from the analysis of the data indicate the likely reasons that the children may feel that the time was not enough. Having a safe space, a quiet space, to engage in a relaxing activity and having special time may all contribute to this feeling of insufficient time at the end of therapy . Transition from art therapy sessions to the classroom environment may be an area for further exploration.

Zarobe and Bungay (2017) conducted a review of seven studies into the impact of creative lessons such as art, music and drama on the wellbeing of children and young people. Two of the studies were conducted in the UK). The outcome of the studies indicated that access to creative lessons allowed children and young people to express themselves without being identified as needing focused intervention. This was seen as one way of supporting emotional health in the curriculum. This could be viewed as a universal approach in schools that all children could access that would have an impact on their mental health and wellbeing. The above report about the decline in children and young people engaging in art activities and this tentative report about the impact of lessons such as art on the wellbeing of children suggests that further research is needed in this area.

Access to services in school is another area that could be considered for further exploration into the kind of services children would like in schools. Areas may include the availability of services with a particular focus on younger age children. Additional investigation into arrangements that could be made to reduce the impact of the disruption to the timetable for some children, which may address some children's concerns about missing out on their learning.

The composition of the child participants' sample of more boys than girls identified to participate in the study prompted thoughts about equal access and tentatively suggests that equal access to mental health and wellbeing interventions such as art therapy in the school setting should be an area for further exploration.

Another area that may benefit from future research is the impact of perceived reduction of breaktimes (Hobbs, et al., 2017) on children's mental health and wellbeing.

6.5 Implications for educational psychologists

It has been suggested that one of the key skills of the EP is applying research to problems in real life, Gersch (2004).The skills that were identified included helping children and listening to children and adults. These skills were described as "essences of psychological practice" (Gersch, 2004, p.144). The proposition is that the EP can add to research into eliciting the child's voice, promoting the voice of the child and exploring effective ways of including children in decision making. Landsdown, Jimerson and Shahroozi (2014, similarly highlighted the opportunities for school psychologists to provide training around eliciting children's views in relation to the UNCRC (1989).

The findings from the TA of the focus group data indicated that in their role the art therapists made links between children and parents, children and school staff. This link

could be extended to include EPs in such collaboration around children's wellbeing, potential issues around informed consent could be discussed and techniques to address concerns in this are explored. These methods may include novel ways to include children in the referral process. UNCRC (1989).

The limitations that the therapists experienced working in the school environment indicated that interagency working may be another area in which the EP could explore. Spratt, Shucksmith, Philip and Watson (2006) suggested that a better understanding of roles is essential to good relationships between agencies working in the school setting. Research into effective ways of working with other agencies at a local level including identifying the barriers to interagency working and how to avoid them may be an area for future study.

6.6 My Learning Journey

The researcher had not engaged in a qualitative study previously and there were some very memorable moments such as talking about the research to the children and seeking their assent. There was a sense they were genuinely interested and appreciated being asked for their assent. The children accepted the advice from the researcher about placing their forms in the envelopes that were provided. The researcher experienced moments of suspense waiting to open the envelope to reveal how many children had agreed to take part in the study. The data transcribing phase and analysing data were satisfying because engaging with the data during the transcription process and interpreting the data were absorbing and satisfying.

Although the researcher was initially enthusiastic about the qualitative approach, the struggles experienced with recruiting participants were at times discouraging. The researcher did not anticipate the amount of time that the process for recruiting participants

would take. On reflection, carrying out research with children involves issues of safeguarding. There may have been reluctance to agree to request for participants, particularly as the researcher was not linked to the schools that were invited to participate in the research. The recruiting of the art therapist was also difficult. The researcher received expressions of interest, however, other commitments, such as work prevented the therapist from participating at the time.

Research in the real world can be "messy" (O'Leary, 2005) and in an effort to add to the data from the children a search was conducted to find studies that had elicited the views of art therapists working in the primary schools. The search revealed that there was a paucity of research in this area. The decision was to then include the views of art therapist to add another perspective to the study. When carrying out research with individuals in the real world the researcher should show flexibility (O'Leary, 2005). Working in the real world can be complex and multifaceted (O'Leary, 2005), and at times the design will need to accommodate this as happened in this study.

6.6.1 Implication for EP practice

The findings from the study such as inconsistency in the information that children receive indicate that some children were not sure if they agreed to art therapy. This has almost immediate implications on EP practice. This has prompted the EP to reflect on current practice around providing information for children about the EP role, include what to expect when children meet the EP. Preparing children beforehand by sending information to parents and the school about the EP so that information can be shared with children before meeting with the EP. Providing information about the EP that is accessible to children and

young people with a wide range of needs. The findings will be also be shared with the EP

service

6.7 Concluding Statement

The findings from this exploratory study suggests that art therapy in the school setting may

have beneficial effects on children's wellbeing. The intervention was viewed as supportive

by both the children and art therapists. For example, the children felt that the experience

was enjoyable and they had developed skills that they continued to use after leaving

therapy. The art therapists valued the work they did in the school environment because

they were able to work collaboratively with parents and teachers. The demand for art

therapy in the schools represented in the indicated that children there were waiting to

access to the service. The analysis of the data has indicated areas for future research such as

interagency working in the school setting and an exploration into approaches that can

support children's involvement in decision making. Additionally the study highlighted

perceived reduction in children's access to the art curriculum in schools, which suggests that

this may be an area for future research.

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Appendix A

Literature search
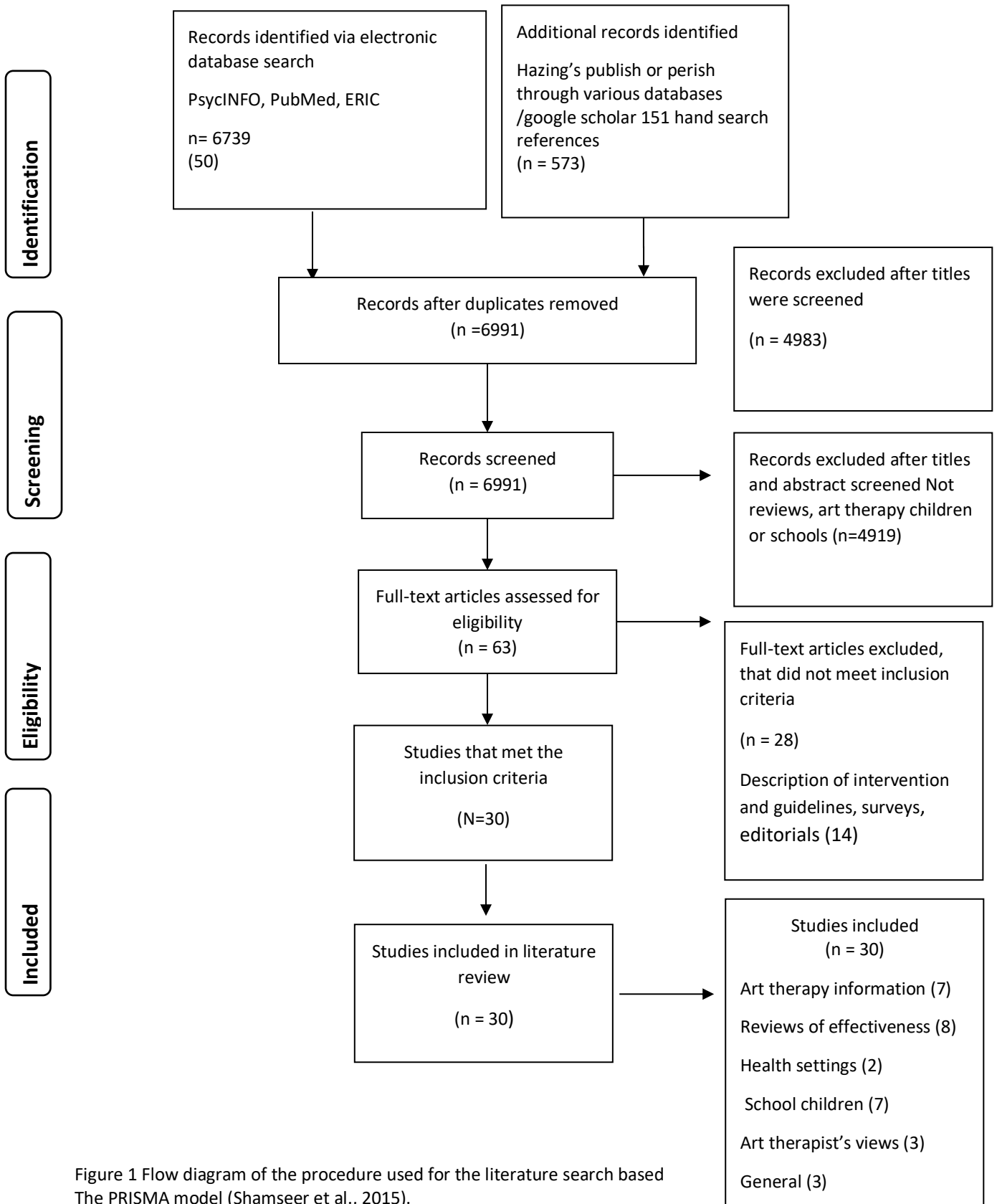
Figure 1 Flow diagram of the procedure used for the literature search based
The PRISMA model (Shamseer et al., 2015).

Appendix B

Braun and Clarke's 15 point check list

Process	step	Criteria
Transcription	1	Familiarising self with the data The data have been transcribed to an appropriate level of detail Transcripts have been checked against audio tape for accuracy ideas about the data jotted down initial list of interesting features
Coding	2 3 4 5 6	Generating codes/ Searching for themes Each data item has been equal attention in the coding the process the process is inclusive and comprehensive coded, some bits of data coded more than once checked against original data set All relevant extracts for each theme checked against each other Themes are coherent and stand out grouped themes Analysis is continued to make sure that it tells a convincing story A thematic map is made of the analysis and it makes sense Researcher used post it notes and tables to manipulate the data grouping codes together several times for potential themes
Analysis	7 8 9 10	Reviewing themes Data makes sense not just paraphrased Analysis corresponds with the data the extracts match the analysis and it makes sense Checking and rechecking/ defining and naming themes This phase is not rushed, it involves a detailed analysis
Overall	11	Time is taken to check and recheck tables and codes Analysis tells a convincing story Enough time has been given to review themes and checked against Illustrative extracts
Written report	12 13 14 15	The approach that has been used to carry out the analysis has been made explicit The report reflects what the researcher says they have done reporting on the method and analysis Language and concepts are consistent with researcher's epistemological position The researcher is shown to be active in the research process. Themes do not just emerge
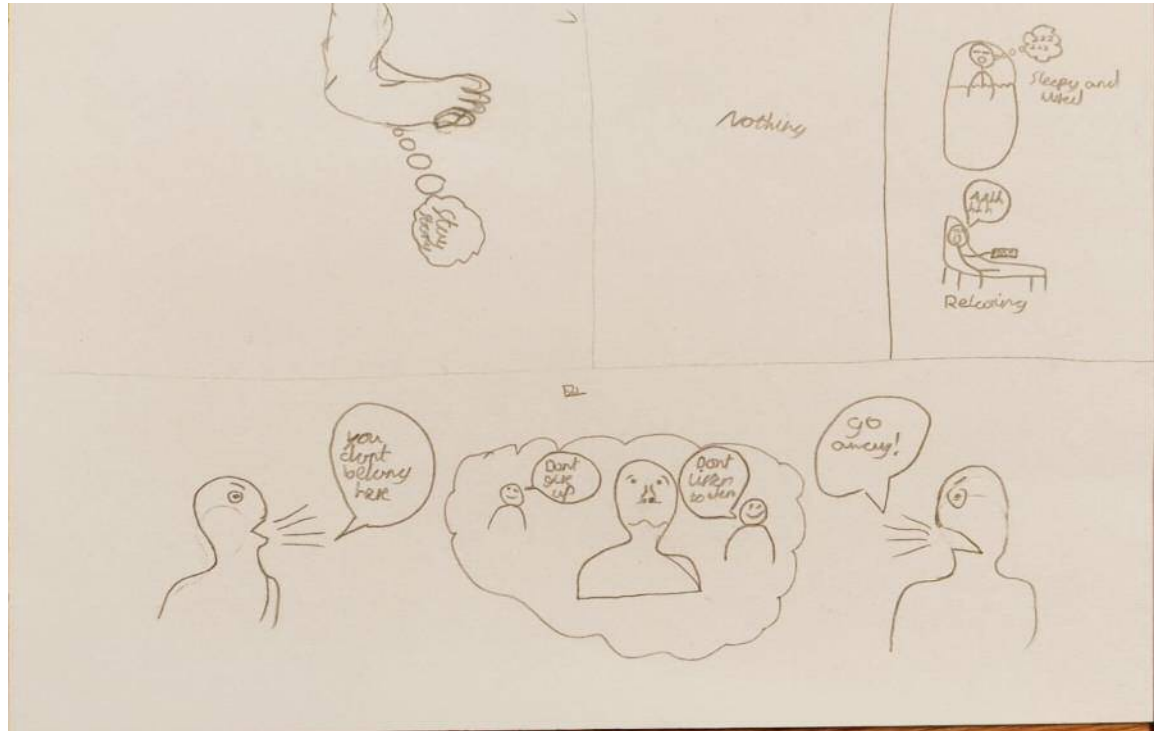
Child 3

Draw write and Tell Prompt   - Child 8

Draw write and tell Prompt -Child 5

(learning how to hold in angers) (calming my self down).
air

Talking about the day has been going.

.I feel calm, happy and safe.

Draw and Tell Prompt Child 9

9

I want it to not to change because I like it the way it is
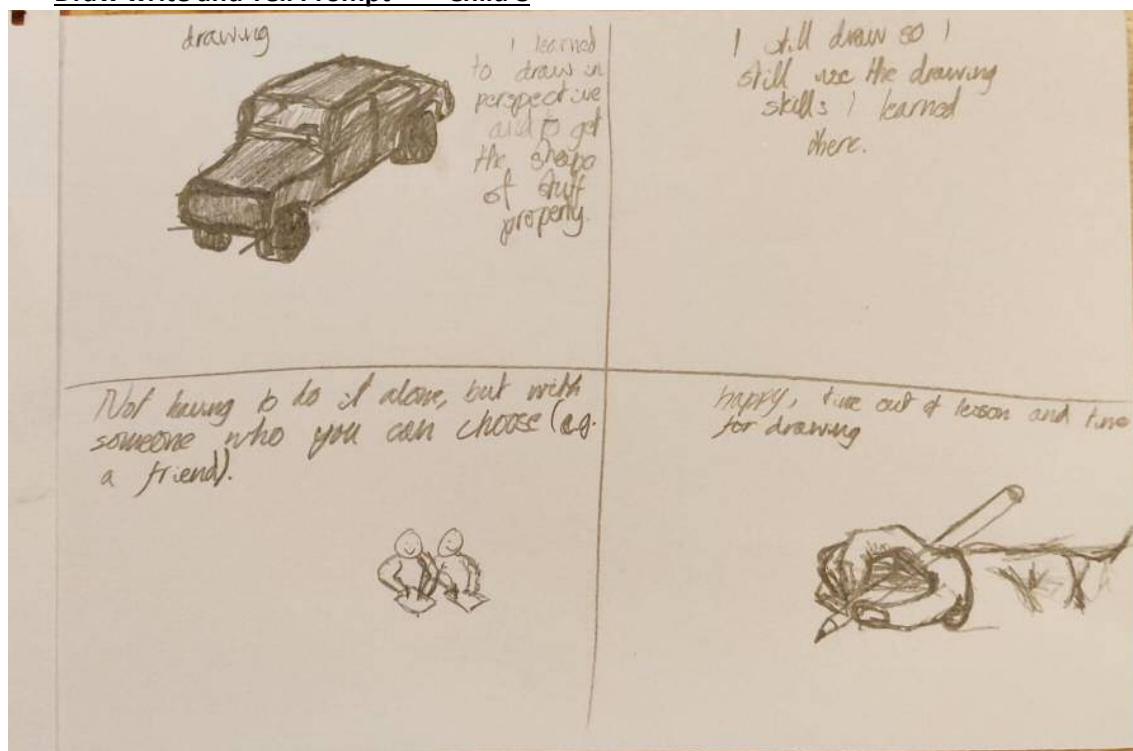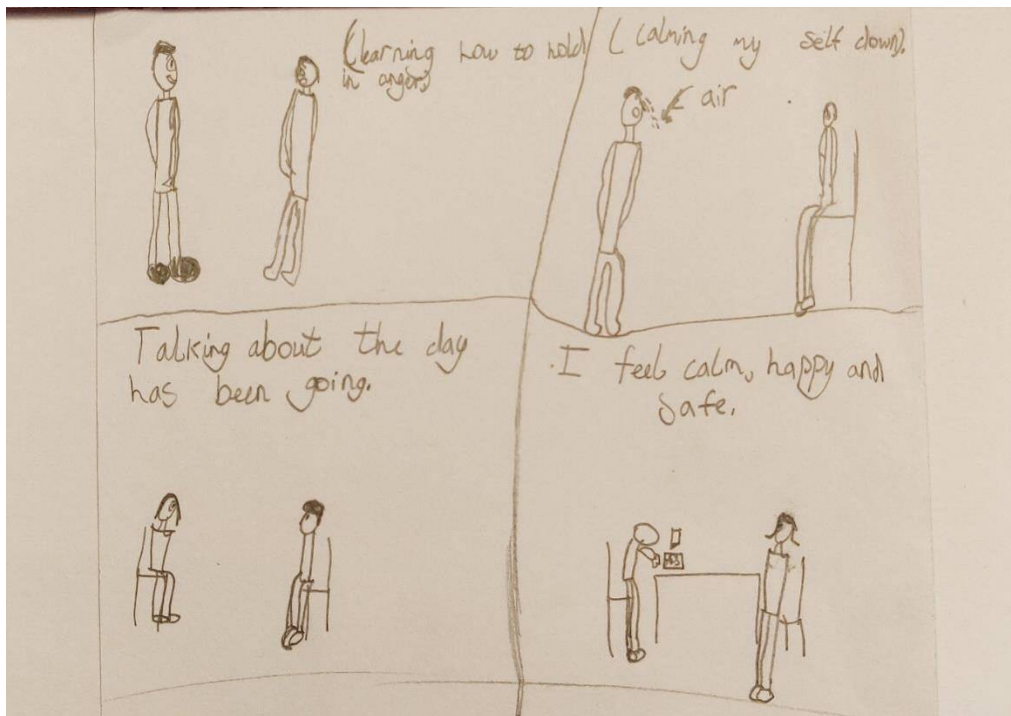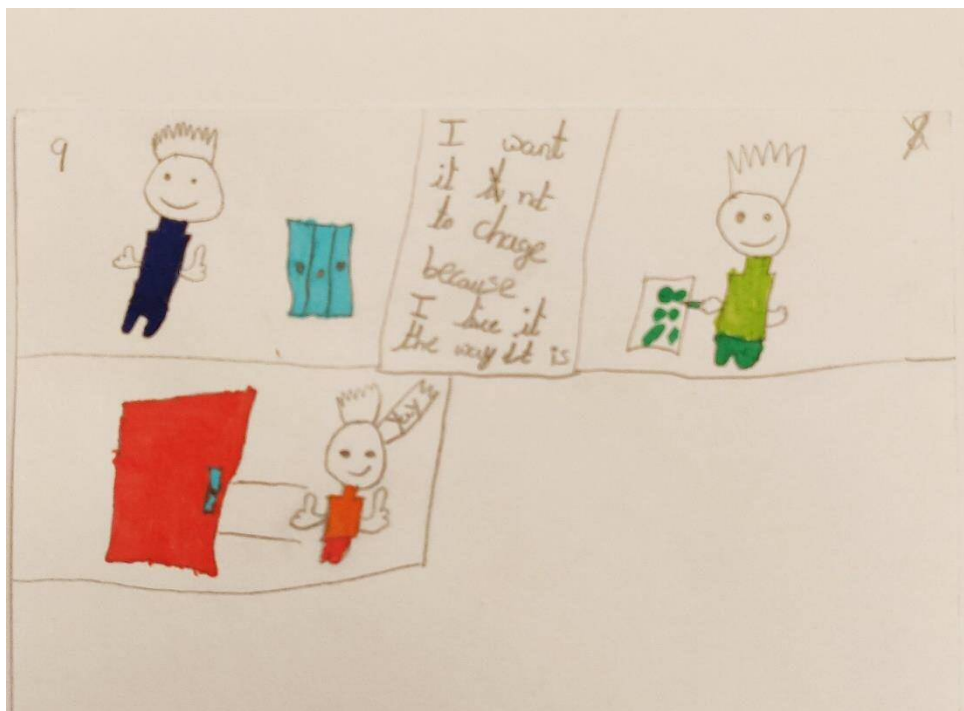
Appendix D

Prompts for Drawing Session and Semi-structured Interviews

For the Researcher only

Materials needed

Drawing implements – coloured pens, pencils, crayons, felt pens

Paper -light coloured and white in two sizes

Drawing session prompt

Thank you for agreeing to work with me

The reason you will be drawing is to help you to remember about when you went to art therapy

Some children find drawing helps them to remember things that happened in the past

You do not need to draw if you don't want to

When we have had a chance to talk I want to take a copy of the drawing that you made if you agree.

You can take your drawing with you.

Draw the sort of things you learned in art therapy

Draw the skills you still use now

Draw the sort of things you feel should change about art therapy

Draw or write what you feel about going to art therapy

Prompt for Semi Structured interview

Introduction

Thank you for agreeing to talk to me

I do not know much about art therapy in school and want to learn what you think about art therapy in school. I wonder if you can help me with this

If you feel uncomfortable or upset at any time please let me know and we can stop

Remember you do not need to answer all the questions that I am going to ask

------ is here to listen in but is here to make you feel safe. --- --- will keep what you say private

You can use the drawing you made to help you at any time

I will be recording what we say with this tape recorder it will help me to remember what you said about art therapy when I write up my work on art therapy

I will be using my notes to remind me of the things that I want to ask you about art therapy and I may jot some things down to remind me of things to ask you

I will also use a sheet to help with some of the questions

Are you happy to continue?

Remember to ask for clarification about any ambiguity seen in the child's drawings

Please tell me what this is because I am not sure about what you have drawn?

Research questions

- *What do children see as the benefits of art therapy as an intervention in the primary school setting?*

- *What skills do children feel they acquire having participated in art therapy?*

- *Do children feel that they have sustained the skills acquired, following the completion of art therapy?*

- *How were children included in making the decision to participate in art therapy?*

- *What are primary school children's opinion of art therapy in school?*

Probes

Can you tell me a little bit more about that?

Is there anything more that you would have liked to happen?

Silence/nod

Prompts

I would like you to help me to learn more about art therapy

Did you like going to art therapy?

What did you like?

What did you not like about it?

Did you know that you were going to art therapy?

Can you tell me how you found out about it?

What were you told before you went to the sessions?

Did you have a chance to say yes or no to art therapy?

What sort of things did you learn at art therapy?

Can you tell me about a time when you used what you learned?

Did it help you?

Did it work for you?

What do you think about art therapy in school?

Is there anything that you want to change about art therapy?

If you could give art therapy a mark out of 10 what will you give it?

End

Can you think of anything else that you want to say about art therapy in school?

You can take your drawing with you if you wish

I want to take a copy of your drawing if you agree

It will help me when I am writing about the study

I have some faces for you to look at to help us as we talk about art therapy

Researcher reads the statements and describe the symbols

I learnt new skills from working with the art therapist

The prompt with additional symbols were prepared for children who may have found it difficult to understand the researcher.

Disagree a lot   Disagree a little   Not sure   Agree a little   Agree a lot

Can you tell me a little bit more about that?

Tell me more about the sort of things that you learned?

I still use the skills that I learned
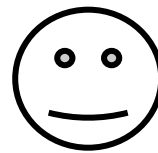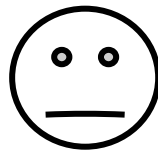
      Disagree a lot   Disagree a little   Not sure   Agree a little   Agree a lot

Could you tell me a little bit more about that?

Tell me a little more about the skills you still use to help you?

When did you use them?

I know why I met with the art therapist
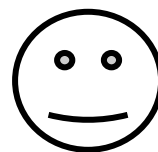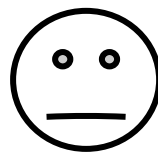
Disagree a lot   Disagree a little   Not sure   Agree a little   Agree a lot

Can you tell me some more-- depending on child's choice?

Can you remember what happened?

I had a choice to say yes or no to working with the art therapist

| Disagree a lot | Disagree a little | Not sure | Agree a little | Agree a lot |
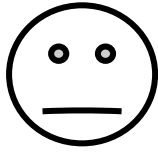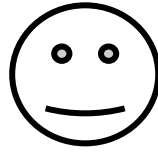
Can you tell me some more about that?

Depending on response

Is there anything more that you wanted to happen?

What do you think about art therapy in school?

Thesis proposal submitted to Ethics with approved documents

Working title:
Exploring Children's Views of their Experiences of Art Therapy in the Primary School Setting

The purpose of this project is to explore primary school children's experiences of art therapy. Aspects to be considered are children's opinions about the possible beneficial effects of art therapy in the school setting. It is important to establish the views of children regarding the effects of art therapy and to find out what skills they feel they have acquired and continue to utilise having participated in art therapy.   In addition, their understanding of the process by which they were selected to enter into art therapy will be explored, as it could be valuable to learn how schools engaged children in the decision-making process prior to their participation in art therapy. A recollection of children's experiences of being informed and how this was communicated will be considered and whether they were given the opportunity to assent or dissent.

Promoting mental health and wellbeing in schools has become increasingly in focus (Department for Education [DfE], 2016; Weare, 2008; 2015). It is believed that mental health and wellbeing is essential and can have positive effects on children's learning and behaviour in school, (National Institute for Health and Care Excellence [NICE] 2008 and Department for Children, Schools and Families [DCSF], 2008). Children's mental health and wellbeing can be affected by traumatic events or occurrences such as loss, separation or significant changes in their lives (DfE, 2016; Frith, 2016). The ability to cope with a range of adverse experiences is considered to indicate resilience which is influenced by protective factors that can support the young person to cope with traumatic experiences (Newman, 2004; Rutter, 1999; Turner & Lloyd, 1995). School is seen as having a vital role to play in strengthening protective factors which will then have a positive effect on future mental health and wellbeing (Gross,2008).

It has been recommended that school based interventions should be provided to support children's development in this area (NICE, 2008).

Research suggests that in order to promote good mental health the key protective factors include social competence, good academic achievements and parenting support (Dyson et al, 2010 & Kendall et al, 2008). Public Health England (PHE, 2016) and the Department for Education (DfE, 2016)) have advised that it is important that schools start early to build resilience for children that have not developed the coping strategies necessary.

Schools have received advice based on research evidence that supports good practice for promoting mental health (DfE, 2016; Weare, 2015). The guidance provided outlines interventions that research has shown to have a positive impact on children's mental health and wellbeing in the school environment. These interventions are based on evidence from projects such as the Targeted Mental Health in Schools Project (DfE, 2011). Further advice has also been provided about the type of counselling support that is likely to be beneficial (DfE 2015).

In order to promote the mental health and wellbeing of children and young people it has been recommended that schools should adopt a universal, whole school approach and provide interventions that will help to develop children's social and emotional skills, which ideally should be delivered as part of the curriculum. Programmes will support children to deal with conflict, manage and understand their feelings during their time at primary school (NICE, 2008). The recommendations indicate that parents and carers should be included in these programmes as research suggests that this will be particularly beneficial for supporting children's well-being (NICE, 2008).

It has been recommended that children showing early signs of social and emotional difficulties, signs of anxiety, poor social skills with their peers, those having poor self-image and those who may be at risk of developing behaviour that is likely to be disruptive should be supported with interventions which are more targeted (NICE,2008). It may also be necessary to provide individual interventions delivered by a mental health specialist in the school setting. The use of counselling and therapeutic services for children with particular needs in this area has also been recommended (DfE, 2015).

School based counselling has become increasingly widespread and been reported to have positive effects on the well-being of children and young people (Cooper, 2013). Primary schools in many local authorities have engaged the services of school based counsellors to provide support for younger

children through artwork and play therapies. This approach is considered to be beneficial for younger children because it provides a nonverbal means of communicating difficult emotions and is accessible to young primary age children (DfE, 2015).

Art Therapy

Art therapy is a branch of psychotherapy in which the art medium is used as a form of self-expression. The individual is supported to communicate their feelings through art. The individual is provided with art media such as pencils, paint or clay so that difficult issues can be worked through. Having skills in art is not a necessary prerequisite.

There is limited research evidence to show that art therapy can improve the mental health and well-being of primary school age children. Art therapy has been reported to have positive influence on a range of concerns, which includes family issues, social emotional, behaviour and improving attendance (Slayton et al, 2010; Wallace-DiGarbo et al, 2006). Interventions such as the Art Room project (Cortina et al, 2015) showed favourable outcomes for children with social and emotional difficulties.   Some studies have shown that art therapy has helped children to cope better with their feelings (Gersch & Goncalves, 2006) with changes being maintained up to six months after intervention. There has also been reports of beneficial effects on learning (Nissimov-Nahum, 2008).

School based support

Some reported advantages to having counsellors based in schools are that when children and young people are referred there is a short waiting time and the convenient location makes it more likely that they will attend sessions. School staff have also reported that it is beneficial for young people to access professionals with specialist training in therapeutic skills within the school setting (Cooper 2013).

Importance of children's views

Social constructionism is a post-modern theory in which participants' co create meanings through the language that is in use (Burr, 2003). Children are also social agents: they have opinions and interpret the world in their way based on their experiences. It is also important that their voices are represented. It is vital that their opinion is sought particularly as they have a right to express their views and those views should be respected (United Nations Convention on the Rights of the Child [UNCRC], 1989).

The United Nations Convention on the Rights of the Child states in Article 12 that all children have the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This guideline recognises that children have a part to play in decision making about their own lives at all times in their development. It is important that when adults make decisions which concern children the child should be consulted and the adult should take into consideration how the child thinks and feels. The Convention acknowledges that the level at which the child is able to participate should be appropriate to his / her age and maturity.

Implications for Educational Psychologists

It is important that children and young people who participate in therapeutic interventions such as art therapy are fully informed. The information that they receive should explain fully the purpose of the intervention and their consent or assent should be obtained. Assent meaning to agree to participate in treatment or what has been suggested. The young person should be presented with information at an appropriate level for him / her to understand. The British Association of Art Therapists Code of Ethics advises members to gain informed consent prior to involvement. The therapist should provide clear description of the therapy and possible benefits and risks. However informed consent from adults with parental responsibility is prioritised (British Association of Arts Therapists (BAAT) 2014).

It has been stated that educational psychologists should keep in mind the United Nations Convention on the Rights of the Child and take it 'seriously in their work'. EPs should be contributing to upholding the rights of children and young people (Baxter and Frederickson, 2005). It has been recognised that Educational Psychologists can add value by sharing evidence based strategies from research to support change for children and young people (Gersch, 2004; Cameron, 2006). The Department for Education has advised that interventions should be based on evidence of what

works, particularly around the effectiveness of interventions that promote social and emotional wellbeing. The importance of the Educational Psychologist in contributing to outcomes for children and young people has been recognised (Farrell et al, 2006). There is also recognition that EPs can carry out research in the school setting and provide feedback on the effectiveness of interventions (Binnie et al, 2008).

Amongst the recommendations outlined for further research is the need to evaluate the effectiveness of counselling in Primary Schools and the most successful ways of involving children and young people in evaluating programmes to promote emotional and social wellbeing. It has been suggested that research should focus on how school based counselling might be further developed to help children and young people (NICE, 2008 & Cooper, 2013).

It is hoped that information from this study will add to the research in this area as part of the evidence based strategies that can influence change

Research Questions

The following research questions were generated.

1. What do children see as the benefits of art therapy as an intervention in the primary school setting?
2. What skills do children feel they acquire having participated in art therapy?
3. Do children feel that they have sustained the skills acquired, following the completion of art therapy?
4. How were children included in making the decision to participate in art therapy?
5. What are primary school children's opinion of art therapy in school?

Research Method

Qualitative research methods are generally used to gain an understanding of the individual's opinions and their experiences. A qualitative method enables the collection of first-hand information from individuals and offers flexibility in approach to gathering data (Biggerstaff, 2012). With reference to the research questions that seek to explore children's perspectives regarding art therapy in the school setting a qualitative research method will be appropriate to explore the aspects outlined.

In the past when children were included in research they were viewed as having a passive role (Hill, 1997). However, over time there has been a shift in views and children's perspectives have been increasingly included in research. Children are now perceived as active participants and researchers have sought the best ways of eliciting their views when conducting research. Nevertheless, there are challenges to overcome such as the power imbalance in the adult-child relationship and finding ways to address them (Punch, 2002; Curtin, 2001). Further considerations include whether children have the cognitive capacity to participate in research (Kirk, 2007). Children may experience difficulty expressing their views because of their less developed language skills (Punch, 2002). The power imbalance may pressurise children to feel that there should be correct responses when responding to the researcher (Punch, 2002).

Having child friendly techniques when interviewing children, including being sensitive to how children communicate and participate, is important. The method chosen should allow for meaningful participation (Punch, 2002). It has been proposed that combining written and visual methods may address some of the concerns (Punch, 2002; Curtin 2001).

Using a creative approach in research has been seen as an innovative means for eliciting children's views, particularly in modern society in which visual imagery is prevalent (Gauntlett, 2004). By inviting the participant in research to create an 'artifact', the participant is actively engaged in the research process, can be reflective and in talking about the object is in a position to explain his/ her own work (Gauntlett, 2004).

Drawing has been highlighted as an important means of enabling children to talk about past experiences (Einarsdottir et al, 2009). It is accessible to young children including those with communication difficulties (Holliday et al, 2009). Research has shown that when children have been asked to draw and when the drawing is accompanied with a narrative it can be a very rewarding source for gaining understanding about children's opinions (Dreisnack, 2005). It is important to bear in mind it is not the preferred mode for all children, however this is likely to be because the child is critical of her/his drawing skills (Horstman et al, 2008). Children have been encouraged to use devices such as 'thought bubbles' in their drawings to illustrate their thoughts. The drawing session can be followed by a semi structured interview in which the children used their drawings to support them in the interview session (Horstman et al, 2008).

The 'draw write and tell process' has been applied when eliciting young children's views (Angell et al, 2015). These authors describe drawing sessions that took place in the usual classroom environment for the children. The children were provided with free access to drawing materials with no imposed time limits. 'Tell sessions' were held in which each child was prompted to talk about the drawing and the researchers checked for interpretation. Data collected from the children's commentary, written text and the art work were used for analysis.

Based on these accounts that describe the 'draw, write and tell' method, it is this approach which will be adopted to support the interview process for this study.

The drawing session

The participants will be invited to draw in small groups or individually if that is their preference with the researcher and a member of school staff present where possible. The participants will be invited to draw their experiences of art therapy. The researcher will prepare a set of prompts for the drawing session that will be utilised as needed. Devices such as thought bubbles will be suggested as one way of recording their thoughts (Horstman et al, 2008). It is expected that the session will last for approximately 30 minutes.

It is likely that if participants choose to work in groups they may discuss their drawings and copy from each other (Leonard, 2006; Knighting et al, 2011). In order to minimize this effect the researcher will inform child participants at the start of the drawing sessions that their individual views about art therapy is very important, therefore they should not copy from each other. The researcher will encourage the participants not to copy from each because it will not be just their views in the drawing. The researcher and additional adult will also remind the participants during the drawing session if needed.

Subsequent to the drawing session children arrangements will be made with the school for the children to return to their regular lessons until it is time for the semi structured interview. This will avoid waiting around to be interviewed.

The semi structured interview

The researcher will interview the participants individually because this may be more private when compared to group discussion (Hill, 1997, Curtin, 2001). The researcher will ask about the different elements of the drawings and seek clarification from the children about any ambiguity seen in the

participants' pictures and written communication. The researcher aims to take at 'face value' what children say about the drawings and make notes. This is to ensure that interpretation is not the researcher's and there is true representation of the child's views.

The children will be encouraged to use their drawings as prompts to respond to questions. The drawings will not be used in a projective way. The focus of questions will be based on the children's experience of art therapy. The researcher will try to build a rapport with the children with opening questions and explanations and remember to be as informal and flexible as is practical.

The researcher will prepare a set of open ended questions based on the research questions to be used as prompt during the interview. The children will be asked to provide a rating for some questions after which the researcher proposes to ask for further elaboration, this will provide the opportunity to discuss some areas in more detail. The researcher intends to proceed logically taking the lead from the participants (Curtin, 2001; Mayes, 2000).

The session should last for approximately 30 minutes. An audio recording will be made of the semi structured interview session.

Subsequent to the interview the researcher intends to ask the children for permission to scan their work and the original drawings returned. Audio tape recordings of the interview session, the notes taken from the interview including children's commentaries about their drawings will be transcribed verbatim within one month. This will include nonverbal and background sounds.

In addition the researcher also intends to elicit the views of therapists through focus group interviews.
A literature search was conducted which indicated that there has been very little research that explore the views of art therapists working with school age children within the school context. It is hoped that the therapists' views will expand and enrich the data from the child participants. The intention will be to gain the therapists' perspectives about the themes that have emerged from the semi structured interview. The therapists will not have worked with the child participants.

Method of Analysis

To facilitate analysis of the data, various methods were considered before deciding on the most appropriate. Interpretative Phenomenological Analysis focuses on how individuals make sense of experience and involves a detailed analysis of the data to explore and capture the in depth the experience of the participants It requires the researcher's total emersion in the data analysis process

(Larkin & Thompson, 2012; Brocki & Wearden, 2006). The researcher should attempt to take on a neutral role providing opportunity for participants to tell their story, at the same time recognizing that it is difficult to be completely neutral in the process. This approach is likely to necessitate extensive access to the child participant and may necessitate several interview sessions. This approach requires that the participants have a level of language competence that will enable them to convey their experiences (Willig, 2013). This approach may not be suitable for primary age children.

Discourse analysis as a means of gathering data was also explored, this approach is considered to be empowering to vulnerable individuals (Morgan, 2010). This is a critical approach to analysis of the language used by the participants. It explores the role of language particularly how participants describe events in conversation and requires close analysis of the transcribed data.

However, having considered the above methods for analysis of qualitative data Thematic Analysis is preferred because it can be applied to most types of qualitative data including individual experiences and opinions. It lends itself to a more flexible approach and is not wedded to any pre-existing theoretical frame work (Braun & Clarke, 2006). It has been suggested that this approach is compatible with a social constructionist paradigm (Braun and Clarke, 2006; Joffe, 2012). The transcribed data that emerge from the drawings, taped conversations and texts will be analysed for recurrent themes that arise based on the research questions. These will be coded and a thematic map created.

A pilot study will be conducted to establish the feasibility of this research, to improve on the design of the study, questions, recruitment process as needed.

Participants:

Recruitment methods

The researcher intends to contact schools in a London Borough that have employed an art therapist and request participants who have previously engaged in art therapy to participate in the study. A gatekeeper letter will be sent to head teachers of these schools to seek engagement in the study. The letter will introduce the researcher and provide a brief outline about the study. Additional

information will be attached about the aims of the study. A consent form will be attached that will request permission to recruit participants.

The information sheet for the head teacher will also request the school's support to recruit participants and for the researcher to be introduced to participants and their parents. The consent letter and information sheet will be sent to the parents of the children who have been identified as meeting criteria to participate in the study.

Selection Criteria

Participants will be selected from children whose parents have consented for them to participate in the study. The researcher will seek assent from the children before proceeding with the research. If there are more potential participants than required for the study, a random number system (Excel) will be utilised to select those which will be involved.

Inclusion/exclusion criteria

The participants will include children that are currently receiving therapy or have previously had art therapy. The children should have attended art therapy within the past 3 months and attended a minimum of 4 sessions. Children who have not attended a minimum of 4 therapy sessions will not be included because the study will be focusing on children's past experiences and what they learned having participated in art therapy.

Children should have attained the National Curriculum for English, Lower Key Stage 2 (Department for Education [DfE], 2014). This will ensure that children have the level of cognitive competence (Kirk, 2007) and have the ability to understand the researcher's questions. This should be informed by the school's own ongoing assessments. The researcher intends to further discuss the selected participants with their class teacher/s to seek their views with regard to the child's suitability for inclusion.

The preferred sample size will be 10 to 12 children, age 8 -11 years. The sample will consist of both girls and boys and will reflect the demographic composition of the schools in the local authority

Informed consent

Headteachers of the schools to be involved will be provided with detailed gatekeeper information. Informed consent will be sought from parents of the proposed participants. A letter will be sent to

the parents outlining the aims and purpose of the study, what it will involve for the pupils who take part and ethical considerations. A parental consent form will also be included.

The researcher will seek assent from participants following the presentation of written and verbal explanation at a level appropriate to their development. This will be done face to face as it has been established that young people prefer to receive information in this way (Reeves et al, 2007). It will be explained that they can choose whether to participate or not. (Appendix 3)

To facilitate informed assent a 'Three step process' will be employed. This process will be to provide enough information at a level that the children will be able to understand. The participants will be given the opportunity to ask questions and given time to consider whether to participate or not. The researcher will ensure that the participants understand what they agree to and how they will indicate their participation, agreement or their refusal (Bourke and Loveridge, 2014).

Participants will be informed that they can withdraw data at any time up the point that the data will be anonymised. The researcher will explain that if participants choose to withdraw they will not be reproached. Participants will be provided with a form to record their assent.

Debriefing

After the interview the participants will be debriefed, this is very important when carrying out research with children (Clark, 2005). Participants will be thanked for their contribution and the time taken to participate. In addition, they will be provided with the opportunity to add anything or ask questions they may have thought important but did not ask during the interview (Adams & Cox, 2008).

The school and the participants will be informed about what will happen to the information that has been collected. Subsequent to the interview the participants will be debriefed. Contact details of the researcher and research supervisor will be provided and additional contact details of the ethics committee will be provided should there be cause for complaints.

Safeguarding and child protection

The researcher has been fully trained in safeguarding and child protection and has an up to date Enhanced Criminal Record Bureau Check.

The researcher will be sensitive to children's cues such as tiredness or if they appear stressed and allow time for them to rest. It is important to realise that not all children will be happy with drawing or participating in the interview this mode of communication (Horstman et al, 2008). The researcher will provide opportunity to dissent if this proves to be an issue.

The researcher will explain that confidentiality will be respected unless there is an issue of safeguarding that is likely to be harmful to the participant. The researcher will endeavor to find out about the school's safeguarding protocols prior to starting the study. If there is an issue around child protection the school's safeguarding procedures will be adhered

Ethical Considerations

Anonymous and confidential data

The researcher will explain to all participants that any identifying features in the research will be anonymized in the final reports.

The drawings will be numbered to maintain a link with the audio recording but at no point will the child's name be linked to the number so the drawings will remain anonymous. The drawings will also be scanned and stored confidentially using a password encrypted file.

The audio recording from the semi structured interviews will be stored confidentially, using a password encrypted file which will only be accessible to the researcher. Data will then be transcribed by the researcher within one month after the interviews. At which point it will be anonymous. The audio recordings will be deleted subsequent to the data being transcribed. All other data will be kept indefinitely by Cardiff University.

Ethical considerations such as peer group dynamics will be considered during the drawing session and participants will be asked to choose whether to draw individually or in a group. Older children may feel inhibited and may feel self-conscious about their drawing skills (Punch, 2002).

Prior to the session the researcher will ensure that a member of the school staff that the children know well is available in case a child becomes upset. If a child becomes upset the researcher will not proceed and will ask the child if he / she would like to speak the adult

Estimated start and duration of the project

A pilot study will be conducted following approval from the ethics committee and plans will be amended according to feedback. Any amendments made to the research as a result of feedback from the pilot study will be submitted to the Ethics Committee for approval. It is hoped that the first stage of collecting data will be completed by October 2017 and semi structured interviews will follow.

Gate keeper letter and Information

Dear Headteacher

My name is Doreen Robinson. I am an educational psychologist working for the Educational Psychology Service at *******. I am currently undertaking doctoral research in the School of Psychology, Cardiff University. As part of my doctoral research I am intending to carry out a research project about the experiences of children who have participated in art therapy in the school setting. I would be grateful if you could consider my proposal for research in your school.

The attached document outlines further information about the rationale and aims of the research project, the research procedures and your commitments as a school. Please find attached a consent form for you to complete should you agree for the research to proceed in your school.

After you have read the additional information I would really appreciate consideration of my research proposal. I am available to provide any additional information and can be contacted at RobinsonDR@cardiff.ac.uk

Kind regards,

Doreen Robinson

Doreen Robinson   Andrea Higgins
Educational Psychologist   Research Supervisor
School of Psychology   School of Psychology
Cardiff University   Cardiff University
Tower Building   Tower Building
70 Park place   70 Park place
Cardiff   CF10 3AT
CF10 3AT

RobinsonDR@cardiff.ac.uk   HigginsA2@cardiff.ac.uk

Exploring children's views of their experiences of art therapy in the primary school setting

Information Sheet for Schools

Your school has been invited to participate in a research study as part of a doctoral thesis at Cardiff University.

Who will be conducting the research?

The research will be conducted by Doreen Robinson, Educational Psychologist who will be completing a Doctorate in Educational Psychology at Cardiff University.

Title of the research
Exploring children's views about their experiences of art therapy in the primary school setting.

What is the study rationale and aim of the research?

The aim of the study is to gain an understanding of children's experiences of art therapy in the school setting. The research seeks to explore children's opinions about their engagement in art therapy, what skills they think they have acquired and continue to use having completed their sessions. Also, to explore their understanding of the process by which they were selected for art therapy and how they were engaged in the decision making, prior to participating in the intervention.

It is hoped that the study will provide an insight into art therapy as an intervention for supporting children's mental health and wellbeing. The information from this study will help to contribute to researched interventions that support children's mental health and well-being in the school setting.

Why has this school been selected?

All schools within the LA that have offered art therapy programs as an intervention to support children's mental health and wellbeing are being invited to take part in this research.

What does the research involve and who will be involved?

The researcher will need help to recruit participants from your school that meet the selection criteria to take part in the study and an introduction to the participants. In order to gain parental permission, the researcher will also need the school's support to send letters to parents seeking their consent for their child to participate in the study.

Initially children will be asked to participate in a small group drawing session led by the researcher that will help them to recall and talk about their views and experiences of art therapy. The drawing session will last for up to 30 minutes and it is hoped that a member of the school staff could be there to support them.

This will then be followed by individual interviews with the researcher that will last for up to 30 minutes.

In order to reduce the time spent waiting around between the drawing and interview session the children will need to return to their class until it is time for the interview session.

<u>What is the selection criteria?</u>

The selection criteria for participants will be that consent and assent have been received from each participant and their parents

The focus will be children between the ages of 7-11 years who have been to art therapy within the past 3 months and have attended at least 4 sessions.

To participate effectively they will need to have a level of English that fits the descriptions for Lower Key Stage 2 as set out in the National Curriculum for English (Department for Education [DfE], 2014). The researcher hopes to meet with the relevant class teacher of the proposed participants to establish whether in their view the children's reading and writing levels are appropriate.

<u>Where and when will the research take place?</u>

The research will take place within the school setting by the researcher (Doreen). It will require that a private and safe environment be provided for participants to draw and then be interviewed. The researcher will provide all the equipment and resources for the drawing sessions.

The discussion with the class teachers, drawing session and interview can be conducted at a time convenient for the school and participants.

<u>How will confidentiality and anonymity maintained?</u>

Drawings will be numbered in order to maintain a link with the audio recording but at no point will the child name be linked to the number so drawings will remain anonymous.

Each interview will be audio recorded on a secure, password protected device that will not be linked to the ICloud.   It will be stored securely and confidentially until it can be transcribed and so completely anonymised, at which point it will be deleted.

The researcher will present the research findings as part of her doctoral submission but no identifiable information will be included in this.
<u>What happens if the school does not want to take part</u>?

If you decide that your organisation does not want to take part in this study you do not need to do anything.

However, I would be grateful if the attached consent form could be completed and returned in the stamped addressed envelope provided with your school's details stating that you do not wish to participate in the study.

If you did agree to participate you also have a right to withdraw from the study at any time without giving a reason up until the research has been anonymised at which point individual information could not be identified.

What are the benefits of participating in the research?

 The research will provide insight into children's feelings about art therapy in the school setting, the impact it has had on their wellbeing and skills that they have acquired and continue to use. In addition, the children's suggestions could be used to develop practice, although the researcher cannot guarantee this. The researcher will be able to provide feedback about the study when the thesis has been completed.

What if something goes wrong?

If you wish to make a complaint or are unhappy about the conduct of the researcher you should contact the university ethics committee on 02920870360 or email:psychethics@cardiff.ac.uk

I have had an enhanced Criminal Record Bureau check and my training in safeguarding and child protection issues are up to date.

Thank you for taking the time to read the research information please consider carefully my request for your school's participation in the research. If you have any questions or would like further information. Please contact the researcher Doreen Robinson at RobinsonDR@cardiff.ac.uk or her supervisor Andrea Higgins at higginsA2@cardiff.ac.uk

If you are interested in the research being carried out in your school please complete the consent form, place it in the envelope provided and it will be collected by the researcher or a scanned copy may be sent to RobinsonDR@cardiff.ac.uk.

Doreen Robinson   Andrea Higgins
Educational Psychologist   Research Supervisor
School of Psychology   School of Psychology
Cardiff University   Cardiff University
Tower Building   Tower Building

Consent form for School Participation

Research title: Exploring children's views about their experiences of art therapy in the primary school setting

I have read the information about the research study and understand that:

The school's participation is completely voluntary.

The school may withdraw its involvement at any time without providing a reason up until when the data is anonymised.

The school has no obligation to participate and can refuse by not responding to this letter or completing the 'do not wish to consent' slip below

I understand that the information obtained from the research will be kept confidentially and securely and only the researcher and her supervisor will have access to the data.

I_____(NAME), consent

for_____(school) to participate in the

study conducted by Doreen Robinson from the School of Psychology, Cardiff University

under the supervision of Andrea Higgins.

Signed: **Date:**

If your school do not wish to participate:

I_____ (NAME), do not

consent for_____ (school) to participate

in the study conducted by Doreen Robinson from the School of Psychology, Cardiff

University under the supervision of Andrea Higgins.

Signed: **Date**

APPENDIX 3

Information Sheet for Parents

Your son/daughter has been invited to participate in a research study to find out about children's experiences of art therapy.

Who will be conducting the research?

The research will be carried out by Doreen Robinson an Educational Psychologist from ****** who is completing a Doctorate in Educational Psychology at Cardiff University. This research study is as part of her thesis.

Title of the research

Exploring children's views about their experiences of art therapy in the primary school setting.

What is the aim of the research?

The purpose of the study is to find out about children's experiences of art therapy in the school setting. The researcher will ask children for their opinion about the skills they feel they have acquired and continue to use after going to art therapy. Also, to explore their understanding of the process by which they were selected for art therapy and how they were engaged in the decision making, prior to participating in the intervention. It is hoped that the information from this study will provide valuable information that will help schools to support children's well-being.

What does the research involve and who will be involved?

Children will be randomly selected from those who have had parental consent to take part in the study.

If your son/daughter is randomly selected he/she will be asked to take part in a small group drawing session led by the researcher. This is to help them to recall and talk about their experiences of art therapy. The drawing session will last for up to 30 minutes. It is hoped that a member of the school staff will be there to support the children during the session. The drawing session will be followed by individual interviews with the researcher which will last for up to 30 minutes.

Your son/daughter will be asked about their experience of art therapy, the skills they learned and continue to use. They will also be asked if there are any changes that they could recommend.

At the end of the interviews your child will be informed about his/her ethical rights and have the opportunity to ask any questions to the researcher.

The interviews will be tape recorded, typed up and analysed to look for similarities and differences. When the data has been typed up and analysed the results will be written up in the style of a report.

Consent and Assent

Your son /daughter is under no obligation to take part in the study. Consent to take part in the study is completely voluntary. It will not impact on you or your child negatively if you decide that you do not want your child to participate. All the children whose parents have given consent will be asked to choose if they want to take part (assent). If there is refusal from the child or parent then the child will not be included in the study.

If there are more children agreeing to take part than are required then a random number system (Excel) will be used to select the children who will be included in the study.

Where and when will the research be conducted?

The research will take place within the school setting by the researcher (Doreen). The interview and drawing sessions will take place in a private and safe environment with all participants. It is hoped that the research will be conducted within 3 months of your son/daughter's participation in art therapy sessions.

Will what my child say be confidential and anonymous?

A tape recorder will be used to record the interviews which will be transcribed within 1 month. The tapes will be kept in a safe place and be password protected so all information will be kept confidential and only the researcher will know the password. When the tapes are transcribed the information will become completely anonymous, meaning there will be no names and none of the information will be traceable to individuals.

After the recordings are transcribed it will not be possible to withdraw your son /daughter's information because it will not be traceable to your son/daughter. Prior to that time you can withdraw any information/data you wish without any consequence to you.

The drawings will be numbered so that there is a link to the audio recordings, your child's name will not be linked to a number so the drawing will remain anonymous. The drawings will be scanned and stored confidentially, using a password encrypted file which will be accessible only to the researcher.

The researcher will present the research findings as part of her doctoral submission but no identifiable information will be included in this. All data will be stored securely. It will be kept for five years and then destroyed.

The exception to confidentiality between the researcher and participant will be if disclosures are made that implies harm to the participant or others.

What happens if I do not want my child to participate in the research?

If you decide that you do not want your son or daughter to participate you do not need to do anything. It will be appreciated if you could return the attached consent form to the school and tick the box stating that you do not want your child to take part in the study.

What are the benefits of taking part in the research?

The research will help us to better understand children feelings about art therapy in the school setting, the impact it has had on their wellbeing and skills that they have learned and continue to use. In addition the children's suggestions about whether changes should be made will be shared.

What are the risks of participating in the research?

If any of the children become upset during the study the researcher has made arrangements for a member of the school staff that the children know well to be available for them to talk to. The researcher will not continue with the research and will ask the child if he / she wants to speak to the adult.

What if something goes wrong?

If you wish to make a complaint or are unhappy about the conduct of the researcher you should contact the university ethics committee on 0292087 0360 or psychethics@cardiff.ac.uk .

I have had an enhanced Criminal Record Bureau check and my training in safeguarding and child protection issues are up to date.

Thank you for taking the time to read the research information and please consider carefully my request for your son/daughter's participation in the research.

If you have any questions or would like additional information. Please contact the researcher Doreen Robinson at RobinsonDR@cardiff.ac.uk. or her supervisor higginsA2@cardiff.ac.uk

Doreen Robinson   Andrea Higgins
Educational Psychologist   Research Supervisor
School of Psychology   School of Psychology
Cardiff University   Cardiff University
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Cardiff   Cardiff
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Parent/carer Consent Form

Exploring children's views about their experiences of art therapy in the primary school setting.

I have read the above information and understand that:

Participation in this study is entirely voluntary.

I may withdraw my son/daughter's participation at any time without giving a reason up to the point the data is anonymised.

My son/daughter is under no obligation to participate in the research study and I can refuse by not responding to this letter.

I understand that I am free to ask questions about the research or discuss any concerns with the researcher at any time.

I understand that information collected from my child for this project will be stored anonymously and securely. Only the researcher and her supervisor will have access to this data. All information in the final report will be anonymous.

I understand that I am free to contact the Cardiff University Ethics Committee to discuss any complaints I might have.

Signed: …………………………………………………**Date** …………………………….………

☐ …..……………………………………..……………… (Name), consent to my son/daughter

…………………………………………………………..(Name) participating in the study conducted by Doreen Robinson from the School of Psychology, Cardiff University, under the supervision of Andrea Higgins.

If you do not wish to consent:

☐I, _____ (NAME) do not, consent to my son/daughter participating in the study conducted by Doreen Robinson from the School of Psychology, Cardiff University, under the supervision of Andrea Higgins

Art therapy research Information sheet

You have been invited to take part in a research study about art therapy.

This is to find out the sort of things you learned and what has been helpful to you.

The research will take place in your school with Doreen Robinson.

Doreen is an Educational Psychologist.

You and the other children taking part will be asked to do a drawing about your memories of Art Therapy and then talk to the researcher.

The drawing is to help you to recall art therapy.

The researcher will ask some questions.

The questions are about art therapy.

The sessions will last for about one hour altogether.

Your talk about art therapy will be recorded.

You will have a chance to ask questions if you want.

The study hopes to learn what children think about art therapy and how to make art therapy better in school.

Important things to remember

You do not have to take part in the research if you do not want to.

You will not be told off if you do not wish to take part.

I will keep what you say to me in your drawing and interview private unless you say something that I think will hurt you or someone else or will put you in danger.

You will not be asked to put your name on the drawings and you will not be named in the finished study.

You do not have to answer any question you are not happy with.

You can stop taking part without giving a reason.

You can say that you do not want your information to be used. Just tell a teacher after the interview.

If you do not want to take part just tick the box that says 'no'.

You can ask questions about the research at any time. Your teacher can help with this.

If you want to complain about the research please talk to a teacher.

Pupil Assent Form

School of Psychology

I understand that:

I do not have to draw if I do not want to.

I do not have to answer any question I do not want to

I do not have to take part in the study if I do not want to. I can tick the box that

says 'no'

I can decide to stop at any time.

I can ask questions about the research at any time.

I understand that the information I give will be kept private unless it is harmful

to me or someone else.

   NAME _____   **Date**

Please Tick one:

☐ Yes I want to take part in the study about art therapy

☐ No I do not want to take part in the study about art therapy

When you have finished, please fold the paper and put it in the box.

Debrief form for pupils

Research about Art Therapy

Thank you for taking part in this study. It was good to talk to you about art therapy. The study wanted to learn about the things that children found helpful in art therapy and about the skills they learned and still use after going to art therapy. The study also wanted to find out how children learned that they were going to art therapy and if they wanted to change anything.

The children who took part had to a draw a picture to help them to think and remember about art therapy and then answer some questions about art therapy.

The children's drawings were given a number and their interviews were given a number and their names were not used. This means that the information will not be linked to the person who gave it. It is anonymous.

The information that everyone gave will be kept safely. It will be kept for five years and then destroyed.

What will happen now?

The information that was collected will be used as part of my project at Cardiff University. When it is finished you will be able to ask your teacher what the study found out. The research findings may be published wider than this but they will always be in an anonymous form which means no one who took part will be named.

If you do not want me to keep your drawing or anything that we talked about I will be returning to school in one week and you can let me know then or if you can't wait you could talk to your parents and they can contact me.

If you think of any questions that you want to ask please ask the school to contact me or my supervisor by email on your behalf.

Thank You   Doreen

Dear Therapist

I am an Educational Psychologist from XXXXXXXXXXXXXX currently undertaking doctoral research at the School of Psychology, Cardiff University. As part of my doctoral research I am researching the benefits of school based art therapy for primary school age children. I am interested in finding out what children think about having art therapy in school, how helpful it was to them and the skills they learned and still use having been to art therapy.

I am contacting you because you are a therapist that has provided art therapy in the primary school setting. I hope to meet with you to gain your perspectives about what children think about art therapy. I hope that this information will help to suggest ways that schools can continue to provide the best possible support for children's well-being.

I have attached some additional information about the study and would appreciate it if you could consider participating in the study. If you are happy to be included, I would be grateful if you could complete the enclosed consent form attached. Consent and participation is completely voluntary.

If you have any comments or questions about this research please contact me at RobinsonDR@cardiff.ac.uk .
I look forward to hearing from you.

Kind regards

Doreen Robinson

Educational Psychologist

Exploring children's views of their experiences of art therapy in the primary school setting

Who will be conducting the research?

The research will be conducted by Doreen Robinson, Educational Psychologist who will be completing a Doctorate in Educational Psychology at Cardiff University.

Title of the research
Exploring children's views about their experiences of art therapy in the primary school setting.

What is the study rationale and aim of the research?

The aim of the study is to gain an understanding of children's experiences of art therapy in the school setting. The research seeks to explore children's opinions about their engagement in art therapy, what skills they think they have acquired and continue to use having completed their sessions. Also, to explore their understanding of the process by which they were selected for art therapy and how they were engaged in the decision making, prior to participating in the intervention.

It is hoped that the study will provide an insight into art therapy as an intervention for supporting children's mental health and wellbeing. The information from this study will help to contribute to researched interventions that support children's mental health and well-being in the school setting.

What are the benefits of participating in the research?

The research will provide insight into children's views about art therapy in the school setting, the impact it has had on children's wellbeing and skills that they have acquired and continue to use. In addition, the suggestions could be used to develop practice, although the researcher cannot guarantee this. The researcher will be able to provide feedback about the study when the thesis has been completed.

How will l be involved?

You will be asked to participate in a focus group discussion session led by the researcher. The discussion will be tape recorded transcribed and analysed.

Will what my I say be confidential and anonymous?

School of Psychology

Any personal information discussed in the focus group will be shared with participants as well as the researcher. At the start of the focus group the participants will be asked to make a verbal agreement to protect confidentiality of any information disclosed during the discussion. However participants must be aware that confidentiality cannot be guaranteed within a focus group

An audio recorder will be used to record the focus group sessions which will then be transcribed within 1 month. The taped recordings will be kept in a safe place and be password protected so all information will be kept confidential and only the researcher will know the password. When the tapes are transcribed the information will become completely anonymous, meaning there will be no names and none of the information will be traceable to individuals.

After the recordings are transcribed it will not be possible for you to withdraw your information because it will not be traceable to you. However, prior to this point you can withdraw any information/data you wish without any consequence to you.

The researcher will present the research findings as part of her doctoral submission but no identifiable information will be included in this. All data will be stored securely. It will be kept for five years and then destroyed.

What happens if I do not want to participate in the research?

If you decide that you do not want to participate you do not need to do anything. It would be appreciated if you could return the attached consent form and tick the box stating that you do not want to take part in the study.

What are the benefits of taking part in the research?

The research will help us to better understand children feelings about art therapy in the school setting, the impact it has had on their wellbeing and skills that they have learned and continue to use. In addition, the children's suggestions about whether changes should be made will be shared.

What if something goes wrong?

If you wish to make a complaint or are unhappy about the conduct of the researcher you should contact the university ethics committee on 0292087 0360 or psychethics@cardiff.ac.uk .

I have had an enhanced Criminal Record Bureau check and my training in safeguarding and child protection issues are up to date.

Thank you for taking the time to read the research information and please consider carefully my request for your participation in the research.

If you have any questions or would like additional information. Please contact the researcher Doreen Robinson at RobinsonDR@cardiff.ac.uk. or her supervisor higginsA2@cardiff.ac.uk

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Secretary of the Ethics Committee
School of Psychology
Cardiff University
70 Park place
Cardiff
CF10 3AT
Tel: +44(0)29 208 70360

Email: psychethics@cardiff.ac.uk

Consent form for Art Therapists' Participation in a focus group discussion

Research title: Exploring children's views about their experiences of art therapy in the primary school setting

I have read the information about the research study and understand that:

- My participation is completely voluntary.
- I may withdraw my involvement at any time without providing a reason up until when the data is anonymised.
- I have no obligation to participate and can refuse by not responding to this letter or completing the 'do not wish to consent' slip below
- I understand that the information obtained from the research will be kept confidentially and securely and only the researcher and her supervisor will have access to the data.

I_____(NAME), consent to

participate in the study conducted by Doreen Robinson from the School of Psychology,

Cardiff University under the supervision of Andrea Higgins.

.

Signed: **Date:**

<u>If you do not wish to participate:</u>

I_____ (NAME), do not

consent to participate in the study conducted by Doreen Robinson from the School of

Psychology, Cardiff University under the supervision of Andrea Higgins.

Signed: **Date:**

Focus group interview schedule

Exploring Children's Views of their Experiences of Art Therapy in the Primary School Setting

Research questions

What do children see as the benefits of art therapy in the primary school setting?

What are the skills that children feel they acquire having participated in art therapy?

Do children feel that they have sustained the skills acquired, following the completion of art therapy?

How were children included in making the decision to participate in art therapy?

What are primary school children's opinion of art therapy in school?

Reasons for focus group

Welcome

Thank you for agreeing to participate in a focus group as part of my study about children's experiences of art therapy.

I am interested in your perspectives about art therapy in the school setting and would value your opinion about the themes that have emerged from the interviews that were conducted with children in the first part of my study. I hope that my questions will help to stimulate discussion amongst you.

I will not be participating in the discussion but will be here to facilitate the focus group session, help us to remain on topic and address all the areas that relate to the research questions.

I will be recording the discussion on a tape recorder for analysis later. Please speak clearly during the discussion, and try to voice everything because actions such as nodding will not be evident from the recording. All your views in the discussion is important therefore please avoid interrupting each other as much as possible.

Ground Rules

Confidentiality agreement

In a focus group confidentiality cannot be guaranteed because information that you share will be between those in the group, however I would like you to agree that what has been discussed within the group sessions will remain here and not be shared outside of this group

Warm up

Invite participants to talk about their background

Ask therapist how long they have been art therapists and obtain their background experiences of being therapists. Invite participants to share and compare experiences and how much they agree with each other.

I would like to draw on your experiences and seek your perspectives about what children benefit from having art therapy in the school setting. The areas explored will include;

Advantages of children having art therapy sessions in the school setting

Limitations to art therapy sessions in the school setting

Skills that you hope that children will develop after attending therapy sessions

Information that you think children receive before meeting the therapist

Are children included in the decision to meet with a therapist?

The following themes obtained from the semi structured interview data with children.

The therapists will receive a hard copy of the themes derived from the semi structured interview with children to this point.

What is your opinion about the themes that have emerged from the data?

Based on your experiences are there any themes that were unexpected, if so why?

The following structure was derived from Krueger & Casey, 2014.

Prompt for Semi-structured Interview with therapists

Semi-structured Interview questions/prompts	
Warm up and introduction	Opening questions
I hope to benefit from your experiences as therapists and gain your perspectives about art therapy in the school setting. Please introduce yourself and provide a brief outline of your training as an art therapist. The questions I will be asking are designed to stimulate discussion so please fee to share and compare your experiences. Tell me a little about the age group that you usually work with. What has been your experience of working with the primary aged pupils?	In your experience of working in the school setting, can you recall a time when you felt that Art Therapy worked really well? What made it work so well? Did the therapy have any indirect impact on individuals around the child? Why was the impact so significant? Were there any ways that the school Were there times when things did not go well?
	Transition questions
Dream	In an ideal world how would you receive pupil referrals from school and what information would children receive before meeting with you? How have you encouraged schools to involve children in making the decision to meet with a therapist?
	Key questions

The following themes were derived from the data gathered subsequent to the semi structured interviews with the children *(The themes will be listed here)*	What do you think about the themes that have emerged from the interviews with children? Based on your experiences are there any themes that did not expect if so why? What is it that you most value about the work you do in schools? What do hope that children will develop after attending therapy sessions? How do you think they will maintain?
	Ending questions
	Are there any aspects of art therapy in the school setting that we have not discussed and you feel strongly should be included in our discussion?

Appendix G

Debrief Form: Focus Group

Exploring Children's views of art therapy in the school setting

I would like to thank you for participating in this focus group as part of my research into children's experiences about art therapy**.** The aim of the study is to find out what children think about art therapy in the school setting. A summary of the findings can be sought from the researcher on completion of the research.

The taped recordings will be kept in a safe place and be password protected so all information will be kept confidential and only the researcher will know the password. The data will be transcribed within 1 month. When the tapes are transcribed the information will become completely anonymous, meaning none of the information will be traceable to individuals.

After the recordings are transcribed it will not be possible for you to withdraw your information because it will not be traceable to you. However, prior to this point you can withdraw any information/data you wish without any consequence to you.

The researcher will present the research findings as part of her doctoral submission but no identifiable information will be included in this. All data will be stored securely. It will be kept for five years and then destroyed.

If you would like further information about this research project, or are interested in the outcomes of this project, please contact the researcher.

If you have any questions or would like additional information. Please contact the researcher Doreen Robinson at RobinsonDR@cardiff.ac.uk. or her supervisor higginsA2@cardiff.ac.uk

If you wish to make a complaint or are unhappy about the conduct of the researcher you should contact the university ethics committee on 0292087 0360 or psychethics@cardiff.ac.uk.

Doreen Robinson	**Andrea Higgins**
Educational Psychologist	**Research Supervisor**
School of Psychology	**School of Psychology**
Cardiff University.	**Cardiff University**

Focus Group with Art Therapists: Flip Chart notes sheet 1

What works well -art therapist based in school?

Able to liaise with teacher about strategies to support child

Therapist can support staff to view issues from a different perspective

School knows student well

Meeting with parents gain a sense of what is going on at home

Help parents to reflect and be parents

Support parents

Therapists check with children if they want to come to sessions and why they have been retrieved

Children have person to support them – Therapist help children to contain their emotions in a safe space and help them to explore areas that child finds difficult

Use a range of materials to express themselves may not be through words

Space to express themselves learn about emotions

Children feel it's an art lesson

Boosting childrens self-esteem they are proud when they learn things

Safe space to ask for help

Children see it as a place of rest and not feeling judged

Therapist respects child

Trainee therapist has supervisor input

Family refers

Flip Chart notes Sheet 2

Time

Impact by poor school's organisation –space (room) time allocated

Disturbance by school staff entering the room

Examination and tests can impact on allocated time

Differences in the length and duration of therapy

Sometimes progress takes many years

Over time children can develop their own sense of agency and become more self-aware

Referral

Difference in referral routes in schools

Referral from parent and schools differ in volume

Setting

Working in school is difficult

Conflicts in class

Support the healing of the relationship

Less pressure in a therapy room can learn without anxiety of a classroom

If referral happens prior to seeing therapist the therapist will be more aware of this

If school understands therapy this aid s smooth running of input

Interacting with staff and supporting staff to reflect on child's behaviour and understanding reasons to support progress

Ideal

1. Conversation with the young person and the teacher prior to referral

2. Meet with child and parent to see what type of therapy is appropriate

3. More time to work with children

4. School's understanding of what therapists do and respect therapy

5. Communication with school

6 children are able to gain meaning from their experiences

7. Children able to go out into the world and manage difficult feelings

Enjoying work as therapists

Positive feeling when child starts to participate more in class

Passion and aspirations for child's progress and development

Tier 1 and 2 so less complex cases

Sometimes therapist is unable to see change and may never see positive impact

This change could happen after therapy

Therapist Pressures

School expectations

Providing therapeutic space which is available

Importance of Timetabling – so that children do not miss lessons they like

Need to have time with child

School wanting results

Sheet 3

Challenges

Date and time consistency versus missing out on some lessons

Long waiting lists

Respect of school staff for sessions

Staff respecting privacy

Organisation among school staff and room preparation

Primary school children do not resist referral

Children can feel that it's an art lesson

How to explicitly inform children of differences between art class and therapy

Children can get into competition with therapists with drawing

Themes Discussion

Agreement with themes especially importance of child having fun

Same as children agree that they miss out on learning especially if it's a class they want to go to

Agreed with challenges

May be deeper reasons around the child feeling that they not having enough time

Further question

Feelings of children towards leaving drawings behind or taking them with them- what does this mean for children?

Interviews with Children: Original transcript

School 1 Child: 1

R: I would like you to help me to learn more about art therapy

The first thing I am going to ask you is did you like going to art therapy?

Ch: 1: Yes.

R: What did you like about going to art therapy?

Ch: 1: I like um… Because you got to do drawing..

R: mmm… mm.

Ch: 1: And you get to like clear out your mind.

R: Mm mmm

Ch: 1: and a…and it's umm like a time when you can like um do whatever you want

Mmm…….

R: When you say clear out your mind what did you, what did you mean clear out your mind?

Ch:1: like think straight words ……………and think about things more

R: What didn't you like about art therapy?

Ch: 1: um that I have to kind …of miss out my… learning….

R: mm… mm..

Ch: 1: and to me my learning is really important

R: mm...mm

Ch: 1: So I think we should do it at…like at play time while its playtime because it's also kinda like playtime as well.

R: Mmm mmm.. Ok…right. Did you know you were going to art therapy before you started Art Therapy or B ? Did you know that you were going to do it?

Ch: 1: No… actually…

R: How did you find out…can you tell me how you found out?

Ch: 1: Welp um… when like um B…..um umm person only like takes me….

R: mm mm

Ch: 1: The first time it happened, she told me, about everything.

R: Mm mmm. Ok. Did you have a chance to say yes or no to art therapy?

Child1: ah don't think, um well I did say yea I do wanna do it.

Researcher: Mm mmm ok. Ok. So can you think of a time when you used what you learned in art therapy?

Child 1: Um Maybe while I was at home…

Researcher Mm mmm

Child 1: While I'm at school

Researcher: Mmm mmm

Child 1: That I shouldn't do am I should do ….Sometimes I can do whatever I want and sometimes I can't

Researcher: Umm mm. Did it help you?

Child 1: Yea…help me with my practising of drawing….

Researcher Mmm mm. Help you with your practising of drawing. What do you think of art therapy in school?

Child 1: I think it's really fun….

Researcher: Mmm mmm

Child 1: … and… I really enjoy it.

Researcher: Mm mmm. Can you tell me a little bit more …about that?

Child 1: Um that I like to… I like to draw and it helps and helps me think remember more things like events, like

Researcher Mmmm mmm.

Ch:1: Once I drawed something when it was July the th…. um….. I forgot what time it is but it was July something near my birth day and I drawn like something… em ..I draw a picture with a birthday cake cause it was soon my birthday.

R: Mmm mmm. OK. If you could give art therapy a mark out of 10 what would you give it?

Ch: 1: Um probably a eight because I miss out learning.

R: Ok…….ok……

Ch:1: And I think we…em they sh… we should do it at play time because it's also like play.

R: Mm mmm.

R: Ok..

Ch: 1: But better

R: Can you..?....Can you think of anything else that you would want to say about art therapy in school?

Ch: 1: Not really.

R: No. ok um. Right I don't think there is anything else I would like to ask. Thank you very much.

School 1 Child 2

R: I would like you to help me to learn more about art therapy. ..Yea?

Did you like going to art therapy?

Ch2: Yea…

R: What did you like… about going to art therapy?

Ch 2: We could play there…

R: Mm…mm

Ch 2: And…….

R: Tell me a little more

Ch 2: We draw and we…. And we do…. do working out for some, some work.

R: Right ….what did you like about going to art therapy? Remember to use your drawing to help you.

Ch2: I liked um…when …ummm… when I came, when I saw a new person she um.. introduced me to her and she played… we played a game …..

R: Mmm….mmm………..Did you know that that you were going to art therapy? You call it A … Did you know that you were going to art therapy?

Ch2: Yeah

R: Mm.mm…..how did you know?

Ch2: Because I went in my old school

R: Yeah… but how were you told? Were you told?

Ch 2: Yeah ……

R: Mmm

Ch 2: C---- told me

R: Ok……. Did you have a chance to say yes to art therapy?

Ch 2: Yeah

R: What sort of things did you learn at art therapy?

Ch 2: Umm….How to be a better person….. not to bull. …not to fight.

R: Um…Did it help you…. Art therapy?

Ch 2: Kinda.

R: Can you tell me a little bit more?

Ch 2: Um ….it helped me with…Um… when ….sometimes when…sometimes when we fight…we… we talk until a ……I'm glad them… they helped us

R: Mmm Mm….What do you think about art therapy in school?

Ch 2: Umm…It….feels……Makes people a better person …makes them happy… Changes their life…

R: Mm mm….. Can you tell me a little more... more about that…..you say it changes their life?

Ch 2: Like...like if they …if they… Like, fight a lot and then they… then afterwards they come here and they don't fight a lot and bully people and now they don't.

R: Ok…..Is there anything that you would want to change in Art therapy?

Ch 2: There's nothing… I don't want to… I think there's nothing to change in   B because that's the place where me and some people should be.

R: Ok….If you could give art therapy a mark out of 10 what would you give it?

Ch 2: Ten.

R: Ten…Ok…..Can you think of anything else that you want to say about art therapy in school?

Ch 2: Umm…………..umm……..It helped me to draw better because when E----- was drawing, I watched her how she was drawing and then …afterwards she taught me how to draw.

R: Um...umm

Ch 2: And I felt happy, and a better person here because…. every time I used to get in fights with my friends and then afterwards I came here and I started not getting fights.

R: Ok…Thank you…

Children's experiences of Art Therapy

Interviews:

<u>**School 1 Child 3**</u>

R:: I would like you to help me to learn… more about art therapy. Did you like going to art therapy?

Ch 3: A lot.

R: Can you tell me a little bit more?

Ch 3: Ah…art therapy is a place where you can just relax… and when you are not. And … and when you are angry…. it's a place to cool down and draw.

Rr: Ok…….What… Did you like going to art therapy?

Yeah.

R: Mmm…mm. What did you like?

Ch3: I just liked, drawing, and doing stuff, that just makes, just makes me happy.

R: Ok…..Was there anything you did not like about it?

Child 3: I did…sometimes, I did not like…because sometimes the time was going a fast. I did not have that much time.

Rr: Mmm…mmm. Before you started art therapy did you know you were going to art therapy?

Ch 3: No.

Rr: Mmm… How did you find out…….that you were going to art therapy?

Just one day …er…this lady, called E---, told my teacher that I was going art therapy and then e.. ever, every Mondays I went to art therapy.

R: Ok….Did you have a chance to say yes or no to art therapy?

Ch 3: No…, not really.

R: Ok……What sort of things did you learn at art therapy?

Ch3: I learned at art therapy…. er never give up what you're trying to do, al…always try your best. Always try your best to do what you like.

Rr: Mmm…mmm.   Can you tell me about a time when you used what you learned?

Child 3: Oh I can remember a time when I used what I learned was…mm… one Monday when,…..when I was drawing and she said, what skill would you use and I said I would use er my heart.

R: Mm…mmm…Did it help you?

Ch3: Yea.

R: Mmm…mmm. What do you think about art therapy in school?

Ch 3: I think art therapy in school is great so It's not just like you have to go to art therapy, but if it's in school you can, you can just go…..go into art therapy. They just take you in a r… in a special room.

R: Mm…mmm. Is there anything that you would want to change about art therapy?

Ch3: Yea, I would like to change, that art therapy had more time

R: Mmm….mmm. If you could give art therapy a mark out of 10 what would it be?

Ch3: Ten out of ten.

R: Ten out of ten……. Can you think of anything else you want to say about art therapy in school?

Ch 3: Art therapy is great. Amazing to be in school.

R: That it…….?

Ch3: Yea.

R: Thank you. Than

School 1 Child 4

R: I would like you to help me… learn more about art therapy or A as you call it.

Ch 4: Yea.

R: Did you like going to art therapy?

Ch 4: Yes.

R: Can you tell me a little bit more…about what you liked about going to art therapy?

Ch 4: I like when …I…I..I.. like to do drawing in art therapy

R: Mm...mm.

Ch 4: And it helps you feel focused in class as well

R: Mm….mmm

Ch 4: And…. And you talk about feelings

R: Mm…mmm.

Ch 4: And…..and….y….. And you can make grateful stuff

R: Ok

Ch 4: And, and if you're feeling upset you can tell the B teacher that you are feeling upset and sh… and uncomfortable.

R: Ok... So what did you not like about it? What didn't you like about it?

Ch 4: Well, I liked everything but, there was nothing I li…didn't like about art therapy

R: That's good…Before you started art therapy, did you know that you were going to art therapy?

Ch 4: Um….Not re…yea…yes.

R: Mm mmm. How did you find out?

Ch 4: My old B….teacher told me I was going to get a new B….teacher in year 4

R: Mm… mmm. So did you know before the *old* B…..teacher you were going to art therapy?

Ch 4: Yes

R: And how did you know that time?

Ch 4: Um… this teach …My old B….teacher came into a room where I was …,

R: Mm mmm

Ch 4: She asked me if I want to come with her and I said yes

R: Mm…..So did you get a chance to say yes or no to Art therapy

Ch 4: I said yes

R: Did you get a chance to say yes or no before you started?

Ch 4: I got a chance to say yes

R: Ok………What sort of things …did you learn at art therapy…what do you think you learned?

Ch 4: I learned that you mustn't always be upset

R: Mm mmm

Ch 4: If people ever talk bad of…bad about you. You just tell the teacher and they will sort the problem out.

R: Mm mmm………….Can you tell me about a time when you used what you learned at art therapy?

Ch 4: Well…. Well...I … I...I ….. I learned that I mustn't be upset every time

R: Mm… mm

Ch 4: In the play grou

Ch 4: In…..Ok… After……after B…..I went to a playground, somebody was talking bad of me and after I thought to myself I…. I ….doesn't matter…I shouldn't get upset.   I should just tell the teacher that they are talking bad about me.

R: Ok ……did that help you then when you used that?

Ch 4: Yes

R: Ok…….what do you think about art therapy in schools?

Ch 4: I think if you have art therapy in schools it will be very fun because you get to learn all different stuff

R: Mm mmm. Can you tell me a little bit more about the stuff?

Ch 4: And you can…..and…….and you can…….and can also draw and make….make grateful stuff, like stuff that you want to try to make

R: Mm mmm

Ch 4: Like a aeroplane or stuff

R: mm mmm

Ch 4: Like other things

R: Mm mmm. Is there anything that you would want to change about art therapy?

Ch 4: I think what would change in art therapy is that we should … should focus more on feelings

R: Mm….Mmm ok..... If you could give art therapy a mark out of ten, what would you give it?

Ch 4: Mm….Mark out of …………………………………… 30.

R: Remember it's out of ten ……1….2…3…4….5….. 6 which one would you give it out of 10

Ch 4: ten

R: 10….Ok….. Can you think of anything else you would want…. want to say about art therapy in school?

Ch 4: Well art therapy is fun. It helps you to focus more, like if you're doing work, you will be able to focus more…on work.

R: Mm mmm

Ch 4: And… and if you don't know … and if you don't understand a question that your teacher asks

R: Mm mmm

Ch 4: asks you… you can tell the teacher that you don't und….you don't know the answer so the teacher

R: Mmm

Ch 4: …so the teacher, so the teacher will ask somebody else.

R: So it gives you…. does it give you strategies

Ch 4: mmm?

R do you know what I mean?

Ch 4: Mm…..

R: No…? Ok…. Ok …….right so, you gave me a mark of ten already haven't you

Ch 4: Yea.

R: ……ten? Ok. Right. Is there anything else you want to say about art therapy?

Ch 4: Well Art therapy ….is … it gives you more education… education for your, for your class learning.

R: Mm….. mmm

Ch 4: And help you with your drawing skills

R: mm mm

Ch 4: And… and your, your making skills,

R: Mmm mmm

Ch 4: if you don't know how to make stuff that much

R: Mm mmm

Ch 4: then you can… then you go to art therapy and after that you can make stuff and practice.

R: Ok. Thank you ……very much.

School 2 Child 5

R: Ok…. I would like you to help me to learn more about art therapy. Um So the first thing I am going to ask you is did you like.. did you like going to art therapy or B ?

Ch5: Yea

R: What did you like?

Ch 5: Um Just talking about how I felt and how the day was going…

R: Mm….mm

Ch 5: Overall.

R: Ok ….What did you not like about it?

Ch 5: Um that we …that most.. most of the time we didn't talk about, we talked about how the day was before and not how the day was like today instead of before, cause we only talked about that instead of how I am feeling today and …..

R: Ok… Did you know before you went to B , art therapy that you were going to art therapy?

Ch 5: Err….Yea, I got told and they I said I if I that I should try it out and if I don't want um to do it I just tell C--- and if I do I'll just tell her.

R: Ok….um…Were you told anything before you started the sessions, were you told anything?

Ch 5: Um…No, not really I just came and just started talking.

R: mm. mm… Ok….. Did you have a chance to say yes or no…. about going

Ch 5: Yea

R: Mm mm

Ch 5: They gave me a chance and if I said yes I went

R: Mm.

Ch 5: and if I said no

R: Mm

Ch 5: I didn't go. But of course ……said yes.

R: Ok… what sort of things did you learn at art therapy sessions?

Ch 5: Um…I learnt how to become more creative and like because I can't calm myself down cause every time when I was angry I just kept on like waiting it out until it actually stopped but I….I learnt by just calming myself down an easier way would help me.

R: Mm mmm……Can you tell me about a time when you used …the skills you learned…. what you learned?

Ch 5: Umm…..err…….pardon?

R: A time you used what you learned… you said you learned..

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Ch 5: Um when only my friends were like running round me I just calm myself down just by breathing in and out and just forgetting about everything

R: Ok…..Did it help you?

Ch 5: Yea, a lot

R: Mm mmm ok. What do you think about art therapy in school…..

Ch 5: Um….I think…..

R: In school ?

Ch 5: I think it's good and helpful for the kids instead of doing it with outside school with like where you don't know and no one is around to like actually look after you in case something bad happens.

R: mmm…mmm.   Ok.. If you could give art therapy a mark out of ten what would you give it?

Ch5: Umm I'd give it an 8

R: An 8…..Can you think of anything else that you would want to say about art therapy

Ch 5: Umm not really

R: No………?

Ch 5: No….

R: Would you recommend it to someon…. anyone else?

Ch 5: Yea, definitely cause there's is a lot of people I know that get stressed out over nothing and stuff. I'd definitely recommend it to them.

R: Ok …….thank you very much…….. That was really good.

Ch 5: Thank you.

Ch 5: Umm ….And also B umm….. B really helped me with my anger problems and so I came and they all sorted it out by making me happy and they just overall stopped… stopped me getting angry easily.

R: Mm mmm

Ch 5: And now I just get angry over like things that I should be getting angry and I should be getting sad like by things I should be getting sad like

R: Ok

Ch 5: So nothing really worries me that much now

R: Ok….right……….. Thank you.

School 3 Child 6

R: I would like you to help me to learn more about art therapy. Did you like going to art therapy

Ch 6: Yes, I had fun and I enjoyed it.

R: What did you enjoy about it?

*Ch 6*Um.. like playing with the clay and drawing, lots of things

R: Hmm mmm and what did you… what did you not like about it?...was there anything you did not like about it?

Ch 6: No.

R: Mm... You liked it?

Ch 6: Yea I liked it…

R: Ok….. What did….How did it help you?

Ch 6: Um…….I don't really know.

R: Would you like to think a little bit more?

Ch 6: Yes please.

R: Ok……. I'll go on to….I'll ask you something else. Did you know that you were going to art therapy?

Ch 6: Yeah.

R: How did you find out?

 Ch 6: Um…..cause… my mum got a letter and then she signed it

R: She got a letter and she signed it. …..Did someone talk to you about it?

Ch 6: Yeah

R: Yes…And what did the person tell you?

Ch 6: She said that….um… every Monday I'll be going to art therapy.

R: Did she tell you what was involved?

Ch 6: No.

R: Ok……….Did you have a chance to say yes or no to going to art therapy?

Ch 6: Yes.

R: Yea… So someone ask you if you really wanted to go and you ….did someone ask you?

Ch 6: Yea

R: Ok…….. Um Can you tell me about a time that you used what you learned in art therapy…..was there a time that you?

*Ch 6:*No.

R: Do you think you learned anything at art therapy?

Ch 6: Um…Not yet.

R: Hmmm mmm. How long have you been going to art therapy

Ch 6: About three weeks?

R: About three weeks … yeah? You haven't learned anything yet?

Ch 6: Yeah, I haven't learned… anything yet?

R: Did you go to art therapy before the holidays?

Ch 6: No

R: No, ok….What do you think about Art therapy in school?

Ch 6: Umm… um……… I'm not sure.

R: What did you write here? Did you say anything… about art therapy? Look at… look your thing to help look at your sheet to help you.

Ch 6: I think art therapy should stay the same because I like it the way it is …

R: Mm mm and if you were going to give art therapy a mark out of ten you know like in class sometimes you're given a chance to give something a mark out of 10, how much would give art therapy?

Ch 6: A ten

R: Mmm…mmm a ten. Now, now that you've said 10 you've got to tell me why you'd give it a 10 rather than a 1

Ch 6: um….cause I enjoy art therapy

R: Mmm…mmm

Ch6: ….and have fun

R: You have fun there…yea?

Ch 6: And I have some time…like for myself

R: You have got some time for yourself. Anything else? Can you think of some more things?. You were telling me more things.

Ch 6: Umm….

R: Ok…. so is there anything that

Researcher: Ok…. so is there anything that you would want to change about art therapy?

Child 6: No

R: No…? Can you think of anything else that you would want to say about art therapy… what about in this box you said some things there, how it makes you feel?

Ch 6: I feel happy about going to art therapy, because I enjoy it and I get some time …on my own.

R: Mmm…mmm… and why is it important to have time on your own?

Ch6: Umm……umm…… I don't really know.

R: No……Ok…..let's see. Um….when you are in art therapy do you learn any skills, any skills that you learn?

Ch6: Umm,

R: do you know what I mean by skills?

Ch6: No

R: Kind of like, any strategies… like if, anything that they've told you, you need to do this, this will help you, if you feel like this, if you feel like that. Did you get any, any……learn any skills like that?

Ch 6: No.

R: Yea….Ok… were going to stop in a minute. Now, think hard if there is anything else that you, you think… you want to tell me about art therapy, you said you learned … you did clay, what else did you…?

Ch6: Drawing.

R: Mmm….mmm

Ch6: And that's it .

R: And why do you draw do you think?

Ch 6: Oh, I just like drawing.

R: Mmm…..mmm. You said you used clay as well

Ch 6: Yea and I like…..

R: And what does the clay….. How did the clay help you?

Someone entered the room….Sorry

Ch 6: Help me build and stuff

R: Ok. We will stop…..

School 3 Child 7

R: Right ….I would like you to help me to learn more about art therapy. The first question I am going to ask you is…did you like going to art therapy?

Ch 7: Um…Yes I did like it, bec...

R: Yea carry on…

Ch 7: Because I…em …..because I got to…..um exercise my mind and….. let the bad thoughts go away and relax.

R: Mmm mmm…..and is that what you liked about it?

Ch 7: Um… yes, but also because it saw what I think and what was on my mind yea …..Because I get to…um...draw what I think and what um… I like

R: Mmm mmm……. was there anything you didn't like about going to art therapy?

Ch 7: Nnn...no …not really I don't really think it's that bad

R: mmm….mmm…ok….. Before you went to art therapy, did you know that you were going to art therapy?

Ch 7: Um...nnn….no not until …um...I got told

R: Mm mmm …

Ch 7: ….before.

R: Mm mmm… how were you told before?

Ch 7: Um….In the morning...um

R: Mmmm

Ch 7: I met with the … with J------- and …and then he told me

R: Mm mmm

Ch 7: that…. he was going to take me a… um………after…lunch.

R: Mmm….mmm. So before that you didn't know about it.

Ch 7: Um…before that I didn't know.

R: Ok…and when you went to art therapy ….What were you told before you went to the sessions?

Ch 7: Um…I was told that…um…I was told… that …I was going to get picked up

R: Mm…mm

Ch 7: ….to go upstairs

R: Mmmm

Ch 7: And talk about things and draw and exercise….

R: Did you have a chance to say yes or no to going to art therapy?

Ch 7: Um….I…di...Nnn...no, I didn't have a chance

R: What sort of things did you learn at art therapy?....You can, use your drawing to help you. What sort of things did you learn?

Ch 7: I learnt that … that… that if any ….that if I didn't have power and anything …..I can um… I know that …… I can ….. …… I know that …I can take power over myself and no one can control me.

R: Mmm…mm. That's the sort of things you learned. And did you learn any skills? You know…. How would you do that...Learn any skills?

Ch 7: Yea by um… thinking to myself if anyone says anything bad about me…..I…I will just ignore them and… think in my head that….. I am not what they say…I am.

R: Ok……….. Can you think of a time...that you used what you learned in ar…..apart from art therapy…. think about a time…… is there a time that you used what you learned

Ch 7: Yes …I was at home, because my older brother …. is older and he's …he's a….. Sometimes he gets a bit frustrated…

R: Mm…mm.

Ch 7: …at me and then says stuff about me, but I just ignore him and tell him that it's not true and then… I just …. um…think about it in my head and try and make it go away.

R: Ok …so you used the skills that you've learned…..Ok ….That's one thing you learned …….Ok…….. Did it help you when you used it?

Ch 7: Yes, it did help me……Because now he doesn't really…. an… annoy me anymore.

R: Mm…mm

Ch 7: Just … because….if I….if I say…..if I show him that I am annoyed…then, he'll start to do it more…..but I… just take it in and don't do anything and ignore him.

R: Ok……so what do you think about art therapy in schools?

Ch 7: Um…I think it's um…a good way to… inspire kids to…um…be independent. And….um…think about themselves and what they are going to be… or do when they are older.

R: Mm….mm….Anything else?

Ch 7: Em…No.

R: No…If you could give art therapy a mark out of 10... what would you give it?

Ch 7: Um...a 9.

R: A 9…Why a 9 and not a 1, or a 10, why a 9?

Ch 7: Um a 9 because it…I think they should…still make… like, um do a bit more…for kids ….like …. make it a bit more… um...like…. talk more.

R: mmm... mmm so you think…..so if you could change it you would want then to …make you …make you talk more, Is that what you're saying?

Ch 7: No. …to make them really understand and um … exercise what they… know and… why.

R: Mm… mmm…. Ok….. Can you think of anything else that you want to say about art therapy in school… say like from the drawing that I …….Is there anything that you had drawn that I didn't get a chance to ask you?

Ch 7: Um…that, it makes me …relaxed…and …sometimes I get tired…..because it's so calming and…

R: Mmm…..mmm

Ch 7: …. relaxing and it just makes me….um…get away from…every…every…of lots of noise and…and um … comments.

R: Mmm mmm…. Ok……right. Anything else…. you want to add?

Ch 7: Nnno…

R: Ok….right. You sure you've covered everything on your picture?

Ch 7: Yeah.

R: Mmm…mmm ok … well stop the tape?

School 3 Child 8

R: Right… I would like you to help me to learn more about art therapy, yea. And the first thing that I would like you to tell me is, did you like going to art therapy?

Ch 8: Yea I did I thought it was quite nice having…45 minutes just to draw

R: Um…Ok and, why did you think that it was quite nice to have 45 minutes to draw

Ch 8: Because, usually I would… I would've been be doing maths

R: Mm…mm

Ch 8: Um and I prefer art to draw or sketching to my lessons

R: Mmm….mm Ok. What did you …Did you like it? You liked it you said um. What did you not like about it …Was there anything you didn't like about it?

Ch 8: Something I didn't ….the only thing I didn't agr...really like about it was that .. when I …wanted.. when I asked if we could do it… as in.. me and someone else together

R: Mm…mm

Ch 8: It had to be three people at least…

R: Mm…mm

Ch 8: Um…if it was supposed to be. ..a. more than one person and there was no one really who I… I only wanted to go with one other person.

R: Mm… mm… Tell me a little more

Ch 8: Um… so… I would like it.. if there were….. I think it would be better if, if you could choose someone to…do art therapy at the same time with.

R: Ok…um…did you know that you were going to art therapy before you started?

Ch 8: Yes, because…my mum had told me …

R: Mm…mmm

Ch 8: Because she got called…

R: Mmmm

Ch 8: by the school

R: By the school and mum…mum talked to you about it....

Ch 8: Yep.

R: And….. What were you told before you went to the sessions? So Mum told you……what were you told before you went to the sessions?

Ch 8: By who…..as in..?

R: The school….

Ch 8: So, I wasn't told anything by the school, apart from… by J-------

R: Mmm.

Ch 8: and, he told me that ..but… that was the first session…

R: Mmm

Ch 8: he explained what it was going to be about…

R: Mmm

Ch 8: And what we were gonna do then.

R: Mmm… mmm And did you get a chance… did you have a chance to say yes or no…at anytime?

Ch 8: Yea I was, I was …allowed to say yes or no, um… if I didn't want to go at all.

R: Mmm…mm

Ch 8: Um like not even have that explanation

R: Mm….mm

Ch 8: lesson, but that was… my mum had to just text the school if I said no

R: Mm…mm

Ch 8: If I said yes then I would just….. I would not have to do anything.. so

R: Mm….Ok. Right… What sort of thing did you learn …at art therapy… you learnt some things at art therapy?

Ch 8: I didn't really learn… anything…but, I did perhaps because I had so much time to just draw I…I learnt to like draw perspective and draw things better…

R: Mm…. mm

Ch 8: Like drawing the, the human bo…. Um or… I learned to draw…

R: Mm…mm

Ch 8: better

R: Mm mm…And how did that… can you think of ….how did that make you feel?

Ch 8: It made me happy.

R: Mm…mm

Ch 8: Because I finally achieved….um drawing properly.

R: Mm…mm

Ch 8: And I have been trying for years to make proper drawings.

R: Mm…mm Ok. Em…What do you think about art therapy in schools?

Ch 8: I…I think it's.. quite good ..um.. because.. you…if you're like ..I don't know, I just think it's good

R: mmm…mm. So tell me a little bit more … just think a bit more. Tell me a little bit more. Why is it good?

Ch 8: Because, you get time to… think and, and.. just ..draw.

R: Mm….m

Ch 8: So… You don't have to… you don't have to think but you've got as much time as you want…and yea

R: Mm…mm right can you tell me about the skills you still use to help you?

Ch 8: Well I still use drawing because some time in class we have to draw specific stuff.

R: Mm….mmm

Ch 8: For example, in DT week you have to design things…

R: Mm…mm

Ch 8: and it is quite helpful…knowing how to draw perspective

R: Mmm…

Ch 8: Because otherwise you can't get the um you can't really… tell wait … it's quite hard to……….It's hard to….make something if you…if you don't know the exact shape and …size of each part.

R: Mmm….Is there anything in your in your draw…in your picture that would help you… to answer the questions… that I haven't…..because you were just …you were trying to… remember…just now is there anything in there that would help you?

Ch 8: In here?

R: Yes

Ch 8: No

R: No…Ok …Now ….if you could give art therapy a mark out of 10 what would…would you give it?

Ch 8: I would give it 8 out of 10 because, it's very nice just… having…quiet time to draw… I think

R: Mm…So why did you give it, and 8 and not 5, or even a 10…why?

Ch 8: I give it 8 because….I don't know …cause there's only a few things that aren't… good about it…but it…it is not that…

R: Mm….mm

Ch 8: Like I don't like it because of that.

R: mmm…

Ch 8: I still think it's nice to… because it's better than being in a lesson doing maths

R: Mmm.

Ch 8: So I think it's…yea… I'd give it an 8 out of ten…

R: Mmm

Ch 8: but not 10 out of 10 because I'd prefer if you could …choose someone to be with.. to do it

R: Mmm...ok....Can you tell me anything else about art therapy that I might not have asked you about.... anything else you want to say about it?

Ch 8: Not really.

R: Ok, right ...I'm just going look....Is there anything else ...more... you wanted to happen in art therapy....that didn't happen?

Ch 8: Um...I mean if it was a bit like.... if it was maybe an hour and a half instead of 45 minutes... it would just be nicer to have it longer...as well.

R: Ok.   Thank you very much ...I'm going to stop.

Children's experiences of Art Therapy

School 2 Child 9

R: I would like you to help me to learn more about art therapy. Did you like going to art therapy?

Ch 9: Yes

R: tell me a little more

Ch 9: I like.. I like going to art therapy…because em…some… em.. Sometimes in class, everyone is a bit shouty and noisy and I get a head ache so at least I get to come into a quiet room.

R: Mm and was there anything that you liked……. about art therapy?

Ch 9: Err… I like it because of my other reason as well

R: Mm mm your other reason as well…. What did you not like about   going …about it ….was there anything you didn't like about it?

Ch 9: I didn't like …I li… I liked everything about it.

R: You liked everything about it …….um……...Did you ….before you went to art therapy did you know you were going to art therapy?

Ch 9: No I didn't …know.

R: How did you find out?

Ch 9: Um because um …. whe…on Monday when the Per .. No   yeah, on Monday um the person told me um that and you're gonna start going…. on Monday

R: Yes… Did your mum tell you?

Ch 9: Yes she did tell me as well.

R: Mm …um Did you have a …chance to say yes or no?

Ch 9: I did have a chance …..to say yes.

R: Mm mm.. Can you tell me anything more?

Ch 9: Because em the… the art therapy teachers are very nice… and they let people speak.

R: Mm mm... Um... What sort of things did you learn …at art therapy?

Ch 9: I learnt that um.. When... when I draw you.. you um you just keep doing …. When you .. say you're drawing and you're doing it you're drawing you keep doing it the same way all the way down until you're finished because if you don't there will be lots of lines, um messy work.

R: Ok…Did it help you?

Ch 9: Err.. Yes (yawning)

R: Yea… um.. Did it work for you sort of art therapy…you said you had another thing…did it work for you? How did it work for you?

Ch 9: Um because um my first (unclear)…. because… It worked for me because people are very shouty in class.

R: Mm mm …What sort of things did it help you to do?

Ch 9: Um.. It helped me to get some peace and quiet and my head... my headache goes away.

R: Ok...Can you tell me about a time that you… you used what you learned in art therapy?

Ch 9: Um… well I used it now with my colouring in on my sheet

R: Mm mm… ok… Was there anything that you would want to change about art therapy?

Ch 9: No

R: No...ok. If you could give mark... art therapy a mark out of 10 what would you give it?

Ch 9: Ten.

R: Tell me why?

Ch 9: Um… because …um…um teachers they're really nice, they...they let you do whatever you want they're really gentle and soft.

R: Can you think of anything else that you want to say…. about art therapy?

Ch 9: N…no

R: No… would you recommend it to other Chren?

Ch 9: Yeah

R: Can you think of why?

Ch 9: Mm…. because I think they will enjoy it too

R: They will enjoy it too….Thank you very much.

School 2 Child 10

R: I would like you to help me to learn more about art therapy. Did you like going to art Therapy?

Ch 10 : Yes

R: Could you tell me a little bit more?

Er..

R: Use your drawing to help you…

Ch 10: Sometimes when… like when I come here….. It's like …happy for me because… sometimes I get sad and sometimes I get happy…… because

R: Mm mm, carry on

Ch 10: the way I get happy because the way people treat me and sometimes I get sad when people treat me the way I don't like

R: Ok.. What did you…what did you like about going to art therapy?

Ch 10 I liked about going… to art therapy when… I…I go there to… keep myself… keep my brain calm and stuff like that.

R: And did it help you?

Ch 10: Yeah

R: Was there anything you didn't like…about going to art therapy?

Ch 10: No

R: Right…Did you know that you were going to have art therapy before.. you started?

Ch 10: No

R: How did you find out? How did you find out?

Ch 10: Because, my mum told me so I…because when I went home my mum told me. So that's when I knew.

R: Did you get a chance to say yes or no to going to art therapy?

Ch 10: No

R: No….what did they say to you when you started?

Ch 10: There was like um J….there was a…lady that said…you're going, you are going art therapy

R: Ok……What sort of things did you learn…art therapy?

Ch 10 That you just like come here to do a bit of art and know how you're feeling

R: Mm mm, and did you… did it help you coming here?

Ch 10 Yeah

R: And It worked for you?

Ch 10 Yeah

R: Ok, um …what sort of things did you learn?

Ch 10 Um…I learned that going to art therapy is kind of fun and…sometimes… it like refresh my brain yeah…

R: Refreshes your brain. Is there anything you would want to change about art therapy?

Ch 10 I don't know but I'll think

R: You don't know but you will think. Ok…Is there anything else you want to tell me about art therapy? Is there something I didn't ask you…? Can you tell me any more about art therapy?

Ch 10 Of how I feel?

R: Anything you want to tell me …anything I didn't ask.

Ch 10 Um no.

R: If you were going to give art therapy a mark out of ten what would you give it

Ch 10 A ten

R: Tell me why?

Ch 10 Because, I like it when I come here.

R: Mm mm

Ch 10 And it keeps me calm when I'm doing art and like tells me what I'm doing.

R: Mm mm

Ch 10: Yes.

R: Anything else?

Ch 10 No.

Appendix K

Focus Group Interview with Art Therapists: Original transcripts

Therapist 1: Can I ask you what was your…. originally…. Your research?

Researcher: My original research is just looking… is exploration…is exploration. Qualitative research looking at…what childrens views of art therapy …am…what you know .. what they.. How did it help them…that kind of thing. So the research questions were basically, what are children's experiences,

Therapist: mm

Um…if they developed skills what kind of skills did they develop…acquire, having participated in art therapy and do they think they sustained any of the skills they used the skills that they learned……

Therapist: Mm

Researcher: when they went to art therapy, after they went to art therapy? Initially I got students who had had art therapy… had to have had art therapy… at least 3 months …it had to be no longer than 3 months.

Therapists: yes

Because of their age, so to see if they had sustained any of those ..um..skills

Therapist: right

Researcher: that they felt they learned. And, and in terms of decision making about participating in art therapy are they aware? Were they involved in that decision making..?

Therapist: yea

Researcher: And mmm…That's basically it,

Therapist: yea

Researcher: And if they were…And if they did how they were… involved in that? And so, the main thing is just to get your perspectives, I am hoping that we will be just talking rather than me.. sort of (laughter) of just providing questions and when, when I do sort of chip in

Therapist: Yea

Researcher: It's in case… to if were going off

Therapists: Yea….

Researcher: It's so that … we can just… focus a little bit.

Therapists: Yea

Researcher: So… yea. One of the things I must do in terms of am being… you know… we don't know each other and so on … is kind of ground rules, in terms of confidentiality and so on. Because as you can imagine in a focus group nothing is confidential, in the group, but once we leave the group there's something I would like you to agree to that whatever we've discussed will remain here and….

Therapist: Yea

Therapists: Yes

Therapist: Sure

Researcher: Thank you……. Ok…What I'd like you to do…. Just to start off, I know that you have done this a little bit already, but just, for the purpose of my tape just introduce yourselves just have a chat about the sort of things that you do

Therapists: mm

Researcher: and the kind of age group that you usually work with hat sort of thing. OK.

Therapist 1: Ok… I am B… and I am an art therapist…...I work in primary and secondary schools. So the age group is from Year 1… so children of five plus… six…. To sixth form.. so seventeen …eighteen.

Researcher: mm

Therapist 2: I am C and I am a trainee art psycho therapist at XX in my second and final year um..so my placement at the moment is in xxx um…so I have got a case load of em…young people, between ten and fifteen.

Researcher: mm

Therapist 2: And I did mention to you D when we first made contact that … I haven't ever worked with children in a school.

Researcher: mm…mm

Therapist 2: um ..so I yea…wanted to let you know that so that I'm not…. bringing you my perspective from that… point.

Researcher: Okay…mmm

Therapist 2: but I 'm interested in it…. and it's a potential place for me to find.. um.. work in the future. So… um yea… I have to give my perspective such as it is from…..

Researcher: mm…mm

Therapist 3: Can I ask where you worked as a first yea …. ? Because I thought that we all worked at the school in the first year?

Therapist 2: No I was at a therapeutic community works…… with adults

Therapist 3: So first year you worked with adults and second year

Therapist 2: Yeah

Therapist 3: it's the reverse of what we are doing

Therapist 2: Yeah. I think it's because my background is in xxxxxx and I've worked with adults my whole career.. So that was where I was comfortable and that's what I asked for in my first year

Therapist 3: great

Researcher: mm

Therapist 3: I'm P .. ..and …S…laughter

Researcher and Therapists: Laughter

Therapist 3: I'm first year full time … like X.. em..I work mostly with children so I have work in nursery at primary school. My placement is now at a school xxx in xxx um...I don't know   because usually, we don't say where we work because of confidentiality.

Researcher: That's right

Therapist 3: And um I've been working since November… three clients and they are between… two are eleven year olds, sixth grade and one is a second year... second year eight years old and also sixth year at primary school.

Researcher: So in your experience…I know it's slightly different for you…… but in your experience of working with young people, and in school…um...um…can you recall a time when you felt that….. art therapy worked really well… in that context? Can you recall a time when Art therapy worked really well?

Therapist 3: I think you should …

Therapist 1: It always works well...

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Therapists and Researcher: (laughter)

Researcher: Yeah.

Therapist 1: I can't think of one special …one case… There is always benefits…um…. can be the child's space where they can express themselves, talk about things…his or her emotions, um can learn new skills…practical skills as well um.. and…and that is reflected…this is reflected outside.

Researcher: mmm

Therapist 1: And …I guess it's a space where students come they reflect maybe their behaviour outside the class, maybe its destructive sometimes, um… So they can kind of stop, relax and have a person.. aah…to spend some time with…that and that…and then it changes outside… sometimes it takes time ..

Researcher: Yeah?

Therapist 1: Years sometimes… um ….Z?

Therapist 3: Yeah…..I want to help though it shouldn't be..

Therapist 2: Do you actually work long term with children?

Therapist 3: I am just starting….I mean.., I was hoping ... you know , I hoped for a situation that I feel wow it's working, but I think I haven't got them there yet, maybe because I am still a trainee, but like I was … like maybe I was in a rush, I mean… I've had …my longest client has been since November. We have about….we had about ten sessions. And my supervisor is really um… perhaps a little frustrated with me that she is not talking, she isn't saying… she's had an experience of domestic abuse, and she … she just comes and draws and, and I like that….I sort of created an art club and I also, I started teaching …...and she really liked it, and we work...and, but she is not talking and…

Therapist 1: That's alright, I have children who are selective mute ….and, ok you see how much years and that's their way of expressing themselves…

Therapist 3: Okay *…*

Therapist 1: And that says so much...

Therapist 3: Okay…But she is not talking about if… if she's alright in her family right now or how she feeling after her father left and I think this was why they wanted her to come to therapy

Therapist 1: Yeah, sometimes we feel the pressure from school, and…we feel that we have to… um I mean. There is no agenda, and it's like, we just need to be there with the child…and see what the child brings. I mean… If the child is not ready… to talk about things then we need to respect that.

Researcher: mm…mm

Therapist 2: I am just thinking about a boy I am working with at the moment, and it's early days. We have only done a few sessions together… but…one of things that comes out in the session is that, he…he seems to be very preoccupied with not making a mess… and he says this a lot… And so I wonder if this is something that he feels is imposed upon him. Home life or at school or both. And so I am wondering if the…in the sessions he will be able to make the mess as a way to express himself um…and that seems like, the sort of space where that could happen.

Therapist 1: And also he can have someone like you can contain that mess actually

Therapist 2 exactly…. yeah

Therapist 1: he feels lost, scary

Therapist 2: Yeah…It feels scary for him to imagine making a mess….consequences or the way that he thinks people think about him…so that will happen and its contained as you say and it could be quite helpful for him.

Researcher: So I am hearing that…having that space providing that space…is…that therapeutic space is quite invaluable…to young…to children.

Therapist 2: Yea

Researcher: Um In just… I know it's a lot…it's something to think about …have there…have there been any times you feel…. that indirectly the work you have done with um…. children and young people have impacted on someone else…. Indirectly, and how did you know that….? Have you?

Therapist 1: I guess working at school…if I think of some children, they have some difficulties with their behaviours or learn…we have some conflicts between the child and the teacher. For instance, because we work on this sort of thing … we can have…we talk to teachers and talk to other members of staff. And we make sure that we reflect on what's going on for the child and the child is fine with the approaches in class across environments in school and some different strategies. So that can have an impact on…members of staff, because they can see the child from a different perspective.

Researcher: Are there any times that you have noticed anything like that? Is there a time?

Therapist 1: Um…I think about a student ….secondary school. Is that alright…?

Researcher: OK, that's fine.

Therapist 1: She gets into arguments with her head of year, so it's really important for me to have a conversation with head of year. And…the head of year knows very well the family situation for the student, but of course um…, this student challenges the rules…the school rules … um…and then, they kind of wind….wind up the child…And um…so having this time with the head of year and reflecting on why the student is doing this. What are the reasons behind the behaviour and how he can talk to her, rather than get upset, try to understand …That had a positive impact on their relationship.

Therapist 3: yea…I can't think of any specific examples

Therapist 1: Too early days.

Therapist 3: Definitely, yea

Therapist 1: Sometimes we work with parents though … well I don't offer therapy to parents, but I have meetings with them especially in primary schools, secondary schools I don't really get involved um… and it is really important to have these meetings, because again, you can…..Can have a sense of what's going on at home?

Researcher: mm…mm

Therapist 1: And maybe try to again reflect with them and try to suggest maybe at times something. There are some parents who maybe because of their own experience as children. They do not have parents who were there, and very supportive they don't know how to be parents… um… so you can try to…um support parents, when meeting with them and talking to them.

Researcher: Do you?

Therapist 3: um…I actually … it's been so short to see any …uh…I mean.. I am just looking for um impact on the child a…..... I haven't even reached the family …..But I just remember something about the first questions can I say?

Researcher: Mm… yeah go ahead

Therapist 3: that's really worked well… I mean…I don't know but I mean I couldn't have… as I told you ….I couldn't have exactly talked with her. She's never said…told me anything about how she feels…but I felt she was very stiff my…first client but she was so insecure and anxious and the first thing I told my supervisor is that I want her to loosen up .. So I really wanted to bring water colours for her. And I don't know if it was because of that or what but I brought her watercolours and she

has fallen in love with it and we do it, and she uses it every time and we do it and it was like last time I really felt that she was different too…or that I feel that she's really loosened up…I don't know….I felt my therapist ego rise (laughter)…..up. I felt I had done something well. And I just got to the point that maybe I'm talking a bit too much of the c….to think ah… I mean and that she was really too comfortable and maybe there is really more that I had thought it would be. It was interesting.

Researcher: Yeah…..

Therapist 1: sorry I am thinking about sometimes if there are conflicts in class and I have a session with the child…and the child explains to me…that there is something going on with the teacher so we can have a conversation the child and the teacher and that happened on a few occasions. Sometimes the child writes down something for the teacher, or makes an art form for the teacher, um… or a card for the teacher. The teacher leaves um…to say good bye, so there are many when the child uses the sessions to explore what happened.

Researcher: And that has an indirect impact on….? Ok ….In an ideal world… um and you were thinking about… I am not quite sure how schools refer pupils to the service...to your service …In an ideal world what would you… hope that they do?

Therapist 2: When schools refer… to other agencies?

Researcher: Yeah…mm…mm

Therapist1: To other agencies?

Therapist 2: To us…….Yeah, yeah,

Therapist 1: Yeah oh

Researcher: Yeah, yeah

Therapist 3: um

Therapists and researcher: laughter

Therapist 1: Yeah…Well I have to say that the schools where I work at are really good and they really know the students very well so they know what they need um. We have some key figures in the school, class teachers of course...but learning mentors...er…And they see the students every day and they meet with parents every day basically…um so they know what's going on in the family. And the problem is there is always a long waiting list and so they Kind of have to specify …working. in the meantime they can, school can work with the other children who are on the waiting list um

Researcher: there um…what is your dream? Think about your dream……and the children what would you hope would happen for the young person?

Therapist 2: That it would be a conversation with the young person as well as the teacher so that the young person would be fully on board with it, in an ideal world.

Researcher: mm …mmm

Therapist 3: In my school they are mostly self-refer…. like the families refer their children,

Researcher: Yeah

Therapist 3: and I think that….I mean I don't have a problem with that… I mean… The only problem is the waiting list ….

Researcher: So in your schools, the families will refer?

Therapist 3: Yes usually …The families express concern and they get it.

Researcher: mm… mm

Therapist: It's always the families have done it.

Therapist 2: unusually around therapy, (laughter) brilliant

Therapist 3: that's what I understood that they were all of them….so in your school the school refers the children?

Therapist 1: Yes … learning therapy but it's not the norm…. it's usually the school

Therapist 3: In their files…. I haven't met with anyone yet I just like read all the meetings… and they all say that parents have expressed concern and they want the child to… they want to see, how the child is feeling, or the child has become withdrawn …or… there is always a parent.

Therapists: Mm

Therapist 3: And I think that's very (laughter)

Researcher: And it's not the same in …in?

Therapist 1: Sometimes it's the parents but mainly it's the school…

Therapist 2: And do you ever…..? Have you ever..? Pupils that need therapy assess or you assess as not being suitable for art therapy or….? Do you have an assessment process?

Therapist 1: We do …we do assess students…um, I have to say primary school children usually like coming to the sessions, because of art and toys, so they like it. It's the way they express themselves. Um…so it's mainly secondary school…we respect the fact that maybe the students say I don't care for this, it's not for me and we say ok, it's fair enough. Um In primary school usually, they come.

Therapists: Yea (laughter)

Researcher: (laughter) mm…mm…The same?

Therapist 3: That they like to come? I think they do …um yes. The parent have referred them but they've sort of solicited the child's feelings. They all said that the child is very eager to come as well.

Researcher: mm…mm

Therapist 3: It's not exactly, it's like the place they get…. there is this place of rest like outside of the normal school routine. They all think…I never saw that they didn't …especially the younger one, he loves to come. He was so sad that last week of therapy and he couldn't come.

Therapist 2: Did you say there was a waiting list…for?

Therapist 1: Yeah …**.**in every school.

Therapist: 2 Yea… Is it…….how long is it……? Is it just…. vary?

Therapist 1: Aaah … It varies … um… in secondary school it's quite long at times…it can be like ten students, ten, fifteen students …

Therapist 2: Right

Therapist 1: um primary school less, but I guess there are many. There is learning mentors, there are many TAs. They work with the student in the meantime. Um yea…

Therapist 2: And how do you decide how long they have… the art therapy for?

Therapist 1: Err.. Case by case….

Therapist 2: Yeah.

Therapist 1: Some students might need 1 term 2 terms, others might need years.

Therapist 3: Has it ever happened that the child had…didn't want to come and the therapy didn't …and you cancelled it? Has it ever happened?

Therapist 1: Well in Primary school or in secondary? It depends because …..In secondary school they are more independent. And yea, it can happen but…

Therapist 3: But primary school it doesn't…

Therapist 3: It's never happened to me.

Researcher: Do you know of any schools that um involve children in the decision making … for art therapy?

Therapist 1: Primary school sure, well we ask the children, obviously …um, because we have this assessment, so the child can think about coming, and why do you think the school would like me to meet with you? Um… would you like to meet again? Um… ok usually they say yes they would like to meet again but we check and sometimes the school as well, they mention that they talk especially to learning mentors, the school and if the child says no, absolutely not. Fair enough we can't force the children to come to the sessions.

Researcher: Has that ever happened…?

Therapist 1: Um…I …I am sure it happens (laughter)… I am sure it happens. I'm sure it happens, I am not sure about slip ….we don't always know if that happens, if it's something that happens before the referral…um….If that happens I wouldn't be surprised.

Researcher: Okay, right… um. Do you know how…if schools involve children in …?

Therapist 3: decision making…? In our school it's mostly the families that are referring as er like in the in the form they write that… I mean they ask as a means of question they always ask if …. They always ask how does your child feel about coming? And so they write like she is excited, and she's a bit scared, and…but she's really…that's what they usually say, that she is really happy to come. And so I feel like they must have talked about it, like they must have at least…told them that something like this was going to happen. And the child is usually …they never said that the child did not want to come based on the three cases….the three cases that I have right now.

Researcher: How about K? I know you that are not necessarily in school but you meet school age children…do they?

Therapist 2: Um… In school that communication goes through parents… so um when they are referred to xxx a …a…case worker will meet with the child and…and… and the parent and then assess what sort of um treatment can be offered appropriate there is different… therapists um…. available. And so… when an art therapist gets a referral again they will meet with the parent and the child obviously the child has agreed to come but it seems that communication primarily is with the parent

Researcher: You did say the same?

Therapist 1: Yea…yes

Researcher: Have a look at those themes. What do you think about the themes that are coming through...?............................. The first theme… Appreciative of the time and space that… that art therapy in school provides.

Therapist 3: You really see that…like because even at the beginning when me and my client we weren't really…. because we didn't communicate because …we were just getting to know each other, still I felt that she liked the space, when she came in… and just the quiet.

Researcher: mm…mm

Therapists: Yes, yes

Therapist 2: I mean…The opportunity to have fun…I…I hear that…and… Yea the relaxing and have fun…I can identify with um …One issue that I am aware of is…how….children have their…their frame of reference is school and so I find when they come to art therapy place.. it feels like they think it's an art lesson.

Researchers: Ok mm…mm

Therapist 2: And Sometimes the conversation is indicative of that…um…so one…one of the things that I spend time doing … I suppose at the beginning is trying to… subtly show how it's different. To ask them whether it feels any different and to explore that with them… but I think that takes time I guess.

Therapist 3: So you have these problems too...?

Therapist 2: Yeah

Therapist 3: Yeah I have to…I…see…this is my biggest problem right now I…and my supervisor is sort of even like sort of criticising me that I have to show that…I have to more explicitly tell the child the difference. And for example she told me what to ask her to draw…like draw her idea of therapy and draw her idea of art to really differentiate them but still it's going on and like she draws whatever she wan...…and it doesn't seem like therapy...but as you say I mean...with children its different I mean, and even what they are doing, I feel it's working with… it's her working on her she is … I just feel she is getting the benefit maybe it's the counter transference or but um they …but the school or… the place that I wo… the money…. they expect something different ….very different than an art class.

Therapist 1: Yea but there is a time for ….um I want to make a beautiful picture am so I have to remind them it's not time for making beautiful pictures. It's not an art class it's about expressing yourself... use it to express yourself.um sometimes they get into competition with me, sometimes I

draw in the session as well…ah…And maybe then we end up doing things together that's when we end up doing things together so they can learn new skills …drawing skills and yea and find solutions if they don't like what they drew…We can find solutions skills they like, skills they can learn outside the therapy room you don't throw away things, you work on things.

Researcher: Because that's one of the themes that was coming through a lot when I was doing it was that the first thing they talked about was I am learning….. I'm improving my drawing technique.

Therapist 1: yeah that's important for children.

Therapist 3: But do they have art class too this is my question like don't they learn...? I feel that the schools in Britain aren't giving enough...more time to art.

Therapist 1: I guess there is less structure in the therapy room there is no pressure of creating something beautiful, not exactly perfect and that's alright, so they can learn uh without having that anxiety of being better than someone else…

Therapist 3: And being judged…… Yeah, that's really important.

Therapist 2: I think that anxiety does come in… because… may… may maybe at the beginning they just…they don't know what...what is expected of them. That there must be some expectation I guess and then they fall on their…what they know being in a classroom with an adult watching them….hu

Researcher and therapists: laughter

Therapist 2: You know…..

Therapist 3: I think that too…. But I think when they are in a relationship that they love they really like that …. Like, my client is a really anxious type, but she is really easy with me right now. Because like, she thought that I am not judging her and I praise whatever and she creates. Yea… I think it's really different from a class because of, the pressure isn't there…

Researcher: mm...mm.

Therapist 2: yeah

Researcher: mm...mm.

Therapist 2: yeah …yeah and that comes with the consistency doesn't it? … And...Just…the non – directive… approach of… you know ….anything is acceptable.

Therapist 3: Although…I…I…I am ok with the beauty part.. . I don't know.. I am really into Cathy Hyland Moon… um…I mean I have been reading her recently and she has been really influencing how I work so it's not…..

Researcher: who is that sorry?

Therapist 3: Cathy Hyland Moon …mm…Cultivating the artist and the art therapist…

Researcher: mm…mm..Ok

Therapist 3: So...she is all about its… its ok to be artsy and therapy so you can even like you can work on the transpersonal issues through art. So it's ok if she ... she ... a mean she talks with her clients about how to make it.... how to make your image better or how to get it out, or to help them how to help them express it better in a way not exactly more beautiful. But I think I am ok like...I want to...I help them making this picture

Therapist 1: I think you help them with their self-esteem. They learn that, yea I can make it (laughter). It's good.

Researcher: mm …so

Therapist 2: As…

Researcher: Sorry

Therapist 2: I was just thinking, as long as there isn't …an expectation that it should…look better. Do you know what I mean? That what they've made is perfectly acceptable enough. But I know...I know... what you're saying.

Therapist 3: The way that an artist pays attention to her artwork, I mean it doesn't have to be like a sporadic expression like that's what I... like its ok if they really spend time on it or if they like want to fix this part and that part that's what I what I meant.

Therapist 2: Cause you pick that up in the session with them don't you? ... You are there in the room and that's what you are assessing all the time, what they need, you know... em…what you were just saying it's, how its … you pick up from them what they need so if it's important for them that something looks better then that's.. Ok…

Therapist 3: Especially when they are in the late… latent stage when they are all about doing things right imitating reality…and I really respect that .. I mean what a child wants to do. I sometimes do tell them that we are different and its ok to. For example, do your ice cream different than the one on the wall.

Therapists: mm…mm… laugher

Therapist 3:   And I felt I use, I use a true metaphor to tell her that its ok to be yourself like your art is part of yourself. But I respect her position and wanting to do things right. I was like that when I was her age.

Researcher: And em what about the last set of…some of the things that…came through?

Therapist 2: The negative aspects?

Researcher: mm…mm

Therapist 1: Yea, Miss out on learning …yeah um they do say that

Researcher: Yea?

Therapist 1: Yea Sometimes not all the children.

Researcher: But some children?

Therapist 1: So what I do, if it is really, for instance recently, I had a child last term I would see this child in the afternoon and…er… he had Spanish, so for the whole term he missed Spanish and he told me, "I want to do Spanish." So I agreed with the teacher to change the time of the session. So now has Spanish in the afternoon and he misses maths, and he's alright with that.

Researcher and Therapists: Laughter

 Therapist 1: But it …it...happens…um. I don't tend to take children during PE, they love it and it is really unfair… um. Sometimes there are assemblies or they have the tests… um…like students in Year 6 they have SATS, so…or I change the time of the session if I can or I just keep one week… I don't see the child for a week …cause understand the importance for the child to stay in class...and I agree this with the child and the teacher always...so that happens.

Researcher: mm…mm

Therapist 1: Sometimes they want to come with friends …um, so I work one to one er…But it can also be a way of avoiding...focusing on yourself.

Researcher Okay

 Therapist 1: When they do that ….um...so yea…no we stick to one to one.

Researcher: Okay..

Therapist 1: And we explore the need for working in group or why they want to have friends… with them… not enough time say ….they want to stay longer...

Researcher: How long are your sessions ...do you….?

Therapist 1: So one lesson... Fifty minutes more or less

Therapist 2: mm… mm…same

Therapist 3: Mine is forty five minutes…..I am really strict with the time…But they usually don't want to...I think they have things to do I really have to ask them to finish and get up. I think the time… It would be better if it was more.

Researcher: In what way... would it be better… in what way?

Therapist 3: Like um… when the child is sort of like ready to leave… like usually when they don't want to leave and it's like it really happens all the time. I feel like maybe the timing is the trouble and the problem is with the time and I really feel that about missing out on learning .Actually you're right I never thought that when it happens on one day at one time they always miss one lesson and...And we can't move it around because then it will lose the consistency that's important so. And er with my sixth grader like I felt …I don't know… I felt like whenever I took her out of the classroom like it was the science lesson or something, she…she didn't really like to come. But now that we recently it's on …..   PE actually or philosophy for children, she is more…she comes out more easily and happily, she doesn't laughter

Researcher and Therapists: Laughter

Therapist 3: Interesting.

Researcher: Anything else there that surprised you...or…you didn't expect?

Therapist 3: I don't understand …I am not sure about assent.

Researcher: Oh it was one child… One or two children weren't quite sure whether they…they agreed to it or not, to therapy, so they weren't sure. They .. I don't know

Therapist 1: Have you asked them about it … maybe they don't understand it?

Researcher: They weren't sure if they said yes you know, yes to it or no to it …..It's that kind of thing Because it's the same question I asked…everyone… and one or two children were not …sure about….It could be that it wasn't explicit …I don't know …I don't know….I don't want to….

Therapist 2: I think that… not enough time is… I feel that like can be… quite a common thing and That… And that's how we see quite a lot really about the child's needs or it's something to explore.

Because actually you could have a session for an hour and a half and it still wouldn't be enough, there is something in that.

Therapist 3: And then maybe they don't want to go back to class.

Researcher: Yea…that was … I think that was coming through a lot, with the children.

Therapist 3: Something that surprised me was um, I mean because um I'm new and I haven't many, I don't, for example, miss some lesson, subject I never, I never considered this that the child might have this problem. But now that I read it I mean I….

Researcher: Have you noticed you associate both …(laughter)

Therapist 3: Yea, yea (laughter)

Therapist 2: I am sort of surprised by the place for reflection that sounds quite …quite sophisticated

Researcher: Yeah, it was … yea, yea, I have had to sort of um…sort of …consolidate … a lot to um and a lot of that was time and reflection space ….was coming through a lot... with the children.

Therapist 3: And this was also….. I mean I never thought of this but I mean …when I thought that she treats it as art class when I asked her, she really seemed to understand the concept like, she said that it's sort of like an art class but I come…I print things on paper she does. That's exactly what I was thinking of they do want to like express … it's really…. they understand it.

Researcher: And what about the skills anything you want to ….talk about the skills that they learned?

Therapist 1: They are usually very proud of it….what they learned...They ... they all like to go back to class with the draw, but we have to keep it…

Researcher: mm...mm.

Therapist 1: in the room unfortunately in their own folders no they are proud and they get disappointed and after all the sessions and when we look back at the art works in the folder we can

really see the changes and It's like memory of them of all the time spent together and what they have and how they have improved technically as well...

Researcher: And what about the other ones….? Emotion ones coming through…. Emotions…. the ones like…

Therapist 3: Managing anger…?

Researcher: Yea…

Therapist 1: um…. they use the space a lot for that to talk um about how they feel …anger is a common …feeling a mean we all feel angry… at times and it's about…being able to… express it in a another way so we do reflect a lot on that I have like a xxxxx…with emotions in the room and so they choose it to talk about it, talk about what happens in the playground, find strategies on how they can manage that … my emotions…so that…

Therapist 3: You do…. you do actually address it?

Therapist 1: Sometimes … yes… yes.

Therapist 3: I have just had this with my boy cli… my one 8 year old boy client … The other two haven't …the girls haven't shown anything like that…… but he…he loves to play games and usually expresses his anger through games. They suddenly become antagonist and protagonists attacking each other and um like for example, sometimes he says I want to…we want to kill you and… a mean well my supervisor said you should not interfere here and just stay as just a sport and sometimes …I am role playing with him and I say we don't want to kill you we just want to push you back for example, and I try to ameliorate this. But I don't know if you could see that as anger management.

Therapist 1 :   I find that interesting because sometimes children cannot talk about their feelings they express their feelings symbolically, so I think about this child, I've been working with him for two years, and witness of domestic violence… and, a bit resistant about talking about emotions, so when sometimes, I'm usually not directive in sessions…em…but sometimes… because I know him well I have been working with him for a long time. I can sense there is something and so I say why don't we play with sand tray today? Because I know the sand tray is really powerful really for him especially.   And he expresses the anger aggression there, so I have the chance to reflect there, what he is playing um. There are animals fighting and killing each other and there is police involved and there are so many things happening in the sand tray….um So I don't just say, oh you felt angry today but I find other ways of talking about anger. So usually at the end of a session, a session like that he writes I love xxx that's the name of the charity I work with. Because he values that even though we don't talk directly about anger we do it symbolically.

Researcher: Okay mm...mm. There's one there, sort of… the inspire kids to develop independence one. What do you think they might be thinking about…..there?

Therapist 3.   Independence one…?

Researcher: No the… the one here, Inspire kids to develop independence.

Therapist: Inspire, I'm sorry

Researcher: sorry, that was literal from the…………here.

Therapist 3: I'm sorry….It slipped past…..……independence. I think it's only been played out like when a child wants me to help them do something, like when they say help me draw the eyes and um like again I figure I take all my questions to my supervisor and like she's like… its ok, its good, she is like she wants you to collaborate it's like creating her world. But like I always say its ok I'm confident you can do it yourself like art teachers (laugher). And they actually eventually do it very well, so I think that's like sort of indepen…creating independence and you can do it yourself.

Therapist 1: Being able to trust…um yourself as well when you decide what to make… as an art work you can own it and you can ask for help as a ….you can um realise it so… and then you have the final product. That makes you feel independent.

Therapist 2: Yea, I'm thinking along those lines as well…when the children come in and… initially they… it's like they're expecting to be told what to do, want to know what you are sort of expecting of them. But over time they think it…they do develop their own sense of what they want to do…how do they take things forward, they have a certain agency, I think.

Therapist 3: Becoming aware of your own feelings make you feel independent as well and more mature emotionally, because you are aware of yourself. So you can go out there …you know… you are presenting yourself.

Researcher: umm ….There is a lot of kind of deep thinking there ….so I just wanted to find out a little about that um Is there anything that I haven't asked this afternoon… Is there anything else that you would want…that you feel that, I should ask about art ……you know about therapy in school that I haven't?

Therapist 3: I think you're...you've viewed it from the child, child approach, because…like… from…from…my… as a therapist like working in a school, I feel like it's more c … it's a very chaotic environment because, um sometimes the staff don't understand what you are doing or the importance of…er…privacy. For example, they shouldn't interrupt while we're in the session, but they do a lot. They don't even, that's what I said they do not understand the concept of the therapy, I mean, what we are doing. And we also can't tell everyone, like because the child they see the child, so maybe she doesn't want to know where she is going, so we usually don't talk about it like

why I am seeing her what's going on and so there isn't a very high …high…on a higher level there isn't a very …very good organisation between the staff about what I am doing and how like they shouldn't interrupt me. And for example, I come on the day and the room on this day that has been assigned to…. has exploded. There is clay there just left on the table, learning mentor has left her book but I have to gather them up. And they come in the… during the session take their stuff, they look at the schedule. It's chaotic. And I heard….I…I had heard that the school environment is like this but I…I am really feeling this.

Researcher: mm...mm

Therapist 3: Like I go after them in one class and suddenly the schedule has changed a teacher is absent so I have I go for them in another class and like 5 minutes of the session has gone this just through …looking for the child … it's just about the context… I think that it really affects the work. But that is from a viewpoint… of me as a therapist … and maybe it doesn't, the child doesn't see it that much.

Researcher: Is there any …um… That goes with some of the… what do you call it … some of the obstacles. Are there…. there any other sort of …pluses …on the positive side … about being in the school space?

Therapist 1: well for instance… I know this happens … but because I work with a charity xxxx that has been working in xxxx for twenty years um...so.. They know the charity, they know how we work em... They understand what we do, so we don't have that happening, but I think we are lucky. Um so I think that, especially recently I think there is lots lot of interest on mental health…. And schools are trying really hard to send um… send a message to children, to parents that mental health is on a spectrum we all on the spectrum so it's ok to talk about so they're really, really working, a lot to make sure there is no stigma attached to therapy. It's alright to see a counsellor in school.

Researcher: There is an understanding about what you do … I'm getting the feeling that …. that's not happening?

Therapist 3: yes I feel like, like, it's the… it's the reverse …like the families understand and the school doesn't (laughter)

Therapists and Researcher: laughter

Therapist 3: Is it xxxxx, or is it another charity?

Therapist 1: No it's another one.

Therapist 2: I think what you describe is um underlying, underlies organisational difficulties is that with some schools, well not…all schools pretty much seem so stretched. There is so much pressure on the teachers. There might be some level of envy because you get to sit with the child, just one child. And you know, all of these other feelings that are going around that mean that there can be obstacles in place to give you the space you need and a sort of, an avoidance of actually, addressing

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what it is that you do. Because they are so busy with their own work aren't they? Um and so … I guess what you are doing Doreen is trying to raise the profile of art therapy, which hopefully…..hopefully address some of these problems.

Researcher: Well it's just an exploration to see what children feel and their… um… thinking about what you value …what you value about working in school? I know that you don't work in school… what do you value most working in the school environment?

Therapist 1: I was just going to ask her?

Therapist 3: Go ahead….

Therapist 1: I value working in a team, I value that a lot and um because I only see the child one hour a week .They know the child, they see the child every day and… so I value the communication with the school. And they are really good usually.

Therapist 3: I've been working with schools since forever. I mean I've worked as a teacher, class room teacher and em… like a small work group teacher. I've always liked working in schools. I've never thought why, maybe, I mean now as a therapist I feel like, I mean comparing like with an NHS setting or mental a health setting, I feel like the work as I told you, I guess it was milder like it's not that c…..with the children it is not that chaotic like, they don't have… they're tier 1 and 2. They don't have big problems so it's sort of like it's more enjoyable because they are not big problems with the children. And I feel it's more supportive therapy and the children are...the school environment seems so full of energy and youth.

Researcher: yes…..What are your hopes for the children once they have been with yo…when they have moved on from you? What your hopes for the children you've, you've em….worked with?

Therapist 2: I think for me it's….that they aim to make some sort of meaning from their experiences. And…. it's…. I think that's all I can hope for really, because we … my placement…in xxxx, there isn't the long term… resources available for…that long term input so it feels… where I am at the moment I think if someone… they can…from a difficult experiences or feelings that they are having… if they can make some meaning from it and some understanding, I think that…that would be great.

Therapist 3: The experience that they are having… that they are having with you in the therapy, or the thing that brought them to therapy?

Therapist 2: Em…so …I mean, so if the thing that brought them to therapy was let's say disruptive behaviour due to anger problems, then I would hope that somehow in the session… symbolically or in any way there was some meaning made from the feelings that were being expressed, so that they were able to think about them, feel… feel them in a different way perhaps.

Therapist 3: And integrate them like that…

Therapist 1: They are able to internalise what was done in the sessions and to be able go out there in the world and to manage the people that they meet. And to be able to understand that therapy

it's alright, it's ok to talk about it and if later in life when they are adults so if they feel the need to ask for help again they can do it. It's ok.

Therapist 3: I mean, I agree this is a realistic expectation, maybe I am a beginner therapist, I am very idealistic. Like I want to like fix the… (laughter) like For example this child has come to me with domestic abuse, I really wanted to help her open up more. I mean, I felt like she was late latency age pressures that made her become so anxious and withdrawn and… I mean for me it was like, I see them as a whole person like coming and I want to like…not to fix them but I feel like if like I Just make a, If it is just like a first trigger that make her want to grow more and going on for the rest of her life, idealistically. I just don't think if I feel like…

Therapist 1: Sometimes we make changes, we don't notice the changes it can be a bit frustrating for therapists um but in the inside there are thing going on in the child and I know some children for instance in the past they have grown up and then a…after some years they…..oh there was that lady that spent some time with me ….and we were talking about this…. Anger and sadness…. that was a good moment that was good. But we don't see it when we are with the child sometimes things take time to change. Changes happen after therapy sometimes.

Therapist 3: I think it's a job that really needs patience, a therapist.

Therapists: Yes.

Researcher: I think I have asked you the question about if there is anything you feel strongly should be included in the discussion…….that I haven't mentioned.

Therapist 3: And I mentioned about the context that I am in?

Researcher: Yes. ..you mentioned the context that are in   ……you felt quite strongly about that.

Therapist 3: Anything else that…..?

Researcher: no.

Therapist 2: I am just thinking about the art itself and what the children's perspectives are on…. this is an un thought… thought … I am just making it up as I go along about the art work belonging to them and do they have any strong feelings about whether they want to take it with them what that means for them and whether they want to leave it behind does that come up in their conversations

Researcher: I don't think so, but when I did the um… interviews they were able to draw what they were thinking…you know …and they could use their drawings in the …in their interviews with me to help to remember a certain thing and then I asked if I could take it and they made that choice, but apart from that they didn't.

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Therapist 3: They focus on the product what made instead of the process like they are proud of what they made. They want to take it home to show their mum.

Therapist 2: What does it mean for them to have this product at the end of it?

Researcher: Yea, there was a lot of talked about drawing and improving their skills. And being able to draw perspectives, for example one particular person…..

Therapist 3: They had learned perspectives (laughter).I feel ok with my teaching techniques but I haven't got that far yet.

Researcher: I know this is not part of the discussion, I was thinking that … but just thinking about that child sort of, it was not necessarily about the drawing

Therapist 2: yea, right…. I was thinking that

Researcher: But he focused on that, in his conversation with me, but it might have been…..

Therapist 2: That's great

Researcher: When he was working if he had maintained any skills that he learned in the session he said …..Described a time in class when he was stuck and he was able to remember how he had drawn something ….. But it was all around the drawing .That was an interesting one……………… I am going to stop there. I would like to say thank you very much……………..

Appendix L

Examples of Codes with Data Extracts Child Participant

School 3 Child 8

Data extract Child 8	Coded for
R: Right… I would like you to help me to learn more about art therapy, yea. And the first thing that I would like you to tell me is, did you like going to art therapy? **Ch8**: Yea I did I thought it was quite nice having…45 minutes just to draw. **(P1,L.4-6)**	Having set time to draw Nice to have time to draw
Rr: Um…Ok and, why did you think that it was quite nice to have 45 minutes to draw **Ch8:** Because, usually I would… I would've been be doing maths… **R:** Mm…mm… **Ch8:** Um and I prefer art to draw or sketching to my lessons. **(P251,L.7-10)** **Ch8:**I still think it's nice to… because it's better than being in a lesson doing maths. (**P253, L.30)**	Not going to lessons don't like Prefers art Prefer to do art than lesson Better than going to math lesson
Ch8: Something I didn't ….the only thing I didn't agr…really like about it was that… when I …wanted… when I asked if we could do it… as in…me and someone else together **R:** Mm…mm. **Ch8** It had to be three people at least… **R:** Mm…mm **Ch8:** Um…if it was supposed to be. ..a. more than one person and there was no one really who I… I only wanted to go with one other person. **R:** Mm… mm… Tell me a little more **Ch8:** Um… so… I would like it… if there were…..I think it would be better if, if you could choose someone to…do art therapy at the same time with. . **(P1, L.13-22)**	Wanted to choose who to be with in sessions Only wanted to go with another person Wanted to have a choice who to be with Better if could choose someone to do art therapy with at the same time
R: Mm….Ok. Right… What sort of thing did you learn …at art therapy… you learnt some things at art therapy?	Improved drawing skills Sense of achievement Had so much time to just draw Draw things better

Ch8*: I didn't really learn… anything…but, I did perhaps because I had so much time to just draw I…I learnt to like draw perspective and draw things better… **R:** Mm…. mm **Ch8***: Like drawing the, the human bo…. Um Or… I learned to draw… **R:** Mm…mm **Ch8:** better…. **(P255, L.20- 22)** **R:** Mm mm…And how did that… can you think of ….how did that make you feel? **Ch8:** It made me happy. **Ch8***: Because I finally achieved….um drawing properly. **R:** Mm…mm **Ch8***: And I have been trying for years to make proper drawings. **(P2,L.26-31)**	Draw properly Tried for years to do proper drawings Sense of satisfaction
R: Mm mm…And how did that… can you think of ….how did that make you feel? **Ch8***: It made me happy. **(P2,L26-27)**	Improved mood
R: Mmm…mm Ok. Em…What do you think about art therapy in schools? **Ch8***: I…I think it's… quite good…um… because… you…if you're like…I don't know, I just think it's good **R:** mmm…mm. So tell me a little bit more … just think a bit more. Tell me a little bit more. Why is it good? (p2, L.32& P3, L.1-4) **Ch8***: Because, you get time to… think and, and… just…draw**.** **Ch8***: So… You don't have to… you don't have to think but you've got as much time as you want…and yea (P256, L.4)	Time to think It's quite good Time to draw Don't have to think Have as much time as you want
R: Mm…mm right can you tell me about the skills you still use to help you? **Ch8***: Well I still use drawing because some time in class we have to draw specific stuff. **R:** Mm….mmm **Ch8***: For example, in DT week you have to design things.. **R***: Mm…mm **Ch8:** And it is quite helpful…knowing how to draw perspective	Use drawing skill in class Feelings of competence Useful in craft lesson Hard to make something without knowing the proportions

R*:* Mm…mm **Ch8***:* Because otherwise you can't get the um you can't really… tell wait … it's quite hard to……….It's hard to….make something if you…if you don't know the exact shape and …size of each part. (P256,L.9-18)	
R: No…Ok …Now ….if you could give art therapy a mark out of 10 what would…would you give it? *Child 8:* I would give it 8 out of 10 because, it's very nice just… having…quiet time to draw… I think. (P3,L.25-27) **R:** Mm…So why did you give it, and 8 and not 5, or even a 10…why? **Ch8***:* I give it 8 because….I don't know …cause there's only a few things that aren't… good about it…but it…it is not that… (P3,L.25-30) **Ch8***:* but not 10 out of 10 because I'd prefer if you could …choose someone to be with…to do it. (P4,L.4)	Areas for improvement Only a few things not good about it Prefer it I could choose someone to do it with Not full marks
R: Ok, right …I'm just going look….Is there anything else …more… you wanted to happen in art therapy….that didn't happen? **Ch8***:* Um…I mean if it was a bit like…. if it was maybe an hour and a half instead of 45 minutes… it would just be nicer to have it longer…as well**. (P257, L.8-9)**	Extended time Longer sessions Would be nicer to have it longer
R: Ok…um…did you know that you were going to art therapy before you started? **Ch8***:* Yes, because…my mum had told me … **R***:* Mm…mm **Chi8***:* Because she got called… **R***:* Mm mm **Ch8:** by the school **R:** By the school and mum…mum talked to you about it…. **Ch8***:* Yep. **(P1,L.23-30)** **R:** And….. What were you told before you went to the sessions? So Mum told you……what were you told before you went to the sessions? **Ch8***:* By who…..as in..? **R***:* The school….	Informed before started No information from school Mum explained Therapist explained at first session

Ch8: So, I wasn't told anything by the school, apart from… by J------- **R:** Mmm **Ch8***:* And, he told me that…but… that was the first session… **R:** Mmm **Ch8:** He explained what it was going to be about…(P1, L.31-32 & P2,L.1-5)	
R: Mm… mm. And did you get a chance… Did you have a chance to say yes or no…at anytime? **Ch8***:* Yea I was, I was …allowed to say yes or no, um… if I didn't want to go at all. **R:** Mm…mm **Ch8:** Um Like not even have that explanation.. **R:** Mm….mm **Ch8:** lesson, but that was… My mum had to just text the school if I said no. (P2, L. 9-15)	Given chance to agree to art therapy

Appendix M

Examples of Organising Codes with Post It Notes: Child Participants
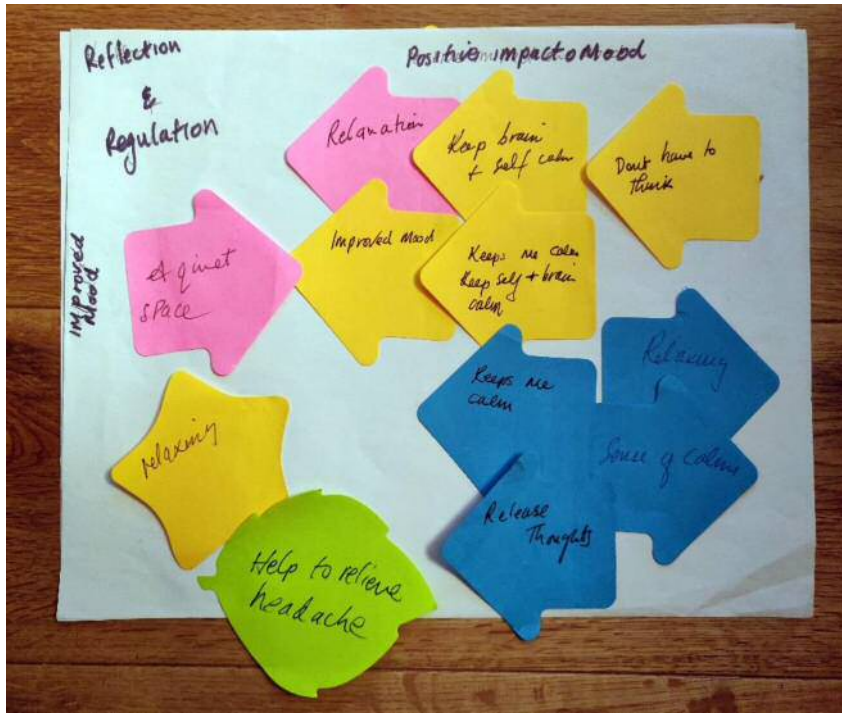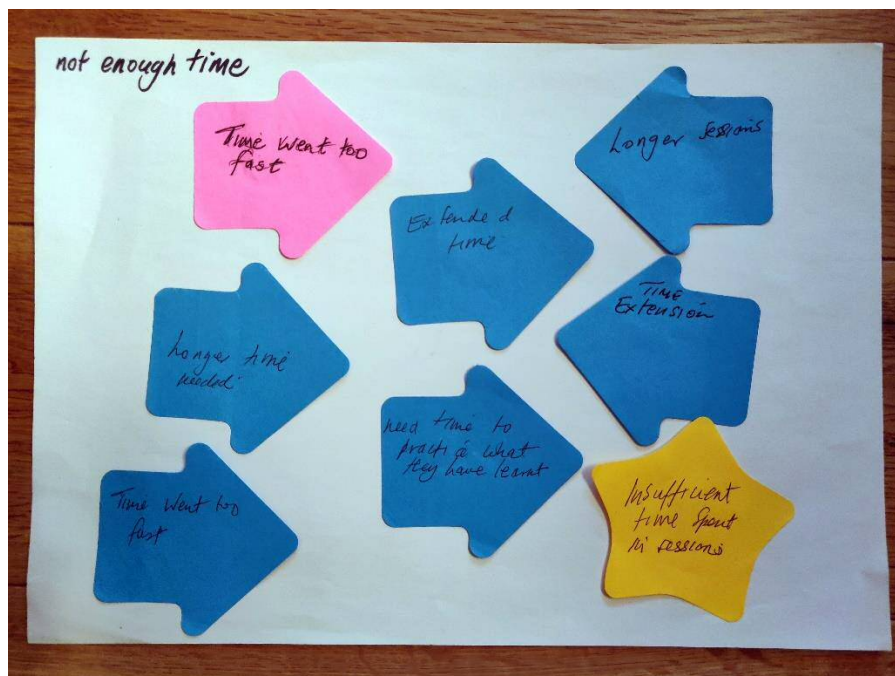
Initial Annotated Notes; Focus Group

Researcher: So in your experience…I know it's slightly different for you…… but in your experience of working with young people, and in school…um…um…can you recall a time when you felt that….. art therapy worked really well… in that context? Can you recall a time when Art therapy worked really well? *Therapist 3:* I think you should … *Therapist 1:* It always works well... *Therapists and Researcher:* (laughter) *Researcher:* Yeah. *Therapist 1:* I can't think of one special …one case... There is always benefits…um…. can be the child's space where they can express themselves, talk about things…his or her emotions, um can learn new skills…practical skills as well um.. and…and that is reflected…this is reflected outside. *Researcher:* mmm *Therapist 1:* And …I guess it's a space where students come they reflect maybe their behaviour outside the class, maybe its destructive sometimes, um… So they can kind of stop, relax and have a person.. aah...to spend some time with…that and that…and then it changes outside… sometimes it takes time .. *Researcher:* Yeah? *Therapist 1:* Years sometimes… um ….Z? *Therapist 3:* Yeah…..I want to help though it shouldn't be.. *Therapist 2:* Do you actually work long term with children? *Therapist 3:* I am just starting….I mean.., I was hoping ... you know , I hoped for a situation that I feel wow it's working, but I think I haven't got them there yet, maybe because I am still a trainee, but like I was … like maybe I was in a rush, I mean…	Child has space to express Talk about emotions reflect Lean new skills Reflect on behaviour stop Relax Spend time take time Sometimes years Disappointed intervention slow to have impact Place to be creative

I've had …my longest client has been since November. We have about….we had about ten sessions. And my supervisor is really um… perhaps a little frustrated with me that she is not talking, she isn't saying… she's had an experience of domestic abuse, and she … she just comes and draws and, and I like that….I sort of created an art club and I also, I started teaching ……and she really liked it, and we work…and, but she is not talking and…	Question experience

Not talking
Likes it |
| *Therapist 1:* That's alright, I have children who are selective mute ….and, ok you see how much years and that's their way of expressing themselves… | Childs space
Expressing self
years |
| *Therapist 3:* Okay *…* | |
| *Therapist 1:* And that says so much… | |
| *Therapist 3:* Okay…But she is not talking about if… if she's alright in her family right now or how she feeling after her father left and I think this was why they wanted her to come to therapy. | not communicating verbally
wanting change to happen |
| *Therapist 1:* Yeah, sometimes we feel the pressure from school, and…we feel that we have to… um I mean. There is no agenda, and it's like, we just need to be there with the child…and see what the child brings. I mean… If the child is not ready… to talk about things then we need to respect that. | That's why she came to therapy

School's expectation conflict
Need to respect child |
| *Researcher:* mm...mm | |
| *Therapist 2:* I am just thinking about a boy I am working with at the moment, and it's early days. We have only done a few sessions together… but…one of things that comes out in the session is that, he…he seems to be very preoccupied with not making a mess… and he says this a lot… And so I wonder if this is something that he feels is imposed upon him. Home life or at school or both. And so I am wondering if the…in the sessions he will be able to make the mess as a way to express | Child not ready

Preoccupied not making a mess

Hopes child will make a mess |

himself um…and that seems like, the sort of space where that could happen.	Someone to help contain Therapist Scary making a mess
Therapist 1: And also he can have someone like you can contain that mess actually.	
Therapist 2 exactly…. yeah	
Therapist 1: he feels lost, scary	
Therapist 2: Yeah…It feels scary for him to imagine making a mess….consequences or the way that he thinks people think about him…so that will happen and its contained as you say and it could be quite helpful for him.	Child lost
Researcher: So I am hearing that…having that space providing that space…is…that therapeutic space is quite invaluable…to young…to children.	
Therapist 2: Yea	
Researcher: Um In just… I know it's a lot…it's something to think about …have there…have there been any times you feel…. that indirectly the work you have done with um…. children and young people have impacted on someone else…. Indirectly, and how did you know that….? Have you?	
Therapist 1: I guess working at school…if I think of some children, they have some difficulties with their behaviours or learn…we have some conflicts between the child and the teacher. For instance, because we work on this sort of thing … we can have…we talk to teachers and talk to other members of staff. And we make sure that we reflect on what's going on for the child and the child is fine with the approaches in class across environments in school and some different strategies. So that can have an impact on…members of staff, because they can see the child from a different perspective	Learning and behaviour Talk to staff Reflect on what's happening for child strategies Conduit of child's feelings to others in environment Indirect impact Talk to staff reflect
Researcher: Are there any times that you have noticed anything like that? Is there a time?	
Therapist 1: Um…I think about a student ….secondary school. Is that alright…?	
Researcher: OK, that's fine.	

Therapist 1: She gets into arguments with her head of year, so it's really important for me to have a conversation with head of year. And…the head of year knows very well the family situation for the student, but of course um…, this student challenges the rules…the school rules … um…and then, they kind of wind….wind up the child…And um…so having this time with the head of year and reflecting on why the student is doing this. What are the reasons behind the behaviour and how he can talk to her, rather than get upset, try to understand …That had a positive impact on their relationship.	Link with staff Positive impact on their relationship
Therapist 3: yea…I can't think of any specific examples	
Therapist 1: Too early days.	
Therapist 3: Definitely, yea	
happened on a few occasions. Sometimes the child writes down something for the teacher, or makes an art form for the teacher, um… or a card for the teacher. The teacher leaves um…to say good bye, so there are many when the child uses the sessions to explore what happened.	Support parents Make suggestions Meetings impact
Researcher: And that has an indirect impact on….? Ok ….In an ideal world… um and you were thinking about… I am not quite sure how schools refer pupils to the service...to your service …In an ideal world what would you… hope that they do?	Support parents Suggest strategies
Therapist 2: When schools refer… to other agencies?	
Researcher: Yeah…mm…mm	
Therapist1: To other agencies?	
Therapist 2: To us…….Yeah, yeah,	Wanting to have an impact on child
Therapist 1: Yeah oh	
Researcher: Yeah, yeah	
Therapist 3: um	
Therapists and researcher: laughter	

Therapist 1: Yeah…Well I have to say that the schools where I work at are really good and they really know the students very well so they know what they need um. We have some key figures in the school, class teachers of course...but learning mentors...er...And they see the students every day and they meet with parents every day basically…um so they know what's going on in the family. And the problem is there is always a long waiting list and so they kind of have to specify …working. in the meantime they can, school can work with the other children who are on the waiting list um	Materials that would Encourage expression of feelings
Researcher: there um…what is your dream? Think about your dream……and the children what would you hope would happen for the young person?	
Therapist 2: That it would be a conversation with the young person as well as the teacher so that the young person would be fully on board with it, in an ideal world.	Want to make her comfortable Communicate Support child to resolve conflicts
Researcher: mm …mmm	
)	
Researcher: Do you know of any schools that um involve children in the decision making … for art therapy?	
Therapist 1: Primary school sure, well we ask the children, obviously …um, because we have this assessment, so the child can think about coming, and why do you think the school would like me to meet with you? Um… Would you like to meet again? Um… Ok usually they say yes they would like to meet again but we check and sometimes the school as well, they mention that they talk especially to learning mentors, the school and if the child says no, absolutely not. Fair enough we can't force the children to come to the sessions.	
Researcher: Has that ever happened…?	

Therapist 1: Um…I …I am sure it happens (laughter)… I am sure it happens. I'm sure it happens, I am not sure about slip ….we don't always know if that happens, if it's something that happens before the referral…um….If that happens I wouldn't be surprised. **Researcher:** Okay, right… um. Do you know how…if schools involve children in …? **Therapist 3:** decision making...? In our school it's mostly the families that are referring as er like in the in the form they write that… I mean they ask as a means of question they always ask if …. They always ask how does your child feel about coming? And so they write like she is excited, and she's a bit scared, and…but she's really…that's what they usually say, that she is really happy to come. And so I feel like they must have talked about it, like they must have at least…told them that something like this was going to happen. And the child is usually …they never said that the child did not want to come based on the three cases….the three cases that I have right now. **Researcher:** How about K? I know you that are not necessarily in school but you meet school age children…do they? **Therapist 2:** Um… In school that communication goes through parents… so um when they are referred to xxx a …a…case worker will meet with the child and…and… and the parent and then assess what sort of um treatment can be offered appropriate there is different… therapists um…. available. And so… when an art therapist gets a referral again they will meet with the parent and the child obviously the child has agreed to come but it seems that communication primarily is with the parent	Key figures School staff hold valuable information And knows student well Know which children would benefit from intervention School know student key figures long waiting list ideally child would be involved in decision making families refer Unusual usually school refer Waiting list

Researcher: You did say the same?	
Therapist 1: Yea…yes	Meeting notes provide information about who requested therapist
Researcher: Have a look at those themes. What do you think about the themes that are coming through…?…………………………. The first theme… Appreciative of the time and space that… that art therapy in school provides.	
Therapist 3: You really see that…like because even at the beginning when me and my client we weren't really…. because we didn't communicate because …we were just getting to know each other, still I felt that she liked the space, when she came in… and just the quiet.	
Researcher: mm…mm	
Therapists: Yes, yes	Assessment
Therapist 2: I mean…The opportunity to have fun…I…I hear that…and… Yea the relaxing and have fun…I can identify with um …One issue that I am aware of is…how….children have their…their frame of reference is school and so I find when they come to art therapy place.. it feels like they think it's an art lesson.	Assessment process
Researchers: Ok mm…mm	Primary school children like to go to therapy To access materials
Therapist 2: And Sometimes the conversation is indicative of that…um…so one…one of the things that I spend time doing … I suppose at the beginning is trying to… subtly show how it's different. To ask them whether it feels any different and to explore that with them… but I think that takes time I guess.	
Therapist 3: So you have these problems too…?	
Therapist 2: Yeah	
Therapist 3: Yeah I have to…I…see…this is my biggest problem right now I…and my supervisor is sort of even like sort of criticising me	

Support adults to view issues in a different way – link between child and adults / Different perspectives	Link home and school / parents	School's/others view of therapist / Expectations / No stigma around mental health in some schools / Growing awareness about good mental health
T1 I guess working at school…if I think of some children, they have some difficulties with their behaviours or learn…we have some conflicts between the child and the teacher. For instance, because we work on this sort of thing … we can have…we talk to teachers and talk to other members of staff. And we make sure that we reflect on what's going on for the child and the child is fine with the approaches in class across environments in school and some different strategies. So that can have an impact on…members of staff, because they can see the child from a different perspective. (P265, L.23-28). T1 but of course um…, this student challenges the rules…the school rules … um…and then, they kind of wind….wind up the child…And um…so having this time with the head of	T1 Sometimes we work with parents though ... well I don't offer therapy to parents, but I have meetings with them especially in primary schools, secondary schools I don't really get involved um… and it is really important to have these meetings, because again, you can…..Can have a sense of what's going on at home? (P266, L.12-15) T1 So you can try to…um support parents, when meeting with them and talking to them. (p266, L.19-20)	T1 I know this happens … but because I work with a charity xxxx that has been working in xxxx for twenty years um...so.. They know the charity, they know how we work em... They understand what we do, so we don't have that happening, but I think we are lucky. (p.279, L.27-30) T1 I think that, especially recently I think there is lots lot of interest on mental health…. And schools are trying really hard to send um… send a message to children, to parents that mental health is on a spectrum we all on the spectrum so it's ok to talk about so they're really, really working, a lot to make sure there is no stigma attached to therapy. It's alright to see a counsellor in school. (p.279, L.30-33)

year and reflecting on why the student is doing this. What are the reasons behind the behaviour and how he can talk to her, rather than get upset, try to understand …That had a positive impact on their relationship (P266, L.4-7). T1 Sorry I am thinking about sometimes if there are conflicts in class and I have a session with the child…and the child explains to me…that there is something going on with the teacher so we can have a conversation the child and the teacher and that happened on a few occasions (p267 line 7-9)	305	

Example of Additional Codes with Extracts from Focus Group: Themes from children

Extracts	Coded for
T1: um primary school less, but I guess there are many. There is learning mentors, there are many TAs. They work with the student in the meantime. Um yea… (p.279, L.15-16)	Primary school support staff provide additional input whilst children wait for therapist's intervention
T1 I can sense there is something and so I say why don't we play with sand tray today? Because I know the sand tray is really powerful really for him especially. And he expresses the anger aggression there, so I have the chance to reflect there, what he is playing um. There are animals fighting and killing each other and there is police involved and there are so many things happening in the sand tray….um So I don't just say, oh you felt angry today but I find other ways of talking about anger (p277, L.30-34).	A situation may arise where art is not used to support the child Therapist knows the child uses other medium to support child to express self Anger
T1 Sometimes they want to come with friends …um, so I work one to one er…But it can also be a way of avoiding…focusing on yourself (p274, L.23-24)	Wanting to work in group can be a way of deflecting attention
T1: So one lesson… Fifty minutes more or less **T2:**mm… mm…same **T3:** Mine is forty five minutes…..I am really strict with the time…But they usually don't want to…I think they have things to do I really have to ask them to finish and get up. I think the time… It would be better if it was more (P277, L.8-9). **R** In what way… would it be better… in what way? **T3** Like um… when the child is sort of like ready to leave… like usually when they don't want to leave and it's like it really happens all the time. I feel like maybe the timing is the trouble and the problem is with the time and I really feel that… about missing out on learning. (P275, L.10-12).	Time defined Strict with time Time is an issue
T3 And we can't move it around because then it will lose the consistency that's important so.	Consistency with time important

And er with my sixth grader like I felt …I don't know (p275, L.14-15)	
T2: And how do you decide how long they have… the art therapy for? **T1**: Err… Case by case…. **T2:** Yeah. **T 1:** Some students might need 1 term 2 terms, others might need years (p269, L. 17-20)	Length of time with therapist is Case by case
T2: I think that… not enough time is… I feel that like can be… quite a common thing and That… And that's how we see quite a lot really about the child's needs or it's something to explore. Because actually you could have a session for an hour and a half and it still wouldn't be enough, there is something in that(P.276, L.1-2).	Not enough time common thing in therapy Something to explore You could have longer sessions and it would not be enough

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Exploring themes with data extracts: Child participants

Developed competence Learn to make things Improve drawing skills/ place to be creative Improved competency when drawing Place to draw **Learned how to draw** Developed technical drawing skill	Unsure about what learned Unsure how art therapy helped **Information and choice limited child's voice** **Parent involved** **Therapist provide information**	**Appreciation time and space** Enjoyable space, Mental state improved **Mood improved Place to relax** Relieves headache Quiet space, peace more opportunity to talk, get rid of negative thoughts, Not enough time More time to talk Not miss lessons Support for learning Think clearly Reflection time, supportive	**Developed understanding about emotions** thoughts Self-regulate –Regulate emotions Coping strategies Deeper understanding about emotions Control self Control over thoughts and emotions Improve behaviour **Develop confidence** Draw thoughts-Calms brain

R: Right... I would like you to help me to learn more about art therapy, yea. And the first thing that I would like you to tell me is, did you like going to art therapy? **Ch8**: Yea I did I thought it was quite nice having…45 minutes just to draw. (P254,L.3-5)
 	
 R: Mm…mm right can you tell me about the skills you still use to help you?
	R: Ok….Did you have a chance to say yes or no to art therapy? Ch3: No…, not really. (P1,L.19-27)
	
	 R: mmm. Mm… Ok….. Did you have a chance to say yes or no…. about going Ch5: Yea
	 R: Mm mm
	  Ch5: They gave me a chance and if I said yes I went.
	  R: Mm.
	 Ch5: and if I said no
	  R: Mm
		R: Mm mm. Help you with your practising of drawing. What do you think of art therapy in school? **Ch1:** I think it's really fun….
		 R: Mm mm
		  Ch1… and… I really enjoy it.
		 R: Mm mmm. Can you tell me a little bit more …about that?
		 Ch1: Um that I like to… I like to draw and it helps and helps me think remember more things like events, like… (p2, L.14-23)
			Ch1: That I shouldn't do… am I should do ….Sometimes I can do whatever I want and sometimes I can't (p2, L.7-11).
			
			 Ch2: And I felt happy, and a better person here because…. every time I used to get in fights with my friends and then afterwards I came here and I started not getting fights (p238. L.15-16).

Ch8*: Well I still use drawing because some time in class we have to draw specific stuff. **R***: Mm….mmm* **Ch8***: For example, in DT week you have to design things.* **R***: Mm…mm* **Ch8**: And it is quite helpful...knowing how to draw perspective **R***: Mm…mm* **Ch8***: Because otherwise you can't get the um you can't really… tell wait … it's quite hard to……….It's hard to….make something if you...if you don't know the exact shape and …size of each part. (P256,L.9-18) **R**: Um...Ok and, why did you think that it was quite nice to have 45 minutes to draw **Ch8**: Because, usually I would… I would've been be doing maths… **R***: Mm…mm…* **Ch8**: Um and I prefer art to draw or sketching to my lessons. (P254,L.7-9).	**Ch5:** I didn't go. But of course ……said yes. (P246, L. 22-29) **R:** Did you have a chance to say yes or no to going to art therapy? **Ch7***: Um….I…di...Nnn...no, I didn't have a chance (p2, L1-2) **R:** Do you think you learned anything at art therapy? **Ch.6***: Um…Not yet. (P2,L.7-8) **R:** No, ok….What do you think about Art therapy in school? **Ch.6**: Umm… um……… I'm not sure. (p2, L.15-16). **Ch6***: I feel happy about going to art therapy, because I enjoy it and I get some time …on my own. **R:** Mm…mmm… and why is it important to have time on your own? Ch6: Um…….I don't really know (p3, **R:** Ok ….What did you not like about it? **Ch5***: Um that we …that most... most of the time we didn't talk about, we talked about how the day was before and not how the day was like today instead of before, cause we only talked about that instead of how I am feeling today. (P245, L.13-15)	*C6:* Yes, I had fun and I enjoyed it. **R:** What did you enjoy about it? **Ch6:** Um... like playing with the clay and drawing, lots of things (p248, L.4-6) **R:** What did you like… about going to art therapy? **Ch2***: We could play there… **R:** Mm...mm **Ch2:** And……. **R:** Tell me a little more **Ch2:** We draw and we…. And we do…. do working out for some, some work.(P1,L.10-15) **R:** Mm...mm. What do you think about art therapy in school? **Ch3:** I think art therapy in school is great, so It's not just like you have to go to art therapy, but if it's in school you can, you can just go…..go into art therapy. They just take you in a r… in a special room. (P241,L.1-3) **R**: Mm mmm ok. What do you think about art therapy in school….. **Ch5:** Um….I think…..	**R:** Mm mm….. Can you tell me a little more... more about that…..you say it changes their life? **Ch2:** Like...like if they …if they… Like, fight a lot and then they… then afterwards they come here then they don't fight a lot and bully people and now they don't (p2, L.6-11) **R**: What sort of things did you learn at art therapy?...You can, use your drawing to help you… What sort of things did you learn? **Ch.7:** I learnt that … that… that if any ….that if I didn't have power and anything …..I can um… I know that …… I can ….. …… I know that …I can take power over myself and no one can control me.(P252, L.6-7) I learned… at art therapy…. er never give up what you're trying to do, al…always try your best. Always try your best to do what you like (P1,L.27-29). **R**:Mmm…mm. That's the sort of things you learned. And did you learn any skills? You know…. How would you do that...Learn any skills?

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R: Mm mmm ok. Ok. So can you think of a time when you used what you learned in art therapy? **Ch1***:* Um Maybe while I was at home… R: Mm mmm **Ch1:** While I'm at school(p2, L236-1-5)		R: In school **Ch5***:* I think it's good and helpful for the kids instead of doing it with outside school with like where you don't know and no one is around to like actually look after you in case something bad happens. (P247, L.12-13)	**Ch.7:** Yea by um… thinking to myself if anyone says anything bad about me…..I…I will just ignore them and… think in my head that….. I am not what they say…I am. (P252, L.10-11)
R: Mm…mmm. Can you tell me about a time when you used what you learned? **Ch3:** Oh I can remember a time when I used what I learned was…um… one Monday… when…..when I was drawing and she said, what skill would you use and I said I would use.. er my heart. (p239,L.30-33) **R:** A time you used what you learned… you said you learned**…** **Ch5***:* Um when only my friends were like running round me I just calm myself down just by breathing in and out and just forgetting about everything. (p247, L.5-6) **R:** Ok……….. Can you think of a time...that you used what you	**R:** Did you get a chance to say yes or no to going to art therapy? **Ch10:** No **R:** No….what did they say to you when you started? **Ch10:** There was like um J….there was a…lady that said…you're going, you are going art therapy (p261, L.30) **R:** How did you find out? How did you find out? **Ch10:** Because, my mum told me so I…because when I went home my mum told me. So that's when I knew.(p1, L.24-26) **Ch9**: Um because um …. whe…on Monday when the Per .. No yeah, on Monday um the person told me um that and you're gonna start going…. on Monday (P258, L.18-19).	**Ch 9**: Err… I like it because of my other reason as well **Ch9:** I didn't like …I li… I liked everything about it (P257, L.11) . **Ch3:** Art therapy is great. Amazing to be in school (p2, L. 10-12). **Ch1: S**o I think we should do it at…like at play time while its playtime because it's also kinda like playtime as well. (p235,L. 21-22) **Ch1***:* But better **C6:** Yes, I had fun and I enjoyed it. **R:** What did you enjoy about it? **Ch6:** Um… like playing with the clay and drawing, lots of things (p248, L.4-6) **Ch6***:* Help me build and stuff	**Ch4:** And… and if you don't know … and if you don't understand a question that your teacher asks **R:** Mm mmm **Ch4:** asks you… you can tell the teacher that you don't und….you don't know the answer so the teacher **R**: A time you used what you learned… you said you learned.. **Ch5***:* Um when only my friends were like running round me I just calm myself down just by breathing in and out and just forgetting about everything. (p247, L.1-6) **R**: Ok……….. Can you think of a time...that you used what you learned in ar…..apart from art

learned in ar…..apart from art therapy…. think about a time…… is there a time that you used what you learned

Ch7: Yes …I was at home, because my older brother …. is older and he's …he's a….. Sometimes he gets a bit frustrated…   R: Mm…mm.   Ch.7: …at me and then says stuff about me, but I just ignore him and tell him that it's not true and then… I just …. um…think about it in my head and try and make it go away.(P252,L.14-15)

Ch 1: That I shouldn't do am I should do ….Sometimes I can do whatever I want and sometimes I can't
once I drawed something when it was July the th…. um….. I forgot what time it is but it was July somethink… near my birth day and I drawn like something… em…I draw a picture with a birthday cake because it was soon my birthday

Ch4: if you don't know how to make stuff that much
R: Mm mmm

R: Mm …um Did you have a …chance to say yes or no?
Ch9: I did have a chance …..to say yes (P1, L.25-26).

R: Ok….Did you have a chance to say yes or no to art therapy?
Ch3: No…, not really. (P1,L.19-27)

R: mmm. Mm… Ok….. Did you have a chance to say yes or no…. about going   Ch 5: Yea
R: Mm mm
Ch5: They gave me a chance and if I said yes I went.
R: Mm.
yes. (P246, L. 22-29)

R: Did you have a chance to say yes or no to going to art therapy?
Ch 7: Um….I…di…Nnn…no, I didn't have a chance (p2, L1-2).

R: Do you think you learned anything at art therapy?
Ch.6: Um…Not yet. (P2,L.7-8)
R: No, ok….What do you think about Art therapy in school?
Ch6: Umm… um……… I'm not sure. (p2, L.15-16).

R: Mm…mmm a ten. Now, now that you've said 10 you've got to tell me why you'd give it a ten rather than a one
Ch6*:* um….cause I enjoy art therapy
R: Mm mm…And how did that… can you think of ….how did that make you feel?
Ch8*:* It made me happy. **(P2,L26-27)**

R: Right ….I would like you to help me to learn more about art therapy. The first question I am going to ask you is…did you like going to art therapy?
Ch7*:* Um…Yes I did like it, bec…
R: Yea carry on…
Ch7: Because I…em …..because I got to…..um exercise my mind and….. let the bad thoughts go away and relax. **(p251, L.8-9)**

Ch.9: Because… It worked for me because people are very shouty in class.

R: Mm… mm …What sort of things did it help you to do?
Ch9*:* Um… It helped me to get some peace and quiet and my

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therapy…. think about a time…… is there a time that you used what you learned

Ch.7: Yes …I was at home, because my older brother …. is older and he's …he's a….. Sometimes he gets a bit frustrated…
R: Mm…mm.
Ch.7: …at me and then says stuff about me, but I just ignore him and tell him that it's not true and then… I just …. um…think about it in my head and try and make it go away.**(P252,L.11-17)**

R: Mm…mmm.   Can you tell me about a time when you used what you learned?
Ch3: Oh I can remember a time when I used what I learned was…um… one Monday… when…..when I was drawing and she said, what skill would you use and I said I would use.. er my heart. (p1,L.30-33)

R: A time you used what you learned… you said you learned.. **0**)

Ch5*:* Umm ….And also B… umm….. B… really helped me with my

Ch4: then you can… then you go to art therapy and after that you can make stuff and practice (P3, L. 21-31)

R: ……ten? Ok. Right. Is there anything else you want to say about art therapy?
Ch4: Well Art therapy ….is … it gives you more education… education for your, for your class learning.
R: Mm….. mmm
Ch4: <mark>And help you with your drawing skills</mark>
R: mm mm
Ch4: And… and your, your making skills,
 R: Mmm mmm
 Ch4: if you don't know how to make stuff that much
R: Mm mmm   (p 243, L.16-24)
 Ch4: then you can… then you go to art therapy and after that you can make stuff and practice(P3, L. 21-31)

R: What did you like about going to art therapy?

Ch1: I like, um… <mark>Because you got to do drawing</mark>…. (p239, L.8)

Ch6: I feel happy about going to art therapy, because I enjoy it and I get some time …on my own.
R: Mm…mmm… and why is it important to have time on your own?
Ch6: Um…….I don't really know (p3, L. 5-7)

R: Ok…um…did you know that you were going to art therapy before you started?
Ch8*:* Yes, because…my mum had told me …
R*:* Mm…mm
Ch8*:* Because she got called…
R*:* Mm…mm
Ch8: by the school
R: By the school and mum…mum talked to you about it….
Ch8*:* Yep. (P253,L.23-30)

<mark style="color:red">R: Mm…mm. Before you started art therapy did you know you were going to art therapy?</mark>
 <mark style="color:red">Ch3: No.</mark>
<mark style="color:red">R: Mm… How did you find out…….that you were going to art therapy?   Ch3: Just one day …er…this lady, called E---, told my teacher that I was going art therapy and then e…every, every …Mondays I went to art therapy (p240, L.21).</mark>

head… my headache goes away (P2, L.4-7)

Child 9: I like.. I like going to art therapy…because em…some… em.. Sometimes in class, everyone is a bit shouty and noisy and I get a head ache so at least I get to come into a quiet room. (p257, L. 7-8)

Ch1: I like, um… Because you got to do drawing..And you get to like, clear out your mind. …
R: mm…mm
Ch1: and a…and it's umm like a time when you can like um do whatever you want
R: Mmm…….When you say clear out your mind what did you, what did you mean clear out your mind?   **Ch1:** like think straight words ……………and think about things more. (P1,L. 12-19)

Ch3: Ah…art therapy is a place where you can just relax… and when you are not. And … and when you are angry…. it's a place to cool down and draw(p239, L8-9).

anger problems and so I came and they all sorted it out by making me happy and they just overall stopped… stopped me getting angry easily. (P2, L27-29)
R: Ok …so you used the skills that you've learned…..Ok ….That's one thing you learned …….Ok…….. Did it help you when you used it?
Ch7*:* Yes, it did help me……Because now he doesn't really…. an… annoy me anymore.
R: Mm…mm
Ch7*:* Just … because….if I….if I say…..if I show him that I am annoyed…then, he'll start to do it more…..but I… just take it in and don't do anything and ignore him. (P2,L.18-23)

Ch5*:* <mark>Um…I learnt how to become more creative and like because I can't calm myself down cause every time when I was angry I just kept on like waiting it out until it actually stopped but I….I learnt by just calming myself down an easier way would help me</mark>. (P1, L.30-33)

Ch5*:* And now I just get angry over like things that I should be getting

R: Umm…mm. Did it help you?

Ch1: <mark>Yea…help me with my practising of drawing</mark>….

R: Mm mm. Help you with your practising of drawing. What do you think of art therapy in school?

Ch1: I think it's really fun….

R: Mm mm

Ch1… and… I really enjoy it.

R: Mm mmm. Can you tell me a little bit more …about that?

Ch1: Um that I like to… I like to draw and it helps and <mark>helps me think remember more things like events</mark>, like… (p2, L.14-23)

C6: Yes, I had fun and I enjoyed it.

R: What did you enjoy about it?

Ch6: Um… like playing with the clay and drawing, lots of things (p248, L.4-6)   **Ch6**: Help me build and stuff.

R: Ok…….what do you think about art therapy in schools?

Ch4: I think if you have art therapy in schools it will be very fun because you get to learn all different stuff (p2, L.20-22)

Ch1*: … and… I really enjoy it.*

R: Mm mmm. Can you tell me a little bit more …about that?

R Ok….Did you have a chance to say yes or no to art therapy?

Ch3: No…, not really. (p1, L.25-27)

R : Ok……….Did you have a chance to say yes or no to going to art therapy?

Ch 6*: Yes. (p1, L.32&p2,L1)

R: Mm….Mm ok….. If you could give art therapy a mark out of ten, what would you give it?

Ch4: Mm….Mark out of……………………… 30.

R: Remember it's out of ten ……1….2…3….4….5….. 6 which one would you give it out of ten?

Ch4: ten (p1, L.32-34 &p2, L.1-2)

R: Ok……. Did you have a chance to say **yes** to art therapy?

Ch2*: Yeah (p1, L.29-30).

R: mm. mm… Ok….. Did you have a chance to say yes or no…. about going

Ch5*: Yea

R: Mm mm

Ch5*: They gave me a chance and if I said yes I went.

R: Mm.

Ch 5: and if I said no

R: Mm

Ch6*: I feel happy about going to art therapy, because I enjoy it and I get some time …on my own.   **R**: Mm…mmm… and why is it important to have time on your own?

Ch6: Um…….I don't really know (p3, L.5-7).

Ch.6: um….cause I enjoy art therapy **R**: Mm…mmm

Ch. 6: ….and have fun

R: You have fun there…yea?

Ch6*: And I have some time…like for myself…And I have some time…like for myself (P248, L.24-326

Ch6: I think art therapy should stay the same because I like it the way it is … (P2, L19)

R: A nine…Why a 9 and not a 1, or a 10, why a 9?

Ch7: Um a 9 because it…I think they should…still make… like, um do a bit more…for kids ….like …. Make it a bit more… um…like…. talk more. **. (P2,L. 31-33)**

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angry and I should be getting sad like by things I should be getting sad like.   **R**: Ok

Ch5*: So nothing really worries me that much now. (P252, L.29-30)

R: What sort of things did you learn at art therapy?

Ch2: Umm….How to be a better person….. Not to bull. …not to fight. (P1, L.31-32)

R: Um…Did it help you…. Art therapy?

 Ch2: Kinda.

R: Can you tell me a little bit more?

 Ch2: Um ….it helped me with…Um… when ….sometimes when…sometimes when we fight…we… we talk until a ……I'm glad them… they helped us. (P237,L.1-5)

R: Mmm Mm….What do you think about art therapy in school?

Ch.2: Umm…It….feels……Makes people a better person …makes them happy… Changes their life…

R: Mm mm….. Can you tell me a little more… more about

Ch1.Um that I like to… I like to draw and it helps and helps me think remember more things like events, like (P2, L.16-18).

R: Yea carry on…
Ch.7: Um… yes, but also because it saw what I think and what was on my mind yea L.……Because I get to…um...draw what I think and what um… I like. (P1, L.9-11)
R: Ten…Ok…..Can you think of anything else that you want to say about art therapy in school?
Ch2:…………..umm……..It helped me to draw better because when E----- was drawing, I watched her how she was drawing and then …afterwards she taught me how to draw (P238,L 12-13)

R: Ten…Ok…..Can you think of anything else that you want to say about art therapy in school?
Ch2:…………..umm……..It helped me to draw better because when E----- was drawing, I watched her how she was drawing and then …afterwards she taught me how to draw (P2,L 17-20)watched

Ch3: Ah…art therapy is a place where you can just relax… and

Ch5: I didn't go. But of course ……said yes. (P246, L. 22-29)

Ch8: Something I didn't ….the only thing I didn't agr...really like about it was that... when I …wanted… when I asked if we could do it… as in...me and someone else together
R: Mm…mm
Ch8: It had to be three people at least…
R: Mm…mm
Ch8: Um…if it was supposed to be. ..a. more than one person and there was no one really who I… I only wanted to go with one other person.
R: Mm… mm… Tell me a little more
Ch8: Um… so… I would like it... if there were….. I think it would be better if, if you could choose someone to…do art therapy at the same time with. . (P1, L.13-22)

R: Did you have a chance to say yes or no to going to art therapy?
Ch7: Um….I…di...Nnn...no, I didn't have a chance (p2, L1-2)

R: Yes… Did your mum tell you?
Ch9: Yes she did tell me as well (P1, L.23-24)

Ch3: I just liked, drawing, and doing stuff, that just makes, just makes me happy(p1, L.15)

R: Right… I would like you to help me to learn more about art therapy, yea. And the first thing that I would like you to tell me is, did you like going to art therapy?
Ch8: Yea I did I thought it was quite nice having…45 minutes just to draw. (P1,L.4-6)

Ch8: I didn't really learn… anything...but, I did perhaps because I had so much time to just draw I…I learnt to like draw perspective and draw things better… (p2, L.20-21).

Ch8: Because, you get time to… think and, and… just…draw
Ch8: So… You don't have to… you don't have to think but you've got as much time as you want…and yea. (P256, L.4 &L6)

Ch10: Sometimes when… like when I come here….. It's like …happy for me because… sometimes I get sad and

that…..you say it changes their life?
Ch.2: Like...like if they …if they… Like, fight a lot and then they… then afterwards they come here then they don't fight a lot and bully people and now they don't. (P239 L. 6-11)

R: Ok……What sort of things did you learn…art therapy?
Ch10: That you just like come here to do a bit of art and know how you're feeling (p259, L.31-32)

when you are not. And … and when you are angry…. it's a place to cool down and draw. (P.239, L.8-9)

R: Mm mm... Um... What sort of things did you learn …at art therapy?   **Ch9**: I learnt that um… When… when I draw you… you… um you just keep doing …. When you… say you're drawing and you're doing it you're drawing you keep doing it the same way all the way down until you're finished because if you don't there will be lots of lines, um messy work.(P1, L.30-33)

R: Mm….Ok. Right… What sort of thing did you learn …at art therapy… you learnt some things at art therapy?   **Ch8**: I didn't really learn… anything…but, I did perhaps because I had so much time to just draw I…I learnt to like draw perspective and draw things better…
R: Mm…. mm
Ch8: Like drawing the, the human bo…. Um Or… I learned to draw…
R: Mm…mm
Ch8: better…. (P255, L.18- 25)

R: You liked everything about it …….um……..Did you ….before you went to art therapy did you know you were going to art therapy?
Ch9: No I didn't …know.
R: How did you find out?
Ch9: Um because um …. whe…on Monday when the Per .. No   yeah, on Monday um the person told me um that and you're gonna start going…. on Monday (P258, L.18-19.

R: That's good…Before you started art therapy, did you know that you were going to art therapy?
Ch4: Um….Not re…yea…yes.
R: Mm mm. How did you find out?
Ch4: My old B teacher told me I was going to get a new B teacher in year 4 (p242, L25-29)

R: mmm….mmm…ok….. Before you went to art therapy, did you know that you were going to art therapy?
Ch7: Um…nnn….no not until …um...I got told
R: Mm mmm …
Ch7: ….before.   R: Mm mmm… how were you told before?   Ch7*:* Um….In the morning...um   R: Mm..mm

sometimes I get happy……
because   **Rr:** Mm mm, carry on
Ch10: The way I get happy because the way people treat me and sometimes I get sad when people treat me the way I don't like (p1, L.10-14)

R: Ok.. What did you… What did you like about going to art therapy?
Ch10: I liked about going… to art therapy when… I…I go there to… keep myself… keep my brain calm and stuff like that (p260,L.16-17)

R: Ok, um …what sort of things did you learn?
Ch10: Um...I learned that going to art therapy is kind of fun and…sometimes… it like refresh my brain yeah... (p261, L.6-7)

Ch3: I did…sometimes, I did not like…because sometimes the time was going a fast. I did not have that much time. (P239, L.15-16)

R: Mm mm…And how did that… can you think of ….how did that make you feel? **Ch8**: It made me happy. **Ch8**: Because I finally achieved….um drawing properly. R: Mm…mm **Ch8**: And I have been trying for years to make proper drawings. (P2,L.26-31)	Ch7: I met with the … with J------- and …and then he told me R: Mm mm Ch7: that…. he was going to take me a… um………after…lunch. (P1,L.14-24) *Ch7:* Um…before that I didn't know. (P1, L.26). R: Ok……. I'll go on to….I'll ask you something else. Did you know that you were going to art therapy? Ch6: Yeah. R: How did you find out? Ch6: Um…..cause… my mum got a letter and then she signed it R: She got a letter and she signed it. …..Did someone talk to you about it? Ch6: Yeah R: Yes…And what did the person tell you? Ch6: She said that….um… every Monday I'll be going to art therapy.(p.248, L.21-29). R: Mm mm.. Ok…right. Did you know you were going to art therapy before you started Art Therapy or B? Did you know that you were going to do it? Ch1: No… actually… R: How did you find out…can you tell me how you found out? Ch1: Welp um… when like um B		

Figure2 *Child Participants Final Thematic Map showing overarching, main and subthemes*

Key:

▬ (green)	Overarching theme	─────	direct link to main themes indirect link
▬ (blue)	Subthemes	─ ─ ─ ─	indirect link to main themes

Appendix R

Thematic Map Focus Group

Main theme:

Advantages

Subthemes:

Work not complicated

Link between child and adults

Main theme

Impact of art therapy

Subthemes:

Impact delayed

Developed skills

Improved wellbeing

Safe space

School Environment

School Environment

Main theme:

Communication

Subthemes:

Referral

Consent and information

Main theme:
Constraints

Subthemes:

Resources Children's Perceptions of art therapy

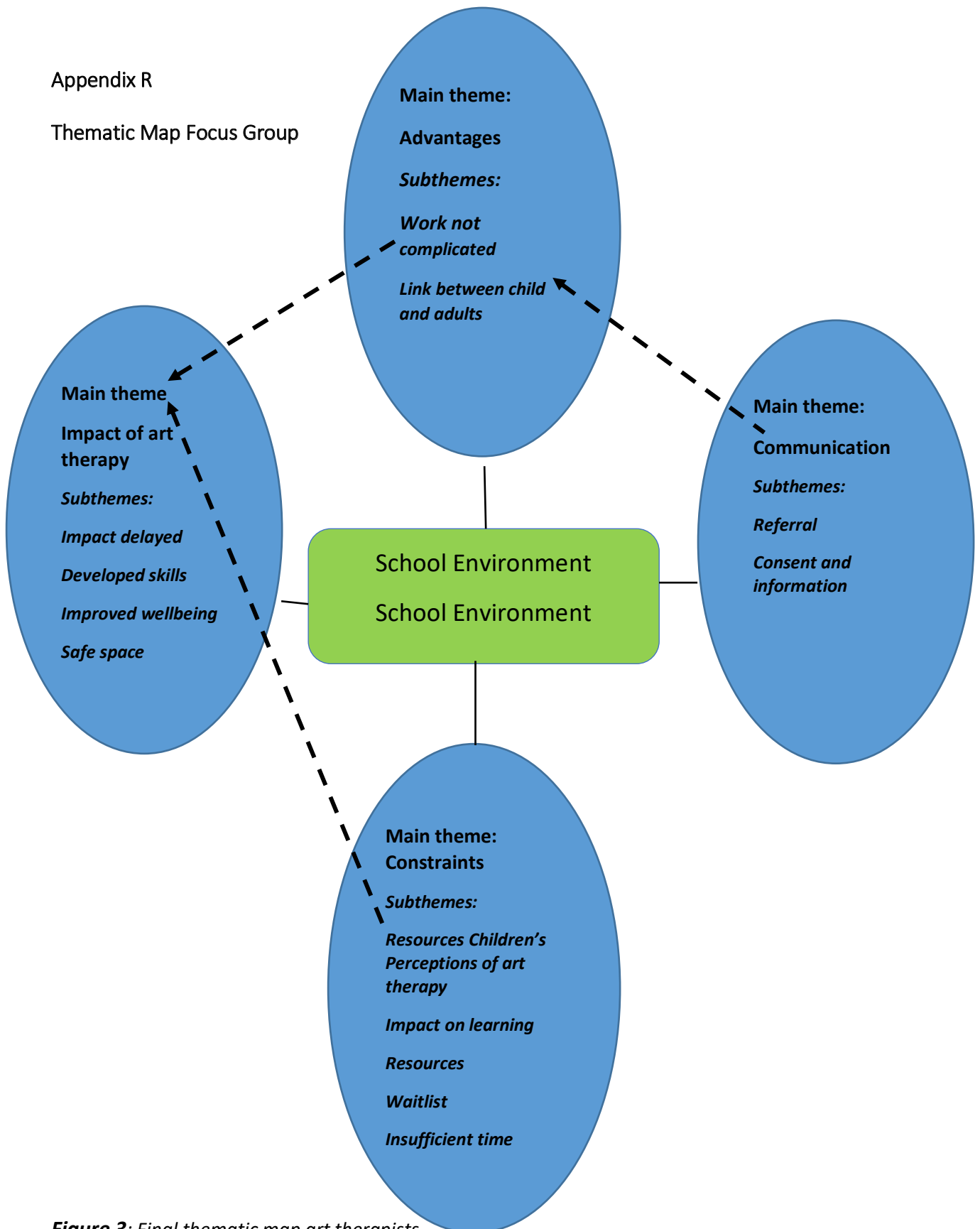*Impact on learning*

Resources

Waitlist

Insufficient time

Figure 3: *Final thematic map art therapists*

Key:

| | Overarching theme | | direct link to main themes indirect link |
| | Subthemes | - - - - | indirect link to main themes |

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