A toddler with blonde hair, wearing a dark blue long-sleeved shirt and blue patterned pants with a red waistband, is sitting on a green mat on a grey floor. The child is focused on painting with a brush into a white palette with several colored wells (purple, blue, green, yellow). To the right, an adult's hands are visible, holding a brush over a bowl of colorful clay or dough. In the background, there are several bottles of paint in purple, blue, and green, and a yellow pencil. The scene is set in a workshop environment.

Parent Infant Foundation workshop: Art-based solutions to improving early relationships

**Dr Vicky Armstrong
Dr Josephine Ross
Melanie Farman**

Plan:

- Overview of Art at the Start
- Why early art making
- Art therapy group example
- Community work example
- Blackpool Case study
- Evidence base





Art at the Start

The impact of art making on the social well-being of infants and how shared art experiences may help to build strong attachment relationships.



DCA
Dundee Contemporary Arts

NHS
Tayside



University of Dundee

Spectrum of approaches – art therapy – nursery sessions – needs led outreach – public art sessions



Infant Mental Health



- Mental health for babies means having rewarding relationships with parents or carers; developing the ability to manage emotions; being interested and curious; and being able to explore and learn about their world around them.
- Babies' emotional wellbeing needs are primarily met within their social relationships
- Babies are born with the capacity to experience and express emotions, and to connect with other people
- Their expectations of the world and other people are shaped by the response they receive
- We want to use art to help caregivers to join them in positive interactions, where their communication is recognised and responded to with warmth

Infant Mental Health



The Voice of the Infant Best Practice Guidelines and Infant Pledge

- Aligned with UNCRC children's rights, these provide guidance on how to take account of infants' views and rights in all encounters they may have with professionals in statutory or third sector services, or in public spaces such as shops, libraries or galleries.
- The term 'Voice of the Infant' is used to convey our understanding that babies have their own minds and have things to communicate from birth.
- The Guidelines offer suggestions about how those who work with babies can notice, facilitate and share the infant's feelings, ideas and preferences. The Infant Pledge sets out what infants should expect from those around them.



Infant Pledge



I am one of Scotland's youngest citizens. To give me the best start, so that I can thrive throughout my life, I need to be seen as a person with my own feelings and rights. I depend on adults to interpret my cues and communications so that my rights are upheld, and my voice is heard.

My relationships with the people who care for me are important and directly affect how my brain grows and develops, and how I learn to process and regulate my feelings. Safe and secure relationships and consistent care support my wellbeing now and give me better chances and outcomes in later life too.

Professionals and academics in the field of Infant Mental Health alongside organisations championing the rights and welfare of babies and very young children have come together on my behalf to create the following expectations, which they believe would help improve my life chances.

I expect that I will:

I expect that I will:

1. Be seen as a person with my own feelings and views.
2. Be seen as able to communicate my feelings and views.
3. Be able to trust my important adults to think carefully about my feelings and views and speak them for me.
4. Be supported to have secure relationships with the adults who care for me.
5. Have safe, interesting places to play and learn, and the help I need to do so.
6. Have my views valued by my family, community, and society.
7. Have a say in decisions about what happens to me.

My important adults will:

8. Have support to be healthy, including before I am born.
9. Have the information they need to make good choices for me.
10. Have the support they need to understand and meet my needs and their own.
11. Have help from people with the right knowledge and skills.

It is everyone's responsibility to:

12. Consider me and my perspective at all levels of decision making.

The Art at the Start Video -
<https://youtu.be/Ow5ga30cAl8>



A film by Art at the Start



DCA Dundee
466 subscribers

Subscribe



9



Share



Shared Art Making

- Sensory qualities and novel experiences offer parent and baby an opportunity to be curious together, and for the parent to tune into and regulate the babies' experience
- The opportunity to make their mark allows the baby and parent to see the positive impact their actions have on the world (experience their 'agency')
- Making art together invites communication
 - Multimodal
 - Serve and return
 - Joint Attention
- And centres the infant 'voice'
 - I express my feelings and views
 - I have my views recognized, respected and valued
 - I have a safe, interesting place to play and learn
- **The process of making art together naturally reinforces infant mental health**



Arts and Health

- **Art making and engagement also supports caregivers' mental health**
- There is a strong evidence base to suggest that the public health benefits of art participation are significant, including a positive impact on mental health of adults and children.
- As a result, cultural community assets play an important role in supporting families' wellbeing.
- However, a broad range of social factors impact upon arts participation, including socio-economic status, deprivations, disabilities, existing health conditions, ethnicity, and family background.
- We need to open arts opportunities and venues to as many families with young children as possible, helping them establish cross-generational ownership of arts and cultural spaces.



Art Therapy Aims

- Attachments

If we can help effect change in the experience an infant has with their caregiver - their main environment - then this change can have an impact across the lifespan

- Parental Well-being

If parents are struggling with their own well-being - either due to PND or other mental health issues or external stressors - then they will find it harder to be available to their infant.

- Connections

Can the art materials help us to create moments of connectedness - for example through increases in joint attention

- Responsiveness

Can the process help the parents find new ways to respond to their infants - increasing attunement and offering new ways to respond.



Parent-Infant Art Therapy

- Closed groups of around 8 caregiver-infant pairs
- Safe, confidential space
- Facilitated by an art therapist and a co-facilitator
- Relational focus
- Active stance – supporting interaction with each other and materials
- Therapeutic role of group membership
- Our current Dundee group runs in partnership between NHS IMH team and the gallery

Armstrong & Howatson (2015)
Hosea, (2017)
Hall (2008)



Common elements with other Parent-infant interventions

- Observational stance of facilitators to encourage observation and curiosity in parents
 - Powerful value of parent focusing on their baby
 - Supports curiosity and interest in infant's internal world, cues and needs
- Supporting parents' understanding of infants' mental states and needs
- Focusing on positive moments of connection and understanding – reinforce attuned interactions
- Talking through, or voicing the baby
- Modelling ways of being with baby

Baradon, 2005
Cohen et al, 2006



The art in the therapy process

- Art encourages playfulness and draws dyads into interactions. A safe, playful space to try something different.
- Allows an indirect focus on the relationship – **third object**. Allows them to practice ways of relating
- Encouraging responsiveness - can respond and communicate through the materials – **develop synchronicity**
- Opportunity to notice feelings and cues – build up **reflective functioning**. Supports curiosity and interest in infant's internal world.
- Seeing baby as an active agent – **interpersonal relating**

Trevarthen & Aitken (2001)

Isabella & Belsky (1991)

Feldman (2007)

Meins, Fernyhough, Fradley & Tuckey (2001)



Parents Perceptions

I think you see how actually you're good at this... I felt she is having fun with me. I'm doing nice things with her. Like, actually, we're getting on, OK

It made you really like concentrate on what they were doing, and like how they were responding to things

I'd really look at him and see what he liked. And you were helping with that too. It helped by you saying, like some of the things that you were seeing him do and that would help me, I think, to really to think about him and how, and how he was finding it and what he liked to do.



Armstrong & Ross (2023) *Actually, today was a good day, so today we're doing all right: Parental perspectives on a dyadic group art therapy intervention for parent and infant wellbeing and attachments. Arts in Psychotherapy*

Public and outreach aims

- To encourage shared art making which we know encourages interactive play and connection
- Give parents ideas and infants new experiences
- Offer social experiences for parent and baby
- Help families feel welcome and included in an arts setting
- Outreach is needs led



Wee Art in the Wee Forest

- Partnership with medical centre
- Series of 5 sessions offering 0-5s in the area child-led outdoor art making opportunity
- Families worried about starting nursery or school, or who have missed some social opportunities over the pandemic
- Aimed to increase little ones' social confidence in a relaxed environment, offer fun, shared, creative experiences, and give families a sense of ownership of the Wee Forest.
- Setting up a series of spaces - hay bails, veg beds, forest, canvas and painting mats







Wee Art in the Wee Forest

- Observing more confidence and venturing out
- Able to make choices and use the different spaces
- More social interactions between the children
- One caregiver noticed that a previously shy child who had wanted to stay close to her, was playing and exploring independently with lots of confidence.
- A parent reflected that they had got lots of ideas and had enjoyed the freedom to do more than was possible inside without having to worry about the mess. They felt that had let their child see them as a fun play companion.
- Medical centre staff fed back it had boosted their own wellbeing, and they started using the outdoor space.



Art at the Start in the Nursery

- Trained early years staff supported by parent development officers
- Families of two-year-olds who are eligible for a funded nursery place
- More structure than art therapy
- 3 session program focused on communication
- Help adults to notice and reflect upon their young children's communication
 - My child saw their own impact through mark making
 - My child was part of (verbal and non-verbal) conversations
 - I noticed my child showing a preference or having likes/dislikes
- Encourage continued engagement - follow on in libraries and with books
- Art ideas for each session which promote the kinds of behaviours we are highlighting

<p>Art making with toddlers</p> 	<p>Discuss art making with toddlers</p> <ul style="list-style-type: none"> • Process not product. • Try not to worry about mess, we can get cleaned up at the end – we want the children to be free to explore and everyone to enjoy the session. • Because the session is all about helping children to explore, we really want to encourage you to follow their lead. • If they don't last very long on an activity, that's fine too, you can take breaks and come and go. Some wee ones will go straight into the paint and love it, but others are a bit more cautious, so it they aren't sure at first don't worry, just let them get gradually more familiar and maybe have a shot yourself to demonstrate.
<p>Explain printing activity</p> 	<p>You could start very simply by using brushes or just hands to experiment with the chalks and paint.</p> <p>Printing just means a way of transferring the colour from one surface to the paper. You could try printing from bubble wrap by taping down a piece of bubble wrap, painting onto it, then pressing down a sheet of paper on top. This is nice for adding in the slight delay to seeing what they have made so when it's revealed there is usually a nice shared moment of appreciation (great for giving nice feedback about their impact).</p> <p>You could also use the little squares of paper and use these to print from the base of a muffin tin to get lots of little circle prints that can be arranged together, or maybe made into shapes.</p>
<p>Printing - Mark making with chalk or paints, then printing with bubble wrap and muffin tins</p> 	<p>Support the families as appropriate to play with the art materials together. Notice and point out the children noticing their marks. Notice how the children enjoy their adults responding.</p> <p>Perhaps have a go at printing yourself to model what you can do.</p> <p>If appropriate (and with permission) capture moments of connection on the iPad (so you can discuss and share with the families later).</p>
<p>Reflection with parents</p> 	<p>Discuss – what did we notice? What did the children do when they noticed their own impact? How did we respond? Did they enjoy our response? Did we capture any of it on the iPad which we can look at?</p> <p>My child saw their own impact through mark making? Anything else you have noticed or observed during art making?</p>
<p>Practitioner reflection</p>	<p>Complete reflection sheet together How confident did you feel sharing the art ideas? How confident did you feel sharing the communication ideas?</p>

Art at the Start in the Nursery

- Families wanted to continue to make art together and responded positively to follow up resources
- Practitioners all felt it was possible in the busy nursery setting and are onto new cycles of testing it out in new nurseries
- Families fed back feeling calmer, noticing the same ideas in other places
- “Good to be able to see what my child liked and didn't like and that they were capable of making choices”



Art at the Start in Blackpool & Blackpool Better Start



Art at the Start in Blackpool

- Blackpool Better Start Partnership
- Bringing together services
- Training across the spectrum of early years
- Covering art-based approaches across that spectrum



Art at the Start in Blackpool Family Hubs & PAIRS

- Family Hubs – universal
- Family Hubs & Start for Life
- NHS PAIRS – specialist
- Research of the Blackpool model

 Blackpool Better Start

Blackpool
Family Hubs



Art at the Start in Blackpool - Impact

'Art at the start has been a really great way to have a fun and connect with my baby. It's a very friendly group and the highlight of our week!'

- Elizabeth and Mabel

'Thanks for always letting my babies embrace their creativity, even if it means painting the windows!'

- Blackpool parent



Evaluation

- Standardised questionnaires pre- and post-intervention at home visits
 - Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)
 - Mother Infant Object Relations Scal (Short Form)
 - Parents' own goal
- Weekly observations:
 - Observation tool for Infant-Caregiver activity to capture baby's experiences

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1				
I've been feeling close to other people	1				
I've been feeling confident	1				
I've been able to make up my own mind about things	1				
I've been feeling loved	1				
I've been interested in new things	1				
I've been feeling cheerful	1				



Researching support for parents and infants

My Baby:

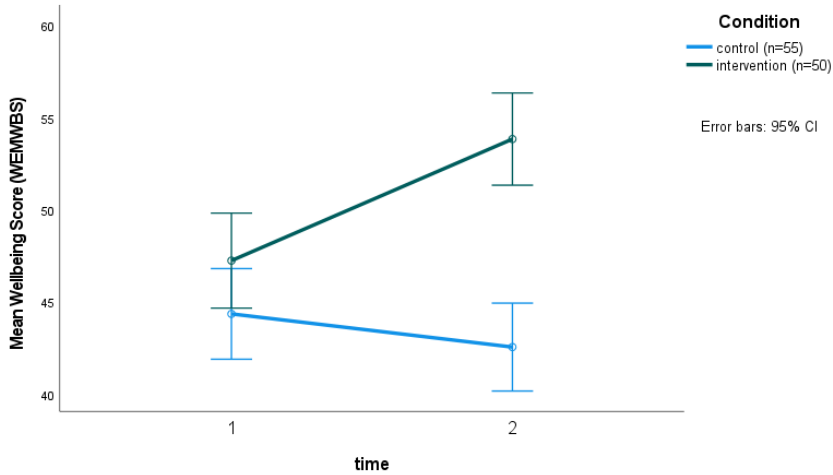
Please circle one of the choices for each of the questions below. There are no 'right' or 'wrong' answers; many of these are true of all babies at times.

	Always	Very Often	Quite Often	Sometimes	Rarely	Never
1. My baby smiles at me						
2. My baby annoys me						
3. My baby likes doing things with me						
4. My baby 'talks' to me						
5. My baby irritates me						
6. My baby likes me						
7. My baby wants too much attention						
8. My baby laughs						
9 My baby gets moody						
10. My baby dominates me						
11. My baby likes to please me						
12. My baby cries for no obvious reason						
13. My baby is affectionate towards me						
14. My baby winds me up						

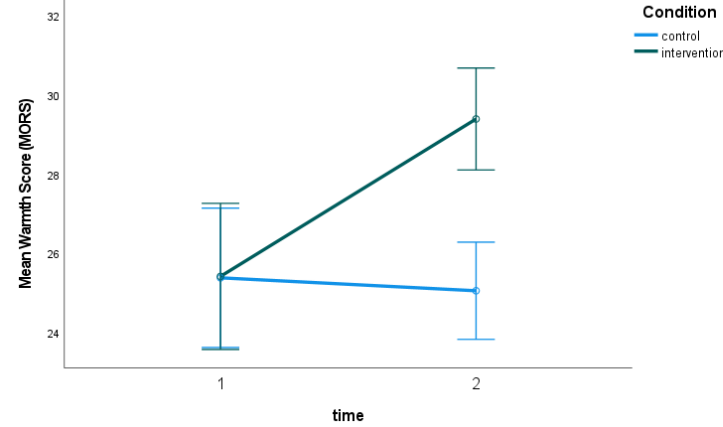
Warwick-Edinburgh Mental We
© NHS Health Scotland, University of W
2006, all rights

Control Trial of parent-infant art therapy

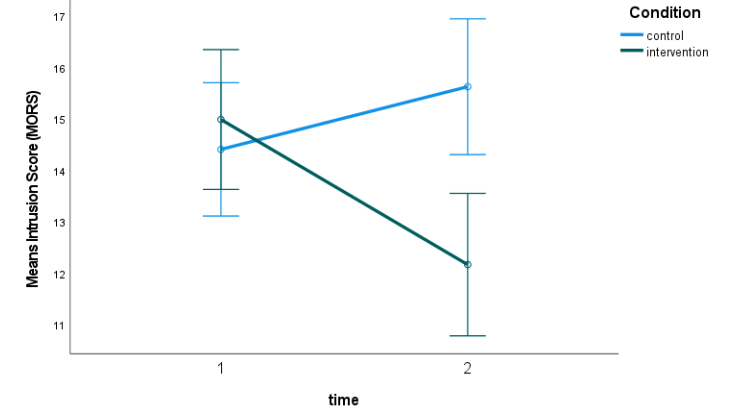
- 50 dyads from six intervention groups and 55 dyads from control (parents/guardians and infants aged 0-3 years)



Caregiver Wellbeing (WEMWBS)



Positive attachment perceptions (MORS-SF)



Negative attachment perceptions (MORS-SF)

- No initial difference between groups
- All clinically significant results and all significantly different to the control groups

Coding system for observable attachment behaviours		
Touch		
Pleasurable	Neutral	Unpleasant/Inappropriate
Soothing, cuddling, comfortable, comforting,	Passive, flat	rough, not welcomed, inhibiting, leaving without contact when needed
Proximity		
Seeks	Flat	Rejecting/intrusive
Moving closer to other	no movement/passive	approaches in threatening manner, actively moves further away
Goals		
Joint/supported	Solitary	Intrusive/Inhibiting
shared goal with other or others goal recognised and supported	pursuing goal in isolation	own goal overrides others or prevents other from pursuing goal
Emotional presentation		
Positive	Flat	Negative
Happy, excited, interested	flat presentation, little affect	angry, fearful, disgusted
Connection		
Seeks	Absent	Rejecting/intrusive
Speaks to, listens, look towards each other, playful, joint attention	not focused on other	looks away or actively moves further away, speaks over, forces eye contact
Language		
Positive	Absent	Negative
verbal affection/praise, warm, validating	praise missing where it would have been appropriate	critical /mocking language, hostile, abrupt, verbally abusive
Responsiveness		
Attuned response	Unattuned	Unresponsive/rejecting
Recognises and attempts to regulate others emotional need if required	doesn't recognise there is a need or misinterprets it	rejects others emotional need, does the opposite, teases
Boundaries		
Appropriate	Not offered	Inappropriate
Recognises social or safety problem and attempts to regulate behaviour	doesn't recognise problem/no boundaries put in place	dangerous, creates/escalates problem, boundary is given as punitive or punishing

Touch

Pleasurable	Flat	Unpleasant
-------------	------	------------

Proximity

Seeks	Flat	Rejecting/Intrusive
-------	------	---------------------

Goals

Joint	Solitary	Intrusive/Inhibiting
-------	----------	----------------------

Emotional presentation

Positive	Flat	Negative
----------	------	----------

Connection

Seeks	Absent	Rejecting/Intrusive
-------	--------	---------------------

Responsiveness

Attuned	Unattuned	Unresponsive/Rejecting
---------	-----------	------------------------

Boundaries

Appropriate	Not offered	Inappropriate
-------------	-------------	---------------

Predominant Behaviour at T1

Touch

Pleasurable	Flat	Unpleasant
-------------	------	------------

Proximity

Seeks	Flat	Rejecting/Intrusive
-------	------	---------------------

Goals

Joint	Solitary	Intrusive/Inhibiting
-------	----------	----------------------

Emotional presentation

Positive	Flat	Negative
----------	------	----------

Connection

Seeks	Absent	Rejecting/Intrusive
-------	--------	---------------------

Responsiveness

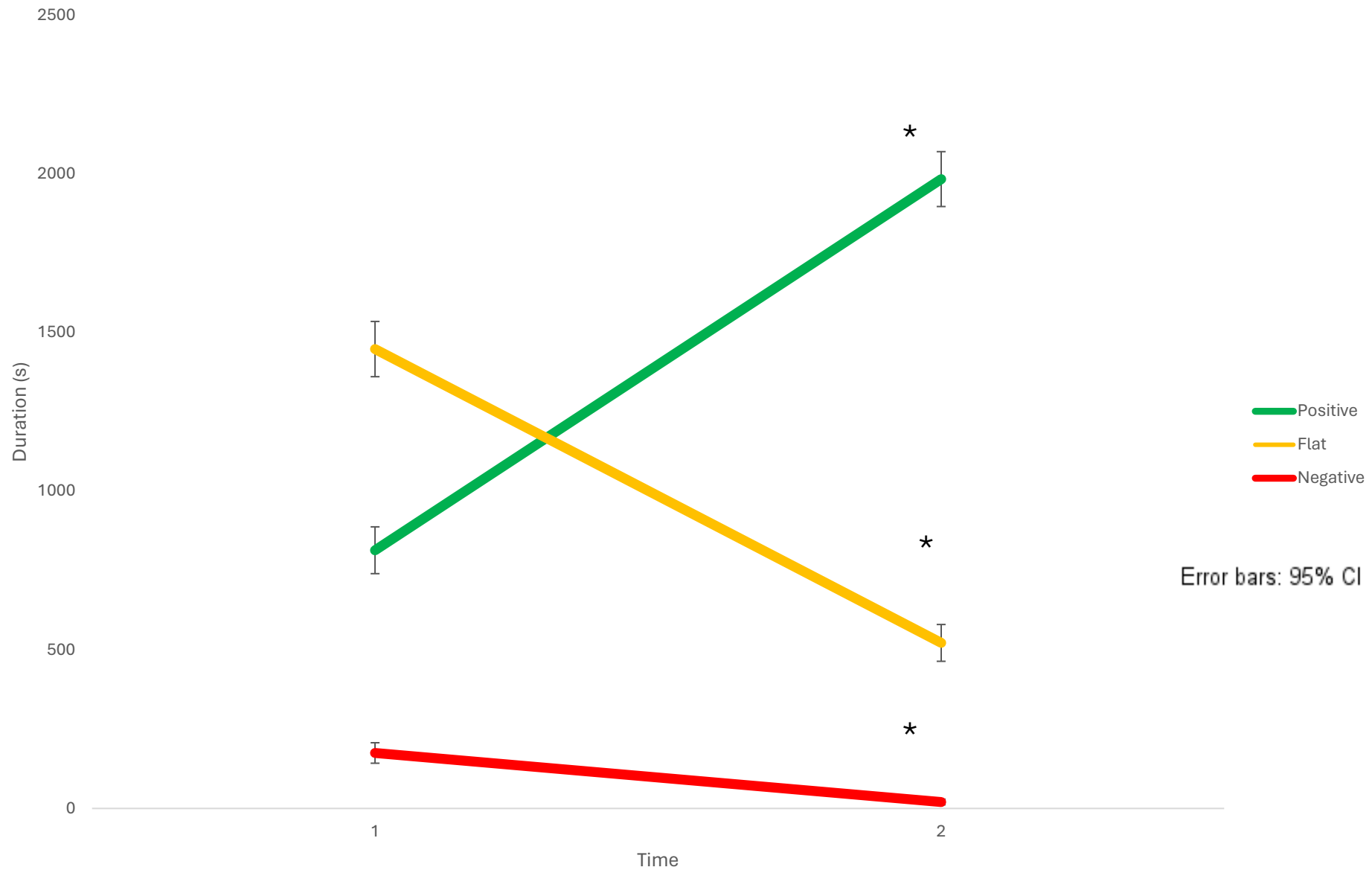
Attuned	Unattuned	Unresponsive/Rejecting
---------	-----------	------------------------

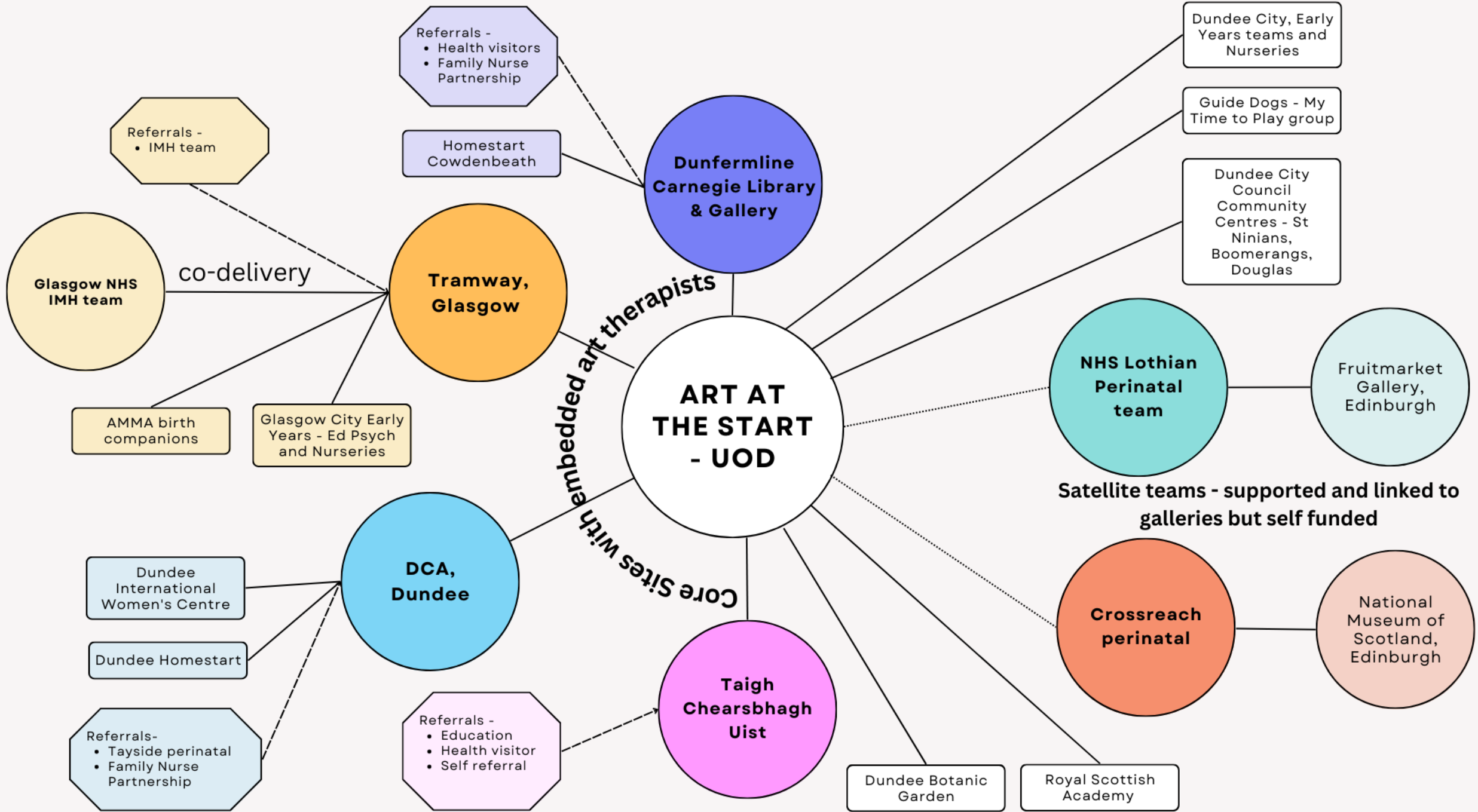
Boundaries

Appropriate	Not offered	Inappropriate
-------------	-------------	---------------

Predominant Behaviour at T2

Changes in infants' experience





Infant activity observation checklist

code..... date.....

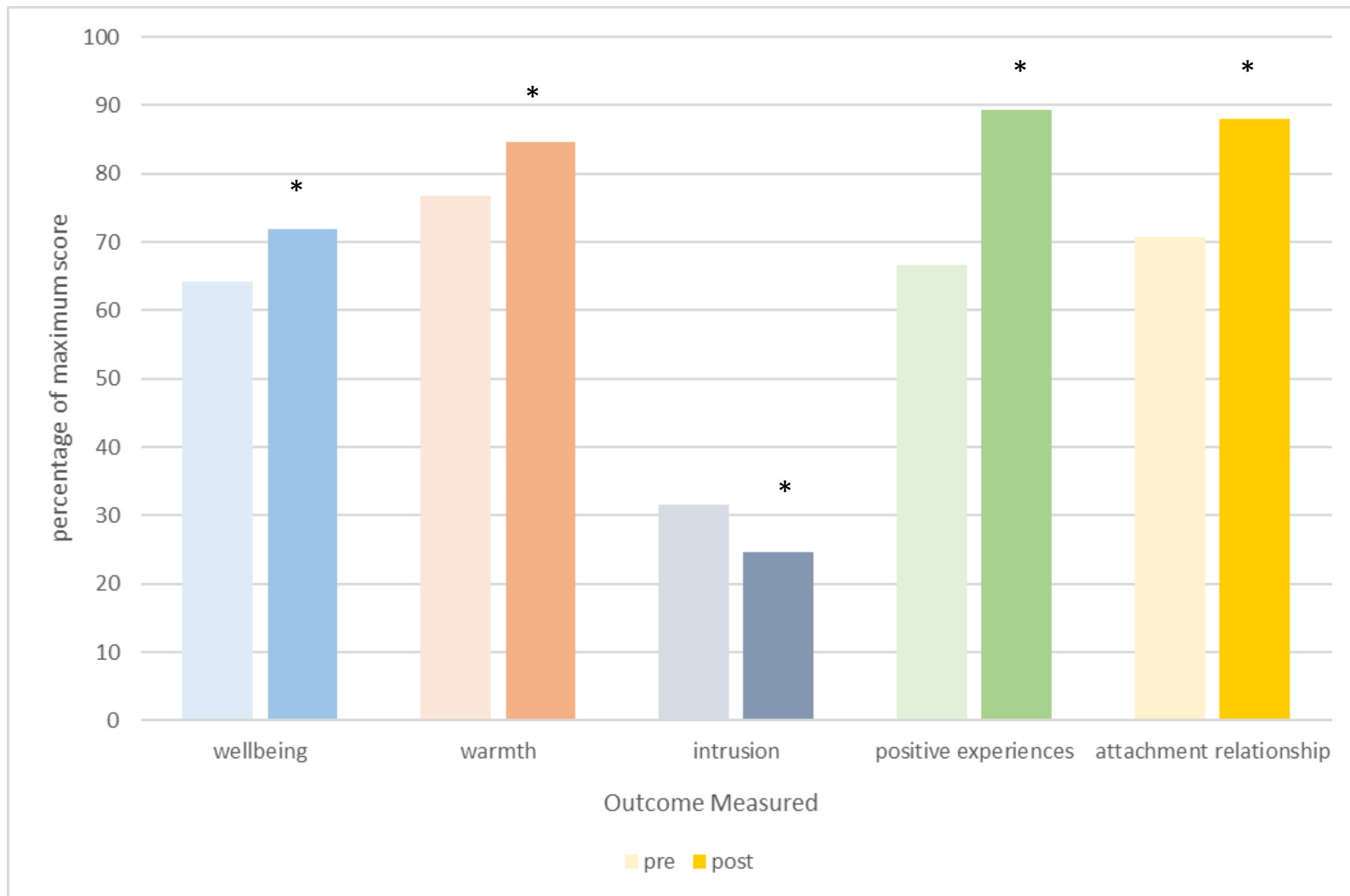
For infant and caregiver activities: Tick if behaviour was observed at end of session, or at time points, or keep a tally during sessions			
	Infant's behaviour/experience	Example	Observed
Agency	Choosing/asking/initiating	Infant selecting colours, reaching for materials, gesturing to carer, initiating play	
	Having an impact	Infant seeing mark making, cause & effect in toy, making a sound, seeing that they are having effect on carer	
	Receiving affirmation from carer	Carer notices/comments on/praises infant's demonstrations of agency – e.g. 'look you made a mark'	
Engagement	Shows interest/concentration	Infant is focused on the activity	
	Shows anticipation	Infant excited when an activity brought out, or when they see a material/toy	
	Shows pleasure/enjoyment	Infant smiling or laughing, verbalising joy	
Relationships	Part of a shared goal	Playing/creating together with their carer	
	Experiences carer facilitating their goal	Carer helped them achieve what they wanted e.g. passed them materials, laid out paint, helped reach toy	
	Experiences sensitive carer responses	Infant's cue was responded to e.g., distress was soothed, a need was met, parent reacted to infant's interest, followed lead	
	Part of 'Conversations'	Infant is part of turn taking with carer (verbal or in art/play), mutual eye contact, referential communication (showing each other things)	
	Receives pleasant touch from caregiver	Infant is getting soothing, cuddling etc from carer	
Development	Experiences sensory enrichment	Infant trying novel experiences, exploring sensory materials, feeling textures, visual or audio stimulus	
	Uses fine motor skills	Infant manipulating brushes, holding crayons, pressing buttons	
	Uses gross motor skills	Infant painting with whole body, stacking boxes, crawling/cruising/walking	
	Has opportunity for language development	Infant offered opportunities for language development e.g., carer using words for colours, or baby trying words	

Add on scaling tool 2, for therapeutic interventions:

Shifts in infants experience of attachments over time for therapeutic interventions: Immediately after session scale observation of the main behaviour experienced by infant from carer			
Shared Goals			
Shared infant-carer goals, or carer is facilitating infant's goal, most of the time	Some of the time spent in shared or facilitated goals	Carer (or infant) mainly focused on solo goals	Carer prevents or hinders infant's goal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness			
Infant's cues and needs mostly receive a sensitive response	Cues/needs sometimes receive a sensitive response	Many cues are missed, or infant doesn't seek for their needs to be met	Infant's cues/needs rejected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection			
Most time spent in mutually rewarding connection, with serve and return, eye contact, synchronicity etc	Some time spent in mutually rewarding connection	Considerable time spent not connected, opportunities for connection missed	Carer (or infant) showed rejection of connection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Contact			
Most time spent seeking or enjoying proximity or in pleasurable contact with carer	Some time spent seeking/enjoying proximity or in pleasurable contact	Little time spent in pleasurable physical contact or seeking proximity	Carer (or infant) avoiding proximity/physical contact or physical contact rough or unpleasant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Directed Communication			
Communication to infant is mainly appropriate - affirming of infant, positive, offers praise, gives reasonable guidance, putting reasonable boundaries in place	Communication is sometimes appropriate, including affirmations or reasonable guidance/boundaries	Communication is often absent, e.g., praise missing where would be expected, boundaries not given when needed	Communication is negative, e.g., critical or mocking language, harsh boundaries, not age appropriate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Replication across sites

N=59



TRAINING AND DISSEMINATION





Art at the Start

Thank you for listening!

Any Questions?

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