Intentional Teaching
Self-Regulation and Music
Child Rights
Incorporating Mindfulness
A Mental Health Resource
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Dear Colleagues,

Welcome to the first edition of *Reflections* for this year, a celebration of 2015. I do hope that readers had a restful and peaceful festive season and recharged the batteries to what promises to be a year of opportunity and challenge.

The announcement by the Prime Minister of a major reshuffle of his frontbench resulted in former Assistant Minister for Education, Hon. Sussan Ley promoted to the position as Minister for Health. The previous Minister for Immigration and Border Protection, Scott Morrison, has been appointed the Minister for Social Services, taking on an expanded portfolio which includes welfare, families, child care and the paid parental leave scheme.

The appointment of Minister Morrison places him at the centre of the Government’s agenda to negotiate social reform, including the child care payment system, which was identified in the Productivity Commission Inquiry Draft Report.

Regardless of what 2015 brings, those working within the education and care sector will continue to undertake their important work with the same dedication, commitment and passion to support the health, well being and improved educational outcomes for children and families. To support this work, the article by Dr Anne Kennedy shares her knowledge of the importance of intentional teaching and how this is enacted in practice.

The issue of supporting behaviour is often the first on the professional development list. In the article by Dr Kate Williams and Sue Lewin, the authors share the use of music in support of self-regulation in young children. This article compliments other articles that focus on a mindfulness program to support the building of resilience in young children, and a newly published resource developed specifically for early childhood educators in support of children’s well being.

Celebrations also are a feature of this edition with an article reminding readers that Australia was a signatory to the United Nations Convention on the Rights of the Child some 25 years ago, and our continuing responsibility for enacting the principles of the Convention both in our practical and advocacy work.

The other celebration referred to in this edition is the 75th anniversary of the establishment of the Lady Gowrie Centres in each Australian capital city between 1939 and 1940. To recognise this significant milestone, Gowrie Australia is offering an early childhood Bursary in support of either a project or research.

As well as the Bursary, Gowrie Australia is offering a range of professional learning sessions focusing on Theory into Practice – one of the key roles of the Gowrie Centres throughout their 75 years. Further information about these celebratory activities is available in this edition.

All the best for a successful year, until next time.......

Ros Cornish
on behalf of Gowrie Australia.

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What is intentional teaching?
While it might seem obvious, there are two words to think about - ‘intentional’ and ‘teaching’. Every New Year, many of us make good intentions or resolutions for the year ahead. For example, we make a resolution to donate time and or money to a favourite charity, or intend to get fit and be more active. We make these good intentions because we believe they will either make us a better person, or they will help to improve our lives and the lives of others. But intentions are more likely to be achieved if we have a plan of action to guide us.

In education and care settings, we have ‘good intentions’ for children and families. A service philosophy is one place where we can find the broad intentions of a service. If a service philosophy says it, ‘Values the right for children to play and to learn through play’, clearly that means the educators intend to provide play-based approaches for the children, and their program plans help to guide the enactment of this important intention.

Intentions are based on our values, beliefs and shared knowledge about children and families and especially the children, families and the community where we work. A childcare centre in an ethnically diverse inner city community could share some of the same intentions for children and families with a centre in a rural community, but there would also be different intentions because of the differences between the two communities.

Intentions are like promises we make in collaboration with children and families and the community. We make these promises or we have these intentions because we believe they will make a positive difference for children’s development, learning and wellbeing. In collaboration with children and families, for...
example, we develop intentions about the environment or spaces in our service. We intend for the environment to be safe, warm, friendly, inclusive and interesting because we believe this is the type of environment that will best nurture children. We act on those intentions through our pedagogy or practice.

‘Teaching’ is the other word to consider. Educators, families and children may have different ideas about what is meant by the word ‘teaching.’ The Frameworks recognise that for some people the word ‘teaching’ can mean formal lessons or instruction or very structured activities or experiences. Teaching can be like that and there can be a place for those approaches for a particular purpose. For example, we don’t use play-based approaches to teach children about the dangers of fire or hot surfaces. We are quite ‘structured’ when teaching children about the danger of playing with matches. Intentional teaching is not about one way to teach children, such as formally or informally.

Why focus on intentional teaching?

There is a considerable body of research about teaching, teachers, education and learning. In addition to the research, all of us have opinions about what is important in education, what is good teaching and how children learn best. The Frameworks respond to these debates by providing guidance for educators so that they can focus on what matters for children’s learning, development and wellbeing.

A key reason why intentional teaching is important is because it recognises the potential for learning in everyday experiences and interactions between people, including between adults and children. Intentional teaching also recognises the potential for learning from interactions with our environments. This potential for learning in everyday routines, experiences, interactions and environments means we need to think carefully about and plan for (or in other words be intentional about) all aspects of our program or curriculum.

In school age programs, for example, educators act intentionally when they think about and discuss the impact of arrival time on children’s wellbeing and learning. They talk with families and children and document or make notes about what families and children say and what they see happening when the children arrive - what helps or hinders the process, who finds it difficult to settle and who doesn’t, and what experiences or activities are popular at these times. They use this information to re-plan and change practices in response to what they have noticed and heard because they understand that what they say, do or provide, can make a positive difference to how the children settle and become engaged in the experiences that are available.
How do we act as intentional educators?

Knowing why you are talking in a particular way to a child and the likely impact this will have on the child's learning or why you have planned a special experience and the likely impact this will have on a group of children's learning is central to being an intentional educator or teacher. Being intentional about our pedagogy or practice is about knowing why we do things and what we think will be the impact on children's learning and development as the following example shows.

Being intentional could mean following a baby's gaze and interest in leaves blowing in a tree, and then deciding to share the baby's interest with actions and words - by picking the baby up, moving closer to the tree and saying something like: "I can see the leaves too. The leaves are moving with the wind. Will we touch the leaves?"

In this example, if we asked the educator, "What were your intentions for the baby through this shared experience?" the educator might respond:

Sometimes, I might just lie down near a baby and stare at the leaves without saying anything. Sometimes I pick a baby up and encourage the interest in the movement of the leaves by sharing the interest and putting words to it. I find that can help the baby to focus more. Whatever action I take, I like to show that I enjoy sharing the experience. This sort of experience helps to support a child's learning about the world, and how experiences can be shared and enjoyed with others. While the baby doesn't understand all the words I might use, he/she is tuning into language and how it flows and connects with our actions.

This is also an example of how an educator balances the teaching and learning experiences. Sometimes, the educator lets the baby take the lead or guide the learning and he/she follows by lying quietly next to the baby so that they are gazing at the leaves together. Other times, the educator follows the baby's lead first and then takes the lead by picking the baby up and focusing the baby's attention on the leaves by using words and actions. The baby in turn might lead or guide the experience again when the educator quietly follows or repeats the baby's actions with the leaves. There is a wonderful sense of unhurried time in this type of quality teaching and learning experience.

In the past, we often focused on the quantity of the experiences we provided for children such as having lots of 'table top' activities available for preschool children. As a preschool teacher I can remember spending a lot of time ensuring that all the 'table top' activities were working well which meant there wasn't much time for unhurried conversations with the children or time for the children to explore less things in more depth as they moved from one activity to another. Intentional teaching means thinking deeply about the quality of the education and care experiences we provide, rather than focusing on the number of activities we are setting up each day.

In summary

Every day we are expected to act with intention, or with a purpose in mind, in order to improve outcomes for children. We do this in different ways including:

- balancing our practice between following and leading teaching and learning with children. If we always take the lead, children will get the message that only adults can teach and that their interests are not important for supporting learning. If we always follow the children or stand on the sidelines without being actively engaged with the children, we risk limiting their learning and we miss opportunities to learn from and with them (Siraj-Blatchford & Sylva, 2004).

- knowing the reasons why we do or say particular things, or how we set up the environment and plan for routines and experiences. Unless we know the reasons why we do things, we are likely to do the same things every day, week or year within a cycle of 'taken for granted practices' that never extend or enrich children's learning because they have limited connection with their interests, strengths or abilities.

- understanding the impact of what we do and say on how children learn and what they learn about themselves, others, their community and the world. Educators are in a powerful position where their actions and words can have a deep and lasting impact on every child’s learning, development and wellbeing (Hattie, 2010).

Intentional teaching requires learning to take time to reflect on what you are doing and why, and on the impact of all aspects of your program on children’s learning, development and wellbeing. Reflecting on these matters with children, families and colleagues will help to ensure a more collaborative and responsive approach to learning and teaching.

References:

Department of Education, Employment and Workplace Relations (DEEWR), (2009). Belonging, Being and Becoming: The Early Years Learning Framework for Australia. Canberra, ACT: DEEWR.


A critical dimension of early learning competence in the years prior to school is self-regulation. Self-regulation enables children to manage their emotions and direct their attention, thinking, and actions to meet adaptive goals. These skills enhance young children’s readiness to learn.
Self-regulation develops rapidly in the early years and is a critical predictor of educational and life success. Early self-regulation skills are important in the successful transition to formal school environments, and are more highly predictive of early primary academic achievement than measures of general intelligence. Poor self-regulation skills are associated with problems relating to peers (Blandon, Calkins, & Keane, 2010), poor social skills (Sanson et al., 2009), and higher levels of behaviour problems (Williams, 2014). Further into adolescence and adulthood, self-regulation has been found to play a key role in motivation, aspiration, job and relationship satisfaction, and mental health (McClelland, Ponitz, Messersmith, & Tominey, 2010). Self-regulatory skills develop and change with experience through the development of particular areas of the brain. Age alone is not sufficient, self-regulation skills take experience and practice.

In Australia, an estimated 30% of Australian children enter school with a history of persistent early childhood self-regulation problems (Williams, 2014), contributing to gaps in children’s developmental competencies and school achievement levels (Nicholson, Lucas, Berthelsen, & Wake, 2012). It is therefore important that early childhood educators are skilled in observing and supporting children’s growing self-regulatory competencies. In this article we provide a brief account of various self-regulatory behaviours and how they can be observed. We then suggest that music provides an ideal tool with which to support and build children’s skills in this important area.

What does self-regulation look like?
There are a number of facets to self-regulation that are all linked in a complex system.

**Emotional regulation skills** refer to children’s ability to return to a state of equilibrium after reacting strongly to an emotion-inducing event. Children who find it challenging to settle once they have become angry or upset are still learning to emotionally self-regulate.

**Attentional regulation skills** refer to children’s ability to persist with a task even when distractions might be present. Children who stick with a task even if it is difficult, or return to the same activity after a brief interruption are showing good attentional regulation skills.

**Executive functions (EF)** are considered a ‘higher-order’ or ‘top-down’ function of the human self-regulatory system. Specifically, they are cognitive processes that serve to control an individual’s behavior and cognition and are likened to the ‘air traffic control system’ of the brain (Center on the Developing Child at Harvard University, 2011). The EFs consist of the specific processes of working memory, inhibition and mental flexibility.

**Inhibition** refers to a child’s ability to inhibit behavior as required, for example, to wait for a cue before touching a tempting snack, to refrain from calling out in the classroom, or to refrain from touching a body part in the game Simon Says, unless the specific “Simon Says” cue is provided.

**Working memory** refers to the active maintenance of information in short-term storage for the purpose of executing a specific task. This can be observed when children are provided with multi-step instructions and must remember these as they go about performing a task in order.

**Flexibility** refers to the switching of attention or cognitive set between distinct but often closely related aspects of a given object or task. This can be observed when children are asked to sort pictures first by their color, ignoring their shape, then by their shape, ignoring their color. A number of tasks in early childhood require the combined and simultaneous efforts of inhibition, shifting, and flexibility (see ‘Backwards Open Shut Them’ as an example of this).

**Why use music to support self-regulation?**
Studies that have investigated the developmental benefits of early music education, arts-enriched preschool criteria, and music therapy intervention suggest that active music participation increases children’s self-regulatory functioning. Winsler and colleagues compared a group of 3 to 4 year old children receiving weekly Kindermusik music and movement classes with a group who had not experienced any structured early childhood music classes. They found that those currently enrolled in Kindermusik showed better self-regulation than those not enrolled, as measured by a battery of tasks that required children to wait, slow down, and initiate or suppress a response. Further, the Kindermusik children were more likely to use a range of positive self-regulatory strategies, including private speech during an attention task and singing or humming during a waiting task (Winsler, Ducenne, & Koury, 2011).

Arts enriched preschool environments that include music have been found to improve emotional regulation skills in low-income children (Brown & Sax, 2013) when compared to non-arts enriched programs. Music therapy with hospitalised infants has shown promising and robust results in relation to infants’ capacities to self-regulate and engage in social interaction with adults compared to infants in a control group who did not receive music therapy (Malloch et al., 2012). Parent-child music therapy efficacy studies indicate that joint active music participation supports improved self-regulation skills (Pasioli, 2012), along with social and communication skills in preschool children (Williams, Berthelsen, Nicholson, Walker, & Abad, 2012).
IDEAS FOR MUSIC ACTIVITIES TO SUPPORT SELF-REGULATION

Lullabies
Kodály¹ (a well known Hungarian musicologist) believed that singing with babies was best started as early as possible. When asked ‘How early?’ he famously replied, ‘Nine months before the birth of the baby’s mother’. Newborns are completely other-regulated. That is, they are completely reliant on adults to soothe them. Children must then experience co-regulation with a caregiver before they can become self-regulated. When the parent or carer sings gently and rocks the baby it soothes and calms and assists the baby to learn strategies to calm and regulate him/herself.

Backwards Open Shut Them
Most people know ‘Open, shut them, open, shut them, give a little clap …’. But can children do the reverse action to the words they are singing? That is, can they shut their hands while they sing ‘open’ and open them when they sing ‘shut’? This is quite tricky and requires children to inhibit the natural and usually ‘correct’ response, then use their working memory to reverse the information and display the opposite action, while avoiding distraction (attentional regulation) and trying not to get too frustrated with the demands of the task (emotional regulation). It’s a tricky game!

Der Galumph
Freddy, our green frog puppet, ‘tells’ the children he is very nervous about them tossing him up and down on a parachute. We use the song ‘Der Galumph’ to gently and slowly move the parachute (and Freddy) to the first part of the music in the minor key (‘Der galumph went the little green frog one day…’). In the second part of the song, in the major key, (‘We all know frogs go…’) we move the parachute (and Freddy) more quickly but still gently. The skill involves listening to the two very different moods of the song and the children restraining themselves (inhibition) from moving the parachute quickly until the second half.

Music and Movement for Brain-Body Connection
Many of the activities known to improve the executive functions in children have in common a coordinated movement element, such as dance, martial arts or yoga. Music activities with a dance or action component are likely to improve brain-body neural connections in children thus supporting self-regulation development. Examples are, ‘Heads, Shoulders, Knees and Toes’ and ‘Hokey Pokey’, and there are many others. A simple activity where you sing ‘Everybody do this, do this, do this’ and model a range of actions (like patting knees) that include crossing the midline (opposite hand to opposite knee) and different patterns of movement (for example, heads, shoulders, knees) will also support these connections.

So, what are non-musicians to do in the face of the overwhelming positives related to developing self-regulation through music activities? Our suggestion would be to be purposeful and mindful about why and how you are using music in your teaching practice. Active music participation provides an invaluable context in which you can observe children’s self-regulatory skills and support them to develop new ones. What are the components of self-regulation that you are supporting in the musical activities you are already doing? There is bound to be plenty.

Happy music making!

References:


¹ For more information about the Kodály approach and methodology refer to: http://www.kodaly.org.au/
The United Nations Convention on the Rights of the Child, to which Australia is a signatory, celebrated its 25th anniversary last year. This remarkable document changed the way children are viewed and treated, recognising children as human beings with distinctive rights. This historic milestone compels us not only to take stock and think about child rights in our early education and care settings, but to take action with, and on behalf of, all children.

Why focus on child rights?
Educators are guided by the Approved Learning Frameworks to ‘reinforce in their daily practice the principles laid out in the United Nations Convention on the Rights of the Child’ (DEEWR, 2009: 5).

Four key principles of The Convention safeguard children’s right to:
- Protection against discrimination.
- Survival and development.
- Promotion of their best interests.
- Participation.
Collaborating with children to support their understanding of child rights has a range of benefits, including:

- Developing intercultural understanding;
- Building social skills;
- Developing ethical understanding;
- Meeting Australian curriculum standards;
- Motivating learning;
- Creating emotionally safer learning environments;
- Assisting children to realise their rights;
- Empowering children to become active citizens (Robinson, 2013).

Outcome 2 of the Early Years Learning Framework interconnects child rights with responsibility and civic relationship, ‘Children are connected with and contribute to their world. Children are developing an understanding of the reciprocal rights and responsibilities necessary for active community participation’ (DEEWR, 2009: 26).

Carla Rinaldi, Adelaide Thinker in Residence 2012-2013, further illuminates this view of the child, inviting us to see each child as the possessor of rights but also, significantly, as the constructor of rights who demands to be respected and valued for his/her individual identity – as unique and different (Department of Premier and Cabinet, 2013).

Nurturing the seeds of child rights requires educators to take a risk, a leap of faith and confidence in young children’s reason and ability. For example, how might children’s rights evolve in early years settings that encourage and celebrate children’s assertiveness and critical questioning over prescribed notions of compliant behaviour? Where will the child rights’ pathway lead infants in programs that acknowledge and support children to make choices and decisions?

Commit to starting a conversation today with children, colleagues and families about child rights.

Consider how the key principles of The Convention are visible in everyday practice with children and families.

What actions are needed for child rights to flourish in all areas of the service?

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**AUSTRALIAN HUMAN RIGHTS COMMISSION**

The National Children’s Commissioner, Megan Mitchell, actively encourages children across Australia to understand and act on their rights. Her meetings with children highlight the essence of Article 12 of The Convention: Children have a right to express their views freely in decisions and matters that affect them; that they will be heard and their views taken into account (Australian Human Rights Commission, 2014).

Visit the Australian Human Rights Commission website to view the child-friendly report on these meetings:  

Children can contact Megan Mitchell via email:  
[kids@humanrights.gov.au](mailto:kids@humanrights.gov.au)

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**MUSEUM OF AUSTRALIAN DEMOCRACY**

Another example of child rights in action at a community level is happening at the Museum of Australian Democracy, in the Old Parliament House Canberra. It is the first museum in Australia to house a permanent exhibition that focuses on child rights. The inaugural exhibition on the Right to Play honours the important role children have in the cultural life of our communities.

Entitled ‘Play Up’, it beckons the visitor to ‘stand up, muck up, dress up, make up, think up and step up’ (Museum of Australian Democracy at Old Parliament House, 2014).

Find out more at:  

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**UNICEF**

One provocation for introducing child rights into your practice is the UNICEF photo story ‘What are Children’s Rights?’

The story explains the Convention on the Rights of the Child in simple language and with beautiful images from around the world to captivate children and adults. It is sure to spark conversations and questions with the children in your setting.

Download the photo story here:  
[www.unicef.org.au](http://www.unicef.org.au)

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**NOBEL PEACE PRIZE 2014**

Two global advocates for child rights, Malala Yousafzai (17) and Kailash Satyarthi (60), are the joint recipients of the 2014 Nobel Peace Prize.

They received the award, for ‘their struggle against the suppression of children and young people and for the right of all children to education’ (Nobelprize.org 2014).

[www.nobelprize.org](http://www.nobelprize.org)
RESOURCES

Take inspiration from the following resources to enrich your ongoing discoveries with children about child rights.

United Nations, General Assembly.
ARES/44/25. 61st plenary meeting, 20 November 1989.


**Child Rights Education Kit [www.snaicc.org.au](http://www.snaicc.org.au)**
Secretariat of National Aboriginal and Islander Child Care (SNAICC)

**Children’s Rights [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au)**
Early Childhood Australia website

**The Convention in a Picture Book Format**

**Inclusion and Professional Support Program (IPSP) Online Library [www.ipsplibrary.net.au](http://www.ipsplibrary.net.au)**
– Type ‘rights’ into the search bar to access a range of resources. In the search results, select the ‘Click here to access online’option to download a resource.

– This highly appealing photo story underscores the right of every child to play and how children in many countries celebrate it.

**Strategies for Including Children’s Perspectives**
– Discusses the importance of children’s rights and adult responsibilities to hear children’s voices; offers strategies to include children’s perspectives in everyday decisions.

Promoting Emotional Wellbeing
– A book about child rights for young children, how they contribute to emotional wellbeing and ideas to include in daily practice.

References:


Department of Premier and Cabinet (2013). *Re-Imagining Childhood: The Inspiration of Reggio Emilia Education Principles in South Australia*, prepared by Carla Rinaldi, Department of Premier and Cabinet, Adelaide.


Incorporating Mindfulness into an Early Years Program

Karen Bonson
Early Years Leader
Gowrie Victoria Docklands

During Mindfulness we have noticed a strange and immediate calm, a sense of focus and purpose.
At Gowrie Victoria Docklands we take children’s rights seriously. We recognise the importance of our role in promoting positive attitudes and habits for good health (Meldrum & Peters, 2012), we support children to participate in their own learning and development and we acknowledge the significance of working alongside families to achieve the best possible outcomes for children (DEEWR, 2009). We advocate for a holistic approach to health and wellbeing, addressing physical, social and mental health (World Health Organisation cited in Meldrum & Peters, 2012). Just as educators traditionally provide a wide range of experiences and strategies to support children’s physical health, we also endeavour to provide a range of strategies to support children’s mental health. The introduction of a mindfulness program has emerged as a natural progression of our long-term work. This program has extended and complemented our earlier efforts to support children to gain a strong sense of identity and to promote empathy. The outcomes and feedback from families have revealed benefits that go beyond the service and both children and educators have experienced rewards.

The mindfulness program aims to support children in building resilience and to develop their roles as critical thinkers and problem solvers. By nurturing children’s spirituality we seek to develop their wellbeing and their capacity to learn. We endeavour to provide children with the skills to take time to focus on the present, explore their feelings and their relations with others. Through mindfulness, children gain the capacity to increase attention, balance and compassion (Kaiser Greenland, 2012). Mindfulness sessions allow children and adults the time to identify, label and validate feelings and emotions, create opportunities to develop a range of strategies to problem solve negative feelings, as well as time to celebrate happiness. Those of us working or living with young children know that not everything works all the time, that we need different strategies and ways of doing things so that children have a range of tools to select from - a ‘toolbox’ of techniques for their mental health and wellbeing. The more we as educators have discovered about mindfulness, the more we have felt confident that it can be successfully used with young children, while also contributing to our own mental health and resilience.

The early years are a critical time for all areas of learning and development (Goldfield, 2010) and the significance of this period for life-long learning has long been recognised by those working in the sector. Research and theory, particularly current brain research, supports the significance of this period for brain development as a time when the most neural pathways are formed and lifelong skills are developed (Craig & Dunn, 2010). It therefore seemed appropriate that our mindfulness work should evolve within the 2 to 4 year old rooms, where educators spend a great deal of time supporting children as they build relationships and deal with the challenges and delights of their increasing independence. Introducing mindfulness fitted in with our belief in the capabilities of young children and with the development of important life skills such as a strong sense of self and an understanding of others. In addition, such a program gathered added emphasis in light of statistics which reveal that an estimated 14% of 4 to 17 year olds have a mental health issue and that most teenage deaths are suicides (Goldfield, 2010; AIHW, 2012). The fact that one of our kinder rooms was already running a successful relaxation program confirmed our choice. In our planning we reasoned that having a specific time where mindfulness was incorporated into the day would ensure that children and educators had the opportunity for deep engagement or ‘presence’ (Rogers & Raiders-Roth, 2006). This time and space would allow children and educators opportunities to attend to feelings and communicate them effectively, to reduce stress and create a connected community.

Sharing information with families about what we were trying to achieve has been an important aspect of the program, particularly when discussing mental health. Often there is a fear around this subject and the term has been misused and stigmatised. By involving families we have been able to highlight the positive nature of the program and emphasise that mental health must be nurtured just as physical health is. Our hope is that the skills which are becoming a natural and embedded part of the children’s kindergarten day will become lifelong habits.

We have found mindfulness to be a powerful tool and we have been careful not to introduce it as a form of crowd control or behaviour management. As with everything, we began with the children and their prior knowledge, thoughts, interests and feelings. Through gaining an understanding of the children’s ideas we have been able to create a mindful program that is contextually relevant and therefore more meaningful. Circle time was an obvious choice for facilitating the program, as it has been a familiar space for children to spend time sharing their thoughts and feelings and being listened to. Over time we have become more spontaneous in using mindfulness, identifying appropriate times of the day for small group work and even taking it out and about on our excursions - including laying on the grass, looking at the clouds and incorporating mindful feeling, seeing and listening. Labeling what is occurring in the brain and the role of mindfulness to strengthen neural pathways has been something which has held great appeal to the group - just as they enjoy strengthening their arm muscles, they are enjoying strengthening their brains! We have raised
the questions: ‘What does your brain look like?’ ‘What does your brain do?’ As always, the children have provided their own unique and interesting answers, from, ‘My brain looks like bananas.’ to ‘My brain is a jungle’. A parent shared a very useful tool, from the work of Dan Siegal, which describes the flight or fight function of the brain. It has helped us to identify what is happening in the brain in moments of stress and when we ‘flip our lids’. Through the knowledge and understanding that this is what brains do, children take a little less blame for flipping their lids, but a lot more responsibility for popping their lids back down! They have become empowered and take ownership by using their mindful toolbox to put their lids back down. This has been quite fascinating. Similarly, labeling, validating and sharing emotions has empowered children to manage their emotions more appropriately. Empathy is promoted as children listen to others describing their feelings.

During mindfulness we have noticed a strange and immediate calm, a sense of focus and purpose. The circle of children’s faces reveals curiosity, calm and concentration. Not only have children expressed feeling happier following these periods, but so too, have educators. Mindfulness is a time, not so much for clearing the mind, but for focusing it on the now, allowing us to reset and energise for the rest of the day. Each day we spend time (varying from 1 or 2 minutes, to up to 25 minutes) according to the mood and interest of the group. Our toolbox is beginning to fill up with a range of hand and body techniques and we have created our own private imaginary spaces including a bubble. Our bubbles can be taken out whenever we wish, need or choose. Some are kept in pockets, behind ears or just about anywhere. The children place their bubbles around them, they have painted them their favourite colours and into them we have added several things which make us feel happy. We have placed something we love, something to touch, something to make us laugh and something we love about ourselves. The latter of these gave us an interesting insight into the children, as many struggled to find something they loved about themselves, often naming toys or things that were separate to themselves, while others were proud of their jumping or singing skills. This is an area we are keen to further expand and explore.

As these techniques become more and more familiar and easier to use, we have seen children implement them in their everyday lives, both independently and interdependently. Children remind one another of the techniques such as their bubbles, they identify when they have ‘flipped their lids’ and support one another to put their lids down. At other times children simply sit and use their hand techniques, such as running a finger up and down each finger of the other hand, tracing a line from one side of the hand to the other. Families have provided feedback on how these tools have been used at home and children have proudly taught their parents how to be mindful.

Educators have acted as both facilitators and co-learners and in this way the program has served the dual purpose of supporting both children’s and educators’ mental health. As the program expands and grows we have combined it with our work on the ‘Healthy Together Achievement Program’ (a Victorian Government initiative). We are beginning to share our work across the service and beyond, sharing with families and the wider community. The more we connect with the families, the more we understand the children as members of different communities, and the better our programs are informed. Our mindfulness program, so far, has created a unique space for children to better understand themselves, and through this they are more able to understand the hearts and minds of others.

References:
http://apps.deakin.edu.au/ereadings/equella/download/unit-code/ECP712_TRI-1_2014/item/dfea0abd-0d4e-af5a-e4e9-9c270e2506ec/version/1/attachment/SharonGoldfieldtheimportanceofhealthandwellbeing
Meldrum, (K) and Peters, (J). (2012). Learning to teach health and physical education: The teacher, the student and the curriculum. Pearson Australia: Frenchs Forest, NSW.
Positive social and emotional development in early childhood is important for the day-to-day wellbeing of babies and young children and can also lead to lasting benefits for their future. Research shows that a baby or young child’s relationships and experiences, and the environments in which the child lives and grows, can affect how the brain develops. This in turn can influence childhood, adolescent and adult lives including physical health, mental health, relationships and success at school and work.
As a community, we are becoming more aware of mental health issues and the challenges our children face with their thoughts, feelings and behaviours. A survey conducted in South Australia in 2005 reported significant mental health difficulties (including emotional, behavioural and social skill deficits) in 10% of preschool children aged 3 to 5.

Poor mental health in early childhood may lead to a lifetime of potential challenges, including poor physical and mental health, learning difficulties, poor academic performance, unemployment and an inability to form healthy and secure relationships. Providing appropriate support reduces the likelihood of these negative outcomes. In some cases, this requires early childhood educators to collaborate with health professionals, or support agencies who specialise in mental health and wellbeing.

When health professionals become involved

It is normal for children and adults to experience a wide range of emotions, and learning how to manage feelings and cope in positive ways is an important part of child development. ‘Mental health difficulties’ is a term used to describe a range of challenges that children or adults may experience with their thoughts, feelings or behaviour. Mental health difficulties can occur in response to general life challenges and include stress, sadness, aggression or irritability. All people, including children, experience mental health difficulties at times.

However, not all children experiencing mental health difficulties will need assessment and support by a health professional. Warning signs of more serious mental health difficulties in children can include significant and ongoing changes in behaviour or emotions, problems with attachment, and/or not reaching developmental milestones. In these cases, further assessment and support from a health professional is recommended.

It is important to consult with the staff team and director/leader if there is a concern about a child’s mental health. This consultation can then help guide educators as to who is the most appropriate person to raise any concerns with parents/caregivers. It is important to remain sensitive and not to provide labels or a diagnosis – the educator might need to have a conversation about what he/she is seeing, the reason for concern and then recommend a visit to the family’s local GP.

Types of health professionals

There are a number of health professionals who can provide assessment and advice for children and families experiencing mental health difficulties. These include medical doctors, such as general practitioners (GPs), paediatricians and psychiatrists, as well as psychologists, social workers and other health and welfare professionals.

Often the best place to start is with the family’s local GP. GPs provide assessment and advice and can, if necessary, refer children on to a specialist for further assessment and management.

How professionals help

Firstly, health professionals can assess a child showing signs of mental health difficulties and provide a diagnosis where appropriate. Only health professionals can diagnose a mental illness or a neurodevelopmental disorder. A diagnosis is provided if a specific set of criteria is fulfilled and sometimes it takes time to establish a diagnosis, especially in young children.

Regardless of whether or not a diagnosis is made, health professionals may develop a support plan to guide the child’s wellbeing and development, and they may also work with educators and family members to implement the plan. Health professionals may speak with children about their experiences, thoughts and feelings (if appropriate), and work with them to develop problem solving skills and helpful ways of coping. Medication may also be prescribed for children experiencing mental health difficulties.

The type of support recommended by professionals will depend on various factors relating to the individual child, the stage of development, the family, and the mental health difficulties being experienced.

Working in partnership with health professionals

The best outcomes for a child with mental health difficulties are achieved when all the adults in that child’s life are working in partnership. By connecting and communicating with parents/careers educators can work to bring everyone together. This allows educators, families and health professionals to share information, implement support strategies consistently, and reflect together on a child’s progress. Discussions may centre around strategies that were helpful and effective in supporting the child and family, considering strategies that did not work, and deciding on any changes that need to be made.

Some practical tips for working in partnership with health professionals include putting together a list of the main agencies and professionals in the local area who provide assessment and support to children experiencing mental health difficulties. It may be helpful to pick up some brochures or print off some information about the agencies to share with families if they are interested. If requested and approved by the family, observations of a child’s emotions or behaviour can be shared with a health professional during the assessment process. If a child has already been assessed by a health professional or support agency, the service may have access to a report or an existing support plan. Educators should become familiar with any documentation and if needed, discuss it with the service director, supervisor or coordinator. Lastly, once familiar with the support plan, educators can assist by implementing the recommended strategies consistently in the service, recording the outcomes and communicating the child’s progress regularly to the family and other professionals as requested.

More information

More information about supporting children’s mental health and wellbeing in early childhood education and care is available in the new resource: Connections: A resource for early childhood educators about children’s wellbeing

A free copy of ‘Connections’ has recently been distributed to long day care, family day care, preschool and out of school hours care services throughout Australia. ‘Connections’ has been created by the Hunter Institute of Mental Health with funding from the Australian Government through the Department of Education. For more information about ‘Connections’ and the research behind it, or to access electronic copies go to: www.himh.org.au/connections

Watch out for upcoming Professional Development Learning to support this resource through Professional Support Coordinators (PSC) and Gowrie NSW.
In recent years the Education and Care Sector has been recognised as a significant influence on the lives of young children, with evidence based research identifying the early years as a critical period of a child’s development. This has resulted in many opportunities, as well as challenges, to ensure education and care programs are of the highest quality and educators who plan, implement and evaluate the curriculum are highly trained professionals.

Ongoing professional learning provides the opportunity for educators to examine and re-examine the ‘what’, ‘how’ and ‘why’ of what they do to support continuous improvement in the provision of high quality education and care programs. Malaguzzi described much of the process of articulating and examining current practice as “standing on the shoulders of giants”, acknowledging that much of what we do and learn as practitioners borrows from, and builds on the legacies left to us from inspirational leaders, thinkers and theorists.

Early childhood practice has continued to develop with new theoretical influences that include socio-cultural theory, attachment theory, and constructivism - to name just a few.

There is widespread acknowledgement that effective, high quality and ongoing professional learning assists educators to address challenges and make explicit the links between theory, learning and practice.

As Gowrie Australia moves into its 75th year, we have taken time to look back on the legacy of reflective, considered pedagogy and practice that has been created over many years, and this year, Gowrie Australia is launching Theory into Practice, a professional learning partnership between the Lady Gowrie Centres located in New South Wales, Queensland, South Australia, Tasmania and Victoria. The purpose of the Theory into Practice sessions is to inform, influence and inspire the sector, encourage inquiry, present personal and professional challenges and, importantly, introduce and examine the theoretical concepts embedded in the Early Years Learning Framework and everyday practice.

For further information on this program please contact the Gowrie Professional Learning team in your state.
LADY GOWRIE 75TH ANNIVERSARY BURSARY

Background
The Lady Gowrie Child Centres were established in 1939 and 1940 in each state in Australia. The years 2014 - 2015 mark the 75th anniversary of the establishment of the Gowrie Centres, and to recognise this significant milestone, a one-off Bursary is being offered by Gowrie Australia to an early childhood education and care professional or group of professionals.

Purpose
The purpose of the Bursary is to provide support to an early childhood education and care professional/group to undertake study/research in the early childhood sector in Australia.

Bursary
The Bursary recipient(s)* will:
• Receive a $10,000 Bursary to undertake study/research of exemplary early childhood services or programs which correlate to the EYLF principles in the context of the current National Reform Agenda in Australia.
• Write a series of articles for inclusion in Gowrie Australia’s ‘Reflections’ magazine on the outcomes of the study/research findings.
*An individual or a group may apply.

Eligibility Criteria
To apply for this bursary the applicant must:
• Be a permanent resident of Australia.
• Hold an early childhood degree qualification.
• Have a minimum of five (5) years’ experience and be currently working within the early childhood education and care sector.
• Have a strong understanding of early childhood education and care principles and practices, including addressing diversity and equity.
• Have demonstrated commitment to their own professional learning and the learning of others.
• Outline the plan for the study/research including a timeline, location, methodology and desired outcome and also demonstrate how the study will enhance the professional development and learning of the recipient(s) and be disseminated to the sector more broadly.
• Have demonstrated leadership and contributed to the development of professional practice in their own work, program or organisation.

Application
Applicants can self-nominate or be nominated by others. To apply applicants are required to submit the following:
• Personal Mission Statement.
• Professional Vitae or Resume.
• A detailed submission addressing the eligibility criteria.
• Two letters of recommendation indicating the capacity of the applicant(s) to undertake a research study and report on the findings.

Applications can be forwarded to:
Gowrie Australia (info@gowrie-tas.com.au)

Applications close 5 June 2015 - late applications will not be considered.
National and International CONFERENCE UPDATE

**ECA National Reconciliation Symposium**
*Advancing reconciliation in early childhood education and care*
8 – 9 May 2015
Stamford Grand, Adelaide, SA

**C & K Early Childhood Annual Conference 2015**
*Connect, Collaborate, Create!*
23 – 24 May 2015
Brisbane Convention and Exhibition Centre, Brisbane, QLD
http://www.candk.asn.au/

**2015 Early Childhood Education Conference**
*Together we grow – investing in our future*
29 – 30 May 2015
Caulfield Racecourse, Melbourne, VIC

**ARACY Early Years Conference**
*Coming Together for Australia’s Children*
24 – 26 June 2015
Hotel Grand Chancellor, Hobart, TAS
http://www.togetherforchildren.net.au/

**2015 REAIE Biennial Conference**
*Landscapes of Imagination*
2 -5 July 2015
Melbourne Convention Centre, Melbourne, VIC

**2015 WA Early Childhood Education and Care Conference**
*1 Voyage: Exploring Excellence in Early Childhood Education & Care*
7 – 8 August 2015
Crown Perth, Perth, WA
http://www.waeccec.com/

Gowrie Australia
Promoting and supporting quality services for all children.

Our Mission
Nationally committed to optimal outcomes for children and families.