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Supporting carer–child relationships through play: a model for teaching carers how to use play skills to strengthen attachment relationships

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Abstract
This article presents a rationale for delivering training in play skills to groups of foster carers and adopters, and others who work with children and young people in the care system. The aim is to emphasise the relevance of play for facilitating emotional growth and regulation, and to demonstrate how ‘playing in relationship’ can support children who have experienced abuse or trauma in their primary relationships. The article includes a number of suggestions for activities that can be incorporated into training and discussion of how a playful approach to adult learning can enhance the experience. Evaluation comments by participants are also included and possibilities for future carer training programmes are considered.

Keywords
play, attachment, relationships, carers, adopters, trauma

Introduction
You can discover more about a person in an hour of play than a year of conversation.
(Plato 427–347BC)
A variety of models of intervention has emerged to support carers’ interaction with children who have experienced abuse and neglect, often focusing on behaviour management through the use of social learning theory (Bachmann et al, 2011; Rushton and Upright, 2012). Other models emphasise the importance of educating the carer about the effect of trauma on children’s psychological defences (Cairns, 2002; Golding, 2008; Hughes, 2007). This article is based on our experience of large group training of carers and social care and education practitioners who work with children in the care system. They each brought with them skills and knowledge relating to working with children and our aim was to highlight or enhance their awareness of how they could use the power of play in building relationships with children.

Within child-centred models of play therapy the therapist uses a range of skills which help them to focus on the child’s world and demonstrate interest and attentiveness (Landreth, 2012; Wilson and Ryan, 2005). Rubin (1982) asserts that the therapeutic play process offers a sense of security and facilitates the child to find ways of communicating that are comfortable for him or her. This process of relationship building involves specific skills in the use of empathy that can be taught to carers to help them promote security with their children. It is these skills that we aim to teach and rehearse in our training because play has a unique and helpful function – one that has been somewhat overlooked – in supporting the development of secure relationships in substitute care. We emphasise the value of playing ‘in relationship’ with a carer and suggest that there is a natural place for this activity within the day-to-day care of children, which complements and is easily integrated into other models of caring. We want to advocate for the healing power of play with carers as a skill that can be supported without participation in a formal therapeutic intervention. Fundamentally, we are suggesting that play with an adult is important because it builds neurological structure for children and encourages flexibility and adaptability in all our brains (Music, 2011; Perry, 2009).

The benefits of healthy play

Play has been said to be ‘a child’s work’ (Axline, 1989) in the sense that it is central to their healthy development, socialisation and growing understanding of the world. Play is a universal behaviour in children, i.e. if the conditions are right all children will play (Bruce, 2001; Perry, 2009), although the nature of their play and its role in their social and cognitive development will differ from one culture to another (Mills, Gil and Drewes, 2006; Music, 2011).

Play in itself is beneficial for all domains of human development:

In play a child always behaves beyond his average age, above his daily behaviour; in play it is as though he were a head taller than himself. (Vygotsky, 1978, cited in Wink and Putney, 2002: 102)

Whether children play alone or together they will be deeply involved and have the ability to screen out the environment as their depth of play increases (Bruce, 2001). Children will make up or change rules, and stretch imagination and creativity by making props, pretending, trying out new things and taking on new roles. Music (2011) identifies how play maximises children’s ability to respond to the unexpected. The play experience also helps to reduce stress and make sense of emotionally challenging experiences. Children naturally use play to re-visit experiences or practise for new events and in so doing experiment with possible alternatives available to them. This rehearsal and development of a play narrative supports
integration of the experience and promotes skills in adapting to new situations. Play supports children’s flexibility and development and we are mindful of Vygotsky’s work on the ‘zone of proximal development’ (cited in Wink and Putney, 2002) – how play with ‘another’ helps children to extend their range of experience and attempt new things.

Children and traumatic experience: what abuse does to children

Repeated exposure to stress reduces our capacity to engage in playfulness (Pellis and Pellis, cited in Music, 2011) and where early relationships are distorted by abuse and neglect, the impact on children’s emotional and cognitive development is significant (Gerhardt, 2004; Perry and Szalavitz, 2006). When the child’s primary carer has been preoccupied with their own needs or indeed abusive towards the child, the child’s capacity to trust adults, engage with them and elicit care appropriately is compromised.

Even when children are subsequently offered positive nurture and care, the literature has identified a clear lack of capacity in many children to make use of what is on offer (Hughes, 2007) and a struggle to manage or even understand their emotional reactions (Sroufe, 1997). Research into the impact of trauma (Perry and Szalavitz, 2006; van der Kolk, 2005) on children’s neurological development indicates that all domains of brain development can be affected as a result of repeated exposure. This causes children to be ‘hot wired’ to the point of over-sensitivity to threat in their environments, displaying hypervigilance and extreme startle responses or, in contrast, dissociative behaviour and withdrawal (Perry and Szalavitz, 2006).

Play and trauma

Abused and neglected children may experience significant developmental delay. Sutton-Smith (1997: 19) asserts:

A child who is not being stimulated . . . played with and who has few opportunities to explore his or her surroundings, may fail to link up fully those neural connections and pathways which will be needed for later learning.

Gil (2006) has identified how children with traumatic experiences can struggle to play in an ordinary way and tend to get stuck in re-enacting accounts of their frightening life experiences. Such play lacks the spontaneity and pleasure associated with ordinary every-day play and is frequently uncomfortable for adults to witness. Carers living with these children can experience their avoidance of shared play as rejection of intimacy and may feel hurt or discouraged from attempting further closeness, or may experience children as more mature or skilled than they are. What is needed is the means to enable the child to work through difficult emotions and experiences safely, and learn how to develop trust in, and experience pleasure with, a safe and interested adult. This will help the child to begin to process their experience and feelings in order to develop a more coherent story about their lives and achieve some level of ability to manage their feelings and relationships (Gil, 2006; Sroufe, 1997).

Some models of therapeutic intervention emphasise the importance of supporting children through the attuned and careful attention of a positive caring adult. Dyadic Developmental models of therapy (Becker-Weidman, 2010) emphasise the healing potential of an attuned relationship with an interested adult for traumatised children. Schofield and Beek (Beek and
Schofield, 2006; Schofield and Beek, 2009) propose a Secure Base model that also focuses on the importance of promoting attuned relationships to develop a sense of security for children. If children have not had carers who have attended to their emotional states as infants, they need to have that experience now to enable them to repair or rediscover their sense of self.

Play with ‘another’ can help children develop closer and more trusting relationships with their carers (Newton and Schore, 2008) and be most easily achieved with the carers who know these children well and care for them 24 hours a day.

‘Playing in relationship’

Vandenberg (1986: 86) proposes that ‘the relationship is the vehicle that helps the children learn to trust, invest belief in and create meaning in their lives’. Building on the work of Schore (1994) on emotional regulation, writers such as Sunderland (2007) and Gerhardt (2004) have discussed the importance of ‘experience in relationship’ for shaping and influencing the structure of the developing brain, and have highlighted in this context the great significance of the primary relationship between infant and caregiver.

The theory of play development identifies how children progress from the experience of solitary individual play to parallel play – before playing co-operatively with their peers (Parten, 1932). Play in early relationships supports emotional regulation through experiences of arousal and relaxation, as described by Fahlberg (2012). Fonagy et al (2004) explore how the child’s relationship with a significant adult is important for the process of ‘mentalisation’, which includes the development of emotional understanding and the labelling of emotion through the playful giving and receiving of emotional messages. They suggest that even quite young infants can become skilled in identifying the difference between pretend and real expressions of emotion (Fonagy et al, 2004; Music, 2011), building the cognitive and neurological structure that supports emotional understanding and self-regulation. Play is thus a natural medium for learning about experiences and feelings in this reciprocal way.

Models of play-based support

There are currently a number of models of therapeutic intervention which encourage the use of play with caregivers as a therapeutic medium, including Theraplay (Booth and Jernberg, 2010), Filial Therapy (VanFleet, 2005) and Child–Parent Relationship Therapy (Bratton et al, 2006). In these models carers and parents are tutored in the use of play skills by workers over a lengthy period in order to learn how best to respond to the child. A strength of these models is in their utilisation of the primary caring relationship between the child and carers, and the focus on strengthening this relationship through shared experience of playful enjoyment and shared fun. A challenge of teaching this model to carers is encouraging them to refrain from offering teaching and praise in the play space, in order to convey unconditional acceptance of the child.

Our experience of running training for large groups of carers suggests that currently the value of play is being overlooked in favour of more complex or demanding ideas. We are suggesting the integration of play more fundamentally into carer training programmes, as a way of encouraging carers to begin to use play processes and skills of empathy to build positive interaction with children. We see this as being more immediate and accessible to
many carers than waiting for a referral for specialist therapeutic support. This is not about therapy on the cheap. It is about helping families to do in a more conscious way what ‘good-enough’ parents have done for years, and knowing how it can help the children in their care. We argue that support workers and agencies can effectively invest in their carers by promoting a healthy play life within the family context, and developing skills which can support carers in their utilisation of play in every-day caring.

**Proposed model for supporting carers in developing play skills**

We planned the knowledge content of our training against Jennings’s developmental play continuum, so that the participants had the experience of progressing through a variety of modes of play. Jennings (1999) has identified a model of developmental play progression that helps carers to understand the functions of play and identifies how different types of play promote a child’s development.

**Embodiment play**

The first developmental stage in the continuum is embodiment play, in which children start to understand and make structure and meaning out of their world by exploring their bodies and immediate sensory environment. Embodiment play can involve playing with food, water, mud or paint and is the messy, chaotic play so familiar in infants. When children have experienced sensory deprivation, for example in neglect, they can lack any grounding or trust in their own five senses (Cabe, cited in Kaduson and Schaefer, 2004: 83–86). When this type of play is witnessed in older children it can be misinterpreted as naughty behaviour, such as pouring whole bottles of shampoo down the toilet, playing with food, getting very messy, and is hard to make sense of and live with. Understanding the function of embodiment play, i.e. as a stage when children develop awareness of their physical selves in their immediate environment, helps us to know how to respond to it in an empathic way. Joining children in their messy play is an important part of the mentalisation process; it helps children to develop mastery and experience acceptance of all parts of who they are. It is necessary if we are to be accepting of children, to allow ourselves to become comfortable with mess at times and to be able to tolerate not knowing or understanding what their play might mean.

**Projective play**

In this next stage, children begin to use symbols to represent their world. Initially these are very concrete symbols – a cup is represented by a small cup, a lion by a small lion. Jennings (1999) suggests that in this way, children begin to pay attention to the world around them, shifting focus from their own bodies to look outwards into their immediate environment. Projective play also facilitates the representation and rehearsal of real experiences. Children use these objects to explore or reveal aspects of their experiences, including those that trouble them.

Carers who appreciate the function of projective play will comprehend how helpful it might be for their engagement with their children and for their understanding of experiences which cannot be spoken. It is likely that children with traumatic experiences may repetitively re-enact aspects of that experience within the play. Carers need to understand the nature
of this play and learn how to respond in empathic ways, reflecting feelings to help the child gain mastery of the experience and not shut down. Where play is compulsively repetitive and apparently distressing to the child, carers may need to seek assistance from play therapy professionals.

**Role play**

In this final developmental stage, as children begin to explore the use of pretend play, storytelling and creative play, they move away from the use of concrete objects into the realm of the imagination. To be able to put oneself in another person’s shoes requires a degree of awareness and understanding of what another might be feeling, and the ability to use role play can indicate a move towards empathy. A carer might identify a shift in awareness when children are able to tease and joke in a playful way.

These three elements of Jennings’s model – embodiment, projection and role play – are immediately familiar to adults both from their own play experiences and from their interaction with children in their caring or professional roles. This gives confidence to carers that such activity is well within their scope of ability.

As the skills element of the training, we introduced ways of responding to children’s play that promote relationship and attunement. West (1996) identifies four levels of empathic response in therapeutic work, from simple tracking – offering a commentary on the play – to more complex empathic reflection about the play, noticing its emotional tone and content. We chose to focus on the first two of these, namely: (1) saying what you see, e.g. ‘the cars are all crashing into each other’ and (2) naming the feeling, e.g. ‘the baby is frightened’. These two levels can help carers develop concrete skills in connecting with their children through play. These are some of the skills of play therapy, but we are not suggesting that a carer needs to be trained as a pseudo-therapist to use them. The effectiveness comes from the integration of these skills into every-day play and repeated interaction in family life. In our training we stress to carers that these skills can help children to become aware of their interest in them, and to begin to bring into the open painful aspects of the child’s emotional life, which the carers may find frightening to talk about. We have found that carers can be anxious about evoking powerful negative feelings or pain within the children. Our training aims to help carers and workers recognise that the feelings are always present within the child and that naming the feelings can be helpful. Where children make a disclosure that indicates a safeguarding issue, this needs to be passed on.

**Delivering the training events**

Kolb (1984) suggests that adults learn best when they have the chance to ‘hear, see and do’, followed by reflecting on their experience with the chance to do again. Caine and Caine (2006) posit that good teachers enable ‘brain-based learning’ by providing experiences characterised by immersion in complex experiences, a state of relaxed alertness and active processing (i.e. meta cognition). There is a similarity here in the characteristics of good learning and good playing, and we were keen for participants to have the opportunity to take part in joyful fun activity while also thinking seriously about learning new skills. By creating a trainer–participant relationship that was playful and permissive, we aimed to facilitate Caine and Caine’s conditions for optimum learning, as participants experienced the learning
cycle. We also wanted our participants to connect with their earlier childhood experiences of play and thus reflect more easily on the experience of the children in their care.

We planned the training as a sequence:

- hear (presentation and discussion)
- see (skills were modelled through two live demonstrations and audio visual resources)
- do (playing alone and together followed by reflection and discussion)

Participants were guided through a series of activities related to Jennings’s (1999) developmental play continuum and asked to experiment with playing with one another, and so repeatedly rehearse play skills.

The play exercises which formed a significant part of this experiential training are outlined in detail here, with examples of the slides used, and can be included within existing training or delivered as a stand-alone module on play. It is helpful if facilitators delivering the module are childcare practitioners, who understand the challenges of working with children who have experienced harm.

**Exercise 1: Embodiment play – Getting messy!**

We wanted to help adult carers experience embodiment play because this is an important developmental stage for children, which may have been missed in frightening or abusive environments.

Our first activity facilitated an experience of parallel play as participants sat in groups at tables but each doing the activity alone.

The activity depicted was chosen to invite our participants to begin to play and lose some inhibition. We used McCarthy’s (2007) exercise, ‘If you turned into a monster’, which asks participants to imagine they have drunk a magic potion that turns them into a monster from the inside out. They are then asked to create a version of the monster using the materials available. It is helpful when setting this exercise if the trainer can add drama to the instruction, even holding up an imaginary bottle of potion. The delivery should be playful too!

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**Let's play – embodiment**

"Imagine you drank a magic potion... And it turned you into a monster from the inside out... What sort of monster would you be...?"

Using the foam, chalk, clay and glitter, draw or make the sort of monster you would be.
Learning objectives:
- to establish a feeling of permissiveness in adult training
- to facilitate participants in playful activity and enjoyable fun
- to emphasise the importance of the embodiment stage
- to facilitate participants in exploring their own reactions to play and to mess

Materials: sugar paper, chalk, shaving foam, glitter, pipe cleaners, play dough

Duration: 30–40 minutes

Discussion. Using a messy activity in a training experience requires planning and organisation, particularly in being able to clear up, so is best placed before a break. Ensuring that there is an atmosphere of permissiveness is important, so that participants are free to choose to explore making a mess in their play, as well as opting not to.

In our experience people will join in quickly and play either together or alone, as they prefer. We notice in the training room that the noise level and laughter increase during this activity, as participants begin to lose some inhibition. They varied greatly in how they engaged in the messy play – some fully immersed and enjoying the sensory challenge of the foam and glitter, others much more controlled and careful, avoiding the experience of mess for themselves.

We have learned not to hurry to clear up, so that participants sit with the mess. An important part of the exercise is to ask people to write down their own reactions to this activity, particularly in terms of their own feelings towards the messiness, which helps learners to reflect on the experience. Small group discussion then encourages learners to conceptualise the experience, especially how it might relate to their own family context. This maintains motivation to learn as the participants are asked to apply their learning to their current experience.

Exercise 2: Projective play and tracking – Say what you see

The second activity was chosen to enable carers to have the experience of playing in the presence of another and to practise using projective toys to tell a story. This was modelled by a live demonstration of how adults typically play with children – to teach or socialise them – followed by a demonstration of West’s (1996) initial two levels of empathic responding.

Participants were asked to use the materials supplied to create a story while their partner sat alongside and offered a commentary or ‘tracked’ their play activity. We called this ‘Say what you see’ and contrasted it with normal adult styles of asking questions or pushing children to learn new things. While more difficult for adults, the experience of having an adult follow and notice their play in detail can be very affirming for children – if at first a little unnerving. It is important for the adult to attend playfully and be sensitive to how the child feels during this play, learning how much to speak and when to be quiet.

This activity facilitates an experience of the stage of co-operative play development, through having the adult notice and comment on the play of their partner. By observing what the child is doing and commenting on the content of the play, the adult conveys interest and
enthusiasm without active involvement in the play itself.

Learning objectives:
- to help carers understand the process of using toys to symbolically represent experience and build a story with objects
- to practise skills of tracking and commenting on the child’s play – ‘saying what you see’
- to avoid leading or asking questions
- to refrain from praise or judgment
- to begin to notice emotional themes in the play and cues from the child

Materials: a diverse selection of small world objects reflective of the child’s/participant’s community, including people figures, superhero and fantasy figures, emergency vehicles and workers, domestic and wild animals, creatures and insects, house, furniture, baby equipment and baby doll, toy weapons, soldiers, combat vehicles, as well as natural objects such as shells, stones, twigs, leaves, gems, slime, bubbles; every-day objects such as boxes, toilet rolls, etc. are also useful.

Duration: 35–40 minutes including feedback.

Discussion. Participants appeared to engage well with this form of play; having a range of familiar toys to hand helps them to begin to use the material more easily. Again, people appeared to enjoy the chance to engage in traditional forms of ‘play’ and generally participate fully in this task, connecting to memories of their own toys and play preferences as children. Adults were at times surprised by their reactions to the materials. In particular, some materials – for example, monsters, insects and slime – evoked strong personal feelings of disgust or anxiety.

Keeping participants on task, when their inclination is to avoid negative or strong feelings, is a challenge within a large group and trainers should be aware of this when planning and facilitating such activities. However, reflection on the experience and the opportunity to gain understanding of their reactions are a rich source of learning, which will support an increasingly empathic relationship with the children in their care. Participants generally comment on how difficult it is to simply track the play and how they struggle not to ask questions or
offer praise. It is important to build in time at the end of the task to consider the experience of being attended to when playing; this is often an effective way of demonstrating the usefulness of this technique, as participants invariably identify how good it felt to lead their play partner and not be questioned or directed.

**Exercise 3: Role play and empathic reflection – Getting imaginative**

We chose this activity to enable carers to have the experience of taking part in role play games and needing to use their own imaginations. Often, free imaginative play is the task that, as adults, we struggle with most, inhibited by our adult perspectives of the world. Participants need to be encouraged to try and be given some help to make the task more concrete.

We used pre-prepared scenarios for each pair, with a story and an emotion, e.g. ‘There is a witch outside and you are frightened of her.’ We asked one participant to perform the story for their partner, who in turn had to try and make empathic reflective statements as to what they were feeling, e.g. ‘You are a bit scared.’

People were expected to participate fully in the play together at this point and thus experience truly co-operative and collaborative play, where they create stories and use their imaginations together, just as children do.

Learning objectives

- to notice feeling states in the play of their partner
- to become comfortable in role play and using imagination
- to reduce inhibition to engage in the play
- to rehearse the use of empathy skills and practise the language of feelings.

*Materials:* envelope containing play scenarios enabling the expression of an emotion, e.g. disgust, anxiety, fear, sadness, happiness; dressing-up and role-play toys, such as hats, instruments, weapons and baby/nurture toys

*Duration:* 40–45 minutes including group discussion
Discussion. We have discovered that role play is the most complex activity for adults and potentially the one that needs the most practice. Many feel most inhibited around the role playing aspect of the task and find this stage most challenging. At this point we are asking them to focus more on the emotional themes in the play, and there is usually a change in atmosphere during this task. We find that participants are less playful and more serious as they focus on and name feelings in their partner.

Modelling this task through a live demonstration is important, as the facilitators can show how feelings can be openly named. In particular, many adults are not used to acknowledging what are thought to be ‘negative’ feelings, such as anger or sadness, and some participants could be seen trying to avoid noticing these feelings or offering reassurance or rescue. For empathy to work, it is important that we help carers to state the feeling they are seeing in a neutral and supportive way, without sanction or criticism. Helping adults to say, ‘You seem really cross or upset,’ takes time. Reflection after the event is a crucial stage in the learning process.

Challenges of delivering the training
Delivering this training to large groups of people was a stimulating though challenging experience. There were a number of issues to consider.

Trainers should be aware that play can evoke strong and unexpected feelings in all of us and it is possible that some participants will find that their play connects them to unresolved or potentially painful experiences. Participants were encouraged to use stories evoked by the play material, but were asked to avoid engaging in personal disclosure within their play with one another. Facilitators must be aware of this dynamic within all experiential learning and build in appropriate support and debriefing to address such issues as they arise. Trainers should also give an ‘emotional health’ warning at the beginning of the day, asking participants to take care of themselves as necessary.

Facilitators may feel anxious about live demonstration of play and reflecting skills and may need to practise their play skills to ensure they appear confident – and playful. Participants have really valued this and commented on how helpful it was. It seems important in supporting the other adults in the room to engage more freely in the play activities.

Being with a child in a difficult emotional place is challenging for caring adults who want to protect them. We noticed in the training that participants frequently struggle to respond positively to what they perceived to be aggressive or angry themes in the children’s play, e.g. fighting or trauma re-enactment. We also noticed that they struggled not to question or divert the play into more positive themes or not to praise or lead the play. All of these responses can be a way for adults to unconsciously avoid difficult material of their own, or the child’s.

Reflection and discussion with participants after each activity are needed to help them to notice and acknowledge any difficult themes, so that the processes of mentalisation and emotional development are less compromised within the play relationship.
Participant evaluations and comments

Participants generally evaluated the experience well. Comments included: ‘The course helped me to learn more about play, gave me lots of ideas’ and ‘It will allow me to take a different approach with communication.’

Some carers highlighted their learning in terms of how play could facilitate emotional development: ‘I know now what to do when they are playing with the toys and showing their emotions, we need to give them their own space.’ Another indicated that they had learned about ‘letting children play with aggression and knowing that is OK’. Several participants commented on their greater understanding of helping to give children emotional language through their play and building skills in self-regulation. Other comments indicated increased confidence within the carer to contain strong feelings: ‘I will be better equipped to deal with anxious behaviour and help my child deal with this issue.’

Some participants commented on the skill of letting the child lead and offering a narrative on their play as a useful technique: ‘I feel more confident to allow the child to go where they need to rather than direct’ and ‘the need to let the child play at their pace and not to take over but be alongside’ were two positive comments.

Some found themselves more at ease with particular types of play such as embodiment: ‘It’s OK to make a great big mess and be creative at the child’s pace.’ For others, it appeared to be the experience of really playing and enjoying themselves that was important: ‘I did really enjoy the opportunities to play’ and ‘I really liked the different media used’, this last comment suggesting that the use of different types of play is important for the learning experience.

As indicated, several participants found the role playing aspect of the training difficult: ‘I found it difficult to get into the role of a child’ and ‘I did not like the role play... felt silly.’ This is a frequent issue for adult learners, though generally we were impressed by the enthusiasm and willingness to play and be creative shown among the participants. Other feedback indicated that they would have liked more time for skills practice; ‘more time to play with a partner to learn through practising’; and more time for reflection and discussion after the experiential exercises, to support their learning ‘would benefit by talking to other people about their experiences’. While timings are problematic, it seems important to build in sufficient balance in training to ensure both enough exposure to experiential play exercises and opportunities to process and identify learning together afterwards.

Conclusion

As yet, there is a limited though growing evidence base for the use of play-based methods to support children and their carers (Baggerley, Ray and Bratton, 2010; Reddy, Files-Hall and Schaefer, 2005; Stagniti and Cooper, 2009). This model of foster care training promotes the planned use of play skills by carers in order to facilitate greater attunement and attachment security within foster and adoptive homes. We have presented a rationale for more deliberate and systematic integration of play into existing models of training. These can also be easily integrated into professional development for knowledge and skills enhancement. However, we are aware that there is further work to be done to demonstrate the efficacy of play-based approaches in supporting the development of secure attachment relationships. We hope that
we have been able to contribute to the debate about how best to support and train carers by bringing playfulness into the serious business of caring for children who have experienced trauma. This can be a challenge and also a source of strength and resilience for carers, children and workers alike. We hope we have encouraged you to experiment with playfulness for yourselves.

References


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