

**EVALUATION OF THE EFFECTIVENESS OF
THE ART THERAPY PROGRAM FOR
ABORIGINAL CHILDREN
(AGED 4-7 YEARS OLD)**

PROJECT REPORT

**Project Coordinator
Denise Lynch
BSW (UNSW), MCrim (USYD)
Faculty of Education and Social Work (Honorary)
University of Sydney**

Evaluation of Effectiveness of Art Therapy Program Report

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1. Acknowledgements

The Coordinator of the evaluation would like to thank the staff at Gunawirra for their cooperation in this study. It required a consultation and reference committee and considerable work by Mrs Norma Tracey and the staff. Mrs Tracey has committed immense energy and direction, and has assisted my work with the evaluation.

I would like to thank the Art Therapists in particular for their openness and generosity of time and spirit in completing the work and interviews.

I would like to thank all Principals/Directors and staff in schools and preschools that agreed to interviews and were open and honest in their responses.

I would especially like to thank the bus drivers that allowed me to accompany the children being taken home in rural areas of Kempsey and Armidale. It was a delight.

I would like to thank Lok Chen who assisted me with data analysis and organization. It is greatly appreciated.

2. Executive Summary

- The Evaluation of the Effectiveness of the Art Therapy Program for Aboriginal children examines whether art therapy, underpinned by a psychoanalytic theoretical foundation, proceeds to positive change for Aboriginal children. While there is acknowledgement of the 'brief' of the study, the evaluation cannot be conducted in a historical or social vacuum.
- The goals of this evaluation are to assess the effectiveness of the art therapy program conducted by Gunawirra. There are a number of secondary goals addressing structural factors influencing the children, such as home situations and the role of the school and community. These factors are often less direct but can have tangible effects on programs.
- The evaluation is conducted in 5 locations in NSW. (2 in metropolitan Sydney, 3 in rural areas. (2 in Armidale and 1 in Kempsey).
- The methodology is a combination of quantitative and qualitative elements. These elements include an observation sheet of children engaged in group or individual art therapy, across a spectrum of psychological, educational, behavioural and resilience factors. These sheets are completed at the beginning of the observation time and at the completion with a minimum of 10 weeks, with children being given a rating from 1-5. (See Appendix 2)
- Mt Carmel Results

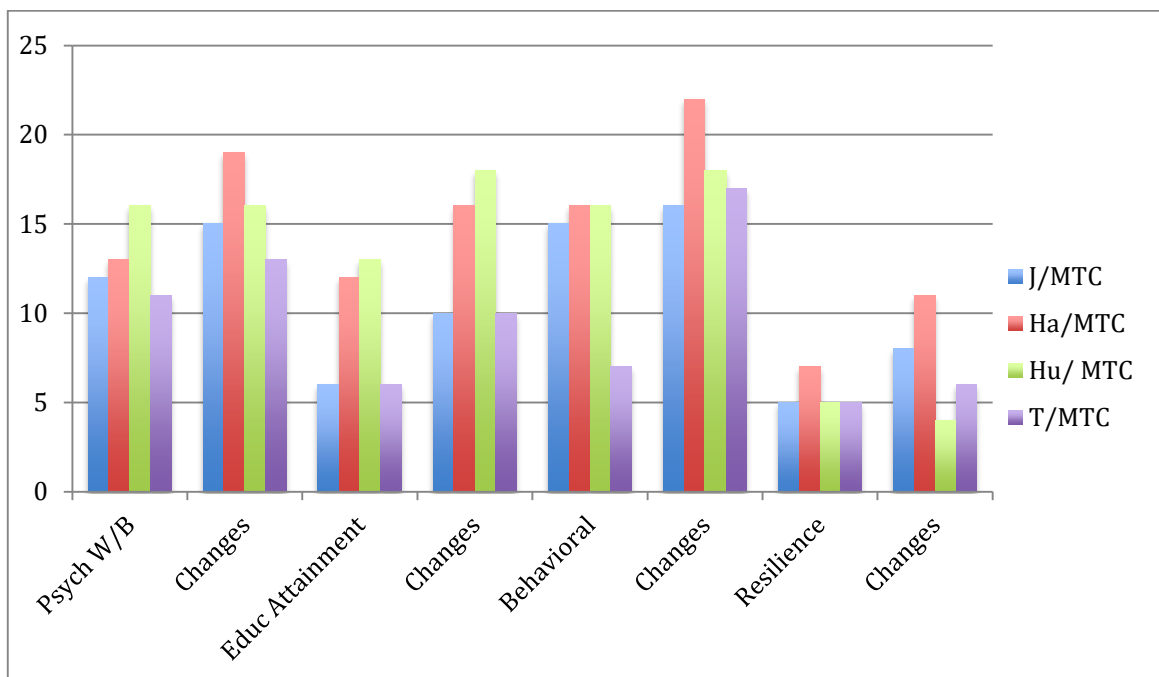


Table 2. Progress of children at Mt Carmel Primary School. Each alternate column named 'Changes' indicates the change in the 10 week period. Each colour represents a child.

The findings indicate positive change for all children who have been receiving art therapy for at least one school term. The percentage change is not consistent for all children, but within the observed criteria, there is at least 20% change under the psychological well being, educational attainments,

behavioural and resilience factors.

- The importance and power of the schools within which the art therapy occurs cannot be overrated. They provide a safety net for the families, an educational framework that has an understanding of their previous trauma and a complementary acceptance of the art therapy program.
- The principals/directors of all schools are essential foundations for the introduction and management of the art therapy program.
- The prior and current relationship that Gunawirra has established with the schools/preschools has contributed to the acceptance of the program and its continuity.
- The criteria for children being accepted in the art therapy program needs consideration. In the interviews conducted, there is great variety in the answers.
- Teachers in all areas discussed the need to be well informed about art therapy and the involvement of art therapists with their students, before the art therapy begins, and during the program and after the art therapy has finished for the child.
- Teachers in all areas discussed the need for skills and training in follow up with their students.
- The ability to access parents is a challenge with all centres. This is understandable considering the negative history of white colonization, current family violence and the often difficult circumstances of their current lives.
- The ability to observe changes in children, specifically owing to the art therapy will pose more challenges without the parents' interviews
- The Aboriginal cultural traditions in the centres are vital for the program and works in a complementary fashion with art therapy concepts and ideology.
- The social world that these children negotiate and manage, which includes positive schools and communities, but also includes high domestic violence and child abuse and unstable housing cannot be separated from their progress and regression in the art therapy program..
- While the engagement and relationship work that Gunawirra has done with the staff of the schools is essential for ongoing work with the children, ongoing communication which includes training of all staff about art therapy and their support ongoing role with children is highly recommended.

Recommendations

1. **For art therapy to continue in the current schools/preschools where it is making successful progress with Aboriginal children.**
2. For the continued involvement of an Aboriginal artist/community person to ensure that appropriate cultural connections are maintained.
3. That all art therapy done in preschools and schools is part of a **structured program** including preparation of teachers and supportive follow up by teachers when the art therapy is finished. It is acknowledged that this is a resource issue.
4. That the Principals/Directors continue to have active involvement in the selection of the referred children and have active ongoing communication with Gunawirra and staff.
5. For the criteria for selection for art therapy be developed by Gunawirra, and

communicated to all schools and preschools. The term 'intergenerational trauma' can be interpreted in a variety of ways and causes confusion.

6. That the 'place' of the school/preschool in the community is considered as influencing the positive response to the art therapy.
7. It is acknowledged that art therapy is part of a number of programs that Gunawirra delivers to schools/preschools where the enrolments for Aboriginal children are high, so interprogram collaboration and communication are essential.
8. There is a need to do some longitudinal research on the effectiveness of art therapy as children get older and move through different stages of childhood.

3. Introduction

The Evaluation of the Effectiveness of the Art Therapy Program for Aboriginal children examines whether art therapy, underpinned by a psychoanalytic theoretical foundation, proceeds to positive change for Aboriginal children. While there is acknowledgement of the 'brief' of the study, the evaluation cannot be conducted in a historical or social vacuum. The history of Aboriginal people in Australia, their current positions, their intergenerational trauma, and the locations of families and children within schools and communities requires consideration, and is linked with the choice of art therapy as an appropriate intervention.

Being able to contribute to the safety and wellbeing of Aboriginal children has been a challenge for many different professions and advocacy groups. There is now a growing realization of the existence and impact of intergenerational trauma on Aboriginal children. In this sense, children carry the distress and burden of harm that has occurred to their parents and grandparents and Aboriginal communities. While this can be individual, this burden also includes the structural harm caused by racism and colonial superiority, as evidenced by the 'stolen generation'. Any intervention program cannot redress the totality of this trauma alone, but if it is part of a culturally appropriate work, then positive change is possible.

The literature supports strongly that art therapy for Aboriginal children is very culturally appropriate. It parallels Aboriginal history, and although art therapy is not based on an artistic aesthetic, the contribution of the Aboriginal artist to the art therapy work is highly valuable. As stated in Tracey and Toomey's chapter, *The aesthetic experience, the work of art or music or literature, is a bridging, an interactive psychic event in the space between trauma and healing*. To continue these connections is very important.

There is a need to provide individual mechanisms for children and adolescents to thrive and prosper in families and communities. Thus an integrated response that links the individual with attitudinal, structural and community strategies is an essential requirement of any intervention strategy. While there are real challenges, art therapy can assist children to thrive and grow with positive self-esteem and proceed to working towards more structural positive change.

4. Goals of Evaluation

The goals of this evaluation are to assess the effectiveness of the art therapy program conducted by Gunawirra. There are a number of secondary goals addressing structural factors influencing the children, such as home situations and the role of the school and community. These factors are often less direct but can have tangible effects on programs.

The evaluation is conducted in 5 locations in NSW.

In Sydney, Poet's Corner Pre School , and Mt Carmel Primary School, and, regionally, in Armidale, Armidale Minimbah Aboriginal Preschool and Primary School and in Kempsey, Dalaigur Preschool.

The age group of children being assessed is 4-7 years of age.

Although the evaluation was commissioned by Gunawirra it is a totally independent evaluation.

5. Background of Locations of Study

There are 5 locations of the study; 3 are in regional NSW and 2 in metropolitan Sydney. The following gives a brief description.

1. **Kempsey Pre-school.**

Dalaigur Pre-School & Children's Services is a 3-unit Independent Indigenous owned community pre-school which serves the community of Kempsey and outlying areas of Kempsey Shire, including Bellbrook. Although priority is given to Indigenous children they have an active reconciliation policy which allows non Indigenous children to attend.

The buildings are full of Aboriginal art done by the children and the place has a very strong positive sense of Aboriginal pride and connection. The preschool is a place of safety for many Aboriginal families and children. The children have a hot lunch; are bused to and from the preschool, and families, and extended families are strongly connected to the program.

Julie, the Director is an Aboriginal woman, and many of the staff are Aboriginal. She totally supports the art therapy for the children and has sought to accommodate the continuity of the program.

2. **Armidale Pre-school.**

Minimbal is an Aboriginal preschool in Armidale, in the same location as the primary school, with separate principals.

Ursula Kim, the Director is an Aboriginal woman and has a long history with the preschool. She is well respected in the community. She has supported the art therapy program and has provided a positive arena for the art therapists to visit and work with the referred children. She has a positive relationship with Gunawirra, and is on the Board of Gunawirra.

3. **Poet's Corner Preschool, Waterloo, Sydney**

Poet's Corner is a preschool in inner city Sydney, in an area with a high Aboriginal population. It has a high number of Aboriginal children who attend.

The Director supports art therapy in the Centre, and has a very good relationship with Gunawirra. When the art therapy occurs, an Aboriginal artist, Graham Toovey, is often in attendance, to make links with Aboriginal art and culture for the children.

4. **Mt Carmel Primary School, Waterloo, Sydney**

This is a Catholic Primary School which has 60-70% Aboriginal enrolment. The Principal is committed to the program, although it has begun more recently. The art therapist and Aboriginal artist attend and have developed a positive relationship with the principal and referring teachers.

5. **Minimbal Primary School. Armidale**

This is a primary school which has primarily Aboriginal enrolment. It has a non indigenous Principal who has been in the position for 25 years and is very committed to Aboriginal welfare and wellbeing. She is a strong advocate for her students and teachers and their progress in the broader community.

In summary, the preschools and schools are committed to the art therapy program. There is a preexisting relationship with Gunawirra that has built a positive foundation for Gunawirra art therapists to work with the children in a very intense way. This requires a highly trusting relationship for both groups.

Each principal, or preschool director is committed to the art therapy program. They have an understanding of intergenerational trauma and its existence with their students and along with their schools in their local communities, are trying to assist children move positively through their childhood years.

Thus, the prior and existing relationship that Gunawirra has established with the schools, and the role of the principal/director are very important factors contributing to the existence and success of the art therapy program.

Another factor is that art therapy is part of the total Gunawirra program, and connections are constantly evolving through parent groups, seminar programs and educational collegiate networking, that loop back to the art therapy program. While coordination of this is often challenging, the long term results are encouraging.

6. Literature Review

The literature review indicated the following:

- This literature review has a clear purpose; to gather and critique relevant information on the effectiveness of art therapy with Aboriginal children who have a trauma experience, which is inclusive of intergenerational trauma. The actual review has proven less clear. The areas of inquiry are complex, complicated and certainly without absolute answers. The following is not complete, but it advances well the current thinking and literature from Australia and overseas.
- There is a scarcity of research of the effectiveness of art therapy with Aboriginal children in Australia. There is some international research with first nations children and art therapy.
- Many vulnerable populations have benefited from art therapy. This review can support art therapy for Aboriginal children who have experienced trauma. There are good studies from Canada and New Zealand and from Victoria and Queensland which give different perspectives on the effectiveness of art therapy, always underpinned by positive relationships whether they be with the therapist, family or community. The cultural integrity of the Aboriginal people is constantly affirmed and needs to be centrally placed in the 'voice' of the interviews.
- Themes that are emerging are the compatibility of art therapy with Aboriginal culture and history, the distinction between art being therapeutic and art therapy and the very difficult process of measuring effectiveness and processes in art therapy. Under a psychoanalytic umbrella, the effectiveness of art therapy cannot always be determined in the short term, and there are many articles supporting the need for longitudinal evaluations. But also there are emerging examples of methodologies that can assist with giving clear indications of the benefits and

challenges of art therapy for children. These methodologies are value laden, but the values are stated and does not lessen the results of the studies.

- Another factor emerging in this work is that certainly not all the relevant information is in scholarly studies. Much information can be found in film, video and social media, and certainly while there needs to be clear parameters around the work, there needs to be flexibility in the interview schedules, and flexibility in the ideas presented, by people working in the area.
- In continuing with the review, the evaluation needs to extract the best from the presented information but also to continue exploring the different ways that the evaluation can occur and modify accordingly.

(See Appendix 1)

7. Methodology

The methodology is a combination of quantitative and qualitative elements. These elements include an observation sheet of children engaged in group or individual art therapy, across a spectrum of psychological, educational, behavioural and resilience factors. These sheets are completed at the beginning of the observation time and at the completion with a minimum of 10 weeks, with children being given a rating from 1-5. (See Appendix 2).

The methodology also includes interview schedules, for principals, for preschool directors, for referring teachers, and for art therapists, and an Aboriginal artist, as well as parents of children involved in art therapy. All conducted interviews have been done with written consent and with proper information given to participants about the evaluation.

There is a consultation and reference group that meets regularly addressing issues, challenges and interim results.

Limits of Evaluation

A careful study of the literature would indicate 10-20 weeks of observation of 4-7 year old Aboriginal children who have experienced trauma is a very short time to ascertain tangible quantitative results from art therapy. In the future, longitudinal studies with this group of children is highly recommended. It does not mean that valid results cannot be shown, but this must be seen within the parameters of possible change.

While the criteria for inclusion to the art therapy program is similar for each child, the referred children have different social worlds that they are trying to manage and negotiate. For example, their own traumatic history, current stress, living in homes of domestic violence, stability of home and changing family relationships. Thus each child is beginning at somewhat different points. Notwithstanding, all children were chosen because of their experience of intergenerational and current trauma.

Another limitation has been the difficulty experienced in getting access to parents whose children have been involved in the art therapy program. Those that have agreed to be interviewed were positive about the program. Even within the safety of the school/preschool, it is understood, that 'white' authority still presents risks to Aboriginal parents.

Another limitation has been the absence of a control group, although it could be argued that children who have not been chosen for the art therapy program could constitute a control group in future research.

8. Results

The art therapy work is conducted within a raft of programs delivered by Gunawirra. They include parent and mothers' groups and education seminars and work done in schools and preschools. To get an appraisal of the context of art therapy, interviews were conducted with all staff and families that had involvement with the program and with associated programs.

Principal/Director Interviews

Themes

- There is a respectful appreciation of Gunawirra for funding and delivering the art therapy program.
- There is a positive relationship with Gunawirra, that has preceded the art therapy program.
- There is an awareness of the needs of Aboriginal children, distinctly from non indigenous principals and directors in respect of history and culture.
- There is a wish to have a more articulated plan for this program by all interviewed.

Referring Teachers

Themes:

- Referring teachers are very positive about the experience of art therapy for their students. They report that students are happy to go and enjoy the time with the art therapist. They note small improvements in behavior from the outset.
- At Kempsey, there was a collaborative process in choosing the children, and thus, a positive feeling that they had some contribution
- There is a consistent wish from teachers to know more about the art therapy process and how they can contribute to this process.
- There is great variety of responses about who should be referred to art therapy, and who should be excluded. These responses range from 'all children', to those with severe behavioural and psychological problems.
- There is a wish from art therapists about knowing how to continue the process when the art therapy program stops for individual children.
- There are slightly different responses from primary school teachers who indicate the need of consideration of children being removed from the classroom.

Art Therapists/Artist

Themes:

- **Culturally appropriate.** The A/T's consistently speak of the work they are doing as fitting with the Aboriginal culture of the child. There is some play therapy that can occur and there are often outdoor activities that marry well with the art therapy.
- **Should sit within the Aboriginal contexts.** All art therapists and the Aboriginal artist reaffirmed the immense importance of the work occurring within a context of establishing Aboriginal identity.

As quoted, *'children learn about their culture through art'* This means children are proud and assertive as young children and can carry that into older childhood and adulthood.

- **Safe environment/Space.** The therapists expressed the need for private space where the children were not far from their class, but certainly separate from their large group. Their art work could then stay there and there be a continuity for the child and the AT. As quoted, *'the ability provide a safe space for a child assists them with feeling contained and protected. The school is a safe place, but this is more safe.'*
- **Crucial relationship between art therapist and the child.** All art therapists spoke about this as being essential and often, a protective factor to deal with the difficulties of home. As quoted, *'children who have experienced trauma often need to express what is happening to them and they do not have the language. They need to trust and express in different ways.'*
- **Art therapists commitment to the program** is a factor contributing to the success of the program. The art therapists travel considerable distances to conduct the art therapy work with individuals and groups. This is valued highly in remote areas and the principals and teachers commented that commitment and continuity being a factor contributing to success.
- **All art therapists saw positive change with the children,** and got immense satisfaction about the work in which they are involved. There was also comment about children may regress before they proceed, and this was in fact a good thing, although challenging.

The art therapists presented as a committed group of professionals who worked in extremely creative and committed ways to deliver a high quality art therapy program to their respective children. They travelled to Kempsey and Armidale weekly, and often to many other rural and remote places to ensure that the children received the service. What was also impressive about the group is that they involved themselves in the schools they were visiting and were accepted as excellent professionals. This does not happen quickly and so many hours have been spent with teachers, parents and others to ensure that a coordinated process occurs.

Parent Interviews

Parents interviewed were positive about the program. They indicated some concerns about what they did not know, but indicated that they could approach the director for information. A small group of parents were interviewed.

Observations of Children/Results

In presenting these results, the preschool at Kempsey and the primary school at Waterloo, Mt Carmel are chosen as representative samples. The other preschool and primary school figures show comparative results and similarities.

The observation criteria are given for children at the beginning and end of the 10-15 week period. The first number indicates that criteria, out of a possible 5 rating and the second number indicates the rating at the end of the observation period. The final row indicates the overall change for that child.

1. Kempsey Preschool Observational Results F1/K

1. Psychosocial well being/emotional wellbeing	2. Educational achievements	3. Behavioural development	4. Resilience
a) Peer interaction 1-3	a) Language Oral/reading/ Compreh/written Storytelling 2-2	a) Sleeping changes Unknown	a)Self esteem: how they like themselves 0-2
b) Parent/child re'ship Coping with separation <i>Unknown</i>	b) Signs/response to signs 2-3	b) Eating changes Unknown	b) Physical reaction and strength 1-3
c) responsiveness to child needs 2-3	c) Drawing 2-3	c) Play skills Sand play Puzzle 2-3	c) Response and dealing with discipline. 1-2
d) Child's ability to show approp affection (Cultural) 1-2	d) Art therapy/meaning/context 2-2	d) Change in art. See art therapists for actual measures of change. 2-3	d) Response to danger 1-1
e) Continuum of isolation-inclusion with others 1-2	e) Numbers: time, days of week, dates 3-3	e) Anxiety symptoms; Toilet issues, distress, 2-3	e) Self harm??? 2-1
f) Ability to express how they feel. Art, speaking. 2-2	f) Simple maths	f) Changes in behavior: extreme attention or withdrawl 4-2	f) Cultural issues? 2-2
g) Creative/innovative in everyday. Eg. Situations 2-3	g) Listen and follow instruction 1-2	g) Loss of temper 2-1	
		h) Response time to interaction 2-3	
		i) Sensory challenges Sound/touch/taste etc. 1-1	

		j) Gesture 2-2	
9-15/35	12-15/35	17-18/50	7-11/30

F2/K

1. Psychosocial well being/emotional wellbeing	2. Educational achievements	3. Behavioural development	4. Resilience
a) Peer interaction b) 3-4	a) Language Oral/reading/ Compreh/written Storytelling 3-4	a) Sleeping changes Unknown	a) Self esteem: how they like themselves 2-3
b) Parent/child re'ship Coping with separation .5-4	c) Signs/response to signs 2-4	b) Eating changes Unknown	b) Physical reaction and strength 2-3
d) responsiveness to child needs e) 3-3	c) Drawing 2-4	c) Play skills Sand play Puzzle 2-3	c) Response and dealing with discipline. 2-3
d) Child's ability to show approp affection (Cultural) 1-3	d) Art therapy/meaning/context 1-3	d) Change in art. See art therapists for actual measures of change. 1-4	d) Response to danger 2-3
e) Continuum of isolation-inclusion with others 2-3	e) Numbers: time, days of week, dates 2-4	e) Anxiety symptoms; Toilet issues, distress, 1-2	e) Self harm 1-1
f) Ability to express how they feel. Art, speaking. .5-3	f) Simple maths Unknown	f) Changes in behavior: extreme attention or withdrawal 3-4	g) Cultural issues? 2-1
g) Creative/innovative in everyday. Eg. Situations 2-5	g) Listen and follow instruction 3-5	g) Loss of temper 1-1	
		h) Response time to interaction 2-3	
		i) Sensory challenges Sound/touch/taste etc. 2-3	
		j) Gesture 2-3	
12-25/35	13-24/35	14-23/50	11-14/30

M3/Kempsey

1. Psychosocial well being/emotional wellbeing	2. Educational achievements	3. Behavioural development	4. Resilience
a) Peer interaction 2-4	a) Language Oral/reading/ Compreh/written Storytelling 2-3	a) Sleeping changes Unknown	a)Self esteem: how they like themselves 1-3
b) Parent/child relationship Coping with separation .5-4	b) Signs/response to signs 1-3	b) Eating changes Unknown	b) Physical reaction and strength 3-4
c) responsiveness to child needs 2-3	c) Drawing 2-4	c) Play skills Sand play Puzzle 3-3	c) Response and dealing with discipline. 1-3
d) Child's ability to show appropriate affection (Cultural) 1-3	d) Art therapy/meaning/context 2-3	d) Change in art. See art therapists for actual measures of change. 3-3	d) Response to danger 1-3
e) Continuum of isolation-inclusion with others 2-3	e) Numbers: time, days of week, dates Unknown	e) Anxiety symptoms; Toilet issues, distress, 2-2	f) Self harm g) 1-1
f) Ability to express how they feel. Art, speaking. 2-3	f) Simple maths Unknown	f) Changes in behavior: extreme attention or withdrawal 3-2	h) Cultural issues? 2-2
i) Creative/innovative in everyday. Eg. Situations 3-4	g) Listen and follow instruction 2-3	j) Loss of temper 4-2	
		h) Response time to interaction 2-3	
		i) Sensory challenges Sound/touch/taste etc. 2-3	
		j) Gesture 3-3	
12.5-24/35	10-16/35	22-19/50	9-16/30

M4/K

1. Psychosocial well being/emotional wellbeing	2. Educational achievements	3. Behavioural development	4. Resilience
a) Peer interaction 2-2	a) Language Oral/reading/ Compreh/written Storytelling 1-2	a) Sleeping changes Unknown	a) Self esteem: how they like themselves 3-3
b) Parent/child re'ship Coping with separation Unknown	b) Signs/response to signs 2-2	b) Eating changes Unknown	b) Physical reaction and strength 2-2
c) responsiveness to child needs Unknown	c) Drawing 2-2	c) Play skills Sand play Puzzle 3-3	c) Response and dealing with discipline. 2-3
d) Child's ability to show approp affection (Cultural) 1.5-2	d) Art therapy/meaning/context 1-2	d) Change in art. See art therapists for actual measures of change. 2-2	d) Response to danger 1-2
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		h) Response time to interaction 2-2	
		i) Sensory challenges Sound/touch/taste etc. 2-2	
		j) Gesture 2-2	
8.5-13/35	7-11/35	20-18/50	14-13/30

2. Dalaigur Preschool, Kempsey

Group Art Therapy

Psych W/being	Educ Attainment	Beh Change	Resilience
9-15/35	12-15/35	17-18/50	7-11/30
12-25/35	13-24/35	14-23/50	11-14/30
12.5-24/35	10-16/35	22-19/50	9-16/30
8.5-13/35	7-11/35	20-18/50	14-13/30

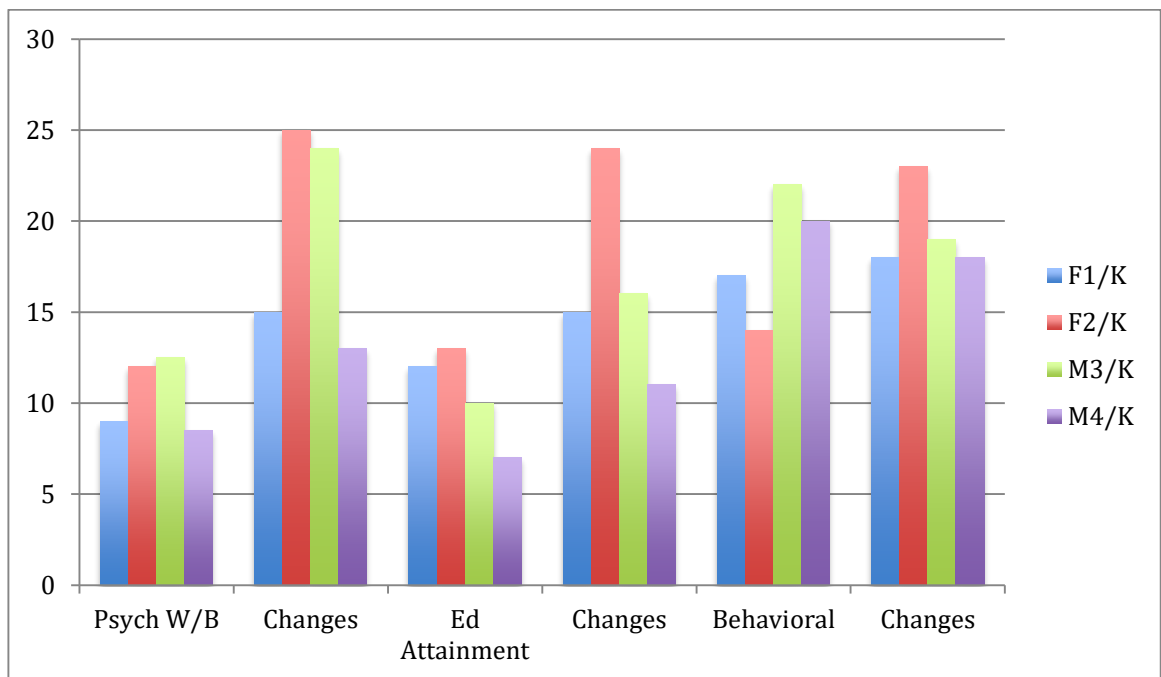


Table 1. Kempsey Pre school

The colours indicate the child, and each cluster indicates their results at the beginning and end of the observations. Each 'Changes' column indicates the child's score following the observational 10 weeks.

**Mt Carmel Primary School
Observational Results**

	J	Ha	Ho	T
Psych W/being	12-15/35	13-19/35	16-16/35	11-13/35
Educ Attainment	6-10/35	12-16/35	13-11/35	6-10/35
Behavioral	15-16/50	16-22/50	16-18/50	7-17/50
Resilience	5-8/30	7-11/30	5-4/30	5-6/30

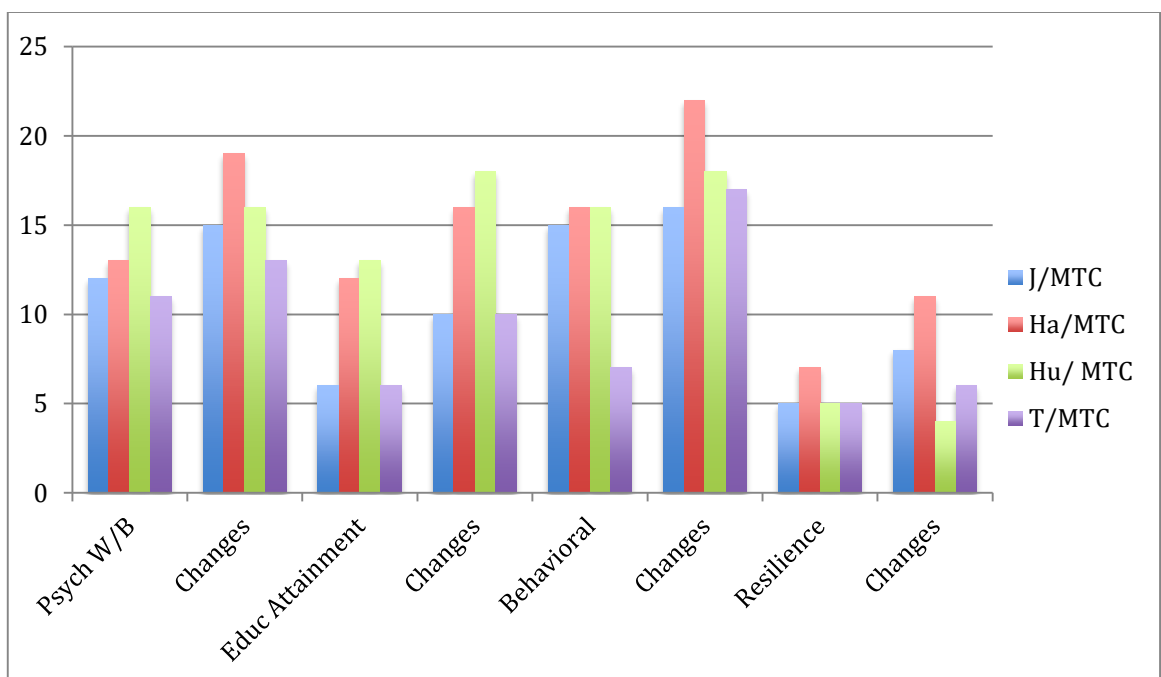


Table 2. Progress of children at Mt Carmel Primary School

The colours indicate the child, and each cluster indicates the child at the beginning and end of the observations. Each changes column indicates the child's score following the observational 10 weeks.

9. Discussion

The findings indicate positive change for all children who have been receiving art therapy for at least one school term. The percentage change is not consistent for all children, but within the observed criteria, there is at least 20% change for some children, under the psychological well being, educational attainments, behavioural and resilience factors.(See Tables 1 and 2)

1. The importance and power of the schools within which the art therapy occurs cannot be overrated. They provide a safety net for the families, an educational framework that has an understanding of their previous trauma and a complementary acceptance of the art therapy program.
2. The principals/directors of all schools are essential foundations for the introduction and management of the art therapy program.
3. The prior and current relationship that Gunawirra has established with the schools/preschools has contributed to the acceptance of the program and its continuity.
4. The criteria for children being accepted in the art therapy program needs consideration. In the interviews conducted, there is great variety in the answers.
5. Teachers in all areas discussed the need to be well informed about art therapy and the involvement of art therapists with their students, before the art therapy begins, and during the program and after the art therapy has finished for the child.
6. Teachers in all areas discussed the need for skills and training in follow up with their students.
7. The ability to access parents is a challenge with all centres. This is understandable considering the negative history of white colonization, current family violence and the often difficult circumstances of their current lives.
8. The ability to observe changes in children, specifically owing to the art therapy will pose more challenges without the parents' interviews and opinions.
9. The Aboriginal cultural traditions in the schools and communities are vital for the program and works in a complementary fashion with art therapy concepts and ideology.
10. The social world that these children negotiate and manage, which includes positive schools and communities, but also includes high domestic violence and child abuse and unstable housing cannot be separated from their progress and regression in the art therapy program..
11. While the engagement and relationship work that Gunawirra has done with the staff of the schools are essential for ongoing work with the children, ongoing communication which includes training of all staff about art therapy and their role with children is highly recommended. This has begun in some areas.

10. Recommendations

1. **For art therapy to continue in the current schools/preschools where it is making successful progress with Aboriginal children and appropriate resources be provided to continue this program.**
2. For the continued involvement of an Aboriginal artist/community person to ensure that appropriate cultural connections are developed and maintained.
3. That all art therapy done in preschools and schools is part of a **structured program** including preparation of teachers and supportive follow up by teachers and teacher's aides, when the art therapy is finished. It is acknowledged that this is a resource issue.
4. That the Principals/Directors continue to have active involvement in the selection of the referred children and have active ongoing communication with Gunawirra and staff.
5. For the criteria for selection for art therapy be developed by Gunawirra, and communicated to all schools and preschools. The term 'intergenerational trauma' can be interpreted in a variety of ways and causes confusion.
6. That the 'place' of the school/preschool in the community is considered as influencing the positive response to the art therapy.
7. It is acknowledged that art therapy is part of a number of programs that Gunawirra delivers to schools/preschools where the enrolments for Aboriginal children are high, so inter-program collaboration and communication are essential.
8. Some longitudinal research on children currently receiving art therapy needs to occur with the Aboriginal children.

Conclusion

For art therapy to be effective for Aboriginal children it needs to be in an environment where the child's culture and identity are positively exposed and their current trauma and intergenerational trauma are acknowledged and assisted. There needs to be a community and school that works with the program, and accepts the challenges that confront children as they negotiate and manage their previous and current harm. If this collaboration can occur then art therapy can achieve some excellent results for children, and be part of a movement of positive change for the Aboriginal community.