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COMMUNITY ARTS AND CHILD WELLBEING

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A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology

APRIL 2014

SALOMONS
CANTERBURY CHRIST CHURCH UNIVERSITY
Acknowledgements

I would like to thank my supervisors for their support and guidance in carrying out this research. Professor Paul Camic, for offering encouragement in the face of inevitable challenges, and Professor Stephen Clift, for introducing me to the inspiring world of community choir singing.

Many thanks also to Ben Lewis and Dan Timms from Young Voices, who shared with me their passion for music, assisted me in my recruitment efforts, and enlightened me about the work of Young Voices.

Finally, I am extremely grateful to the music teachers who gave up their busy time to participate in my research, and to the young people who completed questionnaires or spoke to me about their experiences.
Summary of this Portfolio of Work

This work considers the role of participatory community arts projects in enhancing the psychological wellbeing of young people.

Section A is a literature review, appraising the application of psychological theory within this field and providing a critical review of existing empirical research. The review focuses on art projects carried out in community settings and the impact they have for the young people. Results suggest a great deal of potential for such community interventions, however, further research is required in this developing field.

Section B is an empirical paper considering the impact of a group singing project for psychological wellbeing in a non-clinical sample of primary school children. A mixed methods, repeated measures design was adopted, where children completed self-report measures of their psychological wellbeing and their identity as a singer. Teachers also completed a measure of children’s psychological difficulties. Child focus groups and teacher interviews were also carried out, providing evidence for a number of interpersonal and intrapersonal gains. Quantitative results did not, however, reveal a positive impact for choir members’ psychological wellbeing, and qualitative data help explore possible reasons for this. Limitations of this study are discussed and implications for future research considered.
# List of Contents

SECTION A: LITERATURE REVIEW ................................................................. 1

Abstract ........................................................................................................... 2

Introduction ....................................................................................................... 3

Wellbeing: Definitions and Perspectives ....................................................... 3

Child Wellbeing: Definitions and Context ................................................... 4

Measuring Child Wellbeing .......................................................................... 5

Enhancing Child Wellbeing .......................................................................... 6

Child Wellbeing and the Arts ......................................................................... 7

Methodology ..................................................................................................... 8

Theoretical Review .......................................................................................... 8

Empirical Review ........................................................................................... 9

The Arts and Psychological Wellbeing: Theoretical Perspectives ............... 11

The Broaden and Build Theory of Positive Emotions ................................. 11

Human Needs Theory .................................................................................... 12

Flow Theory .................................................................................................... 13

The Capabilities Approach ........................................................................... 14

Social Capital Theory .................................................................................... 14

Summary .......................................................................................................... 15

Empirical Findings ........................................................................................ 16

Quantitative Findings ................................................................................... 16

Qualitative Findings ...................................................................................... 18

Mixed Method Findings ............................................................................... 21

Methodological Issues ................................................................................ 23

Intervention description ................................................................................. 23

Intervention delivery .................................................................................... 23
Control groups................................................................................................................24
Sample sizes..................................................................................................................24
Follow-up......................................................................................................................24
Assessment tools...........................................................................................................25
Design.............................................................................................................................25
Qualitative methods........................................................................................................26
Publication bias...............................................................................................................26
Summary.............................................................................................................................27
Discussion..........................................................................................................................27
Implications for Further Research and Clinical Psychology Practice..........................30
References........................................................................................................................32

SECTION B: EMPIRICAL PAPER......................................................................................1
Abstract ............................................................................................................................2
Introduction .......................................................................................................................3
  Group Singing with Adults............................................................................................3
  Group Singing with Young People..............................................................................4
  Theoretical Approaches..............................................................................................5
The Present Study..........................................................................................................8
Hypotheses and Research Questions..............................................................................8
Method.............................................................................................................................9
  Design...........................................................................................................................9
Participants.....................................................................................................................9
Measures.........................................................................................................................11
  Quantitative data........................................................................................................11
    Stirling Child Wellbeing Scale..............................................................................12
    Strengths and Difficulties Questionnaire ..............................................................12
Identity as a Singer Questionnaire

Teacher consultation

Qualitative data

Quality Assurance

Procedure

Questionnaire data

Child focus groups

Teacher interviews

Ethical Considerations

Data Analysis

Quantitative analysis

Qualitative analysis

Results

Quantitative Analysis

Qualitative Analysis

Discussion

Limitations of this study

Future Research

Conclusions

References

SECTION C: APPENDICES OF SUPPORTING MATERIALS
List of Tables and Figures

SECTION A: LITERATURE REVIEW

Table 1: Search terms used for literature review
Table 2: Search inclusion and exclusion criteria

SECTION B: EMPIRICAL PAPER

Table 3: Frequency and percentage of participants by school, sex and choir membership
Table 4: Mean psychological wellbeing scores across time
Table 5: Mean psychological difficulties across time
Table 6: Mean identity as a singer scores in choir and non-choir groups across time
Table 7: Wilcoxon ranks for psychological difficulties comparisons over time
Table 8: Wilcoxon test statistics comparing psychological difficulty scores over time
Table 9: Results of Spearman’s correlation coefficients between identity as a singer and psychological wellbeing
Table 10: Mann-Whitney ranks of identity as a singer scores by choir and sex
Table 11: Mann-Whitney test statistics comparing identity as a singer scores by sex
Table 12: Mann-Whitney ranks for psychological difficulty scores across time
Table 13: Mann-Whitney test statistics for psychological difficulty scores
Table 14: Mann-Whitney ranks for identity as a singer scores across time
Table 15: Mann-Whitney test statistics for identity as a singer scores
Table 16: Details of child focus group themes and sub-themes
Table 17: Details of themes and sub-themes from teacher interview data
Figure 1: Mean psychological wellbeing scores for choir and non-choir group across time
Figure 2: Mean psychological difficulties scores for choir and non-choir group across time
Figure 3: Mean identity as a singer scores for choir and non-choir groups across time
Figure 4: Distinct and overlapping themes identified from child and teacher data
List of Appendices

SECTION A: LITERATURE REVIEW
Appendix A: Table of Literature Review Search Results.........................................................2
Appendix B: Flow Chart Article Selection..................................................................................3
Appendix C: Summary Table of Reviewed Articles.................................................................4

SECTION B: EMPIRICAL PAPER
Appendix D: Author Guideline Notes for Arts and Health: An International Journal for Research, Policy and Practice..........................................................................................................................8
Appendix E: Letter Inviting Schools to Participate......................................................................12
Appendix F: School Information Sheet (Choir) ...........................................................................13
Appendix G: School Information Sheet (Non choir).................................................................15
Appendix H: Parent Information Sheet......................................................................................17
Appendix I: Focus Group Information Sheet...........................................................................19
Appendix J: Parent Consent Form.............................................................................................21
Appendix K: Focus Group Consent form....................................................................................22
Appendix L: Interview Consent Form..........................................................................................23
Appendix M: Child Questionnaire (Identity as a Singer Questionnaire and Stirling Child Wellbeing Scale)..........................................................................................................................24
Appendix N: Strengths and Difficulties Questionnaire (teacher rated version) ......................28
Appendix O: Child Focus Group Questions...............................................................................30
Appendix P: Teacher Interview Schedule..................................................................................31
Appendix Q: Letter Confirming Ethical Approval......................................................................32
Appendix R: Child Focus Group Data Codebook.....................................................................33
Appendix S: Sample Coded Transcript (Child Focus Group)..................................................35
Appendix T: Teacher Interview Data Codebook.......................................................................39
Appendix U: Sample Coded Transcript (Teacher Interviews)..................................................41
Appendix V: Feedback to Ethics Committee: Summary of Findings......................................47
Section A: Literature Review

Can Community Arts Projects Enhance Young People’s Psychological Wellbeing?

Word Count: 7,821 (7,825)
COMMUNITY ARTS AND CHILD WELLBEING

Abstract

This paper reviews the impact of community arts projects on the psychological wellbeing of young people. Psychological wellbeing represents a positive state of mental health that allows an individual to engage with others and realise their potential. Theoretical perspectives of psychological wellbeing and the arts are considered, before current evidence for the potential benefits of community arts projects with young people is critically reviewed. It is concluded that whilst initial results are promising, there is a need to adopt more robust, large scale studies to further investigate the psychosocial impacts of participatory arts projects, and the factors that mediate any potential gains.

Keywords: psychological wellbeing; community art projects; young people.
COMMUNITY ARTS AND CHILD WELLBEING

Can Community Arts Projects Enhance Young People’s Psychological Wellbeing?

This paper considers the potential for community arts projects to enhance the psychological wellbeing of children and young people. Perspectives on wellbeing and how it may be defined and measured are first introduced, before considering the theoretical foundations for research in the field of wellbeing and the arts. The empirical evidence for community arts projects with young people is then critically reviewed, before future implications for research in this field of study are considered.

Wellbeing: Definitions and Perspectives

The construct of wellbeing and how it might be defined and measured has been the subject of extensive debate. Hedonic and eudaemonic perspectives have been central to this debate, with hedonic wellbeing representing immediate states of pleasure and happiness, and eudaemonic wellbeing representing actualisation of human potentials (Ryan & Deci, 2001). These once opposing views have more recently been combined in our understanding of the general term ‘psychological wellbeing’, also referred to as emotional or mental wellbeing, which represents a state of positive mental health, or “a positive state of wellbeing, one which allows individuals to fully engage with others, cope with the stresses of life and realise their abilities” (World Health Organisation, 2011, p.1)

In line with this approach, the positive psychology movement argues that rather than focus on reducing mental illness, there is a need to understand and promote positive emotions, feelings and qualities to make daily life more fulfilling (Seligman & Csikszentmihalyi, 2000). There is also some evidence to suggest that positive mental health is not simply the opposite end of the continuum to mental illness, but that it forms a distinct dimension (McDowell, 2010; Keyes, 2002). Should this be the case, it emphasises the importance of studying psychological wellbeing and how it can be optimised, alongside
COMMUNITY ARTS AND CHILD WELLBEING

existing efforts to reduce and support recovery from mental health problems. A recent definition of wellbeing that encompasses this idea is provided by the Whitehall Well-Being Working Group:

A positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy attractive environment. (Department for Environment, Food & Rural Affairs, 2010, p.106)

Child Wellbeing: Definitions and Context

In addition to the above, a definition of child wellbeing should acknowledge and incorporate their continual growth and development. The New Economics Foundation has stated that a child’s wellbeing emerges from a dynamic interaction between their environment, their internal resources and their experience of the world around them. This is thought to give children a sense of how their life is going and what they aspire for in the future (The New Economics Foundation, 2009). United Nation’s International Children’s Emergency Fund (UNICEF) carried out an investigation of child wellbeing in 21 countries and concluded that child wellbeing has six dimensions: material wellbeing; health and safety; educational wellbeing; family and peer relationships; behaviours and risks; and subjective wellbeing (Office of National Statistics, 2013). Recent qualitative research commissioned by ONS showed that children want time with their parents, stimulating activities to participate in and good relationships with their friends (ONS, 2011).
COMMUNITY ARTS AND CHILD WELLBEING

The UK-based Mental Health Foundation have stated that children with good mental wellbeing should be able to: develop psychologically, emotionally, creatively, spiritually and intellectually; have satisfying relationships; enjoy solitude; empathise with others; play and learn; understand right and wrong; and resolve and learn from setbacks (The Mental Health Foundation, 2000).

There is increased emphasis from the government on wellbeing as a measure of quality of life rather than through objective, economy-based figures such as gross national product. The ONS have announced plans to incorporate measures such as number of family meal times per week in order to provide a more comprehensive measure of the nation’s wellbeing (Bingham, 2014). The wellbeing of children in particular is a primary concern in the push for a more positive, preventative approach to healthcare (Department of Health, 2009) and in ensuring that society is giving young people the start in life they need in order to flourish (Department for Education and Skills, 2003). This an important social concern in the UK, where levels of child wellbeing are lower than countries of similar economic wealth (The New Economics Foundation, 2009). The New Economics Foundation have argued that focusing on child wellbeing will also bring long term economic gains, by reducing health problems, criminality, drug and alcohol abuse, and improving family relationships.

Measuring Child Wellbeing

Central to the challenge of assessing and monitoring wellbeing is the idea that wellbeing is a dynamic state, which cannot be assessed simply by means of a fixed set of questions or statements responded to at one time (Mulligan et al., 2006). There are, therefore, ongoing challenges in how to define and measure psychological wellbeing, complicated by the difficulties associated with carrying out research with children and young people. For example, issues over the validity of children’s responses due to social desirability, and
questions over what age a child can reliably report on their feelings. It is also important to
make measures age-appropriate in language and length, and to ensure the researcher’s views
are not imposed (Punch, 2002)

The Office of National Statistics, and the New Economics Foundation have researched the best way to measure children’s wellbeing (ONS, 2013; The New Economics Foundation, 2009). They have called for greater use of positive, self-rated measures for children, with ONS reporting that a deficit-led approach to child wellbeing missed out the potential for drawing on and enhancing children’s strengths and resilience.

**Enhancing Child Wellbeing**

Six pathways to child wellbeing have been identified (The New Economics Foundation, 2009), which might foster the potential for improving children’s psychological wellbeing over the long term, in both universal (i.e. delivered to all children) and targeted (i.e. interventions directed towards groups of children with particular behaviours or characteristics) populations. These include pathways such as stimulating creativity, promoting positive experiences and emotions, and building stronger relationships between children and their wider community. Adi, Killoran and Stewart-Brown (2007) presented a summary of risk and protective factors for children’s mental health and wellbeing at the individual, family, and community level, suggesting that wellbeing can be enhanced by both reducing risk factors (such as parental conflict, socio-economic disadvantage, learning disabilities) and enhancing protective factors (such as self-esteem, good inter-personal relationships, and high standards of living).

Since child health and wellbeing can be enhanced by a diverse and complex array of interconnecting factors, the question remains as to what kinds of interventions might have this desired effect. Research is still sparse in this area due to methodological issues outlined
above, however, in 2008, the National Institute of Clinical Excellence published guidance on social and emotional wellbeing of children in primary school based on a systematic review of the evidence (Adi et al., 2007). This review included universal interventions and targeted interventions, concluding that both offered promising opportunities for enhancing children’s wellbeing.

Child wellbeing and the arts.

“If health is about adaptation, understanding, and acceptance, then the arts may be more potent than anything that medicine has to offer” (Mulligan et al., 2006, p.28)

Given the emphasis on fun, creativity and community in promoting child psychological wellbeing, and given that community arts activities generally have these qualities, it follows that community arts projects have been turned to in the drive for greater child health and wellbeing. Clift et al. (2009) state that the evidence base for the positive impact of the arts on health is growing and that arts have an important part to play in the health and wellbeing of the nation.

The types of art projects that have been investigated in terms of health benefits range from didactic forms (e.g., using the arts as part of health promotional teaching), environmental projects (e.g., creating artistic environments in hospitals and community settings) and participatory (e.g. children participating in artistic activities). The Health Development Agency’s review of Art for Health (2000) concluded that a large number of participatory arts projects reported increased motivation, sociability, self-esteem, confidence, sense of control and positive outlook over their lives and improved mental health for participants. They also reported that these benefits appeared to be associated directly with engaging in artistic activity, rather than simply the act of socialising or being physically active. It was reported that this impact came through opportunities for self-expression, sense
COMMUNITY ARTS AND CHILD WELLBEING

of attainment and pride in achievement, all of which were reinforced by a public performance or display of the artwork.

The majority of this evidence is, however, based on testimony, as often such projects lack the funding to carry out more robust evaluation of outcomes. Further difficulties come when trying to infer causality in terms of the impacts that art projects may have, or indeed in comparing the impacts with those of similar, non art-based activities. A more rigorous mechanism for evaluating the impact of arts projects was therefore called for. However, with a warning that the personality and passion of those running the projects was a key factor in their success and therefore it was important not to over-professionalise community arts projects (Health Development Agency, 2000).

Methodology

In order to appraise the existing literature in the area of community arts interventions and children and young people’s wellbeing, a two-stranded review of theoretical approaches and empirical evidence was carried out.

Theoretical Review

Theoretical approaches in the field of psychological wellbeing and the arts were appraised by identifying articles within the empirical literature search that reported theoretical links. As there is a dearth of research that addresses theoretical approaches, a review of grey literature within the field of arts and health was also conducted via internet search engines. Key theoretical references were then sourced and reviewed as appropriate. Although this was not a systematic search of theoretical literature, prominent theories in this developing field were identified.
COMMUNITY ARTS AND CHILD WELLBEING

Empirical Review

A systematised review of empirical findings was carried out. Table 1 shows the full list of search terms used in PsychInfo, ERIC and Web of Science databases. Search terms within word groups were separated with the Boolean operator ‘or’ and word groups were separated with the Boolean operator ‘and’. As this is an emerging area of research, no date parameters were used in the search. Whilst psychological wellbeing was the key outcome of interest, as discussed above, this is a broad term not easily defined and not often explicitly measured. For the purpose of this review, therefore, studies that report related psychological outcomes, such as young people’s self-esteem, self-concept, self-efficacy and social cohesion were also included.

Table 1. Search terms used for literature review.

<table>
<thead>
<tr>
<th>Word Group 1</th>
<th>Word Group 2</th>
<th>Word Group 3</th>
<th>Word Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child*</td>
<td>Well being</td>
<td>Art</td>
<td>Project</td>
</tr>
<tr>
<td>Young people</td>
<td>Wellbeing</td>
<td>Music</td>
<td>Intervention</td>
</tr>
<tr>
<td>Pupil*</td>
<td>Quality of life</td>
<td>Dance</td>
<td>Program*</td>
</tr>
<tr>
<td>Student*</td>
<td>Mental health</td>
<td>Painting</td>
<td>Class</td>
</tr>
<tr>
<td>Teen*</td>
<td>Happiness</td>
<td>Drawing</td>
<td>Group</td>
</tr>
<tr>
<td>Youth</td>
<td>Health</td>
<td>Singing</td>
<td>Outcome*</td>
</tr>
<tr>
<td>Adolescen*</td>
<td>Social inclusion</td>
<td>Choir</td>
<td>Impact</td>
</tr>
<tr>
<td></td>
<td>Self-esteem</td>
<td>Acting</td>
<td>Benefit*</td>
</tr>
<tr>
<td></td>
<td>Self-concept</td>
<td>Theatre</td>
<td>Reduc*</td>
</tr>
<tr>
<td></td>
<td>Self-efficacy</td>
<td>Drama</td>
<td>Creativ*</td>
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</tbody>
</table>
COMMUNITY ARTS AND CHILD WELLBEING

Although this is a broad field, encompassing artistic, educational and health professions, this review focused on arts projects carried out in the community (rather than in hospital or clinical settings). It also focused on universal and targeted arts-based projects, excluding art therapy in the community. Finally, projects utilising arts-based approaches for health or sex educational purposes were excluded, as this has been recently reviewed (Bungay & Vella-Burrows, 2013) and such interventions are not of particular relevance in the current review. See Table 2 for full inclusion and exclusion criteria.

A total of 70 relevant papers were screened using inclusion and exclusion criteria and ten papers were selected for the empirical review. References of key texts were also appraised for additional relevant articles and five were appropriate for inclusion, giving a total of 15 papers. For further detail about search results, see Appendices A and B. Appendix C provides tabulated details of the studies included in the review.

Table 2.

Search inclusion and exclusion criteria.

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>English language</td>
<td>Hospital, detention centre or clinic setting</td>
</tr>
<tr>
<td>Peer-reviewed journal</td>
<td>Non-participatory arts intervention</td>
</tr>
<tr>
<td>Participatory arts intervention</td>
<td>Health or sex education focus</td>
</tr>
<tr>
<td>Community sample</td>
<td>Community Art or Music Therapy</td>
</tr>
<tr>
<td>Project outcomes reported</td>
<td>Participants over the age of 18</td>
</tr>
<tr>
<td>Young people up to the age of 18</td>
<td></td>
</tr>
</tbody>
</table>
The Arts and Psychological Wellbeing: Theoretical Perspectives

Although there is still a modest literature on the theoretical links between the arts and psychological wellbeing, a number of theories have been proposed. These theories and their potential for outlining arts’ mechanisms of change for psychological wellbeing will now be summarised.

The Broaden and Build Theory of Positive Emotions

The founder of the broaden and build theory of positive emotions, Barbara Fredrickson (2001), noted that there has been a great deal of focus on negative emotions in the field of mental health, stating that a greater emphasis on the role of positive emotions was needed. Whilst in the past positive emotions were thought to be merely the consequence of positive mental health, broaden and build theory suggests that they could also be pivotal in creating and maintaining a sense of psychological wellbeing.

It has been accepted that evolutionarily negative emotions are associated with particular action tendencies, for example, fear brings the urge to escape, and anger brings the urge to attack. Similarly, Frederickson (2001) proposed that positive emotions have their own action tendencies, such as joy bringing an urge to play and interest bringing the urge to explore. It is argued that positive emotions such as joy, love, interest and contentment therefore broaden an individual’s momentary thought-action repertoire and mindset. The second key proposition of this theory is that this broadening in turn builds the individual’s social, intellectual, physical and psychological resources, which are durable and can subsequently be drawn upon in difficult times to facilitate coping (Frederickson, 2001). In this way, it is argued that positive emotions have an evolutionary function of making people more creative, resilient, and generative, bringing about higher levels of psychological wellbeing and increasing the ability to cope with the challenges of life.
COMMUNITY ARTS AND CHILD WELLBEING

It has been shown that simple actions such as taking time to recall a positive event, or to reinterpret an event more positively was an effective way of generating positive emotions in daily life, even at times of stress (Fredrickson, Tugade, Waugh & Larkin 2003). Similarly, visual and musical arts have been found to be an effective way of momentarily lifting people away from everyday stress, increasing their psychological wellbeing, and promoting their ability to cope with ongoing challenges (Predeger, 1996; Canino, 1995). Saarikallio and Erkkilä (2007) studied the impact of music on adolescent mood regulation and, in line with the broaden and build theory, found that the enjoyment and positive experiences adolescents gained from music created personal resources that contributed to their wellbeing.

**Human Needs Theory**

A human needs approach to wellbeing is well established in psychology and other disciplines. Deci & Ryan (2000, p.326) define needs as the “innate . . . nutriments that are essential for ongoing . . . growth, integrity, and well-being”. Although with various perspectives, all theorists emphasise innate and universal human needs that are required in order to reach a state of optimal wellbeing. For example, Maslow (1968a) proposed a hierarchical structure of human needs where physical needs form the base of the pyramid, followed by the need for security, love and belonging, achievement and recognition (esteem), knowledge and understanding (cognitive), beauty and symmetry (aesthetic) and finally self-actualization, forming the highest level need. Maslow himself considered music to satisfy self-actualisation needs, and suggested that it provides one of the best ways of achieving peak human experiences (Maslow, 1968b).

Self-determination theory is another theory of human needs, developed by Deci and Ryan (1985). This theory postulates three basic human psychological needs: competence, relatedness and autonomy. Originally a theory of motivation, it argues that humans are
naturally inclined to take need-fulfilling action and that external pressure or encouragement can act to undermine this intrinsic motivation. It has been argued that intrinsic motivation is strongly linked with wellbeing and that fulfilment of these fundamental needs therefore contributes to feelings of psychological wellbeing (McLellan, Galton, Steward & Page, 2012). Bates (2009) considers how human needs theories apply to music and music education, suggesting that music has the potential to satisfy a number of human needs by increasing feelings of competence, relatedness, and autonomy.

Flow

Csikszentmihalyi’s (1990) work on flow follows on from human needs approaches, and focuses on the state of ‘flow’ that a person enters when absorbed in an activity where the task requirements are well balanced with the person’s skills. This state is described as eliminating all other thoughts or distractions and allows a person to reach their optimal functioning. ‘Flow’ is therefore equated with happiness and wellbeing, and as well as the person being highly intrinsically motivated to complete the task, it has been observed that they will also often experience time as passing quickly.

Although many different activities can induce a state of flow, creative and artistic activities have been associated with inducing such states of optimum motivation, functioning and experience. In this way, flow theory could account for the link between artistic activities and wellbeing (McLellan et al., 2012). A Swedish study has found, for example, that several dimensions of flow (such as challenge-skill balance and concentration on task) were positively related to measures of subjective wellbeing in musicians (Fritz & Avsec, 2007). Although findings suggest that flow is associated with positive affect, the causal mechanisms
behind this are yet unknown, and it has been proposed that other factors, such as an individual’s locus of control, may mediate their experience of flow (Keller & Blomann, 2008).

The Capabilities Approach

First proposed by economic philosopher Sen (1985), the capabilities approach is concerned not only with what people own or how they interpret happiness, but also the importance of fulfilment, achievement and a person’s capacity to function. Nussbaum (2000) developed this approach in specifying ten capabilities that all humans are entitled to. These are life; bodily health; bodily integrity; sense, imagination and thought; emotions; practical reason; affiliation; other species; play; and control over the environment. In this way, the capabilities approach highlights the need for both objective and subjective measures to be considered to ensure that a person is ‘flourishing’ (Nussbaum, 2003). This approach emphasises the importance of play and creativity for young people, thus suggesting how artistic and creative activities may impact upon a child or young person’s wellbeing (McLellan et al., 2012).

Social Capital Theory

Social capital refers to the social and collective ties that are negotiated in relationships, which result from the values people hold and the resources they can access (Edwards, Franklin & Holland, 2003). Putnam (2000) distinguished between ‘building’ and ‘bridging’ social capital, whereby ‘building’ of social capital happens within a community and ‘bridging’ occurs when two different communities become linked. The main premise of social capital theory is that social networks are an important and valuable asset, and to this end, it has been criticised for focussing solely on the positive impacts of sociability whilst
ignoring negative elements such as exclusion and demands for conformity. In the past children were not considered to be as socially engaged as adults (or were thought to be engaged in negative social networks), and therefore social capital theory was not applied to young people. It has more recently been acknowledged that children are socially engaged in ways that may not have previously been taken seriously and are in fact active agents in their own social capital and that of their family (Weller, 2006). A recent review concluded that following poverty, social capital is the best predictor of children’s welfare (Ferguson, 2006). In another review of the literature McPherson, Kerr, McGee, Cheater and Morgan (2013) distinguished between family and community social capital and concluded that both are important in relation to the health and wellbeing of children and adolescents.

In the context of these developments the government has initiated and supported community arts projects as part of the drive to promote health and wellbeing through generating social capital; and the impact of art participation on social and emotional wellbeing has been considered through the lens of social capital theory. Although positive outcomes have been reported, the construct of social capital is not easily and consistently defined and measured, therefore findings are inconclusive. It is not yet clear whether, and how, increasing social capital may impact positively on health and wellbeing. Further research is required to elucidate how social capital impacts upon wellbeing in different groups of young people and in different contexts, and to establish the causal nature of this relationship (McPherson et al., 2013).

Summary

Although a number of theoretical links have been made to elucidate the mechanisms by which the arts may have a positive impact on psychological wellbeing, the research is somewhat disjointed, with little consistency in how theoretical links are represented or tested.
COMMUNITY ARTS AND CHILD WELLBEING

Furthermore, whilst a broad consideration of theoretical mechanisms is helpful to consider, it is more than likely that different forms of artistic activity have more specific and individual mechanisms that impact upon health and wellbeing. Similarly, research is still focused on broad populations, with little focus on the developmental differences that are pertinent to young people engaging in artistic activities, and to projects delivered in the community setting.

Empirical Findings

Research within the field of community arts and child psychological wellbeing adopts both quantitative and qualitative methods. Four quantitative studies are reported, followed by six qualitative studies, and five studies with a mixed methods approach. Findings are then summarised and critically evaluated.

Quantitative Findings

Connolly, Quin and Redding (2011) reported outcomes from a ‘dance 4 your life’ project in Kent, UK. The project was commissioned by local authorities to deliver dance classes in secondary schools in order to promote dance, creativity and physical activity in adolescent girls. Local dance artists facilitated the classes and nine local schools volunteered to participate in the program. Classes were one hour long, with each of the 55 female participants (aged 14) receiving between 5 and 12 hours of classes during the program. As well as improvements in upper body strength and aerobic capacity following the program, a t-test analysing pre and post scores on the Rosenberg Self-Esteem Scale (Rosenberg, 1965) showed a statistically significant increase in participants’ self-esteem. No changes were found in levels of intrinsic motivation or attitudes towards dance or physical activity, however, it is noted that these were highly positive before program participation.
Ager et al. (2011) researched the impact of a psychosocial structured activities program on Ugandan children aged 7-12 years. The program was focused on increasing school children’s wellbeing and ‘resilience’ following traumatic experiences of conflict in northern Uganda. The 15 structured one-hour sessions focused on self-esteem, self-awareness and coping skills through the use of play, drama, art and movement. A community service element was also included, as well as parental engagement sessions. The intervention was facilitated by two teachers who had been through special training to deliver the program, and outcomes were measured through locally developed measures of child wellbeing at baseline and 12 month follow-up. Results showed that compared to the control group, those who had taken part in the program showed significantly greater increases in self and parent-rated wellbeing.

The impact of a group drumming intervention with low-income, 10-12 year-old students in California was assessed by Ho, Tsao, Bloch, and Zeltzer (2011). The group was run by the school counsellor and ran for 12 weeks, aiming to increase participants’ socio-emotional skills and reduce problem behaviour. Classes were weekly and consisted of drumming circles integrated with group discussions around issues such as self-esteem, managing stress and positive behaviour. Compared to the control group, the intervention group was associated with a significant reduction in total and internalising problems, as well as significant improvement in measures of depression, attention, and anxiety problems. It was concluded that future studies should focus on the impact of group drumming on attentional and internalising domains.

A pilot study of a community cultural development project (Buys & Miller, 2009) was carried out in Australia to assess the impact of participation on measures of young people’s social capital. In collaboration with an independent arts organisation, the project was
COMMUNITY ARTS AND CHILD WELLBEING

delivered to 600 students aged 9-13 from two schools in socio-economically disadvantaged areas. Projects involved either song-writing, performing and recording a compact disc, or designing and creating mosaic artwork in the school courtyard. A survey instrument was developed from previous research in this area and included both closed and open questions relating to children’s experiences. Children reported taking part had enhanced their self-concept and interactions with others, that they had enjoyed taking part and that they experienced high levels of trust and safety. There was, however, no change in reports on ability to make friends, and it is recommended that further research focus on the impact of artistic projects on the social capital of children.

A National Theatre drama project in the UK, ‘Transformation’, aimed to improve confidence, literacy and oral skills in primary school children with English as an additional language (Fleming, Merrell and Tymms, 2004). The programme took place over two terms, and included games, telling stories, creative writing exercises and creating and performing plays. Work was then shared and celebrated in performances outside the school environment. Two control classes were compared against two intervention classes on pre-post measures, with the intervention group showing significant increases in students’ self-concept, as well as significantly more positive overall attitudes, also including relationships with peers and performing in front of an audience.

**Qualitative Findings**

Chandler (1999) reported the outcomes from a creative writing pilot intervention that provided ‘at risk’ American adolescents the opportunity to write and share their stories as part of English classes for two weeks. Exercises and topics were provided, before the students were asked to write for 10 minutes on whatever came to their mind in response. Each participant then read aloud their writing and positive feedback was provided by the class. The
COMMUNITY ARTS AND CHILD WELLBEING

intervention was thus designed to include the four sources of self-efficacy: performance accomplishment, vicarious persuasion, verbal persuasion, and emotional arousal. Feedback on the program was obtained through anonymous ‘free writing’ accounts by those who took part, where the eleven participants were asked to write for one minute on their experience of the programme. It was concluded that student’s writing self-efficacy was improved and that they reported an increased sense of wellbeing from hearing others’ experiences. A larger scale study was recommended using a mixed methods approach, including pre and post measures of children’s self-esteem and self-efficacy (Chandler, 1999).

Weinstein (2010) reports teenagers’ perceptions of taking part in a youth spoken word poetry programme in the USA, collected during attendance at weekly evening workshops as participant-observer. During these workshops, young people who had chosen to attend first read and discussed a poem provided by the teaching artist. They were then encouraged to write their own poems, and to perform them to the group if they chose to do so. Observation and interview data were collected over a five-year period using ethnographic research methods, and a range of psychological and social benefits were reported. Weinstein (2010) reports how therapeutic young people found the experience, as a means of expressing personal experiences and feelings and being part of a supportive community. Other positive impacts such as increased self-esteem, self-confidence, motivation, feelings of being valued and respected and the ‘rush’ generated from performances are also reported.

A community-based dance programme in the USA aimed to enhance wellbeing of disadvantaged young people aged 11-16 (Beaulac, Kristjansson & Calhoun, 2011). This 13-week programme took place at a community recreation centre and weekly classes were an hour and fifteen minutes long. The classes were run by dance instructors according to a structured manual and focused on improving dance skills and fostering positive relationships.
Results were assessed through individual interviews with fourteen purposively selected participants and focus groups or telephone interviews with program personnel and parents. A content and thematic analysis was carried out with youth, staff and parent responses, reporting increased dance skills and self-confidence in the young people who took part. Further research is recommended to further investigate the impact of such dance programs on different populations of young people, with a longer running time suggested to gain optimum benefits.

Goodley and Runswick-Cole (2011) researched the impact of artistic activities for children with disabilities. The theatre company ‘Oily Cart’ visited schools for children with special needs for a two week period, engaging children in singing sessions and sensory-story times during artistic activities and in lunch and break times. Some children then formed part of a theatrical performance at the end of the two-weeks, being lifted through the air in a chair and being sung to by performers. The impact of this experience was analysed through observations of participating children during school activities and the performances, interviews with performers, teachers, parents and children, and scrutiny of written material and photographs taken throughout. The authors concluded that the experience offered positive opportunities for increased interaction for the young people, confidence building, social cohesion, a sense of community, and positive opportunities for health and wellbeing. They concluded that it is important for more such artistic activities being made available for children with a disability.

South (2006) reviewed the outcomes of three community arts programmes in the UK. These included drama workshops with 14-17 year females from Asia; graffiti, DJ, and dance workshops in a community centre with 8-13 year olds; and music and movement sessions with parents and children aged 0-4. All were targeted towards local needs in disadvantaged
COMMUNITY ARTS AND CHILD WELLBEING

areas with hard-to-reach young people. Outcomes were measured through various qualitative methods such as learning diaries, structured interviews, observations and photographs. Although gains such as increased awareness and engagement in the arts were found across the projects, the community centre program was found to particularly increase young people’s self-esteem and confidence.

A community art project for excluded teenagers in the UK aimed to give these young people an opportunity for self-expression and a sense of belonging (Hadland & Stickley, 2010). The individual experiences of four young people taking part were investigated through unstructured interviews, using a descriptive phenomenological approach. They found key were the positive experience of interacting with peers, a sense of achievement and feeling connected to the community. There were gender differences, however, with the two boys reporting less positive experiences than the girls.

Mixed Method Findings

Cumming and Visser (2009) assessed the impact of artistic workshops on refugee children in the UK who did not speak English. Each child attended six sessions, focused on improving children’s confidence and social skills by taking part in non-threatening individual, paired and group artistic activity with peers. Structured observations of social behaviour were made, as well as quantitative measures of self-esteem. Results showed increases in children’s self-esteem measures and also improvements in social skills throughout the weeks.

Catterall and Peppler (2007) also used a mixed method approach in evaluating the impact of a 20-30 week visual arts intervention with underprivileged 9-10 year olds in the USA. The aims of the program were to teach the children self-expression and reflection through drawing, painting, sculpture, and creative writing experiences, facilitated by artists.
COMMUNITY ARTS AND CHILD WELLBEING

Compared to a control group, significant increases in self-efficacy and creativity were found in the visual arts group. Formal observation methods were also used to investigate the quality of student engagement in the work and their relationships with peers and adults. These suggested an increase in engagement and interactions in arts classes compared to other classes.

A national UK, government singing programme, ‘Sing Up’ is the focus of two papers to be reported. In the first paper, quantitative methods are used to report the impact of this large-scale singing programme implemented across the UK (Welch, Himonides, Saunders, Papegeorgi, 2010). The aims of the project were to improve health and wellbeing of primary school by providing frequent opportunities to sing, as well as to improve the quality of young people’s singing. Pre-post questionnaires measuring children’s self-concept and social cohesion showed that children taking part in Sing Up scored significantly higher than controls following participation in the programme.

In a second Sing Up paper, Hampshire and Matthijsse (2010) consider the impact of the project on the wellbeing of children in three choirs from the perspective of social capital theory. Observations, interviews, focus groups and a questionnaire survey were carried out to examine children’s experiences of Sing Up. Findings were mixed, suggesting that whilst many children did report social benefits, these were predominantly girls from more privileged backgrounds. Other young people reported threats of being disconnected from existing social networks as a result of singing in the choir, suggesting that there is also potential for such a project to have negative impacts. It was concluded that the relationship between arts projects and psychological wellbeing is not straightforward, and that social capital cannot be considered in isolation from wider social issues in people’s lives.
COMMUNITY ARTS AND CHILD WELLBEING

Methodological Issues

The studies presented above represent a heterogeneous range of methodologies, interventions, participants and outcomes. Although the results are positive in many respects, the field of arts and health has come under criticism for making enthusiastic claims based on little robust evidence. The research methods will now therefore be critically evaluated before drawing any conclusions from the evidence reported.

Intervention description.

Whilst some studies provide detailed descriptions of what artistic interventions involved (Fleming et al. 2004; Weinstein, 2004), many provided sparse details of the content, frequency and timings of the interventions themselves (Hadland and Stickley; South, 2006). In the community arts project for socially excluded teenagers, Hadland and Stickley (2006) refer to the intervention appealing more to the female participants, however, do not report in any detail the activities teenagers were engaged in. Similarly, South (2006) reports the outcomes of three interesting community projects, however workshop timings and frequencies are not made explicit. Details such as this are vital in determining what contributes to a successful community art intervention.

Intervention delivery.

There were some difficulties with how the interventions were delivered. For example, Ager et al. (2011) noted that it was not possible to know the consistency with which the psychosocial activities were implemented throughout the program. Similarly, Beaulac et al., (2011) report difficulties with ensuring consistency with the length of dance classes and with varying attendance rates. The high rates of drop out reported also raises questions as to the
appeal and accessibility of the program, as well as creating a positive bias when this group is not included within outcomes reported.

**Control groups.**

Throughout the quantitative studies, difficulties were reported in recruiting a control group. Often a control group was not included in the design (Buys & Miller, 2009; Cumming & Visser, 2009) or could not be achieved for logistical reasons. Where control groups were included, these were often not matched to the intervention group (Ager et al., 2011; Ho et al., 2011). Without a matched control it is very difficult to attribute any changes reported to the intervention. This is especially problematic when the participants are known to be receiving other forms of support, or in dance intervention where there is no active comparison to control for the impact of physical exercise (Beaulac et al., 2011)

**Sample size.**

Many quantitative studies report limited sample sizes, meaning that any effect sizes are small (Buys & Miller, 2009; Cumming & Visser, 2009; Ho et al., 2011) and conclusions harder to draw. Hadland and Stickley (2010) note that sample size within this study was deliberately small as part of an in depth, qualitative design. However, without the use (or reporting) of a robust qualitative analysis, this detracts from the strength of the study.

**Follow-up.**

Most of the studies do not attempt to gather follow-up data (South, 2006). Again, without follow-up it is impossible to know if any changes have been lasting or the extent to which any positive gains are lost following completion of the intervention. This is particularly pertinent when considering the ethics of providing a short-term intervention for research purposes before withdrawing this opportunity. This is raised by Hadland and
COMMUNITY ARTS AND CHILD WELLBEING

Stickley (2010), who question the ethics of this process, especially when working with disadvantaged or socially excluded populations.

Assessment tools.

In many of the studies above, measures tools were either not described in detail, or reliability and validity data were not provided. For example, Catterall and Peppler (2007) adopted a self-report measure of self-concept and self-efficacy that had previously been used with this population, however, made no comment on its reliability or validity. Similarly, Fleming et al. (2004) use a survey method to assess young people’s self-concept but do not provide any details of what is included. A further difficulty is the range of outcome measures that were used, with no two studies adopting the same measures, even if measuring the same construct. This makes comparison between studies harder. One study contributed to the development of a new measure of children’s social capital and makes recommendations for further developments (Buys & Miller, 2009).

Design.

As is common within the still developing field of arts and health, much of the research took the form of pre-post pilot or exploratory studies. Although important for the development of the field and interesting in their own right, this does limit the generalisability of the outcomes. Often, conclusions are tentative and recommendations are made for further, more robust research designs. One study was a cross sectional survey (Buys & Miller, 2009) which is identified as a major limitation in identifying or attributing the impacts of the intervention. Most studies took place in the school context where teachers and children were aware of which individuals were in the intervention or comparison group. This therefore leaves the potential for social desirability effects, something which is especially common in research with children.
COMMUNITY ARTS AND CHILD WELLBEING

**Qualitative methods.**

The majority of studies presented adopt qualitative research methods such as structured or unstructured interviews and observations. One of the major weaknesses, however, is a lack of robust qualitative methodology. For example, Chandler (1999) states that young people reported an increased sense of wellbeing following participation, however, as no specific method of data analysis was reported it is not clear how these conclusions were drawn. Similarly, Weinstein (2010) uses an ethnographic research design and although providing a detailed and often reflexive account, does not clearly describe methods of data collection.

Hadland and Stickley (2010) report using a descriptive phenomenological method with four participants, however, do not provide an explanation of the themes that emerge. Similarly, Beaulac et al. (2011) report carrying out a thematic and content analysis, however, with no clear evidence of how this was operationalised. Only one study that used qualitative methods reported quality assurance measures or attempts to demonstrate validity. Even if combined with quantitative analysis, this makes it harder to have confidence in the results (Mays and Pope, 2000; Yardley, 2000).

**Publication bias.**

In addition to the limitations in the research outlined above, it is also important to recognise the role that publication bias may play. It is now commonly acknowledged that research with significant results is more likely to become published, and therefore that reviews of published literature represent a bias towards positive results (Easterbrook, Berlin, Gopalan & Matthews, 1991).
COMMUNITY ARTS AND CHILD WELLBEING

Summary

Findings from this literature review suggest that there is consistent, yet tentative evidence that community arts interventions have a positive impact on young people’s psychological wellbeing. It is notable that much of the research reviewed represents a targeted approach, whereby participants have been identified as at risk or socially disadvantaged in some way. Interventions range from group singing, to dance classes, spoken word groups, mosaics projects and drama productions.

The potential for creative arts projects in schools and other community projects is a developing field, and both qualitative and quantitative findings have demonstrated positive outcomes including increased self-esteem, confidence, self-efficacy, and social cohesion. Though the limitations of this growing field of research have been discussed and these represent challenges for future research, it seems that young people have benefited from participating in community artistic projects.

Discussion

Some issues have been raised in the course of this review that warrant further thought. Firstly, it seems important to return to the definition and use of ‘psychological wellbeing’. Often within the studies reviewed this phrase is referred to loosely and interchangeably with concepts such a self-esteem, self-efficacy, identity and social capital. As a broad term that encompasses emotional and social wellbeing, it is helpful to consider psychological wellbeing as an overarching state that incorporates other related concepts, whilst maintaining the ability to further deconstruct wellbeing to other, more specific factors. It remains a key methodological challenge to develop such self-report measures for use with children and adolescents. However, a robust measure that is acceptable to, and easily administered with, young people would be significant in unifying the research base and in explicating the
potential benefits of a range of community interventions. Furthermore, the use of follow-up measures of psychological wellbeing would be vital in exploring if any changes that occur are maintained over time or whether they are short-lived. This is a particularly interesting question in considering how stable or dynamic psychological wellbeing is, and therefore how sensitive it is as an outcome measure over relatively short periods.

It is of note that throughout the research considered, there was a trend for females to be noted as more naturally interested or gaining the most benefit from participating in the arts. For example, Hadland and Stickley (2010) noted their intervention was preferred by females, and Beaulac et al. (2011) noted that dance is particularly appealing for girls. Furthermore, both Hampshire and Matthijsse (2010) and Welch et al. (2010) report that females and younger children gained the most benefit from Sing Up. It seems that the impact of sex and age on participation in (and gains from) different community art projects warrants further investigation.

There are further, broader questions raised over the necessary ingredients for community arts projects to have a significant positive impact on wellbeing, from the target population to the nature of the intervention. Whilst the vast majority of community arts interventions reviewed targeted young people identified as disadvantaged or at risk in some way, it is also interesting to note that gains were reported in a more universal intervention (Welch et al., 2010). Karkou and Glasman (2004), suggest that the key elements in delivering a successful community arts intervention are: 1) an inclusive view of what constitutes art, (i.e. removing value-judgements of what is ‘good), 2) valuing the process of art over the content or product, 3) regarding the arts as a tool for self-expression, 3) recognition of the multi-faceted dimensions that the arts have for human experience, 4) recognition that creativity requires a safe space and 5) artwork and the associated imagery are powerful and
COMMUNITY ARTS AND CHILD WELLBEING

can connect young people with difficult issues. It is evident from the literature presented that many do take these considerations into account, however, community settings are likely to be less conducive to creating containing spaces than clinical therapeutic environments.

Another consideration raised is how the different art forms themselves fit together. Although we often talk about the ‘arts’ as an umbrella term, (and have been for the purpose of this review) it is possible that this is unhelpful in furthering research. It is evident that there are unifying elements that distinguish the arts from other disciplines. However, there are also important differences between the vast range of activities with membership of this group. For example, Welch (2012) reported the unique psychological benefits of singing for children, including cathartic, inter-personal, and intrapersonal impacts. Similarly, participating in a dance class may facilitate a different form of expression than reflecting on personal issues to write and perform as part of a spoken word or drama workshop. It seems then that more specific theoretical links between particular forms of artistic activity will be important in giving weight to research findings and to furthering knowledge in this field.

Finally, it is evident that research methods can be challenging when investigating artistic interventions. Although all the studies in this review reported benefit gained by young people participating in the various interventions, the research is exploratory and heterogeneous in nature. Balancing the need for both a nuanced understanding of people’s experiences and ‘hard’, statistical data to investigate the impact of the arts has been the subject of debate (Fleming et al., 2004). It seems that quantifying something such as human experience of the arts has the potential to create conflicting epistemologies. However, it has now been widely accepted that both have a valuable role to play and can more comfortably and helpfully sit alongside each other (Fleming et al., 2004). Although few of the studies adopted a mixed method approach within this review, such an approach was often
COMMUNITY ARTS AND CHILD WELLBEING

recommended as a future direction for research. However, caution is required to ensure that both are subject to rigorous quality checks and that methods are appropriately selected. This is particularly challenging given the multiple professions invested in this field of research, such as health professionals, psychologists, art therapists, teachers, artists and arts organisations. Karkou and Glasman (2004) helpfully outline the different uses of art for health and wellbeing, illustrating the areas of interface between different professions and organisations. Whilst each profession comes with their own priorities, perspectives and contributions, it will be important to work together, in research as in practice, in order to capitalise on this diverse pool of resources.

Implications for Further Research and Clinical Psychology Practice

Given the early stage of research in the field of community arts projects for young people, it is evident that there is a need for continued research efforts to consolidate and build upon our understanding of potential gains. Considerations and recommendations for future research are outlined below:

- There is a need to replicate findings using larger sample sizes and more robust methodology, including the development and use of reliable and valid assessment tools. Follow-up measures would be important in considering any long-term impacts of such interventions.

- Future research would benefit from a mixed methods approach, as it seems that both have an important role to play in elucidating the impact of artistic interventions.

- Individual differences such as age, sex, and socio-economic background may mediate the impact of arts projects and these warrant further investigation.
COMMUNITY ARTS AND CHILD WELLBEING

- Much of the research to date is within targeted groups of young people. It would be interesting to further consider the more universal value of art interventions in enhancing and promoting psychological wellbeing.

- Universal and targeted community arts projects provide a non-stigmatising opportunity to enhance young people’s psychological wellbeing.

- Given the importance of early intervention in the field of mental health and the need for cost effective ways of enhancing young people’s psychological wellbeing, there is potential for clinical psychologists to become more involved in planning, supervising and evaluating community-based arts projects (Camic, 2008).
COMMUNITY ARTS AND CHILD WELLBEING

References


COMMUNITY ARTS AND CHILD WELLBEING


COMMUNITY ARTS AND CHILD WELLBEING


COMMUNITY ARTS AND CHILD WELLBEING


COMMUNITY ARTS AND CHILD WELLBEING


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COMMUNITY ARTS AND CHILD WELLBEING


Section B: Empirical Paper

Group Singing and Young People’s Psychological Wellbeing

Word Count: 7,862 (8,267)
GROUP SINGING AND CHILD WELLBEING

Abstract

Purpose: There is growing evidence to suggest that group singing in the community can have positive outcomes for physical and psychological wellbeing. To date, research has focused on adult populations. This study aimed to add to existing understanding of the impact group singing can have on children’s psychological wellbeing.

Methodology: A mixed method study was carried out to investigate the impact of a community group singing project on the psychological wellbeing of school children in the London area. Self-rated measures of psychological wellbeing and identity as a singer were administered to 60 children aged 7-11 at three time points. A teacher-rated measure of psychological difficulties was also administered. Finally, a sample of children discussed their experience of the project in focus groups and music teacher interviews were carried out.

Findings: Quantitative data did not confirm the hypothesis that choir members’ psychological wellbeing would increase following participation in the singing project. Identity as a singer scores were higher for females than males, and correlated with scores of psychological wellbeing. Qualitative data provided evidence for a range of beneficial outcomes for children.

Research limitations: The small number of participants recruited for the non-choir control group is a significant limitation of quantitative methods in this study.

Originality: Although group singing appears to be a positive experience for children who participate, findings suggest the impact may be more subtle for children with high levels of psychological wellbeing.

Keywords: psychological wellbeing; community arts; group singing; young people.
GROUP SINGING AND CHILD WELLBEING

Group Singing and Young People’s Psychological Wellbeing

There is growing evidence to suggest that the arts may have an important role to play in promoting health and wellbeing (Clift et al., 2009). Group singing is an area with promising results, with evidence to suggest that singing has physiological benefits, such as increasing immune functioning (Beck, Cesario, Yousefi & Enamoto, 2000), as well as wider benefits for mental health and psychological wellbeing (Clift et al., 2007). Empirical findings and theoretical approaches in the area of group singing and wellbeing will now be reviewed.

Group Singing with Adults

Research suggests that community choir projects have benefits for non-clinical adult populations. Clift and associates (Livesay, Morrison, Clift & Camic, 2012; Clift, et al., 2009) investigated the impact of group singing on psychological wellbeing with choristers. Results of this large scale international survey suggested that the benefits of singing could be classified as: positive affect; focused attention; deep breathing; social support; cognitive stimulation and regular commitment. Similarly, a study adopting a grounded theory approach found that group singing had a range of interpersonal and intrapersonal benefits for adults who had experienced adverse life events (von Lob, Camic & Clift, 2010). Judd and Pooley (2014) carried out a qualitative study with 10 choir members, reporting that group singing is a joyful activity that enhances wellbeing for those taking part.

In addition to enhancing wellbeing in non-clinical populations, there is qualitative and quantitative evidence to suggest that group singing has benefits for mental health in a range of clinical populations. In 2010, Clift, Nicol, Raisbeck, Whitmore and Morrison carried out a systematic review of the literature on group singing, wellbeing and health, concluding that there was evidence to suggest group singing can be beneficial for psychological wellbeing. For example, Giasqunito et al. (2006) found that group singing had a positive
GROUP SINGING AND CHILD WELLBEING

impact on post-operative depression, and Myskija and Nord (2008) found that a group singing program in a care home was associated with significant decreases in depression. Similarly, Pavlakou (2008) carried out a qualitative study with women with eating disorders, with reported benefits including self-expression, belonging, feeling better and increased confidence. There was also evidence that group singing with people with a diagnosis of dementia is associated with increased social behaviours, increased engagement and reduced anxiety and agitation (Clift et al., 2010).

Clift and Morrison (2011) also carried out a community “singing for health” project with mental health service users in Kent. Significant reductions were observed in measures of clinical distress, suggesting, along with qualitative data, that group singing can also contribute to the recovery of people with a history of severe mental health problems.

Although results in adult population are positive, the research into group singing, health and wellbeing to date is explorative and mixed results have been found, making it difficult to draw firm conclusions (Clift et al. 2010).

Group Singing with Young People

To date, very little research has investigated the experience of singing for young people and the potential benefits it may bring. Welch (2012) has reported that singing has physical, psychological, social, musical and educational benefits for children. Psychological benefits were further categorised as 1) inter-personal, 2) intra-personal and 3) catharsis. Singing interventions have been implemented with young people in hospital settings with positive outcomes (Youth Music Network, 2014), and there is evidence that singing has a positive impact on respiratory strength and quality of life in hospitalised children with cystic fibrosis (Irons, Kenny, McElrea & Chang, 2012). Research has also suggested that choir
GROUP SINGING AND CHILD WELLBEING

Singing in school settings has a positive impact from the perspective of school children’s spiritual wellbeing (Wills, 2011.)

Since interest has grown into the positive impacts of singing, music has begun to feature more heavily in educational policies around the world (Welch et al., 2008). The UK government supported the ‘Music Manifesto’ campaign, which included a national singing programme aiming to provide high quality singing education for all early years and primary-aged children by 2012. The programme, called ‘Sing Up’ was evaluated by Welch et al. (2010), with results showing increased levels of self-concept and social inclusion in children who had participated in Sing Up compared to those who had not. Results also found that males had lower mean scores of identity as a singer and social inclusion than females, and that older children identified themselves as singers less than younger children (Welch et al., 2010). Evaluations of Sing Up provide evidence for the potential benefits of community singing for young people’s self-concept and social functioning, however, it has been argued that the survey data reported is not sufficient in understanding more complex processes that may be in play (McLellan, Galton, Steward & Page, 2012). For example, Hampshire & Matthijsse (2010) carried out mixed methods research into the Sing Up project and found potential negative impacts were also identified for some young people depending on how singing activities interacted with existing social networks. Further research is required to elucidate the potential benefits of group singing for child psychological wellbeing and the factors that may mediate any positive outcomes.

Theoretical Approaches

The definition and measurement of health and wellbeing has been the source of extensive research across different fields and disciplines. The biopsychosocial model of health (Engel, 1977) proposes that, as well as the biological factors of the medical model,
GROUP SINGING AND CHILD WELLBEING

psychological and social factors are equally important in determining an individuals’ health. Antonovsky’s (1987) salutogenic model of health proposes that good health depends on an individual’s resistance resources creating a ‘sense of coherence’ that enables them to manage stress. This sense of coherence is defined as a dynamic but pervasive feeling of confidence that 1) stimuli from their internal and external environment are structured and explicable (i.e. the world is comprehensible), 2) that they have the resources needed to cope with these stimuli (i.e. the world is manageable); and 3) that the challenges posed are meaningful and worthy of investment (i.e. the world is meaningful). This model of health and wellbeing suggests that experiences such as the arts give individuals the opportunity to develop their sense of coherence, and therefore maintain their personal resources for coping with life’s challenges.

An individual’s wellbeing can be measured objectively (by assessing material conditions and health) or subjectively (by asking an individual to rate their own thoughts and feelings about their life). ‘Subjective wellbeing’ considers a person’s self-rated wellbeing by asking questions about their balance of positive and negative affect and life satisfaction (Diener, 2000). The elements thought to contribute to a person’s wellbeing have been separated into this immediate state of pleasure and happiness itself, ‘hedonic wellbeing’; and the sense that one is able to fulfil their potentials in life, ‘eudaimonic wellbeing’ (Ryan & Deci, 2001). Though hedonic and eudaimonic wellbeing are well established in the literature and were once believed to be opposing, it is now generally accepted that a broad measure of wellbeing encompasses both hedonic and eudaimonic perspectives. A holistic view of wellbeing has now emerged from these principles and incorporates both social and emotional aspects of wellbeing. This can be termed psychological wellbeing, and represents “a positive state of wellbeing, one which allows individuals to fully engage with others, cope with the stresses of life and realise their abilities” (WHO, 2011, p. 1).
GROUP SINGING AND CHILD WELLBEING

Whilst the mental health professions focus the majority of their efforts on identifying and reducing experiences of mental illness, the positive psychology movement argues that it is equally, if not more important for psychological wellbeing that we understand and promote the experience of positive emotions (Seligman & Csikszentmihalyi, 2000). The ‘broaden and build’ theory of positive emotions suggests emotions like joy, love and interest bring about action tendencies such as to play and explore (Frederickson, 2001). This theory argues that the broadening of an individual’s outlook as a result of positive emotions builds upon their psychological, intellectual and social resources and that these can then be drawn upon in order to cope in difficult times. As such, activities such as singing that elicit positive emotions may have an important part to play in increasing personal resources and therefore contributing to psychological wellbeing.

Another key element of group singing is the social aspect of being part of a larger group and being around other people. Social capital theory holds that human relationships are important and that social networks are a valuable asset (Edwards, Franklin & Holland, 2003). In this way, it is thought that activities such as community choirs are a way of increasing people’s social capital and therefore building upon their health and psychological wellbeing. Social capital is however, difficult to define and measure, and it has been suggested that social, economic and cultural capital interact to give rise to more complex outcomes (Hampshire & Matthijsse, 2010).

Erikson’s (1959) stages of psychosocial development are also important in considering the impact of group singing in children and young people. Erikson suggested that in order for successful identity formation to take place, all individuals must go through a series of stages of development throughout the life cycle. In the period before adolescence, Erikson held that children must negotiate an ‘industry vs. inferiority’ identity crisis whereby
GROUP SINGING AND CHILD WELLBEING

y they become more aware of themselves as individuals, with particular interests and talents (Erikson, 1959). At this stage, achieving the recognition of parents, teachers and peers becomes particularly important in order for the child to develop a sense of competence and confidence in the world. Activities such as group singing that encourage children to pursue their interests and rewards their hard work are therefore central to the successful negotiation of this stage of identity development.

The Present Study

Given the potential psychological benefits of group singing for young people, this study aimed to investigate the outcomes of a group singing project, ‘Young Voices’, for young people, within the theoretical framework of psychological wellbeing.

Young Voices is the largest children’s choir organisation in the world, bringing together thousands of school children for singing performances across the country. Concerts take place in local, high profile arenas (such as the O2 arena in London) all holding choirs of 5,000-8,000 school children. Each year over 2,500 schools and 90,000 children participate in this large scale music and singing enterprise. The aim of Young Voices is to inspire young people to enjoy music and singing, and build their confidence through shared enjoyment of singing (Young Voices, 2014)

By using measures of psychological distress, psychological wellbeing and singing identity, within a mixed method approach, this research sought to build upon Welch et al.’s (2010) findings and provide further insight into the outcomes of group singing for children’s psychological wellbeing, and the factors that may mediate these outcomes.
GROUP SINGING AND CHILD WELLBEING

Hypotheses and Research Questions

a. Children’s psychological wellbeing will increase following participation in group singing (Welch et al., 2010)

b. Psychological difficulties will reduce after young people have participated in group singing (Clift & Morrison, 2011)

c. Children’s identity as a singer scores will correlate with measures of psychological wellbeing (Welch et al., 2010).

d. Identity as a singer scores will be higher for a) females than males, and for b) younger children than older children (Welch et al., 2010).

e. Changes in scores of psychological wellbeing and identity as a singer will be greater in children who take part in group singing compared with those who do not (Welch et al., 2010).

f. What accounts do children and teachers give of young people’s experiences of group singing?

Method

Design

A mixed-methods approach was used to gain both quantitative data (questionnaires), and qualitative data (interviews and focus groups). A quasi-control, repeated measures design was adopted, including a three-month follow up.

Participants

Primary schools in London that were taking part in Young Voices were invited to participate in the research. Initial contact was made with schools that were most
GROUP SINGING AND CHILD WELLBEING

geographically accessible for the researchers due to time and travel restraints. Seven schools were initially telephoned to inform them of the research and invite them to take part. This was followed up with a letter and details of the study (Appendices E - G for letter and information sheets). Of those invited, three schools agreed to take part. Unfortunately, in the early stages of data collection, one of these schools dropped out from the study due to pressures on staff time and attempts to recruit another school were unsuccessful.

In school A, a school with a relatively high socioeconomic catchment, the choir was open to children in years 5 and 6 and had 55 members. Participation was voluntary and rehearsals took place during reading time. School B had a relatively low socioeconomic group and were participating through a grant from the Young Voices Foundation. From this school, years 3 and 4 children were invited to take part as an extra-curricular activity, with rehearsals taking place in school lunch breaks. There were 30 children in the choir at school B. Information and consent forms were sent home to parents through the participating schools (Appendices H and J for information sheet and consent form). Fifty out of a possible 85 parents consented to their child’s participation.

Children from both schools who were not participating in Young Voices were invited to participate in the research study as part of the control group. These were children from years 5 or 6, however, only 10 consent forms were returned. A total of 60 children, therefore took part in the study, aged 7-11 (M = 9.4, SD = .94). See Table 3 for a summary by school, sex and choir.
GROUP SINGING AND CHILD WELLBEING

Table 3.

Choir and non-choir participants by school, sex and year group.

<table>
<thead>
<tr>
<th></th>
<th>Choir</th>
<th>Non Choir</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>43</td>
<td>5</td>
<td>48</td>
</tr>
<tr>
<td>B</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>3</td>
<td>35</td>
</tr>
<tr>
<td>Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>26</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>10</td>
<td>60</td>
</tr>
</tbody>
</table>

Music teachers were asked to select up to eight children to participate in a focus group so that a range of perspectives could be heard, whilst allowing for discussion within a small group format. Teachers were asked to select children to give a balance of sexes and experiences. Parents gave additional consent for their child to participate in this part of the study (Appendix I and K). Eight children from school A participated in the focus group and 4 children from school B, giving a total of 12 (6 boys and 6 girls.)

Measures

Quantitative data.

A key difficulty facing researchers in this field is how to define and measure psychological wellbeing. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS;
GROUP SINGING AND CHILD WELLBEING

Tennant et al. 2007) is a well-used tool in adult populations, however, it has been more
difficult to develop a reliable measure for young people that controls for potential social
desirability effects. Measuring change over time is equally challenging, as measures need to
be sensitive enough to detect any changes in psychological wellbeing.

It was decided that in order to answer the research questions, a self-report measure of
child wellbeing, a teacher-reported measure of psychological difficulties and a self-reported
measure of children’s’ identity as a singer would be appropriate. Further rationale for the
selection of each questionnaire can be found below.

*Stirling Children’s Wellbeing Scale.*

This 15 item, five-point Likert scale questionnaire was used as a measure of
participating children’s psychological wellbeing and formed part two of the children’s
questionnaire (Appendix M). It has a maximum score of 60, indicating the highest level of
wellbeing, and a minimum score of 12. It was chosen as it uses positive wording for all its
questions, has good external reliability with a test-retest correlation of $r = 0.75$ and good
construct validity, $r = 0.75$ (Carter & Liddle, 2011). It has three subscales: positive emotional
state (e.g. “I’ve been feeling relaxed”), positive outlook (“I think lots of people care about
me”) and social desirability, providing a screen for social desirability effects with statements
(e.g. “I always share my sweets”).

*Strengths and Difficulties Questionnaire.*

This 30 item, three-point Likert scale questionnaire was used as a measure of
children’s psychological difficulties and was completed by class teachers at time 1, time 2
and follow-up (Appendix N). It has a maximum total difficulties score of 40, indicating the
highest level of difficulties, and a minimum score of zero. Questions relate to emotional
GROUP SINGING AND CHILD WELLBEING

symptoms (e.g. “Many worries, often seems worried”), conduct problems (e.g. “Often lies or
cheats”), hyperactivity (e.g. “Thinks things out before acting”), peer problems (e.g. “Picked
on or bullied by other children”) and prosocial behaviour (e.g. “Shares readily with other
children”). It was chosen as has good internal consistency (Cronbach’s alpha = .73) and
validity (score above 90th percentile predicts raised probability of psychiatric diagnosis,
mean odds ratio = 15.2) in both clinical and non-clinical samples (Goodman, 2001, 2010),
and it does not take long to complete.

Identity as a Singer Questionnaire.

This 17 item, seven-point Likert scale questionnaire about children’s singing beliefs
and behaviours formed part 1 of the children’s questionnaire administered at time 1, time 2
and follow-up. It has a maximum score of 119, indicating the strongest identity as a singer,
and a minimum score of 17. It was chosen as it is designed for young children to complete,
using smiley faces to aid children’s understanding and to ease completion (Appendix M).
This questionnaire also formed part of Welch et al.’s (2010) evaluation of Sing Up and has
good internal reliability, with a Cronbach’s alpha of 0.80 and a high overall internal
reliability, with a Cronbach’s alpha of 0.90. Example items include “I can’t sing”, “I am the
best singer in the class” and “I sing to express how I feel”.

Teacher consultation

At the planning stage of this study, a teacher involved with Young Voices was
consulted as to whether the chosen questionnaires would be acceptable to teachers with
regards to their content and length.
GROUP SINGING AND CHILD WELLBEING

Qualitative data.

Qualitative data were gained from children through focus groups, and from teachers through semi-structured interviews. These took place at time 2, following the choir performance. The schedule of questions was designed to be open enough to elicit both positive and negative thoughts or experiences of taking part. There were, however, more specific questions included, such as “Did taking part change how you feel about yourself?” in order to provide supplementary data relating to the research questions and based upon existing literature. See Appendices O and P for interview and focus group schedules.

Quality Assurance

When carrying out interviews and focus groups every attempt was made to maintain a reflexive stance. The researcher was aware that their personal expectations from the research or personal attitudes or experiences of group singing could unintentionally influence participants’ responses. With this in mind, it was important for the researcher to remain open to everything participants raised.

Procedure

Schools participating in Young Voices pay a fee to participate and in September are provided with music packs, backing tracks, lyrics and video instructions to practice ahead of the performance in January or February.

Questionnaire data.

Both schools were visited at time 1, in the September school term. Although originally school visits were planned for early in the term, due to difficulties in recruiting schools and delays in the returning of consent forms, the first round of data collection took place in November and December 2011. The second school visits took place in January or
GROUP SINGING AND CHILD WELLBEING

February 2012, in the week following the performance at the O2. The follow-up data were collected in June 2012.

Child questionnaire data were collected during allocated choir practice time and therefore music teachers were present. Children were informed that the research was to find out what they thought about singing and how they felt about themselves. They were asked to complete the questionnaires at their pace, however, with the proviso that this was not compulsory and that if they had any questions or wanted to stop at any point, that they should let their teacher know. It was explained that there were no right or wrong answers to the questions, but that they should answer for themselves. Children were also given the opportunity to speak to the researcher at the end of the session if they chose to.

Strength and Difficulties Questionnaires were distributed to class teachers by the music teacher. They were asked to return the questionnaires to the music teacher who then returned them to researchers by confidential post.

Child focus groups.

A focus group was carried out in both schools during school hours and lasted around 30 minutes. They were led by the researcher, with a teaching assistant also present in school A. Children were informed that the focus group would be recorded but that this was for the research team only.

Teacher interviews.

With informed consent, two music teachers (one from each participating school) were interviewed during school hours regarding their thoughts and experiences of Young Voices. The interviews lasted up to 30 minutes.
GROUP SINGING AND CHILD WELLBEING

Ethical Considerations

This study was approved by an ethics panel in the Faculty of Social and Applied Sciences at Canterbury Christ Church University (Appendix Q for written approval obtained and Appendix V for feedback of research findings).

Data Analysis

A power calculation ($r = 0.25$, power = 0.80, $\alpha = 0.05$), showed that a total of 92 participants would be required to carry out the planned repeated measures multivariate analysis of variance. A target of 120 participants (60 per group) was set. Due to recruitment difficulties described, however, only half this number was achieved.

SPSS statistics package was used for all quantitative analyses. Dependent variables were assessed for conformity with parametric assumptions. The Stirling Child Wellbeing Scale data were interval with a normal sample distribution at all time points. The Strengths and Difficulties Questionnaire and Identity as a Singer data were also interval, however, were not normally distributed as assessed by normality plots and statistics. Transforming the data was attempted but did not normalise the distributions. All variables had uneven sample sizes due to the small control group. Given these violation of parametric assumptions, non-parametric analyses were used for Identity as a Singer and Strength and Difficulties Questionnaire data analysis (Field, 2009)

On the wellbeing scale, only three children scored above 14 on the social desirability subscale. Carter and Liddle (2011) suggest that data from those with high scores on this scale should be treated with caution, however, as so few did, these data were included in the analysis.
GROUP SINGING AND CHILD WELLBEING

Quantitative analysis.

Paired sample t-tests were carried out between participating children’s mean total wellbeing scores and subscale scores at time 1, time 2 and follow-up to investigate any changes. Wilcoxon related sample comparisons were made between children’s scores on the psychological difficulties data to investigate any changes pre and post-performance, and at follow-up. A Spearman’s rank correlation was carried out to analyse any correlation between scores in the identity as a singer and Stirling child wellbeing scale.

Mann-Whitney tests were carried out to compare mean identity as a singer scores for boys and girls and Kruskal Wallis comparisons were made for children of different ages. A repeated measures multivariate analysis of variance was planned to compare choir and non-choir groups on all three variables. However, as parametric assumptions were not met for two of the dependent variables, Mann-Whitney comparisons were carried out.

Qualitative analysis.

Although the structure of interviews and focus groups was guided by research questions and existing literature, the data were analysed using an inductive thematic analysis, whereby emergent themes were observed within the data. The following stages of analysis were followed for both child and teacher data independently (Braun & Clarke, 2006):

1) Familiarising self with data: Transcribed data; read and reread transcripts, noting initial comments or observations in the margin.

2) Generating initial codes: NVivo (version 10), a computer software programme was used to generate initial codes.

3) Searching for themes: Coded content was hand written on sticky labels and arranged into emergent themes.
GROUP SINGING AND CHILD WELLBEING

4) Reviewing themes: A thematic map was created and checked against entire data set.

5) Defining and naming themes Explicit description of themes and sub-themes

6) Interpreting and comparing results, and relating to quantitative findings.

Results

Quantitative Analysis

The data collated from the child and teacher questionnaires completed at three time points are shown in the Tables 4, 5 and 6, and accompanying Figures 1, 2, and 3.

Table 4.
Mean psychological wellbeing scores across time.

<table>
<thead>
<tr>
<th>Choir</th>
<th>Statistic</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Mean</td>
<td>46.80</td>
<td>51.40</td>
<td>47.38</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>10</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>5.85</td>
<td>4.88</td>
<td>6.91</td>
</tr>
<tr>
<td>Yes</td>
<td>Mean</td>
<td>46.37</td>
<td>44.16</td>
<td>44.09</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>49</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>7.80</td>
<td>8.37</td>
<td>5.60</td>
</tr>
<tr>
<td>Total</td>
<td>Mean</td>
<td>46.44</td>
<td>45.37</td>
<td>44.58</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>59</td>
<td>60</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>7.46</td>
<td>8.32</td>
<td>6.19</td>
</tr>
</tbody>
</table>

(Higher score indicates higher wellbeing)
<table>
<thead>
<tr>
<th>Choir</th>
<th>Descriptive</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Mean</td>
<td>3.22</td>
<td>6.78</td>
<td>2.33</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>9</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>3.63</td>
<td>8.26</td>
<td>4.80</td>
</tr>
<tr>
<td>Yes</td>
<td>Mean</td>
<td>2.33</td>
<td>3.22</td>
<td>1.65</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>48</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>2.99</td>
<td>3.89</td>
<td>2.53</td>
</tr>
<tr>
<td>Total</td>
<td>Mean</td>
<td>2.47</td>
<td>4.00</td>
<td>1.74</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>57</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>3.08</td>
<td>5.25</td>
<td>2.86</td>
</tr>
</tbody>
</table>

(Lower score indicates higher wellbeing)
GROUP SINGING AND CHILD WELLBEING

Table 6.

Mean identity as a singer scores in choir and non-choir groups across time.

<table>
<thead>
<tr>
<th>Choir</th>
<th>Descriptive Statistic</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Mean</td>
<td>82.20</td>
<td>79.60</td>
<td>83.25</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>10</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>22.004</td>
<td>21.418</td>
<td>26.283</td>
</tr>
<tr>
<td>Yes</td>
<td>Mean</td>
<td>93.35</td>
<td>92.62</td>
<td>93.68</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>49</td>
<td>47</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>13.890</td>
<td>13.777</td>
<td>14.409</td>
</tr>
<tr>
<td>Total</td>
<td>Mean</td>
<td>91.46</td>
<td>90.33</td>
<td>92.08</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>59</td>
<td>57</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>15.893</td>
<td>15.956</td>
<td>16.861</td>
</tr>
</tbody>
</table>

(Higher score indicates stronger identity as a singer)

Figure 1. Mean psychological wellbeing scores for choir and non-choir group across time
(higher score indicates higher wellbeing).
GROUP SINGING AND CHILD WELLBEING

Figure 2. Mean psychological difficulties scores for choir and non-choir group across time (lower score indicates higher wellbeing).

Figure 3. Mean identity as a singer scores for choir and non-choir group across time (higher score indicates stronger identity as a singer).
GROUP SINGING AND CHILD WELLBEING

**Hypothesis A:** Children’s psychological wellbeing will increase following participation in the project.

Paired sample t-tests showed that total psychological wellbeing scores in the choir group decreased significantly from time 1 (M = 46.37, SE = 1.11) to time 2 (M = 44.12, SE = 1.21), $t(48) = 3.07, p < 0.01$. This finding had a medium effect size of 0.4. There was no significant change at follow-up.

The mean subscale scores of positive emotional state and positive outlook were also analysed for change within the choir group. Positive emotional state decreased significantly between time 1 (M = 22.98, SE = 0.68) and time 2 (M = 21.51, SE = 0.74), $t(48) = 2.73, p < 0.01$, however, positive outlook scores showed no significant change over time.

**Hypothesis B:** Psychological difficulties will reduce after young people have participated in Young Voices.

Wilcoxon related sample comparisons showed no significant changes between median Strength and Difficulty Questionnaire scores across time points in the choir group (Table 7 and 8).
GROUP SINGING AND CHILD WELLBEING

Table 7.

Wilcoxon ranks for psychological difficulty comparisons over time.

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Ranks</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 - Time 2</td>
<td>Negative Ranks</td>
<td>7</td>
<td>12.36</td>
<td>86.50</td>
</tr>
<tr>
<td></td>
<td>Positive Ranks</td>
<td>14</td>
<td>10.32</td>
<td>144.50</td>
</tr>
<tr>
<td></td>
<td>Ties</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 2 – Follow up</td>
<td>Negative Ranks</td>
<td>12</td>
<td>11.58</td>
<td>139.00</td>
</tr>
<tr>
<td></td>
<td>Positive Ranks</td>
<td>7</td>
<td>7.29</td>
<td>51.00</td>
</tr>
<tr>
<td></td>
<td>Ties</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1 – Follow up</td>
<td>Negative Ranks</td>
<td>15</td>
<td>13.17</td>
<td>197.50</td>
</tr>
<tr>
<td></td>
<td>Positive Ranks</td>
<td>9</td>
<td>11.39</td>
<td>102.50</td>
</tr>
<tr>
<td></td>
<td>Ties</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8.

Wilcoxon test statistics comparing choir psychological difficulty scores over time.

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Z score</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 - Time 2</td>
<td>-1.013</td>
<td>0.311</td>
</tr>
<tr>
<td>Time 2 – Follow up</td>
<td>-1.779</td>
<td>0.75</td>
</tr>
<tr>
<td>Time 1 – Follow up</td>
<td>-1.364</td>
<td>0.173</td>
</tr>
</tbody>
</table>
**Hypothesis C:** Children’s identity as a singer scores will correlate with measures of psychological wellbeing.

A one-tailed Spearman’s correlation analysis showed that at time 1, 2 and follow-up, overall scores for psychological wellbeing correlated significantly with identity as a singer scores (See Table 9).

Table 9.

*Results of Spearman’s correlation coefficients between identity as a singer and psychological wellbeing.*

<table>
<thead>
<tr>
<th>Time</th>
<th>N</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>59</td>
<td>.526**</td>
</tr>
<tr>
<td>Time 2</td>
<td>57</td>
<td>.383**</td>
</tr>
<tr>
<td>Follow-Up</td>
<td>52</td>
<td>.415**</td>
</tr>
</tbody>
</table>

** indicates significance at p<0.01.

**Hypothesis D:** Identity as a Singer scores will be higher for a) females than males, and for b) younger children than older children.

Mann-Whitney comparisons showed that in the choir group, mean female identity as a singer scores were significantly higher than male identity as a singer scores at time 1, however, there were no significant differences between groups at time 2 or follow-up. Female and male scores in the non-choir group were not significantly different at any time point. See Tables 10 and 11 for Mann-Whitney comparisons.
GROUP SINGING AND CHILD WELLBEING

Table 10.

Mann-Whitney ranks of identity as a singer scores by choir and sex.

<table>
<thead>
<tr>
<th>Time</th>
<th>Sex</th>
<th>Non choir</th>
<th></th>
<th></th>
<th>Choir</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N</td>
<td>Mean Rank</td>
<td>Sum of Ranks</td>
<td>N</td>
<td>Mean Rank</td>
</tr>
<tr>
<td>Time 1</td>
<td>Male</td>
<td>7</td>
<td>4.43</td>
<td>31.00</td>
<td>17</td>
<td>19.15</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3</td>
<td>8.00</td>
<td>24.00</td>
<td>32</td>
<td>28.11</td>
</tr>
<tr>
<td>Time 2</td>
<td>Male</td>
<td>7</td>
<td>4.50</td>
<td>31.50</td>
<td>18</td>
<td>21.56</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3</td>
<td>7.83</td>
<td>23.50</td>
<td>29</td>
<td>25.52</td>
</tr>
<tr>
<td>Follow up</td>
<td>Male</td>
<td>5</td>
<td>3.80</td>
<td>19.00</td>
<td>17</td>
<td>18.21</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3</td>
<td>5.67</td>
<td>17.00</td>
<td>27</td>
<td>25.20</td>
</tr>
</tbody>
</table>

Table 11.

Mann Whitney test statistics comparing identity as a singer scores by sex

<table>
<thead>
<tr>
<th>Choir</th>
<th>Test</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Mann-Whitney U</td>
<td>3.000</td>
<td>3.500</td>
<td>4.000</td>
</tr>
<tr>
<td></td>
<td>Z</td>
<td>-1.709</td>
<td>-1.600</td>
<td>-1.043</td>
</tr>
<tr>
<td></td>
<td>Asymp. Sig. (2-tailed)</td>
<td>.087</td>
<td>.110</td>
<td>.297</td>
</tr>
<tr>
<td>Yes</td>
<td>Mann-Whitney U</td>
<td>172.500</td>
<td>217.000</td>
<td>156.500</td>
</tr>
<tr>
<td></td>
<td>Z</td>
<td>-2.091</td>
<td>-.964</td>
<td>-1.762</td>
</tr>
<tr>
<td></td>
<td>Asymp. Sig. (2-tailed)</td>
<td>.037</td>
<td>.335</td>
<td>.078</td>
</tr>
</tbody>
</table>

A Kruskall Wallis calculation showed that there was no significant difference in mean scores by age at time 1, H(4) = 4.75, p = 3.14; time 2, H(4) = 7.28, p = 0.122; or follow-up, H(4) = 2.57, p = 0.632.
GROUP SINGING AND CHILD WELLBEING

**Hypothesis E:** Changes in scores of psychological wellbeing and identity as a singer will be greater in children who take part in Young Voices compared with those who do not.

Independent sample t-tests revealed that the mean wellbeing score for the non-choir group (M = 51.4, SE = 1.54) was significantly higher than the choir group (M = 44.16, SE = 1.18) at time 2 only, t(58) = 2.64, p < 0.05.

Mann-Whitney comparisons showed that there were no significant differences in psychological difficulties or identity as a singer scores between choir and non-choir at any time point (Tables 12-15).

Table 12.

Mann-Whitney ranks for psychological difficulty scores across time.

<table>
<thead>
<tr>
<th>Time</th>
<th>Choir</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>No</td>
<td>9</td>
<td>32.72</td>
<td>294.50</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>48</td>
<td>28.30</td>
<td>1358.50</td>
</tr>
<tr>
<td>Time 2</td>
<td>No</td>
<td>9</td>
<td>23.83</td>
<td>214.50</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>32</td>
<td>20.20</td>
<td>646.50</td>
</tr>
<tr>
<td>Follow up</td>
<td>No</td>
<td>6</td>
<td>22.83</td>
<td>137.00</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>40</td>
<td>23.60</td>
<td>944.00</td>
</tr>
</tbody>
</table>
GROUP SINGING AND CHILD WELLBEING

Table 13.

Mann-Whitney test statistics for psychological difficulty scores.

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th>Time 2</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mann-Whitney U</td>
<td>182.500</td>
<td>118.500</td>
<td>116.000</td>
</tr>
<tr>
<td>Wilcoxon W</td>
<td>1358.500</td>
<td>646.500</td>
<td>137.000</td>
</tr>
<tr>
<td>Z</td>
<td>-.768</td>
<td>-.822</td>
<td>-.148</td>
</tr>
<tr>
<td>Asymp. Sig. (2-tailed)</td>
<td>.443</td>
<td>.411</td>
<td>.882</td>
</tr>
</tbody>
</table>

Table 14.

Mann-Whitney ranks for identity as a singer scores across time.

<table>
<thead>
<tr>
<th>Time</th>
<th>Choir</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>No</td>
<td>10</td>
<td>21.30</td>
<td>213.00</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>49</td>
<td>31.78</td>
<td>1557.00</td>
</tr>
<tr>
<td>Time 2</td>
<td>No</td>
<td>10</td>
<td>20.70</td>
<td>207.00</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>47</td>
<td>30.77</td>
<td>1446.00</td>
</tr>
<tr>
<td>Follow-up</td>
<td>No</td>
<td>8</td>
<td>22.06</td>
<td>176.50</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>44</td>
<td>27.31</td>
<td>1201.50</td>
</tr>
</tbody>
</table>
GROUP SINGING AND CHILD WELLBEING

Table 15.

Mann-Whitney test statistics for identity as a singer scores.

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th>Time 2</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mann-Whitney U</td>
<td>158.000</td>
<td>152.000</td>
<td>140.500</td>
</tr>
<tr>
<td>Wilcoxon W</td>
<td>213.000</td>
<td>207.000</td>
<td>176.500</td>
</tr>
<tr>
<td>Z</td>
<td>-1.758</td>
<td>-1.743</td>
<td>-.901</td>
</tr>
<tr>
<td>Asymp. Sig. (2-tailed)</td>
<td>.079</td>
<td>.081</td>
<td>.368</td>
</tr>
<tr>
<td>Exact Sig. [2*(1-tailed Sig.)]</td>
<td></td>
<td></td>
<td>.375</td>
</tr>
</tbody>
</table>

Summary of Quantitative Findings.

Psychological wellbeing in the choir group did not increase following participating as hypothesised. There was in fact a significant decrease in wellbeing scores at time 2. At this point, the mean non-choir wellbeing score was significantly higher than the choir group.

No significant changes were found in scores of psychological difficulties following participation, and no significant changes between groups at any time point.

As hypothesised, identity as a singer scores correlated positively with scores of psychological wellbeing at all three time points.

Identity as a singer scores were higher for females than males at time 1 in the choir group, however, not at time 2 or follow-up. No significant differences were found in the non-choir group.

No significant differences were found between identity as a singer scores of different ages.
GROUP SINGING AND CHILD WELLBEING

Although mean identity as a singer scores were higher in the choir group than the non-choir group as predicted, no significant differences were found.

**Qualitative Analysis**

Child focus group and teacher interviews were coded separately according to the codebooks derived from the data (Appendix R-U for codebook and sample coded transcripts). Figure 4 illustrates the overlapping themes from teacher and child data, and Tables 16 and 17 provide details of all themes and sub-themes that emerged from the coded data. Participant quotes are labelled to indicate their sex, whether they are a child or a teacher, their school and the page of the transcript the quote was taken from (e.g. 2 = page 2).

![Figure 4. Distinct and overlapping themes identified from child and teacher data.](image-url)
### Table 16: Details of child focus group themes and subthemes

<table>
<thead>
<tr>
<th>Theme / Subtheme</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Perceptions and experiences of singing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Singing Habits</td>
<td>Children talked about their singing activities, including giving examples of how singing featured in their lives.</td>
<td>“I get a spoon and I pretend to sing!” (FCA1) “Well I’m starting my own business. I’ve got my own little gang and we sing” (FCB9)</td>
</tr>
<tr>
<td>Attitudes towards singing</td>
<td>Children’s attitudes and perceptions of singing also came through in their discussion.</td>
<td>“I love singing ‘cause you get to express what you’re feeling!” (FCB7)</td>
</tr>
<tr>
<td><strong>2. Feelings about participation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enjoyment</td>
<td>The children talked a great deal about the experience of Young Voices as positive.</td>
<td>“It was just a really, really lovely experience.” (FCA5)</td>
</tr>
<tr>
<td>GROUP SINGING AND CHILD WELLBEING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exciting and special</strong></td>
<td>Beyond the more general positive comments, some of the children described something particularly exciting and extraordinary about taking part.</td>
<td></td>
</tr>
<tr>
<td><strong>Self-conscious and embarrassed</strong></td>
<td>There were elements of the performance, particularly the cameras, that seemed to make children worry about being judged negatively by others.</td>
<td></td>
</tr>
<tr>
<td><strong>Disappointment</strong></td>
<td>Some children talked of how the performance did not live up to expectations or were disappointing in some way.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“It’s like I was the Queen there. I felt very, very, very, very special.” (FCB8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“But I do feel like a pop star! Cos we’re on YouTube!” (FCB8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“You didn’t know when they were on you if you were picking your nose or something then it’s really embarrassing. And the other people get the video as well so it’s like a bad impression of you.” (MCA4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“In the end they [child’s parents] did see me but I didn’t see them so I was in a way disappointed.” (MCA3)</td>
<td></td>
</tr>
</tbody>
</table>
### GROUP SINGING AND CHILD WELLBEING

<table>
<thead>
<tr>
<th>Fatigue and boredom</th>
<th>They also spoke of how the performance was tiring or too long.</th>
<th>“It got really, really long and it got a bit boring” (MCA5) “I had a sore throat and was tired.” (FCB5)</th>
</tr>
</thead>
</table>

### 3. Social Aspects

<table>
<thead>
<tr>
<th>Family Involvement</th>
<th>The significance of family and parental involvement was evident from some of the children’s comments, and this had both positive and negative impacts.</th>
<th>“I felt really proud afterwards cos my Granny and Grandad came down especially to see the performance and it was exciting when I got home cos they were just sat waiting for me.” (FCA5) “The worst bit was definitely not being able to see my mum.” (MCB8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer relationships</td>
<td>There was some evidence that singing as a group had made an impact on the children’s peer relations. Again, with positive and negative examples.</td>
<td>“There are some people down in the bottom row and there’s a school in front of you saying “I think you’re...” erm.,</td>
</tr>
</tbody>
</table>
calling you a name.” (MCB5) “I made friends with another school.” (FCB6)

<table>
<thead>
<tr>
<th>4. Unique Features of Young Voices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Venue, size and production</strong></td>
</tr>
<tr>
<td><strong>Quality and range of songs and actions</strong></td>
</tr>
<tr>
<td><strong>Special guest performers</strong></td>
</tr>
</tbody>
</table>
There was evidence that the guest performers were part of what made the performance special. “The best, best, best thing ok... meeting Randolph and Connie.” (FCB7)

### 5. Benefits and Positive impacts

<p>| <strong>Singing attitudes and future aspirations</strong> | Beyond the fact that children enjoyed the choir experience, there were some indications of the positive impacts it might have had for them, such as changing their attitudes towards singing or encouraging them to sing more. | “People say singing’s a girly thing but you should see the number of boys that went from our school.” (MCA6) “I really enjoy singing, it’s like boosted my confidence a bit more and I’ve noticed that I’ve been singing around more.” (MCB5) |
| <strong>Pride and achievement</strong> | Some of the children described feeling they had accomplished something through taking part and that they felt proud of themselves for taking part: | “It was sort of ‘cause of all the practice we did it was a good end result because... we’d been practising for quite a long time and it was just nice to get it done with.” (MCA2) |</p>
<table>
<thead>
<tr>
<th>Group Singing and Child Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was a sense that although it was not always easy, children found that they were capable of more than they initially thought:</td>
</tr>
<tr>
<td>“When I found out there were 7 minute long songs I thought ‘How am I going to remember?’, I just got so worked up but I didn’t practise them they just came into my head.” (FCA3) “It was really scary, but I just did it, I went with it.” (FCA2)</td>
</tr>
<tr>
<td>Theme/Sub-theme</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>1. Positive outcomes and experiences for children</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Growth and confidence</td>
</tr>
</tbody>
</table>
### Enthusiasm for singing

Teachers talked about how the experience of singing in the choir had impacted positively on children’s enthusiasm for singing as an activity. “I think probably someone who was like borderline ‘Do I want to be in the choir or do I want to go upstairs and read my book, am I here for the right reasons?’ type of thing, I think those children have been totally swayed in a positive way.” (MTA4)

“I think for all of them... they all had a sense of pride in what they’d done.”

### Part of something bigger

There was a sense that children benefitted from being part of such a large group and performance. “Erm so there wasn’t that sense of being lost in the multitude, it was much more being part of a whole, and almost singing as if the whole would miss them if they didn’t. It was really good.” (MTB2)

### Pride and sense of achievement

Comments from teachers suggested that children felt proud of having more confident to start hearing their voice a little but more.” (MTA4)
GROUP SINGING AND CHILD WELLBEING

<table>
<thead>
<tr>
<th>Taken part and gained a sense of achievement through the experience.</th>
<th>(MTB2) “Because they were part of something that went well, there was an element of success for them for each child.” (MTB2)</th>
</tr>
</thead>
</table>

2. Unique aspects of Young Voices

| Songs/actions | There was evidence that the choice of songs and actions were different to those the children might usually be exposed to. | “They’re well arranged there’s modern songs in there – so pop medleys and things like that – and there’s also songs like this year Hans Christianson Anderson – songs that I was singing growing up that you don’t hear these days but that’s the point of them.” (MTA1) |
| Resources | An important part of taking part in Young Voices for the teachers was the resources that were provided to them. | “Yeah, and the dance moves and DVD that we got you know, we sat here for two rehearsals and they were completely transfixed watching the screen.” (MTA3) |
### Voluntary

Teachers talked about the importance of children choosing to take part, rather than it being a compulsory activity. “‘Cause it’s all voluntary - we don’t force anyone to go” (MTB1) “For them to be doing things that they chose they had a real sense of pride in it that was really quite important.” (MTB2)

### Emphasis on fun

The ethos behind singing with Young Voices is not on ability but in the children enjoying themselves. This is something the teachers felt was important. We don’t hold any auditions I just don’t think that’s right in primary schools. So if they’re here, it’s because they want to be here.” (MTA1)

### Venue

It was clear from the teacher’s comments that they thought the prestige and size of the venue played a key role in the children’s experience. “From the moment they walked in the place, you know, it was like awe and wonder.” (MTB2)
3. Qualities of children who participated

<table>
<thead>
<tr>
<th>Personal traits</th>
<th>The teachers talked about some of the qualities or traits of the children who chose to join the choir. “There were some boys but also some of the girls who are normally not up front people.” (MTB1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>They also observed the role that family played in the experience for the young people, and how this could impact on the child’s experience. “’Cause they all come away buzzing, saying ‘ah it’s just an amazing experience, we loved it – they could see us, we could just about see them ..’. so the kids really knew they were performing to their parents.” (MTB3)</td>
</tr>
</tbody>
</table>
| Gender          | Teacher’s also talked about how gender was a factor in who took part. “Some of the children ... are a little bit chatty, you know, but actually watching them on the evening, the boys particularly, ... their faces were just lit up as they sang.” (MTB2) “We wanted to make sure there
was a few boys there, and it’s not always the done thing for boys to be singing but actually they all loved it so..” (MTB1)

<table>
<thead>
<tr>
<th>4. Factors impacting on experience</th>
<th>Parental support</th>
<th>There was some evidence that the impact may be different depending on the support from parents and the number of similar opportunities children had been given.</th>
<th>“I think their enthusiasm for things like that is always a little bit less, a little bit more subdued because they’re not getting that support and encouragement from behind them.” (MTB4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar past opportunities</td>
<td>The teachers also spoke about the ways in which singing with Young Voices is similar to other singing and performances the children do as part of school life</td>
<td>“If it was a school that had nothing but just the choir, I would say that it would have more of a sort of effect on them...” (MTA2) “They still perform 5 times a year, they still do Christmas concerts and music assemblies and things and they still go to other schools to perform.” (MTA2).</td>
<td></td>
</tr>
</tbody>
</table>
GROUP SINGING AND CHILD WELLBEING

Discussion

This study adopted a mixed methods approach to assess outcomes for primary school children’s psychological wellbeing following participation in a community group singing project. Qualitative data from both teachers and children provided evidence for a number of positive outcomes for psychological wellbeing. For example, positive sub-themes emerged relating to feelings of enjoyment, feeling excited and special, and positive changes in their attitudes and aspirations relating to singing. Pride and family involvement were also positive outcomes for some children, as well as a sense of having overcome challenges presented. Themes from teacher data offer support for children’s feelings of pride and achievement, and increased enthusiasm for singing, as well as suggesting positive outcomes for children’s motivation and commitment, growth and confidence, and feeling part of something bigger. In this respect, both interpersonal and intrapersonal benefits can be identified in qualitative data, reflecting results from previous group singing research (e.g. Welch 2012; von Lob, Camic and Clift, 2010).

No changes were found in quantitative measures of psychological difficulties, between or within groups. The measure of child wellbeing also showed that contrary to previous research findings (Welch et al., 2010) choir scores significantly reduced following participation in the project. Given the positive experiences reported by children and teachers in both teacher interviews and child focus groups, it is difficult to understand why choir members’ wellbeing scores reduced following participation in the project. It is interesting to consider, however, that the positive emotional state subscale significantly reduced following participation, whereas there were no significant changes in positive outlook. This suggests that completion of the singing intervention was associated with a reduction in children’s immediate state of happiness.
GROUP SINGING AND CHILD WELLBEING

Whilst there are methodological limitations to the study which may have impacted on the unexpected results (to be discussed below), it is important to explore quantitative findings that young people did not benefit from participation as hypothesised. Qualitative accounts suggest that children from school A in particular have the opportunity to participate in concerts and performances throughout their school life. It is, therefore, perhaps less likely that the singing project represented something far removed from other singing activities they (and children in the control group) had previously experienced. Also, some of the children’s comments suggest that lack of family support and involvement may have detracted from these children’s enjoyment of the experience. The importance of performing to their parents was evident from child focus groups and teacher interviews, and for those whose parents did not attend the final performance or who could not see their parents during the performance, young people reported feelings of upset and disappointment. Finally, within the focus groups there was also reference to the fact that the final performance was too long, tiring or boring and therefore the final performance was not only a positive experience for them. Although these impacts appeared to be strongly outweighed by positive perceptions of the experience, they are helpful in further exploring quantitative findings.

Results have, in other ways, supported previous research. There was evidence of gender differences in attitudes towards singing and the degree to which young people identified with being a singer. One key finding from quantitative analysis was that Identity as a Singer scores started off as significantly different between boys and girls, however, not following participation. This suggests that, in this sample at least, boys had reservations about how much singing was perceived as an appropriate or enjoyable male activity. This was also supported by material from the child focus groups and teacher interviews where boys were reluctant to attend at first, however, their attitudes towards singing became more positive after participation.
GROUP SINGING AND CHILD WELLBEING

Findings also support the hypothesis that identity as a singer is positively correlated with psychological wellbeing. Although this goes some way in exploring the role of identity as a singer in mediating the benefits of group singing, no significant difference was found between choir and non-choir members’ identity as a singer pre or post participation in Young Voices. This may be due to the high level of musical activity for all young people in participating schools.

Limitations of this study

Although every effort was made to recruit a control group, the small sample size and lack of a matched control group is a major limitation of this study. Child scores of psychological wellbeing were high and teacher-rated psychological difficulties very low at time 1. This suggests that the sample represented children whose psychological wellbeing was already flourishing, and who may therefore have been less sensitive to the potential gains. A larger and more diverse sample would be required to eliminate these potential ceiling/floor effects. Another explanation for this is the delay in obtaining time 1 measures. It is possible that children were already benefitting from having attended singing practices at time 1 and therefore it was not a true baseline as originally intended.

Finally, analyses were undertaken using non-parametric tests in order to accommodate the variables that did not meet parametric assumptions. This increases the likelihood of a Type II error and, though group comparisons have been made, conclusions are drawn with caution.

Future Research

In-depth qualitative and case study research would be beneficial in gaining a deeper understanding of the impacts of such group singing projects. Future quantitative research
GROUP SINGING AND CHILD WELLBEING

would benefit from a larger, more socioeconomically diverse sample size with matched control groups. Although challenging, it would also be important to gather more information about other activities that children in the control group may be engaged in, in order to increase confidence that any differences between groups are due to the intervention of study.

Conclusion

In conclusion, mixed findings within this study suggest that there are many potential benefits to be gained for young children in participating in community singing groups. It seems, however, that impacts may be subtle in populations with already high levels of wellbeing and socioeconomic status, potentially serving to maintain, rather than enhance, psychological wellbeing. It is also important to consider the possible negative impacts of being involved in such a project, including disappointment, fatigue, and lack of family support, as well as the withdrawal of choral activities at the end of the project. Further research is important in order to continue to develop understanding of how group singing in the community can be most effective in promoting young people’s wellbeing.
GROUP SINGING AND CHILD WELLBEING

References


GROUP SINGING AND CHILD WELLBEING


GROUP SINGING AND CHILD WELLBEING


GROUP SINGING AND CHILD WELLBEING


GROUP SINGING AND CHILD WELLBEING


GROUP SINGING AND CHILD WELLBEING


Young Voices (2014). http://www.youngvoices.co.uk/home-2/

SECTION C:

Appendices of Supporting Material
### Appendix A: Table of Literature Review Search Results

<table>
<thead>
<tr>
<th>Search Engine</th>
<th>Databases searched</th>
<th>Search results</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVID</td>
<td>PsychInfo</td>
<td>46 peer reviewed articles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 appropriate for further screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 selected according to inclusion/exclusion criteria</td>
</tr>
<tr>
<td>ProQuest</td>
<td>ERIC</td>
<td>138 peer reviewed articles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26 appropriate for further screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 selected according to inclusion/exclusion criteria</td>
</tr>
<tr>
<td>Thomson Reuters</td>
<td>Web of Science</td>
<td>181 peer reviewed articles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30 appropriate for further screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 selected according to inclusion/exclusion criteria</td>
</tr>
</tbody>
</table>
Appendix B: Flow Chart of Article Selection

181 Web of Science +
138 ERIC +
46 PsychInfo

70 articles reviewed

10 articles included
+ 5 articles retrieved from references of key papers
## Appendix C: Summary Table of Reviewed Articles

<table>
<thead>
<tr>
<th>Authors (Publication Date)</th>
<th>Location and Setting</th>
<th>Intervention</th>
<th>Sample Size</th>
<th>Sample Characteristics</th>
<th>Methods and Measures</th>
<th>Summary of Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ager, Akesson, Stark, Flouri, Okot, McCollister and Boothby (2011)</td>
<td>Uganda. Primary school setting</td>
<td>Drama, music and art program over 15, one-hour sessions.</td>
<td>403 (202 female, 201 male)</td>
<td>Conflict-affected children, aged 7-12.</td>
<td>Mixed methods: Quantitative child, parent and teacher-rated measures developed through focus groups and thematic analysis.</td>
<td>Child and parent-rated wellbeing scores increased significantly more following intervention compared with comparison group. Some evidence girls benefitted more than boys.</td>
</tr>
<tr>
<td>Cumming &amp; Visser (2009)</td>
<td>England. Primary school setting</td>
<td>6 weekly art workshops of one hour</td>
<td>6 (4 girls, 2 boys)</td>
<td>Refugee children</td>
<td>Mixed methods: Teacher-rated self esteem scale and structured observation.</td>
<td>Positive results were observed in both frequency of positive social behaviour and measures of self esteem.</td>
</tr>
<tr>
<td>Authors (Date Published)</td>
<td>Location and Setting</td>
<td>Intervention</td>
<td>Sample Size</td>
<td>Sample Characteristics</td>
<td>Methods and Measures</td>
<td>Summary of Key Findings</td>
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<tr>
<td>South (2006)</td>
<td>UK. Community setting.</td>
<td>3 varied community art projects.</td>
<td>16</td>
<td>Asian women aged 14-17; children aged 8-13; children aged 0-4 years and parents.</td>
<td>Qualitative: 16 semi-structured interviews plus additional written material.</td>
<td>Increased self-esteem and confidence in young people, increased knowledge and expression of feelings.</td>
</tr>
<tr>
<td>Hadland and Stickley (2010)</td>
<td>UK. Community setting.</td>
<td>Unclear.</td>
<td>4 (2 males, 2 females)</td>
<td>Excluded young people, aged 14-16.</td>
<td>Qualitative: Unstructured interviews</td>
<td>Personal and social benefits of art identified, including enjoyment, achievement, interacting with peers and with the wider community.</td>
</tr>
<tr>
<td>Connolly, Quin and Redding (2011)</td>
<td>UK. Community setting.</td>
<td>5-12 hours of dance classes.</td>
<td>55 females</td>
<td>Aged 14</td>
<td>Quantitative: Physiological and psychological measures.</td>
<td>Significant increase in self-esteem post intervention. No change in intrinsic motivation.</td>
</tr>
<tr>
<td>Authors (Date Published)</td>
<td>Location and Setting</td>
<td>Intervention</td>
<td>Sample Size</td>
<td>Sample Characteristics</td>
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Appendix D: Author Guideline Notes for Arts and Health: An International Journal for Research, Policy and Practice

Manuscript preparation

1. General guidelines

- Manuscripts are accepted in English. Any consistent spelling and punctuation styles may be used. Please use single quotation marks, except where ‘a quotation is “within” a quotation’. Long quotations of words or more should be indented without quotation marks.

Research and policy manuscripts

A typical manuscript will not exceed 6500 words including tables, references, captions, footnotes and endnotes. Manuscripts that greatly exceed this will be critically reviewed with respect to length. Authors should include a word count with their manuscript.

- Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgements; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figure caption(s) (as a list).
- Abstracts of 150 words are required for all manuscripts submitted. The abstract must be divided into the following sections: Background, Methods, Results, Conclusions.
- Each manuscript should have 3 to 5 keywords.
- Search engine optimization (SEO) is a means of making your article more visible to anyone who might be looking for it.
- Section headings should be concise.
- All authors of a manuscript should include their full names, affiliations, postal addresses, telephone numbers and email addresses on the cover page of the manuscript. One author should be identified as the corresponding author. Please give the affiliation where the research was conducted. If any of the named co-authors moves affiliation during the peer review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after the manuscript is accepted. Please note that the email address of the corresponding author will normally be displayed in the article PDF (depending on the journal style) and the online article.
- All persons who have a reasonable claim to authorship must be named in the manuscript as co-authors; the corresponding author must be authorized by all co-authors to act as an agent on their behalf in all matters pertaining to publication of the manuscript, and the order of names should be agreed by all authors.
- Please supply a short biographical note for each author.
- Please supply all details required by any funding and grant-awarding bodies as an Acknowledgement on the title page of the manuscript, in a separate paragraph, as follows:
  o For single agency grants: "This work was supported by the [Funding Agency] under Grant [number xxxx]."
  o For multiple agency grants: "This work was supported by the [Funding Agency 1] under Grant [number xxxx]; [Funding Agency 2] under Grant [number xxxx]; and [Funding Agency 3] under Grant [number xxxx]."
- Authors must also incorporate a Disclosure Statement which will acknowledge any financial interest or benefit they have arising from the direct applications of their research.
- For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms must not be used.
- Authors must adhere to SI units. Units are not italicised.
- When using a word which is or is asserted to be a proprietary term or trade mark, authors must use the symbol ® or TM.

**Additional guidelines for original research papers**

While these guidelines are not intended to be prescriptive it is important that authors of original research also take into consideration the following points:

**Title page:**
The title of the article should convey something specific about the topic
a. The role of service user participation in a community based visual arts and health programme: an ethnographic case study.

**Main part of manuscript:**
**Background:** This should establish the context and rationale for the research and provide an overview of the paper. It should also provide a critical account of current relevant research, showing how evaluation of its strengths, limitations and gaps supports the rationale for the current study.
**Research approach and methodology:** This should begin with a statement of the research aims and objectives. As well as informing the reader about the rationale for the approach taken this section should provide a critical account of the methods used. It should address the responses by the researcher/s to any methodological or ethical challenges they faced during the study.
**Results:** This should outline the main findings from the research.
**Discussion/conclusions and implications:** This should situate the research findings within the broader context of current knowledge as well as addressing the implications of the study for research, policy and practice.
**References**
**Contact information**

**Systematic and Literature Review**

The journal welcomes systematic reviews and literature reviews that are deemed to make a substantial contribution to the field. Systematic reviews should follow internationally recognised guidelines (e.g. Cochran Reviews) for the development, organisation and reporting of reviews. Literature reviews should present a clear rationale for the review, be well organised into coherent subsections that are appropriately titled, and present well-defined conclusions and recommendations for future research. The length for systematic and literature reviews is 8000 words including tables, figures and references. Longer submissions will be considered but we urge authors only to do this in exceptional circumstances.

**Practice-Based Reports**

Each issue will publish one or two articles focusing on programmes that demonstrate ‘best practice’ in the arts and health field. Programmes can be delivered in any venue (e.g. hospital, clinic, community centre, museum, etc.) but must address an issue or problem broadly related to healthcare. Practice-oriented articles are meant to inform the reader about innovative, groundbreaking, emerging and/or longstanding programmes from around the globe. A typical article will be between 2000-3000 words.
While these guidelines are not intended to be prescriptive it is important that authors take into consideration the following points:

Title page:
The title of the article should convey something specific about the programme
a. Story telling and poetry in a children's cancer unit
Main part of manuscript:
Abstract : Not to exceed 100 words.
Introduction : A description of the programme, it's history, how it is funded, location, and population served
Programme rationale and goals
How the programme is evaluated. This is a key area and authors should describe the evaluative aspects of the programme in detail. Please include any data the programme has collected if possible. Include a discussion of any challenges relating to evaluation, e.g. methodological issues, ethical issues, resource issues
Future plans for creative activity
References (if relevant)
Recommended reading (if relevant)
Contact information

2. Style guidelines

- APA reference style.
- Description of the Journal's article style.
- Guide to using mathematical scripts and equations.
- An Endnote output style is available for this journal.

3. Figures

- Please provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour.
- Figures must be saved separate to text. Please do not embed figures in the manuscript file.
- Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).
- All figures must be numbered in the order in which they appear in the manuscript (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labelled (e.g. Figure 1(a), Figure 1(b)).
- Figure captions must be saved separately, as part of the file containing the complete text of the manuscript, and numbered correspondingly.
- The filename for a graphic should be descriptive of the graphic, e.g. Figure1, Figure2a.
4. Publication charges

Submission fee
There is no submission fee for Arts & Health: An International Journal for Research, Policy and Practice.

Page charges
There are no page charges for Arts & Health: An International Journal for Research, Policy and Practice.

Colour charges
Colour figures will be reproduced in colour in the online edition of the journal free of charge. If it is necessary for the figures to be reproduced in colour in the print version, a charge will apply. Charges for colour figures in print are £250 per figure ($395 US Dollars; $385 Australian Dollars; 315 Euros). For more than 4 colour figures, figures 5 and above will be charged at £50 per figure ($80 US Dollars; $75 Australian Dollars; 63 Euros).

Depending on your location, these charges may be subject to Value Added Tax.

5. Reproduction of copyright material

If you wish to include any material in your manuscript in which you do not hold copyright, you must obtain written permission from the copyright owner, prior to submission. Such material may be in the form of text, data, table, illustration, photograph, line drawing, audio clip, video clip, film still, and screenshot, and any supplemental material you propose to include. This applies to direct (verbatim or facsimile) reproduction as well as “derivative reproduction” (where you have created a new figure or table which derives substantially from a copyrighted source).

You must ensure appropriate acknowledgement is given to the permission granted to you for reuse by the copyright holder in each figure or table caption. You are solely responsible for any fees which the copyright holder may charge for reuse.

The reproduction of short extracts of text, excluding poetry and song lyrics, for the purposes of criticism may be possible without formal permission on the basis that the quotation is reproduced accurately and full attribution is given.

For further information and FAQs on the reproduction of copyright material, please consult our Guide.

6. Supplemental online material

Authors are encouraged to submit animations, movie files, sound files or any additional information for online publication.
Appendix E: Letter Inviting Schools to Participate

[School address]

10th September 2012

Dear [School contact]

Further to our telephone conversation before the summer break, I am writing to provide further information regarding my research project in the coming academic year (2012/13). As part of my studies for my Doctorate degree in Clinical Psychology, the aim of the project is to investigate the outcomes of participating in Young Voices for young people’s social and emotional wellbeing.

In order to carry out this research, I will be asking young people in Young Voices choirs in London to complete questionnaires and speak to me about their experiences of taking part in Young Voices. I will also be asking class teachers to complete a short multiple-choice questionnaire about each child’s strengths and difficulties, as well as talking to teachers about their perceptions of how young people may or may not benefit from taking part in Young Voices. Please see the attached Information Sheet for further details.

This research project is in affiliation with Canterbury Christ Church University and has been approved by an independent Ethics panel. The research team have also undergone enhanced Criminal Records Bureau checks.

If your school would be interested in taking part in this research or if you have any further questions, please e-mail me on tjh32@canterbury.ac.uk, or leave a voicemail on 01892 507673, stating the message is for Tessa Hinshaw.

I very much look forward to hearing from you.

Yours sincerely

Tessa Hinshaw

Trainee Clinical Psychologist
Canterbury Christ Church University
Appendix F: School Information Sheet (Choir)

Information about the research

**Young Voices: Investigating the outcomes of a schools choir project for young people’s psychological wellbeing.**

Hello. My name is Tessa Hinshaw and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite your school to take part in a research study. Before you decide it is important that you understand why the research is being done and what it would involve for your school.

**What is the purpose of the study?**
Some research has been carried out about the impact of singing on people of different ages, however, there is not yet much evidence about the effects group singing can have on young people. This research project aims to investigate if taking part in the singing project ‘Young Voices’ has any effect on how happy, confident and fulfilled children feel. This will be explored by assessing whether there is any change in how children in the study feel before and after taking part in Young Voices, and by asking them about their experiences of the singing project. If we know more about any effects projects like ‘Young Voices’ can have, it will help us to understand ways in which we can improve how young people’s feel about themselves.

**Does my school have to take part?**
It is up to you to agree for your school to join the study.

**What will happen if we take part?**
- Your school will be involved in the research throughout the 2012/2013 academic year.
- A researcher will come to your school once in November 2012, once in February 2013, and once in May/June 2013. Each time they will ask young people to fill out some questionnaires about singing and how they have been feeling recently. This will be carried out in the classroom.
- The children’s class teachers will also be asked to complete a short questionnaire about each child’s emotional wellbeing and behaviour at school at each stage.

**What are the possible disadvantages and risks of taking part?**
There is a small possibility that some children will become upset when answering the questions we will be asking. However, the questions have been very carefully considered and are written in positive and simple language that is appropriate for children of primary school age. Everyone in the research team has been through enhanced checks from Criminal Records Bureau.

**What are the possible benefits of taking part?**
In agreeing to take part in this study, you will be helping to further knowledge into how we can best provide positive experiences for young children that will give them the best start possible in life. Specifically, this research will tell us more about into the outcomes of singing with Young Voices for the children who take part.

**What will happen if I don’t want to carry on with the study?**
If you decide you would like to withdraw your school from the study, this is possible at any stage. You will also have the right to ask for any existing data regarding your school to be removed from the research.
Will my taking part in this study be kept confidential?
Yes. We will follow ethical and legal practice and all information about your school and students will be handled in confidence.

- Research data will be collected through handwritten questionnaires.
- All questionnaires will be stored securely by the researcher. Data stored electronically will be encrypted and no one other than the research team will have access to the data.
- Research data will be retained for 10 years before being disposed of securely.
- All information which is collected about your students and teachers during the course of the research will be kept strictly confidential, and any information will have their name and address removed so that they cannot be recognised.

What will happen to the results of the research study?
It is intended to publish the results of this study in a scientific journal. It is also hoped that the results will be taken on by Young Voices and will be published more widely in the public domain. A summary of the results of the study will be provided to schools that take part so that children and teachers can hear for themselves the outcome of the study.

Children and teachers will not be identified in any report / publication.

Who is organising and funding the research?
Canterbury Christ Church University.

Who has reviewed the study?
All research affiliated with Canterbury Christ Church University is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests.

If you would like to speak to me and find out more about the study or have questions about it answered, you can email me on tjh32@canterbury.ac.uk.
Appendix G: School Information Sheet (Non choir)

Information about the research

**Young Voices: Investigating the outcomes of a schools choir project for young people’s psychological wellbeing.**

Hello. My name is Tessa Hinshaw and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite your school to take part in a research study. Before you decide it is important that you understand why the research is being done and what it would involve for your school.

What is the purpose of the study?
Some research has been carried out about the impact of singing on people of different ages, however, there is not yet much evidence about the effects group singing can have on young people. This research project aims to investigate if taking part in the singing project ‘Young Voices’ has any effect on how happy, confident and fulfilled children feel. This will be explored by assessing whether there is any change in how children in the study feel over the academic year, and by asking those who did take part in Young Voices about their experiences of the project. If we know more about any effects projects like ‘Young Voices’ can have, it will help us to understand ways in which we can improve how young people’s feel about themselves.

Does my school have to take part?
It is up to you to agree for your school to join the study.

What will happen if we take part?

- Your school will be involved in the research throughout the 2012/2013 academic year.

- A researcher will come to your school once in October/November 2012, once in February 2013, and once in June 2013. Each time they will ask young people to fill out some questionnaires about singing and how they have been feeling recently. This will be carried out in the classroom.

- The children’s class teachers will also be asked to complete a short questionnaire about each child’s emotional wellbeing and behaviour at school at each stage.

What are the possible disadvantages and risks of taking part?
There is a small possibility that some children will become upset when answering the questions we will be asking. However, the questions have been very carefully considered and are written in positive and simple language that is appropriate for children of primary school age. Everyone in the research team has been through enhanced checks from Criminal Records Bureau and the project has been approved by a independent ethics panel.

What are the possible benefits of taking part?
In agreeing to take part in this study, you will be helping to further knowledge into how we can best provide positive experiences for young children that will give them the best start possible in life. Specifically, this research will tell us more about into the outcomes of singing with Young Voices on the children who take part.
What will happen if I don’t want to carry on with the study?
If you decide you would like to withdraw your school from the study, this is possible at any stage. You will also have the right to ask for any existing data regarding your school to be removed from the research.

Will my taking part in this study be kept confidential?
Yes. We will follow ethical and legal practice and all information about your school and students will be handled in confidence.

- Research data will be collected through handwritten questionnaires.
- All questionnaires will be stored securely by the researcher. Data stored electronically will be encrypted and no one other than the research team will have access to the data.
- Research data will be retained for 10 years before being disposed of securely.
- All information which is collected about your students and teachers during the course of the research will be kept strictly confidential, and any information will have their name and address removed so that they cannot be recognised.

What will happen to the results of the research study?
It is intended to publish the results of this study in a scientific journal. It is also hoped that the results will be taken on by Young Voices and will be published more widely in the public domain. A summary of the results of the study will be provided to schools that take part so that children and teachers can hear for themselves the outcome of the study. Children and teachers will not be identified in any report / publication.

Who is organising and funding the research?
Canterbury Christ Church University.

Who has reviewed the study?
All research affiliated with Canterbury Christ Church University is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests.

If you would like to speak to me and find out more about the study of have questions about it answered, you can email me on tjh32@canterbury.ac.uk.
Appendix H: Parent Information Sheet

Research Project: Information for Parents/Guardians

Does taking part in the ‘Young Voices’ singing project have an effect on how happy and fulfilled children feel in their day-to-day lives?

Hello. My name is Tessa Hinshaw and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite your child to take part in a research study. Before you decide it is important that you understand why the research is being done and what it would involve for your child. Talk to others about the study if you wish.

What is ‘Young Voices’?
‘Young Voices’ is a large choir organisation that brings school children together for singing performances across the country. They aim to inspire young people to enjoy music and singing, and build their confidence through shared enjoyment of singing.

What is the purpose of the study?
Some research has been carried out about the impact of singing on people of different ages, however, there is not yet much evidence about the effects group singing can have on young people. This research project aims to investigate if taking part in the singing project ‘Young Voices’ has any effect on how happy, confident and fulfilled children feel. This will be explored by asking children in the choir to rate how they have been feeling lately and by comparing their answers to children who are not taking part in the choir project. If we know more about any effects projects like ‘Young Voices’ can have, it will help us to understand ways in which we can improve how young people feel about themselves.

Why has my child been invited?
Approximately 130 school children have been asked to take part in this study. They are all at school in the London region.

Does my child have to take part?
It is up to you agree for your child to join the study. If you agree, I will then ask you to sign a consent form. You are free to withdraw your child at any time, without giving a reason.

What will happen to my child if they take part?

- Your child will be involved in the research from the beginning of the autumn term in 2012 until the end of the summer term in 2013.

- A researcher will come to your child’s school once in November 2012, once in February 2013 and once in June 2013. Each time they will ask your child to fill out some questionnaires about singing and how they have been feeling recently. This will be carried out in the classroom, along with their teacher.

- Your child’s class teacher will also be asked to complete a questionnaire about your child’s emotional wellbeing and behaviour at school.

What are the possible disadvantages and risks of taking part?
As we will be asking children questions about how they have been feeling lately, there is a small possibility that some children may find this upsetting. However, the questions have been very carefully considered and are written in positive and simple language that is appropriate for children of primary school age. Children will be well supported within the school environment by a teacher
known to them and by the researcher. Everyone in the research team has been through enhanced checks from Criminal Records Bureau.

**What are the possible benefits of taking part?**
In allowing your child to take part in this study, you will be helping to further knowledge into how we can best provide positive experiences for young children that will enhance their confidence and give them the best start possible in life. Specifically, this research will tell us more about into the outcomes of group singing for young children.

**What if there is a problem?**
If you have any problems please speak to me or your child’s school. Any complaint about the way your child has been dealt with during the study will be addressed.

**What will happen if I don’t want to carry on with the study?**
If you decide you would like to withdraw your child from the study, this is possible at any stage. You will also have the right to ask for any existing data regarding your child to be removed from the research.

**Will my child’s taking part in this study be kept confidential?**
Yes, we will follow ethical and legal practice and all information about your child will be handled in confidence:
- Research data will be collected through handwritten questionnaires.
- All questionnaires will be stored securely by the researcher. Data stored electronically will be encrypted and no one other than the research team will have access to the data.
- Research data will be retained for 10 years before being disposed of securely.
- All information which is collected about your child during the course of the research will be kept strictly confidential, and any information about your child will have their name and address removed so that they cannot be recognised.

**What will happen to the results of the research study?**
It is intended to publish the results of this study in a scientific journal. It is also hoped that the results will be taken on by Young Voices and will be published more widely in the public domain. A summary of the results of the study will be provided to the schools that took part so that children can hear for themselves the outcome of the study. Children will not be identified in any report/publication.

**Who is organising and funding the research?**
Canterbury Christ Church University.

**Who has reviewed the study?**
All research affiliated with Canterbury Christ Church University is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Canterbury Christ Church University Research Ethics Committee.

**How do I consent to my child taking part?**
If you are happy for your child to take part in my project please sign the attached consent form and return it to your child’s school. If you would like to speak to me and find out more about the study or have questions about it answered, you can email me on tjh32@canterbury.ac.uk or leave a message for me on a 24-hour voicemail phone line at 01892 507673. Please say that the message is for me [Tessa Hinshaw] and leave a contact number so that I can get back to you.

**Many thanks for your time.**
Appendix I: Focus Group Information Sheet

Research Project: Information for Parents/Guardians

Does taking part in the ‘Young Voices’ singing project have an effect on how happy and fulfilled children feel in their day-to-day lives?

At the end of last term, you kindly consented for your child to participate in the above research about the Young Voices singing project. This research project aims to investigate if taking part in ‘Young Voices’ has any effect on how happy, confident and fulfilled children feel. If we know more about any effects projects like ‘Young Voices’ can have, it will help us to understand ways in which we can improve how young people feel about themselves.

You may remember that a major part of the study involves asking participating children to complete questionnaires about singing and how they have been feeling lately. They have already completed these questionnaires once and will complete them twice more this academic year. I am now writing to invite your child to participate in the second part of the research project.

Part 2: Focus Groups

Now that your child’s choir has taken part in the Young Voices concert at the O2, I am inviting some children to talk to me about their experiences of Young Voices. This will mean that not only do I have information from their questionnaires, but I can hear directly from the children about what they feel was good or not so good about taking part. I am interested in both positive and any less positive experiences and children will be supported to share whatever they feel they would like to.

What will happen in the focus group?

- Your child will be invited to talk with me and some of their peers in a small group. The focus group will last up to an hour, depending on how much the children want to say. I am interested to know whether taking part in Young Voices has made a difference to how they think and/or feel about themselves and about singing in a choir.

- The focus group will take place during the school day in January/February 2013 and it will be made clear to your child that they are free to leave at any time. The school teacher who coordinated Young Voices will be available if your child wishes to speak to them.

- The discussions will be audio recorded so that I can record what is said for use in writing up the research project. The recordings will be securely stored on an encrypted, password protected memory stick and will not be heard by anyone outside of the research team.

What will happen to the results of the research study?

It is intended to publish the results of this study in a scientific journal. It is also hoped that the results will be taken on by Young Voices and will be published more widely in the public domain. A summary of the results of the study will be provided to the schools that took part so that children can hear for themselves the outcome of the study. Whilst anonymous quotes
from the focus groups may be reported, the children or schools participating in the project will not be identified in any report/publication.

**Who is organising and funding the research?**
Canterbury Christ Church University. All research affiliated with Canterbury Christ Church University is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Canterbury Christ Church University Research Ethics Committee.

**How do I consent to my child taking part?**
If you are happy for your child to take part in my project please sign the attached consent form and return it to your child’s school music teacher. If you would like to speak to me and find out more about the study or have questions about it answered, you can email me on tjh32@canterbury.ac.uk or leave a message for me on a 24-hour voicemail phone line at 01892 507673. Please say that the message is for me [Tessa Hinshaw] and leave a contact number so that I can get back to you.

*Many thanks for your help!*
Appendix J: Parent Consent Form

PARENT/GUARDIAN CONSENT FORM

Title of Project: “Young Voices: Investigating the outcomes of a schools choir project on young people’s psychological wellbeing.”

Name of Researcher: Tessa Hinshaw

Is your child participating in ‘Young Voices’ this year? (please circle) Yes / No

Please initial each box:

1. I confirm that I have read and understand the information sheet dated 28 September (Version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my child’s participation is voluntary and that they are free to withdraw at any time without giving any reason.

3. I understand that relevant sections of my child’s data collected during the study may be looked at by the supervisors, Professor Stephen Clift and Professor Paul Camic. I give permission for these individuals to have access to my child’s data.

4. I agree for my child to take part in the above study.

Name of child____________________________
Name of Parent/Guardian____________________ Date________________
Signature ___________________

For office use

Name of Researcher taking consent____________________ Date________________
Signature ___________________
Appendix K: Focus Group Consent form

PARENT/GUARDIAN CONSENT FORM
Focus Group

Title of Project: “Young Voices: Investigating the outcomes of a schools choir project on young people’s psychological wellbeing.”

Name of Researcher: Tessa Hinshaw

Please initial each box:

1. I confirm that I have read and understand the focus group information sheet dated 28 September (Version 2). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my child’s participation is voluntary and that they are free to withdraw at any time without giving any reason.

3. I understand that the focus group will be audio recorded.

4. I agree for my child to take part in the focus group.

Name of child____________________________
Name of Parent/Guardian____________________ Date________________
Signature ___________________

For office use

Name of Researcher taking consent __________________ Date________________
Signature ___________________
Appendix L: Interview Consent Form

TEACHER INTERVIEW CONSENT FORM

Title of Project: “Young Voices: Investigating the outcomes of a schools choir project on young people’s psychological wellbeing.”

Name of Researcher: Tessa Hinshaw

Please initial each box:

1. I confirm that I have read and understand the research study information sheet dated 28 September (Version 1). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I understand that the interview will be audio recorded.

4. I consent to anonymous quotes from my interview being used in the research report, including within any future publications.

5. I agree to be interviewed for the purpose of the research study.

Name of Teacher ______________________ Date________________

Signature ___________________

Name of Researcher taking consent __________________ Date________________

Signature ___________________
Appendix M: Child Questionnaire (Identity as a Singer and Stirling Child Wellbeing Scale)

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Appendix N: Strengths and Difficulties Questionnaire (teacher rated version)

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Appendix O: Child Focus Group Questions

1. What was it like to take part in Young Voices?
2. What things did you like the most?
3. What did you like the least or find difficult?
4. Do you think taking part in Young Voices changed how you feel about yourself?
5. Do you think taking part in Young Voices has made any difference to how you get on with friends and family?
6. Since taking part in Young Voices, have you got new ideas about what you hope to go on to do/be when you are older?
Appendix P: Teacher Interview Schedule

1. Do you think that participating in Young Voices has made a difference for the children in your choir? If so, in what ways?

2. How do you think taking part in Young Voices could bring about positive outcomes for children?

3. Have you noticed any negative outcomes for children as a result of taking part in Young Voices?

4. Do you have any thoughts on which children might gain the most from participating in Young Voices? Or for whom it might be less beneficial?
Appendix Q: Letter Confirming Ethical Approval

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### Appendix R: Child Focus Group Data Codebook

<table>
<thead>
<tr>
<th>Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for participating</td>
<td>How or why the young people came to take part in Young Voices</td>
</tr>
<tr>
<td>Singing Habits</td>
<td>Children talking about where they like to sing and who they sing with</td>
</tr>
<tr>
<td>Attitudes towards singing</td>
<td>Children’s thoughts and feelings about singing</td>
</tr>
<tr>
<td>Singing more</td>
<td>Some children noted they were singing more now or enjoyed it more as a result of participating</td>
</tr>
<tr>
<td>Fatigue / boredom</td>
<td>Participating in Young Voices was tiring and boring at times for some of the children.</td>
</tr>
<tr>
<td>Nerves, self consciousness and embarrassment</td>
<td>Children talked about feeling scared, embarrassed or self conscious when taking part for different reasons.</td>
</tr>
<tr>
<td>Disappointment</td>
<td>When the experience did not live up to expectations for some reason</td>
</tr>
<tr>
<td>Enjoyment and fun</td>
<td>Positive experiences of taking part in Young Voices</td>
</tr>
<tr>
<td>Exciting/special</td>
<td>There were some children who talked about feeling special following taking part.</td>
</tr>
<tr>
<td>Pride/Achievement</td>
<td>Children talked about feeling proud of themselves and/or of conveying a sense of achievement.</td>
</tr>
<tr>
<td>Aspirations</td>
<td>For some, taking part was inspiring and they had aspirations of doing Young Voices again or other singing pursuits.</td>
</tr>
<tr>
<td>Family involvement</td>
<td>Children talking about their parents or other family members and how that impacted upon the experience for them</td>
</tr>
<tr>
<td>Connected/ not alone</td>
<td>A sense that children enjoyed being part of such a large choir.</td>
</tr>
<tr>
<td>Peer relationships</td>
<td>Good and bad experiences of engaging with peers throughout the experience.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Overcoming Challenges</td>
<td>There were challenges involved in taking part which some children spoke about, and a sense that they overcame these challenges.</td>
</tr>
<tr>
<td>Neutral</td>
<td>Comments that are neither negative or positive but that communicate something about the experience of participating.</td>
</tr>
<tr>
<td>Music/ songs/performers</td>
<td>Children spoke about the music, songs and other performers at the O2 being enjoyable.</td>
</tr>
<tr>
<td>Venue/Production</td>
<td>Features, opinions or experiences of the O2 arena.</td>
</tr>
<tr>
<td>Other benefits</td>
<td>Other positive outcomes from participating that do not fit in existing codes.</td>
</tr>
</tbody>
</table>
Appendix S: Sample Coded Transcript (Child Focus Group)

(R = Researcher, MC = Male child, FC = Female Child)

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**Appendix T: Teacher Interview Data Codebook**

<table>
<thead>
<tr>
<th>Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>How school involved</td>
<td>Reference to how the school came to take part in Young Voices</td>
</tr>
<tr>
<td>Gender</td>
<td>The difference between male and female interest or enjoyment of singing and taking part in the project.</td>
</tr>
<tr>
<td>Personal traits</td>
<td>Teachers talking about some of the personal characteristics of children who chose to take part</td>
</tr>
<tr>
<td>Family</td>
<td>How family were involved and reference to variation in parental support.</td>
</tr>
<tr>
<td>Previous experiences</td>
<td>Other similar previous experiences children may have had.</td>
</tr>
<tr>
<td>Voluntary</td>
<td>Specific mention of the fact that participation was voluntary and the significance of this.</td>
</tr>
<tr>
<td>Enjoyment</td>
<td>The importance of children enjoying the experience, rather than having to get the words/notes right.</td>
</tr>
<tr>
<td>Songs and actions</td>
<td>Speaking about the quality and range of songs and actions included in Young Voices.</td>
</tr>
<tr>
<td>Venue/Size</td>
<td>Talk of the significance of the O2 and the size of the performance.</td>
</tr>
<tr>
<td>Performers/production</td>
<td>The impact of the special guests and the videos provided by Young Voices.</td>
</tr>
<tr>
<td>Resources</td>
<td>The teachers talk about the benefits of taking part for them as teachers and the quality of the resources provided to them by Young Voices.</td>
</tr>
<tr>
<td>Friends and Peers</td>
<td>Mention of social aspects of participating for the young people.</td>
</tr>
<tr>
<td>Motivation</td>
<td>Teachers talked about how Young Voices was motivating for the children.</td>
</tr>
<tr>
<td>Commitment</td>
<td>Children were committed to attending rehearsals and to learning the songs</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Growth/confidence</td>
<td>Teachers talk about children growing as people through participation</td>
</tr>
<tr>
<td>Part of something bigger</td>
<td>Reference to the significance for the children of being part of such a large choir</td>
</tr>
<tr>
<td>Enthusiasm for singing</td>
<td>Commenting on the last impact on the children and their desire to sing in the future</td>
</tr>
<tr>
<td>Pride and achievement</td>
<td>The sense of success that children gained from taking part in something they can feel proud of</td>
</tr>
<tr>
<td>Not all benefit in same way</td>
<td>Not all children gained the same from taking part and some seem to benefit more than others</td>
</tr>
</tbody>
</table>
Appendix U: Sample Coded Transcript (Teacher Interviews)

(R = Researcher, MT = Male teacher)

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Appendix V: Feedback to Ethics Committee: Summary of Findings

Background to this project:

There is growing evidence to suggest that group singing in the community can have positive outcomes for physical and psychological wellbeing. To date, research has focused on the impact in adult populations, with little evidence regarding the potential for group singing to enhance young people’s health and wellbeing.

Methods:

A mixed method study was carried out to investigate the impact of a community group singing project on the psychological wellbeing of primary school children in the London area. Self-rated measures of psychological wellbeing and identity as a singer were administered to 60 children aged 7-11 at three time points. A teacher-rated measure of psychological difficulties was also administered. Finally, a smaller sample of children discussed their experience of the project in focus groups and music teacher interviews were carried out.

Results:

No changes were found in quantitative measures of psychological difficulties, between or within choir groups. The measure of child wellbeing also showed that contrary to previous research findings choir scores significantly reduced following participation in the project. Given the positive experiences reported by children and teachers in both teacher interviews and child focus groups, it is difficult to understand why choir members’ wellbeing scores reduced following participation in the project. It is interesting to consider, however, that the positive emotional state subscale significantly reduced following participation, whereas there were no significant changes in positive outlook. This suggests that completion of the singing intervention was associated with a reduction in children’s immediate state of happiness.

Qualitative data provided evidence for a range of beneficial outcomes for children, and enabled further exploration of quantitative findings. Figure 1 shows the themes that emerged from child and teacher qualitative data:

<table>
<thead>
<tr>
<th>Child Themes</th>
<th>Teacher Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions &amp; experiences of singing</td>
<td>Factors impacting child’s experience</td>
</tr>
<tr>
<td>Social aspects</td>
<td>Unique features of Young Voices</td>
</tr>
<tr>
<td>Feelings about participation</td>
<td>Benefits and positive outcomes</td>
</tr>
<tr>
<td>Qualities of children who participated</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Themes from child and teacher qualitative data.
The benefits and positive outcomes identified from the child focus groups included feelings of enjoyment, feeling excited and special, and positive changes in their attitudes and aspirations relating to singing. Pride and family involvement were also positive outcomes for some children, as well as a sense of having overcome challenges presented. Themes from teacher data offer support for children’s feelings of pride and achievement, and increased enthusiasm for singing, as well as suggesting positive outcomes for children’s motivation and commitment, growth and confidence, and feeling part of something bigger.

**Conclusions:**

Although group singing appears to be a positive experience for children who participate, the impact may be more subtle for children with high levels of psychological wellbeing. Limitations of the present study include a lack of a matched control group and small sample size.