



IMHAANZ

Infant Mental Health Association Aotearoa New Zealand

Volume 3 : Issue 1, Feb 2009

Being around infants reminds us how to, be 'real', 'genuine', 'authentic'. When we help a child feel secure, feel appreciated, feel that 'somebody is deeply, truly interested in me' by the way we just look, the way we just listen, we influence a child's whole personality, the way that child sees life.

Gerber, 2002

Kia Ora - Happy New Year

Welcome to our IMHAANZ newsletter.

In this issue:

- Editorial 1
- News from the IMHAANZ Committee 2
- News from the Auckland group 3
- Maternity Action Plan 3
- Book Review 3
- Electronic Book 4
- Interesting Links 6
- Poster Presentation 6
- Resources 8
- Upcoming Events 8
- Editorial enquiries and guidelines 8

IMHAANZ website

Have you visited our website?

Visit www.imhaanz.org.nz and find out about the purpose of the Infant Mental Health Association of Aotearoa New Zealand, news and events related to infant mental health and contact information for the IMHAANZ committee and the regional coordinators.

Membership

We welcome new members.

IMHAANZ membership is open to practitioners and policy makers working with infants and their families.

IMHAANZ membership will keep you informed of relevant infant mental health information, training and research and the IMHAANZ Newsletter.

To become a member, download the membership form from:

<http://www.imhaanz.org.nz/membership>.

From the President

Kimberley Powell, PhD, Founding President, Infant Mental Health Association of Aotearoa New Zealand (IMHAANZ) and Early Years Teacher Education Lecturer, College of Education, Massey University, Palmerston North, New Zealand.

Welcome to a new edition of the IMHAANZ Newsletter. The beginning of the year is always one of transitions as many of us return to work and we settle our children in early childhood programmes or school. I am always reminded of the importance of these times of family change in routine and season and the tremendous impact they can have on an infant or toddler. Changes in family activity such as parents returning to work or a sibling starting school are particularly important, and those of you involved in the day to day work with infants know the importance of maintaining the child's emotional and mental well-being through these times.

The New Zealand Research in Early Childhood Conference held recently in Wellington at Massey University was an appropriate occasion to discuss how approaches in early childhood education practice can have an impact on infant mental health. I was delighted to be able to introduce a session of three papers devoted to research in early childhood infant-toddler practice and how the issues encountered in each of the research projects has raised issues for infant mental health. The three presentations by Stuart Cottam, Raewyne Bary and a joint session by Jacqui Barnes and Glenda Albon all exemplified the trends in enquiry and practice currently developing in New Zealand where professionals work with under 2s or under 3s. Two of the presenters, Stu and Raewyne, are currently Master's students at Massey where I am involved in the supervision of their work, and Raewyne is on staff as a Tutor working with me in the delivery of our pre-service infant-toddler studies in the third year of the Bachelor of Education (Teaching), Early Years. Jacqui and Glenda are professional infant-toddler specialists in the early childhood sector in Canterbury who have become involved through their studies in the exploration of infant mental health and how it impacts on infant care sleep practices.

Stu is conducting a Master's study of men who work in early childhood education with infants and toddlers while Raewyne's work focuses on the attachment behaviour learning programme that guides infant enquiry and primary caregiving at Massey Childcare Centre in Palmerston North. Glenda and Jacqui have used their experiences in the Rangī Ruru College Infant Mental Health course to expand their enquiries into the provision of sleep routines in a child care centre in which the infant's needs and emotional well-being are prioritized and individualized.

We wanted to present a session devoted to current research in infancy and toddlerhood within early childhood education to illustrate some of the key issues that are guiding infant and toddler education and care in New Zealand at the moment. We currently have a burgeoning infant-toddler sector within early childhood education provision that is demanding new and more complex research and enquiry skills in our field. As has been pointed out by many well-known current researchers, infancy at the moment can be viewed as a meshing of historical, scientific, medical, educational and sociological strands that influence how we provide for infants, toddlers and their parents in the antenatal, neonatal and early years periods in the first two or three years. Infant-toddler researchers and professionals in New Zealand therefore have a huge task in assimilating this research knowledge into their practice and incorporating its messages into infant-toddler pedagogy. At the same time, infant mental health research is providing useful guidelines on how to observe and reflect on the role of optimal provision of emotional and mental well-being for these children. *(continued on p2)*



From the President *(continued)*

Research needs to infiltrate practice on a continual basis, and the three presentations in Wellington highlighted how current infant-toddler work in New Zealand can take on many forms but ultimately lead to the same overall purpose – the fostering of emotionally rich and professionally sound environments for infants, their families and for all those who work with these little ones. We are entering a new era of research in early childhood education and other infant mental health related disciplines. Infants, toddlers and their families will become the focus of increasingly complex investigations into how societal changes, socio-economic issues, and new policies in government affect the developing infant and his-her environment.

Let us know the type of projects, investigations and research projects going on in your centre, sector or practice. The more we can share about our work and enquiry in infant mental health, the more we will be able to collaborate in our understandings of issues for infants and their families in Aotearoa New Zealand now and in the future.

Kimberley Powell PhD
President, IMHAANZ



News from the IMHAANZ Committee

The last IMHAANZ Executive Committee meeting took place on the 7 November 2008 in Wellington. The Executive Committee worked through a large agenda and the following areas were discussed:

Media Response Protocols

The process of media responses was discussed and responsibilities for the approval of media releases were allocated. Individual positions and IMHAANZ positions need to be taken into account and therefore a strategy was decided on how to deal with these issues.

Any member that would like to make a comment on a media issue using their IMHAANZ affiliation should inform Kimberley Powell and Denise Guy by e-mail (a phone alert may be useful to ensure a prompt response). They will decide if the issue is suited to an organisation response and therefore needing a core specialist group approval, or if the issue is best suited to be commented on by the individual stating their IMHAANZ affiliation.

The media response policy will soon be published on our website.

Coordination with Perinatal Mental Health at a National Level

IMHAANZ would like to stay connected to perinatal mental health units and specialists around the country. The aim is to:

- Be in close contact with other agencies linked to perinatal mental health so that we can strengthen our goals and respond to policy forming and current issues in a complementary, harmonious way.
- Make sure that the lines of communication and awareness are open between groups, individuals and agencies working under the umbrella of IMH. Strengthening the links between our national group and regional groups is important so that there is a bidirectional flow of information, feedback and influence.



IMHAANZ Position Statements

IMHAANZ is a new association and is still developing its position statements. Position statements need to be well researched and documented and need to represent well the views of the association's members.

The Australian Association of Infant Mental Health Inc. has already developed some position statements that we consider are a good starting point for developing our own. It was decided that we will ask for their permission to use some of their position statements and liaise with IMHAANZ members through a consultation process, in order to form culturally sensitive and suitable position statements for the New Zealand societal context.

Treasury feedback and charitable trust issues legal and financial issues for IMHAANZ's future status were discussed and actions were decided.

Next Meeting

The next IMHAANZ meeting is scheduled for the 24 February 2009 in Wellington.

If you would like to ask the IMHAANZ any questions or if you would like to make us aware of projects or information that you are working on in the area of mental health, please send us an e-mail at :

lauren@centreforattachment.com



News from the Auckland Group

The Auckland interest group had its last meeting of the year on the 7 November, at North Shore Hospital. We discussed updates from across the region and had presentations on epigenetics and a case study.

Next Meeting

13 February

Kidz First Community Child Health, CMDHB.

17 April

Werry Centre (Ponsonby site)

19 June

Kari Centre

Minutes can be found on our website:

<http://psychiatry.net.nz/infant/>

Regarding upcoming events in Auckland, the Anglican Trust for Women and Children is offering Circle of Security training in May - June.

More info about this can be found at:

<http://www.atwc.org.nz/support/circleofsecurity.html>

Maternity Action Plan 2008 - 2012

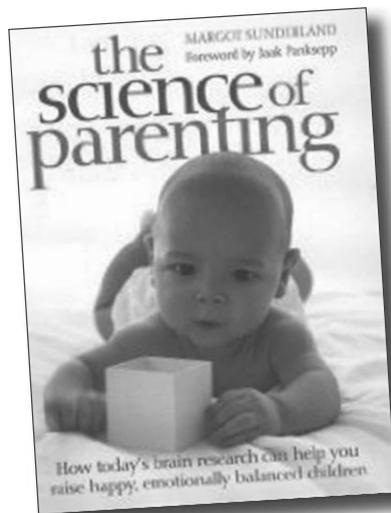
Draft for Consultation

The draft Maternity Action Plan sets out a strategic vision for maternity services for the next four years, and includes a series of actions to achieve the vision.

The draft Plan has been developed by the Ministry of Health in association with key maternity sector representatives, including service providers and consumers and will be amended to reflect the Ministry of Health's current work priorities and reposted on this page shortly. The round of consultation meetings is being planned for mid-February 2009 until mid-April 2009. The written submission process will now stay open until 30 April 2009. *Download the plan from:*

<http://www.moh.govt.nz/moh.nsf/indexmh/draft-maternity-action-plan-2008-2012-oct08>

BOOK REVIEW



The Science of Parenting: How today's brain research can help you raise happy, emotionally balanced children.

Author: Margot Sunderland.

Publisher: DK Publishing Inc. 2006

Reviewed by: Rachel Wallis

I was inundated with books about parenting in my daughter's first year so was rather wary upon receiving another parenting manual, especially one with the word 'science' in the title. The 'one size fits all' approach has never sat well with me and I'm sceptical about blanket techniques such as the 'one minute per year of child' crying rule.

Fortunately, in the world of parenting books, The Science of Parenting rises above the standard fare. Written by Margot Sunderland, Director of Education and Training for the Centre of Child Mental Health in London, the focus here is on the neuroscience of parent-child interactions. Using case studies and diagrams, Sunderland explains what occurs in a baby's brain when she is distressed or anxious and how the comfort and closeness of a parent can regulate the child's hormones and brain chemistry.

Similarly, she warns that early uncomforted intense distress can damage developing cells and cause an overactive stress response in the brain, resulting in a variety of mental disorders and physical ailments in later life. She reasons; "you cannot save your child from the pain of life's

inevitable problems, but you can influence how your child will respond to them".

When it comes to sleeping, or rather not sleeping (the reason many parents reach for the parenting manual in the first place), Sunderland urges parents to accept that babies, in general, are awful sleepers and a wakeful baby does not constitute a failure in your parenting style. She further counsels that by having bodily contact with your child at bedtime, rather than leaving them to learn to fall asleep unaided, you are encouraging the activation of oxytocin in his brain, promoting sleepiness. I should warn parents here that all her evidence supports an attachment parenting philosophy, (co-sleeping is encouraged and very early childcare is discouraged) but she does this plainly, offering variations that may suit working parents.

Particularly interesting are the practical sections on behaviour and boundaries. Sunderland explains that young children haven't yet got the brain wiring to curb their restless impulses at cafes and supermarkets and it's necessary to engage their higher brain in activities (such as colouring in or making a game out of shopping) to satisfy their hunger for stimulation. She also goes into detail about tantrums; what is happening in your child's brain when they are having one; how to observe the difference between a distress tantrum and what she calls a 'Little Nero' tantrum and how to manage them in a way that will enable your child to manage stress in the future.

This is a comprehensive, entirely accessible book that covers everything from separation anxiety to bullying, eating properly to creating a socially intelligent child and it even has a decent-sized section devoted to looking after ourselves as parents. I recommend it very highly.

Rachel is an Auckland based writer. She is a regular book reviewer for the Sunday Star Times.



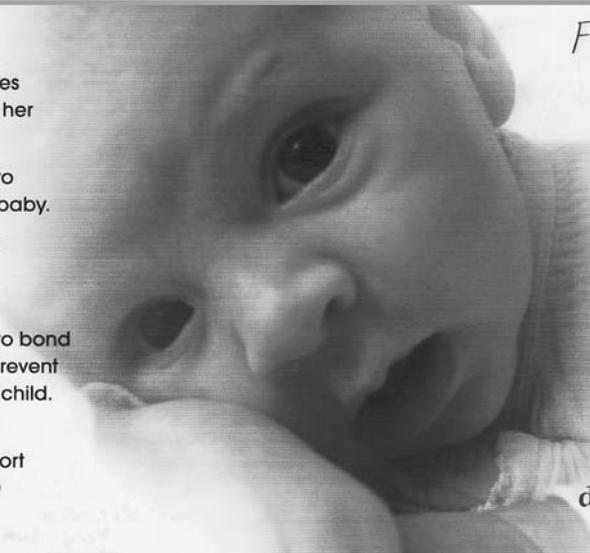


IMHAANZ

Infant Mental Health Association Aotearoa New Zealand

MOTHERING MYTHS

- A mother immediately loves & knows instinctively what her baby needs.
- A mother should be able to devote herself fully to her baby.
- The birth of a baby brings huge joy, happiness & contentment to a family.
- A mother should be able to bond quickly with her baby to prevent long-term damage to the child.
- Maori & Pacifica mothers have better whanau support & are less likely to get PND or related conditions.



For more information on:

PREGNANCY
BABIES
POSTNATAL DEPRESSION
TREATMENTS & MEDICATION
CULTURE
FATHERS & FAMILY/WHANAU
MEDICAL INFORMATION
SUPPORT...

www.mothersmatter.co.nz

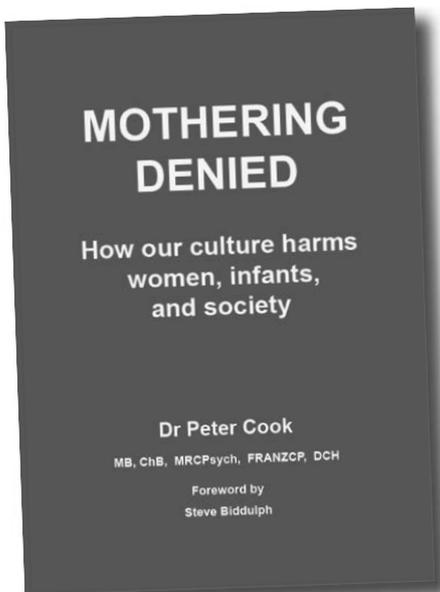


www.mothersmatter.co.nz

The Postnatal Depression Family/Whanau New Zealand Trust



Electronic Book



Peter Cook, a retired child psychiatrist from Sydney, has made available his book, Mothering Denied, on the internet.

Says Steve Biddulph about this book:

“Just recently, with the growth of technologies that can look inside the living brain, and videocameras that can watch the tiny movements and gestures of mothers and infants, we have realized that in our basic assumptions of Western industrial life, we were terribly wrong about something very important. We thought that minding babies was a casual, inconsequential thing that could be left to underpaid teenagers, or done in bulk with one person to five babies or ten toddlers, without any problem.

It now appears that mother-baby interaction, in the first year especially, is the very foundation of human emotions and intelligence. In the most essential terms, love grows the brain. The capacities for what make us most human empathy, co-operation, intimacy, the fine timing and

sensitivity that makes a human being charismatic, loving, and self-assured are passed from mother to baby, especially if that mother is herself possessed of these qualities, and supported and cared for, so that she can bring herself to enjoy and focus on the task.

Just as we were wrong, in our industrial culture, about almost everything related to sustainable and happy living on this earth, we were wrong about childhood....”

Dr. Elliott Barker, founder of the Canadian Society for Prevention of Cruelty to Children and an adolescent psychiatrist for the Ontario Ministry of Health says:

“What can I say. It’s all there. If and when consumerism dies people will be able to see the wisdom of Peter’s book. Until then, mothers and fathers will continue to delude themselves with rationalizations to support part time orphanages for their very young children - to the detriment, if not demise, of generations to come.”

Mothering Denied - How our culture harms women, infants and society

Author : Dr Peter Cook



Here's is Peter Cook's own request for distribution of the book free on the net.

"The attached document is a pdf of my new book, *Mothering Denied – How our culture harms women, infants and society*, (as updated to Dec 5, 2008). I decided to self-publish it and make it freely available at no cost, via the net, and anyone may pass it on to anyone else, as they wish.

I do not intend to publish a normal soft-back edition, but if anyone wishes to do so, I shall be glad if they contact me. Likewise, if there are any errors, I would be glad to know of them (but this does not claim to be a conventionally "balanced" presentation). It is fitting that, as we enter 2009, it presents: firstly, what follows from a biological, evolutionary perspective on mothering, and then much other converging evidence from different directions; secondly, it discusses under what conditions departures from the natural, best-fit, pattern of human mothering has adverse health and developmental consequences; and thirdly, what we could do about it.

While fully in accord with Early Years Study 2, it goes beyond it, and I think that far too much money and attention is being devoted to the early 'education' parts of modern evidence, to the eclipse of the more basic and important early mothering, that is fundamental in laying good foundations for future physical and emotional health and wellbeing, as well as for forming a good basis for later academic achievement.

As most people have little time to read most of what is published, this book has a Synopsis of 1170 words at the beginning, and a longer Summary of 3250 words near the end... it is not a long book, it's language is as simple as the topic at the time will allow, and its evidence and conclusions are meant to be easily available to readers in however much time they choose to give it. So far as I know this book is unique, and I hope timely.



Abstract

Although the word 'mothering' has become politically incorrect, five complementary lines of evidence now converge to show that there is a natural, biologically-based, best-fit pattern of human mothering, and it includes breastfeeding, carrying, secure attachment, mutual rewards, enjoyment, and empathy - meaning a mother's sensitivity to her baby's feelings and responding accordingly. Mutual playfulness and joy help to sustain healthy development if the environment is supportive and meets basic human needs. These five independent lines of evidence are described in five chapters in Part one. (This is a form of triangulation.)

Part two outlines how and when disturbed development can arise if departures from natural patterns of mothering create environments that fail to match the biologically-based needs of babies and very young children. Such 'eco-genetic mismatch' can disrupt important biological mechanisms that are based in the human genome. It can be especially harmful when it occurs during pregnancy, childbirth, and early childhood. It can stem from actions that derive from teachings and practices that neglect human needs, and from ignorance and ideologies that are misconceived.

Part three outlines some remedial directions towards more healthy families and societies. To improve physical, emotional and mental health it is urgent to distinguish the needs of children nearer school age from those of infants—defined as 'without speech.' Their primary need is for nurturing early mothering, within supportive and sociable environments. We should aim to bring our society that we can change into better harmony with our biological 'givens' that we cannot change and would therefore do well to accept. This involves supporting healthy mothering, breastfeeding, and attachment, with generous maternity leave. Natural patterns of mothering work best with the support of a father and an extended family and/or social group, within a suitable environment. There are models we could follow that offer many benefits even for 'the economy'. It is necessary to work with Nature and not against her to promote health and wellbeing in young children, their mothers, and society. Prevention is better than cure, and a normal mother-child relationship is a love affair that needs the right conditions to flourish. Infancy cannot be re-run later.

Sincerely
Peter S. Cook

For downloading a free copy, you may visit :

<http://www.imhaanz.org.nz/>

[peter-cooks-mothering-denied-available-internet](http://www.imhaanz.org.nz/peter-cooks-mothering-denied-available-internet)



IMHAANZ

Infant Mental Health Association Aotearoa New Zealand

Interesting Links

www.wfmh.org

WFMH

WFMH is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health.



www.areyouok.org.nz

Campaign for Action on Family Violence

The Campaign for Action on Family Violence is a major initiative led by the Ministry of Social Development and the Families Commission, in association with communities. The campaign aims to increase awareness and understanding of family violence and promote changes in behaviour to reduce the incidence of family violence.

www.circleofsecurity.org

The Circle of Security™

The Circle of Security™ approach. Is an early intervention programme for parents and children which aims to offer strategies that can help support secure attachment between children and their caregivers.

Poster Presentation

The following poster was presented at the 11th Early Childhood Research Conference that took place in Wellington on the 22 - 23 January. It was submitted by Jenny Yule and Georgia Dimitropoulou who are members of the Executive Committee of IMHAANZ.



CARES

A study and implementation of respectful relationships with infants and young children

Jenny Yule, Georgia Dimitropoulou, Ingrid Chettleburgh, Carl Simons ★ PORSE In-Home Childcare & Educator Training

introduction



Early childhood education has gone through some significant changes over the last few decades. Political strategy has been to increase participation for children under the age of five years in early childhood services (ECE Strategic Plan 2001-2012, MoE). A variety of education and care alternatives have been created.

PORSE Research has focused on In-Home Early Childhood Education because we believe that, infants, toddlers and young children need more than efficient and well-managed care, they need one on one contact with someone special with whom they can form a secure attachment and trusting relationship.

“Attachment refers to an affectional bond between two people.” (Dewberry and Bird, 2004).

As Wright's study (2004) highlighted the lived experiences of children and adults in home-based early childhood settings, both in New Zealand and internationally, is an under-researched area, and very little is known about the culture of early childhood education in these settings (p.41).

On this basis, PORSE started Action Research in 2006, which focused on the following questions:

- ★ What do educators label as 'appropriate' and 'inappropriate' practice for respectful relationships and what is the rationale given?
- ★ What knowledge, skills and attitudes are learnt, and how is this transferred to a) educators; and b) parents/families/whanau?
- ★ What is the impact of an educator's values, beliefs and attitudes to the care of young children?
- ★ How are educators supported within a community of practice to integrate knowledge, skills and attitudes gained through a professional development programme?



the result...

The research presented here has evolved the BabyCARES Programme, a professional development programme, which weaves the PORSE Values, Te Whaariki Principles and early childhood theories, into New Zealand's sociocultural environment and the Early Childhood Education industry worldwide.

planning



Beliefs and Attitudes

Personal values, beliefs and culture are embedded in the educator's practice.

There is often a limited understanding of why the currently used methods and techniques work with children and what the results are for the children's learning and development.

Family's values and culture also need to be considered in the care giving process. Stratton (1988) concluded that childhood development when understood according to culture must include the parents' cultural beliefs, the child's cultural environment and the child's cultural beliefs (developed according to experience).

Watch, Wait & Wonder

Gonzalez-Mena and Widmeyer Eyer (2007) suggest that educators develop and practice observation every day.

“Being around infants reminds us how to be 'real', 'genuine', 'authentic'. When we help a child feel secure, feel appreciated, feel that 'somebody is deeply, truly interested in me' by the way we just look, the way we just listen, we influence a child's whole personality, the way that child sees life.” (Gerber, 2002)

Respectful Interactions

In order to achieve the basic goal of improving the quality of child care and education the first step is to establish a chain of respectful relationships (Money, 2005). 'Respect' implies that infants and young children are not treated as passive recipients of whatever educators decide to do for them, but can actively participate and communicate in a care partnership (Gestwicki, 2007).



implementing

CARES Values

These are the founding values of PORSE In-Home Childcare & Educator Training:

C Concern a genuine interest and empathy for others, in particular for the care and education of young children.	A Acceptance a non-judgmental approach which acknowledges individuality.	R Respect to honour and show care towards others while appreciating diversity and differing points of view.	E Encouragement unconditional support inspiring learners to be confident and independent.	S Success achieving positive results or outcomes.
-------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------------------------------

Te Whaariki

Te Whaariki (1996), the New Zealand Early Childhood Curriculum, has a strong emphasis on the values of equity, diversity, inclusion, family and whanau, community, relationship, belonging, communication, well-being, contributing, inquiry and exploration.

International Theories

Sharing pedagogical aims and practices between Programme Tutors and educators is one way of strengthening the consistency of interactions and environments to support young children's learning and development (Mitchell et al, 2006).

Ethical Considerations

All research conformed to appropriate ethical standards, so that research participants are treated with respect and dignity; their privacy, safety, health, personal, social, and cultural sensitivities are protected.

BabyStart

In 2006, the pilot programme BabyStart was trialled using a similar approach to Magda Gerber's parent and infant guidance classes.

Questions:

- ★ What should the educator's role be in raising a self-confident baby?
- ★ What is a baby capable of learning by themselves without being taught?
- ★ How can an educator and the baby strengthen their respectful relationship?

Findings:

- ★ The adult/child classes needed integration within the PlaySchool setting for educators
- ★ Sessions should involve all preschool ages
- ★ Additional need for adult only classes (less distraction)
- ★ Resource Folder with appropriate readings required
- ★ Educator learning should be linked with parental practice
- ★ Modelling and talking needed to be part of the demonstration from Tutors
- ★ All participants needed some 'quiet time' to just notice and observe; and then discuss.



Visits at Pikler Institute, Budapest

Following the BabyStart pilot programme, PORSE decided to experience first hand the principles and practices of the Pikler Institute in Budapest, Hungary.

Questions:

- ★ Are the PORSE, Pikler and RIE philosophies compatible?
- ★ What other theories support our philosophy and the practice we want to promote?
- ★ What are some of the common problems in the interpretation and application of each philosophy?
- ★ What do these theories look like in a home environment setting?
- ★ How do these theories apply to our organisation? To our community? To Aotearoa?

Findings:

- ★ PORSE identified that the philosophies of Pikler and RIE complimented PORSE Values
- ★ All international early childhood theories support the PORSE Values
- ★ These philosophies are most appropriate to the sociocultural environment (country) in which they were created
- ★ The home environment setting weaves family, educator and PORSE Values together.
- ★ These theories apply to our organisation, community and Aotearoa once they have been adapted.

The challenge becomes how to weave these philosophies and theories into New Zealand's sociocultural environment.

BabyCARES

BabyCARES weaves the PORSE Philosophy and Te Whaariki principles with the experience gained from the BabyStart pilot programme and international theories.

The Values of PORSE have been extended into values for BabyCARES which provides a new level of understanding and interacting with infants and young children.

PORSE VALUES

C Concern	A Acceptance	R Respect	E Encouragement	S Success
---------------------	------------------------	---------------------	---------------------------	---------------------

BabyCARES 'HOW'

C Care Moment	A Attention	R Responsive Reciprocal Relationships	E Environment	S Support Through Play
-------------------------	-----------------------	-------------------------------------------------	-------------------------	----------------------------------



BabyCARES Three-step Approach

The three step approach aims to support the consistency of the BabyCARES approach and practice into a home environment and support all members of the early childhood environment; the children, the families and the educators.

	Programme Tutors	Educators	Parents, Family and Whanau
Objective	They are trained to understand the BabyCARES Values and to facilitate BabyCARES sessions to groups of people.	They are trained in order to practice the BabyCARES Values in their care giving environment.	They are trained in order to understand the BabyCARES Values and work in partnership with the educator for the benefit of their child/ren.
Considerations	The intention of professional development is not to replace previous strategies but to build on existing skills and acquire new ones.	The course is not about child behaviour, it is about educators' and adults' behaviour and practices. Educators need to reflect on the new information and make changes within themselves.	Family values and beliefs are taken into account when developing respectful relationships. Communication between family and educator can be supported through common understanding of what each party is trying to achieve.
Comments	My learning was intention matching behaviour & learning, unlearning. I learned a few things about myself just by those being pointed out to me. <i>B..., Programme Tutor (April 07)</i>	My best learning has been deepening my respect for each child. I have more of an awareness of my 'doing with' rather than 'doing to', especially preverbal children. <i>C..., PORSE Educator (August 07)</i>	I walked out after every session absolutely inspired to work hard at having wonderful, respectful, reciprocal relationships with my husband, my children, my family and friends and to learn to like the 'authentic' me. To allow my children to be their 'authentic' selves and to take the time to be in the moment, to stop, observe and wonder at the amazing things they do every day. <i>M..., Mother (October 08)</i>
Areas of review:	<ul style="list-style-type: none"> • Recommended Readings needed more depth • More inclusion of Te Whaariki and the Desirable Objectives and Practices (DOPs) • Media used - photos, videos - should reflect the New Zealand in-home care environment • Practical experiences should consider participation of male attendees. 	<ul style="list-style-type: none"> • Common parameters with early childhood advice provided by other NZ sources of support needed emphasising • Education is gradual and respectful, considering values and beliefs of others • Effective delivery option that suits the educators' workplace needs and lifestyle is a key consideration. 	<ul style="list-style-type: none"> • Role modelling and allowing time for reflection between sessions is important • Course handouts are an important tool to support depth of understanding.

observation and Reflection

The objective of the research was to give educators the strategies to develop an awareness of what constitutes a respectful relationship with an infant and/or young child especially when they reflect on their own practice.

The discussions and observable practice during home visits, PlaySchools and community outings demonstrated positive learning outcomes for the children, such as:

- ★ Increased confidence with physical and problem-solving abilities
- ★ More exploration of the environment, as the educators allowed the children more freedom
- ★ Active participants within care routines as the educators practiced respectful interactions.

The benefits of the BabyCARES Programme for the Educators were:

- ★ Educators are more reflective about their relationships with children
- ★ Environments have been set up to invite children's active participation
- ★ Educators are learning to relax and enjoy what their infants and/or young children are doing
- ★ Educators are observing and enjoying the children's skills as the children develop naturally
- ★ Educators have more confidence for themselves in their role and are supporting parents/whanau to trust and tune into the needs of the children.



conclusion

The BabyCARES Professional Development programme was designed to support and enhance the creation of responsive, respectful relationships between in-home educators and infants/young children.

BabyCARES allows educators time to recognise how children instinctively want to learn - how their learning emerges through the educator's skill of connecting, communicating and collaborating with the individual child's learning patterns. Educators learn how to work at the pace of young children and allow children the time for the unfolding of their natural development and individual potential.

The Next Steps...

BabyCARES is being trialled with different target groups including parents, whanau, community groups and other early childhood settings. The observations and the reflection on the results will continue to evolve as new elements will be added such as gender considerations, different academic background and skills and external stimulations such as policy making and political/social changes that influence New Zealand families and society.

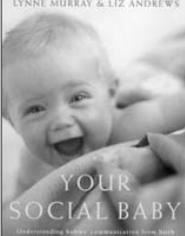
For more information, please contact BabyCARES@porse.co.nz



Resources

Below is a list of resources on infant mental health that may support your research and practice.

These can be found on the internet www.amazon.com, www.zerotothree.org using as keywords part or all of the words on the title of these resources:



Your Social Baby - Understanding babies' communication from birth

by Lynne Murray and Liz Andrews

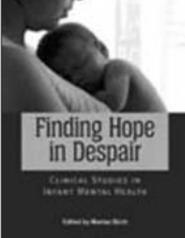
ACER PRESS 2001-ISBN 0 86431 394



Disorders of Behavioral and Emotional Regulation in the First Years of Life Early Risks and Intervention in the Developing Parent-Infant relationship

by Mechthild Papousek, Michael Schieche and Harald Wurmser
Translated by Kenneth Kronenberg

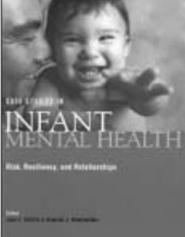
Item #370, 2008, 346 pages ISBN 978-1934019-17-7



Finding Hope in Despair – Clinical Studies in Infant Mental Health

Edited by Marian Birch

Item #391, 2008, 340 pages ISBN 978-1-934019-25-2



Case Studies in Infant Mental Health: Risk, Resiliency, and Relationships

By Joan J. Shirilla and Deborah J. Weatherston (Eds.)

Item #266-OLB, 2002, ISBN: 978-0-943657-57-8

Upcoming Events

Brazelton - NBAS Neonatal Behavioral Assessment Scale

Dates

Wednesday 11 – Thursday 12 March 2009 (2 days)

Venue

Education Centre, Hawke's Bay Hospital, Hastings

Fees

One day Introductory Course \$150.00 incl GST

Lecturer

Betty Hutchon, Consultant Neurodevelopmental Therapist & Head Occupational Therapist, Royal Free Hospital, London, NBAS Trainer & Co-founder, Brazelton Centre

Full NBAS training fee, which includes: Day 1 and Day 2 as well as all books, materials and DVD: \$900.00 incl GST. You do need to attend a third certification day at a later date; this is not included in the cost. Full NBAS training is limited to 10 participants, selection criteria will apply.

This 2-day short course is open to all interested health professionals including doctors, nurses, occupational therapists, physiotherapists and speech-language therapists and developmental psychologists who are interested in baby behaviour and who may be in a position of interpreting baby behaviour. It is suitable for professionals who have an interest in infant mental health as well as an interest in neurobehavioural assessment.

For an application form & further information please contact: danielle.atkins@hawkesbaydhb.govt.nz

Editorial Enquiries/Guidelines

This newsletter is published by the IMHAANZ Committee.

IMHAANZ is affiliated with the World Association for Infant Mental Health (WAIMH).

Submissions

Articles are accepted in electronic form sent in standard e-mail format or as a Word document to georgia.dimitropoulou@porse.co.nz.

Submissions

All articles should include appropriate referencing of the source that is copied from.

Subjects

Submissions should relate to the field of infant mental health and its applications in the coordination of services for infants and their families.

We are interested in discussions, questions, problems, issues, information, courses and theories regarding the mental health of infants, their families, parents and other caregivers.

Opinions expressed in the newsletter are not necessarily those held by IMHAANZ.

Frequency

This newsletter will be published quarterly in November, February, May, August



In order to thrive and learn, an infant must establish an intimate, responsive, and trusting relationship with at least one other person.

To develop a sense of their own identity and the strong sense of self-worth necessary for them to become confident in relationships and as learners, infants must experience physical and emotional security with at least one other person within each setting.

Te Whaariki, 1996