Arts Practices for Inclusion
Overall Research Report

Introduction

The Arts Practices for Inclusion course is a year-long certificate course which aims at developing intersubjectivity in relationships between mainstream and special needs and vulnerable populations, allowing each to experience the other through the arts. The methods and practices in Arts Practices for Inclusion (API) aim to create inclusive spaces and communities by facilitating a sense of community, but also preserving individual agency and choice in how one wishes to exercise that sense of community – by choosing to include or exclude oneself freely and without undue pressure or influence.

Arts practices are recognised and well-established approaches towards human development, psychosocial wellbeing and good mental health – all three of which are aspects of inclusion. The arts motivate creativity, imaginative engagement and possibilities of such engagement with self and others. Such engagement is development oriented and compelling research demonstrates the benefits of art for psychosocial wellbeing and better mental health. API in learning spaces has shown a statistically significant increase in socio-emotional well-being, and an increase in opportunities for inclusion across different special needs, vulnerable groups, and learning settings (Snehadhara Foundation 2022, 2023).

The 'A' in API is an experiential component enabling participants to experience first-hand the potential of arts. Along with self- experience of the arts through visual arts, drama, stories, songs, rhythm, play and movement, the participants train in facilitating therapeutic and learning spaces for special needs and mainstream populations.

'P' stands for the practice component which gives direction to the voyage of self- discovery as well as deeper engagement with one's purpose. The practices that emerge allow expression, compassion, empathy, reflection, joy and meaning to understand our own self before embarking on the journey of scaffolding another, by focusing on self-care practice in daily life.

'I' is the deliberate attempt and participation in the process of inclusion. In applying the arts to create inclusive spaces, participants are to question what inclusion means to them, to mainstream and special needs communities before designing and implementing social inclusion projects.

During the course, students are trained in the practice of the arts, and their application with marginalised populations. As part of their projects, each student has the opportunity to work

for one inclusion project, where they engage their learnings with a group of people belonging to a vulnerable population. As part of the project, the growth of each beneficiary is tracked in the Emotional, Social and Inclusion Domains through the API Research.

For the purpose of the research and stemming from the course teachings, a tool which assesses the level of these three domains of wellbeing were created. These are filled by the API students for each of their beneficiaries at the commencement of their work with them, and after the end of the project to understand the shifts and developments that have happened within these domains.

Below are the details of how the API course teachings have had a cumulative benefit to the beneficiary group from diverse populations. In totality, 15 participants worked with this population as their beneficiary group. Their progress was tracked both individually and as smaller pilot groups. The age range of the beneficiaries was from 8 to 60 years, and they belonged to both urban and rural locations of Bangalore, Chennai, Delhi NCR, Hyderabad, Indore, Trivandrum. The beneficiaries belonged to the population categories of persons with disabilities and persons at risk.

Literature Review

The role of arts in healing is present across history. From cave markings and painting to performance rituals, evidence of arts playing various roles in society is clear (Karkou et al, 2022). In their book 'Using Art Therapy with Diverse Populations: Crossing Cultures and Abilities', Prasad, Howie and Kriste (2013) write "Art is around us, and integrated into the many parts of our lives, including our homes, our places of worship, our shops and our landscapes. We paint, write, dance and give voice to make sense of our world and what is going on within it."

Arts for healing were first used formally by clinicians in the 1860s, when psychiatrists experimented with introducing the arts into "insane" asylums. Freud's theories became the base for what we consider art therapy. "His theories of repression, projection, the unconscious and symbolism in dreams identified the importance of visual images to understanding mental illness" (Brooke, 2006). In his work, Carl Jung emphasised archetypes, symbolism, universal imagery, and the collective unconscious, which have significantly influenced modern concepts of art therapy. Reflecting the evolution within the broader field of psychology, art therapy transitioned from Freudian and Jungian paradigms to humanistic and psychoeducational approaches. This shift redefined art therapy as a holistic and expressive process.

Today, art therapy aims to transform lives and to heal individuals and groups. It also aims to promote social change and provide a way for people to cope with the chaos of their minds and of the world around them. (Prasad et al, 2013). Expressive arts therapies use multi art modalities like visual art, writing, music, drama, dance, etc., to help a diverse group of people to express themselves in ways that conventional therapies do not, and are hence often categorised under 'alternative therapies'.

The arts have always been powerful and essential practices for humans to engage in, for health and wellbeing (The Foundation for Art and Healing, 2011). Evidence from multiple studies across a variety of settings establishes that the arts promote positive mental health and wellbeing (Heenan, 2006; McNiff & Barlow, 2009; Botton & Armstrong, 2013; Secker, Heydinry, Kent, & Keay, 2018). Karkou (2010) suggested that in Britain, the attention of arts educators has shifted from valuing children's psychological well-being (and what was known as the "emotional curriculum") to a primary concern of developing artistic outcomes and it is this more emotional art curriculum that could be nurtured as a space for us to address mental health.

The two ways in which art is utilised within the therapeutic context are- art in therapy and art as therapy. The former refers to using art forms to gain psychological insights in the process of therapy, and the latter refers to the therapeutic quality of the process of art-making. In recent years, art therapy tools and techniques are being applied and used with a variety of client or beneficiary populations. These techniques are often developed and then used in multi-cultural and cross-cultural contexts for both clinical and research needs. Within the Indian context, there is little available literature on how art therapy has been beneficial with client populations.

Art therapy training could help art teachers when dealing with Council's (2016) points, that many parents, teachers, and caregivers imagine that children are protected from the emotional impact of problems in the family, traumatic events, over stimulating content in the media, and dysfunction in the community. Children take in a tremendous amount of emotional information, and they may not have the words to express what they know and how they feel. She added, 'Integrating art therapy into unconventional settings such as schools, communities, and hospitals, in addition to psychiatric treatment programs, creates opportunities to help young people express their feelings and reflect on their experiences'

In 2011, Chilcote's research recognized art therapy as an effective cross-cultural intervention for young survivors of the tsunami. Subsequently, Shirsalkar's study in 2012 suggested potential

benefits of art therapy for street children, highlighting the importance of addressing their basic needs first. Studies among refugees, migrants and asylum-seekers and the impact of arts-based interventions show a positive trend but run into methodological and other issues (Moreira, A. I. A. & Jakobi, A. L. 2021). A study by Hertampf and Warja (2017) also showed that arts-based interventions may be effective for improving psychological outcomes for women with breast or gynaecological cancers. The use of Creative Art Therapy was also shown to be an effective instrument in improving the mood of children receiving chemotherapy (Madden et al, 2010).

In 2019, Koo and Thomas demonstrated the positive impact of art therapy on the cognitive, social, and motor skills of children with autism spectrum disorder. Cooke, Ebbitt, and Raab in 2019 emphasised the necessity of a culturally sensitive approach to practise, addressing cultural considerations in art therapy interventions (Shirsalkar, 2012; Koo & Thomas, 2019; Cooke, Ebbitt, & Raab, 2019). The advantages of participation in the arts for children which have been reported include improved learning and behaviour, better relationships with parents, peers and adults, improved psychological wellbeing and improved communication skills (Kinder et al, 2000; Kendall et al, 2003). Arts-based interventions have also been found to play a role in symptom alleviation among older adults receiving medical care, improved global cognition, learning and memory among those with mild cognitive impairment, increased communication, skill and strength building as well as personal growth (Fong, Z. H. et al. 2021; Fortin, S. et al. 2021; Vaartio-Rajalin, H., Santamäki-Fischer, R., Jokisalo, P., & Fagerström, L. 2021). Arts-inclusive programs were associated with positive outcomes on children, particularly within emotional expression, stress relief and empowerment (Moula, Z., Powell, J., Konstant, T. N., Karkou, V. 2023; Birrell, L. et al 2024).

Emerging research and review of data from previous Arts Practices for Inclusion (API) participants and their work with various beneficiaries indicate improvements in socio-emotional and inclusion wellbeing for beneficiaries from vulnerable groups including persons with disabilities and at-risk persons. API principles and practice of its methodology have also lent themselves to a development of a model for fostering inclusion between groups (Bhat, Gupta, Govindarajan & Jain, 2023; Bhat, Govindarajan & Gupta, 2024). In order to further consolidate and systematise API as an evidence-based practice, incorporate systematic review into its learning framework, this report looks as the result of direct beneficiary work from 2023-24.

Methodology:

Hypothesis:

There would be a statistically significant difference in the scores of the beneficiaries in the social, emotional and inclusion domains, after 38 sessions in the format of Arts Practices for Inclusion as per the course teachings.

Tools-

Basic demographic information including age and sex of the participants would be collected at the beginning of the research process. The direct beneficiaries of the API sessions carried out by the students would be considered as the beneficiaries. Documentation and preservation of these records will be confidential and maintained by the API student for each beneficiary. There would be 2 categories of populations i.e. persons with disabilities and persons at-risk. The questionnaires would be available to be filled as a Google form. This is titled 'API Socio-Emotional and Inclusion Tool'.

The tools consist of three sections that include progressive inquiries aligned with the Social, Emotional, and Inclusion domains taught in the API course. Additionally, there are tailored population-specific questionnaires within the tools. These delve into indicators specific to the social, emotional, and inclusion well-being of each population type. Students of the API course will be responsible to fill this questionnaire in the first phase of their work with each beneficiary and with the same beneficiary after sufficient work is completed in order to assess considerable change (in this case, 38 API sessions).

Method of data collection-

For the purpose of the study, consent forms would be signed by the beneficiaries (or guardians, wherever the beneficiary is not of legal age) to participate in the research, as well as by the API course trainee, signing over rights to the data to Snehadhara Foundation (SF). Ethical guidelines would be followed in accordance with the APA standard.

Data would be collected using the aforementioned tool and questionnaire by the API course trainee, and an organisation staff working with the respective beneficiaries (eg., organisation mentor, peer teacher/facilitator/counsellor). The organisation staff collecting data must remain the same and attend a minimum of 2 sessions during both the data collection periods mentioned in the table below, before filling the tool and questionnaire.

Socio-demographic data would be collected from each beneficiary as per the categories mentioned above including age, sex, organisation and population-specific data.

Data will be collected at 2 different times during the course of the arts-based interventions in accordance with the teaching of the API course. The tools would be available to be filled on Google Forms provided by SF to the trainees of the API course.

The first set of data would be collected and submitted to SF by the API course trainee, the supervisor and/or organisation staff for each of the beneficiaries at the beginning of the intervention between the 16th to 18th sessions conducted with their respective beneficiary group. The final set of data would be collected and submitted to SF at the end of the intervention in the last two sessions of the Community Inclusion Project

	Term	**Data Collection Between**	
Data Collection 1	Term 2	Session 16	Session 18
Data Collection 2	Community Inclusion Project (Term 3)	Session 6 of Community Inclusion Project	Session 8 of Community Inclusion Project

Table 2: Data Collection Schedule

The API course trainee and organisation staff will independently fill the tool and questionnaire for each of their respective beneficiaries after the agreed upon session and record the scores separately. The API course trainee, supervisor and/or organisation staff are blinded to each other's scoring and raw data.

Method of data analysis

Cumulative scores and domain-wise scores will be calculated from the scores on the tool as rated by the API course trainee. The average score of each group on the 3 domains of wellbeing would also be calculated to understand changes in the group's wellbeing over the course of the 38 API sessions.
Statistical analysis would be done. Paired-samples t-test (or Wilcoxon Signed-Rank Test) will be used to observe the changes in scores. Descriptive statistics would be used to analyse the demographic data collected for the groups. Statistical analyses for the groups will be conducted to meet the objectives and understand the impact of the arts-based interventions in accordance with the API course teachings.

Arts Practices *for* Inclusion

Inter-rater reliability would be calculated by comparing the data filled by the 2 or more raters including the API course trainee. Persons r will be used to determine the level and extent of agreement between raters. It is a statistical measures to test inter-rater reliability by determining the level of agreement between raters and as a result, the extent to which the data collected in the study are correct representations of the variables measured. This measure would increase consistency in measurement and help track and monitor observer bias in scoring.

Results

Group Number	Number of Beneficiaries	% change in scores on Emotional Wellbeing	T-value on Emotional Wellbeing	% change in scores on Social Wellbeing	T-value on Social Wellbeing	% change in scores on Inclusion Wellbeing	T-value on Inclusion Wellbeing
Group 1	13	64.02%	12	53.65%	12	48.4%	12
Group 2	7	8.6%	4.23	13.5%	5.64	9.6%	3.75
Group 3	Descriptive Analysis						
Group 4	9	73.2%	5.37	39.7%	4.89	79.7%	5.02
Group 5	9	19.8%	4.50	30.44%	4.18	27.83%	3
Group 6	8	28.62%	11.22	19.06%	9.62	21.45%	10.20
Group 7	4	12.72%	1.16	30.35%	3.83	18.70%	2.81
Group 8	6	33.7%	1.83	67.7%	2.45	73.07%	3.40
Group 9	7	2.7%	0.35	-1%	0.50	4.2%	1.05
Group 10	Descriptive Analysis						
Group 11	6	61.5%	4.87	47.5%	5.37	28.1%	5.78
Group 12	6	18.7%	4.29	17.4%	3.14	7.9%	4.29
Group 13	8	35%	6.62	19.2%	4.71	18.4%	6.14
Group 14	11	20.8%	2.24	11.8%	1.63	40.1%	4.84
Group 15	10	35.4%	3.67	17.6%	3.38	0.3%	1.25

Table 2: Percentage Change and t-values for each group of beneficiaries of the API participants

Table 2 above shows the percentage change in scores and the t-value from the paired sample t-test for the 3 domains for all the groups of beneficiaries who received the API intervention from the API students.

The table presents the percentage change in scores and t-values for Emotional Wellbeing, Social Wellbeing, and Inclusion Wellbeing across multiple groups of beneficiaries in the API project. Overall, there is a noticeable positive impact, with most groups showing improvements in all three domains. The percentage change varies significantly, ranging from minimal improvements (as low as 0.3%) to substantial gains (as high as 79.7%). Similarly, t-values, which indicate statistical significance, vary across groups, with some showing highly significant results (t-values above 5) and others remaining below the threshold for significance (t-values under 2). This suggests that while the intervention was broadly effective, its impact was not uniform across all groups.

Inter-rater reliability was assessed using Pearson's correlation coefficient to examine the level of agreement between the scores assigned by the primary beneficiaryand the co-observer. The analysis yielded a strong positive correlation ($r = 0.93$, $p < 0.001$, $N = 2,876$), indicating a high degree of consistency between the two raters. A correlation value close to 1 suggests that the two sets of ratings are highly aligned, with minimal discrepancies. The statistical significance ($p < 0.001$) confirms that this correlation is unlikely to have occurred by chance, reinforcing the robustness of the assessment methodology.

A total of 2,876 paired observations were included in the analysis after data cleaning and handling of missing values. The high correlation suggests that the assessment tool or observational framework used for rating was well-defined and reliably interpreted by both raters. This level of agreement also implies that subjective biases in scoring were minimal, as both raters consistently evaluated the same behaviors or responses in a similar manner.

The strength of the inter-rater reliability suggests that this method can be considered dependable and replicable for future assessments involving similar observational scoring. The findings support the validity of the observational tool and indicate that multiple raters can effectively use it without significantly affecting the reliability of the data collected.

Raters	Pearson Correlation (r)	Number of Observations (N)	p-value	Reliability Interpretation
Participant vs. Co-Observer	0.93	2,876	< 0.001	Strong Agreement

Table 3: Inter-Rater Reliability Analysis Using Pearson Correlation

The hypothesis is accepted. Many groups demonstrated statistically significant increases in Emotional, Social, and Inclusion Wellbeing, reinforcing the effectiveness of the intervention. However, some groups showed either marginal improvements or statistically insignificant changes, indicating that the intervention's impact was limited for them. This variation could be attributed to factors such as differences in group size, baseline conditions, or specific challenges faced by different beneficiary groups. While the overall results support the intervention's effectiveness, further analysis is needed to understand why some groups benefited more than others.

Discussion

Emotional Wellbeing

Emotional wellbeing is about many different facets of one's engagement with emotions and relationships. It has been explained using the Attachment Theory given by Bowly and Ainsworth, where they talk about attachment formation as infants being the foundation of an emotionally healthy adult. Further, the neuroscience of emotions speaks of the development of the healthy 'triune' brain, where the interplay of the limbic system, neocortex and the basal ganglia control the total experience of emotions.

Certain broad categories of emotional wellbeing have been arrived at, which cater as domains within the framework of the API research.

i. Emotional Awareness: It is about the awareness about how one is feeling and why they are feeling that way, including labelling and reasoning of emotions.

ii. Emotional Expressiveness: It denotes how emotionally expressive a person seems to be in terms of using gestural or verbal to cues to convey their emotional experience to others.

iii. Emotional Regulation: It is about how able a person is to regulate emotions, and can behave in socially appropriate ways while experiencing extreme emotions.

iv. Emotional Sensitivity: It gauges how sensitive a person is to the emotions of others, including how they are able to reason and label others' emotions and show them empathy where required.

The arts have the potential to capture and express human experience which includes the potential to evoke, express, and become aware of that experience. Stories, improvisations, and

drama can evoke emotional responses and enable the expression of those responses through characters, scenes, scripts and situations. Play is a good example of expressing emotions because while playing games, persons are involved in many emotional states including competition, exhilaration, excitement, surprise, happiness, elation and others. Music has a special quality to move people to tears or cause them to dance in ecstasy. Similarly, visual art has the potential to make the artist aware of the place from where the art and the emotions arose; thus, provoking emotional awareness.

The impact analysis of the Emotional Wellbeing domain indicates a generally positive effect of the intervention, with most groups showing notable improvements. The percentage change in scores varies widely, with some groups experiencing substantial growth, while others show only marginal improvements. The highest recorded change exceeds 70%, suggesting that, for some beneficiaries, the intervention significantly enhanced emotional resilience, self-awareness, and overall mental well-being. However, a few groups exhibited minimal change, indicating that the program's effectiveness was not uniform across all beneficiaries.

The statistical significance of these changes, as reflected in the t-values, further supports the intervention's impact. Many groups had t-values above 2.0, implying that the observed changes are statistically significant and unlikely to be due to chance. However, some groups had lower t-values, suggesting that their improvements may not be conclusive. The variation in impact could be attributed to factors such as individual differences in emotional regulation, the nature of the intervention's engagement, or external influences affecting beneficiaries' emotional states. Overall, the data suggests that while the intervention was effective in enhancing Emotional Wellbeing for most beneficiaries, its impact was more pronounced in some groups than others, warranting further exploration into group-specific needs and response patterns.

Social Wellbeing

This domain is concerned with group dynamics, or the dynamics of origins, development, structure and communication of groups. These dynamics affect the way individuals and groups interact with each other to a great extent. The stages of group development include forming (coming together of people), storming (emergence of conflict within a group), norming (development of a group structure), performing (goal-directed behaviours), and adjourning (pausing or ending the group's process). There are several domains which can be evaluated to understand the level of social well-being of the beneficiaries.

i. Group Membership and Cohesion: It is the understanding of being a part of the group and participation and cooperation in group tasks.

Ii. Trust towards Group and Group Members: It denotes sharing of an emotional connection with other group members.

iii. Group Conflicts and Resolution: It is an active participation in working towards resolution of group conflicts.

iv. Cultural Differences in the group: It denotes having a sensitivity towards different cultural experiences of other members of the group.

Facilitating group sessions through arts practices gives a common platform for exploration of individual and group needs through artistic mediums. Group creations and constellations of visual arts provide a canvas where each member can contribute to the creation of an installation or artwork. The processes of decision making, conflict, initiative and teamwork all come into play while creating such installations or artworks together. Inclusive play invites all members, irrespective of their differences, to participate in playful activities which promote social and emotional wellbeing. Other practices such as drama, movement and music can be usefully applied in group settings to bring about social wellbeing.

The impact analysis of the Social Wellbeing domain shows a generally positive trend, with most groups demonstrating improvement in their social interactions, relationships, and sense of community. The percentage change in scores varies across groups, with some experiencing over 30-40% growth, indicating enhanced social engagement and communication skills. However, a few groups show minimal or even negative change, suggesting that the intervention's effectiveness in fostering social wellbeing was not consistent for all beneficiaries.

The statistical significance of these changes, represented by t-values, highlights the varying degrees of impact. Several groups have t-values above 2.0, indicating that their social wellbeing improvements are statistically significant and not due to random variation. However, some groups report lower t-values, suggesting that their improvements may not be as conclusive. The variation in results could be attributed to factors such as the baseline social skills of beneficiaries, differences in program delivery, or external social influences. Overall, the data suggests that the intervention had a generally positive impact on Social Wellbeing, though its effectiveness was stronger for some beneficiaries than others. This calls for a deeper understanding of the specific factors that contributed to higher gains in certain groups.

Wellbeing in the Inclusion Domain

Inclusion is a state or way of being in a group or community. As inclusion is sought within groups and communities, there are various forces and dynamics that make a person, group or community feel included in other groups or communities. Feeling included is an aspect of personal feelings and emotions as well as sensitivity towards the feelings and emotions of others. According to Davey and Gordon (2017), social inclusion is the unconditional opportunity [bound by legal and moral limits] for participation in key activities' while 'social exclusion is the enforced [socially constructed normative conditions] for [non-] participation in 'key activities'.

There are several indicators of well-being within this domain, listed below.

i. Response to Self: The ability to be sensitive to oneself and one's contribution to the group.

Ii. Membership: This denotes an identification of group membership and participation in group tasks.

iii. Influence of self and others in the group: The ability to take initiative and collaborate with all group members.

iv. Reinforcement: This denotes one's ability to value and accept others' wants and needs, and utilise group resources to meet them.

V. Shared Emotional Experience: This is the ability to meaningfully engage with the group members individually and as a whole.

The impact analysis of the Inclusion Wellbeing domain indicates a largely positive effect, with many groups showing substantial improvement in their sense of belonging, participation, and acceptance in social and community settings. The percentage change in scores varies, with some groups experiencing over 70% growth, highlighting a significant shift toward increased inclusion and engagement. However, a few groups demonstrated only marginal improvements, suggesting that the intervention's ability to foster a deeper sense of inclusion was not uniform across all beneficiaries.

The statistical significance of these changes, as shown by t-values, reinforces the overall effectiveness of the intervention. Many groups have t-values exceeding 2.0, indicating that their improvements are statistically significant. However, some groups report lower t-values, suggesting that their changes may not be strong enough to confirm a meaningful impact. The

variation in outcomes may be influenced by factors such as existing levels of social exclusion, differences in how beneficiaries engaged with the intervention, or external barriers to inclusion. Overall, the data suggests that the intervention had a strong positive impact on Inclusion Wellbeing, though certain groups may require additional support or alternative strategies to maximize their sense of belonging and participation.

The inter-rater reliability is crucial in assessing the consistency and objectivity of the evaluation process. A high inter-rater reliability score indicates that different raters assigned similar scores to the same beneficiaries, demonstrating that the tool used in the study is robust, consistent, and minimally influenced by subjective bias. This is particularly important given the diverse backgrounds of the beneficiaries and the complexity of measuring changes in emotional, social, and inclusion wellbeing.

To further validate the strength of the observed changes, Cohen's d was used to measure the effect size, providing insight into the magnitude of the intervention's impact beyond statistical significance. While t-tests determined whether differences between pre-test and post-test scores were statistically meaningful, Cohen's d helped contextualize these differences by quantifying how substantial the changes were across groups. This is particularly relevant when working with small sample sizes, as a statistically significant result may not necessarily imply a practically meaningful change. A high Cohen's d value supports the argument that the improvements observed were not only statistically valid but also substantial in real-world impact.

By combining inter-rater reliability scores and Cohen's d effect size, the study ensures that the reported changes in wellbeing are both consistently measured across raters and meaningful in terms of impact, reinforcing the credibility of the methodology. This approach is especially important when working with vulnerable populations, where variations in individual responses can be complex. The use of multiple raters, standardized tools, and effect size measures ensures that improvements or lack thereof are assessed accurately and meaningfully across different groups.

Conclusion

The *Arts Practices for Inclusion* (API) sessions were conducted with 110 beneficiaries by 15 API students, who worked on enhancing the emotional, social, and inclusion wellbeing of their beneficiary groups through the use of multi-art forms such as music, drama, play, movement, and visual art. The beneficiaries came from diverse backgrounds, including:

1. Individuals at risk of social exclusion due to factors like class, caste, gender, and socioemotional conditions, including children and adults from slum areas and individuals undergoing rehabilitation for drug and alcohol abuse.
2. Individuals with physical and mental disabilities, such as cerebral palsy, motor disabilities, intellectual disabilities, autism spectrum disorder, Down syndrome, and other neurodevelopmental conditions.

The intervention led to significant improvements in all three wellbeing domains. Descriptive statistics indicate that the group largely developed a shared identity, bonding emotionally and cooperating effectively while building the capacity to respect cultural differences and resolve conflicts. Individually, members became more aware of their roles and contributions, using the group identity to participate in tasks and collaborate when necessary. They engaged meaningfully with each other, valuing each other's needs and recognizing their membership within the group through shared experiences.

The hypothesis—that multi-art practices significantly enhance emotional, social, and inclusion wellbeing—is largely accepted. Statistical analysis demonstrates notable improvements across all three domains, with most groups showing significant positive change. However, variations in impact suggest that while the intervention was effective overall, its success was influenced by factors such as the specific needs of each group, baseline wellbeing levels, and the intensity of engagement in sessions.

This research builds upon insights from the 2020-2024 pilot studies of the API course, with iterative modifications to improve the tool's validity and reliability. The tool has been refined to incorporate clear definitions of terminology, explicit rating criteria, and a dual-rater system to minimize observer bias. However, potential limitations include:

- Observer bias and population variability, especially in groups with floating populations.
- Variability in sample size, which may affect statistical significance.
- External influences, such as environmental factors and pre-existing social conditions, that may impact beneficiaryengagement and outcomes.

This study reinforces the potential of multi-art practices as a powerful tool for improving wellbeing in persons with disabilities, individuals at risk. The methodology has shown promise in fostering inclusion, social bonding, and emotional resilience among diverse populations. There is significant scope to expand this approach to new spaces and vulnerable groups, further contributing to a more compassionate and empathetic society.