



# Watch Me Play! Manual Part 2: Further Information

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## What is Watch Me Play!

Watch Me Play! (WMP) is an approach for supporting parents or carers and their baby or young child that promotes child-led play, individual attention from caregivers, and talking with children about their play. Caregivers are encouraged to provide children with age-appropriate toys and their undivided attention in a quiet environment for regular short times two or more times a week. Caregivers are also encouraged to talk with the child about their play, and to reflect with another involved adult or professional on their observations of the child's play and how it felt to be with the child as they played.

Play is universally recognized as one of the first steps children take towards coming to know themselves and the world around them. Receiving their caregiver's undivided attention with toys and materials that promote imagination and creativity gives opportunities for children to express themselves. Letting the child take the lead, as long as what they choose to do is safe, means that adults can learn from the child's play. Observing the child's play and how it feels to be with the child while he or she plays can help to bring together adults who are involved with the child to reflect on what is being communicated and how best to go on supporting the child.

Watch Me Play! involves two kinds of talking. Talking with the child about what they do in their play allows feelings and ideas to be put into words. Talking with another adult about the child's play allows caregivers to reflect on discoveries, delights and changes, and to share any worries. For a professional offering support through Watch Me Play!, this framework for providing sensitive understanding can help to find words for feelings that may never have been expressed or named, at a pace that both child and caregiver can manage. Stories, imaginative ideas, and the repetition inherent in play can help to allow new thoughts and feelings to be gradually assimilated. For children and caregivers who are struggling with experiences that may be felt to be too much to manage, the Watch Me Play! approach can help to indicate the type of further intervention or assessment that may be needed.

Attention and play are complementary: observing with warmth and interest helps to facilitate the child's play. As the child's play becomes more focused and meaningful, it becomes easier for adults to remember and think about the child's communications. Close observation of the child's communications in play informs the reflection that allows professionals to provide containment and retain a child-focused perspective.

Holding the child in mind is a fundamental aspect of parenting that can be adversely impacted by early anxieties. Children who have experienced early traumas and disruptions may have lacked opportunities to explore their world in play and to feel that adults have them in mind. Watch Me Play! offers children the opportunity to regain a sense of personal agency and to explore their world and their relationships with the

confidence that their communications can be taken in and be understood and thought about by the adults caring for them.

## Who is Watch Me Play! for?

WMP was first developed to support babies and young children in temporary foster placements, together with their parents or carers. Foster carers have reported improvements in the play skills, mood and behaviour of their foster children, and have also described feeling more confident about understanding and responding to the feelings and behaviour of the child in their care.

WMP is now used more widely, as a first-line intervention for parents and carers with a worry about their baby or child, and with children who have had adverse experiences, who have been looked after by different caregivers, or have needs that are difficult to understand:

- A teenage parent commented on how much her eighteen month-old son seemed to enjoy his daily Watch Me Play! sessions. She felt he was vocalizing more in response to her talking to him about his play.
- A mother whose child returned to live with her after a period in foster care reported that he was calmer and that she felt more relaxed with him after they started doing Watch Me Play! at home.
- Adoptive parents felt more confident about reaching out to a child who had got used to Watch Me Play! sessions with her foster carers before the move to her new home. Talking with their child about her play helped them to follow her cues in the first weeks of their new life together.
- A father whose four-year old daughter was showing signs of post-traumatic distress found that she was playing more freely and talking more after five sessions of Watch Me Play! in the home.

## How can Watch Me Play! help?

Many children respond rapidly to receiving consistent safe attention from an adult who is looking after them. Their imagination and playfulness can help to inspire and motivate the caregiver and professionals who are supporting the child. When children become more confident, they may communicate more clearly and they may also be able to focus and concentrate for longer. As their child's play becomes more sustained, caregivers can become more confident understanding and responding to their child's signals.

Watch Me Play! can help to indicate whether more intensive assessment or interventions are needed. If few improvements are seen in the child's play skills, or a Watch Me Play! routine proves difficult to sustain, the experiences of child, caregiver and professionals

will help to inform a more specialist assessment for the child. They may also help to identify support or training needs for caregivers.

Giving regular attention to the child's play helps to give foster carers and other professionals a clearer idea of the child's interests, skills, as well as any worries that may be troubling them. When professionals are able to share their observations and understanding, anxieties in the network may reduce and the quality and stability of placements may improve. Feedback from social workers has highlighted the value of sharing observations for a better understanding of the child and their needs, particularly when difficult care planning decisions have to be made - for example about placement moves or sibling placements.

Attending to a child's play can help to bring together a team around the child and carer. Bringing together different aspects of a child's life allows professionals to provide more containment for the child. When the adults are able to take in what the child shows in their play, the child is less alone with distress or anxiety, and the impact of early trauma is mitigated. Validating positive changes over time as well as recognising difficulties and worries helps to establish working relationships among professionals. An emotionally receptive network can help a parent in difficulties, a foster carer or an adoptive parent to remain emotionally available to her or his child.

## **Who can support parents and carers to do Watch Me Play!**

Health visitors, looked after children's nurses, social workers, supervising social workers, nursery workers, infant mental health specialists and child psychotherapists are well placed to encourage parents and carers to do Watch Me Play! with their babies and young children. Professionals who visit the family home or see families in a clinic setting may be able to use the Watch Me Play! approach during their visits. Foster carers can be supported by supervising social workers and peer support networks as well as by children's social workers. Infant mental health clinicians may find the Watch Me Play! approach helpful as a first-line intervention or to inform an assessment.

Professionals can gain much from the opportunity to do Watch Me Play with caregivers and their babies or young children. This approach allows us to learn more about the experience of young children who have experienced early trauma or difficulty and the challenges facing their caregivers. It also provides opportunities to witness mutual delight between children and caregivers and to see the powerful impact that positive developments in interaction and mutual understanding can have.

## Support from practitioners in Watch Me Play!

### Preparing

- Ask the caregiver to turn off televisions and phones
- Put away battery operated toys
- Choose a small selection of toys- 6 at the most- for the developmental stage of the child
- Sit on the floor or on a low chair
- Agree with the caregiver how long to do Watch Me Play! for

### Doing

- Let the child play freely, as long as what they do is safe
- Encourage the caregiver to full attention to the child's play
- Encourage the caregiver to describe the child's play in simple language
- Feed back in simple language to the child and the caregiver on the child's play
- Notice if it is difficult for the caregiver to let the child take the lead in their play
- Let the child know a few minutes before the end of the Watch Me Play time
- Reflect with the caregiver about observations of the child's play
- Ask the caregiver how it felt for them when they were watching the child play

### Following up

- Make a time to talk with the caregiver to discuss anything that does not feel appropriate to talk about while the child is with you
- Encourage the caregiver to set aside a regular time for Watch Me Play!
- Feed back to professional meetings and care planning discussions
- Reflect on anything that feels difficult or distressing in the child's play
- Recognise the child's difficulties and struggles as well as their interests and skills

## Introducing Watch Me Play! to parents and carers

WMP comes naturally for many caregivers, while for others it can take a while or and for some families it is very difficult. Always introduce WMP in the context of the current situation for the family and their worries and hopes. Ask if they are happy to try it together just for a few minutes, and then explore gently what they noticed in their child's play and what it was like to watch their baby or child play. If parents or carers are interested, suggest they try this at home and arrange as many follow up sessions as your service allows.

The [Why Play Matters](#) leaflet can be introduced to parents or caregivers in trainings, meetings and health assessments. Some parents may like to read the manual first, while others will prefer to have a go or to have a practitioner show them. Some parents and carers find the [Watch Me Play! diary](#) helpful for recording their impressions.

## **Creating a routine for free play**

Establishing a play routine means setting aside a regular time in a quiet space for child-led play - with the television off and phones and screens put away. Background television and screens are particularly distracting for children whose early experiences have led them to be hyper-vigilant and who are unconsciously constantly scanning their environment for threat.

Foster carers and adoptive parents have commented on the importance of creating a consistent routine that is manageable and realistic so that children have regular opportunities to experience attention to their play. A shorter time a few times a week is more beneficial than a more ambitious routine that is not consistent.

It's also important to work out with the caregiver how to manage the end of the Watch Me Play! time with their child. It is usually helpful to give the child advance warning a few minutes before the end of the play session, and to find a way to finish the session that leaves the child looking forward to the next time. Encourage caregivers to name the child's feelings - such as disappointment, impatience or wanting more. While keeping to the agreed timescale, describing the feelings can be very helpful as a way of acknowledging what is going on for the child.

## **Modelling and facilitating child-led play**

Modelling WMP with the caregiver and child, showing interest both in the child's play and in the carer's observations, is the best way to facilitate the caregiver as a co-observer of the child's play. Having the company of another adult who is involved in caring for the child can encourage caregivers to establish a Watch Me Play! routine. The aim is to achieve a collaborative and friendly working relationship focused on the experiences of the child.

Getting down on the floor with the child, or near the floor in a low chair, helps children to feel you are staying around. For some children, this is key to reducing their anxiety. Let the child see that you are interested in their play by talking with them about what they do, and help the caregiver to see that their role is all-important by encouraging and praising them for facilitating their child's self-directed play.

For some parents, promoting child-led play is second nature, while for others it may feel very new and different. For some, the challenge is to wait to see what the child chooses to do, while for others it may be seeing the child using toys in ways that are different from what they expect. Be clear with parents and caregivers that the aim during Watch Me Play! is for the child to direct their play while the adult comments and describes. The adult only joins in with the play when the child invites them to. If the child does want the adult to join in, the adult should still be following the child's play, not coming up with ideas themselves, or teaching.

Some caregivers may feel they have more of a teaching role even with young children, which can make it hard for them to let the child take the lead and freely explore. Trainings are useful opportunities to discuss guidance from child development research on the value of imaginative play for development. It is play and the repetition that it allows that creates the foundations for later learning. Of course, giving explanations, directions and instructions to the child are ordinary aspects of daily interaction that are going on all the time. It is only during the Watch Me Play! time that the idea is to let the child set the pace while the adult describes what the child chooses to do.

Respect for the child and for the caregiver and acceptance of the stage that parent and child are at are also being modelled when we do Watch Me Play!. During the Watch Me Play! time, quietly notice what the parent or caregiver is able to do and what seems to feel more difficult for them. Recognising that there are no quick solutions and that every child is unique may be reassuring for foster carers when there are anxieties about whether the complexity of a child's needs and the demands of looking after them can really be understood by other professionals.

Feed back sensitively to child and caregiver, recognizing that this way of being with the child may feel different but could be really helpful. Let parents know about the child development research background to Watch Me Play!. Wait to see if changes in the child's play or in interactions with the child start to be noticed.

## **Talking with the child, reflecting with the caregiver**

Encourage parents and caregivers to be fellow observers alongside you of their child's play. Let them know that by watching their child play and talking with them about their play, they are providing all-important reassurance that will help their child develop self-confidence and early learning. Recognise that this way of talking with their child may feel a bit different. They may feel self-conscious to start off with. It might help to think with caregivers about how parents often talk freely with babies – providing a running commentary on what's going on around them and putting the world around them into words. Doing Watch Me Play! is a bit like that. Many caregivers have commented that they have found a way of it being quite natural once they have got used to it. This talking doesn't have to be non-stop! Silences and pauses are helpful too, as a child wonders what to do next, or it feels like a good time for a bit of quiet. This helps children to find room for their own thoughts and wait for their next idea to take shape.

Every WMP practitioner finds their own style and way of being with a family and their baby or child. The simplest words or sounds are the best for getting to the level of the baby or child. You can simply echo the sounds a baby makes, and mirror the baby's facial expressions; or put sounds to an action- "Vroom ! Crash! "– or respond to something sudden or unexpected- "Wow!" - or simply describe what's happening in the

play: "Up! Down!" , " Here it is! Gone again !" – "The car is on the straight bit of road, going over the bridge, up in the air...". Doing these simple things, allowing yourself to sound a bit silly, can be very encouraging for parents and carers as they can see what you are doing is not complicated and yet has an impact for the baby or child. Asking parents and carers to join in with you, and praising them when they do, is very important so that they feel enabled and encouraged.

You don't need to talk non-stop, and you don't have to search for specially interesting or new things to say - you can just echo what the child says a lot of the time - but it is important to use your voice and your face to show your interest and support for the child's play.

Watching the child and parent silently could create worries for the parents or carers. They could feel they are being assessed or watched in a way that's not supportive. It could also create anxiety for the child, who could be wondering who you are and what you are doing. Letting the baby or child hear your voice and see how you respond to their play tells them that you are friendly and interested.

Encourage the caregiver to share their observations and also share your own thoughts about what you saw in the child's play. Reflect with caregivers as well about how it feels to be with the child while they are playing. If the child becomes unsettled or if there are things that are not appropriate to talk about in the presence of the child, arrange a time to talk just with the parent or caregiver. This could be another meeting or a pre-arranged time to talk on the phone.

## **Acknowledging difficulties**

Giving children undivided attention comes naturally to many caregivers, but for others it may create anxiety at first, or feel very difficult to do. Although the idea of slowing down and taking a step back seems appealing in principle to many caregivers, it also involves a change in tempo and a different way of being with the child. Not being in charge of the direction of play and being open to the child's imagination and ideas may feel very new for some caregivers and may take a while to get used to and enjoy. Underlying anxieties about what children might show in their play could make caregivers feel doubtful about letting children express themselves in their play. These anxieties may need to be sensitively explored in discussions with the caregiver.

It can come as a relief for parents to feel that they don't have to come up with all the ideas. Some parents have talked about getting to know their child in a different way when they see their child taking the lead in play. For others, allowing their child to play freely and make their own choices in play may feel like a step too far. You may find you can start with what comes first, sitting on the floor together and taking an interest in the play between caregiver and child. Over time, there may be opportunities to highlight the



child's satisfaction in their own agency when they are allowed to lead the play - and caregivers may be agreeably surprised by their child's imagination and resourcefulness.

## **Sharing delight**

Enjoyment and fun, making new discoveries and sharing delight are tremendously valuable and important moments in the lives of children and caregivers. You can't have too many of them!

For children who may have become withdrawn, or who struggle with self-regulation, experiencing strong feelings together with their caregiver brings confidence and a greater capacity to manage emotions. In a world where children are increasingly being encouraged to become passive consumers, play provides opportunities for enriching experiences that do not cost money but create the foundations for nurturing relationships and future well-being.

## **Noticing**

Children who have been exposed to neglect may have had few experiences of shared joy and delight. Deprivation and rejection can lead to profound feelings of shame which can result in children having a sense of themselves as empty, without value and lacking an identity. It is harder to notice and respond to infants when their signals are fleeting, muted, or different from what we expect or hope to see. The opportunities in Watch Me Play! for repeated observation, sharing observations and responding to the child's play in words can help to highlight unusual or unexpected responses from babies and young children so that caregivers may be more able to find ways of responding and the child feels less alone with their distress.

Noticing moments when there is a particularly strong emotional response can help to identify particular aspects of the child's play that may be especially helpful to think about more and observe more closely. A pre-arranged time to reflect later on with the carer, either face to face or on the phone, provides opportunities to revisit these moments and discuss them together. This reflection on the child's play and the experience of being with the child while they play, can help to support caregivers to remain emotionally available to their child, even when difficult feelings are being stirred up. Observation-based reflection can also help to generate a culture that supports development by validating feelings and thinking about meaning.

The importance for babies and children of receiving attention from caregivers, being seen and heard, is one of the reasons why WMP does not involve photographing, videoing or writing notes during a session. This is another aspect of WMP where practice can make a big difference. If remembering what happened in a play session is difficult, try a shorter session. Write a brief note about what the child did and how the parents and you responded as soon as you can after the session. When you have time, take the

opportunity to write up some WMP sessions in as much detail as possible- what the child does and says, or their vocalisations, how they respond to the parent or carer and to you, what the parent or carer does and says, and what you do and say, and what you and the parent or carer discuss after the play session. Writing down as much detail as possible for a number of sessions will help you remember more in future sessions.

You might be surprised how much you do remember, especially if you are doing WMP regularly. There may be things you've forgotten that the parent or carer remembers – or the other way round- so your memories together add up to more.

## **Feeding back to professional networks**

Advocating for the psychological needs of babies and young children can require practitioners to be proactive in multi-agency liaison and professionals' meetings. Nurturing interest in sharing observations about happens in a child's play can be a helpful way to bring parents and professionals together with a focus on the child. For a child for whom many professionals are involved, a team around the child that is focused around the child's communications, experiences and needs can become a reflective and child-centred forum that is also supportive for parents, carers and other professionals.

Parents and carers are more likely to be able to go on providing involved and attuned nurture for children when they are part of a group that validates their involvement. Sharing and bringing together the perspectives of all the adults who see the child can help to protect against blind spots in professional networks and can also protect against the potential impact of secondary trauma supporting children who may be in distress.

## **Watch Me Play! case examples**

The brief case examples that follow aim to provide examples of ways of using Watch Me Play! with children of different ages. For confidentiality, all names and identifying details have been changed.

### **Molly: a baby in foster care**

One visit, telephone follow up and liaison with the professional network over a period of six weeks

Molly was three months old when her social worker brought her to the home of first-time foster carer Jane. Molly had been born addicted to heroin and had spent her first two weeks of life in a special care baby unit. When she was five months old, I was asked to visit the foster home. Jane told me about her worries about Molly's shrill, persistent crying and her sudden mood changes. Jane's supervising social worker and I thought with Jane about the kind of environment Molly might have been in before coming into care. We also thought about the uncertainty Jane was in about how long Molly would

stay with her for. We were able to reassure Jane that allowing Molly to feel close to her would help her in her development, even if the placement was just for a short time.

I suggested turning the television off for some hours of the day and putting away mechanical toys to help Molly to regulate her high levels of arousal. This quieter environment could also help Jane to attune to the infant in her care. I introduced Jane to the idea of giving her whole attention to playing with Molly for twenty minutes once a day. Jane took to this routine and told me in follow up phone calls how Molly's little face lit up when she slowly looked into her eyes, raised her eyebrows and called her name quietly. When Molly put out her tongue or lifted her hand, Jane saw how Molly watched with fascination as she echoed her movements.

I encouraged Jane to discuss Molly's responses and their play together with her supervising social worker and the health visitor. After three weeks, Jane reported to her social worker that she was feeling more confident about understanding what Molly needed. She was getting to know her foster child in a different way and enjoyed being with her more. She began to recognise what could be stressful for Molly and was more able to anticipate her changes of mood. Molly was more able to accept comfort and the long periods when she was crying inconsolably reduced.

When a child comes into care the circumstances are always complex. The importance of play for children's development can easily become lost in this crisis. It may be difficult for foster carers to feel they can make a meaningful emotional connection when a move away from the foster home is planned or the duration of the placement is uncertain.

This was a brief intervention that helped the caregiver to reach out to three month-old Molly even though it took time to understand her needs and the caregiver did not know how long she would be staying with her. Play provided a space in which foster carer and child came together at a pace that both could manage.

### **Tasks for the practitioner:**

- Closely observing the interactions between infant and caregiver
- Helping the caregiver to feel connected to the infant in her care
- Validating the importance of the caregiver's nurture
- Sharing observations with the caregiver in telephone follow-up
- Providing child development guidance
- Liaising with the professional network
- Feeding back about training needs for first time foster carers

### **Henry: a two year old who could not play**

Ten visits, liaison with the professional network, support for adoptive parents over a period of fourteen months

Henry was taken into foster care when he was two years old after receiving hospital treatment for severe injuries he had sustained in the family home. Four months later, there were concerns about his disturbed feeding and sleep, his hyperactivity running around in the foster home. The professional network wanted advice about supporting his foster carer, Asha. She described Henry in the foster home as 'like a tornado'.

I visited the foster home every two weeks for the first three months. In the first six weeks I saw what Asha meant as Henry ran around continually, occasionally picking up and then dropping or throwing a toy. We persisted with sitting on the floor together talking quietly about what Henry was doing. The television was switched off and battery-operated toys were replaced with a small number of soft toys, toy animals, cars and puzzles. Gradually Henry began to slow down and play with two toy cars. For a few weeks, Asha found that she was repeatedly describing how he crashed the cars together; after a while, he began to push the cars under a sofa and Henry would ask Asha to find them for him. Asha told me later that this play felt maddening and uncomfortable for her. I shared her experience and thought that Henry's play felt very controlling and repetitive. I also noticed his fleeting, rapid glances at Asha and me: he seemed to be checking us out. Asha and I reflected on what we know about Henry's early history. It seemed that his play with the cars was helping us to understand more about his need to keep a close eye on the adults.

After we had that discussion, Asha told me about a big change in the play: Henry began to 'find' his cars for himself. Asha was relieved! She also felt pleased to see that Henry seemed to enjoy his play more. We both noticed that he was now able to explore other toys. Sometimes he talked to the toy animals, or he joined in when Asha sang a nursery rhyme. His feeding difficulties resolved and he began to sleep through the night. When adoptive parents came forward for Henry, they were keen to think about his needs and what could help him. They continued the Watch Me Play! sessions during the introductions and in the first months in the adoptive home. I offered telephone support to his new parents. I had the pleasure of hearing about a loving child who went on to thrive in his adoptive family.

It took a lot of persistence and courage from Asha to continue to watch Henry's play during the first very difficult months. Her attention, the simple toys and a quiet environment created conditions in which Henry's anxieties and high arousal could begin to be contained. Over time, more exploratory play began. Talking over what we had seen in his play seemed to help something to be taken in and allowed Henry to begin to relax his vigilance and to be able to play more like a child. In his new home, I was moved to hear how he was able to stay in touch with his foster carer and his enjoyment of nursery and his new life with his adoptive family.

### **Tasks for the practitioner:**

- Providing child development guidance

- Being part of the interactions between child and caregiver and feeding back to the caregiver
- Praising the caregiver for giving the child her full attention
- Continuing to reflect with the caregiver as changes began to be seen
- Liaising with the professional network, nursery and prospective adopters
- Reflecting with the adoptive parents in telephone follow-up

### **Rashana: a three year-old after a moves to special guardians**

#### Three sessions, meetings and telephone support over a period of three months

Rashana was a very shy three year-old who had experienced repeated placement breakdowns and several unplanned moves. She spoke in a whisper, rarely raising her eyes, and avoided any physical comfort from her special guardians.

In their first Watch Me Play! session, my colleague noticed that as soon as Rashana started to play, her aunt, Simeera asked questions and came in with quite a few suggestions about what she could do next. It seemed that Simeera very much wanted to find a way of giving something to Rashana. She wanted so much for her to be happy and to know that she was loved; but the effect seemed to be that Rashana shut down.

My colleague advised Simeera to take a step back, watch and be interested in what Rashana chose to do. Together they watched as Rashana for the first time started to play with the toy animals. With encouragement from my colleague, Simeera described what Rashana was doing with the toy animals. When Rashana wasn't sure what to do next, Simeera waited. After the Watch Me Play! session, Simeera reflected with my colleague. She said she had never seen Rashana play like that before. She wasn't sure if Rashana would do that at home. But she agreed to try doing Watch Me Play!, with the help of telephone support in which she described to my colleague what she had seen in Rashana's play, and how it felt to be with her while she was playing.

In follow-up sessions in the clinic, Simeera and my colleague started to see a new side of Rashana as she began play more freely. She could show the toy animals fighting. There were changes at home too: Rashana, who had been so quiet, now shouted when she was winning at Snap. She asked to be held on Simeera's lap when she was upset. Simeera felt that Rashana had come alive, and had become a three year-old child instead of a 'mini-adult'. She began to enjoy looking after Rashana much more, even when the placement became more challenging as she became less compliant.

For new caregivers who may be looking for ways to connect with their child without overwhelming them, the safe space of play is a realm in which new relationships can be sensitively explored. Rashana was freed up by having the space to express herself with the assurance that she mattered enough for her aunt to take the time to watch her play. This allowed her to find her voice.

### **Tasks for the practitioner:**

- Providing child development guidance
- Helping caregivers to feel that 'just watching' is enough
- Praising the caregiver for setting aside time for Watch Me Play!
- Continuing to reflect with the caregiver in telephone follow-up
- Liaising with the professional network
- Validating the positive changes with the caregiver and the network

### **When Watch Me Play! is hard to do**

For some parents or carers, it may be hard to find regular times to give individual attention to each child in the family. WMP, practitioners find out with families what works for them. Some families find a regular time for WMP, others fit it in when they can. Both ways can be helpful. Especially when there is more than one child in the family, it can take a while to work out a routine that allows each child to receive individual attention from their parent or carer. Five minutes a few times a week is more helpful than a longer time less often. With more frequent sessions the baby or child can get used to the experience of having their parent or carer's undivided attention. If there is more than one child in the family, each child has the experience of getting their turn, even if they have had to wait for it.

Practitioners can help by working out with the parents or carers when possible moments for WMP could be – in the park, in the bath, in a few minutes when other children are at nursery or asleep, in a few minutes of quiet time before bed time. caregivers who struggle to allow their child play freely, joint play sessions in which parent and child play together may be helpful. When trust has been built up, it may be possible to gradually explore the potential for describing the child's play and commenting on child-led elements in the play. Joint play sessions can alternate with caregiver sessions in which developments or changes in the child's play can be explored.

For a child who is very active, practitioners can help parents or carers to connect with their child where they are at. Over time, this provides important opportunities for a baby or child to find their own ways of self-regulating and developing their interests and skills. It may take some time for a child who moves around a lot, or flits between activities, to build up a longer attention span or to get absorbed in an activity, and they may need to work off some energy from time to time- just as a baby needs to regulate by turning away for a quiet moment after a period of close or excited interaction.

Watching and talking calmly about what the child is doing and staying where you are with the parents or carers can help to reassure the parents or carers that their baby or child is still in contact with them and will be able to re-engage. This can reassure the baby or child that their parents and you can wait until they are ready for more interaction.

For parents or carers who have had little experience of free play in their own childhood, or who are anxious about what might happen if their child plays freely, play activities exploring different types of play, in groups or in individual sessions, can be helpful. Some parents who struggle with free play may also find a role-play activity helpful: the practitioner can take the role of a parent or carer who takes an interest and lets the child play freely, while the parent is in the role of a child who is playing; then the practitioner can take the role of a parent or carer who interrupts the child's play, gives directions and takes over. In the context of a good working relationship with parents or carers, discussing the different experiences in each roleplay can help to get across the differences between child-led and adult-led play.

In discussions between parents or carers and practitioners, a focus on the baby or child's interests and likes, and any changes that have been seen, helps parents or carers to notice and remember what goes on in their child's play and to be aware of their interests. Allowing a baby or child to make their own choices in play is challenging for many parents and carers. Some families find the different approach suggested in WMP a bit of a surprise, some find it a relief and some start to see hoped-for changes in behaviour and relationships when they do WMP regularly with their baby or child. When a baby or child finds their own way, this can be an important experience for them and for their parents or carers.

Parents and carers who find it difficult to let their baby or child play freely may benefit from more frequent WMP sessions, sessions with the baby or child alternating with sessions just with the parents or carers or from a different type of support. After 6-8 sessions with a WMP practitioner, if no changes are seen, or if a baby or child remains unable to play, it is important to check that each step in the WMP approach is in place:

- Has a small selection of toys or materials, six at the most, been put out? Some babies and children are overwhelmed by too many choices.
- Are televisions and screens off and electronic and battery-operated toys put away? Too much distraction prevents babies and children from focusing on their play, and makes it harder for adults to pick up on their cues.
- Do the parents or carers allow the baby or child to play freely, making his or her choices about what they are going to do?
- Do the parents or carers watch the child, giving their full attention, during the WMP time- not talking about other things, not on their phone, not photographing or videoing?
- Do the parents or carers and the practitioner talk with the baby or child about his or her play, or echo his or her sounds?
- Do the parents or carers and the practitioner let the child know a few minutes ahead when the WMP time is going to end and help the child to prepare for the end of the session?
- Do the parents or carers and the practitioner talk together - either directly after the WMP time or later- about the child's play, what they see, what they notice,

what the child seems interested in, what has changed or not changed, what the parents or carers enjoy, what is difficult for them in the WMP time?

- Is the practitioner accessing their own supervision or reflective practice to help them follow and tune into the child's play and the parents' or carers' responses?

If the 5 steps in WMP aren't possible, it may be helpful to focus on just one step at a time, starting with creating a quiet, distraction-free space where the baby or child can relax and play freely. If this is very challenging for a parent or carer, it may be important to link up with the health visitor and other services supporting the family.

The experience of WMP can help to indicate what kind of further help or assessment could be helpful for a family when a child cannot play. A parent or carer who has mental health problems or is struggling to bond with their baby or child may benefit from a different kind of help.

If a move to new parents or carers is planned, or if the parent or carer finds it very hard to bond with their baby or child, reaching out to other carers and adults who know the baby or child can help to provide important continuity and containment during a difficult time.

### **Counter-indications: when not to use Watch Me Play!**

Watch Me Play! is an intervention for babies and young children in the context of relationships that are safe and nurturing. This approach may be helpful as part of general parenting advice for families who are receiving support from statutory services, but Watch Me Play! is not a framework for assessing parenting capacity or for any other kind of assessment. In any situation where there are safeguarding concerns, ensuring the safety and well-being of the child takes priority.

Clinical judgment is needed in considering offering Watch Me Play! with parents or caregivers who may suffer from a mental health difficulty. For some parents who struggle with depression, becoming interested in their child's play may provide relief; sharing moments of delight with the child could help to lift their mood. Where depression is more severe, or is associated with other mental health difficulties, the task of engaging with and watching the child's play may be too demanding until treatment for the parent is established.



## Relevant child development research

### Key Points

- Child-led play is fundamental for development and well-being.
- A baby or child whose feelings are understood and named by their caregiver gets to know themselves and their feelings and is more able to trust in adults.
- Joint attention is one of the first stages of language learning.
- When adults think about the meaning of behaviour, children are helped to communicate and to develop secure attachment.
- Repetitive games with caregivers allow children to learn the skills of turn-taking and sharing.
- Adults who facilitate self-directed play are encouraging their child's independent exploration, learning and self-regulation.
- The delight that caregivers and children can share during play helps to reduce the impact of stress.
- The early years provide repeated, valuable opportunities to intervene to prevent mental health disorder throughout the life span.

### Infant Mental Health difficulties and early intervention

*The preservation of the mental health of infants is the key to prevention of mental health disorder throughout the life span (Fonagy, 1998)*

The most recent survey of the prevalence of child mental health difficulties in England (Sadler et al., 2017) estimates that one out of twenty children aged between two and four has a mental health disorder – defined as emotional, behavioural, hyperactivity and less common difficulties such as autistic spectrum or eating disorders . For children aged between five and ten, one in every ten children is estimated to have a mental health disorder.

Young children who enter the care system are at increased risk of developmental and mental health difficulties including depression, anxiety, hyperactivity and post-traumatic stress disorder (Reams, 1999). For children under the age of five who are in care, the prevalence of mental health difficulties has been reported in earlier studies as between

45% and 60% (Meltzer et al. 2003; McAuley and Young 2006; Stahmer et al. 2005; Hillen et al. 2012).

Having a mental health difficulty early in life increases the risk of having ongoing physical and mental health difficulties in childhood and in adult life. It is well-established that early intervention for infant mental health difficulty is effective and has benefits for society as a whole as well as for individuals and families (Allen 2011; APPG 2015; Crockenberg and Leerkes 2000).

When relationships have been marked by conflict, violence or neglect, or when there have been repeated disruptions of a child's attachments, the early years provide the greatest opportunities for repair and recovery. Early intervention is recognized to be far more effective for early onset mental health difficulties than waiting until the problems have become entrenched. A review of attachment treatments concludes that interventions of between four and eighteen sessions with a focus on maternal sensitivity are able to achieve significant change if applied early in the infant's life (Wright et al., 2015).

The ordinarily thriving baby is a magnet for adult attention, but some babies may respond to extreme stress by developing defensive ways of relating that deflect adult attention and may go on to impair future relationships and attachment patterns (Fraiberg, 1982). Child development and clinical research argue for interventions during the first two years of life when emotional processing and attachment-forming areas of the brain have the greatest capacity for development and recovery (Schoore 2010). There is strong evidence that for children in care, the foster placement is the main agent of therapeutic change (Luke et al., 2014). The caregiver's attachment and attunement to the growing infant is the means of providing reparative experiences of safety and stability. Play provides ways in which parent or carer and infant can get to know each other and create new relationships. For adoptive parents too, play can help those new to the child to take the time to recognize the child's signals and communications.

### **Attunement and early interaction**

*Play supports the formation of the safe, stable, and nurturing relationships with caregivers that children need to thrive (Yogman et al, 2018).*

Children's earliest experiences with their caregivers shape their future development and relationships. The Harvard Center for the Developing Child uses the metaphor of 'serve and return' to describe attuned interactions between child and caregiver (2018). The baby 'serves', sending a signal as she slightly opens her mouth, moves her tongue, or lifts her eyebrows. The parent or caregiver, watching closely, 'returns' by echoing the infant's facial expression, perhaps slightly amplifying it, introducing a slight variation, or accompanying the return signal with a matching sound. The infant watches the face of the adult with rapt attention and further sequences of 'serve and return' bring a glow to the face of baby and adult alike, until the baby turns away for a rest. During these

interactive sequences, pleasurable hormones are released that motivate baby and parent to come back for more, reinforcing the bond between child and caregiver.

In *Finding Your Way with Your Baby. The emotional life of parents and babies* (2015) Dilys Daws and Alex de Rementeria (2015) comment that a baby whose feelings are understood and recognized is being helped to get to know the whole range of human emotions. Responding to the child as a person whose communications have meaning and who is looking for meaning allows the child to develop secure attachment.

Key to promoting security and resilience is mind-mindedness – thinking about what is in the mind of the child (Schofield et al. 2018).

Mind-mindedness research has demonstrated that thinking about meaning helps children to communicate and in their social development. Children whose caregivers ascribe possible meanings to their first sounds and gestures are likely to know more words when they are five than do children whose communications are not connected with meaning (Meins et al. 2003; Meins and Fernyhough 2010). They are also more likely to develop secure attachments. 'Mentalisation' and 'reflective practice' also emphasise the importance of looking for meaning in behaviour, play and children's communications (Fonagy and Allison, 2012; Leckman et al. 2007).

## **Stages of play**

*Babies are actively engaged in looking for patterns in what is going on around them... Children need to figure out what's going on around them... This drive pushes them to act in ways that will get them the information they need; it leads them to explore and experiment* (Gopnik, Meltzoff and Kuhl, 1999).

Play takes different forms at each stage of development, starting with mirroring games and 'conversations' between parents and infants as they get to know each other in the first weeks of life. The youngest babies become fully alert in face-to-face interactions with a parent or carer, each watching the other closely (Murray and Andrews 2005; Daws and de Rementeria 2015).

During moments of close reciprocal attention, the infant's physiological systems are fully activated (Music 2016). New connections being made in the infant's brain – and, to a lesser degree, in the brain of the responding adult – promote the capacities for recognising emotions and for thinking. A baby whose parent or caregiver attends closely to his signals experiences a range of emotions in response to the expressive face and voice of his partner in this interactive 'dance'. Caregivers often vary their facial expressions and gestures so that their infant can imitate them. Or they may imitate the infant's sounds and engage in a back-and-forth conversation using the infant's sounds as a prompt. At around 7 to 12 months, infants can begin to learn that his or her actions have effects, such as when a toy that he or she drops a toy falls to the ground.

Consistent, fun experiences of coming and going are important for the later development of self-regulation and turn-taking and sharing (Reddy and Mireault 2015). Repetitive games, such as peek-a-boo and 'this little piggy' provide the developing infant with the satisfaction of being able to predict what is going to happen next. These games also build on infants' ability to seek and respond to social relationships. Peekaboo, hide and seek and teasing provide opportunities for young children to explore and get to know their caregivers' reactions - and to experience the delight of shared enjoyment and understanding. Caregivers who read regularly with their child can encourage pretend play based on these stories. Later in the pre-school years, singing nursery rhymes together helps children with the building blocks of language while bringing imagination alive (Yogman et al, 2018).

## **Play and child development**

The first systematic studies of child development from the 1940s by Piaget, Vygotsky, Bruner, Reddy, Sylva and many other researchers recognized the fundamental role of play for development, well-being, curiosity, memory and learning. These findings are confirmed in a 2018 review for the American Association of Pediatrics by a group of doctors and researchers headed by Dr Michael Yogman:

*Play is ... fundamental to health, and gives us opportunities to practice and hone the skills needed to live in a complex world.*

Early learning combines playful discovery with the development of social–emotional skills. In play, children are also solving problems and learning to focus attention, all of which promote the growth of executive functioning skills which are foundational for school readiness and academic success. Executive functioning helps children transition from one activity to another and to accept routines and boundaries (Yogman et al., 2018).

Freud described attention as a form of psychic energy or 'observing thought' that looks for patterns of meaning and brings the ego, the conscious mind, into contact with reality (1917, 1923). Joint attention is an important stage in typical development when young children are very interested in sharing their experiences and the things they have noticed. These shared experiences are thought to help with the first stages of language learning. Studies have shown positive correlations between the amount of joint attention in which parent–child dyads engage and the size of children's early vocabularies. The child development researcher Jerome Bruner identified joint attention as parents' and children's coordinated attention to each other and to a third object or event (1976, 1983). Talking with children about their play is a way in which experiences of joint attention can be provided over and over again.

## **Child-led play**

*Learning thrives when children are given some agency (control of their own actions) to play a role in their own learning (Yogman et al, 2018).*

Many approaches to support for children with developmental, emotional or behavioural difficulties promote child-led play in order to increase opportunities for dialogue and mutually enjoyable interaction. Speech and language therapy, the Solihull approach, trainings such as the Webster Stratton Incredible Years and Fostering Changes programmes, parent-infant psychotherapy and 'Watch, Wait and Wonder!' all share a focus on child-led play facilitated by the full attention of the caregiver. Providing attention to the child's play and putting the play into words has been found to enhance confidence, self-efficacy, imagination, self-esteem, concentration, regulation and co-ordination in the child. Benefits have also been reported in the attunement and sensitivity of the caregiver (Panksepp, 2007; Sunderland, 2007; Dozier et al., 2009; Ayling & Stringer, 2013). Providing an environment for child-led play allows adults to learn from the child about when to reach out to make emotional contact and when to stand back, remaining available and interested, until the child is ready to make a connection.

The American child development researcher Arietta Slade sees child-led play as the means to consolidation and integration: in putting experiences and feelings into play, 'the child is creating structure' (1994: 91, 94). This understanding of child-led play is not new! In the 1940s, the Hungarian paediatrician Emmi Pikler observed the importance of spontaneous child-led play for infant motor development. The practices she established in children's homes based on the key principles of providing the caregiver's full, undivided attention and promoting free imaginative play remain influential in residential care and children's centres across Europe today (Vamos et al. 2010). However, research and clinical practice have shown that the value of free play for development can be lost sight of when there are significant worries about children's development or well-being. More generally, holding the child's experiences in mind can be harder when there are high levels of risk.

*'The ability to 'keep the child in mind' can be eroded in challenging situations' (Onions 2018: 252).*

Ensuring that a child is physically well and safe must take priority when there are safeguarding concerns. But in the path to recovery from trauma, the physical and the psychological are closely interlinked. In Africa, studies of children recovering from malnourishment report reduced mortality and increased speed of recovery in children who received intensive feeding and psychosocial support that involved promoting play and attention to the child, compared to children who received intensive feeding only (WHO 2004). A focus on psychological well-being was found to be critical in generating the emotional connectedness between children and their caregivers that was crucial for recovery and health.

## **The importance of exploration**

*The attachment system exists to bring the infant into close proximity with its caregiver, thereby protecting the infant from harm and predation. The exploration system exists to propel the infant into the world to learn about the environment, thereby enhancing the likelihood of its safe and effective functioning (Elliot and Reis 2003: 320).*

Bowlby's researches of the 1940s and onwards identified two interlinking systems, attachment and exploration, both integral to development (1969). When attachment needs are satisfied, the child turns to exploration and is able to interact with and explore the world around her or him.

Interestingly, exploration has received far less attention in research and trainings. It may feel hard to believe that children who have experienced trauma and disruption can relax their grip on those they have become close to in order to be able to play and explore. However those who cannot play freely and explore are at a disadvantage developmentally. A child who cannot turn to the world around them with curiosity and delight is less able to find relief and satisfaction through play.

*...for our species the dangers of exploration are offset by the benefits of learning. The rapid and profound changes in children's understanding of the world seem related to the ways they explore and experiment. (Gopnik et al, 1999)*

While instructions can limit a child's creativity and imagination, adults who facilitate a child's play and take an interest are encouraging the child's independent exploration, learning and language. The American Association of Pediatrics review (2018) reports that pre-school children who were given building blocks to play with at home with minimal direction from adults showed improvements in their early language skills.

Exploratory play, making a mess or getting things 'wrong' are important ways in which children learn about their environment and develop the skills in co-ordination and communication that underpin later formal learning. The paediatrician and psychoanalyst Donald Winnicott (1971) described play as a creative way of exploring the world around us and ourselves and of having a creative relationship with the world. As children explore stories in their imaginative play, they find out about their feelings. The repetition of play allows strong feelings to be regulated so that fears, anxieties and worries gradually become less big. Just as we can try out solutions to a problem in our dreams, and can wake up with a clearer idea of a way forward, play allows children to work out better ways of managing a difficult situation.

## **The particular value of child-led play for children who have experienced adversity**

*In the presence of childhood adversity, play becomes even more important. The mutual joy and shared communication and attunement that parents and children can experience during play regulate the body's stress response. (Yogman et al, 2018)*

Trauma and the responses that trauma sets going in the infant brain can significantly impact on long term development and the capacities for self-regulation, relationships and well-being (Perry 1995; Schore 2010). Defensive patterns of interaction can lead even very young infants to shut down. Survival modes that protect the self from immediate danger by-pass the parts of the brain that recognise and regulate emotion. When these areas of the brain fail to develop, defensive responses such as hyper-vigilance, dysregulation and dissociation continue to interfere with play, social interaction and learning long after the danger has passed (McCrary, De Brito and Viding 2011).

The American Association of Pediatrics (2018) reports improvements in regulation difficulties resulting from significant adversity for children who were given regular opportunities to engage in adult-supported free play. It is important to address defensive ways of relating adopted for survival in infancy as early as possible in order to meet the psychological needs for intimacy, trust and exploration. The mutual joy and shared attunement that parents and children can experience during play helps to reduce the effects of stress. The body's stress responses are linked to brain functioning and physiological signals. Attentive caregiving and responding to a child's communications with reflections and words helps to buffer the impact of trauma and reduce the toxic effects of excessive stress.

### **Benefits for adults**

Pro-active parenting activities reduce parental stress and enhance the parent-child relationship. Playing with children adds value not only for children but also for adult caregivers, who can re-experience or reawaken the joy of their own childhood and rejuvenate themselves. Attending to their child's play can help responsive caregivers to rekindle the capacity for play (Alvarez and Phillips, 1998). Caregivers can engage with their children, observe and come to understand the pre-verbal behavior of young infants, participate in playful exchanges, and share the joy of witnessing the blossoming of their children's interests and skills (Yogman et al, 2018).

Reflecting together as adults who know and care about the child can help to make sense of difficult experiences. Feeling supported by those who are thinking about the child with them can help caregivers to feel less alone and more able to find delight and reassurance in their child's smallest developmental steps. This can help to protect against the potential impact of secondary trauma for those who are in close contact with the distress and disturbance of young children (Wakelyn, 2019).

## Suggested further reading

Daws, D. and de Rementeria, A. (2015). *Finding Your Way with Your Baby. The emotional life of parents and babies*. London: Routledge.

Fawcett, M. and Watson, D.L. (2016) *Learning Through Child Observation*. London: Jessica Kingsley.

Gerhardt, S. (2015) *Why Love Matters. How affection shapes a baby's brain*. Second edition. Hove and New York: Routledge.

Hingley-Jones, H., Parkinson, C., and Allain, L. (eds) (2017) *Observation in Health and Social Care: Applications for Learning, Research and Practice with Children and Adults*. Jessica Kingsley, London.

Murray, L. and Andrews, L. (2005) *The Social Baby: Understanding Babies' Communication from Birth*. Richmond, The Children's Project/CP Publishing.

Prior, V. and Glaser, D. (2006) *Understanding Attachment and Attachment Disorders: Theory, Evidence, and Practice*. London and Philadelphia: Jessica Kingsley.

Sunderland, M. (2007) *What every parent needs to know. The incredible effects of love, nurture and play on your child's development*. London/New York: Dorling Kindersley.

Urwin, C. and Sternberg, J. (eds) (2012) *Emotional lives. Infant observation and research*. London: Routledge.

Wakelyn, J. (2019) *Therapeutic Approaches with Babies and Young Children in Care: Observation and Attention*. London, Karnac/Routledge).

Youell, B. (2005) Observation in social work practice, in Bower, M., (ed.) *Psychoanalytic theory for social work practice. Thinking under fire*. London and New York: Routledge.



## References

All Party Parliamentary Group (APPG) (2015) *Building Great Britons. Conception to age 2. The First 1001 Days.*

<https://plct.files.wordpress.com/2012/11/building-great-britons-report-conception-to-age-2-feb-2015.pdf>.

Allen, G. (2011) *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government.* London: Cabinet Office

Alvarez, A. and Phillips, A. (1998) The importance of play: A child psychotherapist's view. *Child Psychology and Psychiatry Review*, 3, 3, 99-104.

Ayling, P., and Stringer, B. (2013) Supporting carer-child relationships through play: a model for teaching carers how to use play skills to strengthen attachment relationships. *Adoption & Fostering* 37,2, 130-143.

Bowlby, J. (1969) *Attachment and loss. Volume 1, Attachment.* New York: Basic Books.

Bruner J.S., Jolly A., Sylva K., eds. (1976) *Play: Its Role in Development and Evolution.* New York, NY: Basic Books.

Bruner, J. (1983) *Child's talk. Learning to use language.* Oxford, Oxford University Press.

Crockenberg, S., and Leerkes, E. (2000). *Infant social and emotional development in family context.* In C. H. Zeanah (ed.) Handbook of infant mental health, pp 60-90. Second edition. London, Guildford Press.

Daws, D. and de Rementería, A. (2015). *Finding Your Way with Your Baby. The emotional life of parents and babies.* London: Routledge.

Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S., Ackerman, J., Bernier, A. & Levine, S. (2006) Developing evidence-based interventions for foster children: an example of a randomized clinical trial with infants and toddlers. *Journal of Social Issues*, 62, 767–785.

Dozier, M., Oliver, A. et al. (2009) Effects of a foster parent training program on young children's attachment behaviors: preliminary evidence from a randomized clinical trial. *Child and Adolescent Social Work Journal*, 26, 321–332.

Elliot, A. J. and Reis, H.T., (2003) Attachment and Exploration in Adulthood. *Journal of Personality and Social Psychology*, 85, 2, 317–331.

Everson-Hock, E.S., (et al)., (2012) The effectiveness of training and support for carers and other professionals on the physical and emotional health and well-being of looked-after children and young people: a systematic review. *Child Care Health and Development*. 38, 2, 162–174.

Fonagy, P. (1998) Prevention, the appropriate target of infant psychotherapy. *Infant Mental Health Journal*, 19: 124–15.

Fonagy, P. and Allison, E. (2012) *What is mentalization? The concept and its foundations in developmental research*. In Midgley, N., and Vrouva, J., Minding the Child. Mentalization-based interventions with children, young people and their families. Hove, Routledge., pp. 11-34.

Fraiberg, S., (1982) Pathological defenses in infancy, *Psychoanalytic Quarterly*, 51: 612-635.

Freud, S. (1917) *A metapsychological supplement to the theory of dreams*, Standard Edition, 14. London: Hogarth.

Freud, S. (1923 ) *Two encyclopaedia articles*, Standard Edition, 18. London: Hogarth.

Gopnik, A., Meltzoff, A., and Kuhl, P. (1999) *How babies think. The science of childhood*. London, Weidenfeld and Nicolson.

Hillen, T., Gafson, L., Drage, L. and Conlan, L.M. (2012) 'Assessing the prevalence of mental health disorders and needs among preschool children in care in England', *Infant Mental Health Journal*, 33 (4): 411-420. DoI: 10.1002/imhj.21327.

Leckman, J., Feldman, R., Swain, J., Mayes, L. (2007). *Primary parental preoccupation: revisited*. In Mayes, L., Fonagy, P., Target M. (eds.) Developmental science and psychoanalysis: Integration and innovation, pp. 89-108. London, Karnac.

Luke, N., Sinclair, I, Woolgar, M. and Sebba, J. (2014) *What works in preventing and treating poor mental health in looked-after children?* Oxford, Rees Centre/NSPCC.

Mcauley, C. and Young, C. (2006) 'The mental health needs of looked-after children: challenges for CAMHS provision', *Journal of Social Work Practice*, 20 (1): 91-104.

McCrory, E., De Brito, S., and Viding, E. (2011) 'Heightened neural reactivity to threat in child victims of family violence', *Current Biology*, 21 (23): R947-948

Meins, E. and Fernyhough, C. (2010) *Mind-mindedness coding manual, Version 2.0*. Unpublished manuscript. Durham, UK: Durham University.

Meins, E., Fernyhough, C., Wainwright, R., Clark-Carter, D., Das Gupta, M., Fradley, E. and Tuckey, M. (2003) 'Pathways to understanding mind: construct validity and predictive validity of maternal mind-mindedness', *Child Development*, 74: 1194-1211.

Meltzer, H., Corbin, T., Gatward, R., Goodman, R. and Ford, T. (2003) *The mental health of young people looked after by local authorities in England*. London: The Stationery Office.

Minnis, H. and Devine C., (2001) The effect of foster carer training on the emotional and behavioural functioning of looked-after children. *Adoption & Fostering*, 25 (1), 144-54.

Murray, L. and Andrews, L. (2005) *The Social Baby: Understanding Babies' Communication from Birth*. Richmond, The Children's Project/CP Publishing.

Music, G. (2011) *Nurturing Natures. Attachment and children's emotional sociocultural and brain development*. Hove and New York, Taylor and Francis.

National Scientific Council on the Developing Child (2012) Serve and return interaction. *You Tube citation* accessed 07/07/2015. <http://www.developingchild.harvard.edu>

National Institute of Clinical Excellence (NICE)/Social Care Institute for Excellence (SCIE) (2010) *Guidance on Promoting the quality of life of looked-after children and young people PH28* <http://guidance.nice.org.uk/PH28>

Onions, C. (2018) 'Retaining foster carers during challenging times: the benefits of embedding reflective practice into the foster carer role'. *Adoption and Fostering*, 42 (3): 249-256.

Panksepp, J. (2007) Can PLAY Diminish ADHD and Facilitate the Construction of the Social Brain? *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 16(2): 57–66.

Perry, B.D., Pollard, R.A., Blakley, T.L., Baker, W.L. and Vigilante, D. (1995) 'Childhood trauma, the neurobiology of adaptation and 'use dependent' development of the brain: how "states become traits" ' *Infant Mental Health Journal*, 16: 271-91.

Reams R., (1999) 'Children birth to three entering the state's custody', *Infant Mental Health Journal*, 20 (2): 166-174.

Reddy, V. and Mireault, G. (2015) 'Teasing and clowning in infancy', *Current Biology*, 25, (1): 20-23. DoI: 10.1016/j.cub.2014.09.021.

Sadler, K. et al., (2017) *Mental Health of Children and Young People in England. Summary of key findings*. NHS Digital, Health and Social Care Information Centre. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

Schofield, G. (2018) *Secure Base Model introductory talk*. <https://www.uea.ac.uk/providingasecurebase/resources>. Accessed 23/7/2018.

Schore, A. (2010) 'Relational trauma and the developing right brain: The neurobiology of broken attachment bonds'. In Baradon, T. (ed.) *Relational trauma in infancy: Psychoanalytic, attachment and neuropsychological contributions to parent-infant psychotherapy*, pp. 19-47. London, Routledge.

Slade, A. (1994) 'Making Meaning and Making Believe: Their Role in the Clinical Process.' In A. Slade & D. Wolf (Eds) *Children at Play: Clinical and Developmental Approaches to Meaning and Representation*. New York: Oxford University Press.

Stahmer, A.C., Aubyn, C., Leslie, M.D., Hurlburt, M., Richard, P.B., Webb, M. B., Landsverk and J., Jinjin, Z. (2005) 'Developmental and behavioral needs and service use for young children in child welfare', *Pediatrics*, 116: 891-900.

Sunderland, M. (2007) *What every parent needs to know. The incredible effects of love, nurture and play on your child's development*. London and New York, Dorling Kindersley.

Vamos J. , Tardos A. , Golse B. , Konicheckis A. (2010) *Contribution of the Pikler approach to what is known with regard to a baby's resources*. Lecture, 12th World Association of Infant Mental Health Congress

Wakelyn, J. (2019) *Therapeutic Approaches with Babies and Young Children in Care: Observation and Attention*. Abingdon, Karnac/Routledge.

Wakelyn, J. (2019) 'Developing an intervention for infants and young children in care: Watch Me Play!' in *Supporting Vulnerable Babies and Young Children*, eds Bunston and Jones. Melbourne, Jessica Kingsley.

Wakelyn, J. (2019) 'Clinical research and practice with babies and young children in care' in *New Discoveries in Child Psychotherapy Research*, eds Rustin and Rustin. Abingdon, Karnac/Routledge.

Warman, A., Pallett, C. and Scott, S. (2006) Learning from each other: process and outcomes in the Fostering Changes training programme, *Adoption & Fostering*, 30, 17 – 28.

WHO (2004) *The importance of caregiver-child interactions for the survival and healthy development of young children: a review*. <http://www.who.int/child-adolescent-health>. Accessed 16.03.2018.

Winnicott, D. W. (1971) *Playing and Reality*. London and New York, Routledge.

Wright, B., Barry, M., Hughes, E., Trépel, D., Ali, S., Allgar, V., et al. (2015) Clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems: a systematic review and meta-analysis. *Health Technology Assessment*, 19 (52).

Yogman, M., et al. (2018) *The Power of Play: A Pediatric Role in Enhancing Development in Young Children*. *Pediatrics*. 2018;142(3):e20182058)

## Useful websites

Association of Child Psychotherapists – Find a therapist/supervisor register:  
<https://childpsychotherapy.org.uk>

Association for Infant Mental Health (UK)  
<https://aimh.org.uk/>

The Centre for the Developing Child at Harvard University videos on 'serve and return interaction':  
<http://developingchild.harvard.edu/resources/serve-return-interaction-shapes-brain-circuitry/>

Coram BAAF (British Association for Adoption and Fostering):  
<https://corambaaf.org.uk>

Plan Toys: [www.plantoy.com](http://www.plantoy.com)

<https://www.youtube.com/watch?v=tpEoKBeVReQ>

The Social Baby:

<http://www.socialbaby.com/>

The Tavistock and Portman NHS Foundation Trust and training centre:

<https://tavistockandportman.nhs.uk/>

Understanding Childhood:

[www.understandingchildhood.net/](http://www.understandingchildhood.net/)

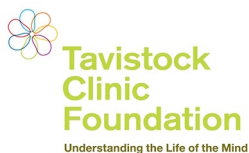
University of East Anglia Secure Base model downloadable resources for trainings:

<https://www.uea.ac.uk/providingasecurebase/resources/>

Zero to Three: <https://www.zerotothree.org/>

## Acknowledgments

Produced by Jenifer Wakelyn, with thanks to the children, parents, carers and colleagues and friends who have contributed to developing the Watch Me Play! approach, and to the Tavistock Clinic Foundation for financial support.



This resource may be stored and shared by parents and practitioners for their own use.  
Citation: Wakelyn, J. (2022) Watch Me Play Manual Part 2: further information. Version 3

To discuss translating or adapting this resource for your service, please contact:  
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