

The background of the entire page is an abstract painting. It features a dense, layered application of paint in various colors, including shades of pink, red, yellow, green, and blue. The brushstrokes are visible and expressive, creating a textured, almost chaotic visual field. In the upper left corner, a portion of a green object, possibly a paint palette or a container, is visible. A black paintbrush with a silver ferrule is positioned diagonally across the upper center of the image, its tip pointing towards the bottom right. The overall composition is vibrant and artistic, suggesting themes of creativity and perception.

Do you see what I see?

A Practice Guide for Professionals Working
with Young Children in Homelessness and
Family Violence Services

Cath Mackie and Delwyn Hopkins

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with young children in homelessness
and family violence services

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Second edition

Developed for the Children's Resource Program,
Loddon Mallee Homelessness Network





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Foreword

Despite the many children who come into contact with homelessness and family violence services, there are very few professionals in the sector who work specifically with children. In the contexts of what are predominantly adult-focused services, these ‘accompanying children’ are at risk of their needs going unnoticed despite the best intentions of all involved.

As facilitators of the Play Connect program, Delwyn Hopkins and Cath Mackie spent close to a decade working with women and their children. Their focus has been particularly on women with children aged under five, who have experienced family violence and/or homelessness. These families have revealed the profound effects that family violence has on young children and on the mother-child relationship. They have shown that it is helpful for children to be supported to explore their innermost feelings, concerns and fears in age appropriate ways. Delwyn and Cath have observed firsthand that stability, safety and support can go a long way to repairing the detrimental effects of children’s experiences.

You may already have a range of skills and professional knowledge applicable to working with children. However, we hope that the information contained in this practice guide will assist you to make the most of your interactions with children and their families. The children who access your services do not need to be entertained by you, they do not even need to like you! But children, just like adults, do need you to be reliable and honest, and to treat them with respect and a gentle openness to their unique needs. This resource offers guidance designed to help you see your role through a child’s eyes, and offers effective, practical tips for working well with children, and together with children and adults.

Using this practice guide

Do You See What I See? has been developed to provide professional staff in homelessness and family violence services with practical tips for working with children. It has been designed, in particular, to meet the needs of the many workers whose core role is not child-focused, yet who regularly see children through their work with families and adults.

Because family violence and housing insecurity can affect child development and the mother-child relationship from the start of pregnancy, we like to recognise that working with “very young children” can mean the very young indeed! But our choice of the term is also meant to distinguish the information in this guide from the advice that would relate to the field of adolescent trauma. With this in mind, we believe the information contained in this booklet may be used and adapted to inform work with children up to the age of ten.

There are, of course, many caregivers that might attend your service: mother, fathers, aunts and uncles, grandparents, foster carers, adoptive parents, legal guardians... families in any of the myriad forms a family can take. That said, there is no denying that the primary attachment figure in a child’s emotional development is most frequently the child’s birth mother, and there are important things to be explored in this relationship. This is why there are aspects of the guide that focus on “the mother” and the mother-child relationship, while elsewhere we loosely refer to “parent” or “caregiver”.

While the focus of our practice expertise is on the mother-child relationship, we acknowledge there is an impressive and important body of information and research, produced locally and internationally, about fathering and family violence, which workers may find helpful (see, for example, Bunston 2013; Scott 2014; University of Melbourne 2016).

This guide also reflects our commitment to a client-centred approach. The American psychologist Carl Rogers once wrote, “I have come to feel that the only learning which significantly influences behaviour is self-discovered” (1961, p. 276). He believed that people know what is best themselves, and that people can reach their full potential most readily when given opportunities for learning, insight and self-discovery. What they need from the therapist or practitioner is acceptance, congruence (shared understanding) and empathy.

Children and families need us to be empathic listeners. They need us to give them our full attention so they can be properly heard and understood—and this also gives them the chance to truly hear themselves and, with trust, explore further. They need us to display acceptance too, to show them an unconditionally positive regard and adopt non-judgmental attitudes. When a person knows their self is truly accepted they, in turn, may accept all of themselves and move on to discover what they may become. It is quite possible that, through your relationship with her child, the mother you meet will be experiencing her child being liked and delighted in for the very first time. This may open her to all sorts of new possibilities for her own relationship with the child and other people around them both.

The information in this guide has been contained to brief chapters with an emphasis on practical suggestions. There are occasional recommendations for resources we have used and found especially

helpful. But we invite you to treat this guide as a starting point and always encourage workers to expand their knowledge by exploring and investigating further.

We have had the luxury of time and space in our work with families. The setting has often been the therapy room, not a crisis intervention. We have witnessed families in the 'doing,' which has been made possible by the arts processes offered. In this setting we have gained some unique insights into the needs of mothers and their children who have experienced family violence. Our hope that we have been able to translate our observations into a form that will be meaningful and applicable to you and your work.

The origins of this guide

This practice guide was originally created in 2013 to complement a two-day workshop run by Cath and Delwyn called 'Working with Very Young Children: A creative approach to infant and maternal experiences of trauma'. The training, funded by the William Buckland Foundation, was delivered in 2010 to staff working for homelessness and family violence services in Mildura, and was later delivered in Bendigo in 2012 with funding from StreetSmart. While much of the theory covered during training has been excluded from this resulting practice guide, the guide's intent was to provide a handy, go-to resource with suggestions and tips for those who had attended the workshops.

Do You See What I See? also builds directly on the learning, insights and experiences Cath and Delwyn gained through their delivery of the Play Connect program. Play Connect (not to be confused with the PlayConnect Playgroups run by Playgroup Australia) is a group-based creative arts therapy program developed for women and young children aged 0-5, who have experienced family violence or homelessness, or are at risk of homelessness.

Developed by Delwyn and Cath, Play Connect focuses on infant and maternal mental health and mother-child attachment, using the arts and play to assist women and children to process their experiences and rebuild their relationship following trauma or difficulty. Therapeutic rather than educational, Play Connect was specially designed to meet the needs of rural and regional families, and was run throughout Victoria's Loddon Mallee region, including in Bendigo, Kyneton, Woodend, Castlemaine and Maryborough.

From 2005 until 2012, Play Connect was delivered through the Centre for Non-Violence (CNV) as part of its Prevention and Development Unit, which incorporates the Loddon Mallee Homelessness Network Children's Resource Program. Play Connect was initially funded by the Family Reconciliation and Mediation Program, StreetSmart and Regional One. It then received two significant rounds of funding from the William Buckland Foundation that enabled a successful external evaluation to be conducted, and provided a boost to service delivery. Funding for Play Connect groups and individual sessions ceased in 2012.

The Loddon Mallee Homelessness Network has supported the development of *Do You See What I See?* by seeking funding for the revision and production of this second edition. It is still designed to serve as an accessible, complementary resource for those who attended Cath and Delwyn's training—but it is also offered as a tool for those who have not attended training and wish to enhance their practice with children and families.

For further information about training, contact Cath Mackie (cathmackie@gcom.net.au). Enquiries regarding Play Connect can be directed to Delwyn Hopkins (delwyncat@gmail.com).

About the authors

Cath Mackie and Delwyn Hopkins began their professional work together in the final year of their Master of Creative Arts Therapy degree at RMIT University, during which they discovered a shared passion for children, play and the mother-child relationship. They both completed their student placements with the City of Greater Bendigo's Maternal and Child Health services. Delwyn went on to create the group therapy program called Play Connect, and in their shared hands this program has grown and developed over time.

Cath, in addition to her Masters degree, has undergraduate qualifications in psychology and sociology. She spent her early career working as an emergency housing worker and as a support worker for women released from prison. Through these roles, she was inspired by the many creative and passionate mothers she met, and went on to specialise in understanding the role that the arts play in infant and maternal mental health. Cath is currently employed as an individual and group counsellor for children who have experienced family violence.

Delwyn holds an undergraduate degree in performance studies and has also completed studies in child growth and development through the Maternal and Child Health course at RMIT University. She has worked with the Child Sexual Abuse Prevention Program, and has developed other arts therapy groups for mothers and young children as well as groups for women experiencing post-natal depression. Delwyn is currently employed as a therapeutic worker with families in placement prevention.

Contents

Beginnings.....

- Appreciating the value of every contact
- Setting the tone
- Establishing expectations
- Being curious
- Setting boundaries

Engaging with Children.....

- The importance of play and creativity
- Making play accessible
- Mirroring

Space and Materials.....

- Space through a child's eyes
- Materials and the child's sense of self
- A quick note about books
- Child-friendly spaces: A checklist
- Materials and toys: A checklist
- Connecting with children through art and play
- Play and relationships

Children and Trauma.....

- What is trauma?
- Post-traumatic responses to trauma
- Observing families

Working with Relationships.....

- The importance of care relationships
- Understanding attachment
- Ghosts in the nursery
- Some challenging relationship patterns
- Supporting capacity

Endings.....

- Big reactions to little endings
- Celebrations and positive experiences of ending
- Family-friendly feedback and evaluation

Self-Care.....

- Self-awareness and reflective practice
- Using art for reflection

Thank You

References.....

Beginnings



“More than one million Australian children are affected by domestic violence. Almost one quarter of young people have witnessed physical family violence against their mother. Around 64,800 children at risk of homelessness or homeless—or 16 out of every 1,000 Australian children—accompanied a parent or guardian to a SAAP agency in 2006-07.”
Red Tree Consulting (2013 p. 7)

Appreciating the value of every contact

Imagine an infant, and a mother who is unable to fully attend or respond to her baby’s efforts to seek her out. The child repeatedly tries to make eye contact with her, but she isn’t able to return the child’s gaze. Eventually that infant begins to seek the mother out less and less because the infant’s need for security in the relationship is not being met. Over time mum begins to feel that perhaps her baby does not care for her—or need her.

Now imagine that this mother and infant are in your office. You have been signing the mother up for a transitional housing property. The baby makes a noise and you make that noise back to the baby. The baby, surprised, makes the noise again and you turn your attention to the baby and continue this noise game, making eye contact with the infant as you play. You give the mother the keys to the property and see her to the door. You don’t expect that you will see her again. But the baby has a renewed sense of hope after enjoying the game with you. On the bus the infant makes the noise again. Mum, having seen the interaction between you and her baby, and feeling a sense of relief now that the keys are in her hand, makes the noise back to her baby. The baby responds and a new sense of possibility enters their relationship.

Despite the best laid plans and arrangements, it is possible that the contact you had with the baby today might be the only contact you ever have with that child. But your interaction with mother and baby illustrates how meaningful mental health interventions can occur within a single contact. This is why it is so important to take advantage of opportunities when they arise; to think about what you can offer to support a child’s relationship with their parent/caregiver, and what you can offer to this child in a strange place.

Setting the tone

When a caregiver or a family arrives at your office with a young child, it’s essential to provide a safe, welcoming environment. Put yourself in the shoes of the child and caregiver.

- Consider what might have been happening before the family arrived. Attending appointments is difficult in the midst of court dates, financial hardship, temporary housing arrangements and health difficulties.
- Consider what is happening right now, in this room. Is the space appropriate for children and their parent/caregiver?
- Does the parent/caregiver need to access any facilities to care for the child?

- Is there anything you can do to put the family at ease? For example, have you explained that you are not bothered by the child's noise? Or that you don't mind how many toys or how much paper the child uses?
- Might the child need to go into another room accompanied by a worker or supportive adult to avoid being retraumatized by hearing the parent/caregiver's story during assessment?

Be supportive of the child's need for comfort and be positive about a child's need for their comfort toy, dummy or blanket. Discourage negative comments about the child being clingy or shy—new places and people will often bring out these responses in a child. Observe the infant's state, check with the parents' wishes, and respond appropriately.

- Listen, observe and respect an infant's nonverbal expressions that convey "I don't like that" or "I'm not ready to join in." An infant who is saying no to an interaction might simply avert their gaze or turn their head away rather than cry or grizzle.
- Observe and respond to the child's signals of readiness to interact. Respond to their sounds, or engage in a child-initiated game of peekaboo.
- If you would like to remove the child from the room for any reason, check with the caregiver first. Avoid the child being passed from worker to worker.

Establishing expectations

The brains of infants and children are constantly growing and developing, along with their physical and social abilities, their sense of personhood, and capacity for relationships. While a family might be coming to see you about 'adult business', it's important that you clearly communicate your role to the child as well as to parents or caregivers.

Talk to the child, introduce yourself and explain your role:

- "Hello, I'm Patrick. Mum is coming here to talk about your house. She will probably come here three times. When you come here you can play in my room with this paper, these pencils and this box of toys."
- "Hello, I'm Susan. I'm visiting to help you and Grandma sort out about where to live next. I'll be visiting every week for three months. I'm here to visit both of you. I will make sure I spend some time playing with you each time I visit. I will spend time talking with Grandma each time too. You can both talk about your feelings with me. It helps children and grown-ups to talk about their worries."

Avoid setting up unrealistic expectations. If you don't have time to play then don't start playing. It can be just as important to make mindful observations as it is to get down and interact with a child. You can be welcoming and kind without creating the expectation that you will be available to the child as a playmate or support person.

Being curious

There are times when children may present at your office with some extremely challenging behaviours. Being curious about what child is trying to express or achieve through their behaviour, rather than viewing the behaviour through a negative lens, can tell you a lot about where a child is at—whether their behaviour is age-appropriate, or reflecting the impact of trauma or disability. Finding out about the child, carefully observing the behaviour of the child and family, and setting boundaries for behaviour, can all contribute to a better experience for everyone.

Familiarising yourself with age-appropriate behaviour is a useful first step. This will help you adjust your expectations to accommodate a child's developmental stage—for example, a four-year-old will have a far greater capacity to sit in a chair for 20 minutes than a toddler. Websites like the Raising Children Network pages can also provide tips on age-appropriate behavioural management strategies, which you might share or discuss with parents or model to them. For example, it might be helpful to show how to acknowledge positive behaviour when you see it, by giving praise such as: "I liked that you stayed in your chair while you ate, Penny. I'll have a much easier time cleaning up now. Thanks!"

If a child presents with a disability, you can expect that the parent will be the expert on the child's condition. Ask them about the diagnosis and if there are any strategies in place to manage the child's behaviour. In this way you can also support the parent in the management of the child in your office. Reputable health websites may provide tips about what behaviours to expect from a child who has a particular disability. Knowing more about a specific disability may even give you ideas for modifying the environment of your office to accommodate the family's needs.

Don't forget that a child's behaviour, and the responses of a parent or caregiver, may also be influenced by the family's cultural or religious background. Families' expectations for their children's behaviour can differ enormously depending on caregivers' past experience and current priorities.

Setting boundaries

Check that you and your colleagues have a shared understanding of expected behaviours for children and adults in the office. For example, is there a rule about not being noisy in the hallway, or not running ahead without permission?

If there are rules or boundaries, communicate them clearly. You might display a rule using a cheerful sign or colourful poster on a wall. You can also be creative in how you explain the rules. For example, you could tip-toe down the hallway during the child's first visit, with an exaggerated or comical "Shhh! We all have to be quiet in the hallway!"

Make sure that children see the adults obeying these rules too (you might even "Shhh!" your manager if she or he is speaking loudly outside your office door!). Be consistent, but accept that any boundary is likely to be tested. This testing is not naughtiness; it's a child's way of clarifying what the rules are.

Children respond well to consistency, reliability and repetition. You can be clear, calm and respectful when setting boundaries, while still maintaining some openness, flexibility and diplomacy. For instance, you might:

- Offer a child an alternative that meets their needs or redirects behaviour: “It is OK to be angry, but it’s not OK to pinch your sister. I have some play dough here; we could pinch that together.”
- Restate a rule and hear a child out at the same time by acknowledging their viewpoint: “I have been talking with mum for a long time, haven’t I? I know it’s boring and we will be finished in ten minutes. At the end of ten minutes I can sit down with you to draw. It’s not OK to run around in the hallway; it’s too noisy for the other people doing their work.”

If boundaries continue to be tested, step back, and observe the behaviour. Reflect on your responses to the behaviour. Are you really listening to what this child is telling you? Are you making eye contact? Have you stopped what you are doing to listen? Remember that squatting down or sitting on the floor at the child’s level can support you to make eye contact easily, hear well and to symbolically reassure a child that you have their needs in mind.

Check if there is something about your office environment that contributes to the situation. Is the location or environment not working for a reason? Would it be better if you went to see the family at home, in the park, or had another worker present?

Sometimes parents or caregivers may also need support to respond appropriately to the child’s behaviour. If a parent reacts physically to the child, explain to them that you have a no violence policy, which includes no smacking. Model non-violent behaviour management strategies and let them know you’re willing to help them with alternative approaches.

If the expectations of the parent or caregiver seem unreasonably strict, it may be that it is helpful to support the carer to re-thinking a child’s behaviour. You might encourage them to consider questions like:

- Am I being reasonable? Can I do this differently?
- Can I change something so we don’t always fight about the same thing?
- Can I praise my child for doing good things?
- Is this a lesson for my children to learn? Can they learn this lesson from someone else?
- What’s really going on for my children? Can I do something about it? (Scott 2014, p. 199)

Accept that you are not an expert in behavioural management and be prepared ask for help from the child, their siblings, their parents, and your colleagues. Appreciate that the parent or carer knows their child better than you do—they are the expert on their child’s behaviour. Your role, on the other hand, is to provide the resources and information to support them in their parenting.

Engaging with Children



The importance of play and creativity

Play holds a significant role in the lives of children. It is not simply a way to entertain or pass the time, play is children's work—and it is essential for a child's development. Through play and creativity, children are able to express themselves and make meaning of their internal and external worlds. Play also allows children to explore the question: 'Who am I in this world?'

In your workplace, you can provide a child-friendly space with some simple age-appropriate toys and art materials. You can also help families to nurture their own child's play experiences. There are lots of conversations you can have with families about play experiences within the home.

- Talk to parents about the importance of play experiences for their children and how these are essential for their child's development. Families may have little understanding of the importance or need for play. When a family's world is in crisis, opportunities for play are (understandably) not always prioritised. However the chance to play, in particular to engage in free play, can offer children affected by trauma opportunities to communicate and make meaning of their experiences. In this sense, play can be therapeutic and reduce the impact of trauma, and help to build resilience.
- Talk about age and developmentally appropriate toys for children (you may like to refer to the Raising Children Network website for tips: www.raisingchildren.net.au). Talk with families about what toys and types of play are suitable and good for children. This can help families to understand what their child may be interested in and how they can support positive play experiences.
- Play doesn't have to equal money or expense. Remind caregivers that children do not need expensive toys with sounds and flashing lights, even though these products are heavily marketed as educational and beneficial. Cardboard boxes, pots and pans, a tub of water and a paint brush, and old sheets are all great for play.
- Encourage parents and caregivers to create television-free time for children's open-ended and interactive play. This type of play offers children greater opportunity to make meaning of their world and experiences.

Assisting families to better understand the role of play can help parents come to grips with behaviours that may seem frustrating, but which are actually a normal part of a child's healthy development. Two behaviours with which parents particularly tend to struggle are mouthing and children's 'lying'.

Mouthing: Often parents or caregivers spend a great deal of energy removing objects from their child's mouth. However, mouthing is also an important part of a child's development. When a child is mouthing they are learning about shape, texture, temperature, hard and soft. If a parent understands this they are more likely to tolerate this stage of development, and offer safe, appropriate objects for their child to put to the mouth.

Lying vs storytelling: Children learn how to tell fictional stories around the age of three. This is a part of normal development. This is also the period when children begin to explore the growing awareness that their parent or caregiver cannot read their mind, and therefore doesn't know all that is in the child's head. At this stage, children's active imaginations mean they sometimes tell stories that blend their vivid imaginative world and their 'real' world experiences. Caregivers can interpret this as 'lying' and may believe that the child is being naughty or manipulative. They may need help to understand this is a normal developmental stage.

Making play accessible

Sometimes there can be hurdles for the caregiver-/parent-child relationship that make shared play difficult. One way you can support families is by helping caregivers and children find a common play language that allows a shared and enjoyable play experience to occur, which in turn supports the bond between caregiver and child.

Often you'll notice that there seems to be a battle between what the child wants to do and what the parent wishes to happen. You may hear a parent speak about their objection to play that involve mess, or play that their child enjoys and they find difficult to tolerate. When families are experiencing chaos and life seems messy (often the case for families experiencing family violence), the idea of mess may seem too much to cope with.

Let's look at a mother and child, and their experience of playing with play dough, to consider how you might support their shared play experience.

The child loves playing with the play dough and could spend a good hour rolling and cutting, pulling and squashing the dough. The mother, on the other hand, can't stand the feeling of play dough and has no interest in touching it.

Is there a way that they can still play together?

Using their imaginations, maybe the child 'cooks' the play dough and the mother orders the 'food' that she would like, then pretends to eat it without having to touch it. Maybe the child plays with play dough alone, and together the mother and child play with tape and paper, or wool and sticks. Maybe something more structured, such as a tea party, may provide a common play language for them both.

When the idea of mess seems too difficult to cope with, there are simple options that can make messy play at home more manageable. There are a range of ideas you might suggest to parents:

- Offer alternative, equally satisfying, play opportunities that are not difficult to clean up such as playing with blocks or drawing with crayons/pencils on plain paper.
- Start with water painting using water and a paintbrush outside. This is surprisingly satisfying to most children.

- Limit paints to a few colours and/or to very small amounts in pots. This means there is less opportunity for spilling or making a huge mess.
- Lay down newspaper over and under the table so the area can be cleaned up quickly.
- Have rules around the art process that are made clear from the beginning, and stick to them. For example: “The paint is only for putting on the paper, if you put it on your face, I will put the paint away,” or “When we are painting we need to stay sitting at the table. If you want to leave the table I need to wipe your hands and face first.”
- If there is concern about the child putting the art materials in their mouth, look for ways to make the art process food based. For instance, children can finger paint with yogurt or make pictures with dried fruit, and play dough can be handmade with non-toxic edible ingredients.
- If you are hearing from the parent/caregiver that the child is into pulling everything out such as tissues or toilet paper, try to offer other ways to give the child these tactile experiences such as tying together scarves for them to pull out of a container, or giving the child a roll of masking tape to unravel.
- Encourage parents in the simple gift of imagination. All they need to do is pretend to make a cake and eat it, or give a handful of pretend money to the pretend shop keeper. With imagination, any situation can be turned into a play opportunity between parent and child.

Remember, if you notice that a child is having trouble settling into play during your appointment with the family, it may be worth taking the time to play with, or give attention to, the child for ten minutes before getting your required tasks done. Often, if a child has an adult’s focus for a small amount of time, this can assist them to settle into their play and they are then happier to continue on their own. This can be easier than attempting to work with constant interruption from a child in need of attention!

Mirroring

Most parents naturally mirror their infant. They copy the sounds the child makes and the child’s facial expressions. If you poke your tongue out at an infant, chances are the infant will attempt to copy you from 2-3 weeks of age (Meltzoff & Moore 1977). Mirroring is a natural way for us to communicate with other human beings. When we mirror another person, we are reflecting back what we see, showing that we are engaged and attuned to what is happening for them. For infants, mirroring is essential for learning and language development and building connection with others. In fact, if you mirror sound back and forth with an infant, you may notice their sounds get more adventurous!

Mirroring is a simple but effective technique to use with both infants and young children and can be verbal or non-verbal. It is not dependent on sophisticated language, although we may use more complex descriptive words with older children. By mirroring during your interactions with children, you can offer

a model and learning experience for parents and caregivers, who may be struggling to engage with children and can see, from your actions, the relationship benefits that mirroring provides.

Here are some examples of mirroring in response to noise, children's emotions, and play activities:

- An infant is banging blocks together. You could bang some blocks as well or bang with your hands and say, "bang, bang, bang!" You could also mirror the child's facial expression—if the child scrunches their face, you could scrunch up yours too.
- A child is growling at you like a dog. You might respond: "I can hear a growling dog. I wonder what that dog is saying?"
- A child is engaged in a creative task such as drawing. Using your finger, you follow or copy the lines the child draws. You might also describe what you see: "I saw you did a big purple line that goes up, and then squiggle, squiggle, squiggle, and then it stops."
- A toddler expresses emotion. You mirror and acknowledge the child's feelings by saying, "I can see a big smile on your face," or "I can see tears on your cheek."
- A child is upset and shows this through their behaviour and expression. You respond by acknowledging what you observe: "I see you pushed the chair over when Daddy said no to you. Your face looks really angry." You can also mirror by acknowledging the effect of a child's behaviour on others, for example: "I heard Mummy say that hurts and you kept biting her."

Space and Materials



It can be invaluable to take time to consider the work environment where children and families come to see you. Although children may simply be accompanying their parents or caregivers to a meeting, it is imperative that you take the time to consider what the child's experience may be like.

Children, just like adults, need to feel safe and secure. We need to provide spaces, as we would for adults, where they feel respected and welcome. Your rule of thumb should always be, "If it's not okay to behave in such a way towards an adult, don't behave that way towards a child." If you wouldn't walk in on an appointment with an adult, don't walk in on an appointment with a child.

Understandably, options for space can be limited in your workplace. But in this section, we encourage you to make the most of the spaces and options you do have, in order to provide the best outcome for children when they visit.

Space through a child's eyes

It's important to think about how a child perceives their environment. Regardless of whether you see children by themselves or with an accompanying parent or adult, it is important to remember that they may have experienced recent stress such as housing instability, or ongoing stress such as family violence. The child may be living in a state of fight or flight and therefore be in a hyper-vigilant state (see our section on 'Children and Trauma').

It is important, therefore, to take time to consider the following:

- Look at the position of windows. Who can see in? What is outside?
- Who else or what else is in the building? Can the child access the meeting space without the stress of seeing a lot of strange people?
- How well does your organisation or service understand children's need for privacy, respect and safety?
- Are you able to access a room in a quiet corner of the building away from staff rooms or other workspaces where there is likely to be noise?
- Consider whether children can be contained within the room. Is there more than one door to exit the room? If so, you may like to block one door to increase the sense of safety for an anxious child.
- Are there easily accessible, well-lit toilets? If the toilet is down the end of a darkened corridor or in an odd location, remember you may need to reassure the child that it is safe to use.
- Look at potential safety hazards such as bookshelves that are not secured to the walls. Are there objects in the room that a child can inadvertently pull down on top of themselves, or be climbed on or thrown?

Sometimes there may be distractions or activities happening, like nearby construction work, that can't be shut out. When this happens, try creating a ritual to help the child feel safe despite what is

happening. For example, if there is construction work in progress, acknowledge the noise and then offer everyone imaginary ear muffs to block out the sound, or pretend to create an invisible force field or pull down a blind on your window to 'block' the disturbance out.

Another good idea is create a hiding space in the room, which can be very helpful for giving children somewhere to feel safe and secure. It gives children the opportunity to withdraw from what is happening around them, and allows them to listen to potentially difficult conversations at a distance. A hiding space also offers a child somewhere to go when they first enter the room so they can observe you from a distance and come out when they feel ready.

When arranging spaces for children, it is important that agencies follow the Child Safe Standards and conform to all relevant codes of conduct. For more information, check the *Guide for Creating a Child Safe Organisation*. You can also find useful information via Kidsafe Victoria (www.kidsafevic.com.au).

Materials and the child's sense of self

Children are egocentric by nature. They believe the world centres on them, and therefore tend to locate blame or inadequacy in themselves when the materials we provide don't do the job properly—such as scissors that don't cut or crayons that barely make a mark on the page. If a child is given scissors that are not easy to use and do not cut well, she tells herself that she can't 'do it right'; it is her own fault that the scissors won't work for her. Children don't stop to think that the scissors are inferior, and that the next child who uses them will also struggle.

For this reason, we need to provide children with materials and experiences that enrich them and support growth and self-esteem, rather than failure. If we offer simple materials that work well, we are saying to children that we value them.

Think simple. Think quality. Think less is more.

Organisations often struggle to find the finances needed to provide good quality materials for children to use. However, in our experience quality materials will last much longer than cheaper ones. You may have a smaller *quantity* of items, but it's the investment in *quality* that will provide the type of satisfying experiences children deserve.

For drawing materials, we like LYRA pencils and Stockmar beeswax crayon. Whatever you choose in the way of textas, pencils, crayons, paint and paper, remember to try them out before you give them to the child! For paper, it's often the case that children find plain cartridge (photocopying) paper more satisfying than colouring books.

On the following pages we offer two checklists for reviewing space and the art materials you have available. We encourage you to take a look at what your workplace is offering children and to think about what needs to change.

A quick note about books

Before turning to the checklists for spaces and materials, a word on books is needed. Books are one of our best-loved and most effective ways of engaging with children. They are a great tool for stimulating imagination, and reading a story to a young child is an excellent way of promoting play, education and human connection.

In our own work with children, we have often offered a child a small pile of books because it is interesting to observe which ones attract a child's interest. However, we have also seen many children too heightened by their difficult experiences to read or sit through a story. So although we advise keeping a stash of books available for children to read or explore, we have focused on using art and play materials in this guide.

One book we particularly recommend, though, is Dr Seuss's *My Many Colored Days* (1996). We have used this Dr Seuss classic in groups (often while children are eating) and during individual sessions with adults and children to reinforce that feelings are OK. The book can be used to stimulate talk about feelings and help children understand that your workplace or meeting room is a safe space for feelings to be expressed.

My Many Colored Days is not about telling children how to manage their feelings. Rather, it acknowledges, through simple statements, that feelings exist, that feelings can be overwhelming, and that feelings will change with time—and that we all have lots of feelings inside us.

Child-friendly spaces: A checklist

Use this page to review your own workplace and think about how it can be made inviting and safe for young children. Begin by taking yourself outside the entrance to your building.

- Take a moment to imagine you are a small child of three entering the building. Look in detail at all that is around you. Is the entrance welcoming and attractive, or austere and intimidating?
- When you enter the waiting room, get down on your knees and observe the space from that level. Is the waiting room inviting or child-friendly? Does it need to compensate for a cold or intimidating approach to the building?
- What do you notice in the room that helps or hinders its child-friendly atmosphere? Is there anything that needs to be moved or changed?
- What aspects of the room help you feel calm or comforted? Could items be added that might increase feelings of calm or warmth (think colour, spaces, furniture, posters, cushions, etc.)?
- Beyond the room, what can you see, hear and smell? Remember that you are a child who might be in a state of fight or flight. Is there anything you might indirectly perceive that makes you feel alert or anxious in this space?
- Are there images or items in the waiting room that may be inappropriate for small children? Is there anything that could scare a child? Can it be moved?
- Does the space permit children to play? Does the room convey a sense that it is OK for children to play? Is it OK if a child makes a mess, and how can any mess be managed?
- Talk to reception staff. How do they feel about children's noise or movement in the waiting room? What are the limits or rules, and how can these be communicated to children (e.g. by displaying a colourful poster that says you must use 'inside voices' in the waiting area)?
- How is diversity represented in your waiting room for children and adults? Are there images of people from different cultures? Are there images on the walls that promote Aboriginal services or show Aboriginal artwork or people? How are people of varying physical and intellectual abilities catered for and represented? Are there images of young people and children, and images that show your service respects gender diversity?
- Keep an eye out for unsafe items. Is there anything that should be removed, like very small objects, dangling cords or unfixed shelves?

Now, go into your office or the room where you would see families. Observe again and carefully review all the points above.

Materials and toys: A checklist

Just as you used the child-friendly spaces checklist, use the questions below to review the materials and toys that your service makes available to children. This time, start in the waiting room.

- Try out all the drawing materials, toys, colouring books and paper. Are they of good quality? Do pencils, textas and crayons leave a satisfying mark on the page? Discard any drawing materials that don't. Are there enough left? Do you need to order more?
- What is the paper like? Is there clean paper to draw on? Do the colouring books still have clean pages? Might it be better to offer a pad of blank paper rather than a colouring book? Is the paper matt or shiny (it's often harder to draw on shiny paper)? Discard paper and colouring books that are unsatisfactory. Are there enough left? Do you need more?
- Who is responsible for checking that materials and resources are useable and replenished? How often will they be checked?
- Do you have a dedicated space where extra supplies, refills and additional resources can be kept and accessed as required?
- Are there toys available? Try them out. What is their quality like? Are there broken toys or any pieces that can't really be played with? If you were in a state of fight or flight, are there toys that could potentially terrify you?
- Do the toys cater for a range of ages? Can any of the toys pose a choking hazard to young children? Do the toys allow for open-ended play (i.e. can they be used in many different ways)?
- Are the toys gendered and likely to encourage children to conform to gender stereotypes or can the toys be played with in diverse ways by boys and girls?
- Read the story books. Is their content appropriate? Are they intact? Discard and replace any that are no longer useful.
- Reflect on your observations and write them down for discussion at a team meeting. How could other staff members be educated about the importance of creating child-friendly spaces? How might you get your organisation to commit to providing good quality materials for children and make it policy?

Connecting with children through art and play

Using creative processes can be a great way of fostering relationships with children. Talking with children about what they are drawing, making or playing can be less intimidating for them than direct questions or conversation. Talking about what a child is making also helps children to feel important and know that what they are doing is noticed and valued.

It's also vital that we engage with the child from the caregiver's point of view. They need to see that you acknowledge who is in front of you and who makes up the family. It shows that you acknowledge the distress and impacts of violence, instability or homelessness on everyone affected, not just the adults.

Ursula Kolbe, an early childhood educator, has written several books about children and visual art processes in early childhood. She talks about 'tuning in' to a child's drawing, and stresses the importance of understanding the drawing (or any creative process for that matter) on the child's terms. Art is about making meaning because "drawing can nurture children's abilities to think, feel and imagine, and to share ideas with others" (Kolbe, 2005).

Here are some basic tips Kolbe (2007) offers for engaging with children's art-making:

- Take time to watch and listen—this is crucial. The mark on the paper is only part of the process; there are also gestures, sounds and words involved, which are just as important.
- Offer and present materials in an inviting way, in bowls or cups, for example.
- Share in the child's journey. Empathise with what they do. You really don't need to say anything; you can simply watch with interest whatever emerges.
- If you do need or want to say anything, the comments need to be non-judgmental, like "I can see you are making lots of lines." You can ask older children if they can tell you about their drawing.
- Don't make assumptions about what a child is creating. What may look like a person may not be so for the child—or what begins as a person may become a monster or flower. Some children make an image and then draw over it, and this is fine.
- Above all, give children time—time to explore and time to pursue ideas in depth.

It is important to understand that, as adults, we are *product* driven. In general, we are keen for our children to make nice pictures to put on the fridge at home. Children, however, are *process* driven. For them, making or drawing is about the journey, so a picture can begin as a person, who turns into a mountain that ends up painted over with black because "then it was night time and they all went to sleep." We need to switch off our adult eyes (and our desire for a pretty picture!) and simply enjoy watching the process.

Play and relationships

Play is a key part of children's expression and essential for building positive, healthy relationships. As we have said already, play is a crucial aspect of children's learning, and can help a child who has experienced trauma to heal. You can also learn a lot about the relationship between the parent/caregiver and the child by observing how they play together.

In the previous chapter, we looked at how you might support the parent and child to interact through play. Now, let's look at some of the questions you might ask yourself when they *are* playing together, to help you observe what is going on within the relationship—and what is already occurring that is positive.

- What do you notice happening between the child and parent/caregiver?
- What form does their play or art-making take?
- Is there praise or acknowledgment of each other's drawings or work?
- What are they saying to each other?
- Is the play like a dance or a battle?
- Do they appear to enjoy one another's company?
- Does the play seem natural or do you feel that it's staged for your benefit?
- Can they work on the same page or table together, and interact throughout the play?
- Does one person appear to dominate? Is this the parent/caregiver or the child?
- Is the adult instructing the child about how things should or shouldn't be done? Is the child free to explore the materials?
- Is the parent/caregiver distracted or busy? For example, how does the child experience their parent's mobile phone use?

Sometimes, observing what happens during play between a parent/caregiver and the child can give us information about the bigger picture. It can help us understand the essence of the relationship in a way that may be more 'real' than the information gathered from forms and interviews. It may even give you insights that help you decide whether to refer the family on to other relevant support services.

Remember: observing is about noticing and 'taking note' of what is happening in front of you. It can be especially helpful if you have the opportunity to observe the relationship dynamic between parent/caregiver and child over a few weeks. Talk to colleagues or seek expert opinion if there are things that concern you. When you're watching the adult and child play, give positive and constructive feedback to them, and reinforce the importance of play for children and their development of healthy relationships and resilience.

Children and Trauma



When working with families that have experienced violence or homelessness, it is helpful to be mindful of trauma and how post-traumatic stress may present through the behaviours that children (and adults) display. Even if you are not working directly with the child, recognising the effects of trauma may help you to assist parents to understand their children's negative behaviours.

Trauma may seem too big and complicated to manage within your role. But your role is not to provide therapy for the child; rather, our purpose for including this information is to support you, by helping you observe children's behaviour, and understand and accept that the behaviours children display may be linked to trauma they have experienced. Your role is to acknowledge what has happened for the child and family, and, if necessary, refer the child or family to other professionals who work with children and complex trauma.

What is trauma?

Simply put, trauma is an experience that any individual finds deeply distressing and emotionally painful. The experience of trauma leaves the person feeling powerless and overwhelmed. Traumatic events *should* be outside normal human experience, however far too often they are a part of a person's daily experience.

Usually, we can find ways to manage traumas if they are one-off, isolated events and we feel safe and secure in the rest of our lives. But repeated trauma, such as ongoing exposure to family violence, can make us less able to separate these events from the rest of our lives and result in cumulative harm. This is referred to as complex relational trauma. It can be defined as trauma that:

- involves multiple incidents of trauma over an extended period of time
- is grounded in relational connections
- is isolating, shaming and disconnecting
- impacts the person's sense of self in relation to others. (Centre for YouthAOD Practice Development n.d.)

The impact of complex relational trauma depends on a range of factors, including the child's own personality, temperament, and capacity for resilience; the nature of the trauma experience; the response of the child's parent/caregiver (including the parent's capacity for resilience and the strength of parent/child attachment); the family context (the presence of key adult supports); and the availability of other supports such as services, resources and materials.

The key to helping children recover from complex relational trauma is to ensure relationships and supports are available. Positive relationships enable neural pathways within the brain to develop, promoting different ways of being and optimising children's recovery from trauma.

Post-traumatic responses to trauma

When we are under significant stress or feel unsafe our bodies release a chemical known as cortisol. When cortisol is released into the body a person may experience a fight or flight response. This is a normal and natural reaction and is the body's way of coping with a perceived or real threat. However, children who have experienced complex relational trauma may be less able to manage or 'switch off' this reaction and present with post-traumatic responses.

It is worth remembering that a wide range of stimuli can trigger children's post-traumatic responses. Children can also re-experience trauma in any environment. The triggers can include visual images (including television, movies or games), sounds and smells. For this reason, it is important that your service provides a safe and appropriate space for children.

When working with children who may have experienced trauma, there are a number of potential trauma responses you may observe. The responses outlined below, and others, are also described by Joe Tucci and Janise Mitchell (2009) for the Australian Childhood Foundation.

Disrupted attachment

Positive attachment is crucial to children's development. Sensitive, responsive care from the parent or primary caregiver builds a secure child by promoting physical, behavioural, social and emotional wellbeing. However, as a result of trauma, the infant or child may experience disrupted attachment, which may present in the form of disengagement between the child and the parent/caregiver.

One way to check for disrupted attachment is by observing whether some positive parent-child interactions are occurring or are absent. Secure attachment is more likely to be achieved when a parent:

- is emotionally available to their child
- assists the child to regulate or talk about emotions
- responds empathetically to their child
- comforts their child
- teaches their child
- plays with their child
- sets limits
- responds and interacts in consistent and predictable ways. (Red Tree Consulting 2013, p. 15)

Hyper vigilance and hyper arousal

Living with trauma or experiencing it in the past can often cause young children to become hyper-vigilant or hyper aroused. Infants or children may be very aware and alert, or easily startled by sounds and movements around them, including by those that you might perceive as normal or ordinary.

Children may:

- have a heightened awareness of their surroundings, including any changes from one week to the next (for example, they may notice and tell you that the tissue box has been moved since their last visit or that your top is different)
- be very aware of sounds and movement outside the room, and be distracted by noises or people moving past that they can or cannot see
- find it hard to relax and settle in the room
- find it hard to enter into an art/play process.

Other behaviours a hyper vigilant child might demonstrate include checking every lock on every cupboard in the room, making sure the doors are closed or continually checking the door, touching everything new in the room, and wanting to tape or barricade the room before being able to settle.

Dissociative states

Disassociation can be the body's strategy for dealing with physical and/or sexual abuse and other trauma. Children and infants who experience disassociation may appear to have a motionless or expressionless face, and seem hard to get to know. They may:

- gaze and seem 'outside' of their own body
- appear to be numb, subdued or withdrawn
- have restricted play
- make little verbal vocal interaction or resort to a pre-verbal state.

Disorganised states

When a child's trauma response is being repeatedly triggered the child may enter a disorganised state. This state is the body's way of keeping the child alert to constant perceived or real threat. It can become a child's natural state of functioning with long-term negative impacts, and be especially challenging for workers and carers to deal with.

In a disorganised state, children struggle to regulate their emotions and experiences of the past, present and future. Children may also struggle with the relationship between self and others. Be aware that children may:

- experience ongoing, uncontrollable tantrums
- display a range of poor responses to stress or change
- display similar behaviours to those presented by a child with autism (for example, severe tantrums or extreme upsets in response to unexpected changes in their routine).

While some children can appear more resilient to trauma than others, it is important to remember that all children need to meet their developmental milestones to ensure they thrive, physically, emotionally, behaviourally and socially. Families need to be supported to ensure that their children have every

opportunity to thrive. They also need to be consulted if you suspect a child is presenting with a developmental delay, such as poor verbal skills for their age.

If you do suspect a child has a developmental delay, ask yourself whether the delay could be the result of trauma. How do the parents feel about their child's presentation? Are they also concerned? This can be difficult to broach with parents, who might feel a significant level of shame or guilt about their child's experiences. However, it could also mean assisting the family by providing a referral to therapeutic services for children or early childhood services such as speech pathology screenings.

Observing families

When you meet with families and children using your service, take the time to notice the children properly and observe the adults' interactions with them. This can provide you with valuable information for case planning and help you to assess if other services may be required.

At the first meeting, take the time to explain who you are, why you are there, and what support you can offer. Take care to behave respectfully to reinforce that you are a safe person, and don't forget your initial observational assessments are occurring within a context: children and adults maybe particularly stressed or guarded at a first appointment.

If it's possible, try to have a second staff member in the room to play with the child during the initial interview. This is helpful for two reasons. Firstly, it allows you and the parents or caregivers to focus on the reasons they have come to see you. Secondly, it enables the other worker to observe the child's play, which might provide different information to that given by the adults. The adults may report no concerns while the second staff member might observe concerning negative behaviours, including developmental delays, sexualised behaviour or aggressive play. The child, for example, might be persistently touching their genitals or rubbing them against an object, be aggressive in their play, bite at their hand or pick at sores.

Observing a child's attachment and play skills offers a useful starting point for considering the possible effects of trauma on behaviour. Clues about family behaviour, underlying issues, the child's resilience, and how you can be of best assistance, can all come from watching how a child interacts and plays with the primary caregiver.

When observing the family's relational style, think about:

- How does the parent or caregiver communicate with the child, verbally and non-verbally?
- How does the child communicate with the parent?
- How do caregiver and child respond to one another and interact?
- How do caregiver and child check in and relate to each other?
- How aware are the parent and child of each other? Do they look around to see where they are and what they are doing?

- How confident is the child in the space? How confident is the child when separating from the mother/caregiver? For example, does the child climb all over mum? Or is the child over-confident or physical with other children or adults?
- What level of physical contact is there between the parent and child? What is that physical contact like? Rough, short, warm? Does it seem age and developmentally appropriate?
- If the mother/caregiver leaves the room (for example, to go to the toilet) does she tell the child she is going? How does the child respond? Does the child appear concerned or distressed, ask where she is or look for her?
- What does the parent (mother) or caregiver feel are the concerns regarding the child?
- If there has been violence, what has the effect or impact been on the child?
- How has the violence impacted on the child's behaviour?

When observing the child playing, think about:

- Is their play age and developmentally appropriate?
- Can the child stay focused and attentive for an appropriate length of time?
- What do you notice about the child's speech and communication?
- What do you notice in observing the child's mobility and hand eye coordination? (And is the child able to coordinate their movements and display appropriate developmental ability?)
- What is the child's ability to follow directions and how do they interpret instructions?
- What are the child's body boundaries like with you or a stranger? Do they show caution with new people? Do they climb all over a new person on first meeting?

If you're not sure whether a child's behaviour is developmentally appropriate, the Raising Children Network (www.raisingchildren.net.au) is a useful source of information about children from birth to the pre-teen years.

Finally, some tips to remember:

- Take time to step into the child's shoes.
- Don't push a child to give you information or undertake a task. We encourage you to simply make and note your observations. If you are concerned for a child's immediate safety consider your personal and professional duty of care, organisational policy and procedures, professional standards and mandatory reporting requirements.
- Keep notes on your observations during each contact with the family. Are there any concerning behaviours? Are the behaviours escalating or subsiding? If they are escalating, what services might need to be involved?
- Negative behaviour can be a child's attempt to communicate something. When considering negative behaviour, remember to take into account the possible impacts of trauma. By helping the child to process trauma, the child and family can address the underlying cause of negative behaviour and eventually reduce behavioural issues.

- Even the very young child, when given the opportunity, can process difficult experiences and make meaning.
- If you are unsure about something you have observed, such as a child banging their head against a wall repeatedly, talk to the family. They may be aware of the behaviour and have an action plan in place.
- If you are still unsure about something you have observed, consult your supervisor, seek advice from Loddon Mallee Homelessness Network's Children's Resource Program worker, or discuss the case with an early childhood development professional, such as a Maternal and Child Health nurse.
- If in doubt, refer the family on to Maternal and Child Health, Child First, a general practitioner, a paediatrician, an occupational therapist, Early Intervention Services, or Child and Adolescent Mental Health Service (CAMHS).

For information on making assessments and safety plans, refer to the *Assessing Children and Young People Experiencing Family Violence* guide published by the Department of Human Services (Red Tree Consulting 2013).

Working with Relationships



The importance of care relationships

“I once risked the remark ‘there’s no such thing as a baby’, meaning that if you set out to describe a baby you are describing a baby and someone. A baby cannot exist alone but is essentially part of a relationship.”

D. W. Winnicott (1947 p. 88)

Psychologically speaking, an infant develops its sense of self through its relationships with the primary caregivers. From a neurobiological perspective, the growth and healthy development of a child’s brain also depends on the child having meaningful relationships with others. If we’re to support the child’s growth and development, we therefore need to ensure we understand the needs of parents or caregivers too.

It is entirely reasonable (in fact, it is to be expected) that any woman may have profoundly ambivalent, contradictory feelings about her child or children. For example, she may feel love and anger, joy and boredom. Her conflicting feelings might be increased by the nature of her relationship with a partner or ex-partner, and by trauma that she and/or the child have experienced.

It is important to understand the context of her relationship with the child(ren) and how context impacts on attachment and mothering. It can affect how the woman sees herself, how she sees herself as a mother, and how she sees the mother-child relationship. Context can also affect how we, as professionals, perceive the mother. Questions we might consider include:

- What is the impact of family violence and/or homelessness or the risk of homelessness on the caregiver? How has it undermined her relationship with the child(ren) and her sense of herself as a mother?
- What are her perceptions and beliefs about mothering and attachment?
- What are your perceptions of her ability to maintain safety, to mother appropriately, and to successfully sustain the mother-child relationship?
- What needs to be considered in order to respond to the mother and meet her needs (factors such as her culture, age, mental and physical health, support networks and resources)?
- What impact does the environment in which you observe the mother have on her ability to respond to the child(ren)? Does this environment limit her abilities?
- What expectations does she have of you and the service?
- What expectations do you have of her and what are the service’s requirements (for example, limited confidentiality, privacy, boundaries, supports, referrals and collaboration with other agencies)?
- What might she perceive as threats to receiving the service or your relationship with her?
- Will your support of her, and her relationship with the service, be time or resource limited?

- What experiences has she had with staff, the service or other services in the past? For example, has she previously had negative experiences with workers or system responses?
- What conversations have you had about safety, other intervention or supports? For instance, are she and the child(ren) safe? Is she concerned her child will be removed?

Be aware that parents or caregivers usually benefit from a very clear and honest explanation of your role, and about what the service can offer, particularly with regard to limited confidentiality, duty of care and referrals or reporting to police, Child Protection, etc. Many parents may have had negative experiences with protective services in the past, either as children themselves or as parents. In abusive relationships, being reported to Child Protection may have been used as a threat.

Recognise that values and assumptions can influence our professional and personal judgments. Take time to reflect on your own attitudes and assumptions. Individuals and communities can be very quick to judge caregivers, especially mothers, based on societal expectations, personal experiences and beliefs.

- Consider your own views about children and families. What are your attitudes to swearing, discipline, boundaries, cleanliness of the home, television use and access to social media?
- Consider whether your expectations are realistic for the caregiver, her mothering style or capabilities, and for the family in their current circumstances. Are they limited by unmet needs?
- Familiarise yourself with the *Best Interests framework for vulnerable children and youth* (Victorian Government Department of Human Services, 2007) to make sure you clearly understand what constitutes harm, abuse or neglect.
- How is abuse or neglect different from parenting that is simply 'less than ideal' or different to your own style?
- Notice the signs of mother-child attachment, maternal devotion and care. Winnicott (1987) indicates that successful infant care depends on devotion and adaptation to a child's needs. Observe the spirit, determination and courage with which the mother or caregiver attends to the child(ren)'s needs in times of crisis and in the face of adversities such as violence, court appearances, financial ordeals and homelessness. Remember to notice strengths and acknowledge resilience, admiration and respect where due.

Understanding attachment

In a healthy attunement interaction, the caregiver and baby are able to read each other's cues successfully and respond accordingly (Cain 2006). Through attunement, an infant learns how to understand emotional responses and form relationships, which is basis of the attachment process. Attunement activities occur through eye contact, facial expressions, gestures, vocalisation and touch. However, the attunement process can be skewed in a positive or negative direction according to the quality of caregiver-infant interactions.

As we saw in the previous chapter, family violence can have a significant impact on the development of the caregiver-infant relationship. Trauma can even lead to disordered attachment. So being familiar with the attachment process can benefit your understanding of the relationships you observe.

There are many books, articles and resources online for learning about attachment. We also highly recommend Bunston and Sketchley's *Refuge for Babies in Crisis* (2012), which is downloadable as a PDF, and discusses attachment in module 2.

Learn to observe and recognise the cues that indicate whether the child has a positive attachment to the primary caregiver. Observing the degree of attachment in caregiver-child relationship can be useful regardless of the age of the child.

- Notice the quality of eye contact, whether there is mirroring of facial expressions and sounds. Observe the gestures they make towards each other.
- Observe whether the child seeks out the parent/caregiver, and how the parent responds.
- What do you notice about their communication? When one calls across the room, does the other respond?
- What happens when they play together? Are their games power plays laced with teasing and taunting, or is their play enjoyable and relaxed?
- Does the caregiver or the child make strict rules that the other must obey and follow? What boundaries and consequences does the parent/caregiver set and reinforce?

Early and positive attachment can set up patterns for healthy relationships that endure throughout the child's life. When you witness positive attunement moments, be willing to describe and comment on what you see. For example, if a parent has been tickling a baby, you might say, "I noticed that she stopped laughing and looked away. Then you stopped tickling her until she turned back to you and smiled. It's lovely that you show her so much respect."

You can also support families by modelling positive attunement. If a child is seeking out the caregiver and is not noticed, you can help them voice their seeking: "I see you are looking at Mummy!" This acknowledgement may become the prompt for the mother to look at the baby if she is able to do so. This small act can potentially shift the set pattern of their relating.

Ghosts in the nursery

The phrase 'ghosts in the nursery' was coined by Selma Fraiberg (Fraiberg, Adelson & Shapira 1975), one of the founders of the field of infant mental health. She theorized that when a baby joins a family the parents' memories, traumas and feelings from their own childhood (their ghosts) also enter the scene. In most families, parents can readily identify these memories and feelings as their own, and are able to separately meet their own needs and those of their child. However, when a parent has experienced complex relational trauma as a child, or comes from a family affected by generations of abuse, they can find it extremely difficult to meet the child's needs since their own needs were never met. For the parent, this can result in a great deal of difficulty connecting and interacting with their child, or seeing the child as another person who exists independently of the parent's own childhood experiences.

Listening to the stories parents tell of their own childhood is therefore important.

- Ghosts might not be obvious to parents. Consider how ghosts may influence the way parents relate to you, and potentially make you appear a 'troublemaker' in their lives.
- Consider how you might best achieve emotional safety for the parents while working with them. Sometimes it can be better to meet in their home rather than an office environment.
- When a caregiver is able to access feelings about their own childhood abuse, they are often more able to be sensitive to their children's needs. Consider how you might gently support the caregiver to do so.
- Pay attention to comments about what the parents/caregivers enjoyed in their own childhoods. This can offer you a way in to help them relate to and play with their own child.

Remember that providing support and space, and assisting a family to meet their needs for safety, housing, financial security and wellbeing, will increase the family's emotional and physical capacity to meet their children's needs.

Some challenging relationship patterns

As we have seen, family relationships can be affected in many subtle and not-so-subtle ways by homelessness and violence. Below are some of the challenging relationship patterns you might observe, with tips for tackling them.

Enmeshment: Sometimes a family member may confuse the needs or feelings of another with their own. This is common enough among young children and siblings, but it can also mark relationships between adults and children. When enmeshment becomes problematic, children and/or adults might require support to maintain their own space, boundaries and separate identities.

It can be useful to give family members extra space from each other in the room, so they can enjoy their own creative processes whilst being able to see and hear each other. If facilities permit, you might provide two children's tables in the room where you meet.

Your role can be to ensure each person's voice is heard. When a family member states how a child feels, you could say to the child, "Your sister/mother is saying that you are feeling angry. Do you think she is right? Can you pick a *Bear* card to show how you feel? Let's ask your sister how she is feeling." (*The Bears* is a card set created by Russell Deal (2010), available from Innovative Resources, Bendigo).

Post-natal depression: A mother with post-natal depression may have great difficulty feeling confident about her ability to parent her child and may feel unsure of the child's love for her. The infant, getting little response from the mother, may begin to seek her less and less. This can result from a lack of mirroring or the child's negative experience of mirroring.

While post-natal depression is a complex condition, providing opportunities for mother and child to make safe eye contact can be helpful. Try keeping a postage tube in your consulting room, and model peekaboo games using the tube (i.e. peek through the tube at the baby and make a positive response when your gaze is returned). Help mum to play games and practice safe eye contact. For example, if you are busy on the phone, hand the tube to mum as a gentle invitation to play the game.

Protective role-taking: If you notice a child repeatedly taking on the role of parent or caregiver, or parenting/protecting the adult, be confident to say what you see and talk about it. Ask the caregiver if they have noticed this happening. What do they feel is the best way to handle the situation? Reassure the child that it is the adult's job to look after them and it's their job to be the kid. If necessary, seek advice from your clinical supervisor.

Gender identification and stereotypes: Research shows that gender role stereotyping and the enforcement of strict gender identification within families can be predictive indicators for family violence (State of Victoria 2016, p. 5). For example, families may expect female children to be gentle, compliant and caring, while male children may get away with being rough or aggressive because 'boys will be boys'. Children may also experience criticism when they act in ways that don't conform to the family's views about the roles of men and women.

If you observe this occurring, try to 'reality check' the family's limiting gender expectations. For example, if a mother says to her child, "Girls don't hit," you could say, "All children feel the need to hit sometimes. I wonder what she's feeling to want to hit?" You could acknowledge the child's anger and, afterwards, offer her a different options to discharge her anger, such as doing an angry drawing or jumping up and down—the same options you would give to a boy.

Power imbalances: Sometimes children develop unhealthy amounts of power in a relationship, and the mother becomes compliant to the child's demands. You could support

mum to find her voice by verbalising what you assume are her concerns and setting boundaries. For example, you might say to the child: “You took that pencil away from Mum and now she has nothing to draw with. I think she might have been enjoying drawing. Were you enjoying drawing, Mum?” Verbalising these relationship patterns can help family members become aware of their existence, which is a big first step for the change process.

Avoiding the child’s experience of trauma: Often parents or caregivers will experience debilitating shame or guilt as a consequence of family violence, preventing them from acknowledging the child’s experience of the violence. In an attempt to make sense of their experiences, children frequently create play scenarios with fictionalised aggressors like monsters and sharks.

You can expect that listening to a child verbalise their experience of family violence will be a painful experience for a caregiver. But you can let them know that their listening to the child is important and stay with them while they are hearing the child’s story. Being heard is crucial for a child to make sense of their experience of violence. At the same time, ensure the caregiver is receiving sufficient support for their own emotional wellbeing.

Unrealistic expectations: When parents adopt unrealistic expectations for children’s behaviour (such as *always* expecting positive behaviour from their children) children may be prevented from exploring their world and processing their experiences.

Remind parents what is OK in your work space. For example, if a mother says to a child “Don’t tear that paper,” you could explain that you understand her concern, but you wonder whether the child has an important need to tear. You could find together something more appropriate to tear, such as newspaper or an old phone book. Tread gently: try to balance respect for the parent’s rules with respect for the child’s expression of need.

Supporting capacity

“If [professionals] start to give advice about intimacy, they are on dangerous ground because neither the mother nor the baby needs advice. Instead of advice what they need is an environmental provision which fosters the mother’s belief in herself.”

D. W. Winnicott (1987 p. 27)

Donald Winnicott wrote in defense of caregivers when he acknowledged that there is room for many varied and diverse strengths among mothers. He decried it as a great shame when mothers’ abilities are undermined. The primary caregiver *is* the specialist on the care of the child. When family violence has already undermined a mother’s attunement to the child, it is even more important that we strive to support the mother or caregiver’s belief in herself.

What does that support look like? In the first instance, we need to acknowledge that parenting when you and/or a child have been traumatised poses enormous challenges. You should assume that mothers and caregivers do have the capacity to meet their children’s needs. You also need to consider how the

impact of their experience of homelessness or violence affects what support they need to achieve successful care.

Perhaps, if the child has been traumatised, what the parent or caregiver needs is their own time and space to take stock, and to be able to get some distance from their child's negative emotional and behavioural state. They may need to see some positive modelling—to learn how others are doing things and are dealing with experiences like theirs.

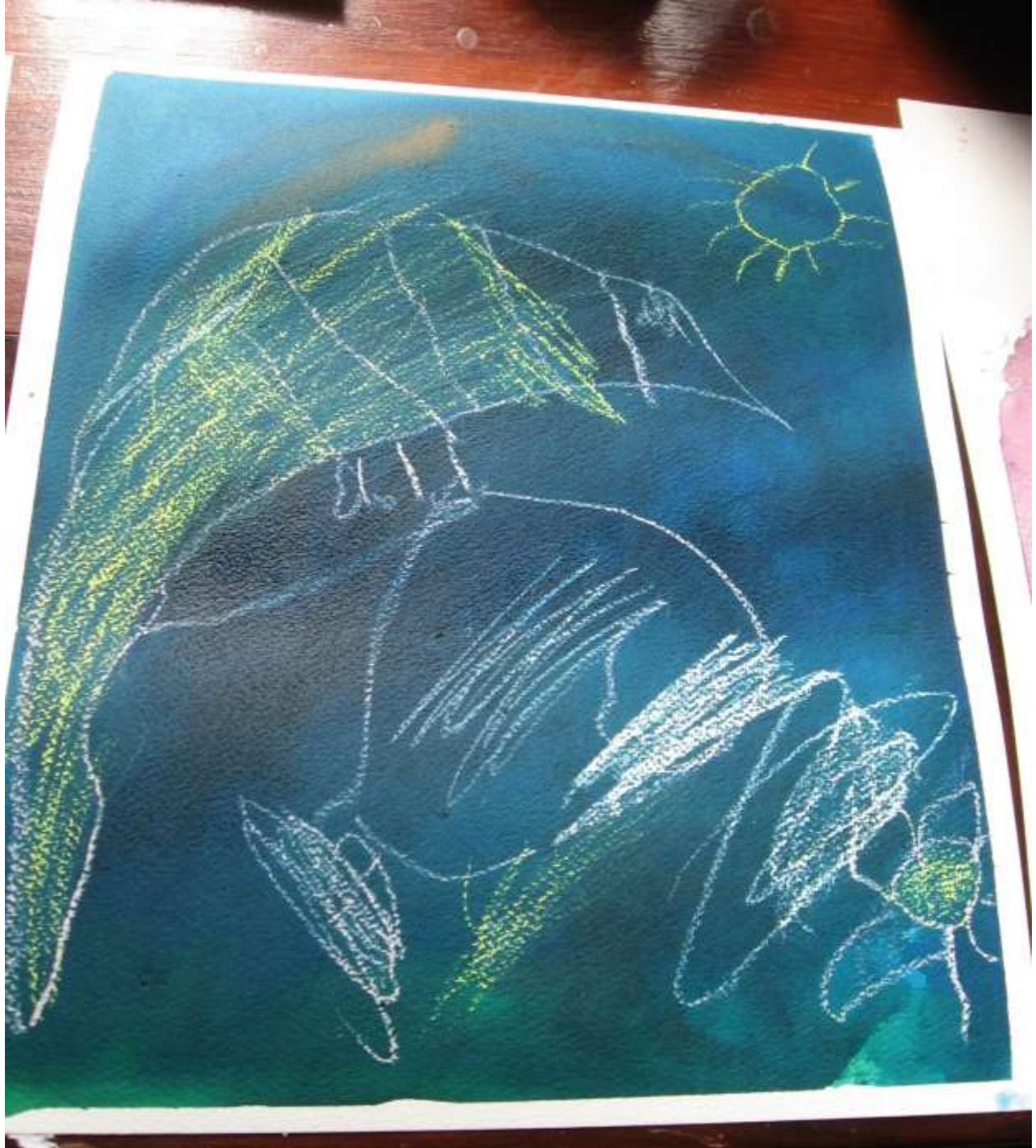
As a worker, it's important to show an unconditional, positive regard for the person who is caring for the child; never undervalue their skills and abilities. Notice and acknowledge their strengths, achievements and progress; name *what* they are doing well and recognise *when* they are doing well. Validate their challenges and how they respond to them. Are there things that you could provide that would increase their capacity to provide for the child's needs?

Model rather than 'educate'—it's best to avoid a directive approach and, instead, make sure the caregiver has plenty of opportunity to observe positive parenting strategies through your interactions with her child(ren). Don't forget that when you display an unconditional, positive regard for a child, caregivers can sometimes be surprised. They may not have had the experience of their child being liked by others before, and it can open up a world of possibility for their own relationship with the child.

'Holding' is another way you can model safe and secure relationships for the family. Holding refers to the way in which the caregiver supports the child's development of selfhood by being a reliable container of their diverse childhood experiences. A child that is well-held feels safe, contained and acknowledged. A child develops their own ability to contain and acknowledge themselves from their experience of being held. If you offer a caregiver the experience of holding (safety, reliability, boundaries, being seen and heard) through your relationship them, it is likely that this will have flow-on effects and may increase the caregiver's capacity to hold the child.

Finally, be prepared to remain vulnerable in your journey. Be honest if you are unsure and accept that you don't have all the answers. It is not professional failure to be uncertain of what to do for the relationship between caregiver and child. Simply commit to work through and search for solutions—it is far more empowering for the mother to be engaged as a peer in problem solving. What is her expert knowledge in this area? What are your ideas? What is she interested in trying? Always approach the family from a position of curiosity, respectfulness, and with a thirst for shared learning.

Endings



Big reactions to little endings

Homelessness and family violence can be fraught with endings. These experiences can mean grief and loss, with family pets left behind, bedrooms missed, toys lost; friends, neighbours, schools gone, family members missed and rarely seen; and removal from known communities and supports. Families that have fled situations in crisis and are attempting to re-establish themselves in new homes are coping with great difficulties and huge adjustment.

As we have seen, families' capacity to offer children sufficient opportunities to process their feelings of loss may be undermined. It is also important to understand that, if a child has experienced abuse, they are likely to have mixed feelings about their separation from the perpetrator, regardless of how abusive the perpetrator has been. Children may be concerned about what will happen to the perpetrator and feel responsible for the perpetrator's wellbeing.

Children who have experienced homelessness or fled family violence are more likely to have heightened reactions to any potential ending—even endings like the ending of an appointment. This heightened reaction might take the form of escalated behaviour or emotional withdrawal from the experience.

You can assist children by maintaining clear boundaries and establishing shared expectations while acknowledging the child's feelings. For example, acknowledge when an ending is approaching: "10.00am is the time you have to go. I can see that it is hard for you."

Empower the child by helping them understand—when they arrive—how much time they are likely to spend in the appointment. If you say, "Hi there, I'll be talking with mum until 10.00 this morning," show the child what this means using a clock, drawing or a comparison they can relate to, such as "an hour is the same amount of time it took you to get here on the bus." Give them a warning when the appointment is nearly over, offering a statement like "I'm nearly finished with mum now. When we're finished you'll put your shoes on and go out the door with mum."

Create opportunities to ritualise and celebrate endings and milestones—and if you are going to see this family again notice what helps the child leave the room. It could be anticipating a next activity, jumping over a line of cushions as they head out the door, or putting a soft bear to bed. Remember the ritual and remind the child of it next time: "I remember last time you put the bear to bed before you left. Let's do that again."

Celebrations and positive experiences of ending

The relationship that a child and family have with you gives them an opportunity to have a positive experience of an ending. You can achieve this by empowering the child and family with information, choices, and the chance to express their feelings.

Ending the support relationship can be an opportunity for growth if a child and family is treated with respect and care.

Do not avoid the end, celebrate it! If you know that the relationship will end in six more visits, it is crucial that the child and family are made aware of this, and that you talk about the ending along the way in preparation. Helping them to prepare for endings provides an opportunity for you all to:

- acknowledge and celebrate the work that has been done
- express and work through feelings about the ending—joy, sadness, anger, fear
- complete unfinished business.

While younger children may have difficulty grasping the concept of endings, it is still important that the ending is conveyed to them. You might prepare the child by counting down the number of sessions left using a visual tool. For instance, if there are six sessions to go, you can draw six circles on a page and, at the end of each session, ask the child to draw in one of the circles. Show them how many circles are left. Use an explanation like, “We have three more circles to go; this means we will see each other three more times.” This gives children a chance to complete their unfinished business, to ask questions and to say goodbye.

As the ending approaches, prepare to say goodbye and take the time to think about what will be important to say. It might be useful to do something different in the last week or session. For example, you could provide some special food or create a celebration ritual and explain that this time is different because it is the last time you will see each other. Sometimes children don’t really understand what is happening until this last session. Once a child asked us “Are you going away?” when they noticed that the last session was different, which gave the child the chance to understand and express their feelings at the time. It is important to say goodbye, and is not something to be avoided. As the author gently counsels in the compassionate children’s picture book, *Lifetimes*, “It may be sad, but it is the way of all things” (Mellonie & Ingpen 2009).

Be mindful that children and families in crisis might not often get to experience formalised endings. It may become difficult for the family to continue attending, or they may receive the offer of a property in another area, or have to move suddenly because they are unsafe.

If a family has had to leave abruptly, you could consider whether there is the option to forward an acknowledgement by post, including any drawings the child has left in your office and a note that values the work that was done.

Family-friendly feedback and evaluation

How do you know what effect your service has had on family relationships? Do the children who access your service have a chance to say how it was for them? How will you know what worked and what to change in the future?

Consider the ways in which you can evaluate how a child has experienced the supports and service you offered them. It can be useful to use both qualitative and quantitative measures to gauge outcomes, including your own observations, quotes and responses from the family and scaling activities. Find out what made a difference, what family members liked, what worked, what didn't. Explore your reflections and assumptions about the space, time, supports and services provided.

Young children and families can offer useful feedback, which can in turn be useful for enhancing the service you offer to future clients.

Learn to be an observer of infants, children and families in your workplace. Keep an eye out for aspects of your service that are contributing to their challenges, such as the physical space, the lighting, noise, lack of facilities, or quality of resources. You could formalise a process whereby your team regularly makes these observations and plans strategies for change.

- Ask parents and caregivers about their experience of the service, about their children's experience, about the family's experience.
- Ask them simple questions about things you want to know, such what were the most useful facilities offered, or what effect the involvement with your service has had on them.
- Check if they would prefer to fill in a form or to fill it in 'interview style' with you as scribe.

Although asking children for feedback may seem trickier, there are numerous ways their voices and feedback can be captured too. *The Bears* (Deal 2010), available as a set of cards, stickers and/or as an app, are a wonderful resource, widely used to help children express their feelings for evaluation purposes. Ask the child if you can keep a copy the cards chosen and write down quotes for reference.

Keep in mind that the responses of parents and children may differ, and that a parent can inadvertently misrepresent or sway a child's experience. If the child chooses an angry bear card, for example, the mother might say "But you are happy!" for many possible reasons including surprise or embarrassment.

Importantly, remember to ask the family's permission to de-identify them and share the feedback with your team or direct supervisor for the benefit of ongoing service development, evaluation and advocacy.

Self care



Self-awareness and reflective practice

Self-care, self-awareness and reflective practice are important in all professional settings, but particularly when working with children who have experienced trauma. Your role can be a challenging one on many levels. You may work with families whose child's appearance, experience, play or manner (and parent's manner) triggers early childhood memories or trauma of your own. You might not be aware of this happening at the time, but later find that your body signals are showing you that work is affecting your moods, sleep and body for no clear reason. You might work with families whose parenting values differ significantly from your own and find yourself feeling frustrated, angry and intolerant.

You may feel deflated, disappointed and gutted by families who are sufficiently safe from harm, yet not thriving by any stretch of the imagination. You may need to be involved in a child protection referral after witnessing or hearing about significant abuse and acting on your professional duty of care. You may be supporting a family whose children are removed from their care despite the best efforts of yourself and everyone else, because sometimes the parent's strengths and capabilities are simply not enough. Even the most skilled and experienced workers have times when the added responsibility of working with children rests heavily on their shoulders.

Being aware of your own needs helps you remain aware that your clients' needs are separate from your own. Engaging actively in supervision is an excellent way to ensure your own good health while securing best practice outcomes for your clients.

Self-care

Bringing yourself back to the 'here and now' is an important strategy for managing stress and anxiety.

- Ground yourself. Notice your posture in the chair or standing. Plant your feet on the floor and consider right now, in this moment: What can I smell? What can I feel? What can I taste? What can I hear? What can I see? You can do this in any situation—just pause to run through your here and now sensory experiences.
- Create the space you need. It may be a short walk, some quiet time, some good healthy food or a drink of water. If you need these things, think about what your client may need too—offer them a drink or some space, quiet time, etc.
- On your way home from work list five things you know about yourself and how you can fulfil your self-care needs: My name is ... , I live in a ... , I am wearing ... , My dog's name is ... , I like to eat

Personal therapy

Are you finding it difficult to leave work at work? It might be that work is triggering some difficult personal issues. Personal therapy allows you to explore these issues in a safe and supportive environment. This can help to prevent your personal issues leaking into your work with families and vice versa, ensuring you can continue to maintain professional relationships and boundaries.

Peer supervision

Are there sufficient opportunities to consult with your peers about your work with children? Think about the formal and informal ways you are able to gather with peers: team meetings, the staff kitchen, in the car on the way to a meeting, etc. Our peers can have significant insights into our difficulties with clients and can offer a listening ear to release the pressures of frustration and anxiety. They can meet us with good humour, shared pain, shared successes and camaraderie.

Direct line supervision

Is there a person in your organisation who is responsible both for supporting you in your work and for supervising your work performance? They can help you by keeping an eye out for professional development opportunities, assist you to work within your organisation's policy framework, and help you to implement improved service delivery for children and families within the organisation. Your supervisor can also help you to prioritise and organise your work, and they can provide important debriefing and emotional support. Be familiar with Child Protection guidelines and your organisation's policy framework. These will help you to make practice decisions that are backed up by the agency you work for and are in line with best practice guidelines.

Clinical supervision

A clinical supervisor can provide you with a therapeutic relationship within which to explore your personal experience of your professional work. It can assist you to be insightful and reflective in your work with clients. Clinical supervision supports you to build upon your professional skills and strengths and is a requirement for many professions.

Reflective practice

Reflective practice is, in a general sense, "a model for reflecting on practice experience in a way that allows its examination and improvement" (Fook & Gardner 2007). It can be done by taking regular time out for reflection, and recording your reflections through writing, journaling, drawing, etc. When you do so, notice what is coming up (themes, patterns, and concerns) and take your insights to your clinical supervision sessions.

- Take note if you repeatedly feel or act a certain way after being with a particular client.
- Be mindful of how you felt when you were with a child. How did you feel when you looked into their eyes? Where did you feel it in your body?
- Keep a journal and a pack of coloured pencils handy at work. Draw for a few minutes in response to your session with a client. Don't use names or obvious identifiers.
- Reflect on what you have written or drawn. What is the overall feeling conveyed? Are you in the image or narrative? What is the impression you convey of your clients? Is there anything in the drawing or words that surprises you?

Arts-based supervision

The arts can be a very effective tool for both individual and group clinical supervision. It is important to remember that arts therapy involves specialised skills and it is wise to involve a qualified practitioner. For arts therapists in Central Victoria, contact the Group of Registered Regional Arts Therapists (GRAT) via enquiries.grat@mail.com. You can also contact the Australian Creative Arts Therapies Association (ACATA) or the Australian and New Zealand Arts Therapy Association (ANZATA), whose professional members have Masters-level qualifications.

Using art for reflection

The arts can offer us new perspectives on families and new ways of seeing that enrich our practice.

Here is a simple art process that you can use to think about families with whom you work. Try it to practice looking at things from a different angle. To do it, you will create a model or sculpture of a family that you work with.

Process:

1. Collect your desired art materials. The possibilities are endless, but it is best to use materials that you can easily manipulate such as bees' wax, play dough, plasticine, pipe cleaners, modelling clay, wet clay, etc.
2. Think about a particular family you are assisting. Think about all the members of this family and/or the players in the life of your main client.
3. Using your art material, create a figure or a shape to represent each member of that family.
4. Create a sculpture using your figures, placing the family members in relation to one another. You could use a piece of card or a plate to arrange them on if you need. Where does each person need to sit in relation to the others?
5. Once you are happy with your model, step back.
6. Take time to look from all angles.
7. What do you see? Write words to describe what you see.
8. Look at the relationships. Are there power struggles? Who seems to be central? Who is on the outer? Are there members of the family that have their backs to others?
9. (Optional) Ask others what they see.
10. Are you in the sculpture? If not, put yourself in there.
11. Look again. What do you see? Would you like things to be different? What do you think needs to change? Does the model of yourself need to change?

12. Make those changes.
13. What do you see now? Does it feel better now than it did before?
14. Can any of these things happen in 'real life'? What are the steps that need to be put in place in order to help these changes happen?

Thank You

First and foremost, a thank you to each and every woman and child we have worked with in the Play Connect program. Without your trust in us we wouldn't have had so much to say. Your willingness to share your experiences with us made this document possible.

Many of you who read this document will have referred families to Play Connect over the years. We are grateful for the ongoing support you have given the program—it couldn't have existed without you.

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Delwyn Hopkins and Cath Mackie, March 2017

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Notes

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Freecall 1800 884 292 within the Loddon Mallee region

1800RESPECT – Australia-wide

National Sexual Assault Domestic Family Violence Counselling Service

www.1800respect.org.au

1800 737 732 (24 hours, 7 days a week)