

# Contact & Emotional Support

## A Guide for Foster & Kinship Care Practitioners

### Purpose:

This module equips practitioners with trauma-informed knowledge and practical strategies to support carers and children before, during, and after family contact. It aims to strengthen carers' understanding of the child's emotional experience, promote safe and consistent responses, and help carers navigate the complexities of identity, attachment, and regulation surrounding contact.

## Understanding Family Contact

### Theory and Practice Knowledge:

Family contact is one of the most emotionally complex aspects of out-of-home care. It can activate attachment needs, trauma memories, grief, and loyalty conflicts that often show up through behaviour rather than words.

These responses reflect nervous system stress, not deliberate behaviour. Predictability, emotional safety, and co-regulation are key protective factors. This complexity is often intensified in kinship care, where carers may be navigating multiple family roles and dynamics.

### Practitioner Guidance:

Practitioners help carers understand contact-related behaviours as attachment- and trauma-driven, which supports calmer and more effective responses.

Guidance should focus on predictability, regulation, and low-demand transitions around contact. When working with kinship carers, practitioners should acknowledge divided loyalties, family history, and the emotional load of caregiving within the family system.

Across all care types, the focus remains on supporting the child's safety, identity, and emotional wellbeing.

### Reflection Questions:

- What are you noticing about how carers are understanding and responding to children's behaviour around family contact?
- How are you supporting carers to think about preparation, transitions, and settling after contact as one connected process?
- How are you holding the emotional complexity for kinship carers while keeping the child's needs at the centre?

### Relevant Statement of Standards:

Standards a, c, d & j



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## Importance of biological family

### **Theory and Practice Knowledge:**

Contact activates core attachment systems. Even “positive” contact can bring up complex feelings for children. Children rely heavily on the carer’s regulation and predictability to navigate these emotions. Trauma, separation, and family stress mean children often need structured, intentional support around contact

### **Practitioner Guidance:**

Explore with carers how trauma, grief, and broken connections shape a child’s emotional world. Reinforce the role of culture, community, and spirituality in healing and identity. Support carers to speak about family respectfully, even when boundaries or safety concerns exist.

### **Reflection Questions:**

- How do you support the child to stay connected to their family story?
- What cultural or community connections can help the child feel grounded?
- How do you talk about family in a way that feels safe for the child?

## Communicating with Care Team

### **Theory and Practice Knowledge:**

Trauma-informed communication focuses on observable behaviour rather than assumptions or blame, consistent with trauma- and attachment-informed practice. Clear, neutral documentation helps the care team identify patterns linked to trauma activation and respond to the child’s needs, while protecting relationships and reducing unnecessary conflict.

### **Practitioner Guidance:**

Model objective documentation (“Ellie cried for 15 minutes in the car” not “Mum upset her”). Help carers understand how assumptions can increase shame or misunderstanding. Support carers to raise concerns early with the team – develop a plan (phone call check in within 24 hours).

### **Reflection Questions:**

- How comfortable do you feel writing notes connected to what you have observed?
- What patterns have you observed that should be shared with the team?
- What strategies do you find assist with the child settling post contact?

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## Preparing for Contact

**Theory and Practice Knowledge:** Predictability and clear information help reduce fear and support a child's ability to regulate their nervous system. For trauma-affected children, preparation needs to be simple, honest, and matched to their developmental level. When carers offer calm, attuned support during preparation, it reassures the child that they are safe and not facing the experience alone.

**Practitioner Guidance:** Coach carers to give simple, honest information the child can understand.

Encourage carers to use visuals, routines, and grounding tools before visits. Support carers to validate all feelings ("it's okay if you're excited or unsure").

- Reflection Questions:**
- What helps the child feel more prepared?
  - How do you talk about contact in a way that feels neutral and safe?
  - What routines make transitions smoother?

## Transitioning Home

**Theory and Practice Knowledge:** Transitions are highly vulnerable moments when children often struggle to feel safe and regulated. From an attachment and neurodevelopmental perspective, stress activates the child's nervous system, reducing their capacity for emotional regulation and reasoning. A warm, calm adult presence supports co-regulation, helping the nervous system return to balance. Predictable, low-stimulation routines further reduce overwhelm and support emotional settling.

**Practitioner Guidance:** Coach carers to create a "landing routine": low noise, low pressure, predictable steps. Encourage carers to match their approach to the child's cues (closeness or space). Reinforce gentle structure, boundaries delivered with warmth and consistency. Consider using non-verbal cues or supports to help the child communicate and settle back into the environment.

- Reflection Questions:**
- What does a calm transition look like in your home?
  - How do you support the child's nervous system to settle after visits?
  - What signs tell you the child still needs time to regulate?

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## Distress about Contact

### Theory and Practice Knowledge:

Distress during or after family contact is a common trauma response and does not mean the visit was harmful or inappropriate. From a trauma and attachment perspective, emotional overload can overwhelm a child's capacity to process and communicate, increasing the need for calm, containing adults who can provide regulation and safety. Pressuring a child to talk about the visit too soon can heighten shame, loyalty conflicts, and confusion, whereas patience and emotional availability support recovery and integration.

### Practitioner Guidance:

Support carers by explaining that a child's nervous system may remain in a state of survival after family contact. Modelling how to name what is observed, rather than asking for details, helps carers respond with empathy and containment (for example, noticing when a child's body looks full of feelings). Practitioners should also reinforce the importance of avoiding interrogation or pressure, allowing the child time and space to settle before talking.

### Reflection Questions:

- What helps you recognise when the child is overwhelmed?
- How do you respond when the child cannot talk about the visit?
- How do you support the child's body to settle?

## Supporting Non-Physical Contact

### Theory and Practice Knowledge:

Smaller, predictable forms of contact are often easier for children to manage, particularly when experiences are emotionally demanding. From an attachment- and nervous system-informed perspective, brief and consistent touchpoints reduce emotional overload while still supporting connection. Creative, non-physical forms of contact can honour family relationships and help maintain a child's sense of identity and belonging when in-person visits are irregular or stressful.

### Practitioner Guidance:

Assist carers to choose forms of contact that match the child's developmental and emotional capacity. Encouraging the use of tools such as identity books, photos, story recordings, and cultural connections helps maintain continuity and belonging. Practitioners also support carers to recognise when a child may benefit from shorter, more structured forms of contact to reduce overwhelm and support regulation.

### Reflection Questions:

- Which types of contact feel safest for the child to cope with?
- How do you keep the child connected to family when visits are hard?
- What daily or weekly practices help the child feel anchored to their story?

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### Specialist Resources & Further Reading:

- Fostering Lifelong Connections. (n.d.). Trauma-informed family time resources and tip sheets. Research Centre for Children and Families, University of Sydney.
- Golding, K. S. (2015). The nurturing attachments resource: From theory to practice. London: Jessica Kingsley Publishers.
- Howe, D., Brandon, M., Hinings, D., & Schofield, G. (1999). Attachment theory, child maltreatment and family support. London: Palgrave Macmillan.
- Neil, E., & Howe, D. (2004). Contact in foster care: Bridging the gap between research, policy and practice. *Child & Family Social Work*, 9(2), 181–191.
- Schofield, G., & Beek, M. (2014). The secure base model: Promoting attachment and resilience in foster care and adoption. London: BAAF.
- Siegel, D. J. (2012). The developing mind. New York: Guilford Press.

### Self-Care Reminder for Practitioners

Supporting family contact work requires practitioners to hold complex emotions, competing narratives, and heightened vulnerability across the care system. Noticing your own emotional responses, especially around loss, loyalty, or safety, is an important part of trauma-informed practice.

Making space for reflection, seeking support, and maintaining clear role boundaries helps practitioners stay regulated, thoughtful, and emotionally available when supporting carers and children through contact.



### Remember:

- You are not expected to hold the emotional weight of contact on your own — support, supervision, and partnership matter.
- Big behaviours around contact are common and understandable; they reflect attachment stress, not failure in your care.
- In kinship care especially, navigating multiple family roles can feel heavy. Acknowledging that complexity is part of safe practice.

### Support Options:

- Internal reflective supervision
- Peer consultation groups
- Employee Assistance Program (EAP)
- Trauma-informed counsellors or wellbeing coaches

**“Children need at least one adult who is irrationally crazy about them.”**

**— Urie Bronfenbrenner**