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Newsletter Guidelines

The Newsletter is published quarterly in March, June, September and December. Submissions to the Newsletter are invited on any matter of interest to the members of AAIMHI. Referenced works should follow the guidelines of the APA Publication Manual 4th Ed. All submissions are sub-edited to Newsletter standards.

Articles are accepted as hard copy or as electronic versions. Preferred method of submission is a Word document attached to e-mail. Send to:

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From the Editor

Welcome to the new look, inaugural web-friendly edition of our Newsletter! As it is most likely you are reading this in hard copy then it is, for those of you who have chosen the online format, a contradiction on my behalf. With the radical changes that have occurred to our national communication vehicle, some of our members have expressed that they have been left feeling abandoned; I do apologise for any feelings of confusion. It was necessary to print and mail this to you as a tangible way for you to become accustomed to the change. Please be advised that **this will be the last Newsletter you will receive as a hard copy through the mail** (unless you have opted for a photocopy to be posted to you, see **Important member information** in this issue). For those members who are still happy to receive the Newsletter online but have not as yet e-mailed their details, please do so to me so I can add them to the database. My address is: vevatt@tech2u.com.au. Some members may have had difficulty downloading and printing the September 2003 edition; this should be easier with the new format and adjustments to the web site.

It is my pleasure to introduce you to Shelley Reid, our new editor elect. She will be co-editing the Newsletter with me during the transition period. Shelley brings with her a wealth of experience in health care publishing. Her background is in nursing, specialising in intensive care, predominantly in the area of neonatal intensive care. She upgraded her nursing certificates

to a Bachelor in Applied Science (Nursing) then completed a BA with a psychology major. Having somewhere along the line discovered a passion for editing, she has also completed a Postgraduate Diploma in Editing & Publishing. Since 1997 Shelley has worked as the Clinical Audit Officer/Research Coordinator for RPA Newborn Care, was Founding Editor of the journal *Neonatal, Paediatric and Child Health Nursing* from 1996 to 1998 then completed a 5-year term as editor from 1999 to 2003. She also edits another newsletter at state level. We welcome Shelley and look forward to her input. She can be contacted by e-mail at: shelley.reid@email.cs.nsw.gov.au

This edition features a detailed article looking at childcare curriculum for babies and toddlers by Dr Pam Winter from the Department of Education and Children's Services, South Australia. The area of early childhood education is becoming increasingly important to those who work in any capacity with infants, children and families. The increase in members from the field of Early Childhood Education is an exciting prospect, as it seems that the *concept* of integrated services with centre-based care facilities as the hub of the community is becoming more than just a *that*. The launch of the NSW New Curriculum Framework in 2002 with its ethos of a child-centred relationship approach in line with other states and current research brings a refreshing partner into the infant mental health arena. Dr Pam Winters' article seems essential reading.

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The recent comment by the leader of the opposition suggesting that there is "a crisis of masculinity" in relation to men in primary teaching has sparked many debates. Perhaps the idea of how we value the people who work with our children needs to be addressed. Thank you Dr Caroline Zanetti for your recent observation in 'Letters to the editor' (Weekend Australian, March 13-14, 2004, p.16) that "we need to start by educating kids how best to go about being human – an endeavour that the best among us, male and female, will want to undertake."

Be sure to take in the information about the forthcoming conference in Adelaide titled *Parenting Imperatives: A National Parenting Conference: new perspectives, new directions, new connections*. There is a review of the integrating infant mental health promotion program in the community health centre (Puskesmas) in Indonesia, *A New Hope Toward A Better Future* from the Department of Psychiatry, University of Indonesia, Jakarta.

The NSW Branch received a 'Letter from Tasmania', which features as a reminder of the organisation's role in advocacy.

There is also our usual National Network News with what's happening around the nation.

If anyone was wondering what happened to the December 2003 edition ... the copy basket was empty.

Best wishes,

Victor Evatt.

Important Member Information

Members who have elected to receive their Newsletter by ordinary mail

Dear Members,

Thank you for returning your request and post details to receive the Newsletter by ordinary mail. The significant savings realised by transforming the Newsletter into a Web document has meant a considerable increase in real (\$\$\$) support and opportunities for our members and beyond. As our organisation grows so does our commitment and position on social issues relevant to our field. It is vital that we maintain a public position and represent the views we express in a concrete way. One example is the recent support NSW was able to offer child and family health nurses in Hobart, Tasmania (see 'Letter from Tasmania' this issue). We covered the cost of sending down several members to present a symposium addressing concerns around our Controlled Crying Position Statement. The symposium was attended by more than 40 professionals representing numerous services throughout Tasmania and was a great success. All thanks to the savings created by the reduction of our Newsletter printing and postage costs.

Please find below a list of those members who have elected to receive their Newsletter in hard copy by ordinary mail. If you have elected and your name does not appear below please call me ASAP on 0418 231 635. If you are happy to receive the Newsletter via the web site and have not yet emailed your email address then please do so at your earliest convenience to <vevatt@tech2u.com.au>. As the hard copy of the Newsletter will only be a photocopy of the web document, and I will personally be mailing them out to you, please allow a few extra days from the original publication date for it's arrival.

Best wishes,

Victor Evatt.

Members to receive the Newsletter by ordinary post:

NSW

M Armitage, C Barnes, M Booker, A Cooper, P Cousens, C Hankinson, J Harris, D Hogarth, N Horswell, C Muir, C O'Connell, E Poole, J Prendegast, L Sequeira, M Stewart, T Single, B Turner, M Veddori, A Vimpani.

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C Bookless, K Foord, L Mader, D Martin, E Puddy, M Seyfog, A Shea Hart, C Whitehead.

Queensland

R Brown, E Klimsza, C Knight, J Reddington, D Soady.

WA

M Elliot, M Fay, D Gupta, D Paulik, I Rodino.

New Zealand

The Champion Centre

Childcare curriculum for babies and toddlers

Dr Pam Winter

Department of Education and Children's Services, South Australia

This article documents a brief overview of some significant research undertaken in centre-based childcare for babies and toddlers in South Australia, lists some of the findings and discusses in a little more depth two of the significant findings.

Background

In 2001, all childcare centres in South Australia were provided with a free copy of *The South Australian Curriculum, Standards & Accountability Framework* (SACSA), as part of a state-wide single, cohesive birth to Year 12 curriculum initiative of the South Australian Department of Education, Training and Employment (DETE), now the Department of Education and Children's Services, (DECS). DECS does not have the jurisdiction to mandate the use of the SACSA Framework in the childcare sector as it does in preschools and schools. It does however have a legislative responsibility and concern for the operational standards of childcare and for the quality of early education and care. Hence, DECS invested significant resources into the development and implementation of the framework in the childcare sector. As the research study for my doctoral degree, I undertook to evaluate the difference that the use of the framework made to the quality of young children's curriculum in childcare. The research was supported by an Australian Research Council grant, DECS and the University of South Australia.

The study was undertaken in two stages, before and after educators engaged with the framework. The research design was multifaceted with extensive gathering of data over a period of ten months. The methodology combined both quantitative and

qualitative methods, providing both hard and soft complementary evidence of how childcare curriculum was experienced and perceived by children birth to age three, their families and their educators.

Data was gathered from five perspectives – that of children, families, educators, policy makers and researchers – adapting Katz's (1993) multiple perspectives. A stratified representative sample of long day care centres in South Australia was used. The sample included 10 centres from which 60 children (three children in 'under 2' care and three children aged two and three in 'over 2' care from each centre). Forty educators of the children in the sample (two qualified and two unqualified from each centre) were selected to participate. In addition, 110 volunteer parents and 59 volunteer educators (caring for children birth to age three) from across the 10 centres were surveyed.

The SACSA framework, Early Years Band, first phase: birth – age three

The birth to age three phase of the SACSA framework focuses on the interactions, routines and experiences that young children have in their care environment and promotes a relationship-based approach. As children of this age grow rapidly and are dependent on adults to meet their physical and social needs more than at any other period, their curriculum will necessarily be more intimate and more family-oriented than at any other stage. Relationships are considered of primary importance. Primary care-giving practices and environments that are nurturing, where children can feel safe and secure and where they are encouraged to be curious, use their initiative and

explore are promoted to provide children with experiences that foster development and learning.

Variables of curriculum quality

For the research, four process variables of curriculum quality were used to assess the effectiveness of the SACSA framework, rather than some of the more traditional measures such as the achievement of developmental stage norms. Instruments were developed to measure changes in three of the variables. An instrument was located that was used to measure the fourth variable.

Beliefs that relationships are of prime importance to young children's learning and that the most supportive pedagogical environment is one which respects young children as active, competent learners and co-constructors of understandings, gave rise to the identification of the four variables. Two of the variables, 'An Active Learning Environment' and 'Relationships', were drawn from the major foci of the first phase of SACSA. These focused on educators' behaviours.

The other two variables, 'Involvement' and 'Wellbeing', which focused on children's behaviours, were identified from the literature. Involvement and wellbeing have been cited as two of the most important and reliable indicators of quality for educational settings and processes essential for children's learning. The two variables indicate how well the environment succeeds in meeting children's learning needs (Laevers, 1999; Raspa et al., 2001; Pascal, 1999; Rogers, 1983; Vygotsky, 1978). A focus

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on process variables places the onus for the outcomes for children on the adults, making a judgement about the context, rather than the child. It gives immediate feedback about the effect of the educators' approach and the environment they establish, thus providing the opportunity to make immediate adjustments (Laevers, 1999). This is unlike assessing developmental outcomes, which are often long term and dependent upon a range of extraneous variables. Using developmental checklists, normed against an average, has the potential to distract from seeing the 'whole' child, the integration of learning and development and the development of enabling dispositions.

Some findings

In each of the four variables, significant improvements were found after the introduction of the SACSA framework, shifting the balance in childcare programs from a 'safe haven' (Gallagher, 2000) towards a more developmentally enhancing experience for babies and toddlers. The connectivity between the variables and their usefulness for evaluating curriculum quality was soundly established, as they explicitly exposed the nexus between

educators' pedagogy and relationships and children's involvement in their curriculum and their wellbeing. The study found that with the use of the framework educators became more reflective; that primary care-giving practices improved educators' relationships with children and children's wellbeing; that smaller groups improved relationships between educators and children; and that more than four half-day sessions per week increased children's involvement and wellbeing at the centre.

The level of the participating educators' commitment to embrace a curriculum framework and work towards changes was high. However, the study demonstrated that a curriculum framework alone is not enough to raise children's curriculum to a consistent, optimal quality level. Despite the improvements found, there remained a range of troubling phenomena that hindered educators firstly practising what they believed, and more importantly, providing a curriculum that was consistently in the best interests of children. Improvement in curriculum quality, however effective the framework, will continue to be limited until some traditional and structural childcare issues arising from historical, political,

and social influences are addressed.

The data suggested that some of the fundamental factors that were hindering educators implementing the best possible curriculum included:

- educators' beliefs and pedagogical approaches grounded in personal ideology, training and experience (including the influence of a traditional, positivist heritage and level of or no qualifications),
- a tension between childcare being a safe haven and a developmentally enriching experience,
- some structural factors (including children's and educators' unpredictable and casual attendance patterns and large group sizes, making it difficult to maintain strong primary care-giving practices and fair and meaningful joint attention experiences for all children),
- power relationships (influenced by the industrial, professional and community status of childcare educators and a hegemonic dependence on child development theories leading to control and dependency),
- inadequate professional development related to resources (the study found

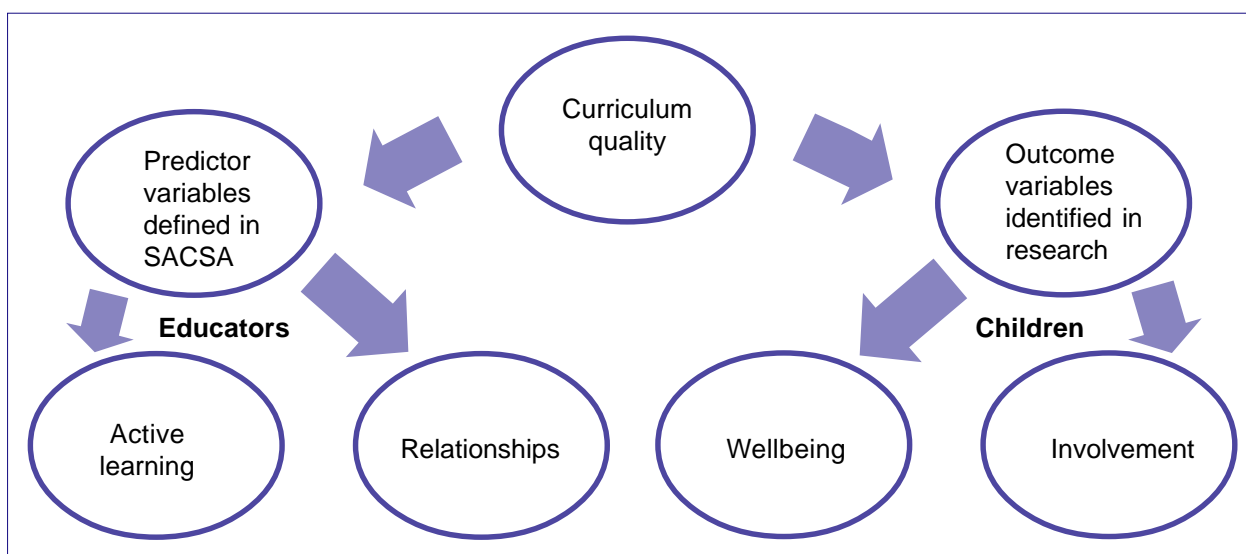


Figure 1: Pathways for variables of curriculum quality

that the most effective professional development is a site-based, whole team, reflective model that enables educators to choose the pace and direction of their growth and move forward as a team),

- educator's professional maturity and wellbeing (achieved through education and qualifications, public and industrial recognition, professional experience and support) were found to be compromised by their perceived status in the community and their financial remuneration.

Educators' beliefs and pedagogical approach

SACSA states that "the role educators play in planning and implementing curriculum communicates their beliefs about childhood and children's learning, and their hopes for children" (EY Band: 17). In the two variables focused on educators' behaviours (active learning pedagogy and relationships), it was found that often there was a big difference between what educators said they believed and what was actually done. The areas, where at times marked differences were found, included:

- stated understandings about how children learn and educators' actual practices,
- stated importance of responsive, meaningful relationships with children and the high number of detached interactions and records of 'no interactions',
- the stated importance of partnerships with parents and the minimum input and knowledge of parents about their child's program,
- the importance of considering each child's unique background and experiences, interests, and learning and the universal approaches to providing for learning and development.

It was shown quite clearly that

there was a significant difference between what educators said about children's learning and what they actually did in practice, especially in their control over children (characterised by behaviourist approaches which were recorded to be 53% of the pedagogical interventions at Time 1 and 27% at Time 2).

The mismatch between educators stated beliefs and observed practices that was found in this study has been found by a number of other researchers. It is troubling because it has the potential to confuse children and compromise their learning and development. Educators' actions were frequently inconsistent with the ways they said they thought children best learned and with the aspirations they held for children (such as social conscience, sound self-esteem and identity, a sense of agency and interdependence).

Leavitt (1994) posited that in exercising their power, educators no doubt intended to make the day easier, more manageable and more efficient for themselves, as well as for the children. Often this worked against the educators, leading to more struggles with children, the imposition of more constraints and the exercise of more control. As caregivers faced the constant, unpredictable and demanding needs of babies and toddlers, they might have felt a diminished sense of control and loss of their own autonomy. This sense of powerlessness may indeed have driven the educators to exert control and establish some predictability to reduce their own anxiety. Leavitt suggested that to give up control might lead to a feeling of being out of control. This would be an undesirable position for educators and further erode their sense of professionalism.

Educators volunteered a number of factors that stopped them

doing what they believed was best. These included the child to staff ratio, the time required for documentation and non care tasks, the group size and their working conditions/status.

As educators embraced the sociocultural understandings promoted in the SACSA Framework and adapted their teaching/learning programs to more closely align with those understandings, opportunities were created to establish togetherness and mutual understandings with young children through engaged participation in children's learning (Singer, 1996).

Relationships

Beliefs that relationships are of prime importance to young children's learning (Lally, 1998) gave rise to the identification of one of the four variables identified to measure curriculum quality.

Stable, high quality relationships are the keystone of a high quality curriculum. However, in this study, responsive quality relationships were found in only one centre prior to the use of SACSA, and in an additional four centres after the introduction of SACSA. The establishment and maintenance of high quality, reciprocal, meaningful relationships did not appear to be easy to achieve. Work conditions, wages and regulations (Radich, 2002), child and staff attendance patterns, child to staff ratios and understandings of the importance of secure relationships constantly undermined the quality of relationships.

The significant imbalance of power between educators and children mentioned above was a feature found in many of the observed interactions. Throughout the data collection periods of this study, but more so at Time 1, there was found to

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be a perceived imbalance of power in the relationships between educators and children in this study. At times, managerial issues dominated educator-child interactions (a finding noted by other researchers, see for example Bruner, 1980; Singer 1996; Tizard & Hughes, 1984). A limited number of 'real' conversations between educators and children were noted.

Centres in the study were found to provide a physically safe environment with educators who cared about the welfare of children. However, at times, it was found that the care of children's bodies, their physical health and safety took precedence over, and often at the expense of, intimate, responsive joint attention relationships and intentional, relationship-building and developmentally enhancing learning opportunities. In this study, rarely were educators found to spend sustained time with children, interacting to establish secure attachments and co-construct understandings. The majority of interactions were found to have some characteristics of control. At a very early age, children were experiencing power as a feature of social relations operating to constrain, 'normalise' or direct their actions (Leavitt, 1994). From these early experiences of control, it is likely that the children were constructing understandings about themselves and the level of their agency and capacities to project themselves into their world, to choose, to act and to create. It was worrying that the understandings that the children were likely to have been constructing from the experiences were quite inconsistent with those promoted in SACSA.

The contribution equality of power makes to the quality of a

relationship is not a new notion (see for example Rousseau, 1762). With the current mounting evidence regarding the importance of high quality emotional and intellectual relationships for present and future learning and fulfillment, it was of concern that inequality of power between educators and children was prevalent and remained unchallenged in the main.

The qualitative data generated at Time 1 from 16 hours of observations in each centre showed that just under one fifth of interactions were responsive, just under a fifth were functional, just under a fifth were restrictive and one third were detached where educators either did not recognise or did not acknowledge children's social bids.

Following the implementation of the SACSA Framework, the analyses of the Time 2 data showed that there was a trend towards a significant improvement in educators' relationships with children. As educators' practices reflected the more social constructivist approaches promoted in the SACSA Framework, their relationships with children became more responsive. It was found that when educators were using the SACSA framework:

- there was an increased focus on relationships,
- the children's temperaments and individual needs were responded to more sensitively and appropriately,
- the children were more securely attached and explored their environment more freely,
- educators spent more time with children,
- occurrences of positive interactive episodes increased significantly,
- routines (rather than educator-directed activities) were used more as learning experiences,

- there was greater job satisfaction for educators.

Using Spearman's rho, the data was analysed to investigate the correlation between the variables. A significant correlation was found between educators' relationships with children and children's wellbeing and their involvement in their curriculum.

At Time 2, the qualitative data showed that responsive relationships had increased to over a third, and the detached, restrictive and inappropriate ones had all decreased.

The Time 2 quantitative data, gathered using the instrument designed for the study, showed an improvement in the scores for each of the four dimensions of Relationships (responsiveness, positive interactions, quality verbal exchanges and appropriateness). This improvement was corroborated by the narratives of parents, directors and educators.

With the introduction of the framework, the number of positive occurrences of interactive episodes increased significantly, while the number of missed opportunities for positive interactions decreased significantly. The dimension of Quality Verbal Exchanges (defined by characteristics such as sustained joint attention, time to express self and respond, initiated interactions are built upon, social games are shared, home language is respected) rated lowest at both Time 1 and Time 2. This was consistent with the small number of sustained interactions coded in the qualitative data.

Leavitt (1994) noted from her research that much of educators' energy goes to managing crying children instead of having a sense of freedom to become involved with them and supportive of their activity. Leavitt asserted that for a major

part of young children's day all the aspects of their lives are conducted in a physical environment that is arranged in a way that acts as an 'enclosure' allowing for educators to control children's lives through containment, surveillance, scheduling and management of routines and selection of materials and activities. Generally, in this study, the processes of managing daily routines were seen as separate from learning experiences for children. A large proportion of children's days was dictated primarily by the schedules of physical care and safety tasks and routines, such as sleeps, meals and nappy changes. The time between the tasks and routines was generally filled with individual play with selected toys. Many of the high number of *missed opportunities* for responsive, reciprocal interactions occurred because the management of children's physical tasks and routines took precedence over children's emotional and intellectual needs rather than being integrated into the routines.

Conclusion

The findings of the study demonstrated that the use of the SACSA Framework was correlated with some significant positive improvements in the quality of young children's relationships with their educators and their experiences in child care. Educators demonstrated changed understandings about the importance of participating in children's learning, increasing both their responsiveness to children and their stimulating pedagogical interventions. A heightened awareness of the importance of working in meaningful partnerships with parents was also found. A strong connection was demonstrated between educators' pedagogy and the relationships they establish with children, and children's wellbeing and engagement in learning.

Educators' commitment and professionalism to embrace an unfamiliar curriculum framework was high. Their engagement and new understandings provided them with both challenges and fulfilment resulting in greater job satisfaction. However, the current working environment of childcare educators compromised their ability to consistently establish relationships and experiences that were always in the best interests of children.

Young children can spend just 500 hours less in childcare prior to commencing school, than they do in their 13 years of lessons at school (NCAC, 2001). The outcomes of these hours cannot be left to chance. It is hoped that the research outcomes will underpin future early years' policy discussions within DECS.

The findings of the study are being used to inform the approach and content of the Department's professional development program for childcare with the intention of promoting the development of new understandings and practices to improve the experiences and outcomes of children, families and educators using childcare.

A copy of the SACSA Framework can be downloaded from www.sacsa.sa.edu.au

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A new hope toward a better future.

Review of the integrating infant mental health promotion program in the community health centres (puskesmas) in Indonesia.

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Rationale of the project

Based on the Indonesian National Mental Health vision (toward healthy Indonesia 2010 through comprehensive mental health efforts), the trend of mental health services in Indonesia is changing from hospital-based services to community-based services seen nowadays. One of the key points from the National Mental Health Policy is to strengthen the community mental health state based on the human life cycle and socio-cultural background.

The vision is captured in our 1997 National Community Mental Health Policy which stated that:

"...which persist a promotion for healthy behaviour in society through the mental health program for the public, particularly including child-fostering education according to the mental health principles (stages of child and adolescent development) that may be integrated into Kesehatan Ibu dan Anak (KIA), family welfare education that may be integrated into BP4, and preservation of cultural/character-building values in the formal education ..."

From this point of view, The Community Mental Health Division-Indonesian Ministry of Health developed an Infant Mental Health Promotion Program, which is integrated into the mother and child healthcare (KIA) services in the Community Health Centres (Puskesmas).

This program is called 'Parenting Styles To Endorse the Optimum Development of Indonesian Infants'. The aim of this program is mainly to strengthen the Indonesian infant's mental

health status by educating parents in parenting skills. This program is to be integrated into the Posyandu (see below) as part of the mother-child health care (KIA) services in puskesmas.

The mother and child healthcare services (KIA) have already been run in the community health centres (puskesmas) as major programs since the beginning. The KIA's services include the immunisation, family planning and family health care services programs. For the time being their services are focused only on the physical health and wellbeing of mother, infant and toddler.

One part of KIA's services is called Posyandu (Pos Pelayanan Terpadu) which means comprehensive health care services that are provided in one place outside the Community Health Centres (puskesmas). These services are provided by health care agents and supervised by puskesmas general practitioners, midwives or nurses. Health care agents are people in the community who are trained by the puskesmas general practitioners and work voluntarily to provide health care in their district. Usually, Posyandu take place in these health care agents' houses or somewhere else but not in the puskesmas.

Nowadays, Posyandu itself has several activities (which are called 'the five tables') such as considering the weight of babies, infants and toddlers, giving health information to parents, and giving a high nutrition food additive to infants and toddlers. It also provides basic

immunisations for pregnant women, infants and toddlers. These days, all of the Posyandu activities are just trying to promote the physical health of mothers, infants and toddlers.

Project report

This project is funded by Indonesian Ministry of Health. We started this project by developing a module, which includes the parenting styles to best support the infant's mental health development. This module consists of many kind of parenting styles, which are compatible with all Indonesian cultures. This parenting styles module also divides into two developmental stages (the first stage is for 0-1.5 year-old infants, and the second stage is for 1.5-3 year-old infants).

Content of the first stage

- How to provide a secure environment for the infant.
- How parents stimulate their infant to meet their developmental needs, such as:
 - an optimal breastfeeding pattern,
 - playing with educational toys to stimulate the sensory-motor functions optimally,
 - helping parents to identify several mental health problems in this period of age, such as feeding problems, temper tantrum, and pathological attachment.

Content of the second stage

- How to improve the infant's sense of autonomy, such as:
 - improving the infant's sense of confidence and self-esteem,
 - helping the infant to adapt and socialise with their peer

Events Diary

Parenting Imperatives

A National Parenting Conference

New perspectives, new directions, new connections

Adelaide Convention Centre

North Terrace, Adelaide

6-8 September 2004

Recent research and the National Agenda for Children highlight the importance of parenting. This conference is the primary national forum for those in this field and will provide special opportunities for attendees to connect with each other and share ideas and practice. The conference is for people who provide support and education to parents and for professionals who care for children.

Child and Youth Health in partnership with the Department of Education and Children's Services in South Australia welcomes you to hear international and national parenting leaders and researchers, to make connections and share your expertise.

Speakers engaged so far –

James Garbarino

Professor of Human Development at Cornell University, doctorate in human development and family studies. His current research focuses on the impact of family and community violence and trauma on child development and interventions to deal with these effects.

Pilar Bacar

Pilar has worked with Professor David Olds and colleagues at the University of Colorado on the research and development of the Nurse-Family Partnership, a home visitation program for high-risk, first-time mothers. She is co-author, with Jo Ann Robinson, of the home visitation strategies for Partners in Parenting Education, an experiential and interactive curriculum that fosters attachment, self-regulation and emotional development for infants, toddlers and their caregivers.

Meredith Small

Professor of Anthropology, Cornell University, who works in the field of ethno-paediatrics – the study of parents, children and child rearing across cultures. Professor Small asserts that our ideas about how we raise our children are culturally more than biologically or individually determined so that parenting styles are not "right" or "wrong" but appropriate or inappropriate for the culture the parents live in. Her insights are particularly relevant to parenting in a multicultural society.

Conference Secretariat contact details

For information about registration or submitting abstracts:

National Parenting Conference	Contact Mel Wood
Centre for Parenting	Telephone: +61 8 8303 1508
Child and Youth Health	Facsimile: +61 8 8303 1657
295 South Terrace	
Adelaide SA 5000	Email: mailto:wood.melanie@saugov.sa.gov.au
Australia	Web site: www.sapmea.asn.au/parenting

group adequately (moral activity module also included in this session),

- helping the infant to improve their sense of empathy, by using a story-telling technique, picture and games.

This module will be given in several ways, such as group discussion, role-play and direct practising.

The next step is integrating this project into the community by introducing this program to the community health centre (puskesmas) personnel. After that, they will supervise the implementation of this project in Posyandu as an ongoing process.

Conclusion

We hope that this project will give a better understanding toward infant mental health among parents and will influence their parenting styles soon. The final outcome of this project is to improve the overall health (physical and mental health) of infants and optimise development in the future.

Every effort has been made to make this conference relevant, accessible and affordable. The early bird cost for the 3-day conference (until 30 June 04) is \$350 with an in-depth workshop on Sunday 7 September with Professor Garbarino for \$110.

Network News

NSW Branch

All is well in the birth state of AAIMHI. With the forthcoming joint Karitane and NSW Institute of Psychiatry Adult Attachment Interview (AAI) Training workshop to be held from the 19-30 April, and the preceding joint Karitane and South Western Sydney Area Health Service "You, Me and Attachment" Conference on the 17 April, things in the premier state seem to be really 'under the microscope'. The masked ball to be held following the AAI training will surely sort out the Ds from the As and Cs. The Bs will be playing in the orchestra.

The NSW balance sheet is looking better than ever and we are considering ways to spend our capital ... any ideas will be considered, for a small percentage. Seriously, we feel it's time to "invest in our common beliefs" as one member put it. One way we are doing this is by providing financial opportunities to 'walk our talk' as was done last November in Tasmania (see *Letter from Tasmania* in this Newsletter). We are also collaborating with a member from Bourke, an early childhood teacher, who is organising a summit to be held in late August. The summit will focus on concerns around communication between support agencies and early childhood services in rural and remote regions. This is a chance to provide tangible advocacy to promote infant mental health outside of the urban centres. We are also funding the changes to the Newsletter. If you have any suggestions or ideas about how we can get more involved and would like to be an active member, I'd be delighted to hear from you.

Victor Evatt
President
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Victoria Branch

The Victorian branch has commenced monthly general meetings with guest speakers from February and the committee had the first of its monthly meetings in March following the World Congress. The agenda for the year of general meetings has almost been completed with an exciting line up of speakers. There has also been interest shown in developing panel discussions and debates on topical issues for which AAIMHI might consider developing a public stance. The use of public forums for addressing and providing education on key infant mental health issues has also begun to be discussed.

Recent presentations include:

- 25 March – Dr Nicole Milburn (Area Manager of Take Two, Berry Street Victoria) and Dr Michelle Earle (Clinical Coordinator of Eastern Victims' Assistance Program, Inner East Community Health Service) presented a forum: "**Depressed babies – the impact of family violence on infants**" for the Eastern Family Violence Network Forum.

The forum detailed the "increasing evidence of the major and disturbing impact of family violence on babies and infants who are exposed to violence, directly and indirectly, in their home environments. These include mood problems, sleep difficulties, attachment disturbances and depression and anxiety." The forum covered statistics and research data, the developmental context and challenges for the family, forms of violence, effects on infants and toddler siblings, effects on the attachment relationships between mother and baby and father and baby, signs and markers, how to assist – in your own practice and specialist referrals, question time.

- 16 March – Judy Coram (Maternal and Child Health Nurse) presented to the Infant Mental Health General Meeting (Vic branch) "Cultural issues in failure to thrive and feeding problems: A case material exploration."
- and then of course the World Congress ...

SA Branch

The SA Branch had a number of members attend the WAIM Congress and the opportunity to have it in Australia was much appreciated. The branch sponsored two people to attend the Congress who would not otherwise have been able to attend. Since the Congress, Professor Antoine Guedeney has come to Adelaide and conducted two days of intensive training on his infant assessment program, which was very successful. Clara Bookless, who has already worked with his program, was part of the workshops and will be continuing the training for some of the attendees who want to continue with it.

As we did last year the branch will be supporting the State NIFTeY awards for excellence in service to the early years.

We will also follow up our submission to the Federal Inquiry into Child Custody with a letter supporting the suggestion of a panel to assess children's needs and advocating for a person with expertise in infants' needs to be on the panel when disputes involve infants.

Pam Linke
linkes@newave.net.au

Queensland Branch

A large group of Queenslanders has returned from the WAIMH meeting last month with renewed energy and full of ideas, thankfully, as we now have to settle down to organise the next national conference in 2005. It is proposed to hold it in July, when Brisbane can be quite lovely to visit.

Unfortunately, Debra Sorensen returned from her break and tendered her resignation from her role as President and from the committee; we must thank her as a group for the time and thought she has already put into planning 2005.

Despite our preoccupations with next year, we are also planning a series of meetings for this year, starting with a local speaker next month.

Janet Rhind for the State committee.
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Western Australia

The news from WA is that we are having another attempt to elect a committee by holding an extraordinary meeting on 19th February. At the recent conference in Melbourne there was a large representation from clinicians working in the field in WA so we held an informal get-together to discuss the progress of the WA branch. The meeting is the outcome. It seems that there is a keen interest in Infant Mental Health here in WA but no coordination or active 'peak body'. Let's hope that the impact of the world conference is that WA develops further.

As you will know WA has been impacted by the government funding cuts to key services including the FEIP and other community services to children. However there is an attempt via a government working party – the State Perinatal Mental Health group – to look at mapping services and identifying need. This is a cross-sector committee, government and NGO. So there is hope that new services will eventuate.

Pia Dufty (acting WA Contact)
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Letter from Tasmania

Greetings from Tasmania!

I am a midwife working at the Mother Baby Unit (MBU) at St Helens Private Hospital, Hobart. Victor has asked me to write a little bit about the sleep symposium presented by Lorraine Rose, Beulah Warren and Marianne Nicholson in Hobart on November the 7th and 8th 2003, hosted by us and generously funded by the Australian Association for Infant Mental Health (Inc.) - NSW Branch.

How It Came About

The MBU at St Helens Private Hospital is a 3-4 bed residential unit for clients experiencing difficulties with feeding, settling/sleeping and/or postnatal depression. Over the seven years we have been operating we have had increasing numbers of babies admitted for sleeping problems. As we have become the so-called specialists in getting babies to sleep we really wanted to make sure we are giving the best possible advice and assistance to our clients. Concerns about the method of controlled crying led us to the AAIMHI Position Paper on Controlled Crying and then contacting Victor to discuss it. At that time we also discussed the possibility of starting a branch of the AAIMHI in Tasmania. In July 2003, the coordinator of the MBU and I attended the joint Marcé and AAIMHI conference in Adelaide. This gave us the opportunity to meet with Victor and discuss our need for some form of education on "sleep solutions" especially in relation to attachment theory, and a further response to the position paper on controlled crying. This meeting started the ball rolling and the idea of holding a sleep symposium in Hobart was hatched.

The Sleep Symposium

It was decided that a 3-hour sleep symposium would be hosted by the MBU and offered free of charge, with a choice of two days, to health professionals. All family youth and child health nurses in the southern region were invited personally and a flyer in their statewide newsletter invited those in the north of the state. Interested nurses from the paediatric unit, maternity unit and neonatal unit at the Royal Hobart Hospital, midwives from The Hobart Private and Calvary Hospitals were invited as well as paediatricians and some general practitioners (GPs). The two workshops were well attended with over 40 participants. The majority of these were family youth and child health nurses, and no GPs or paediatricians attended.

Discussion on the first evening did centre on controlled crying and the issue of leaving babies to cry. It was a fruitful discussion, stimulating thought and I believe reflection on practice. Controlled crying is an issue people feel passionately or possibly defensively about but I felt the sleep symposium provided a safe environment for health professionals to discuss their concerns without criticism. All speakers responded to questions with sensitivity and creativity.

Understanding a sleep problem as part of a whole family situation is something I believe we have been doing in the MBU but hearing the speakers confirmed this approach. Beulah's video on the communication between mother and baby had everyone entranced and many of the attendees commented on this to me. It certainly was a powerful reminder for us of the complex communications that occur, and

how easily these can be interrupted. Marianne reinforced our knowledge of the different developmental stages of the baby, and how these impact on sleep practices, with some practical examples. I personally took away some of Lorraine's wisdom that sometimes it is just as important to be with someone, and to "hold them in that chaos". As nurses we are always striving so hard to find the solution and fix the problem that it is difficult to just be with someone.

It is often hard to remember what one learnt from a conference or a workshop, however I believe the sleep symposium gave us all an opportunity to take stock, to reflect on our practice, to be reminded that sleep is a negotiated action between a mother and baby and to understand that a sleep problem is part of a whole family situation.

On behalf of the St Helens Private Hospital MBU, I would like to thank the AAIMHI NSW Branch for providing the funding for travel to Hobart. Thank you to Lorraine, Beulah and Marianne for the generosity with your time and willingness to share your knowledge, experience and wisdom with us. Last but not least thank you to Victor for jumping in with so much enthusiasm and making it happen.

We are still discussing starting up a branch of the AAIMHI in Tasmania and the coordinator of our unit is currently undertaking her Graduate Diploma in Infant Mental Health in Melbourne.

With best wishes,

Louise Hollingsworth RN

Mother Baby Unit
St Helens Private Hospital
Hobart, Tasmania