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Foundations

Developing Social & Emotional Wellbeing in Early Childhood



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ATTACHMENT

talking to
Fathers about
bonding

Self-
REGULATION

CHILDREN'S SERVICES MAGAZINE

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FROM THE EDITOR

Welcome to the second issue of *Foundations* for 2011. This issue focuses on attachment. This has been one of the most requested focus areas by our readers and we are pleased to be able to bring together a mix of local, national and international authors to provide you with up-to-date research, theory and practice.

This issue features an article on self-regulation by Dr Stuart Shanker. Dr Shanker is a distinguished research professor of philosophy and psychology and Director of the Milton and Ethel Harris Research Initiative at York University. Recently he visited Australia to conduct workshops on self-regulation and children's behaviour. We were honoured that he was able to find time in his busy schedule to meet with us during his trip.

Over the past month we have been conducting an evaluation of *Foundations*. The information collected will be used to improve future issues and to ensure that *Foundations* remains relevant. I would like to thank everyone who participated in the survey. If you haven't had a chance to complete the survey yet you can still complete it online at: www.himh.org.au/foundations.

Foundations is all about building the skills and knowledge of carers, families, communities, and services. Please feel free to copy the articles in *Foundations* and pass them on to parents, or pop them in your newsletter (acknowledging the source).

If you would like to contribute to *Foundations* or if you would like to share some ideas please feel free to contact me via email: ellen.newman@hnehealth.nsw.gov.au

Ellen Newman

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Attachment

Attachment is a term that we use to describe the relationship or bond that develops between an infant and their caregiver. Babies and young children rely upon adults to meet their needs including: food, safety, physical care, social interactions and emotional security. They have an inbuilt impulse to develop and build a connection with a parent or carer so they can have these needs met. Attachment behaviours are most easily seen when children are sick, injured, tired, anxious, hungry or thirsty.

What does Attachment Behaviour Look Like?

Attachment starts to form during preverbal stages of development, before a baby has language to express their needs. Observing the behaviour of babies and children has formed the basis of understanding and learning about early attachment. In children attachment behaviours can include:

- Eye-to-eye gaze
- Reaching
- Smiling
- Signalling or calling to
- Holding, clinging or protesting separation
- Seeking to be picked up
- Following
- Sitting with
- Searching
- Verbal engagement

Adapted from Pearce, 2009.

“ Attachment is one of the most critical developmental tasks of infancy ”

Dr Joy Osafsky

How Does Attachment Form?

During the first year of life babies develop a primary attachment with their main carer (usually from around 3 months). This is often their mother but it can be another person who provides primary care to a baby. Babies also develop secondary attachments with other regular carers or extended family members. People whom a baby forms an attachment relationship with are described as 'attachment figures'.

The way a baby and carer interact, during the early years, will shape a particular style to the way a baby behaves and tries to have their needs met by their primary carer. For example, when a baby feels frightened or threatened they will seek comfort and safety by staying close to their attachment figures. Even as the baby develops independence (from around age two) they will maintain a tendency to seek comfort and protection from their attachment figures.

In summary, attachment is basically about the physical (my caregiver is nearby), emotional (my caregiver understands my feelings) and cognitive (my caregiver is aware of me) connections that form between the child and the caregiver (Pearce, 2009).

Attachment Styles

How attachment figures respond to a baby's behaviour and needs (over time) is important in establishing a particular *attachment style*. When carers are able to understand a child's cues and respond to the child's physical and social needs in a caring and consistent way this establishes a style of attachment that is called *secure*.

A secure attachment style generally involves babies displaying a strong preference for contact with their primary carer. Secure attachment also has the beginning of displays of independence. In particular babies who have developed a secure attachment can use their carer as a safe base from which to explore their world.

Of course, having a secure attachment and a sense of independence does not mean that a child will not become upset at separation from their primary carer. They may show distress when left with unfamiliar carers. However these children will generally be able to adapt readily and be comforted more easily. Over time they will be able to develop a sense of security and build secondary attachments to new carers, such as children's services staff.

At the heart of a secure attachment style are these key elements:

- **trust that their carer will be there when needed (physical needs)**
- **developing a sense of safety, security, reliability, and predictability (emotional and cognitive needs)**
- **developing a good balance of autonomy and returning to their carer for comfort when needed.**



Insecure Attachment

Not all babies experience consistent and caring responses from their primary carer to their cues and needs. When this happens babies can develop an attachment style we call *insecure*. In this style the baby lacks a strong emotional connection to primary carer and is unsure how to get their needs met.

This weak connection is often displayed in two different ways:

1. The child can appear to be self-reliant or self absorbed. They can avoid or ignore others and seem to cope with separations from primary carer
2. The child appears clingy and distressed during separation. When the carer returns the child moves between closeness and anger with the carer.



Insecure attachment styles can form when the child is unsure if the carer will respond to a call for comfort. This could be a reflection of a parent's or carer's preferred style of caring. It could also be as a result of the adult not always being available, physically or emotionally, for the child.

Disorganised Attachment

In contrast, children who experience carers who are consistently rejecting, threatening and unresponsive to the baby's needs are at risk of developing a *disorganised* attachment. As with the other attachment styles, the type of caregiving the child experiences child shapes their understanding of themselves and their carers. Overtime expose to a hostile or disorganised relationship forms a pattern of disorganised behaviours.

Children with a disorganised attachment style may not have a consistent way of expressing their needs and feelings to carers. When comfort is offered they can be difficult to settle. Children experiencing a disorganised attachment style may shift between insecurity and anger or their interactions may be detached from their carers and families.

The Impact of Attachment on Mental Health and Wellbeing

Early attachment experiences form an important foundation for our social and emotional development and future mental health. The attachment style that a person develops in early childhood often remains with them into adulthood becoming a model for adult social interactions. Attachment experiences help us to shape how we see ourselves and the expectations we have of others.

By actively building secure attachments primary and secondary carers can provide children with the best foundation for social and emotional wellbeing.

Secure attachments foster the positive development of:

- the ability to manage feelings
- coping skills in stressful situations
- trust
- autonomy
- self-esteem
- relationships.

An insecure attachment style does not necessarily increase the risk of a disorder however it can present challenges to people's wellbeing later in life. This may include low self-esteem, difficulty in trusting others and managing their feelings. On the other hand a disorganised attachment style increases the risk of children displaying behaviour problems and the development of mental illness later in life.

Fostering Secure Attachments

Children's services staff, families and carers can all contribute positively to the mental health and wellbeing of babies and children by integrating the principles of secure attachment into their daily practice and routines, particularly during the first few years of life. Primarily this involves reading and understanding children's cues and responding to their needs in a consistent manner.

Family members or carers can also provide useful information about the child, their routines, relationships and communication methods. By collecting as much information about the child's routine and by getting to know the child, family and or carers well the better you will be able to understand the baby and respond in a consistent way.

Children's services staff can watch babies and children to look for signals about their needs and feelings. Babies and young children may express their needs and feelings using non-verbal communication including:

- body language
- facial expressions
- crying
- babbling
- making/or avoiding eye contact
- gestures



Older children may use words as well as non-verbal cues to express their needs and emotions.

Children's services staff can adjust their practices to suit individual children and their attachment styles helping them to feel safe and supported in the service. As children grow developing language and an understanding of others' actions and feelings, assessing their attachment style becomes more complex.

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Response Ability: www.responseability.org

Staff Activity: Attachment

Something to think about...
the word attachment means a tie or fastening. Bowlby used this term because he wanted to make us think about how important the first ties that children form are to their wellbeing and development.

Many of the practices in your service will already foster secure attachments, but you may not identify them. Using the following list reflect on your practice identifying activities that you already undertake and listing any new approaches that you may like to try.

Observe children to learn about their verbal and non-verbal cues	
Respond quickly and in a caring way to children's needs for:	
Comfort	
Food	
Play	
Rest	
Consider who structured, understanding and responsive the interactions with children are. Especially those who may be demonstrating difficulties.	
Use appropriate physical contact to comfort children (such as cuddles)	
Where possible maintain routines so that children know what to expect	
When possible use the same staff so that children and carers can get to know each other developing routines and relationships	
Use your verbal and non-verbal interactions such as voice, face and body language to show babies that you are interested in their worlds	
Work in partnerships with families or primary carers to maintain the routines	
Work in partnerships with families and carers to support the child's security, wellbeing and development.	

A CHANGE FROM *Segregated to integrated* INFANT AND TODDLER GROUPINGS

By **Lynne Rutherford**, Children's Program Manager, Gowrie SA



Our programs are based on the importance of relationships using attachment theory and a model of primary caregiving. Attachment is the term used to describe our unique human ability to form lasting relationships with others and to maintain these relationships (Harrison, 2003). Dolby (2003) suggests that as part of becoming an independent person, children need an effective attachment relationship. Research in brain development has demonstrated that the quality of interactions between an infant and caregiver in the first three years of life significantly affects the development of the brain and future physical, emotional and mental health (McCain & Mustard, 1999).

Lieberman (1993) believes that children need a secure base from which to explore their environment and make the most of learning experiences. At home, this secure base is the child's parent/primary caregiver/s and for children attending child care, this is the educator who works closely with the child and their family. Primary caregiving is a term commonly used to describe the means by which secure attachments are developed in early childhood settings. The practice of primary caregiving links each child to one educator who assumes primary responsibility for their care (Lamb, 1998, cited in Davies, 2006).

Room Changes for Wellbeing

Historically Gowrie SA has had baby and toddler age groupings (birth to 18 months; 18 months to 2.5 years and 2 to 3/3.5 years) in its long day care programs. The initial idea for integrated infant and toddler groupings was explored in January 2009. This stemmed from concerns around the number of transitions children experienced when moving from one age group to the next. We noted that, on average, children were moving to a new room every nine to twelve months. Many children were having to cope with three transitions before they were three years old. This affected the strength of primary caregiving relationships, relationships with families, the depth of the program and planning for children's learning, and the sense of wellbeing experienced by educators and children.

Lally (2003) states that too many changes of educator can result in a child's reluctance to form new relationships. We were concerned about the stress experienced by children and families as they moved/transitioned into each new room with a new primary caregiver. With fewer transitions, children would not have to adjust to new environments or lose a significant attachment relationship with an educator (Zero To Three Policy Centre, 2008). Under new integrated infant and toddler groupings young children would not move to another room until they were three years of age.

Forming Quality Relationships

An overwhelming body of research demonstrates that the quality of the relationship formed between educators and children in the very early years is significant (Honig, 2002). The number of children grouped together in the toddler ages was of concern to us, with up to 17 and 20 children in each toddler room. Our toddler rooms were challenging. We wondered about the impact of having children at similar periods of social development in one room together and how this contributed to incidents of biting, hitting and scratching among children. Smaller group sizes would enable educators to spend more time in their relationships with children, and fewer children (up to 13 children with three educators) would improve the conditions and noise levels in each room.

Programs that group older children with younger ones have been shown to have improved levels of educational dimensions (Mathers & Slyva 2007). It was possible that older children would role model language, skills, empathy and cooperation for younger children. Securely attached infants have been shown to be more successful in peer relationship development, "engage in more complex and creative play", and show positive outcomes on a range of mental health indicators (Manning-Morton, 2006, p. 47).

“Everyone and everything around you is your teacher”
Ken Keyes Jr





THE ENVIRONMENT IS CALMER,
EDUCATORS HAVE MORE TIME
TO TALK AND INTERACT WITH
CHILDREN AND FAMILIES...

Making the Transition to Integrated Groupings

A visit to an interstate service which offered integrated infant and toddler programs provided us with some insights as to how this might look. Further motivation was provided by the current Government reforms around ratio improvements for children under 3, and the implementation of the new National Quality Standards. After an extensive learning and consultation process we concluded that changing to integrated infant and toddler groupings would benefit children, families and educators.

We transitioned to integrated infant and toddler programs in January 2011. In these rooms, it has been observed that older children are demonstrating nurturing behaviours toward younger children, the environment is calmer, educators have more time to talk and interact with children and families and there is less competition among children for resources.

Future Directions

There is still some learning to do with educators having to plan for new routines (such as children requiring 2 sleeps per day) and questions around what is safe and challenging for all children in the room.

There will be further learning opportunities through professional development as well as sharing and talking with each other about our programs and planning. Our professional network has also been extended with opportunities to talk with colleagues interstate and overseas who have or are interested in similar programs. All in all, we are excited by this opportunity and expect that children's emotional wellbeing, and our primary caregiving practices and quality of care and education will be enhanced with this change in our program model.

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www.zerotothree.org.au

GREAT DREAM

Ten keys to happier living

GIVING



Do things for others

RELATING



Connect with people

EXERCISING



Take care of your body

APPRECIATING



Notice the world around

TRYING OUT



Keep learning new things

DIRECTION



Have goals to look forward to

RESILIENCE



Find ways to bounce back

EMOTION



Take a positive approach

ACEPTANCE



Be comfortable with who you are

MEANING




Be part of something bigger

ACTION FOR HAPPINESS

www.actionforhappiness.org

Talking to Dads about Bonding

By Dr Richard Fletcher,
Senior Lecturer, The Family Action Centre,
Faculty of Health, The University of Newcastle

A photograph of a man with short dark hair, wearing a blue sweater and a necklace, smiling warmly at the camera. He is holding a baby in a purple and pink striped sleeveless top. The background is a blurred outdoor setting with a railing.

Dads will already have a good sense of what bonding feels like from their romantic experiences and their friendship with mates. What they lack is information on how bonding (attachment) between the father and the infant occurs and how the emotional connection between dad and baby will influence their child's development. You can see the result of this lack of knowledge in this fathers' posting to a website for new dads:

"I'm just coming back from being over in Iraq, and my daughter, who is only six-and-a-half months old, doesn't stop crying whenever I hold her. The moment my wife is out of her sight she starts crying, and the longer I'm holding her the worse she gets. My upstairs neighbours said it sounds like someone is trying to kill her. I don't know what to do. I've tried holding her and letting her cry until she stops, but like I said, her crying just gets worse. I want for us to re-bond so bad that every time she cries, I cry. If any of you guys can give me any advice, I'm more than happy to take it."

What is missing here? This father's heart is engaged and he knows what he wants – to re-bond with his daughter. What no-one has told him is how children develop bonds with those that care for them. Three pieces of information could make all the difference to this father:

1. Knowing that babies start to discriminate between their parents and strangers at about six months, and that crying when a 'stranger' tries to hold you is normal at this age, might stop this father blaming himself for his daughter's behaviour.
2. Knowing that bonding happens through day-to-day interactions will give him a strategy to form a close bond by taking care of his daughter, playing with her and being close to her for as long as he can.
3. Knowing how his relationship with his daughter will be influencing not just her crying, but also her brain architecture and her future ability to deal with stressful situations, might also add a new reason for spending time with her.

Early Childhood Staff can be a Valuable Source of Information

Early childhood staff are in a good position to encourage dads to spend connecting time with their young children. Dads don't need an intensive course on attachment theory; a few straightforward explanations can change a fathers' view of his interactions. Here are five brief points that make sense to fathers and are backed up by very solid scientific evidence:

1. Babies and young children are programmed to connect with you (the dad) from day one. So when you are playing with your little one, they are looking for connection with you, not just wanting to be entertained.
2. Connecting happens when you are close together, interacting with words and probably touching but you (the dad) have to be tuned in. So it will not happen if you are watching telly while you bounce her on your knee or playing with the dog while he tells you about his picture.
3. Tuning in to kids is just what happens when you tune up your car, you get the timing right and you adjust the mix so that the two of you are enjoying the time together. There is no magic formula; it's not that hard to do.
4. When you are playing with your youngster and you are tuned in then connections are forming in your child's brain that will affect how they handle stress as adults. Playing with dad is a brain building exercise.
5. Father-baby and father-child connection matters. The old picture puts mother-baby bonding as the only important part of child raising. Dads were just to bring in the money. New scientific evidence shows that the father-child connection has a big effect on how babies will turn out. Mums matter but so do dads, from day one.

Want to engage more fathers at your centre? See the back page for more details.

The Benefits of High-quality Bonding

When high quality bonding occurs between fathers (and mothers) and their babies these babies grow into children and adults who can manage stressful situations more effectively. They can also do more exploring (something that most dads are in favour of). Youngsters that have high quality bonding can express their fears and gain the comfort they need from their parent, and in this way manage their emotions, then they are able to go back to exploring their world. When researchers follow groups of babies for many years as they grow up, those with high-quality bonds have better outcomes. These children are more successful since they are better able to manage the normal difficulties of school, and they form friendships more easily.

The Big Shift – from IQ to EQ

IQ, or how your child's score on an intelligence test compares with other children of that age, is a straightforward way of deciding how 'clever' your child is. Most parents understand that an IQ score above the average will help their child at school and later in life. But the focus on an IQ score for judging how well your child will manage later in life has changed in recent years. IQ is still important, but now EQ, which stands for emotional intelligence, is recognised as just as crucial for success in school and employment.

Studies by James Heckman, who won the Nobel Prize for Economics, show that factors such as motivation, perseverance and tenacity explain which children will succeed in life just as strongly as measures of IQ do. His studies also show that it is the early years that count. Your child's motivation to put effort into learning, and the tenacity to keep going when things are not easy, are developed long before school. These key personal factors are EQ, not IQ. EQ is a result both of the genes that are passed down and of the way that fathers (and mothers) do their parenting.

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Adapted from *The Dad Factor: how father-baby bonding helps a child for life* by Richard Fletcher 2011 Finch. Available in bookshops nationally, through The Family Action Centre at the University of Newcastle <http://www.newcastle.edu.au/research-centre/fac/research/fathers/> or at www.finch.com.au/.



Children's Activity:

Glorious Mud

By the Staff at Carinya Children's Services Centre
(Nicole Vesperman, Ingrid Harrison, Christine Noltenius,
Marion McMahon, Rachael Kinsella, Mirjana Ivanovic,
Kate Stephens & Leanne Haworth).

Why are children drawn to mud puddles?

We think children are attracted to the sensory feeling of mud.

Mud is made up of dirt and water – two natural elements in which children also play. Mud is cold, wet, slippery. It is not see through. It is mysterious.

Why should we make it possible for children to engage with mud puddle play?

This is another important sensory experience. Children are learning about the natural world and how they can interact within it.

Like scientists they are discovering how the world works. They are negotiating with each other, learning about their bodies and the effects they can have eg splashing mud, trickling mud, fishing in mud puddles all involve different types of physical skills.

Sometimes it can be hard for parents to let children get dirty and allow them the freedom to go outside and be free to be kids. Children's centres may be the only place children can explore mud play. As educators we need to advocate the benefits of this type of play.

Connecting to the Earth

Some of the benefits of natural play spaces besides the obvious physical skills are, higher attention levels, greater self discipline, mental health benefits through developing a sense of place and identity and developing an appreciation and genuine respect for nature. Elliot (2008) The Outdoor Playspace Naturally .

Playing with mud enables children to connect with the earth in an immediate and direct way.

There is something about plunging your hands into the earth that creates a connectedness between humans and mother earth that we can feel.

How can we make it possible for children to engage in mud puddle play?

We are not constantly asking children to keep out of the mud which is possibly an easier task than engaging with it. We have bought gumboots so children can wear these instead of their shoes or when it's warm enough they can explore with their bare feet. We try to change their clothes and wash the dirt/mud before they go home. Sometimes it's hard to achieve this but we try.

Self-Regulation

By Dr Stuart Shanker



There is a growing interest, and debate, about the ways in which our development, our brains, our behaviour and our attitudes are connected. Importantly self-regulation has been identified as a key factor in wellbeing, learning and development.

Dr Stuart Shanker provides us with a discussion of his research in this area and the implications this has for supporting the development of children in general and the applications to learning environments.

Basic Concept - Self-Regulation

Self-regulation is the ability to manage your own energy states, emotions, behaviours and attention, in ways that are socially acceptable and help achieve positive goals, such as maintaining good relationships, learning and maintaining wellbeing.

There is an important difference revealed by our studies, at the Milton and Ethel Harris Research Initiative (MEHRI), in York University, between *self-regulation* and *self-control*.

Self-regulation does not involve the inhibiting of impulses but, rather, being able to deal effectively and efficiently with stressors – for example, noise, light, and movement, or frightening experiences during infancy and childhood – that can result in a chronic state of energy-depletion.

Whatever a child is actively doing demands fuel, and the size of that cost will vary according to the activity, the situation, and most importantly, the child. In other words, two children might have to expend very different amounts of energy – be at very different points on the arousal continuum – in order to engage in the same activity.

The problem is not that some children have less of a natural self-control reserve, however, but that some children have to work much harder than others to perform the same tasks, and it is this expenditure that so seriously depletes their capacity to meet subsequent challenges.

Five Aspects of Self-Regulation

We have determined that there are five aspects of self-regulation. These take into account different factors such as biological temperament and social skills. The ability to self-regulate is a result of a combination of these five factors. The five aspects of self-regulation are:

1. Biology (Temperament)

2. Emotion-regulation

3. Cognitive factors:

- **display effortful control**
- **sustained attention, not easily distracted**
- **attention switching, able to transition between tasks**
- **inhibit impulses**
- **able to deal with frustration, delay, distractions**

4. Social: able to develop and use socially-desirable behaviours

5. Moral: the development of empathy and values.

Self-Regulation and Cars

We can visualize children's ability to self-regulate by thinking about the processes of driving a car. If we aim to maintain a constant rate of acceleration, say 100km/ ph, then we will need to adjust the pressure that we apply to the accelerator to allow for changes to the road, incline and wind. Furthermore driving requires constant changes depending on traffic conditions and speed zones etc. When we learn to drive a car learning to accelerate, brake and changes gears smoothly takes time and practice.

This is quite similar to children learning to self-regulate. Some children are always pushing too hard on the accelerator, while others jump between gears quickly and some are slow to accelerate. Children need to master the ability to find the optimum speed or level of speed or arousal. The ability to regulate the level of arousal underlies all levels of self-regulation.



The stages of arousal are: asleep, drowsy, hypoalert, calmly focused and alert, hyperalert and flooded. Children need to be able to find the appropriate level of arousal for the situation they are experiencing. For example a child who is hyperalert may have difficulties sitting on the mat and listening to a story. A child who has difficulty engaging in these critical social experiences because of the drain on his nervous system can indeed be helped; but only if he is first understood.

Why is Self-Regulation Important?

Over the past decade there's been an explosion of research on self-regulation in regards to a broad range of mental and physical problems. These problems are not caused by difficulties in self-regulation. They all have their own unique biological and environmental factors. However difficulties with self-regulation are a factor in the development of mental health problems and self-regulation can be a predictive factor.

Problems with self-regulation during children's early development can be a risk factor for the development of:

- developmental disorders
- internalising problems
- externalising problems
- personality disorders
- memory disorders
- alcoholism
- risky behaviours
- obesity
- diabetes and cancer
- coronary heart disease
- immune system disorders such as:
asthma, allergies, chronic fatigue
syndrome, and rheumatoid arthritis.

In a now famous experiment on self-regulation by Mischel et al. (1989) children were told they can have one marshmallow now or several if they wait until experimenter comes back into the room. Around 30% of 4 year-olds were able to wait. The children who were able to wait had higher academic achievements later in life, lower antisocial behaviour and reduced susceptibility to drug use (Mischel, Shoda & Rodriguez 1989).

This is a classic experiment designed to measure self-control (delay of gratification). But the more a child is in a depleted energy state the harder it is for that child to exercise self-control. We have found that the key to helping such children is not to try to *strengthen* their willpower but rather to identify and to reduce the stresses on their nervous system, so that they have the resources to control their impulses.

Four Key Practices to Enhance Children's Self-Regulation

There are four key practices that children's services staff can undertake in order to enhance children's development of self-regulation.

BE A DETECTIVE! Try to figure out your child's stressors, what helps the child stay calm and alert, what leaves a child hypo- or hyper-aroused?

EXERCISE! For a child who wakes up irritable, exercise that works their deep muscles is very effective.

MINDFULNESS PROGRAMS. By using mindfulness principles we can help children to identify their own arousal states. Try using the car analogy for example my engine is running really fast, really slow or just right. Once they begin to understand their own arousal states we can help them to learn how they can get to "Just Right" on their own. A physical activity such as stretching, push-ups, or star jumps can be very regulating: if we make it fun!

PLAY. When play emerges from children's interests it will engage their focus. It will help them to consider the perspectives of others and figure out what they are thinking. Play encourages communication about wants and fosters connections between objects, people & ideas. It is a challenge that children can take on which requires self-direction in order to maintain.

"WE NEED TO FOCUS ON THE EMOTIONAL QUALITIES THAT CREATE MENTALLY HEALTHY CHILDREN: THEIR MOTIVATION, CURIOSITY, EMPATHY, EMOTIONAL RANGE, SELF-ESTEEM, INTERNAL DISCIPLINE, CREATIVITY, MORAL INTEGRITY." *Stuart Shanker*



This article has been adapted from the following publications by Stuart Shanker:

- Stuart Shanker (2009) Enhancing the Mental Wellness of Children, *Child & Family Professional*, 12:3
Stuart Shanker (2010) Self-Regulation: Calm, Alert and Learning, *Education Canada*, 50:3
Stuart Shanker (in press) Self-regulation and the transformation of aggression, *Peace*
Stuart Shanker (in press) Building Healthy Minds. Sharna Olfman (Ed), Drugging our Children, Praeger Press.
Stuart Shanker (in press). Emotion regulation through the ages. In A Foolen, U Luedke, J Zlatev, & T Racine (eds), *Moving ourselves, moving others: The role of (e)motion in intersubjectivity, consciousness and language*. London, John Benjamins.
Stuart Shanker & Roger Downer (in press), Enhancing the Potential in Children (Epic). In Denise Hevey (ed), *Policy Issues in the Early Years*. Sage
Devin Casenhiser, Stuart Shanker & Jim Stieben (in press), Learning through interaction. *Autism: The international Journal of Research and Practice*.

References:

- Mischel, W., Shoda, Y., & Rodriguez, M. L. (1989). Delay of gratification in children. *Science*, 244, 933-938.



Want to engage more fathers in your centre?

Having fathers more involved at your centre or service takes some effort but is not that hard to do. The Fathers and Families Research Program at the University of Newcastle is keen to assist local early childhood services to better engage dads to support their children's development. The first step is to discuss how well father-engagement is working now and to plan an activity. It might be something simple such as a notice to families about fathers or it may involve a father-focused activity. This program will be starting in September, 2011. If your centre is in the lower part of the Hunter valley (between Singleton and Newcastle and between Swansea and Nelson Bay) and you want to become involved then please contact **Richard Fletcher on 49216401** to express your interest.

For more information please visit
www.himh.org.au/foundations



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This magazine is produced for children's services staff, with children's services staff. If you would like to contribute to this magazine by sharing your experiences with us please contact the Institute at: himh@hnehealth.nsw.gov.au

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